

INTRODUCTION

Internationally, the high prevalence of interpersonal trauma in women's prisons is well established (Lenihan, 20220). Considerable clinical challenges and vulnerabilities are present in this population (MoJ, 2022). This is evident in that although women equate to 4% of the UK prison population they account for 22% of all incidents of self harm. A small group of women who engage in 'prolific' self-harm and often other challenging behaviours contribute disproportionately to this total.

The need for a new approach. Whilst delivering trauma informed services for women in prison has gained considerable traction there is still a need to establish efficacious treatments. Consideration also needs to be given to developing appropriate responses to reducing high levels of self-harm and suicidal behaviours in women's prisons (Mahoney, 2022). As noted concern has been expressed about helping a small group of women who engage in 'prolific' levels of self-harm. Conceptualising 'offending' as a manifestation of an individual's clinical presentation rather than a separate area of therapeutic focus may be more appropriate with this population. McIntosh et al (2021) also questions the effectiveness of existing interventions in forensic settings.

A compassionate response to self-harm. From clinical experience and allied literature we posited that Compassion Focused Therapy (CFT) could be a useful and acceptable approach to addressing high levels of trauma and self-harm for particularly vulnerable women prisoners (Gilbert, 2022; Gilbert & Mascaro, 2017). We based the design of CRANE, an integrative, compassion focused manual for interpersonal trauma, on this experience.

CRANE: Treatment Outline

The pilot delivery of CRANE consisted of 24 planned sessions delivered 2x per week, currently n=12 women are/have participated. Clinical illustrations are used to both help describe the content and preliminary participant experience. More detail of the treatment content can be found in Mahoney et al (2022), see also summary presented in Figure 1.

