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Probation Service



Tees, Esk and Wear Valleys
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Exploring Supporting Neurodiversity in a female prison-based Offender Personality Disorder Pathway service

British & Irish Group for the Study of Personality Disorder Conference June 2023

Chair: Alison Hodgson

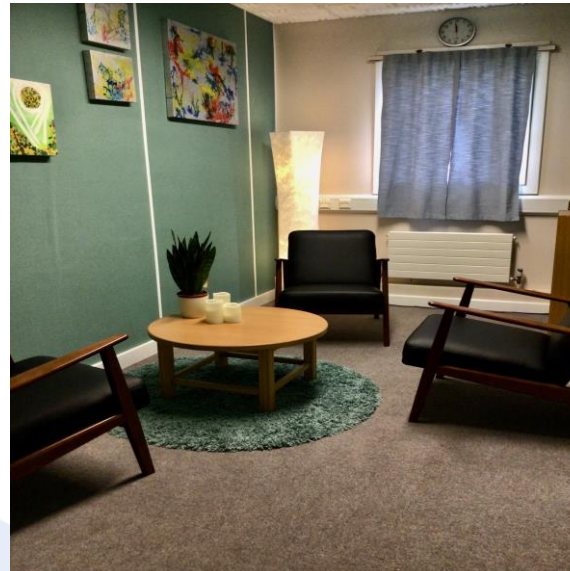
Consultant Psychologist

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Overview

- **Introduction to the Primrose Service**
- **Three presentations & Neurodiversity**
 - A Reflective Piece: Neurodiversity
 - Communication Needs Scoping Exercise
 - Occupational Therapy within a female prison-based Offender Personality Disorder Service: A Service Evaluation



The Primrose Service

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A national service in HMP Low Newton which forms a key part of the Offender Personality Disorder Pathway for women.

Primrose offers 12 places for women offenders considered high risk of harm and presenting with severe personality difficulties.

The staff team consists of Psychologists, Psychiatrist, Prison Officers, Mental Health Nurse, Occupational Therapist, Speech & Language Therapist, and Guinea Pigs.

‘To provide a service in a safe and supportive environment, allowing a journey of self-discovery and recovery, identifying links between personality difficulties and risk in an individualised way’

