



## The Ansel Group

### The four guiding principles of the fundamental postulate:

- Engagement Principle - A person's social interactions, if appropriately shaped and guided over time can effect positive and sustained change in interpersonal behaviour and understanding.
- Replication Principle - Any efforts to support the person in addressing their problems must avoid replicating the same pathological behaviours and relationships they are targeting.
- Developmental Principle - An individual's dysfunctional interpersonal behaviours and relationships arise as a consequence of priming events and circumstances in an individual's past life.
- Containment Principle - When an individual's interpersonal behaviours and relationships become dysfunctional, this generates considerable emotional and behavioural turbulence within their immediate and wider social world.

Performance against these principles will be assessed via internal and independent outcome evaluation. We will report against the following:

- Milieu compliance - fidelity to the social therapy model:
  - o Process deliverables – audit of key components
  - o Personal outcomes – Change in interpersonal functioning
- Risk-relevant moderation - forensic outcome:
  - o Offence related interventions – identification, delivery, outcome (behaviour/psychometric evaluation)
- Individual growth and development – personal outcome:
  - o Interpersonal maturity – delivery outcome
  - o 'Good lives' adoption – evidence of pro-social engagement

### About The Ansel Group

Our distinctive approach engages each of our patients, supports the development of meaningful therapeutic relationships and provides consistency of intervention and communication across the service pathway. This delivers sustainable, evidenced based outcomes for each patient and keeps us directly engaged with each patient's local care team. We are able to make a difference where others can't.

Our experienced and professional clinical team supports delivery of a very structured, informed and planned environment for each of our patients. Our skill is in addressing each patient's persistent, underlying disorders and behaviours in addition to their overlying mental health and general well being needs.

Each patient has a full day, everyday with individually developed activity running from 7am until early evening across the full week. The Clinic is a place of focused activity and engagement for our patients. It's intensive, it's hard work and consequently it creates the capacity for significant, sustained and supported change rapidly and cost effectively.

Along with team members from across the service our leading consultant forensic psychiatrist, psychologist and their Clinical MDT colleagues work with the patients on a daily basis and have a high and visible presence both on the ward and in our off ward shared space work areas. They are at the core of the Clinic's work and set the pace, direction and content of change through proactive management of individual case formulations for each patient.

### Dynamic, coordinated, personalised

This dynamic and coordinated approach encourages each patient to develop a stop and think skill set, to pre-emptively consider their actions and likely consequences and through this to develop pro-social behaviours and sustainable therapeutic outcomes that support them back into community living. We achieve this through milieu and formal therapeutic interventions, working with patients individually and in groups and via proactive and informed risk management.

We are not a single therapy service but have the capacity and skills to offer a broad range of clinical/therapeutic interventions with each patient based on their individual formulation and its adaptation as their needs change and they progress through the service. Our operational framework enables us to do this consistently and dynamically across the organisation and the care pathway.

### A supportive environment enabling swift and sustained change

Therapeutic activity is encompassed in all of our activity and in every interaction at the clinic. This creates a very powerful environment for change but requires a well trained and supported team and significant commitment and dedication – on behalf of both staff and patients – to deliver it. It also requires structure and consistency. This is a key component of our work – patient specific consistency of approach and intervention across the service.

We are good at what we do and our patients are able to make significant progress in relatively short periods of time. 30% of our patients have been discharged from the Clinic within 12 months of arrival. All patients at the Clinic are placed on a discharge pathway from the date of admission and our average length of stay at the Clinic is 15 months. This saves money, incentivises each of our patients and clearly demonstrates our commitment to sustainable outcomes and to making a difference.

### The Ansel Group - our commitment to making a difference

Our aspiration is to be respected for being the best, not the biggest. We are focused and dedicated. We will continue to make a real difference in people's lives.

### Our Clinic

The Ansel Group Nottingham Clinic is a 24 bed specialist Tier 4 residential mental health service designed and built to the latest draft guidance for our patient population.

### Typical patient characteristics

Frequent and demanding users of services • substance mis-use and dependency  
 Regular placement breakdowns • sustained relational and social functioning problems  
 Challenge existing service provision • stalled progress.

### Admission criteria

Adult men • complex mental health needs, challenging behaviours and a primary or secondary diagnosis of personality disorder • Subject to a section of the Mental Health Act • Forensic or non forensic histories • Capacity to engage • Referrals accepted from Tiers 1-6 including prisoners on hospital transfers.