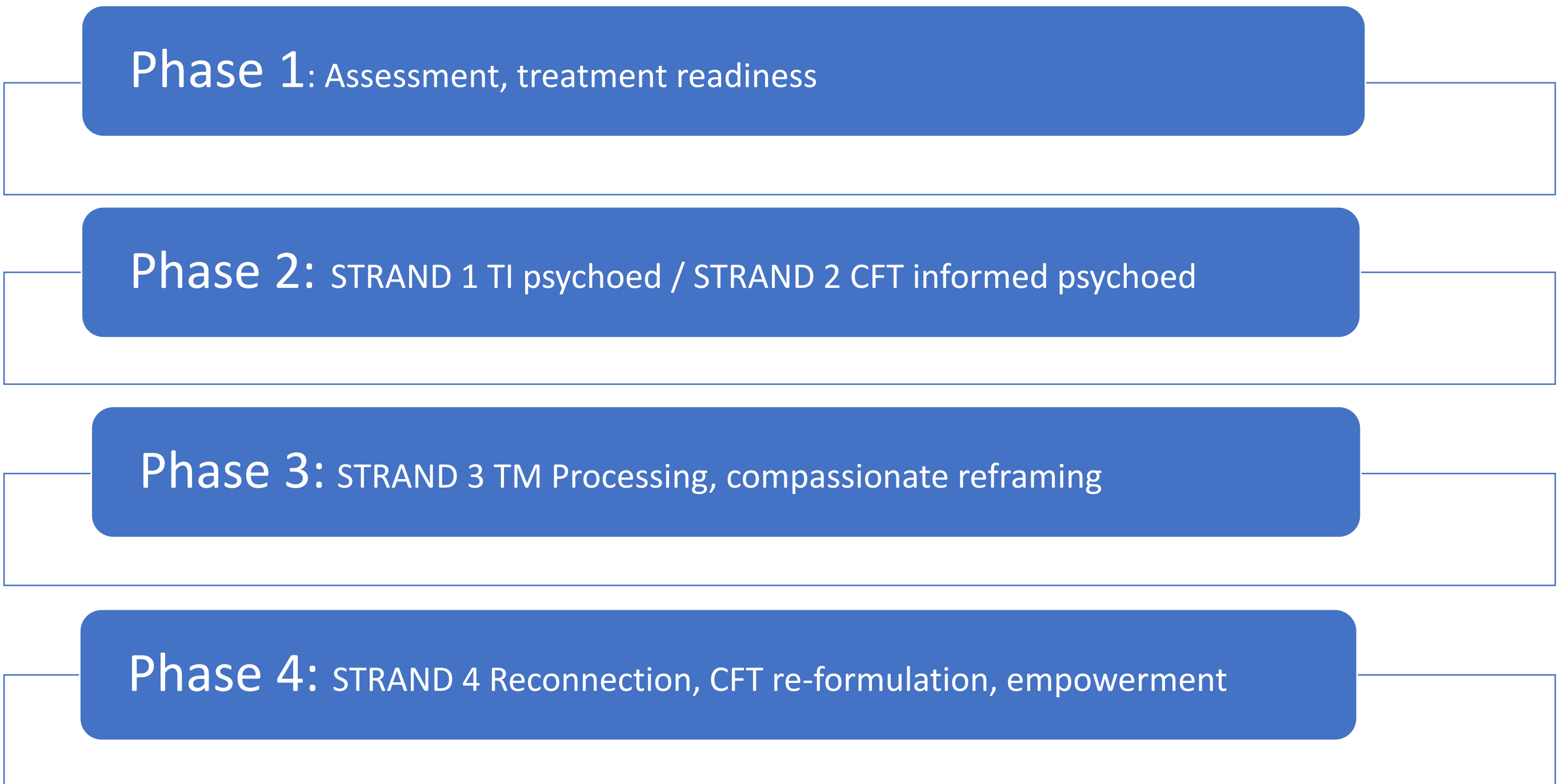


Figure 1: CRANE structure and content

Phase 1: Assessment

Treatment need, readiness and prioritisation issues considered. Psychometrics administered for separate future analysis along with behavioural measures.

Phase 2: Psychoeducation

STRAND 1: Safety and Stabilisation (10 sessions)

Awareness and insight: interpersonal trauma symptomatology and compassion based recovery. Body centred emotional regulation skills

Ms A: *It's how your body reacts to any event, no matter how small and insignificant they may seem to someone else.... I don't think my brain is entirely fucked up anymore. I've learned exactly how much things affect your brain and development, and how they can cause problems. I've learned to accept this and not hate myself so much for certain things.*

STRAND 2: Developing compassionate insight (5 sessions)

Awareness and Insight: relational safety, further developing CFT understanding and recovery.

Ms B's During this strand Ms B developed insight into the way her abusive experiences as a child left her feeling vulnerable and threatened in relationships and how feelings of rejection, when triggered, were slow to 'deactivate'. This reinforced other negative beliefs, such as "I'm disgusting", "I'm bad", "I'm unsafe" and "I'm not wired right" and perpetuated a cycle of seeking out relationships to gain reassurance, approval, and validation. Ms B begun to recognise that impulsively starting new relationships exposed her to further abusive situations. During CRANE, Ms B also developed insight into the need to develop compassionate self-care and to feel secure in herself.

Phase 3: TM Processing

STRAND 3: Telling My Story (5 sessions)

Reframing trauma narrative: cognitive processing and CFT to help identify fears, blocks and resistances.

Ms C, as her therapeutic alliance developed, slowly shared her story and how her abuse had impacted her life. In doing so, she disclosed for the first time the presence of highly self-critical auditory hallucinations. Ms C also came to a greater understanding of her self-harm '... harming myself helps to quieten him in the immediate sense'. This led Ms C also to conclude when relating to her vulnerable self:

It is understandable that you felt unsafe, adults have hurt you... self-harming helps to relieve the emotions in the moment for a few minutes, you do it for a reason, do not judge yourself for that – but you have come to realise that it's not the answer.

Phase 4: Reconnections

STRAND 4: Compassionate Me / Moving Forwards (4 sessions)

Deepening CFT skills, collaborative and empowered re-formulation

Ms D reflected on how her insight had developed - "I know the difference between my emotions ... before it was jumbled into anger. I have a better understanding of why I am the way I am... and that's OK.". Ms D also had a more compassionate approach when describing herself and her experiences - "I'm not a bad person... I have learnt that things weren't my fault – I didn't ask for these things to happen to me... Ms D also used compassionate letter writing exercises as a therapeutically safe way to further her recovery. *"I tell myself I can get through it. I don't need to hurt myself anymore. I did it out of frustration, anger and to let badness out. I don't need to do it anymore. I have more insight into it but sometimes it's hard to stick in my brain.*

DISCUSSION & CLINICAL IMPLICATIONS

- This is a pilot intervention and the numbers are currently small (n=12) making psychometric evaluation difficult.
- Current analysis indicates apparent reduction in self-harm and other complex behaviours in first 6 months.
- CRANE integrates existing psychological theories to help ensure successful outcomes. Need to further consider content to ensure integrity of model and that current delivery is not overwhelming participants with content.
- Feedback from participants is overwhelmingly positive which helps 'snowball' recruitment. Therefore, CRANE seems to provide an acceptable and coherent resources where there had been a prior paucity.
- Delivering a group in a prison environment takes support, dedication and experience. Using experienced facilitators has helped ensure success but also makes potential wider roll out challenging.
- Further evaluation of pre-post psychometrics and clinical outcomes to follow.



A compassionate, stabilisation and, processing pathway to help survivors in forensic settings recover from interpersonal trauma