Institution:
University of Central Lancashire

Unit of Assessment: UoA 4: Psychology, Psychiatry and Neuroscience

Title of case study:
Specialist Aggression Intervention Packages (SAIP): Developing evidence-based procedures for rehabilitation in prisons and other secure settings

Period when the underpinning research was undertaken: 2000-2020

Details of staff conducting the underpinning research from the submitting unit:

Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Jane L. Ireland	Professor	2000 – current
Carol A. Ireland	Reader	2003 – current
Simon Chu	Research Fellow	2004 – current
Catherine Sullivan	Senior Lecturer	1999 – current
John Archer	Professor	2011 – 2019

Period when the claimed impact occurred:
August 2013 - Present

Is this case study continued from a case study submitted in 2014? Y/N
N

1. Summary of the impact (indicative maximum 100 words)

The Forensic Research Group (FRG) has pioneered the development of research informed *Specialist Aggression Intervention Packages (SAIP)* for forensic/specialist populations such as prisoners, secure psychiatric patients and children in secure care. SAIP has been instrumental in the development and on-going implementation of NHS service effectiveness targets in three NHS trusts, as well as informing practice in more than 25 private and public hospitals and prisons, two community Children's Services and two police forces. International reach includes practitioners in Australia. SAIP includes the management of intra-group aggression (bullying) through research informed policy, implemented long term violence therapies (Life Minus Violence: LMV) and the management of aggressors in crisis (Crisis Negotiation Package: CNP).

2. Underpinning research (indicative maximum 500 words)

Since 2000 the Forensic Research Group (FRG) has led research into high-risk populations such as prisoners, secure psychiatric patients and, children in secure care, publishing over 60 papers on the topic. The FRG remain primary researchers in this field, highlighting the need and urgency of dealing with aggression in such settings, from a client and/or staff perspective and ensuring the effective evaluation of interventions [1]. The research has shown how essential it is to account for the interaction between the environment and the individual and how focusing on the individual alone is inherently flawed [2], serving only to limit intervention effectiveness.

The research led to the only psychological theory to date designed to understand the multi-faceted causes of intra-group aggression in secure services [2]. This was then applied to address difficulties in secure units by directly manipulating the environment. FRG argued for the effective management of aggression in secure services to be driven by empirically informed direct intervention with perpetrators, which took advantage of their previous research on the several individual and environmental factors involved [2, 3, 4, 5, 6]. Consequently, SAIP was extended to include a therapeutic intervention that drew directly on FRG research. Available interventions at that time sourced their empirical basis from non-secure populations. Furthermore, they were focused on single emotions, were gender specific, attended to delinquency and focused on treating typologies and/or failed to adequately evaluate their approach. The FRG, however, was clearly demonstrating the essential factors to include. In doing so it challenged the validity of existing intervention programmes. These factors included the importance of several emotions [3], a need for well-informed treatment evaluations which would be appropriate to the population and sensitive to clinical change [1] Further aspects were the importance of implicit processing, sleep and hostile attribution biases [4, 5] accounting for the environment [2], and the need to focus on aggression motivation and not typology [6]. The

latter was demonstrated by FRG to be of little value in driving effective intervention that was designed to produce positive change. This represented a marked shift in how aggression intervention had continued in the field up until this point.

As the research further advanced, it was quickly identified by the FRG that SAIP needed to be extended to research high risk populations which were actively in crisis and posing an immediate and acute risk of serious aggression. Crises included hostage taking, barricades and rooftop protests. No research into this area with high-risk perpetrators had been conducted, using FRG publishing findings that considered the characteristics of perpetrators and their motivation for such aggression [6]. This showed how essential it was to move again from typologies to motivation and to focus on coping and communication, ensuring that a whole service systems approach was incorporated. The research built on the earlier work of the FRG that argued for a more systems-based approach [2] but this time the application was to active crisis incidents and extended to capture staff feedback [6].

