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**Portfolio for Professional Doctorate in Counselling
Psychology (DPsych)**

***'It's not just about lock and key, it's about you as a
human being'***

**Treating the Person before the Personality Disorder
in Prison**

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City University London**

October 2015

VOLUME TWO



**THE FOLLOWING PART OF THIS THESIS HAS BEEN REDACTED
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Vol. 2:

- pp 18-65:** **Part 2. The Article.** 'I feel bad for my victim'; forensic Dialectical Behavioural therapy and the potential impact on recidivism.
Appendix A. Submission guidelines for The Journal of Forensic Psychiatry and Psychology.
Appendix B. Formatted article.

**THE FOLLOWING PART OF THIS THESIS HAS BEEN REDACTED
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Vol. 2:

- pp 66-110:** **Part 3. Professional practice: advanced case study.** Square pegs and round holes: Dialectical Behavioural Therapy within a forensic setting.
Appendix A. Assessment schedule.
Appendix B. Therapy agreement.
Appendix C. Behavioural chain analysis

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Terminology

ACCT - Assessment, Care in Custody and Teamwork (this is a prison safeguarding procedure whereby prisoners at risk of self-harm or suicide are closely monitored through the framework provided by this document, such as increased observations and the recording of known triggers)

BPD - Borderline Personality Disorder

BPS - British Psychological Society

CAT - Cognitive Analytic Therapy

DBT - Dialectical Behavioural Therapy

DSH - Deliberate Self-harm

HoST - Holloway Skills Therapy Programme

IEP's - Incentives and Earned Privilege Scheme (Markers given for positive or negative behaviour, as assessed by prison officers and allocated prison civilian staff)

IPA - Interpretive Phenomenological Analysis

IRAS - Integrated Research Application System

MBT - Mentalisation Based Therapy

NHS- National Health Service

NHS R&D - National Health Service Research and Development

NICE- National Institute for Clinical Excellence

NRES - National Research Ethics Service

NOMS - National Offender Management Service

RCT - Randomised Controlled Trial

SCID II - Structured Clinical Interview for DSM-IV Axis II personality disorders

SFT - Schema Focused Therapy

TAU - Treatment as usual

TFP - Transference Focused Psychotherapy

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This thesis is dedicated to the memory of Dr. Wayne W. Dyer, who taught me how to live the power of intention and to think from the end. I will hold onto your advice '*don't die with the music still inside you*'. Rest In Peace and see you on the other-side.

City University Declaration

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Preface

This is a body of work that explores Dialectical Behavioural Therapy (DBT) within a forensic prison context. In representing the facets of counselling psychology this portfolio encompasses both research and clinical practice. Part one presents an interpretive phenomenological analysis (IPA) research study of seven participants who completed a DBT programme adapted for a UK prison. Part two provides an academic article for the Journal of Forensic Psychiatry and Psychology, which explores the potential impact DBT may have on recidivism. Part three is an extended case study to show forensic DBT in action, a theoretical overview, and the challenges that engaging with DBT in a prison context brings. A particular emphasis is placed on the clinical insights, learning and self-awareness I experienced in relation to the therapeutic alliance and process.

In the interests of remaining transparent I have chosen to append the documents relating to the variety of ethical approvals needed for the completion of this research. I hope to help other researchers to understand the logistics involved in liaising between these agencies. As a result this portfolio spans two consecutive volumes of work. Therefore volume one consists of part one, the research. Volume two consists of part two, the academic journal article and part three, the extended client case study. Italics are employed throughout the portfolio to indicate a direct quote from the participants engaged in this research.

I have been working with people in receipt of a personality disorder diagnosis for seven years and in this short time I have experienced first hand a breadth approach to personality disorders, ranging from a reputation of being untreatable, to a reputation of not existing in terms of diagnostic categorisation. What has struck me throughout my experiences of inpatient secure settings, outpatient community based services and the forensic prison environment is the lack of value placed on an

individual's subjective experience and their opinion for what therapy they would like to engage with as an endeavour to manage their psychological health.

