

# *The Role of Prison Officers on the Dangerous and Severe Personality Disorder Unit at HMP Whitemoor*

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## **Introduction**

*Managing Dangerous People with Severe Personality Disorder*, the July 1999 green paper, identified a group of people who presented a high risk of very serious offending and whose health and rehabilitative needs were not adequately met within existing services. It was estimated that about 2,000 people were within this group: 1,400 in prisons, 400 in secure hospitals, and 300-600 in the community. It was recognised that this group presented a serious challenge for the community, health services and criminal justice agencies.

Managing and attempting to reduce the risk of re-offending for this group presents serious challenges. Those identified as D&SPD are often very disruptive. Paradoxically, many respond positively to the structured regime of a prison but staff are not equipped to deal with other aspects of their disorder and experience difficulty in getting assistance from health service professionals. Some receive help in therapeutic communities, but there is insufficient evidence to demonstrate that these are effective for the most severely disordered. There is a general need for further research into effective interventions, not least because some research has suggested that some interventions actually increase the risk of those identified as D&SPD. The lack of a consistent, long-term, multi-agency response led the Home Office, Department of Health and the Prison Service to initiate this programme.

The criteria for identifying people who are D&SPD has been developed so as to cover 'dangerousness', 'severe personality disorder' and the link between the two. Someone who is dangerous is

more likely than not to commit an offence that might be expected to lead to serious physical or psychological harm from which the victim would find it difficult or impossible to recover. There are two main instruments used in the assessment of personality, the Hare Psychopathy checklist and the Diagnostic and Statistical Manual (DSM-IV)<sup>1</sup>. Someone with a severe personality disorder will meet the following criteria:

- PCL-r score of 30 or above or<sup>2</sup>;
- PCL-r score of 25 to 29 plus at least one DSM-IV personality disorder other than anti-social personality disorder or<sup>3</sup>;
- Two or more DSM-IV personality disorder diagnosis being met

Finally, D&SPD is confirmed when the risk presented appears to be functionally linked to the personality disorder.

## **Whitemoor's D&SPD Unit**

The first D&SPD pilot started at HMP Whitemoor in September 2000. This has since expanded to the stage where it now provides a 36-place Assessment Unit and the first of two 28-place Intervention Units. All prisoners on the Units currently come from the High Security Prison Estate and are volunteers.

The Assessment Programme runs for 17 weeks, and is delivered by a multi-disciplinary team including Prison Officers, Psychiatrist, Psychologists, Teachers, Nurses, Probation, Workshop Instructor and Administrative staff. The Assessment comprises of

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1. The Diagnostic and Statistical Manual identifies ten types of personality disorder; anti-social, avoidant, borderline, dependant, histrionic, narcissistic, obsessive compulsive, paranoid, schizoid, schizotypal.
  2. A score of 30 in this is considered internationally to meet the criteria for a diagnosis of psychopathy (*The Hare Psychopathy Checklist — Revised Manual* 1990 RD Hare).
  3. A score of 25 is considered to be sufficient for a diagnosis of psychopathy in England and Wales due to cultural factors. See *Cooke Df & Michie C* Psychopathy Across Cultures: North America and Scotland Compared in *Journal of Abnormal Psychology* (1999).

psychometric tests, clinical and actuarial risk assessments, psychiatric assessment and structured observations of interactions. At the end of the process, a final report will be produced that will identify whether the D&SPD criteria have been met and if they have, what specific needs each individual has. The report goes on to indicate how those needs can best be met within existing services, including the Intervention Unit. The report also includes behavioural guidelines that describe and advise on the management of day-to-day behaviour.

The Intervention Unit is currently in the early stages of development and will offer three central elements. Underpinning all of the work is a supportive environment, made up of staff-prisoner interaction, community meetings with staff, group activities and a regular review of needs. The prisoners take part in activities and employment either on the wing or in an education-led activity centre.