3. References to the research (indicative maximum of six references)

1. Daffern, M., Simpson, K., Ainslie, H., & Chu, S. (2018). The impact of an intensive inpatient violent offender treatment programme on intermediary treatment targets, violence risk and aggressive behaviour in a sample of mentally disordered offenders. *The Journal of Forensic Psychiatry & Psychology*, *29*(2), pp. 163-188. https://psycnet.apa.org/doi/10.1080/14789949.2017.1352014
2. Ireland, J. L. (2012). Understanding bullying among younger prisoners: Recent research and introducing the Multifactor Model of Bullying in Secure Settings. *International Journal of Adolescent Medicine and Health*, 24 (1), pp. 63-68. doi: 10.1515/ijamh.2012.009.
3. Xuereb, S., Ireland, J. L., Davies, M. (2009). Chronic and offence-related factors and coping styles in offenders. *Personality and Individual Differences*, 46 (4), pp. 465-471. https://doi.org/10.1016/j.paid.2008.11.016
4. Ireland, J.L., Adams, C (2015). Implicit cognitive aggression among young male prisoners: Association with dispositional and current aggression. *International Journal of Law and Psychiatry*, 41, pp. 89-94. doi: 10.1016/j.ijlp.2015.03.012
5. Barker, L. F., Ireland, J. L., Chu, S., Ireland, C.A. (2016) Sleep and its association with aggression among prisoners: Quantity or quality? *International Journal of Law and Psychiatry.* 47, pp. 115 – 121, https://doi.org/10.1016/j.ijlp.2016.02.014
6. Ireland, C. A., Halpin, L., Sullivan, C. (2016). Critical incidents in a forensic psychiatric population: An exploratory study of motivational factors. *Journal of Forensic Psychiatry and Psychology,* 25 (6), pp. 714 – 732. https://doi.org/10.1080/14789949.2014.955809

4. Details of the impact (indicative maximum 750 words)
Three core strands capture the SAIP impact:

1. Therapeutic intervention and professional training

It had been recognised by clinicians that the existing literature **"…failed to address the specific needs…"** of high-risk patients with long standing histories of severe mental illness and trauma [B]. FRG developed a therapy programme for perpetrators (Life Minus Violence Enhanced – LMV-E; Ireland J.L., Ireland, C. A) based on the following FRG research findings:

- Importance of treating aggression motivation and not typology [6];
- Need to capture a wide range of emotions in high-risk populations [3, 6];
- Role of hostile attribution and aggravating factors (e.g. lack of sleep) [6];
- Need to address implicit processing [4].

Implemented continuously across the impact period, these elements were new to aggression intervention. FRG acquired an NHS R&D grant for its evaluation, which demonstrated clinical gains [1]. Since 2013, LMV-E has been delivered to 60 high risk violent patients in the Mersey Care NHS Foundation Trust [B], with 90% consequently progressing positively. LMV-E has been singled out by the patient care teams who reported **"…marked improvements in the**

patients who have attended the intervention…" and as enabling the progress of patients from high security to medium security [B]. LMV is now the preferred aggression intervention procedure across the Youth Offender Prison Estate [A].

Since August 2013 those using LMV-E include Birmingham Solihull Trust, Ty Llywelyn Medium Secure Hospital, Primrose Unit, HMP Foston Hall, Newton Lodge Hospital, Cairstairs, Rainsbrook Secure Training Centre, Cygnet, Priory, Elysium, Cheswold Park Hospital, Coastal Child and Adult Therapeutic Services (CCATS) and Northern Ireland Mental Health Forensic Services [C, D, E]. It forms part of the Prison Service Personality Disorder Pathway for men [D]. Over 250 children have received the therapy through CCATS, Julie Kershaw, Services Manager at CCATS reported that many patients are now able to understand the functions of their behaviour and better manage their emotions. This has enabled participants to learn management strategies to reduce relapse and go on to employment, college and university [C].

Since August 2013 over 200 specialist mental health/secure staff have been trained in LMV and underpinning FRG research [3, 4, 6], with a further 190 trained in components [B]. This includes 50 professionals from New South Wales Police, Australia (2013 and 2015). LMV is currently being implemented in a psychiatric service in Australia [F]. Dr Nikki Loft reported that LMV-E was valuable in **"…empowering them [the patients] with skills and insights into their behaviour and how to manage in less violent and more prosocial ways"** when it was implemented in an inpatient setting in South London. Dr Loft now plans to implement the LMV-E program in her new role at the Thomas Embling Hospital in Melbourne, Australia [F]. A survey of services attending LMV training between 2013 to 2019 [I] noted between 500 and 700 violent clients had received the therapy, with 75% of clients being positively affected. All services identified FRG research to have positively impacted on practice, citing the FRG research on aggression motivation (70%), emotions (60%), information processing (50%) and implicit processing (40%). Confidence in working clinically with aggressive individuals was noted by 85% of attendees [I]. Since August 2013 there have been at least four annual professional training events capturing the aggression research conducted by FRG [3, 4, 5, 6] (each n = 25 to 30 practitioners).