### Contacting The Ansel Group

Should you wish to discuss a potential patient referral, book a tour of the clinic or enquire on any of the above, please contact the clinic:

The Ansel Group Nottingham Clinic • Clifton Lane • Clifton • Nottingham • NG11 8NB

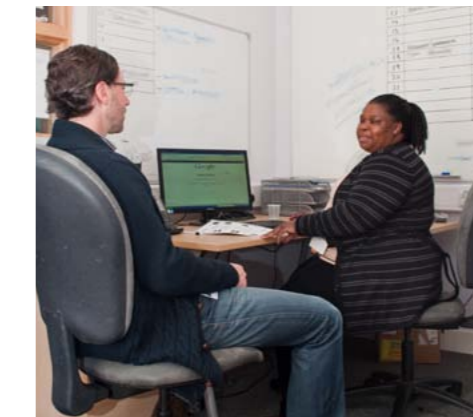
t: 0845 200 0465 • f: 0845 200 2385

• nottingham@anselgroup.co.uk • w: www.anselgroup.co.uk



making a real difference in people's lives

## The Ansel Group Service Information





## The Ansel Group

Clinically led with a clear service vision The Ansel Group develop and deliver services only for people with complex mental health needs, challenging behaviours and personality disorders. This is our specialism, focus and motivation. It is a unique approach and a powerful catalyst for change.

The Ansel Group Nottingham Clinic is a 24 bed specialist Tier 4 residential mental health service for men, operating 24 hours a day, 365 days of the year. Our services are offered in time limited episodes of care at an inclusive price and with agreed outcomes and break points.

## A service informed by commissioning

The clinical development and delivery of our service has been informed by a broad range of clinical and commissioning guidance including - 'Recognising Complexity – commissioning guidance for personality disorder services', the NICE ASPD and BPD guidance, the National PD Offender Management Strategy – along with extended operational experience with the service patient population. From these, key components in terms of enabling successful service delivery have been derived. These are referenced below and form the basis of The Ansel Group's clinical service offering. The Ansel Group's response to each element is noted in italics:

- Appropriate, structured and validated pre-admission and on-going assessment - *(will include PCL-R, HCR-20, HoNOS, RAMAS).*
- A focus on on-going and dynamic person centred care and planning to encourage and facilitate engagement and motivation - *(individualised and iterative case formulation regulated through a clinical governance structure).*
- The development and maintenance of optimistic and trusting therapeutic relationships - *(enabled and consistently delivered via a social therapy operational framework and regulated through clinical governance structure).*
- The consistent and appropriate delivery of a range of treatment interventions including psychological, pharmacological and offence related programmes - *(will include substance misuse programmes, offence focused programmes, DBT, CBT, SOTP, VOTP, Motivational Interviewing etc, depending on the assessed needs of each patient).*
- Proactive and coordinated risk assessment and management - *(regularly reporting against a base line assessment and including PCL-R, HCR-20, HoNOS, RAMAS).*
- Established and ongoing local case management/ CPA - *(RIO patient records management system enables effective data collection and reporting against contract and case management requirements. Focus is on shared care and active engagement with each patient's local care team).*
- Close collaboration in multi-agency pathway planning - *(on going and informed engagement with affiliate/ networked pathway organisations).*
- On going workforce education, training, supervision and support - *(including the Knowledge and Understanding Framework, The Ansel Group social therapy training, shift reflective practice, peer support and supervision).*
- Autonomy and choice for patients throughout the process - *(independent patient advocacy, patient council, independent patient survey, active engagement by patients in service development and delivery).*
- Service research and outcome evaluation - *(dedicated researcher, independent outcome and evaluation studies in conjunction with the Mental Health Institute – social therapy, practice implications, impact expectancies).*



### The Ansel Group Approach

Our clinical delivery is built around individual and iterative case formulation. This is initiated through a detailed assessment and pre-admission process, is developed through engagement and underpins on going person centred service delivery across the care pathway. Consistency within this dynamic and multi-agency environment is facilitated through our service social therapy operational framework.

The main thrust of our treatment interventions is interpersonal management utilising an iterative approach to the development and maintenance of each case formulation. This informs both milieu and individualised programmes of focused therapy. Consistent and effective delivery of these is enabled by an appropriately trained and supported team of experienced socio-therapists comprising both clinical and non-clinical members.

Effective treatment focuses on addressing general mental health and well being needs in addition to changing deep seated, long-established beliefs and emotions concerning self and others and the inappropriate social behaviours they inform. We create the opportunity and capacity for each patient to stop and think, to consider actions and consequences and through this to develop pro-social behaviours and sustainable therapeutic outcomes. The goal is to produce adaptive and constructive ways of dealing with social situations and interpersonal relationships that have been problematic throughout each person's life.