In searching for a route to help people who were vulnerable and marginalised by society I found counselling psychology. The underlying philosophy of counselling psychology to respond empathically and with respect to the client's individuality (BPS, n.d) married well with my own personal values of equality and my belief system towards humanity as being inherently and essentially good. Counselling psychology gave me a recognised discipline that could infiltrate existing healthcare services and interact with both clinically and academically to enact change from within.

During my career and in conducting this research I have been challenged by the conflict between my humanistic values as a counselling psychologist, and the pathologising of peoples experiences within the medical model. My personal epistemological position is in the centre of the realist-relativist continuum, I adopt a constructivist paradigm in my understanding experience as being socially and culturally constructed and temporally bound. In my experience the positivist framing of human experience into a reduction of symptoms fails to account for the subjectivity inherent in that experience. In working with people who are in receipt of a borderline personality disorder (BPD) diagnosis I have yet to meet two people who experience their 'symptoms' in the same way. I honour that there can be a commonality in experience and a resulting relatedness between individuals; indeed this research has shown as such. However in the endeavour of well-being and psychological health I believe there is value for the individual in understanding the unique features of their experience. As opposed to blanketing experience across individuals to satisfy the convergence needed in diagnosing and in providing empirically defined evidence-based treatments. In qualitatively illuminating the subjective experience of the participants within this research I hope to show that understanding this subjectivity

holds value in contributing to evidence based practice. I intend to present the participants views of how their therapeutic experience impacted upon their view of self and way of being in the world. Further to this I intend demonstrate the potential of the participants views to inform the development and delivery of forensic therapies.

Managing the potential conflicts inherent within my role as both a researcher and a practitioner for this research thesis has required a committed, diligent approach throughout all stages of the research process. I have an acute awareness and understanding of the ethical, professional and academic considerations that have needed to be addressed and adhered to in crossing this boundary. I am proud that the counselling psychology discipline, of being both researcher and practitioner, educates psychologists like myself to be able to manage and overcome this potential conflict of interest. It is my hope that this research promotes the awareness that, with careful consideration, the potential conflicts of a dual role can be managed thus providing access to often difficult to reach contexts and client groups.

Part one, 'Life Changing' Prisoners Experiences of DBT

My role as a DBT therapist in prison gave me insight into the challenges faced in maintaining funding for a service which lacked published research evidence to support it's effectiveness. I was able to experience first hand the challenges involved in working therapeutically within a forensic context. These challenges are exacerbated by a lack of awareness of 'what works' for people diagnosed with a personality disorder (McGuire & Priestley, 1995), and a lack of consistency in approach. I felt passionately that the client's opinions and experiences of the therapeutic interventions they are engaged in could, and should, contribute to the development and improvement of these service provisions. Completing a research

thesis within my DPsych Counselling Psychology training gave me the opportunity to provide a voice for these clients.

My commitment to illuminating the clients experiences provided the motivation to overcome the challenges faced in gaining ethical approval from four separate governing bodies. An organised, tenacious, patient and determined approach is needed in orchestrating the dance between these bodies in gaining ethical approval to proceed. However the choreography can be achieved and there is no doubt that the scrutiny this research was subjected to subsequently improved the academic rigour of the methodological approach.

The research highlights the views of the participants and conveys the impact they experienced in their view of self and their way of being in the world. The themes presented are grounded within the existing literature base and demonstrated to provide further insight to the limited qualitative research currently available. Clinical implications derived from the data are defined and contribute to recommendations for future practice and research in developing forensic DBT.

The thesis write up follows the organic process of discovery that I experienced as the researcher in order to convey my journey to the reader. Traditionally newly emerging information may be integrated retrospectively to the literature review in order to remain consistent. However due to my dual role as researcher-practitioner it was important for me to bracket my prior knowledge and assumptions of the therapeutic approach and context. Remaining transparent throughout the research process contributed to reducing the likelihood of a conflict of interest, and/or impacting upon the data and affecting the quality of the analysis and interpretations. Therefore I wrote the thesis as a reflection of my linear progression, additionally I use the reflexivity sections to further detail to the reader the personal process I experienced throughout.

