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CBT and the offender population

Research within the criminal justice system regularly highlights the significant prevalence of mental health problem amongst offenders. The London-based Together charity, which began life over 100 years ago, is one organisation helping persistent offenders break the cycle of recidivism. Laura West and Alexis Sweby, who work for Together as Forensic Mental Health Practitioners, write about the charity and the role CBT plays in working with this hard-to-reach group



The Together charity began life in 1879 when hospital chaplain Henry Hawkins (left) formed The After-Care Association for Poor and Friendless Female

Convalescents on Leaving Asylums for the Insane. Its founding aim was to offer assistance to individuals in finding temporary homes and placements in services but soon began to undertake preventative work with individuals of both sexes, who were deemed to be 'at risk' of developing future mental health illnesses.

By the 1960s, as mental health provision moved away from psychiatric institutions and towards care in the community, the organisation - then known as The Mental After Care Association - had begun to diversify.

Following the adoption of the 'social care model', the organisation broadened the service it offered and, more recently, it has adopted the name Together for mental wellbeing. In an ever-changing and dynamic environment, Together now offers personalised support in the community in the form of its pioneering Your Way services, advocacy services, residential support and criminal justice mental health services including, since 1993, the Forensic Mental Health Practitioner (FMHP) Service.

The FMHP Service is made up of

practitioners - known as FMHPs - and project coordinators, based in 15 London boroughs, with some practitioners working in partnership with the London Probation Trust in Local Delivery Units (LDUs), others operating within Magistrates' Courts, and some combining the two.

While informed by the same therapeutic principles, Court and Probation work differs in both intensity and duration. There is great diversity between individual FMHP caseloads as they are dependent on the specific needs of the particular borough, and this necessitates regular team meetings to maintain consistency across the service.

Practitioners and project coordinators from across the Together charity meet fortnightly, benefitting from a rotating schedule from Reflective Practice, External Supervision, Forensic Forum meetings and Professional Academic Development (PAD).

Reflective Practice and External Supervision enable practitioners to discuss their own practice with colleagues through the use of a number of reflective models and seek advice on specific aspects of service user support with a chartered forensic psychologist.

Forensic Forums allow for the discussion of all matters pertaining to Court and Probation that promotes consistency across the service and maintains clinical governance.

Finally, PAD is an opportunity for practitioners to discuss recent relevant forensic or psychological publications, to cascade any recent training to the other practitioners, or for a pre-arranged outside speaker to present research or hold workshops.

While each practitioner has their own training background, consistent meetings and training opportunities such as Reflective Practice and PAD have allowed for useful elements of each therapeutic modality to be discussed between practitioners.

CBT has been shown to have many benefits when applied to the service user group we work with, and it helps that a number of our practitioners come from a CBT background. The psychotherapeutic approach of CBT addresses - alongside cognitive processes - dysfunctional emotions and maladaptive behaviours, two traits which are inherent among an offending population.

Furthermore, offenders, who are referred to as service users, have particularly high levels of morbidity, and CBT has been shown to be particularly effective for those suffering from anxiety, depression, worry and sleep problems.

CBT in the judicial system

It is well established that offenders represent one of the most socially excluded groups within society and that they experience considerable difficulties in accessing both physical and mental healthcare. It is not uncommon to find poor provision of mental health services for offenders in London.

The present-focused approach of CBT assessments makes them particularly useful for practitioners working in the judicial system. Our Court practitioners, either working alone or alongside psychiatrists and mental health nurses within a larger Court Diversion Team, attend the custody suite and screen all overnight cases.

The purpose of the proactive screen is to seek out information about defendants that may indicate a mental health need, or other health and social care related needs. Those with an identified mental health need are assessed on the day and a written report is then provided to the Court and support given to the individual.

Our practitioners within London's Magistrates Courts work to a tight timescale with the screening of service user records, brief assessments and written reports to be completed for multiple individuals and presented to Court within a matter of hours.

Individuals appear in front of Magistrates and District Judges for a variety of reasons including trial, bail applications, custody hearings and committals to Crown Court. On any of those occasions a mental health assessment may be requested. In order not to disrupt the running of Court, assessments must be brief whilst also providing enough detail to allow for informed decisions to be made.

Using a CBT model within assessments allows our practitioners to gather large amounts of relevant information regarding service users' current mental state, details of any historical or current engagement with mental health services as well as future goals.

Information is then delivered by way of a brief oral or written report, while practitioners are also occasionally requested to complete a more in-depth assessment. Such reports are written during a three-week Court adjournment and submitted alongside a Pre-Sentence Report, completed by a Probation Officer.

The aim of such assessments is to assist with a sentencer's decision making by putting forward recommendations which are conducive with the best interests of the service user's mental health.

In addition to their Court work, practitioners are also assigned to a London Probation Trust LDU, with 'In Probation' cases being referred to them via two main channels, either by Probation Officers who have concerns about an individual's mental health or by the Magistrates Court requesting a mental health needs report prior to sentencing.

