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**Working with people
with personality disorder**

The provision of PIPEs — Psychologically Informed Planned Environments

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At the heart of the Offender Personality Disorder (OPD) Strategy (Joseph and Benefield, 2012)¹ lie a number of principles which inform the shape of service delivery and approaches taken to working with offenders with complex needs and personality disorder. These principles, which include the expectation that all services should be delivered through joint operations and be 'psychologically informed', are underpinned by a strategic intention to develop and promote appropriate relational conditions when working with and providing a pathway of services for offenders with personality disorder (PD).

Since 2009, the NHS/NOMS OPD team have been developing specifications and service models to support the creation of suitably informed, tailored environments which promote effective progression through a pathway of intervention, particularly for offenders likely to meet the diagnostic criteria for Personality Disorder. In the implementation of such a pathway it was decided that in order to be effective a new response was required which focussed on the physical, social and cultural environment the offenders were living in.

A new service model that developed in response to this was the Psychologically Informed Planned Environments approach, known as PIPEs. The PIPEs model is a developmental approach that is currently in operation across both community and custodial settings.

PIPEs are defined as 'specifically designed, contained environments where staff members have additional training to develop an increased psychological understanding of their work' (MOJ and DH, 2012).² This understanding is intended to enable staff working within a PIPE service to create an enhanced safe and supportive environment facilitating the personal and social development of its residents. The aim is to achieve this through engendering a focus on the quality of relationships that exist within the

service, with a particular emphasis on the provision of the 'experience' that residents encounter both on a daily basis and throughout their time in the service.

The nurturing of these relationships and experiences are a key aspect of the PIPE approach. The intention is to help develop a capacity within PIPE residents to form and maintain positive pro-social relationships and to learn to manage the internal, personal responses to their lived experience. The approach seeks to encourage offenders to meet previously unmet needs in a pro-social way, acknowledging the impact of emotional deprivation and seeking to redress it.

Staff training and development is at the heart of this approach; promoting a reflective culture and ensuring that psychologically informed practice is embedded at the centre of day to day operations, not something that is seen as an additional layer of intervention provided by 'specialist staff'.

Supporting services to consider and understand these practices enables them to reflect upon appropriate relational strategies which aim to provide an environment conducive to helping participants to thrive.

The genesis of the PIPE model formed part of a response to the specific need for progression services for men and women who had completed intensive interventions, in particular the DSPD³ programme. This requirement highlighted the wider system need for a service which would pay attention to the transition between services within a pathway; an experience that is known to be destabilising or pose a particular risk to those with attachment difficulties, common amongst people with a PD diagnosis. Guidelines for working with Borderline Personality Disorder (NICE, 2009)⁴ describe that it should be anticipated that strong emotions or reactions may be evoked at the end, or on withdrawal of a treatment or service.

1. Joseph, N and Benefield, N (2012) 'A joint Offender Personality Disorder Pathway Strategy: an outline summary' *Criminal behaviour and Mental Health*, 22: 210-17.
2. MOJ & DH. (2012). *A Guide to Psychologically Informed Planned Environments (PIPEs) Version 1*. Ministry of Justice and Department of Health: London.
3. The Dangerous and Severe Personality Disorder Programme.
4. National Institute for Health and Clinical Excellence (2009). *Borderline Personality Disorder: Treatment and Management* [CG78]. London: National Institute for Health and Clinical Excellence.

A model was required to provide a supportive, rehabilitative progression environment to assist those who were completing intensive interventions and finding themselves in new and unfamiliar environments without the supporting ethos or people they had relied upon. It was at this stage that some offenders, having learnt new skills in their treatment programmes, were not necessarily psychologically equipped to deal with the environmental and relational changes they were experiencing. In Livesley's (2003)⁵ work which considered the management of people with personality disorder, he describes the impact of having a disparity between the environmental factors present in the receiving service and those that are required when progressing on from treatment. The uncomfortable internal responses experienced by the offender, including feeling alienated or misunderstood, could elicit a strong and negative reaction or a return to former ways of managing distress, potentially losing gains made in treatment, in order to cope.