Neurodiversity

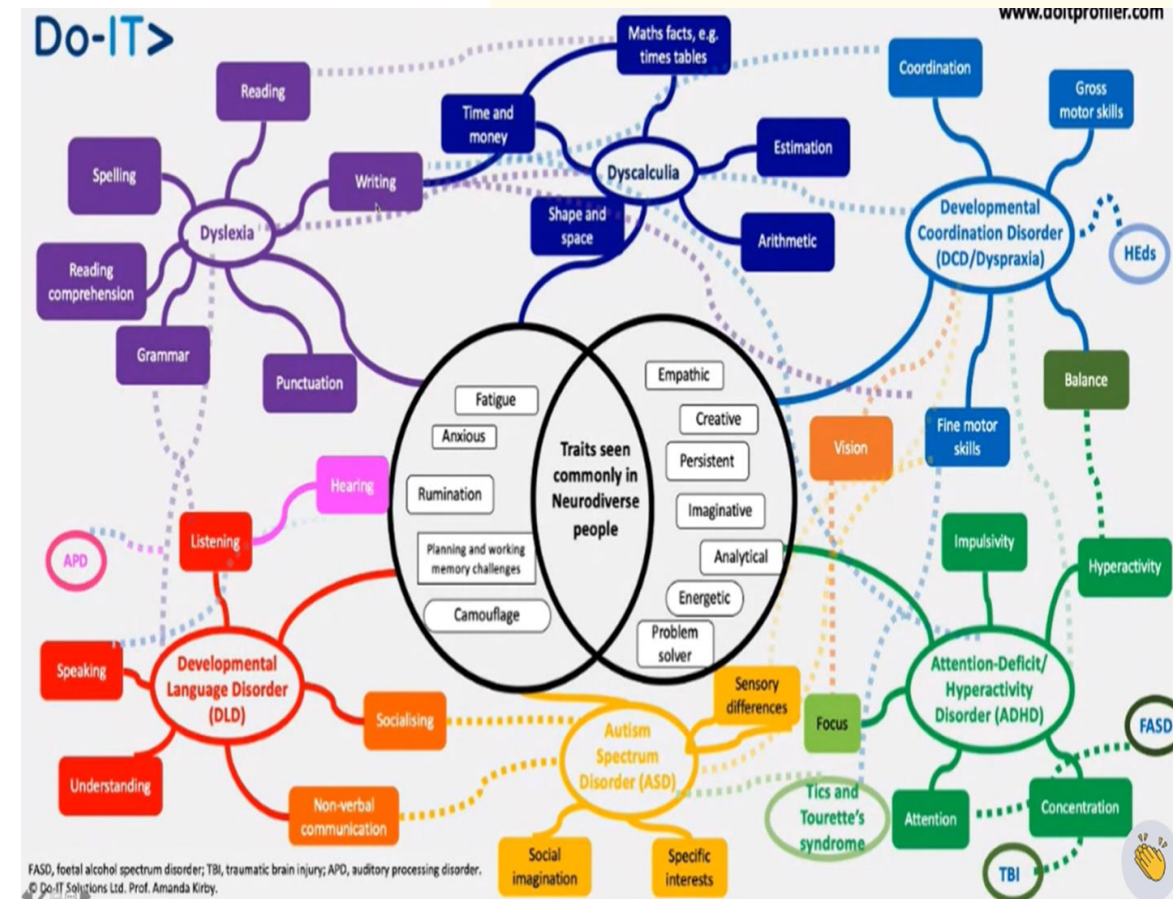


Context

- Refers to diversity of all people, but is often used in the context of autism spectrum disorder, or developmental conditions such as ADHD, and learning disabilities
- Thinking about our primary task – acceptance, inclusion, individualised journey
- Growing numbers of individuals in the prison system with neurodiverse needs as well as growing numbers at the Primrose Service

What we did

- Introduction of a wider range of professionals to meet needs/be responsive
- Service evaluations to look at how we can meet the diverse needs of our population
- Training





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A Reflective Piece: Neurodiversity

British & Irish Group for the Study of Personality
Disorder Conference 2023

Sophie Lewis & Rachel Earnshaw

Higher Assistant Psychologist & Forensic Psychologist in Training

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What is Neurodiversity?

- **First introduced in the 1980's by Judy Singer, *neurodiversity* is a term used to describe a range of neurological differences including, but not limited to:**
 - Learning difficulties (e.g. learning disability, dyslexia, dyscalculia, dyspraxia)
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Autism Spectrum Disorder (ASD)
 - Cognitive impairments due to Acquired Brain Injury (ABI)
- **People with neurodivergent conditions may experience difficulties with language and speech, motor skills, behaviour, memory, learning and other neurological functions, which may lead to difficulties maintaining employment or building relationships (Doyle, 2020)**

Trauma and Neurodiversity



The literature suggests that individuals presenting with neurodivergences are significantly more likely to experience adverse life events, abuse, and trauma in both childhood and adulthood compared to the general population (Sullivan & Knutson, 2000; Horner-Johnson & Drum, 2006; Byrne, 2018)

	Learning Disability / Mixed Population	Autism	Neurotypical Peers
Community Adults	87.5% ≥ 1 50% ≥ 4	Parental Divorce ASD=28% vs. C=20% Household Mental Health ASD=18% vs. C=7%	43.1% ≥ 1 8.3% ≥ 4 2.7% ≥ 6
Residential Services	81.7% ≥ 1 20% ≥ 4	Household Substance ASD=14% vs. C=10% 4 or more ACEs ASD=10.2% vs. C=5.1%	
Secure (Forensic) Services or Prison	CAMHS 97% ≥ 1 58% ≥ 4 36% ≥ 6 Adult 72% ≥ 1 66% multiple		83% ≥ 1 34% ≥ 5

The Chicken or The Egg

- **Conditions like Autism, ADHD and many other neurodivergences tend to correlate positively with trauma**
- **Brains scans from fMRI have shown particularly how trauma survivors' brains are structurally different that someone who has not experienced trauma (for example, Bessel Van der Kolk's famous work in The Body Keeps the Score)**
- **Essentially, trauma can cause neurodivergences in the brain***
- **Because traumatic experiences shape the brain's new response system that tends not to line up with neurotypical responses, this neurodivergence is usually termed 'acquired'**

Genesis of Neurodiversity



Imagine: a hypothetical case whereby a neurotypical infant suffers trauma that just so happens to alter their neurocognitive functioning in such a way that it is almost identical to autistic functioning.

Would this change the way that we treat this infant in comparison to an infant who was born autistic?

What difficulties might this overlap produce for the young person?

How would we know whether they were autistic before or after the traumatic event?