Probation assessments are more comprehensive than those conducted in Court and may result in a variety of outcomes. The services provided by practitioners include short to medium term psychological interventions, health promotion, signposting and advice to service users who may be on license or some other form of statutory Community Order, as well as non-contact advice to Probation Officers themselves.

Practitioners and skills

The wide range of support available to service users is testament to the diversity of training undertaken by our practitioners; having originated from a



variety of backgrounds including forensic, clinical and counseling psychology, systemic and psychodynamic psychotherapies, mental health nursing and IAPT.

A significant proportion of practitioners have undertaken training in CBT and some are BABCP Accredited Cognitive Behavioural Psychotherapists. This allows for a diverse range of difficulties to be supported, including the anxiety disorders depression, emotion regulation, sleep hygiene, anger management, OCD and PTSD.

While our practitioners offer a variety of skills, both Court and Probation assessments draw heavily on core elements of CBT in that the focus is predominantly on addressing unhelpful emotions, thinking patterns and maladaptive behaviours. It is in this area that practitioners are able to draw on their own expertise to provide these services and many practitioners utilise systemic, counselling and psychodynamic approaches.

A CBT approach is used by many of our practitioners, not only to inform their assessments but also as the basis for short to medium term interventions. Practitioners encourage service users to set goals for themselves and to become 'action orientated'.

The Department for Work and Pensions reported in 2001 that those with a criminal record struggle to attain, and sustain, employment. As a result, many live day to day with a lack of money and, significantly, from a CBT perspective, little or no structure or routine to their lives.

A focus on goals and empowering

individuals, along with the setting of homework, often gives service users purpose and facilitates ownership of their own path to wellbeing which can provide a sense of fulfillment. Much of the one-to-one work carried out by Offender Managers draws upon key therapeutic competencies found within CBT, such as a collaborative approach.

This not only helps encourage offenders to take responsibility for the work they undertake in Probation, but also to take on a more active role within their sentence. Using the CBT approach with offenders can also equip them to develop their insight into the ways in which they behave and think about themselves or others. This may help them to identify any patterns in their behaviour and thinking which may be problematic for them and others, and to see if an alternative perspective may be more beneficial. Such insights are often lacking within offender populations and explain why the process of guided discovery within CBT can be applied to such good effect.

Structure is a key element of supervision with offenders and it is important to instill boundaries with an often-chaotic service user group. Not only are offenders given the opportunity to be an active participant in their sentence, but they are also encouraged to find out about themselves for themselves.

Whilst some may not be willing to develop a self-reflective stance, motivational techniques such as Socratic questioning can go some way to moving them closer to being curious about themselves, their thoughts, feelings and behaviours. Working with offenders also requires the ability to develop coping

skills which can be employed in the real world as a means to respond more effectively to adversity.

This service user group often sees this element as the most important as they are often exposed to destabilisers and seek practical ways of addressing their problems.