It became apparent that additional treatment at this point in an offender's pathway was probably not what was required, but rather a supported opportunity to reflect upon and apply what had been learnt to date, integrating this into their daily functioning. The early application of the PIPE model and approach therefore focussed on the post-treatment or 'progression' points in the system.

The ideas and theory that underpin the idea of a PIPE are not new; however they have been reconstructed and developed from the core concepts of long established environmental approaches, such as the work of Democratic Therapeutic Communities, described by Haigh (1999).⁶ The PIPE model builds upon a group analytic foundation and the wider theoretical field which considers 'relational' responses to psychological problems, including recognition of conscious and unconscious processes. It is inspired by the work of Donald Winnicott (1960)⁷ and seeks to provide the 'good enough' conditions required in order to help individuals to thrive.

The PIPE model also incorporates more recent developments such as the Royal College of Psychiatrists' Enabling Environments initiative,⁸ and aligns with similar developments in the promotion of psychologically informed practice in the housing and homelessness sector (Johnson and Haigh, 2011).⁹

In accordance with the wider OPD strategy, the PIPEs model adopts a bio-psychosocial understanding of personality disorder, in particular the relationship between the individual and their environment, and all relationships that exist within this context. This understanding encourages the consideration of how the psychosocial environment can contribute to the effective management of offenders and support strategies for reducing risk, whilst improving psychological health and wellbeing.

The installation or creation of such an environment in a criminal justice setting presents a tension, both culturally and systemically. Whilst there are clear examples of good, high quality relational practice within the criminal justice system, these are often reliant upon the individual qualities of members of staff. The wider application of this approach across a whole environment however presents a considerable challenge for any establishment or organisation. Even with wholesale agreement between staff and residents, the required provision of experience, and the development of an appropriate milieu is unlikely to naturally occur in such environments without introducing

a clear framework, tools and structured processes.

These processes are needed to support and protect the development of a positive relational culture. In such settings there are a number of obstacles which can get in the way of consistent and quality relating, such as longstanding operational practices, cultures and organisational processes or pressures. PIPEs therefore need to actively work with the wider 'institutional' environmental context in which they are located, taking into account what could present as less-helpful (but common) aspects of institutional settings. They need to consider how these impact on the way in which staff and

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5. Livesley, W.J. (2003). *Practical Management of personality disorder*. New York: The Guildford Press
6. Haigh, R. (1999) 'The quintessence of a therapeutic environment. Five universal qualities' in P Campling and R Haigh (eds) *Therapeutic Communities: Past Present and Future*. London: Jessica Kingsley Publishers.
7. Winnicott, D. (1960). The theory of the parent-child relationship, *International Journal of Psychoanalysis*, 41.
8. Further information on Enabling Environments can be found at <http://www.enablingenvironments.com>
9. Johnson, R., and Haigh, R. (2011). Social psychiatry and Social Policy for the 21st Century: new concepts for new needs. *Mental Health and Social Inclusion*. 15 (1). Pier Professionals Ltd. p17-23.

residents respond to their own experiences, and to explore new ways of working in light of this.

Application of the PIPE Model

PIPEs now exist in a number of different settings across the criminal justice system. The first PIPE services opened in 2011, initially with discreet wings in five prisons operating as progression services, and two Approved Premises in the community; each working towards the same model and approach. A full PIPEs model description was developed in conjunction with these services and finalised in 2013. The model is not a prescriptive manual for the delivery of the service, but outlines the core components and clinical framework that each PIPE service is working towards. The model itself can be applied in different settings and at different points in a pathway of services. It should be focussed on particular points where offenders are trying to make changes and consider the provision of necessary environmental conditions to support this.

There are currently four different applications that have been commissioned.

- ❑ Preparation (Pre-Treatment)
- ❑ Provision (Whilst In-Treatment)
- ❑ Progression (Post-Treatment)
- ❑ Premises (Approved Premises in the Community)

All PIPE services share a common approach, and have a focus on psychosocial relating; aiming to improve social integration and social functioning. They will all have a focus on the experience of transition, irrespective of which part of the pathway they are located.

