

HOW CAN PRISONERS AND STAFF BE BETTER SUPPORTED TO MANAGE AND REDUCE SELF-HARM DURING PRISONERS JOURNEYS THROUGH HMP FRANKLAND'S PERSONALITY DISORDER TREATMENT SERVICE (PDTS)?

THE RATIONALE

- The study was founded on the premise that the Personality Disorder Treatment Service (PDTs) at HMP Frankland required evaluation from an external party
- The Westgate Unit wanted to assess their personality disorder (PD) treatment programme in order to improve provision for their PD population
- Literature searches reveal there is a lack of research on the effectiveness of the Offender Personality Disorder (OPD) pathways (Department of Health and National Offender Management Service 2011) to inform prison practice (De Motte and Bailey et al. in press)

THE RESEARCH DESIGN





1. THE PILOT STUDY

CURRENT LITERATURE

GENERAL PD PRISON POPULATION

Research estimating that up to two thirds of male prisoners meet the diagnostic criteria for a PD (Coid et al. 2006).

Offenders with severe PDs are likely to present with complex needs that include engaging in behaviours such as **serious self-harm** (Maden, Chamberlain and Gunn 2000) **and/or harm to others** (Joseph and Benefield 2010; Department of Health and National Offender Management Service 2011).

HMP FRANKLAND'S PDTS POPULATION

Bennett and Moss (2013) the PD men who had progressed further through the treatment programme had more insight into their self-harm

Tew et al. (2012) case study (N=5) PD treatment programme completers, changes in anger and aggression post PDTS. Physical aggression decreased, but verbal aggression levels increased.

HMP FRANKLAND'S PD TREATMENT PROGRAMME¹



¹ Adapted from Bennett, A. 2015. The Westgate Service and Related Referral, Assessment, and Treatment Processes. *International Journal of Offender Therapy and Comparative Criminology*, 59(14), 1580-1604

THE RATIONALE

- Extrapolate from the work of both Bennett and Moss (2013) and Tew et al (2012) and explore the two behaviours prevalent in PD men across two phases (Living and Treatment) of the PD treatment programme
- Findings from the pilot study will
 - provide research based evidence on the PD treatment programme;
 - offer an indication of the effectiveness of the OPD Pathway and;
 - aid the development of the research question and design of the main study.

THE AIM

Identify and compare patterns of self-harm and prison-rule-breaking-behaviour in PD men across two phases of HMP Frankland's PD treatment programme

THE HYPOTHESIS

There will be a reduction in the frequency and de-escalation in type, of proven prison-rule-breakings and self-harm incidents from the living to the treatment phase of the PD treatment programme

THE METHOD

RESEARCH DESIGN

Comparative quantitative case study design (Stake 2005)

SAMPLE

One high secure prison site providing a PDTS

104 PD men who transitioned from the *living* to *treatment* phase of PD treatment programme

DATA COLLECTION

Secondary quantitative data
Safer custody records
Prison administration records

THE CODING SYSTEM

- Variability in the way that each self-harm and prison rule breaking incident was recorded by prison staff
- Developed two coding systems for self-harm and prison-rule-breaking-behaviour
- PSI-47-2011 Prisoner Discipline Procedures (Ministry of Justice 2013)
- ICD-10 codes for intentional self-harm (World Health Organisation 2014)

THE FINDINGS

i) DESCRIPTIVE ANALYSIS

104 offenders transitioned from the *living* to the *treatment* phase.

Most frequent type of self-harm in both phases was intentional self-harm by object.

Most frequent types of prison rule breaking behaviour in the living phase were 'disobeys any lawful order' and 'uses threatening, abusive or insulting words or behaviour'.

In the treatment phase the most frequent type of prison rule breaking behaviour recorded was 'uses threatening, abusive or insulting words or behaviour'.