The third and most important element is clinical intervention. This will be based on Dialectical Behaviour Therapy, a technique developed in North America for use with borderline personality disorder. This has subsequently been adapted and delivered to groups displaying a wider range of personality disorders in forensic settings. Once prisoners have completed this programme and are displaying improved management of their personality disorders, they will participate in offending behaviour courses designed to reduce their risk of re-offending.

### What is the Role of Prison Officers

The role of prison officers in general has been a neglected and misunderstood area. Descriptions such as 'Bullies, racists, thick warders, jailers, turnkeys, militants' are common. However, the reality of the work and skills of prison officers is far more sophisticated and diverse than has generally been recognised. Research by Alison Liebling and David Price of the Cambridge Institute of Criminology<sup>4</sup> and popular books such as *Holding the Key* have gone some way in recent years to redressing this balance and highlighting the complexity and diversity of the role:

*'In one day, an officer can be a supervisor, custodian, disciplinarian, peacekeeper, administrator, observer, manager, facilitator, mentor, provider, classifier, and diplomat. Different situations require slightly different blends, and different types of establishments or populations may demand a slightly different mix. Versatility and flexibility are key requirements.'*

Liebling and Price

Liebling and Price carried out research into prison staff at HMP Whitemoor some years prior to the

opening of the D&SPD Units and identified the factors common to role model officers as being:

- Having known and consistent boundaries. It mattered less where these boundaries were drawn but more that they were clearly communicated and consistently applied.
- 'Moral fibre', a mixture of confidence, integrity, honesty, strength, conviction, good judgement, flexibility.
- An awareness of effects of their own power on others.
- An understanding of painfulness of prison.
- A 'Professional orientation', or an understanding of the wider purpose of imprisonment.
- An optimistic but realistic outlook, the capacity to maintain hope in difficult circumstances.

With these characteristics, prison officers are able to establish effective working relationships with prisoners. This is important for a number of reasons:

*'There has been wide recognition of the significance of staff-prisoner relationships to order (see for example, Home Office 1984, Ditchfield 1990, Sparks et al 1996), justice (Home Office 1990), security (Home Office 1995), and to constructive regimes (Dunbar 1985).'*

Liebling and Price

It has also been identified that relationships are important for instrumental reasons (officers need them to get the prison to work and prisoners need them to gain access to resources) and normative reasons (good relationships are humane and make life easier and more pleasant). The role of the prison officer, then, is a far more complex and diverse task than has previously been recognised. These skills are being applied and built upon in the D&SPD Units in order to develop prison officers.

### Staff Working with PD Prisoners

As with prison officers, work with PD has generally been under explored. However, one significant study by Professor Len Bowers<sup>5</sup>, based upon nurses in secure hospitals, identified beliefs that were predictive of positive attitudes. These were:

- Lay more emphasis on nurture in thinking than on the cause.
- Were more aware of manipulation as a problem and had greater command of the ways it could be managed.
- Perceived that the complaints procedure could be used as a therapeutic tool.

4. *The Prison Officer* Alison Liebling and David Price 2001.

5. *Dangerous and Severe Personality Disorder: Response and Role of the Psychiatric Team* Professor Len Bowers 2002.

- Laid more emphasis on preventing violence by verbal de-escalation and long-term therapeutic engagement.
- More likely to see themselves acting in a parental role towards PD patients.
- Knew better how to cope with and contain their angry feelings towards patients about the index offences.
- More likely to have insight into their emotional reactions to PD patients' behaviour and express ways to contain themselves.
- Less likely to assert that PD patients are wholly untrustworthy.
- More likely to view PD patients as having diminished responsibility because of their distorted view of the world.

This study has been repeated by Professor Bowers and his team at HMP Whitemoor and it was found that the same beliefs, moral commitments etc., supported positive attitudes to PD people as found with nurses in High Security Hospitals. This provides significant insight into staff working with PD and this has clear repercussions for human resource planning. These two major pieces of research show significant similarities and differences and a comparison of the factors can provide some illumination in the table below.

