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

Sarah Ralph

Department of Psychology
City University London

October 2015

VOLUME TWO
THE FOLLOWING PART OF THIS THESIS HAS BEEN REDACTED FOR COPYRIGHT REASONS:

Vol. 2:
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 FOR DATA PROTECTION/CONFIDENTIALITY REASONS:

Vol. 2:
Appendix A. Assessment schedule.
Appendix B. Therapy agreement.
Appendix C. Behavioural chain analysis
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>2</td>
</tr>
<tr>
<td>Table of Figures</td>
<td>5</td>
</tr>
<tr>
<td>Terminology</td>
<td>6</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>7</td>
</tr>
<tr>
<td>City University London Declaration</td>
<td>9</td>
</tr>
<tr>
<td>Preface</td>
<td>10</td>
</tr>
</tbody>
</table>

## VOLUME TWO

**Part 2 - The Article**

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

14.1 Abstract..........................................................................................17
14.2 Epistemological Position..................................................................18
14.3 Background and research rationale..............................................18
14.4 Empirical evidence for forensic DBT...........................................20
14.5 Method.............................................................................................23
14.6 Analysis..........................................................................................24
   14.6.1 Superordinate theme: Prison Life........................................24
   14.6.2 Superordinate theme: The Bigger Picture................................26
   14.6.3 Superordinate theme: Emotional Awareness - ‘One big emotion’...29
14.7 Discussion.......................................................................................31
14.7.1 An improvement in the quality of life in prison, for prisoners and prison officers ........................................................... 31
14.7.2 Exploring participants accounts of a reduction in self-harm .................. 33
14.7.3 The potential relationship between DBT and recidivism ......................... 34
14.7.4 Recommendations for future research ............................................... 39
14.8 Conclusion ...................................................................................... 40
14.9 References .................................................................................... 42
14.10 Appendices .................................................................................... 48

A. Submission Guidelines for The Journal of Forensic Psychiatry and Psychology ............................................. 48
B. The article formatted in adherence with The Journal of Forensic Psychiatry and Psychology guidelines .............. 52

Part 3 - Professional Practice: Advanced Case Study

Square Pegs and Round Holes: Dialectical Behavioural Therapy within a Forensic Setting: A Client Case Study

15.0 Introduction .................................................................................. 67
15.1 Theoretical orientation ..................................................................... 67
  15.1.1 The BPD diagnosis dialectic ....................................................... 68
  15.1.2 Bio-social model of BPD ............................................................ 70
  15.1.3 DBT in practice ......................................................................... 70
15.2 Context, referral and presenting problem ........................................ 74
15.3 Significant biographical history ...................................................... 77
15.4 Pre-treatment and DBT formulation ............................................... 79
15.4.1 Figure 1: Client formulation .................................................................80
15.5 The pattern of the therapy .................................................................82
15.6 Therapeutic plan and main techniques .............................................82
15.7 Key content issues and the therapeutic process ...............................85
15.7.1 Figure 2: Dysfunctional links and Interventions .............................86
16.0 Challenges to the work .................................................................89
16.1 Difficulties and use of supervision ...................................................92
16.2 DBT as a Counselling Psychologist ...............................................94
16.3 The therapeutic ending .................................................................96
16.4 Evaluation of the work .................................................................96
16.5 Professional and personal learning points .......................................97
16.6 References .................................................................................99
16.7 Appendices ..............................................................................103
   A. Assessment Schedule .................................................................104
   B. Therapy Agreement .....................................................................108
   C. Behavioural Chain Analysis diagram .......................................110
Table of Figures

Volume Two

Part Three - The Client Case Study

Figure One: Client formulation........................................................................................................80

Figure Two: Dysfunctional links and Interventions........................................................................86
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
Acknowledgements

First and foremost I would like to thank the people who participated in this research. I have gained immeasurable insight through your courage and willingness to trust me with your vulnerability. I thank you for sharing your intimate thoughts and experiences, firstly with me, and now with the world. I will endeavour to illuminate your words with integrity.

I would also like to thank Her Majesty’s Prison Service and the Board of Governors within the prison that this research takes place; for their support and willingness to engage with the research aims.

My sincere thanks are extended to my research supervisor Dr. Jacqui Farrants. Your attentive and diligent approach has enabled my research to evolve with strength throughout the drafting process. I thank you for your initial support and encouragement during the ethical battles and the potential of research abandonment. I have been inspired by your creative thought process, academic knowledge and calming demeanour.

I would like to thank the co-author of my life, divine source, and the universe within which it operates. Thank you for the opportunity to produce this research and for facilitating my pathway to this point. I would like to give thanks for the ten years of my university career, which has provided the basis of intrigue, enquiry, and academic ability to complete this thesis. In the spirit of self-compassion I would like to thank myself, for never giving up, for the ability to interpret the experience as joyful and for believing that I can succeed in my aspirations.
I would like to thank my parents Les and Carol Ralph, and my sister Julia Walker, for their enduring love, support and encouragement, which has not waivered over the years. Special thanks are extended to my dear friends Joanna Garrett, Tina Louis and Sonia Gola, your unfathomable support, consistent motivation and endless encouragement has been a light of unconditional love in dark times, thank you all, and yes, we can go out now! Finally, thank you to my Spiritual running buddy and Daily Guru, Rebecca Caines, your energy, insight and positive influence is a consistent inspiration to me.

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

I grant powers of discretion to the University Librarian to allow this Doctoral thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement.

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.