Suggests PD become more compliant

ii) DEPENDENT t TEST

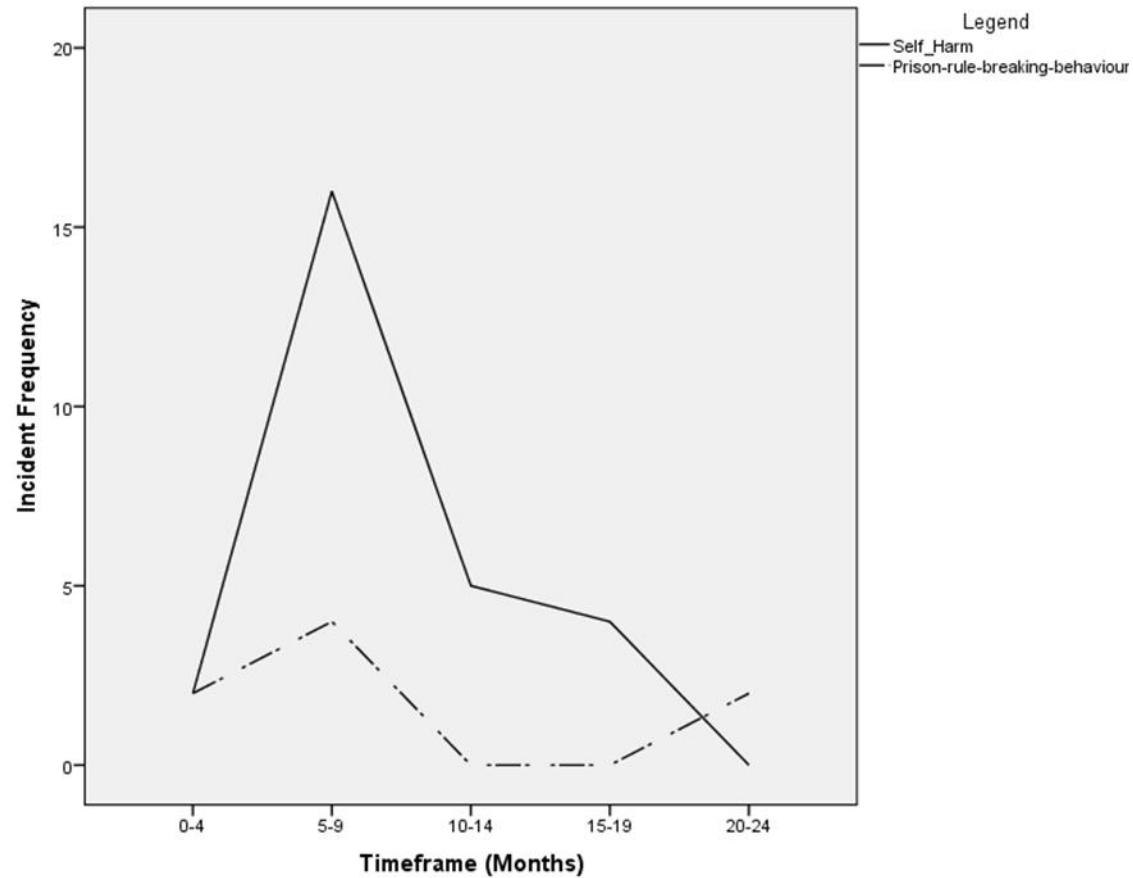
Significant increase in **frequency**
Between the *living* and *treatment*
phases for this population
Both self-harm incidents and
prison rule breaking behaviour