Table 1 below provides a brief description of each application as it is currently delivered (NHS and NOMS, 2014).¹⁰

The PIPE approach complements the NOMS ‘new ways of working’ agenda, particularly the ‘Every Contact Matters’ strand, which seeks to make every interaction in prisons worthwhile and productive. It also aligns with a more recent focus on the quality of the rehabilitative environment which has seen NOMS offending behaviour programmes adopt an increased focus on the importance of the host physical and social environment when measuring the quality of their delivery.

PIPEs however are different from what is usually considered to be ‘treatment’ in this context. Treatment is often thought to be something that is done to you or given to you, and when considering reducing re-offending it is the term usually applied to mainstream offending behaviour programmes. The term itself obviously has much wider applications within health services. PIPEs contribute to a wider treatment pathway for men and women, as opposed to providing a specific ‘treatment’ or a particular brand of therapy; they instead focus on supporting residents to make sense of their

Table 1: Applications of the PIPE model	
PIPE Service	Description
Preparation PIPE	A (prison) residential pre-treatment service focussing on treatment readiness (responsivity), motivation, engagement and exploration of barriers to treatment.
Provision PIPE	A (prison) residential service which provides an appropriate and supportive environment for those undertaking treatment in a different setting (e.g. for those in a day treatment service). A provision PIPE provides the core environmental conditions of a PIPE, whilst supporting residents to actively consider skills and learning being explored through treatment. A provision PIPE service works closely with the treatment teams and clinicians.
Progression PIPE	A (prison) residential post-treatment service that supports residents in consolidating and generalising their treatment gains, putting new skills into practice and demonstrating improvements in behaviour. Residents will have successfully completed a treatment programme (usually one of high intensity).
Approved Premises PIPE	A whole-premises approach, focussing on a psychosocial understanding of residents, and supporting effective community re-integration and resettlement. PIPE Approved Premises will integrate model requirements into the core functions of the premises and aim to provide new experiences and pro-social opportunities for its residents. The population will include a range of offenders at different stages of the pathway, for example a mix of those who have completed interventions and those who have not.

10. NHS & NOMS. (2014). *A Guide to Psychologically Informed Planned Environments (PIPEs) Version 3*. Ministry of Justice and Department of Health: London.

experience through a consistent relational framework and access to new ideas and opportunities. It is essential that there is a whole-environment understanding of the approach, and that this is shared between all staff and residents.

The PIPE model is delivered through a combination of core components and key ingredients which support the development and facilitation of a positive relational ethos.

A PIPE is an identified and discreet environment, with an identified staff team, which operates on a 24/7 culture. The service needs to be integrated into the core function of the environment, whether that is an existing prison wing or approved premises hostel. An increased provision of frontline staff is also required, supporting delivery of the core components, outlined below. Each PIPE appoints a Clinical Lead, who is embedded into the service's operation, having a daily presence in the service. The Clinical Lead for a PIPE is usually a qualified Psychologist but can be a qualified, accredited and experienced mental health professional such as a psychotherapist with forensic and group analytic experience. All staff and residents in the PIPE service need to have a shared understanding about the function of the service, its aims and approach. Operationally, the provision and protection of staff is critical to successful PIPE delivery, and all staff should be trained and supervised. Challenges such as those caused by cross deployment from and to other services need to be actively mitigated by host organisations.

Core Components

There are six core components in the PIPE model, described briefly below:

Enabling Environment — Each PIPE service is required to work towards the Enabling Environments award which has been developed and validated by the Royal College of Psychiatrists. Participation in this process provides the PIPE with a mechanism for considering the relational processes that occur within it, and to consider the involvement of service users and staff when developing a shared ownership of the social environment. Working to ten environmental standards, the award

process provides a solid relational footing for the PIPE service to build upon. The process also recognises qualities and strengths that may already exist. In addition to these standards, PIPEs will have an increased focus on the concept of 'ordinariness', thinking about how positive relational experiences can exist outside of the structured environment and support capacities for the development of a 'good enough' life that can be sustained or developed in other settings.

