Treatment of Personality Disorder in a Medium Secure Unit

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Content of Presentation

- Introduction to the service
- Who is admitted
- Treatment offered
- Skills necessary to deliver treatment
- Impact of treatment
Personality Disorder Service at Arnold Lodge RSU, Leicester

- Opened Feb 1999
- 24 bed inpatient unit consisting of two wards
- Treatment for Men with an offending history and personality disorder.
- Combines group therapy to improve skills (esp. a reduction in impulsivity, improvement in anger control, a reduction in substance misuse) with elements of a therapeutic community so that skills acquired can be put into practice.
Who is admitted?

- Males over 18
- Mainly transferred sentenced prisoners, who are failing to progress in prison
- Care pathway from high security
- Transferred from other medium secure or low secure services
- Referred by mental health inreach, probation, prison psychology services
Treatment Tasks

- Identifying patients likely to benefit from treatment
- Build therapeutic alliance
- Motivation / Engagement
- Skills acquisition
- Translation of skills into practice
- Offence formulation and risk reduction
- Integration of Different Aspects of Personality
- Preparation for discharge
Preadmission Assessment

- Axis II IPDE, NEO-FFI
- Exclusion of Major Mental Disorder – SCID I
- Assessment of Intellectual Functioning WAIS IV
- Assessment of Risk – PCL-R
- Motivation/Readiness for Treatment: view on treatment in hospital, guilt v shame, non criminal identity, distress but not overwhelming, evidence of engagement in treatment
Ward Structure and Routine

- Negotiations
- Community meetings morning and evening
- Structured working day
- Risk stage system
- Clear rules and consequences for breaking rules
Treatment of Personality Disorder

- Building a therapeutic alliance
  - Psycho-education
  - Trust and Self-awareness
  - Individual sessions with MDT

- Motivation/Engagement
  - Change Group
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Motivation

- Change Group
  - Individuals learn about the stages of change: pre-contemplation / contemplation, preparation, action and maintenance
  - Examine themselves and the impact their behaviour may have had on others and decide what they would like and need to change
  - Look at cycles of behaviour, identifying obstacles to change, how perceptions, thoughts, attitudes and beliefs directly relate to behaviour and the role of positive and negative external influences
  - Develop perception checking, challenging thoughts and goals
  - Relapse prevention; identifying future high-risk situations and strategies to manage these whilst maintaining the changes already made
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Skills Acquisition

- Problem solving
- Social Skills
- Life Skills
- Managing Anger
- Managing Emotions
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Skills Acquisition

  - Self directed cognitive-behavioural process by which a person attempts to identify or discover effective or adaptive solutions for specific problems encountered in everyday living

- Six steps
  - Bad feelings?
  - What’s my problem?
  - What do I want?
  - What are my options?
  - What’s my plan?
  - How did I do?
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Skills Acquisition

- Social Skills
  - Social Perception: the ability to understand the signals and cues presented by others.
  - Social Cognition: the processing of social information
  - Social Performance: the ability to relate to others through social action.
  - Increasing the range and quality of social skills. Developing assertiveness skills and increasing awareness of theirs and others interactions.
- Effective communication
- Behaviour Types
- Non-verbal communication
- Giving and receiving criticism
- Giving and receiving compliments
- Conflict resolution
- Peer pressure
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Skills Acquisition

- **Life Skills**
  - Development of skills to establish and maintain a positive, pro-social and balanced lifestyle.
  - Participants will address areas such as goal-setting, motivation and confidence
  - Establishing and maintaining a balanced lifestyle which supports the fulfilment of positive life roles is also focused on
  - Future vocational opportunities are addressed and individuals are supported in reviewing their employment / training histories and identifying suitable options for the future
Treatment - Addressing risk and criminological needs

- Substance Misuse
- Violence under the influence of alcohol
- Criminal thinking
- Arson
- Sexual offending
- Domestic violence
Treatment - Exploration of victimisation and integration of self

- Individual sessions
- Community meetings
- Discussion Group
Role of Medication

• Antipsychotics - Borderline Personality Disorder, Paranoid Personality Disorder, Schizotypal Personality Disorder
• Antidepressants – impulsivity, obsessive compulsive features, anxiety, depression, mood instability
• Mood stabilisers – Borderline Personality Disorder
Treatment

