

JOURNAL

PRISON SERVICE

March 2015 No 218



Special Edition
**Working with people
with personality disorder**

Chromis:

Beyond the treatment room

Chris Bull is the progression and resettlement lead for Interventions Services in NOMS, and Jenny Tew works in the quality and evidence team for Interventions Services.

Introduction

Research and practice has thankfully moved on from the blanket idea that individuals with high levels of psychopathic traits are not able to benefit from treatment or that treatment makes them worse.¹ While the evidence regarding response to treatment is still developing there is good reason to believe that these individuals are able to benefit from the right treatment.² That said, it has been found that they may not gain as much benefit from treatment as those with lower levels of psychopathic traits.³ One possible reason for this is that those with a high level of psychopathic traits are less likely to generalise and maintain skills learnt in treatment than those with lower levels.⁴

This article concerns a programme that was designed specifically for those with high levels of psychopathic traits to help them reduce their risk of violence.⁵ Chromis was developed for the Dangerous and Severe Personality Disorder (DSPD) initiative and now operates within the Offender Personality Disorder (OPD) Pathway⁶ and continues to run within the Westgate Personality Disorder Treatment Service⁷ at HMP Frankland. There follows an outline of some of the elements of Chromis, its context and its progression strategy that support the ongoing generalisation of the skills introduced in the programme to participants' everyday lives on the unit and beyond.

Chromis consists of a series of related but independent treatment components specifically designed for this client group. It starts with a Motivation and Engagement (MandE) component that makes use of the Good Lives Model⁸ to establish what is important to the individual. Following this, the formulation phase of Schema Therapy is undertaken and used to inform the

rest of treatment. The following phases of the Schema Therapy component and the three cognitive skills components are all delivered according to identified need and in whichever order and pace is most suitable for the individual depending on the degree to which they need to consolidate learning through generalisation exercises before moving on. Components are delivered via a combination of individual and group sessions that are designed to help participants challenge their core beliefs and develop and test out new skills to achieve their aims pro-socially. This core phase of treatment can take between two and a half to three years including assessment and preparation for progression.

A consistent approach

With the aim of making treatment meaningful and personally relevant Chromis begins with a twelve session component dedicated to understanding what motivates the individual and what they want out of their lives. For participants to want to adopt the skills from treatment they need to see some benefit for themselves in doing so. Chromis was developed alongside the DSPD initiative and was from the outset embedded within the purpose-built Westgate unit. This allowed the application of the core underlying principles across treatment and the wider regime and a consistent multi-disciplinary approach to the generalisation of skills. Treatment sessions and tasks built into the different components of Chromis focus specifically on identifying how the participant can generalise their skills. The use of thought records and conflict diaries, and the development of an individual problem list all help to make treatment meaningful to participants. Planned behavioural experiments within cognitive behavioural schema therapy make use of situations in the participant's daily life on the unit to

1. Rice, M. E., Harris, G. T., Cormier, C. A. (1992). An Evaluation of a Maximum Security Therapeutic Community for Psychopaths and Other Mentally Disordered Offenders. *Law and Human Behavior*, 16, 399-412.
2. D'Silva, K., Duggan, C., & McCarthy, L. (2004). Does treatment really make psychopaths worse? A review of the evidence. *Journal of Personality Disorders*, 18, 163-177.
3. Thornton, D., & Blud, L. (2007). The influence of psychopathic traits on response to treatment. In H. Hervé, & J. C. Yuille (Eds.), *The psychopath: Theory, research and practice*. (pp141-170). New Jersey: Lawrence Erlbaum Associates Inc.
4. Blud, L. M., Thornton, D. & Ramsey-Heimmermann, D. (2003). Psychopathy and response to cognitive skills programmes: Analysis of OBPU research data. Unpublished report for Her Majesty's Prison Service.
5. Tew, J. & Atkinson, R. (2013). The Chromis programme: from conception to evaluation. *Psychology, Crime & Law*, 19(5-6), 415-431.
6. Joseph, N. & Benefield, N. (2012). A joint offender personality disorder pathway strategy: An outline summary. *Criminal Behaviour and Mental Health*, 22, 210-217.
7. Bennett, A. L. (2013). *The Westgate Service and Related Referral, Assessment and Treatment Processes*. International Journal of Offender Therapy and Comparative Criminology. Published online 13 June 2014.
8. Ward, T & Brown, M. (2004). The good lives model and conceptual issues in offender rehabilitation. *Psychology, Crime, & Law*, 10, 243-257.