Staff Training — As described above, the training and development of staff is a critical component of the PIPE model delivery. All staff are trained in working with people with Personality Disorder, undertaking the Knowledge and Understanding Framework awareness level (Institute for Mental Health, 2015)¹¹ as a minimum. Staff also receive training on the creation of an enabling environment, and working with and understanding groups. The training and development of the staff team is overseen and developed by the local Clinical Lead and can include training specific to the application of the PIPE. Examples include Pro-Social modelling, working with Offence Paralleling and use of the Good Lives model (Ward et al, 2007).¹²

Staff Supervision — All staff are required to participate in both group and individual supervision processes. Facilitated by the Clinical Lead, the group sessions usually occur each week and provide an opportunity for staff to make sense of their work, and the relational dynamics that are present. Presentation and reflection of a case study is also common practice. The model of supervision follows a Group Analytic approach, described by Brown (2014)¹³ in which each of the Clinical Leads is supported by attending their own group and individual supervision with an experienced group analyst. Each staff member also receives individual clinical supervision each month.

Key Worker Sessions — Each resident is allocated a key worker with whom they meet regularly, usually once each week for an hour. In prisons the Key Worker is also the personal officer. This provides the opportunity to support the development of positive relationships between offenders and staff, to consider the experience of participation in the PIPE regime, as well as planning for progression and transition through

All staff and residents in the PIPE service need to have a shared understanding about the function of the service, its aims and approach.

11. Institute for Mental Health (2015) Personality Disorder — Knowledge and Understanding Framework. [ONLINE] Available at: <http://www.personalitydisorderkuf.org.uk>. [Accessed 13 December 2014].

12. Ward, T., Mann, R. & Gannon, T. A. (2007) The good lives model of offender rehabilitation. Clinical implications. *Aggression and Violent Behaviour* 12, 87–107.

13. Brown, M. (2014). Psychologically Informed Planned Environment — PIPE: A Group Analytic Perspective. *Psychoanalytic Psychotherapy*, 28, 345–354.

the system. Residents and their key workers also reflect on formal and informal interactions on the unit and may consider the benefits of attending some of the voluntary sessions on the PIPE. Key Workers are supported to deliver this in a psychologically informed way by the Clinical Lead. Specific approaches, such as the 'Good Lives' model, are often used to support Key Workers in delivering this component.

Socially-Creative Sessions — These are planned occurrences in the week which provide service users and staff the chance to engage in a task, an activity or a shared experience that promotes relational engagement and development. They usually occur in informal ways and at social times, such as evenings and weekends, and they support a promotion of a sense of community within the PIPE environment. These sessions are attended voluntarily, but include both staff and service users working alongside each other. Group sizes can range from very small to the whole environment. There remains a challenge of balancing what are publicly acceptable activities with the provision of new, sometimes nurturing, developmental and relational experiences. Socially-creative sessions can often be the component of the PIPE model that 'feels' different for the participants. These sessions seek to embed, or in some cases trial, a culture of authentic service user involvement. They present a vehicle for the safe provision of new experience and expression, through contained, supportive and ultimately positive interaction with others. Each service designs and implements its own Socially-Creative sessions, relevant to its current population and state of growth.

Structured Sessions — Structured sessions offer a formal opportunity for PIPE residents and staff to interact in a group setting. They provide an interface between the individual and the host organisation, affording opportunities for discussion, and to consider potential for the offender to have a positive influence over their own lived environment. Sessions are regular and timetabled, usually one session per week, and are tailored to each PIPE environment. They usually take place in smaller fixed groups of up to 10 residents. They present a formal opportunity to enhance or revisit previous learning and to share experiences. They can also provide exposure to group processes when preparing people for treatment and attention to transition processes, amongst other issues. In a prison setting these sessions are a mandatory requirement, however in Approved Premises they are not compulsory although residents are encouraged to participate, particularly when first arriving in the hostel.

PIPEs are not exclusively for those diagnosed with personality disorder, but are designed to work with those who present complex needs.