iii) CHI-SQUARE TEST OF INDEPENDENCE

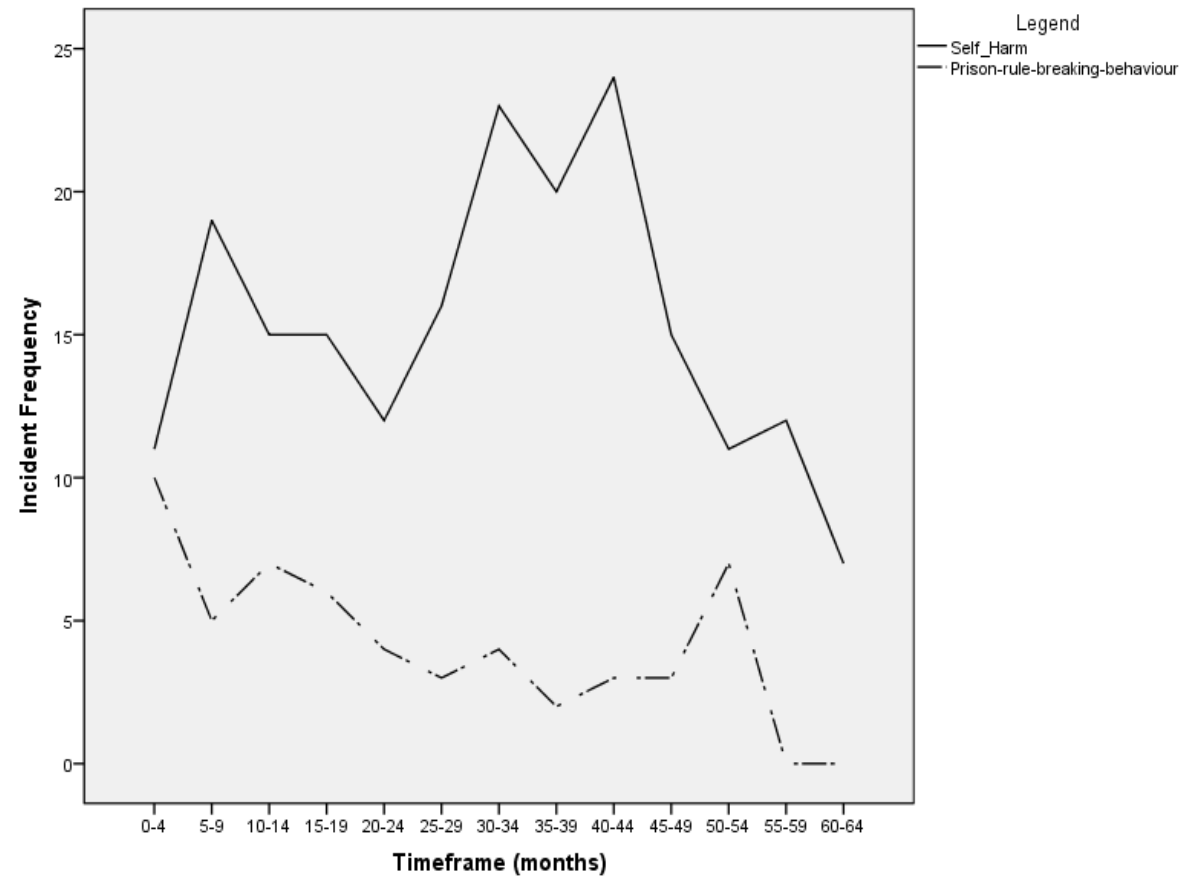
No significant relationship
Between the treatment phases and
types of self-harm and prison rule
breaking behaviour