Part two: 'I feel bad for my victim': Forensic DBT and the Potential Impact on Recidivism

The article written for the Journal of Forensic Psychiatry and Psychology focuses on the specific themes generated from the research data that have the potential to impact upon reducing the risk of reoffending. The Policy Guidance for Services for People with a Personality Disorder (Department of Health, 2003) and the Offender Personality Disorder strategy (OPD) (Department of Health and Ministry of Justice, 2011a,b) presents a model for treating and rehabilitating personality disordered offenders which states that three areas of functioning should be addressed; mental health need, offending behaviour (and risk), and social functioning. This paper shows how the prisoners experiences of completing the DBT programme illuminates the potential of forensic DBT to address these areas of functioning. The breadth of the impact the participants experienced and how this relates to multiple areas associated to recidivism is explored. The paper considers the post-DBT opinions and views of the participants, and highlights the resulting impact on their view of their index offence, and the victim(s) of the crime for which they are in prison. The paper considers the challenges inherent within the OPD strategy and the limitations of DBT in addressing all areas related to criminogenic risk. The paper concludes with recommendations derived from the participant's experiences for improvements to clinical practice. Future research needs are identified in order to develop forensic DBT in the targeting of mental health need and recidivism.

In content the article adheres to the stipulations set out by The Journal of Forensic Psychiatry and Psychology (see appendix A). In line with the previously published qualitative articles the body of analysis is presented as both thematic and phenomenologically interpretive. For inclusion to this portfolio, and in order to remain consistent, the article has been written to adhere to the current presentational format.

The article formatted to adhere to The Journal of Forensic Psychiatry and Psychology, as will be required for submission, is appended (see appendix B).

Part three: Square Pegs and Round Holes, DBT in a Forensic Setting, a Client Case Study

This case study presents the therapeutic process of DBT modified to a 9-week intervention. It highlights the challenges faced in considering the conflicting aims of the behavioural principles and skills use in DBT and the punitive prison objectives. The difficulties in modifying the DBT programme to 9-weeks are discussed and understood within the needs of the client base. This case study illuminates the personal learning and development I experienced in relation to the DBT approach including the inherent limitations and strengths to the theory and practice as applied to a forensic context. My reflections, challenges and self-development in working with people convicted of serious offences are discussed in relation to the framework provided by DBT.

Summary

Together the IPA research study, the academic journal article and the extended client case study present a multifaceted and holistic insight of DBT conducted within a forensic context. This portfolio of work incorporates the experience of the clients, the view of the therapist, and the insight of the researcher. Insights are gained into the challenges confronted due to the conflicting aims of healthcare services and the prison regime. The political factors to consider when targeting treatment of people in receipt of a personality disorder diagnosis within prison are understood and conveyed to the reader. Finally this portfolio provides clinical implications and future research needs pertaining to the development of DBT within a forensic context as generated by each unique section.

Part 2 The Article

***'I feel bad for my victim'*: Forensic Dialectical Behavioural Therapy and the Potential Impact on Recidivism**

14.0 'I feel bad for my victim': Forensic Dialectical Behavioural Therapy and the potential impact on recidivism.

14.1 Abstract

There continues to be an over-representation of female offenders diagnosed with borderline personality disorder (BPD) within UK prisons. The Offender Personality Disorder strategy (OPD) states that three areas of functioning should be addressed; mental health need, offending behaviour (and risk), and social functioning. The research presented here, and grounded within the wider literature base, suggests that Dialectical Behavioural Therapy, as adapted to a forensic context, has the potential to target these areas of functioning in managing both the trait and problem behaviours associated with BPD and recidivism. Seven female prisoners completed semi-structured interviews regarding their experience of completing a 16-week DBT programme. Interpretive phenomenological analysis indicated three superordinate themes in association with the OPD strategy. 1) *Prison Life*: A reduction in prison disciplinary penalties, and an improvement in prison privilege level. 2) *The Bigger Picture*: The ability to empathise, understand the perspective of the other, having an awareness of aversive consequences and owning personal responsibility. 3) *Emotional awareness*: an acceptance and management of emotions, and the reduction of adverse behaviours such as self-harming and aggressive acts. A discussion ensues to show how this research builds upon the current literature base. The potential contribution of DBT in reducing the risk of reoffending is explored. Limitations of this research are identified and recommendations for future research are discussed.