challenge their thinking, practise underdeveloped skills and address overdeveloped behaviours. Following completion of each component there is a formal review which further integrates Chromis within the Offender Management process. Key staff involved in the participant's progression contribute, and significant others are invited to attend. This review has been specifically designed to ensure that the participant's achievements are celebrated and are appropriately reflected within the sentence planning review process and OASys,⁹ so that the participant leaves Chromis with a greater sense of involvement and *choice and control*. As part of the final phase individuals are involved in developing their own risk management plans.

Choice and control are core principles. Programme components have been designed to reinforce the message that the development of pro-social skills offers the individual greater *choice and control*, underpinned by the Strategy of Choices.¹⁰ The narrative supporting this is 'We can't make you change, and we don't intend to try. But if you are willing to learn we can teach you how to change'. Of course, offering a choice means that we have to accept that offenders are free to choose not to change. In effect the strategy says, 'we will accept your choice, whatever you choose'. However, in accordance with the transparency principle, the Strategy of Choices requires facilitators and offenders to collaboratively identify the options and their consequences. It is the offender's choice with regard to which option they pursue and it is the facilitator's responsibility to ensure the consequences of their choice are followed through.

This *collaborative and transparent* approach helps to engage offenders with high levels of psychopathic traits and avoid their mistrust; reducing the opportunity for game playing and manipulation. The strong emphasis on collaboration seeks to promote feelings of control. The programme is *future focused*, enabling offenders to concentrate on how they'd like their lives to be. Individualising treatment in this way enables participants to see *personal relevance* in the programme. In response to participants' poor tolerance of boredom it uses *novel and stimulating* material avoiding repetition, and sessions last no longer than an hour. Sessions also use examples that demonstrate the *status and credibility* of the skills being discussed.

In addition to adopting a consistent set of principles all staff are selected, trained and supported in an approach that embeds Chromis within the Westgate unit. Treatment and risk reduction is seen as everyone's role and responsibility and the unit is using the Chromis development centre for the selection of staff. All receive

'the Chromis working with psychopathic offenders' training to ensure that the environment offers a consistent approach and that everyone understands and supports the skills, techniques and approaches covered in treatment.

A behavioural monitoring system

Behavioural Monitoring uses a structured and specific set of guidelines for evidencing the risky behaviours displayed by participants. It starts with the identification of behavioural indicators for each participant from a dataset linked to treatment targets. These are then integrated into the wider Westgate treatment needs areas by staff on the unit and regularly monitored by staff from all disciplines working with the participant, providing an overview of their progress against their treatment targets. To support this, the behavioural monitoring system has been incorporated into P-NOMIS¹¹ by staff on the unit.

The Chromis team have also developed a tool to monitor behaviour linked to each individual's specific risk factors. This was piloted and refined in conjunction with unit staff and implemented across the whole unit through a phased approach in 2009. It helps to ensure that judgements about an individual's progress and risk are backed up by the objective monitoring of their risk behaviour over significant periods of time. It provides a structure for reviewing response to treatment, making treatment relevant to current problems and informing ongoing treatment targets. The tool is designed not just to help assess progress but also to assist the two way process of linking unit behaviour into treatment and generalising treatment across life on the unit.

In accordance with the core principles of Chromis, the behavioural monitoring system offers an opportunity for dialogue, collaboration and transparency about how risk is assessed. It can also help promote the relevance of treatment to an individual by encouraging them to self-monitor and apply the skills they have learned in treatment.