The comparison of these two sets of factors, the

role model characteristics and the factors underlying positive beliefs, show that while there is a significant degree of broad similarity there are also some areas of difference.

- For example, the maturity and stability of individuals seems to be significant and prominent on both measures.
- The emphasis and nature of the characteristics may be different for example, in relation to the exercise of power, the role model officer sees it in quasi-legal terms, but a member of staff with PD patients may see more emotional investment.
- The specific nature of some of the beliefs may mask wider skills and views. For example in the use of boundaries and prevention of manipulation.
- Some of the attitudes may not be desirable, for example, the limiting responsibility for actions may be contrary to the principles asserted within penal settings. This may be contrary to the orientation of the organisation or significant numbers of individuals within it.

There is a professional challenge in maintaining the core skills and characteristics of prison officers whilst applying that to a specific PD setting. This cannot be achieved simply through the application of

Role Model Characteristic	Belief Underlying Positive Attitude	Comments
Known and consistent boundaries	Aware of manipulation	Role model prison officers will not only be aware of manipulation but will use boundaries to establish expected behaviour and provide pro-social role modelling.
'Moral fibre'	1. Emphasis on preventing violence 2. Contain angry feelings about index offences 3. Insight into their emotional reactions	The integrity and maturity of the role model prison officer is mirrored in mature attitudes.
Awareness of effects of their own power	Parental role	There is some similarities in these two elements as they both suggest sensitive and responsible exercise of power. However, the second also involves emotional attachment.
Understanding of painfulness of prison	Complaints procedure viewed as therapeutic tool	Role model officers demonstrate this sensitivity. One aspect of this may be the use of complaints procedures and this may help some people work through their frustrations.
'Professional orientation'	1. Emphasis on nurture 2. Diminished responsibility	Role model officers have a professional orientation, but this is not necessarily one specific type. Those working with PD seem to have an attitude that reduces or limits responsibility. This would be the case for some role model prison officers, but not all.
Optimistic but realistic	PD patients are not wholly untrustworthy	The characteristic of the role model officer is reflected in the cautiously positive approach implied with PD patients.

research findings, although these do provide guidance in developing recruitment, training, competencies, job roles, working practices and support systems for the units.

### **The Role of Officers at HMP Whitemoor**

The role of the prison officer in the D&SPD Units has developed over the last 18 months. Central to that role is building relationships with prisoners. This is critical to a successful prison officer and a positive staff member. However, severely personality disordered prisoners can be extremely difficult to build relationships with. Officers are required to develop relationships with this difficult group for all the instrumental and normative reasons, but also to maintain prisoners' within the Units and maximise the effectiveness of assessment and intervention.

In an internal evaluation, 80 per cent of prisoners positively commented on this, indicating that trust had developed and officers were respected for their professionalism. Comments included:

*'I had an excellent relationship with them ... The calibre of staff was very good ... They cared and wanted to help you make progress.'*

*'Prison Officers were unique, unlike any others I'd ever met before ... More patient, more understanding, more time for you, always in your cell, chatting to you, having a laugh and a joke ... They're more concerned on Red Spur about how you are as a person, how you feel.'*

External evaluation has also identified this area:

*'(It) is clear from this pilot investigation that the assessment programme itself, though not designed to have an effect, is having a significant effect upon prisoners and staff alike, by virtue of the type of relationships which they are purposefully developing.'*

This does not exclusively reflect a qualitative change in the expected role of prison officers, but reflects a quantitative change in the number of prison officers available (the ratio to prisoners is 1:3, where on most wings in Whitemoor it is 1:12). This affords the time and opportunity to make the best use prison officer skills. However, there is also qualitative issues of training, development, purpose and role that emphasise the importance of relationships.