The Primrose Service



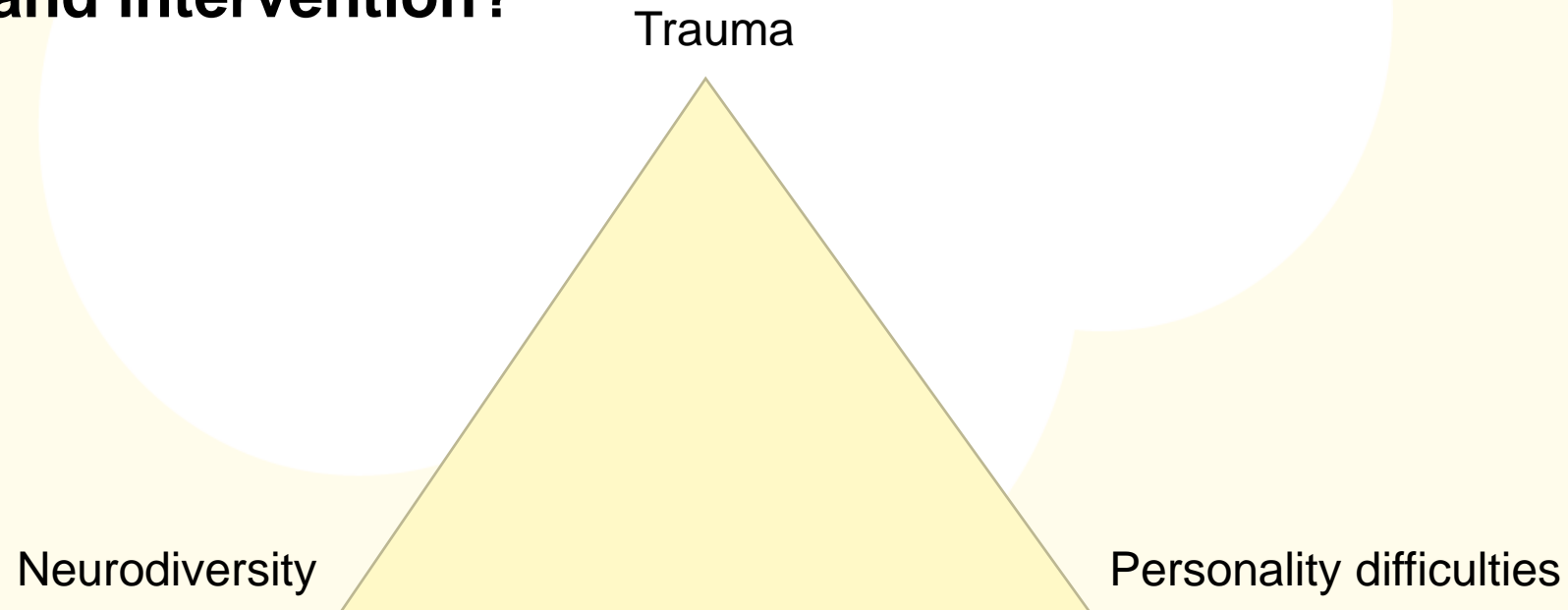
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- **The Young Women’s Justice Project Report (2022) brings together existing data and research and shows that up to 90% of girls in contact with the youth justice system have experienced abuse from a family member or someone they trusted**
- **A review of literature has concluded that interpersonal trauma is a common risk factor for Borderline Personality Disorder and Post-traumatic Stress Disorder (MacIntosh, Godbout & Dubash, 2015)**
- **Many, if not all, of the women who access the Primrose Service have had traumatic experiences, and have a likelihood of severe personality difficulties**

Therein lies the question

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- As there is a growing number of individuals in the prison system with neurodiversity, and more being recognised within female estate, it makes sense that we are seeing more neurodivergent referrals
- When the intersectionality of trauma, personality difficulties and neurodiversity are introduced, how do we approach assessment formulation, and intervention?



What impact does this have for prison services?