The Progression and Resettlement strategy

For Chromis to be successful, support in generalising skills for participants is not only needed within treatment but over their subsequent progression and final resettlement. Participants are likely to have difficulties with their motivation and/or their ability to transfer learning from treatment to different environments. The programme therefore supports this through a progression strategy that ensures that the goal of living a pro-social life

9. The Offender Assessment System within the National Offender Management System (NOMS).

10. Harris, D., Attrill, G., Bush, J. Using choice as an aid to engagement and risk management with violent psychopathic offenders. *Issues in forensic psychology*, 5, 144-151.

11. The IT system that supports individual case management.

with reduced risk to others is consolidated and carried forward over time. The strategy focuses on enabling participants to continue to generalise their skills over different contexts and provides them with support and feedback on their progress. It continues the process of behavioural monitoring and regular and collaborative assessment of responsivity, risk and need. Particular emphasis is placed on identifying and responding to any emerging resettlement needs and consolidating the individual's risk management plan developed in the final phase of Chromis Schema Therapy.

The Progression and Resettlement strategy provides structured co-ordination of participants' pathways from the high security treatment site once they have completed the core phase of the programme. A number of different pathways are now available, including lower security prisons, secure hospitals and a range of community services. These are being expanded through the Offender Personality Disorder (OPD) Strategy that includes the provision of Psychologically Informed Planned Environments (PIPEs).¹²

The strategy is also tightly embedded within the National Offender Management Model so that treatment is integrated with the participant's sentence plan to provide continuity and effect a smooth transition and progress. The local management team at the Chromis delivery site is required to have a designated Progression Lead whose main task is to ensure that participation in treatment is integrated into the overall sentence planning process. This person also has a key role to play in promoting links between Chromis and wider resettlement services, and ensuring that learning from the programme is incorporated into future offender management decisions. Links between the Progression Leads at the delivery site and the receiving site are critical to ensuring that staff at the receiving site understand what Chromis entails.

Throughout Chromis each participant also has routine contact with their Offender Supervisor to ensure that the wider staff team are aware of the progress being made by the participant. This liaison is again undertaken in an open and collaborative way. The strategy is therefore responsive to the context in which an offender lives, the conditions under which he serves his sentence and the circumstances under which he will eventually be released. It includes mechanisms for documenting and communicating progress and risk within and across agencies and services, to fit with both Multi-Agency Public Protection Arrangements (MAPPA) and the NHS Care Programme Approach.

As part of ensuring a consistent approach and providing the best environment for supporting the maintenance and continuation of progress made in treatment, Offender Managers and staff from the PIPE (or other step down provision) are invited to attend the

Chromis 'Working with Psychopathic Offenders' training. There are also a range of materials available to treatment and progression sites which explain the goals, content and approach taken by the Chromis programme. These can be used to inform staff and Offender Managers/Supervisors about the aims, format and ethos of the programme. Sites are free to adapt materials to suit local circumstances and to meet the requirement to deliver local awareness training.

The challenges in implementing a progression strategy

Following up each participant's involvement in Chromis and integrating this into their overall sentence plan through the offender management process poses significant challenges. The responsivity needs of this complex population, including the individual characteristics of violent offenders with high levels of psychopathic traits bring with them a number of issues that need to be acknowledged and carefully managed. Some examples are:

- ❑ A potential *unwillingness or inability to generalise skills*. The concern is that although participants are able to learn and demonstrate pro-social skills during structured treatment, because they see little personal relevance in their use they fail to employ them pro-socially outside of the treatment setting.
- ❑ If an individual's particular goals and motivation are not clearly understood and treatment is not responsive to these things then there is the potential that some participants will *misuse these skills* in an anti-social or harmful manner.
- ❑ There are likely to be some *difficulties obtaining honest disclosure* from participants about their concerns, difficulties and setbacks. This sharing is necessary to achieve effective progression with participants.
- ❑ Given some of the interpersonal aspects of psychopathy such as an ability to lie, con and manipulate, there is often a concern that some individuals may *fake treatment progress or in some way manipulate staff assessments of their risk*.
- ❑ The need for *status* continues to be an important consideration. For some, prison provides an ideal environment in which to gain status, through the notoriety of their crimes, their willingness to use violence or through challenging the system. A place in a hostel with a menial job is a far cry from the status they can achieve in custody and by remaining 'dangerous'.