iv) TIME FREQUENCY ANALYSIS

Living Phase

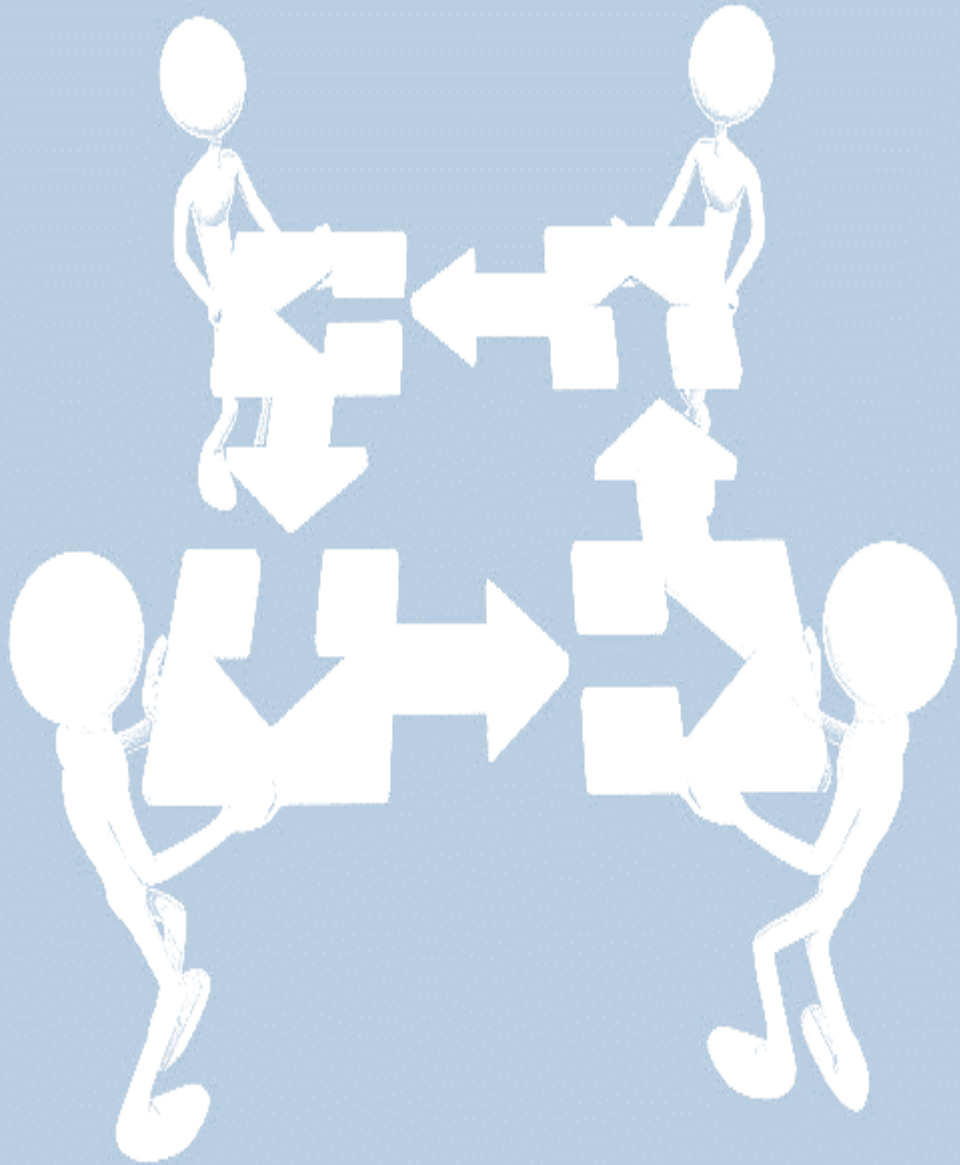


Treatment Phase



PILOT STUDY CONCLUSIONS

- There is a significant change in the frequency of prison rule breaking behaviour and self-harm across two phases of the PD treatment programme
- Increase may be an unintended consequence of the 'psychological' effort required from PD men to engage in treatment
- The need for continued psychological support for PD men alongside the PD treatment programme
- A focus on helping offenders going through treatment to effectively manage their self-harm and prison rule breaking behaviours
- Targeted support for self-harm at times of intense therapeutic intervention