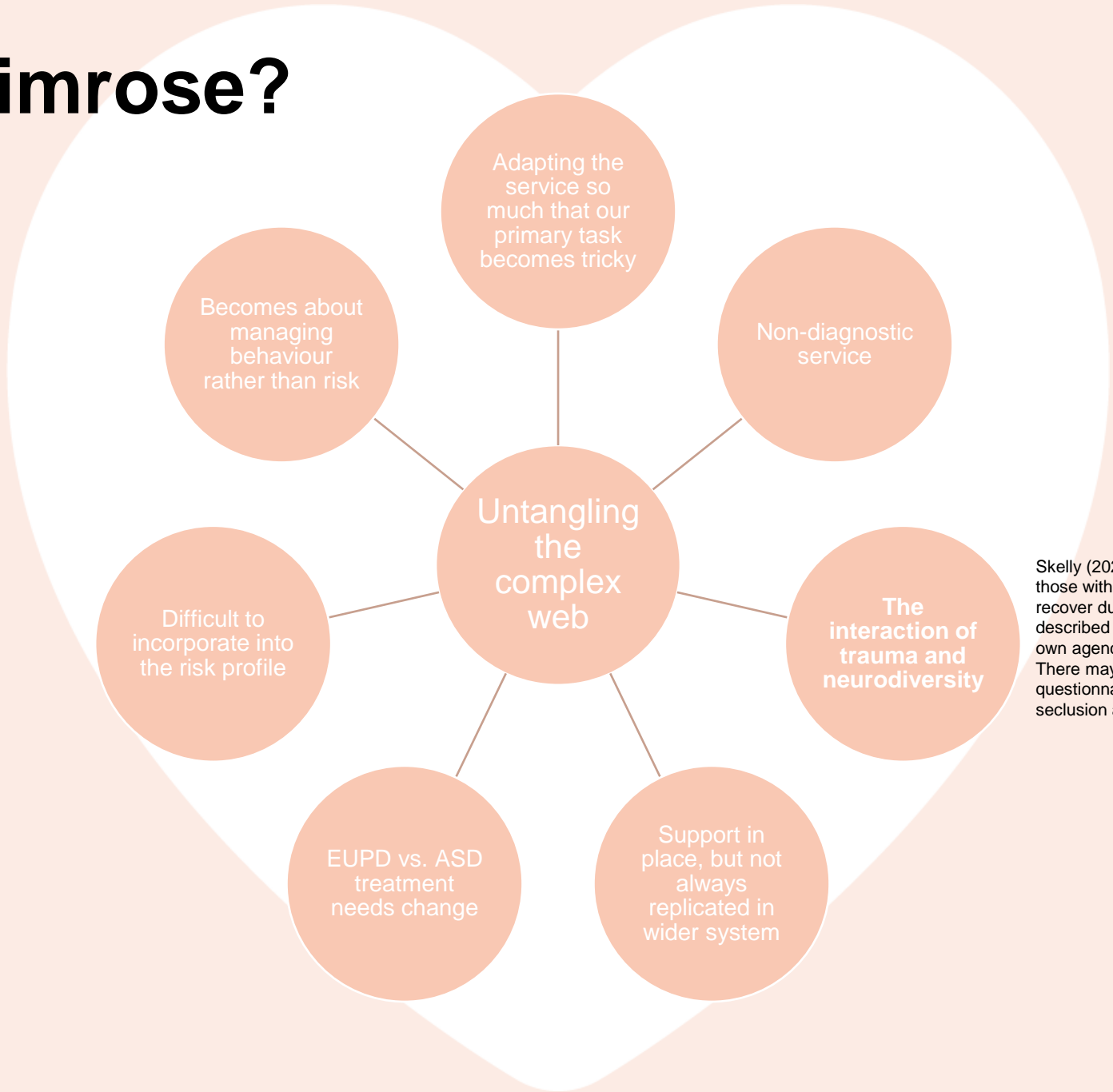
- **Though there is growing neurodiversity presenting in the prison estate, identifying the prevalence of neurodiversity in a population is complicated due to:**
 - Neurodiversity ‘umbrella’ covers a range of conditions
 - Under-diagnosis, in particular amongst women
 - Significant overlap between conditions
 - ABI can vary and will not always have a lasting impact, therefore not all ABIs will result in neurodivergence (Headway, no date)
 - Screening and identification failures
- **Few offending behaviour programmes are targeted at – or adapted for – neurodivergent people**
- **Most local pathways and partnership initiatives are fragile and time-limited and focus on either a single ND condition or wider vulnerability**
- **Staff training and support needs**
 - Lack of awareness, understanding and confidence
 - Recognition that frontline staff cannot become experts in every condition – staff want practical ‘hints and tips’ for working with neurodivergent individuals

