

## **Offending Behaviour Programmes (Prison Service accredited)**

### **Are offending behaviour programmes a clinical resource for patients with emotional or mental health problems?**

GPs and nurses who have previously worked in the community are often familiar with cognitive behavioural courses run by clinical psychologists. These include anger management, assertiveness training, problem solving, anxiety management and courses aimed at changing thinking patterns and behaviours associated with depression. It is tempting to see the cognitive-behavioural programmes run in prisons as resources to which it is appropriate to refer patients who have problems with anxiety, depression or anger control. In fact this is rarely appropriate. It is important to understand the differences between these types of programme and clinical psychology programmes.

The programmes available in prisons differ in the following ways from therapeutic psychological interventions:

- They are aimed at reducing crime, not at reducing distress or the symptoms or causes of mental disorder. Discussion focuses on factors that led participants to commit crime. To be eligible inmates must demonstrate that the problem feelings they experience or problem behaviours they display constitute risk factors for offending behaviour.
- Most programmes will last for more than 3 months so prisoners with only a short period to release will be unable to complete them within their sentence.
- The standards applied to 'consent' differ from those applied to health interventions. Under the Offending Behaviour Programme, progress through the prison system, including transfer to more open conditions and access to release on parole, may be made conditional on a prisoner's agreement to attend a particular programme. Were a similar course (eg an anger management course) to be offered as a health care intervention, for consent to be valid in this context no such conditions could be attached to the offer. See 'Consent to treatment'
- They may need to be taken in an identified order.
- They are usually overseen by forensic psychologists, not clinical psychologists. Chartered forensic psychologists are psychology postgraduates whose work involves applying psychological approaches the assessment, management and reduction of the risk. They are not specialists in the psychological management of depression, anxiety or psychotic symptoms, although they may have some training in these areas.

It is therefore usually not appropriate to refer a prisoner to an offending behaviour programme as a treatment for anxiety or depression. However, it may be that, in discussion with the psychology department, a healthcare professional may identify patients for whom a programme would be suitable, for example where the patient's anger

or impulsivity relate both to their mental state and to their offending behaviour. In addition, some psychology departments provide interventions for prisoner who self harm or who are suicidal. In such a situation, it would be essential that the standards applied to obtaining free consent to participate are those that apply to health interventions.

### **Types of accredited Offending Behaviour Programmes**

Programmes currently run in at least some prisons are:

- Reasoning and Rehabilitation (R&R)
- Enhanced Thinking Skills (ETS)
- Think First Inside (formerly known as Problem Solving)
- Controlling Anger and Learning to Manage it (CALM)
- Cognitive Self Change Programme (CSCP)
- Sex Offender Treatment Programme (SOTP)

All the above programmes have been accredited by the independent Joint Accreditation Panel as being in line with internal Prison Service research into what is effective in reducing re-offending. Formal accreditation is agreed when 11 criteria have been met, including ongoing monitoring and evaluation.

Programmes are planned for the future in the following areas:

- Domestic violence (for those who commit acts of domestic violence)
- Pilot programme for psychopathic violent offenders.

### **Programmes for prisoners whose convictions relate to sex, drugs or violence**

#### *Reasoning and Rehabilitation (R&R)*

Available in 23 adult establishments, it is designed to develop participants' cognitive skills. Prisoners are prioritised if they have an offence history which includes drugs, sex or violence, a current drug or alcohol problem or poor employment or education history and basic English reading and writing skills and an IQ of 80 or above. Crucially they must also demonstrate the cognitive deficits targeted by the programme. The programme targets cognitive style, self control/impulsivity, interpersonal problem solving, critical reasoning, moral reasoning and social perspective taking. There are 38 sessions, each of two and a half hours with assignments in between sessions and follow-up assignments after the course is finished. An adapted version is being piloted with juveniles..

#### *Enhanced Thinking Skills (ETS)*

Similar to Reasoning and Rehabilitation, it is available in 78 establishments. There are 21 sessions.

*Think First Inside (formerly known as Problem Solving)*

Similar to both Reasoning and Rehabilitation and Enhanced Thinking Skills, but available in only HMP Coldingley. Unlike the other courses, this one is not overseen by the Prison Service centrally but by Professor McGuire of Liverpool University who developed it.

### **Programmes for prisoners whose convictions relate to problems with anger, aggression or violence**

*Controlling Anger and Learning to Manage It (CALM)*

CALM is a cognitive behavioural programme aimed at prisoners for whom problems in managing their emotions are a component in current or previous offending and the prisoner shows signs of poor emotional control in the establishment eg has a history of emotionally reactive behaviour with staff and other inmates. Prisoners who have a psychotic illness, those with no literacy skills and those who use aggression solely to achieve a purpose (eg robbery, control) are excluded. There are 6 modules with a total of 26 sessions.

*Cognitive Self Change Programme (CSCP)*

This high intensity programme is for high risk adult prisoners, aged 24 or over, with a lifespan of violence who show some motivation to change their behaviour. There are 6 modules, the final one of which takes place in the community following discharge. The programme uses cognitive restructuring and skills training in order to address the individual's underlying thinking pattern which leads to violence and their individual risk factors for violence.

### **Programmes for prisoners whose convictions relate to sex offences**

*The Sex Offender Treatment Programme (SOTP)*

The Sex Offender Treatment Programme is a "family" of programmes to address the different levels of risk associated with sex offending. The core programme challenges the thinking patterns used by offenders to excuse and justify their behaviour, develops an understanding of the victim's point of view and builds a recognition of risk factors for future re-offending. There are 86 sessions, which are run 2-5 times a week. The adapted programme of 85 sessions is designed for those with learning difficulties. There is also an extended programme (70 additional sessions) for high risk sex offenders and a booster programme (32 sessions) for those who have previously completed the core programme and are preparing for release. There is also a rolling programme for low risk sex offenders.

### **Further information**

For further information on any accredited offending behaviour programme (including which programmes are available at which establishments) contact the Psychology Department in your establishment or the Offending Behaviour Programmes Unit, Room 712 Abell House, John Islip Street, London, SW1P 4HL, Tel: 020 7217 5680