The practitioners who took part in the training reported that their practice was now more informed as a result. The interventions and skills provided to practitioners have shown direct benefits to patients in a variety of settings. One respondent reported that the training gave them **"…a range of tools to help individuals better understand themselves and motivations/reactions"** [I]. Julie Kershaw, Service Manager at CCATS also noted that the programme had given their clients practical skills and tools that helped them to manage themselves appropriately and prevent relapsing or reoffending [C]. Implementation at Ty Llewelyn Medium Secure Hospital resulted in participants being able to **"…recognise their emotions more effectively and the circumstances in which they may become aggressive."** [E1]

2. Crisis intervention (e.g. hostage-taking, roof-top protests, barricades) and negotiator training

The research from FRG emphasised the:

- Importance of understanding perpetrator motivation [6].
- Importance of perceived staff fairness in resolution;
- Importance of developing rapport and accounting for mental health/personality [6];

In 2014 FRG redeveloped a Crisis Negotiation Package (CNP) to incorporate their research [6], including negotiator training (Ireland, C. A.). A funded PhD (2015) explored security incidents, noting the importance of motivation, communication and meaningful activities in incident reduction. Based on this research FRG proposed and published a new theoretical model of understanding security incidents, consolidating the earlier FRG research on the importance of environment and systems [2].

The CNP is the only NHS crisis package in existence and has been applied successfully to crisis incidents, leading to resolution and safe hostage recovery [G]. It has been used in community incidents, involving Merseyside and Lancashire Police, and is the only package adopted by Mersey Care NHS Foundation Trust. Since 2014, crisis profiles, based on FRG research [6], are recorded for all patients in high secure services in Mersey Care NHS Foundation Trust, capturing over 200 patients and shared across all four high security services in Britain [G]. Since 2014, over 130 specialist NHS, private health and police staff have been trained in the CNP by the FRG [G, H].

3. Policy and service development

The SAIP have informed development of national and international policy on patient-to-patient aggression. Ireland, J. L, authored the first NHS policy on this [H3], which is revised every three years to include new FRG research [2, I]. FRG has made a material contribution to the content by noting bullying as a significant issue [2] that is environmentally driven, and that being an aggressor, or a victim, is not mutually exclusive. These findings have been built directly into the electronic recording system for Mersey Care NHS Foundation Trust, where all bullying incidents are now logged, capturing elements of the FRG research.

Ireland, J. L. also authored the design of the Commissioning for Quality and Innovation (CQUIN, NHS) indicator on patient safety [H3] in high secure services. Ward alterations were made to all high secure psychiatric hospitals in England (n = 3; housing around 700 high risk individuals), with Ireland, J. L designing and evaluating these changes based on the psychological theory underpinned by FRG research [2]. The CQUIN ran until 2017, with the final evaluation report produced in 2018 [H3].

5. Sources to corroborate the impact (indicative maximum of 10 references)

A. NOMS Intervention- Life Minus Violence-Enhanced (LMV-E) - Youth Justice Resource Hub
B. Ryan Aguiar, Head of High Secure Psychological Services, Ashworth Hospital, Testimonial Letter.
C. Julie Kershaw, Service Manager, CCATS, Testimonial letter;
D. NOMS/NHS personality disorder provision brochure (pgs. 5, 8);
E. Testimonial & news item from Betsi Cadwaladr University Health Board
    1. Betsi Cadwaladr University Health Board news item
    2. Dr Julia Wane, Consultant Clinical Psychologist, Head of Clinical Psychology for Forensic and Rehabilitation Services, Betsi Cadwaladr University Health Board, Testimonial
F. Dr Nikki Loft testimonial letter for implementation in Australia.
G. David McKenna, Director of Security, Mersey Care NHS Foundation Trust, Testimonial email
H. Corroborating contacts:
    1. Chief Inspector Sue Bushell, Chair of Crisis Meetings, Lancashire Constabulary
    2. David McCaughrean, Superintendent Matrix Serious Organised Crime, Crime Intelligence, Merseyside Police
    3. Lisa Rens, Senior Manager, Secure Division Management Team Mersey Care NHS Foundation Trust
I. LMV service impact survey 2019