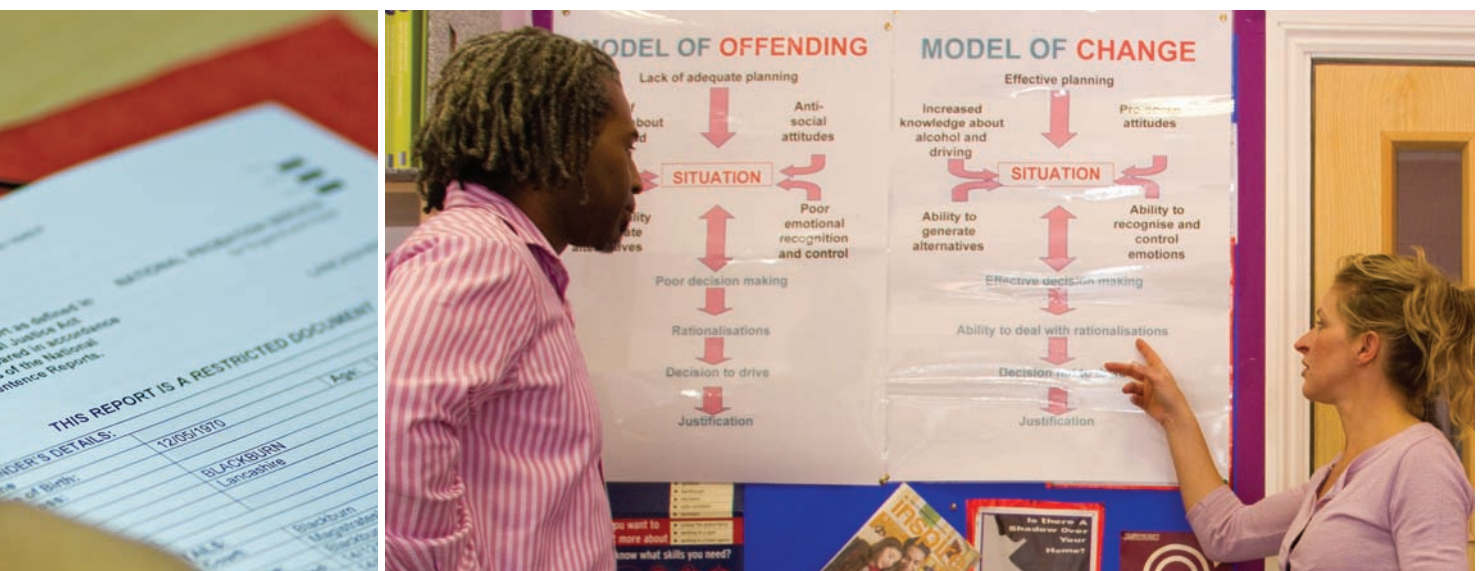
CBT for offenders

CBT undoubtedly has a place in forensic settings, particularly in the community. Many of the accredited offending behaviour programmes used within Probation are based upon the 'What Works' literature and CBT techniques. For example, Thinking Skills is a cognitive skills programme that addresses the way offenders think about their behaviour associated with offending.

Thinking Skills aims to reduce reoffending by engaging and motivating, coaching and responding to individual need and building on continuity. It supports offenders to develop skills in setting goals and making plans to achieve these without offending. Engagement is probably one of the biggest obstacles to overcome when working with this service user group.

Many offenders associate mental illness with a huge amount of stigma and they often reject assessment or treatment before it has even begun. Close working relationships with Probation staff are therefore vital. For those individuals who engage in the assessment process the ability of the therapist to establish a rapport will often determine whether or not the individual attends again.

Much of the work carried out by the



FMHP Service with offenders is done so on a voluntary basis, so the therapeutic alliance is hugely influential. The skills used to engage the service user in therapy, negotiate goals, set a collaborative therapeutic framework and provide support, guidance and affirmation are particularly important with offenders, as are those key ingredients of a helping relationship: warmth, careful listening, positive regard and empathy.

In considering the three main stages of the therapeutic alliance (establishing, developing and maintaining a relationship), the FMHP has to juggle with reflecting a genuine concerned interest which is open, honest and non-judgmental whilst maintaining boundaries, a non-collusive standpoint and holding risk in mind. Such a position is a delicate one and one in which ruptures are common.

As the therapeutic relationship has implications on both process and outcome, it is important to be aware of other variables commonly found in forensic populations that can potentially affect the alliance and/or outcome. A number of offenders can present with high levels of co-morbidity, particularly personality disorder and also dual diagnosis needs such as substance misuse disorder.

Using anti-social personality disorder (ASPD) as an example, research suggests that the core characteristics of ASPD make it very difficult to develop a rapport with those suffering from the disorder. Not only can they affect the creation of a rapport, they often serve to undermine it

and so it is incredibly difficult for even the most experienced therapist to move into the stages of development and maintenance of the alliance.

For example, individuals with ASPD may deny or minimise the seriousness of their offence or deceive members of staff about their therapeutic progress. Such could have an impact on a trusting and open relationship between service user and therapist.

Moving onto CBT techniques, it is often necessary to adapt certain elements of therapy to suit the needs of an offender population. This may involve developing materials to account for literacy problems or developing a common language that makes many of the concepts within CBT more accessible to the individual.

Reinforcement of the benefits of completing homework tasks is commonly required, as is a session focusing on overcoming the obstacles associated with homework. Focusing on the behavioural aspects of their problems may be more beneficial for some offenders.

In planning sessions with offenders the therapist often has to develop imaginative ways of working. This may be as a result of the restrictions placed upon the offender and/or in relation to the risks they pose. A flexible approach is therefore necessary, albeit one which maintains structure and boundaries.

This is particularly true in terms of attendance at therapy sessions that can often be rather chaotic. In socialising the service user to CBT a strong emphasis is placed on personal responsibility and the importance of consistent attendance.

CBT for the future

Our practitioners often use CBT to increase service users' motivation to engage, be it with employment support, drug and alcohol work or other mental health support services such as Community Mental Health Teams, bereavement counseling or IAPT. As they offer support for offenders who are open to the London Probation Trust, practitioners must be mindful of how their ongoing needs may require a continuation of their mental health support when an offender's license expires or Community Order finishes.

In cases such as these it is important for the transition of provision from our Probation-based support to community-based support to be as seamless as possible. In order to facilitate this, each practitioner compiles and continually updates a comprehensive 'borough profile' of all services available in their area, as well as maintaining good working relationships with each service.

This ensures that, wherever possible, service users are able to continue with their mental health support with as little disruption as possible. As an organisation dedicated to the support of people with mental health problems, Together has ensured that the practitioners working within the FMHP Service are able to offer a diverse range of support for the various struggles facing offenders.

Anecdotal evidence supports the use of CBT with forensic service users and it plays a major role in the practice of our FMHPs. The fundamental principles of CBT are both applicable and appropriate, often playing a key role in the development of the therapeutic alliance with a challenging service user group.

Whilst CBT may not be enough for some service users with forensic mental health needs, the FMHP Service acknowledges that it does provide the framework for the initial assessment by shaping interventions and informing referrals on to more specialist services. By bringing psychological therapy to environments in which offenders attend, the FMHP Service overcomes the obstacle of access.

Together relies on the skills of its practitioners in engaging what can often be a challenging, yet rewarding, service user group with complex needs.