Occupational / Vocational / Education

- Confidence Building
- Self – Esteem / Efficacy
- Pro-Social Roles
- Positive Identity
- Self-Respect
- Skills Development
- Healthy Lifestyle
Treatment

- Occupational
  - Workskills project
- Vocational
  - Creative Arts
  - Sports & Leisure
  - Horticulture
  - Animal Care
  - Woodwork
- Activities of Daily Living
- Service User Involvement
Treatment

Education

- Functional Skills
- Engagement In Education
- OCN
- Open University
- REMIT / Leicester College
Treatment

Pre-Discharge

- Identifying care pathway
- Liaison with community services, probation, prison, low secure services
- Transitions
- Community leave
- Relapse Prevention
Working in a Personality Disorder Service

- Transference and Countertransference
  
  **Transference**: unconscious process by which patients turn their feelings and interpersonal problems onto staff

  **Countertransference**: feelings invoked in staff by the patient, in reaction to transference

  Countertransference can be helpful in understanding the patient but if not recognised / dealt with can lead to:
  - staff stress / sickness
  - burn out
  - problems with staff retention / recruitment
  - decreased quality of care
Working in a Personality Disorder Service

- Splitting
  Patients cannot see both the good and bad in a person and instead see that person as either all good or all bad

  This leads them to:
  - idealise some staff – “best nurse ever”, “only one that understands me”
  - denigrate other staff – “worst nurse ever”, “cause of all my problems”

  Who is idealised/ denigrated can quickly change
  Patients can also split teams, different services or professional groups
Conditioning
Process of creating an attitude of complacency in staff to acquire special treatment or advantage
Slow and insidious process, 2 methods:
**Nice**: lull staff into false sense of security, special relationships, “don’t you trust me?”
**Nasty**: make security related interventions unpleasant/ “not worth the hassle”
The need for consistency

Often experienced inconsistent parenting, a lack of clear boundaries and abuse by adults who were inconsistent and did not respect their boundaries

Following rules is often a major difficulties

Consistent approach with clear rules is helpful because
- reduces splitting
- reduces conditioning
- reinforces appropriate behaviour
- make patients feel safe
- keeps the ward therapeutic and safe

In order to make long-term changes and cope successfully in community they need to:
- Experience consistent clear rules and boundaries
- Learn to wait and manage hearing “No”
- Tolerate not getting what they (think) they want immediately
Skills necessary to work in this Service

- Realistic motivation + orientation to rehabilitation
- Emotional resilience / appropriate coping skills
- Self awareness
- Receptiveness to supervision and feedback
- Clear personal + interpersonal boundaries
- Ability to challenge non-confrontationally
- Empathy: ability to build rapport
- Self-assurance
- Relaxed + non-defensive interpersonal style
Fine – but does it work?
Views of the Patients

- Help get a better understanding of oneself
- Learn to manage in uncomfortable situations
- Accept that change isn’t bad
- Learn about personality disorder
- Learn to build trust
- Gets me to think what life can be like and what I want from life
- Gets me to look at my crimes in a different way
- Shows me crimes have victims and the effect on them
Views of the Patients

- Learn about anger and how to control it
- Learn to talk about problems instead of bottling up
- I am responsible for me and my actions, before I blamed others
- I like the fact this place is geared up to offer support to anyone willing to improve their life
- It helps me and encourages me when I do things well and helps steer me when I’m doing wrong. In short it helps me to help myself
Views of the Patients

- Community meetings everyday to give and receive support and advice
- One to ones to get support and build relationships with staff
- Structure to give you routine and order
- Risk levels to give you incentive to keep going and stay on track
- Group work
- Homework to keep your mind on groups
Cross-sectional Social Problem Solving scores (SPSI-R) for PD admission cohort
Cross-sectional Trait Anger and Anger Expression (Out and In) scores for PD admission sample

**STAXI-2 Anger Expression**

- Trait Anger
- Anger Expression Out
- Anger Expression In
Cross-sectional Criminal Thinking Styles for PD admission cohort
Change in Defence Styles for 48 male PD patients:
3 or more observations
Significant change (p<0.001) for Maladaptive, Image Distorting and ODF