Making progression work in practice

In order for the Chromis progression strategy to be realised in practice with such a population it needs to be

12. Turner, K., & Bolger, L. (2013). A Guide to Psychologically Informed Planned Environments. NOMS, DoH & NHS England.

underpinned by close adherence to the treatment principles. This means supporting the individual to generalise internal risk management skills, but at the same time recognising where external risk management by correctional services and health staff is also required. This balance between self-management and external management of the individual and their environment is supported by the ongoing use of the Strategy of Choices with an emphasis on transparency. Fundamentally, the Strategy of Choices is a risk reduction strategy. Choosing to behave disruptively or disrespectfully will have a set of consequences for an individual that will include greater emphasis on external risk management. This in turn will produce a reduced range of choices and less personal control for the individual. In this way the strategy is *transparent* about each offender's right to choose his own path, but also about society's right to choose to protect itself from violence.

It is particularly important, therefore that the progression strategy provides comprehensive support and monitoring of offenders' appropriate use of skills across time and in different contexts. A significant development for supporting this process is the introduction of PIPES within the OPD pathway across custody and community sites. Staff are required to maintain a difficult balance of healthy scepticism whilst still being hopeful and supportive regarding change, recognising achievements where they occur. This is supported by the ongoing integration of information from different sources regarding the individual's behaviour and any difficulties post treatment. Progression sites are made aware of the principles of choice, status and credibility and are supported in finding ways to help individuals maintain these things.

Given the critical nature of supporting the generalisation of skills in maintaining progression for this population, post programme provision has to be developed and monitored with the same rigour as other aspects of the programme, with implications for *assessment, staff training, monitoring and evaluation*. Close liaison takes place therefore between the Chromis Progression Lead and the NOMS and NHS Co-Commissioners of the OPD Programme through regular meetings with the lead co-commissioners, and attendance at Personality Disorder Services support meetings and PIPE leads support meetings.

For progression and resettlement to be effective there needs to be ongoing close working between the key services of Prison, Health and Probation, and the involvement of other agencies and organisations linked to treatment for substance abuse, housing, benefits,

training or employment. It will also often involve working with the participants' significant others, family or friends to develop the protective factors that help offenders desist from further offending. This aspect is particularly important given the need to counteract any anti-social peer influences which may exacerbate the individual's risk. The strategy requires that all those involved in the participant's sentence planning and management have a thorough understanding and awareness of the Chromis programme and the treatment environment that the participant has experienced. Careful consideration needs to be given to the potential role of family and social networks in either reducing or enhancing risk. For some, family and friends may operate as a risk factor rather than a protective factor, and some family members and friends may also be at risk from these individuals. Ongoing consideration of these safety issues is required.

In addition, alongside supporting individuals to manage their risk themselves and identifying where external management is required, it is important to pay attention to re-integration. Resettlement needs such as housing, employment and substance use are also addressed so that they do not undermine the successful reintegration of the individual.

Conclusion

It was known at the outset that the generalisation of skills beyond treatment would be an issue for the Chromis population. However, over ten years of programme implementation there has been considerable learning in relation to progression issues. The main learning has been that, contrary to what some might believe, being open and collaborative in relationships with offenders with high levels of psychopathic traits is a successful approach to addressing and managing risk. Open and collaborative practice can still be achieved within the bounded practice required for highly psychopathic individuals to change whilst their problematic behaviours are managed.

The lessons from Chromis are ongoing, as with all evidence based interventions. It has already led to new practice, and the learning carries on. Continuing liaison between the Chromis team, Westgate and the OPD Pathway helps to ensure that this learning is shared between purchaser and provider and that there is consistency in the approaches taken. It also allows the information and training offered to all staff supporting treatment and progression to be regularly updated to include the most recent findings from the review of practice.