Reflections as a Team



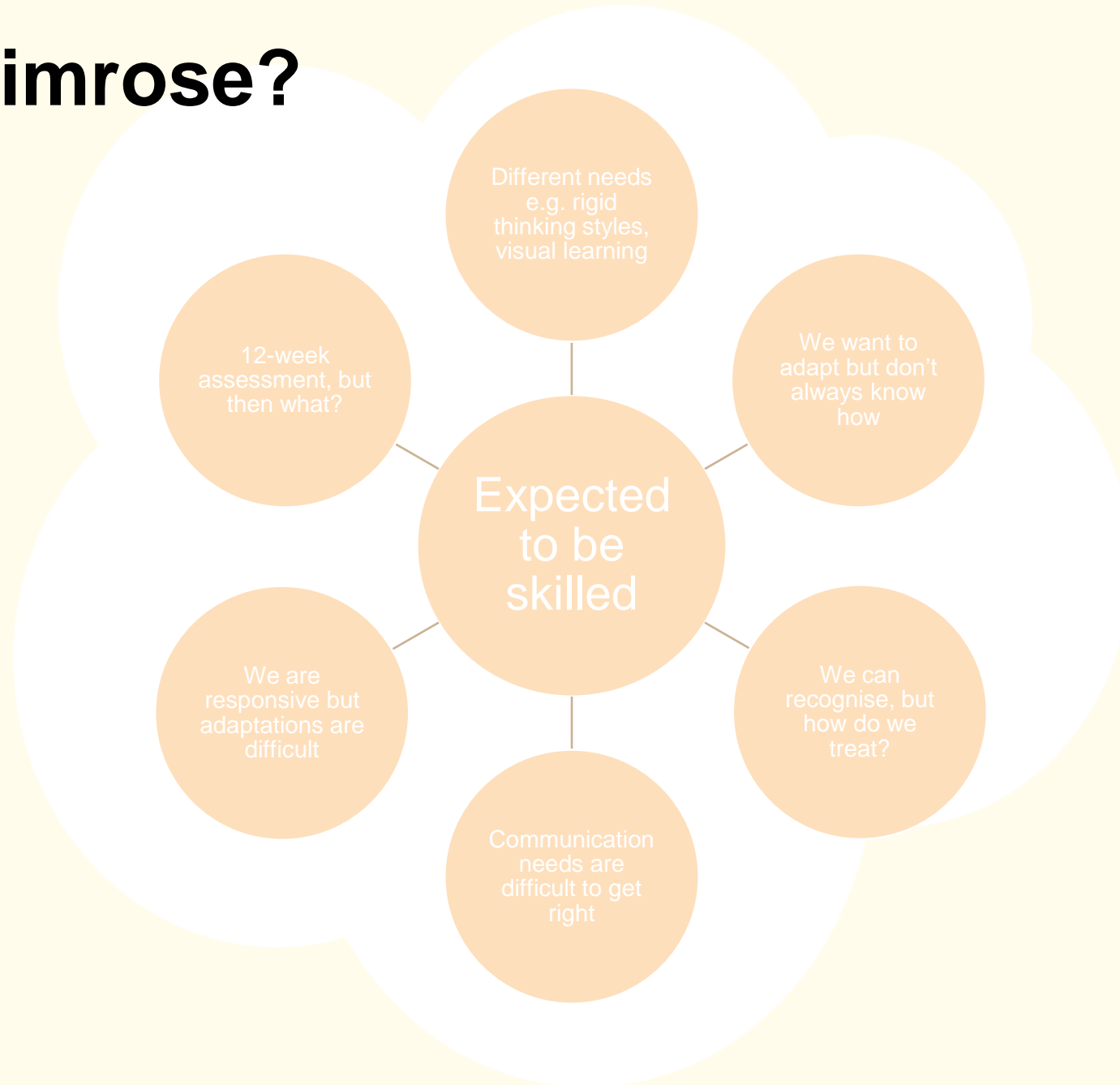
- **Because this is such an important and developing phenomenon, we wanted to reflect on what this means to the Primrose Service, how we are responding to it as a team, and what we do to support prisoners**
- **We produced three themes from our reflections that describe the impact of the intersectionality of neurodiversity at the Primrose Service**

And for Primrose?



Skelly (2020) suggests that compared to individuals in the population, those with neurodiverse presentations may find it more difficult to recover due to limitations in ability to describe experiences, locate and described associated feelings and thoughts and inherent challenges to own agency. There may be specific traumas that are not included on standard questionnaires relevant to neurodiverse populations (e.g. seclusion and restraint; Katsiyannis et al. 2022)

And for Primrose?



And for Primrose?



So what have we done?

- **We have recognised as a team that there is a gap in services, so we try to fill those gaps**
- **Primrose Awareness Training Day, which lead to the evaluation of staff relationships**
- **Team training on ND conditions**
- **Allied Health Professionals (e.g. Occupational Therapy and Speech and Language Therapy)**

Recommendations

- **Screening tool**
- **More accurate assessment in other areas of CJS to inform needs analysis and service planning**
- **Specialist training to be developed and delivered by individuals with personal experience of neurodiversity**
- **Adjustments in the wider prison**
- **Neurodiversity Support Managers**

References

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["We've not given up": Young Women's Justice Project Final Report](#)

Thank you for your time and attention

Any questions or reflections?

Sophie Lewis & Rachel Earnshaw

Higher Assistant Psychologist & Forensic Psychologist in Training

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Communications Needs Scoping Exercise

British & Irish Group for the Study of Personality
Disorder Conference 2023

Jessica Stephenson

Highly Specialist Speech & Language Therapist

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Overview



- **What is Speech and Language Therapy?**
- **Scoping Exercise at Primrose**
- **Achievements to date**
- **Future Planning**

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What is Speech and Language Therapy?

Role of Speech and Language Therapy



- **Assess and treat speech, language and communication problems in people of all ages to help them communicate better**
- **Assess, treat and develop personalised plans to support people who have eating and swallowing problems**

Understanding SLT

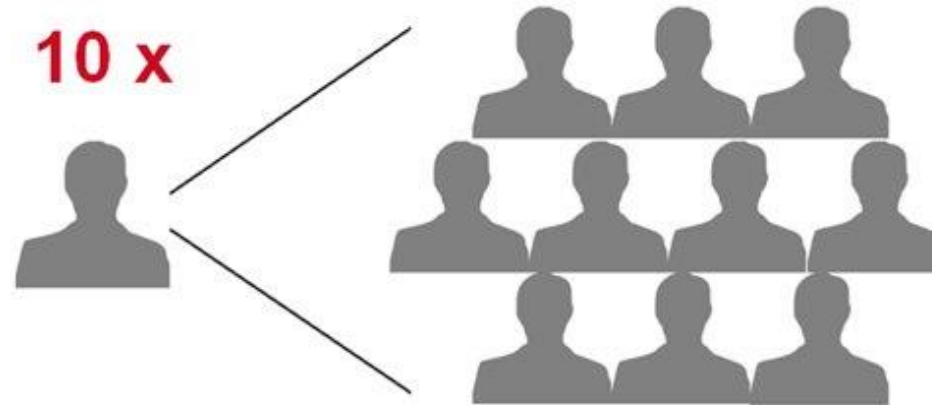
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Why SLT in prison?