In addition to the centrally important aspect of the officer's role in building relationships with prisoners, there are seven other aspects of the role:

- Structured observations
- Delivering the programme of activities
- Multi-disciplinary and multi-agency working
- Briefing and debriefing

- Operational management
- Policy and project development
- Information dissemination

*Structured observations* — These use the existing observational skills of officers, but instead of focusing exclusively on their value for security management, they are harnessed in structured clinical observation tools. These record day-to-day behaviour. This identifies how PD traits are manifested and so contributes to diagnosis. The primary tool used is the Daily Behavioural Ratings Scale (DBRS). This records during three periods in the day whether there is no, some or a definite indication in the following areas:

- Aggression
- Emotional dysregulation
- Anxiety
- Threatening
- Impulsivity
- Sexual behaviour
- Isolative behaviour
- Interpersonal relationship difficulties
- Paranoid/suspicious
- Manipulation/Interpersonally exploitative/grooming
- Compulsivity
- Negative remarks to others
- Any other supplementary observations specific to the individual

This is supported by narrative accounts of observed behaviour. This has proved to be of value in the assessment process:

*'As observers in groups, and particularly during their frequent contact with prisoners in all settings, officers felt their observations of prisoners were potentially very useful to the assessment itself.'*

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*Multi-disciplinary and multi-agency working* — This project is founded on collaborative working both within the Unit and with other agencies.

Within the Unit, the nature of the work involves much closer working relationships with a range of disciplines. This requires a greater appreciation and understanding of the role of other disciplines and a broader approach to team working than is traditional. Prison Officers have been open to the challenges and the rewards that this approach brings. At the same time, other disciplines have developed their understanding and appreciation of the role of the prison officer.

*Operational management* — This encompasses security and basic prisoner management and includes:

- Meeting basic needs including serving meals, providing decent accommodation, access to

exercise, contact with family etc.

- Managing security including locking, searching, drug testing etc.
- Managing prisoners through prison service systems, for example bullying, self-harm and IEPS.
- The management of the discipline system, both formal and informal.
- The management of grievances, both formal and informal.
- The recording of information regarding the operational management of prisoners.

This is the basic work that makes the day run smoothly. It is just as critical on the D&SPD Unit that this is done effectively as anywhere else. These are the fundamental tasks carried out by the officer. The challenge for many is how to manage the dynamic between delivering these core tasks and the clinical aspects of the work.

*Delivering the Programme of Activities* — Prison Officers have designed and deliver an activity programme for prisoners, which includes:

- Employment including domestic tasks, education-led activities and craft-based employment.
- Creative activities including writing, drawing and crafts.
- Options sessions that include discussions and ice-breaker type activities.
- Business meetings where prisoners meet with staff to discuss domestic issues and receive information.
- Recreational activities including games, indoor sports and hobbies.

These activities are designed to encourage prisoners to interact with staff and each other. As well as developing relationships, this also creates an environment where behaviour can be displayed and observational information collected.

*Briefing/debriefing* — Extended briefings and debriefings take place six times each day and are attended by officers, managers and members of the clinical team. This allows significant operational matters to be communicated, information about prisoners to be shared, mutual support provided and practice developed. As this is officer led, they have had to develop the purpose and format of this to best meet their needs. This has drawn on good practice in other areas of the establishment, but has also been derived from building experience and taking advice from clinical team members. Officers also debrief each other immediately following the delivery of organised activities.

*Policy and project development* — Prison Officers have been involved in the development of the project since the initial planning stage. They have been full-

time members of the planning and implementation teams for both the Assessment and Intervention Units and provide regular input to multi-disciplinary team meetings. Additionally, they participate in business planning awaydays and special ad hoc groups formed to review specific areas. Some of the work that has been developed as a result of this involvement has included:

- Prison officer roles and staffing levels
- Staff support
- Development of DBRS system
- Introduction of self-assessment for prisoners
- Development of the activity programme
- Development of intervention programme

This is work that is central to the development of the project and has either been led by or has had significant input from prison officers.