### The three phase service model in action

**First phase – the initial clinical emphasis** on post assessment admission is on emotional and physical 'containment' in a safe environment. Here the external locus of control is based mainly on procedural and structural security with some elements of relational security. This ratio of security changes over a period of weeks to a far more relational approach with reduced emphasis on the procedural and structural activity, depending on patient engagement, risk assessment and capability.

**Second phase – social learning.** The key issues affecting social functioning are targeted, including risk issues. Symptoms and behaviours are addressed through individual, group and milieu modalities via a range of personalised interventions.

**Third phase – re-socialisation.** Here patients that show demonstrable enhanced social functioning with evidence of reduced risk are facilitated to re-enter wider society. Patients are supported throughout this difficult period to more effective social inclusion and integration. This phase is delivered through work skills, self support, independent living and/ or pastoral care. All are facilitated both within and out with the Clinic environment as the care pathway extends to greater independence. The Ansel Group however are able to offer consistency of approach, intervention and communication throughout this transition – a critical component to sustainable outcomes for our patients.

### Service detail – The Ansel Group Motivational Enhancement Programme

Amongst the clinical services we are able to offer the Ansel Group Motivational Enhancement Programme provides a 12 week/ time limited structured intervention programme offering, at conclusion, a strong indication of the likely efficacy of longer term engagement within a therapeutic milieu for identified individuals transferred from Prison via Section 47 of the Mental Health Act.

The programme is structured around three distinct domains of activity:

#### Domain 1 - Structured Comprehensive Assessment

Domain 1 focuses on addressing psychological, psychiatric, social/ interpersonal and criminogenic aspects of the individual's functioning through diagnostic, formulary and forensic risk/ needs analyses.



### Domain 2 - Motivational Enhancement Intervention

Activity in Domain 2 utilises both social therapy and Motivational Interviewing principles to optimise the outcomes of Domains 1 and 3 and to focus each patient on the criticality of effecting personal change in their behaviour and life experiences.

### Domain 3 - Preparatory Engagement & Core Skills Enhancement

Work within Domain 3 involves identification (drawn from Domain 1) and remediation of key areas of likely impediment to engagement/ responsivity to identified areas of general / criminogenic intervention. Such preparatory work might range from identification and impact minimisation of core skills deficits such as reading and writing – which might compromise a person's capacity to utilise therapeutic materials or complete key tasks such as written "homework" exercises - to addressing in focussed therapy sessions and general milieu involvement issues considered to constitute a barrier to engagement - such as difficulties with trust, anti-social attitudes and values and psychological avoidance/ denial.

### Outcomes

The anticipated outcomes of the programme would be expected to be seen in the following:

1. Production of a detailed assessment evaluation of the individual's current psychological/ psychiatric/ offending circumstances. This underpinned by Formulary Analysis to aid determination of their current and future management. This, with particular reference to:
  - a. Risk presentation
  - b. Clinical/ forensic needs profiling
  - c. Suitability for continuing intervention opportunities
  - d. Outlining of likely areas of key intervention activities
  - e. Anticipating likely responsiveness to such interventions
  - f. Identification of likely future support trajectory following completion of determined interventions
2. Where necessary, effect a timely disengagement from therapeutic opportunities for those individuals where the potential benefits are in doubt, or indeed contra-indicated.
3. Where appropriate, to optimise the commitment and engagement of those individuals deemed suitable for further intervention with the likely goal of (a) optimising outcome of future activity and (b) minimising the time required for therapeutic targets to be reached.

### Key Principles

1. Continuing utilisation of a Therapeutic Compact to help focus the activities of the individual and therapeutic team and to aid the decision making processes.
2. Skills enhancement of therapeutic staff through utilisation of specialist social therapy and Motivational Interviewing skill sets.
3. Focussed and individualised programme of tasks/activities throughout the course of the programme.
4. Clarification of key decision points around an individual's continuing involvement in therapeutic opportunities

### The Ansel Group Research

The Ansel Group service as a whole in terms of its treatment philosophy, delivery and outcomes is subject to an internal research study in tandem with an independent research and evaluation programme being undertaken in collaboration with staff from the Mental Health Institute. The programme is longitudinal and case study based with data drawn from a range of sources, including our RiO patient records management system.

### Research - The fundamental postulate

*"A person's psychological and/ or psychiatric difficulties are operationalised and expressed in the interpersonal behaviours which they exhibit and the relationships they develop."*