2. PARTICIPATORY ACTION RESEARCH (PAR)

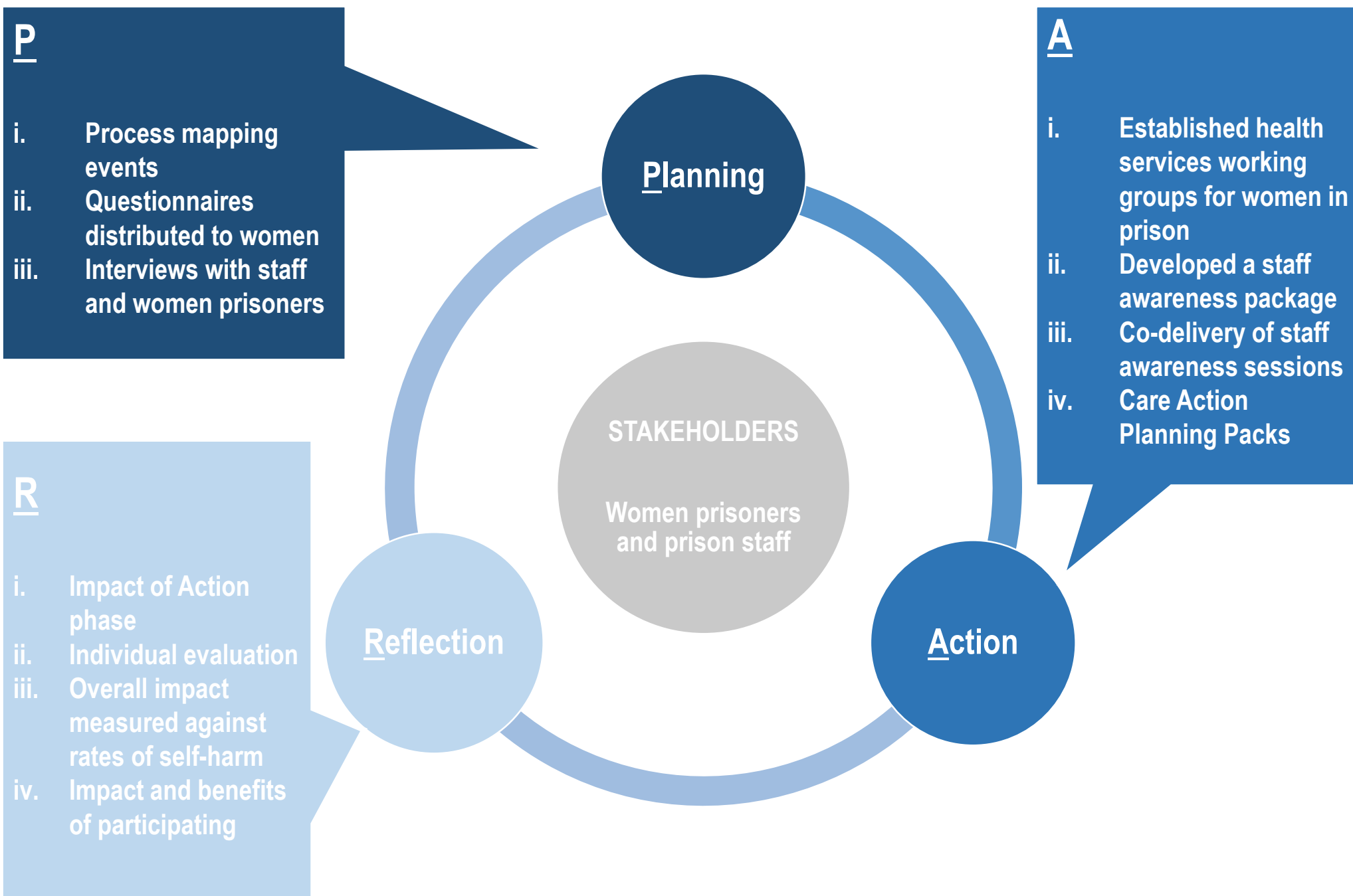
OUR PRISON RESEARCH USING PAR ¹

- A three year project aimed at reducing levels of self-harm within a high secure female prison and its associated costs
- Improve outcomes for women who self-harm in prison
- Using PAR, self-help materials for women who self-harm were co-developed by women and prison staff
- Culture change and health care savings of over £500k
- Staff valued awareness raising training and being involved in the research with the women

¹ Ward, J. and Bailey, D. 2011, At arms length: the development of a self-injury training package for prison staff through service user involvement, The Journal of Mental Health Training, Education and Practice, 6(4). 175-185

THE PAR CYCLE

WOMEN IN PRISON AND SELF- HARM STUDY



1+. LEARNING EVENT

Findings from the pilot study were disseminated to prison staff and men with PD on the Westgate unit

How would you like to be involved in the research going forward?

How do you explain the findings?

How useful would self-help materials be for men with PD on the Unit?

The two-day event provided us with the opportunity to gauge:

- a. the accuracy of our findings;
- b. if prison staff and men with PD were receptive to participating in the next stage(s) of the research and;
- c. the practicalities of conducting PAR research in a high secure environment.

