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# **Social Therapy: Developing and Delivering an Interpersonal Systemic Approach for Patients with a Personality Disorder**

**Dr Anayo Unachukwu  
Ansel Clinic Nottingham**

## Welcome to the Ansel Group

Ansel is the only nationally available, independent healthcare organisation solely dedicated to providing an integrated and consistent care pathway for people with personality disorders who may have additional complex needs and have challenged other service provision. Drawing on a team of experienced clinical practitioners and professionals in the field of mental health and led by some of the most respected figures in the sector, Ansel will deliver a community of mental health care services that will make a real and positive difference in the lives of all involved.

Offering our services to the NHS and other independent sector providers, Ansel will deliver all of our services within a Social Therapy Framework, focused on providing services that remain relevant to our patients whilst enabling consistent competency, high quality, best value and inherent flexibility.

Our first purpose designed and built low secure, male personality disorder clinic opened in Nottingham early in 2010 and will followed by a second in 2011. Additional pathway provision is planned to enable delivery of a national 'community of communities' to address the needs of this challenging, vulnerable and marginalised group of people from forensic through to community based services.



# Extent of the Problem



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- Just like the German football team, personality disorder will always be in our midst.
- It has remained like a Phrygian knot tied by Gordian without an Alexander with a sword, hence the knot has remained.
- It is heterogeneous, complex intractable with no precise scientific underpinning.
- Not short of hypotheses.
- Straddles various domains of human social exchange, hence impact to the individual and society.

# Extent of the Problem



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- The impetus for Rx cannot necessarily be driven by the clinicians but policymakers and criminal justice systems as well.
- Personality disorder cannot be accounted for by the illness model, nevertheless there is suffering by the individual in his/ her immediate surroundings.
- Personality disorder is the Achilles heel of psychiatry. A diagnosis of personality disorder is similar to an income tax form; it is unpleasant and unwarranted, but cannot be avoided. **(Prins 1995, quoting Peter Tyrer)**

# Background to the new search



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- *“We recommend that the concept of social therapy is further explored; the clarity of philosophy, roles and policy is vital. Good communication is essential in particular between the PCT itself and the ward-based staff.” (Committee of Inquiry into the Personality Disorder unit, Ashworth Special Hospital, January 1999)*
- Over time, a range of service provision will need to be developed within forensic services. There needs to be a clear link between this provision and personality disorder services in high secure hospitals, so that there is a clear pathway and continuum of care for all personality disordered offenders across all levels of security.
- This is vital in order to ensure that patients do not get stuck at one level of security and are unable to move when they are ready to do so. **(NIMHE, 2002)**

# Background to a new search



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- Personality disorder-No longer a diagnosis of exclusion: Policy implementation guidance for the development of services for people with personality disorder. **(DOH, Jan 2003)**
- The amended Mental Health Act, 2007 in one broad statutory sweep abolished the mental disorder categories.
- The implication is quite rife in the admission and treatment of personality disorder.

# Background to a New Search



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- In many countries of the world, probably the majority, the management of people with personality disorder who present significant forensic risk could be summarised as: ‘lock them up and throw away the key!’ One exception is the Netherlands where TBS has been operating for 80 years, where offenders can be detained in a secure setting outside prison and given treatment. **(Tyrer, et al 2010)**
- The Dutch terbeschikkingstelling (TBS – ‘to dispose of’) service was designed to protect the public from recidivists who suffer from defective development or pathological disorder of mental faculties which include personality disorders. **(Feeney, APT 2003)**

# Background to a New Search



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- The need for a new approach and ways of working with patients with personality difficulties within a forensic setting is not blue sky thinking.
- The traditional model of service has been less than fit-for-purpose and in some cases has led to serious scandals as seen in Ashworth and other mental health units both in the National Health Service (NHS) and independent health sectors.

# Ansel's Approach to Therapy



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- Ansel adopts social therapy model – a framework that it shares with TBS in the Netherlands and Ashworth Hospital (Personality Disorder unit).
- Treatment entails changing long-established beliefs and emotion concerning self and others and the inappropriate social behaviour to which they give.
- The goal is to produce adaptive and constructive ways of dealing with social situations and interpersonal relationships that have been problematic in the person's life.

# Ansel's Approach to Therapy



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- The impetus for adopting the model is two-fold
- Passion for service delivery that is effective in providing care to patients with Personality disorder
- A service that supports environment that optimises staff development and welfare
- Both are not mutually exclusive, but are rather synergistic
- Personality disorder is subsumed under acquired developmental disorder leading to emotional and interpersonal disability mainly manifest in social interaction

# Ansel's Approach to Therapy



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- This (PD) response is triggered in vulnerable people without counterbalancing protective experiences.
- The healthcare professional may be the first positive experience that they have that shows consistency, firmness, fairness and friendliness.
- Based on this premise, there is a need to get the relationship right the first time and to continue optimally.
- Growing evidence from treatment literature shows that poorly delivered treatment can do more harm than good and may result in permanent damage. This can be extremely dangerous in a forensic setting.
- For those commissioning services, it has to be said that therapy is better construed not as a light switch that yields a black-to-white shift overnight, but more as a rheostat.
- Outcomes should be construed accordingly –a longer term piece of work.