In addition to the six core components, each PIPE service considers the opportunities it provides for shared enrichment activities. Often occurring in the context of socially-creative sessions, the provision of enriching personal experiences supports PIPE services in the delivery of a holistically considered approach. Usually delivered through partnership with an external agency or creative arts organisation, these activities provide mediums for emotional expression and understanding, consider opportunities that may be available in the community, or purely to expose residents to positive and nurturing experiences that they may never have encountered previously. One example of an 'enrichment' activity currently active in PIPEs is the provision of 'Shared Reading' experiences. These are facilitated sessions, delivered by the Reader

Organisation's trained reader practitioners where a short story or prose is read aloud to participants, and opportunities presented for discussion of the narrative. Whilst providing the experience of having a story read aloud to them, which some offenders may never have experienced, it also offers the chance to relate to characters and stories in the text, and to share this experience with others.

Service Outcomes

All PIPE services, in all applications, are working to support the overall high level outcomes of the OPD Strategy which aims to bring about a 'reduction in repeat serious sexual and/or violent offending (for men) or a reduction in repeat offending of relevant offences (for women)' and improve 'psychological health, wellbeing, pro-social behaviour and relational outcomes'. PIPEs are not exclusively for those diagnosed with personality disorder, but are designed to work with those who present complex needs. Some prison based services will have local criteria, directed by their commissioners.

In accordance with the high level aims of the OPD strategy, PIPEs are designed to contribute to the improvement of the competence, confidence and attitudes of staff working with complex offenders who are likely to have Personality Disorder related needs and also strive to increase the efficiency, cost effectiveness and quality of OPD Pathway Services.

Additionally, PIPEs are specifically looking to evidence improvements in offenders' quality of relationships and their relationship skills, as well as improving or sustaining improved levels of institutional behaviour. They aim to deliver a range of intermediate

outcomes that support the high level strategic aims (Bolger and Turner, 2014).¹⁴

In particular to:

- ❑ Improve offenders' access and progression through services; and ensure effective risk management.
- ❑ Improve staff and offenders understanding of behaviour, risk factors and effective management strategies
- ❑ Bring about a reduction in number and severity of incidents of general and violent misconduct
- ❑ Bring about a reduction in number and severity of incidents of self destructive behaviour
- ❑ Improve the effectiveness of OPD pathway services through meaningful involvement of service beneficiaries

As part of the national evaluation of the OPD Strategy, each of these outcomes will be considered and supporting studies will continue to contribute to a growing understanding of the PIPE model, its efficacy and its potential.

An early pilot research study, undertaken by the National Centre for Social Research (Turley et al, 2013),¹⁵ provided a qualitative investigation of the key enabling features of PIPEs and the perceived benefits of participating in PIPEs. They concluded that; 'Establishing and maintaining supportive relationships between staff and offenders were seen as key to PIPE delivery'. A number of smaller studies have also been published,

looking qualitatively at early experiences of PIPEs and PIPE staff (Bond and Gemmell, 2014).¹⁶

Overview

As PIPE services have begun to develop, they have been observed to form their own identity and have demonstrated creativity and innovation. They have established themselves as part of a wider system, with a view to supporting the effective movement through a clear pathway. Each application of the PIPE model provides something new to the OPD pathway.

Through delivery of a structured and planned environment, which aims to create and facilitate a 'good enough' experience, PIPEs present a range of new opportunities within the Criminal Justice System. This approach aims to support offenders to thrive, to succeed at each stage of their pathway of services and to support the delivery of the high level outcomes of the OPD strategy.

Through maximising the relational potential from 'ordinary' situations and experiences, and promoting a culture of pro-social living, each new PIPE service should develop to provide a sophisticated environment that supports effective progression and transition for those with complex needs and Personality Disorder. As one PIPE resident commented in their newsletter; '*The PIPE is] a wing with more thoughtfulness than others...it will give you an opportunity to be yourself*'.

14. Bolger, L. & Turner, K. (2014) *Psychologically Informed Planned Environments: Model Description Version 1.2*. London: National Offender Management Service NHS England.

15. Turley, C. et al (2013) *Enabling Features of Psychologically Informed Planned Environments*. NatCen Social Research, Ministry of Justice Analytical Services, London.

16. Bond, N and Gemmell, L (2014). Experiences of prison officers on a Lifer Psychologically Informed Planned Environment. *Therapeutic Communities*, 35, 3, 84-94. Emerald: Bingley, United Kingdom.