The focus in
Stage 2 of the
study should be
on self-harm only

Genuine versus
disingenuous
acts of self-harm

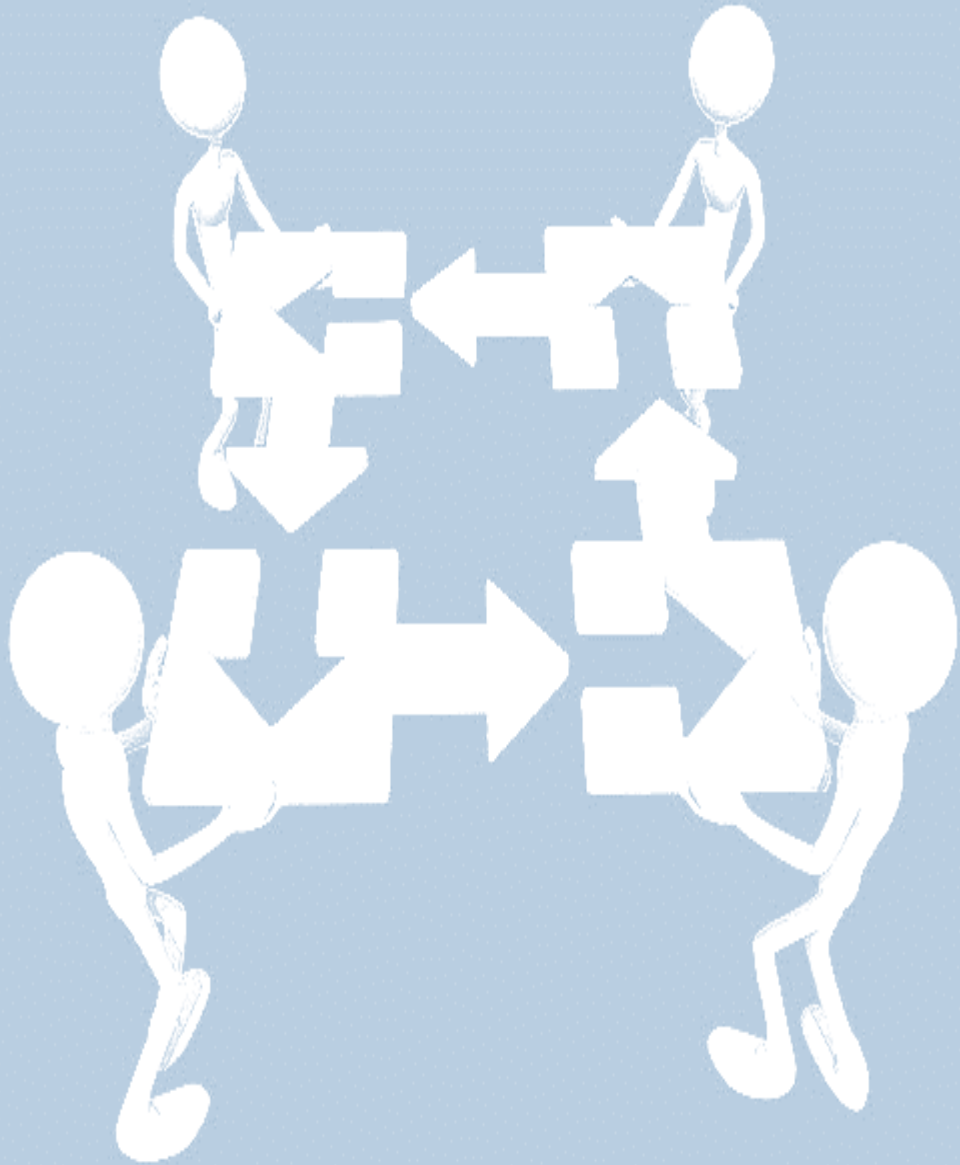
Critical of the
Assessment,
Care in Custody
and Teamwork
(ACCT)

Uniform staff
uncertain how to
manage self-
harm

PAR DEVELOPED THE MAIN STUDY'S RESEARCH QUESTION

- The need for better support was identified for:
 1. Men to manage their self-harm particularly during intense periods of treatment which maybe emotionally difficult and
 2. Staff who were working with men who self-harm and who are going through the PDTS

How can offenders and staff be better supported to manage and reduce self-harm during Offenders' journeys through HMP Frankland's Personality Disorder Treatment Service?.



THE MAIN STUDY

THE AIM

Collaboratively explore with PD men and prison staff how they can be better supported to manage and reduce self-harm during offenders' journeys through HMP Frankland's PD treatment programme.

Does the function of men's self-harm change before and during the PDTS pathway?

- **What triggers self-harm as men go through the PDTS pathway?**

How do other processes (for e.g. the Incentives and Earned Privileges (IEP) scheme) support or detract from helping men and staff manage self-harm through the PDTS pathway?

How does the ACCT process support or detract from helping men and staff manage self-harm through the PDTS pathway?

Can the self-help tool developed to help women in custody to reduce the frequency and severity of their self-harm be adapted for use with men in the PDTS?

P

- i. Ethical approval
- ii. Review data from ACCT records
- iii. Create a process map of men's journeys
- iv. Focus group of men and prison staff
- v. Review and refine questionnaire and existing self-help materials

Planning

STAKEHOLDERS

PDTS men and
prison staff

Reflection

R

- i. Revisit frequency data collected in stage 1 after 3 months of project start date
- ii. Hold listening events with staff and men
- iii. Work with staff and men to agree a) a format of writing up stage 2 and b) a dissemination strategy

Action

A

- i. Self-help packs produced by NTU
- ii. Self-help 'advocates'
- iii. Training workshops with men and staff
- iv. Dissemination of self-help packs by self-help advocates
- v. Observe ACCT meetings
- vi. Feedback observations
- vii. Collaborative analysis qualitative data from focus groups
- viii. Collaborative analysis questionnaire

THE BENEFITS

Nature of PD population means the self-help packs will be useful for some PD men who self-harm

Taking part in the study will provide men with the opportunity to use peer developed strategies to manage their self-harm

The findings will be of value to commissioners and staff as an evidence base to inform a more effective way to manage self-harm in a PD prison population

Understanding the functions of self-harm during PD treatment will inform interventions during the living and treatment phases of the PD treatment programme

Provide staff with a go-to pack when faced with an offender who is currently self-harming or considering doing so

THANK YOU



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