- According to RCSLT approximately 5% of the general population will have a communication need
- In prison this is 60-90%



SLT and Neurodiversity

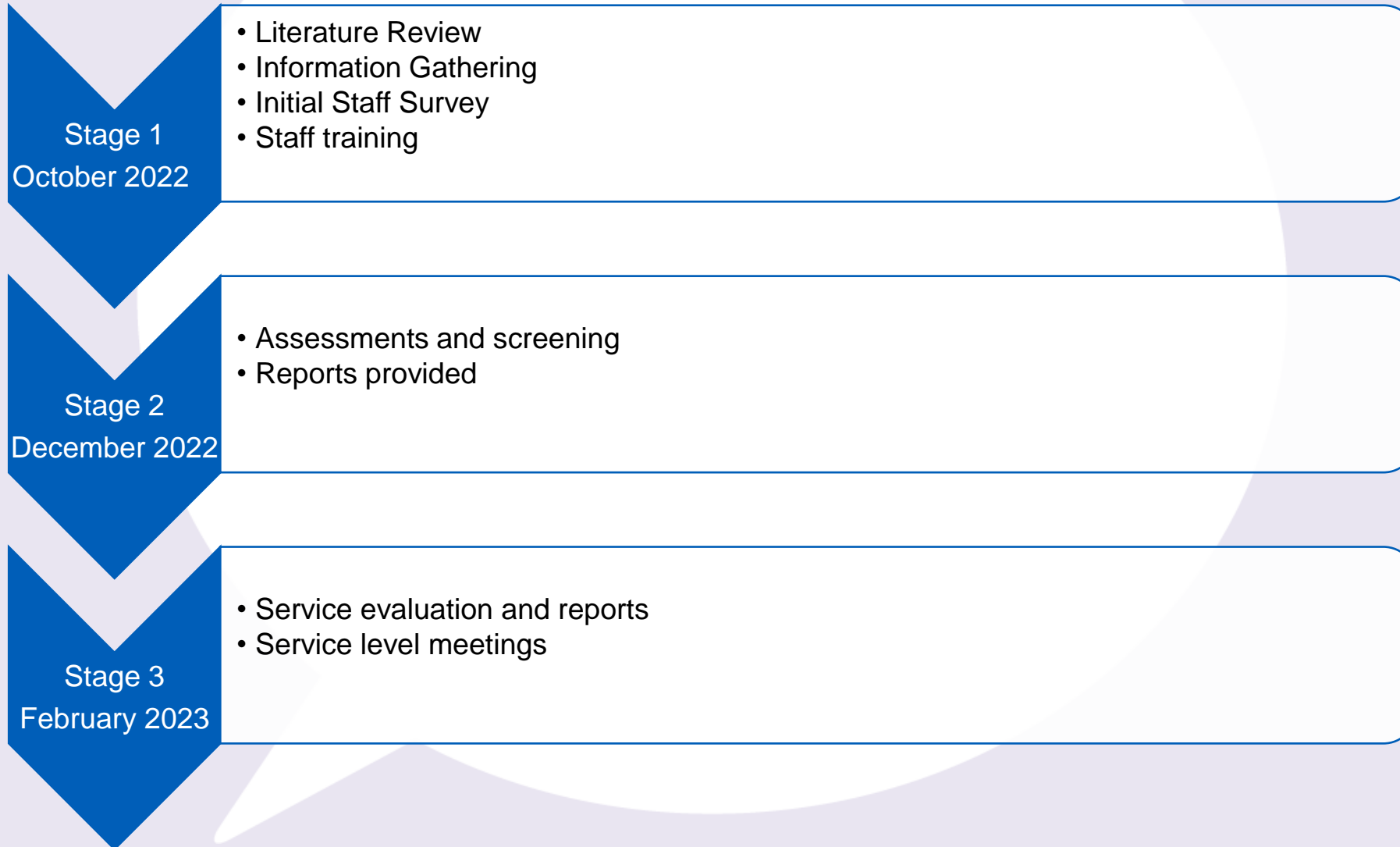


- **Understanding one's mind and the mind of others is key to meaningful engagement**
- **Neurodiverse needs are specific and SLT provide individualised plans to support engagement**
- **Provide understanding for staff and prisoners about strengths and needs**

The Scope

Timeline

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- **HMPPS aims to ensure access to justice in a way that best meets a person's needs**
- **Evidence suggests up to 80% of adults in prison have SLCN**
- **Estimated 50% of those entering prison could have some 'form of neurodivergent condition'**
- **Limited research on prisoners and how their diagnosis impacts them**
- **Risk reduction programmes are traditionally verbally mediated**