# What is Social Therapy?



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- Social therapy is the methodical management of the living environment of a group of clients directed towards reaching the treatment targets of this group – and conceived as a means of achieving the treatment targets of the individual client within a functional unit, usually in a clinical treatment setting.  
<http://www.centrum45.nl/ukdef/htm>
- Social therapy in some ways is patterned after the human development model.
- The daily living environment of the clients within the clinical system is seen as an instrument of treatment.

# What is Social Therapy?



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- The main thrust of therapy is interpersonal management utilising iterative formulation and reflective practice.
- Initial emphasis is on 'containment' in a safe environment where the external locus of control is based mainly on procedural and structural security with some elements of relational security.
- The ratio of security changes over a period of weeks to a more relational approach and a less procedural and structural one, depending on engagement, risk issues etc. Rule – based approach is easier for new and less experienced staff.
- Second phase – social learning phase, the key issues affecting social functioning are addressed, including risk issues.

# What is Social Therapy?



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- The features of personality disorder are addressed through individual, group and milieu modalities.
- Last stage – Re-socialisation, where patients that show demonstrable enhanced social functioning with evidence of reduced risk are facilitated to re-enter wider society. Individuals are supported throughout this difficult process to make for more effective social inclusion and integration.
- This phase could be delivered through work skills, self support, independent living and/ or pastoral care, all outside the secure setting thereby providing social opportunities etc.
- ‘Ordinary’ relationships and interactions are important not only to aid assessment and formulation, but are also therapeutic.

# Ways of working

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- Ways of working in social therapy are impacted by **organisational**, **operational** and **environmental** settings.
- These factors are very integral; to the cursory observer/ clinician their interconnectivity and potential synergy may not be apparent.

# Ways of working

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## Organisational

- Clarity *ab initio* on patient criteria (mixed multitudes despite best intentions are unhelpful).
- Commit to up-skilling staff through emphasis on professional development and cascading of knowledge across the board.
- Emphasis on collaborative effort by all professionals underpinned by the philosophy of the organisation and relevant policies and guidelines.

# Ways of working

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## Operational

- Formulation is at the heart of social therapy, this has the advantage of 'toning' down stigma and labelling and providing clients and staff with a shared common language.
- Triumvirate working system with dynamic supervision in each session enhances collective reflections on boundary issues.
- Enhanced boundary and safety through regular de-brief sessions and collective efforts by all staff (Remember: 'A little leaven, leavens the whole lump.')

# Ways of working

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## Operational

- Complete removal of professional silos through enhanced regular interaction and environmental structuring (discussed later).
- Traditional key-worker/solo working system is never allowed in social therapy because of attendant consequences.
- Increase baseline in knowledge, understanding and ability of anyone clients come in contact with in the setting.
- Flattened hierarchy in day-to-day operational/clinical engagements.

# Ways of working



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## Environmental

- This involves not only the structure, but also the location of the facility.
- The design of the building should not invoke a feeling both to clients and family that harks back to asylum days and the control associated with it.
- The regular living space of clients; clinic and administrative areas are optimised to enhance interaction with clients and interactions between the different disciplines.
- The location of the unit is not isolated, but reflects a focused attempt at rehabilitation, social integration and inclusion.

# Evaluation of Service



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- We are in the process of developing bespoke tools to enable us to effectively and appropriately evaluate outcomes of social therapy at the Ansel Clinic. (Please see *Ansel social therapy outcomes and evaluation by Dr S J Renwick PhD*)
- Collaborations and innovative efforts with the academia (**academic clusters, Lord Darzi, 2008**), for independent evaluation and iterative process to inform measures for quality of care.

# Conclusion

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- The failure of the traditional model and conventional ways of working with clients with personality difficulties associated with severe forensic risk gave a new impetus to the need to have a service that avoids the pitfalls identified with these working practices.
- The social therapy framework and its underpinning principles has challenged the frontiers of service delivery as seen in the Netherlands and the personality disorder unit at Ashworth. The Ansel Clinic Nottingham adopts the model in delivering services to the clients that pose the most difficulties to current services.

# Conclusion

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- There is overwhelming evidence that the current (engrained) practices and service delivery are ill suited to meet the needs and challenges of groups of clients with personality difficulties and forensic risk.
- The challenge is for clinicians to be more receptive to new ways of working which are systematic, innovative, creative and coherent.
- Evaluation that makes sense and is credible must accompany such a leap of faith.