*Dissemination of information and information sharing* — Prison Officers from the Unit play an important role in disseminating information around the prison externally. They have led or been involved in full staff meetings, presentations to High Security Prisons, contribution to D&SPD Good Practice Network and to the Division of Forensic Psychology Conference as well as more routine work with visitors and open days.

The role of prison officers in the D&SPD Unit at Whitemoor involves greater complexity and diversity than many other areas. Officers on the unit have responded to this and have relished the challenge of this. They have enjoyed some success both in the development of their own role, but also in prisoner management and improving quality of life:

*'Prison officers have certainly enjoyed working with inmates in a rehabilitative capacity: reductions in incidents of violence, self-harm and adjudications have been achieved.'*

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### **Supporting and Developing the Role of Prison Officers**

In order that officers can become successful members of the diverse team on the D&SPD Units, it is essential that they are appropriately selected, trained and supported. All members of staff are interviewed prior to starting work on the unit. This is a two-way process, so that officers can be clear what is expected of them and to ensure that there is evidence of both role model performance and positive attitudes. All members of staff receive basic PD awareness training and training in the specific work of the Unit, including DBRS. This provides the basic information to start working on the Unit.

Refresher and development training is carried out in a weekly training session for all members of staff on

the unit. This allows them to maintain and build upon their skills and knowledge. This mirrors professional training and supervision in other organisations and disciplines. This training has included elements specifically derived from both of the research studies described above. All members of staff receive mandatory counselling once every two months. This is carried out by qualified counsellors, independent of the prison, who provide a confidential service. This is critical to ensuring that staff health and the emotional impact of the work is effectively managed. This can also be an important element in maintaining attitudes and performance both at times of significant pressure and over time.

All members of staff also have the opportunity to complete entry level and post-graduate certificate level training in the management of personality disorder. This is high quality, externally recognised training delivered through the University of Central Lancashire.

The work of the D&SPD Unit requires different working practices, approaches and culture. Not only in the specific PD work that is being developed, but also in the development of a multi-disciplinary team and through increasing the focus on professional development. Briefings and debriefings are held six times during the day, providing an opportunity for group support, feedback, and exchange of information. This flow of information is critical to maintaining the team and supporting each other. This culture needs to be supported by both staff and management commitment to teamwork, professional standards and open communication. This is manifested in practical arrangements such as:

- The accommodation of all staff on the Unit
- Regular briefings/debriefings
- Investment in training and development
- All grades of staff represented at multi-disciplinary team meetings
- All grades and disciplines provide training for each other

However, it is also manifested in cultural differences from that which is traditional in prisons.

*'Officers recruited to the Implementation Team, and those asked to take responsibility for designing elements of the programme, policies or training, were not the most senior in rank, but those with the right experiences and abilities.'*

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This is also a culture that in this environment and with this work has proven to be effective:

*'(The Units) had developed some capacity for self-management through teamwork. Officers tried with some success to address uncertainty by using the team as a forum for debate and decision-making, mutual*

*support and peer monitoring.'*

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### Conclusions

Although still in its early stages, this project is starting to work towards developing the role of prison officers at Whitemoor and in the D&SPD Programme. This also has implications for the future development of the prison officer profession more generally. For the D&SPD Programme, the experience of Whitemoor suggests that the core skills of prison officers are suited to managing a PD population. It also shows that prison officers are starting to build upon and tailor their core skills to deliver more specialist services, including a service that have clinical value and can improve the quality of life for individual prisoners.

The exercise of effective self-management, the embracing of multi-disciplinary working, the engagement with personal and professional development and the leadership demonstrated in cultural change all show that prison officers are playing a central role in deliver leading edge, professional services. However, this also demonstrates the significant investment that this requires in selection, training, communication and support. In these units, prison officers and prison managers are working together to develop the organisation and deliver innovative services that are of benefit to individual prisoners and ultimately to the community. Within this, prison officers are beginning to demonstrate real results with this challenging and difficult work.

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