Aims of the Primrose Scope



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- **Determine the need for SLT provision within Primrose**
- **Determine current SLCN of current prisoners**
- **Determine staff training needs and opportunities**

Anticipated Benefits



- **Increased engagement in programmes and interventions**
- **Improve engagement with Primrose staff (clinical and operational)**
- **Development of improved social communication and relationship skills**
- **Support professionals to reduce communication breakdown and facilitate positive interactions**
- **Provide prisoners with an understanding of their SLCN**



- **Survey was sent to all Primrose staff with 10/15 responses received**
- **What is the role of a speech and language therapist**
 - Communication
 - Speech/pronunciation
 - Accessible information
 - Receptive language
 - Swallowing
 - 'No idea'

Training topics of interest	
Accessible information	80%
Signs of difficulties with social communication	100%
Signs of difficulties with expression/understanding language	100%
Signs of difficulties with a stammer or unclear speech	80%
Trauma and developmental language disorder	90%
Accessing education and programmes/work in groups	40%
Other	10%

How confident do you feel in identifying whether someone has a speech, language and communication need?

How confident do you feel in communicating with someone has a speech, language and communication need?

Not confident	20%	Not confident	20%
Somewhat confident	30%	Somewhat confident	30%
Neutral	30%	Neutral	30%
Confident	10%	Confident	20%
Very confident	0%	Very confident	10%

Communication and Coffee



- **All residents agreed to an assessment and identified the following areas of difficulty during the 'coffee and communication' session**
 - 'The way I speak'
 - 'Explaining myself'
 - 'Being in groups'
 - 'Understanding emotions'
- **Assessments/screens were offered to 10/11 Primrose residents**
 - 1 resident had already been assessed and identified as having SLCN

Previously Identified Needs



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- **Prior to scoping starting 1 resident had been flagged for an assessment with a query of ASD**
- **Only 1 other resident had been identified as needing an assessment and possible support**
 - ADHD and possible language difficulties



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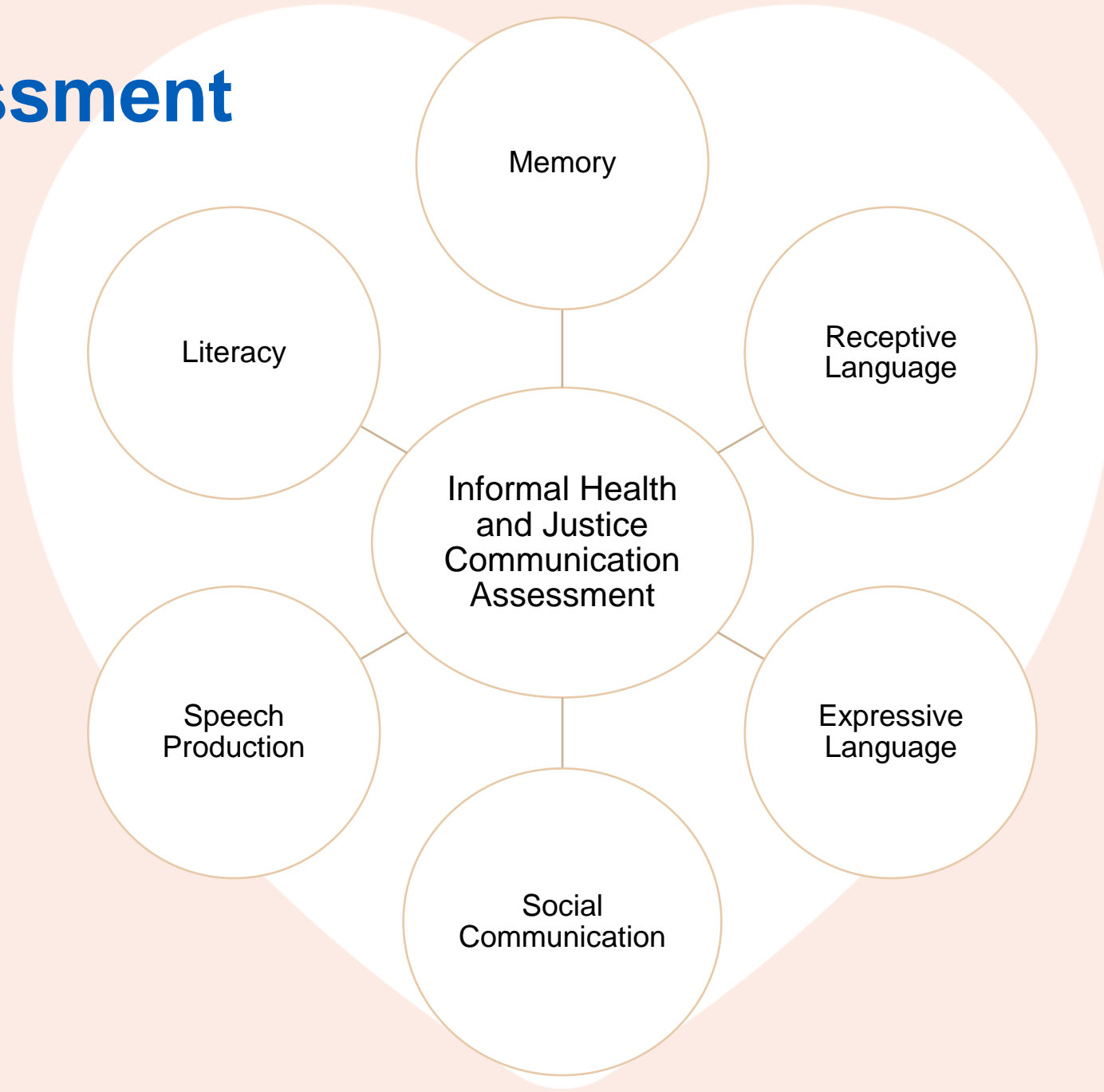
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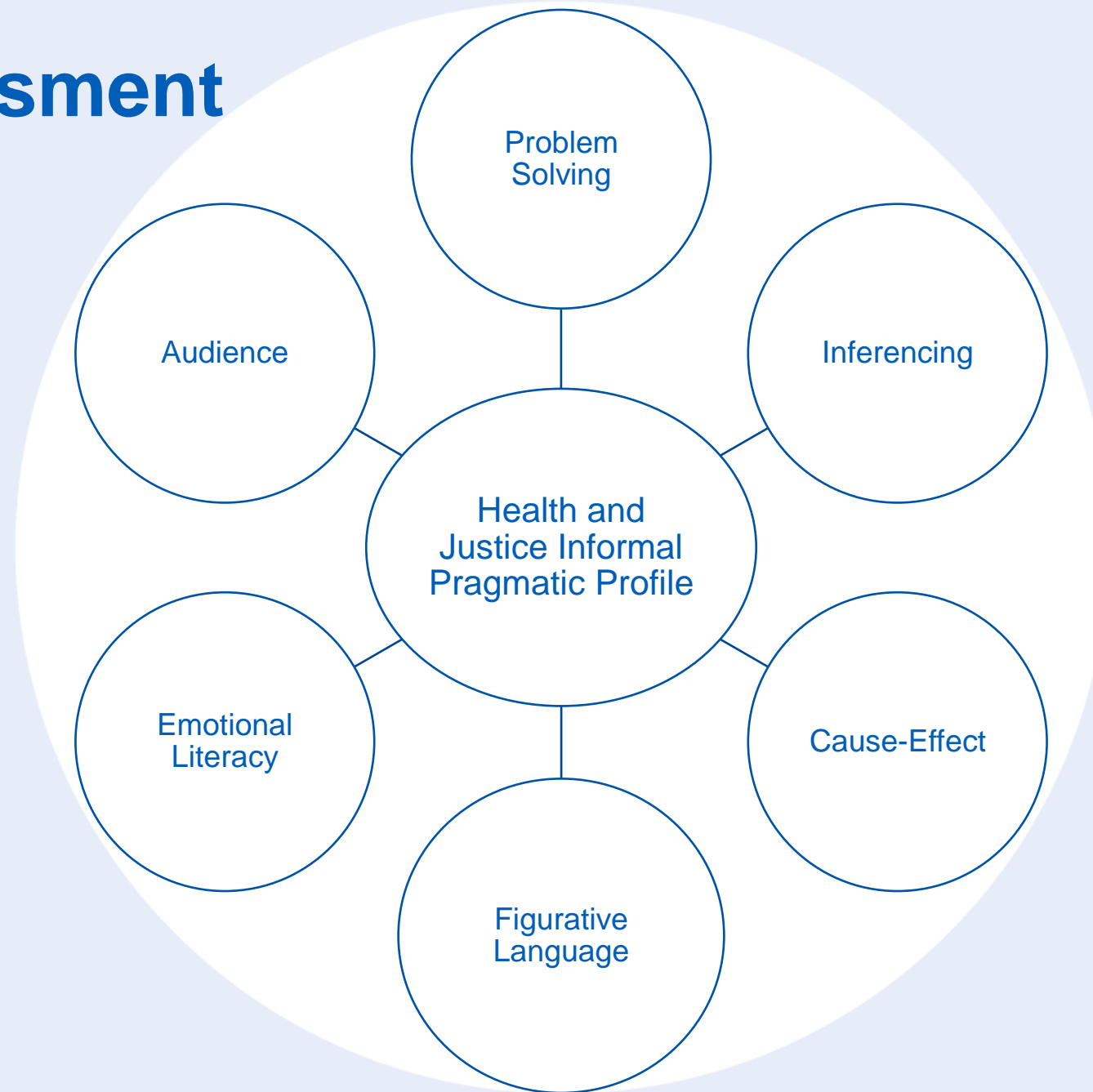


Assessment Process

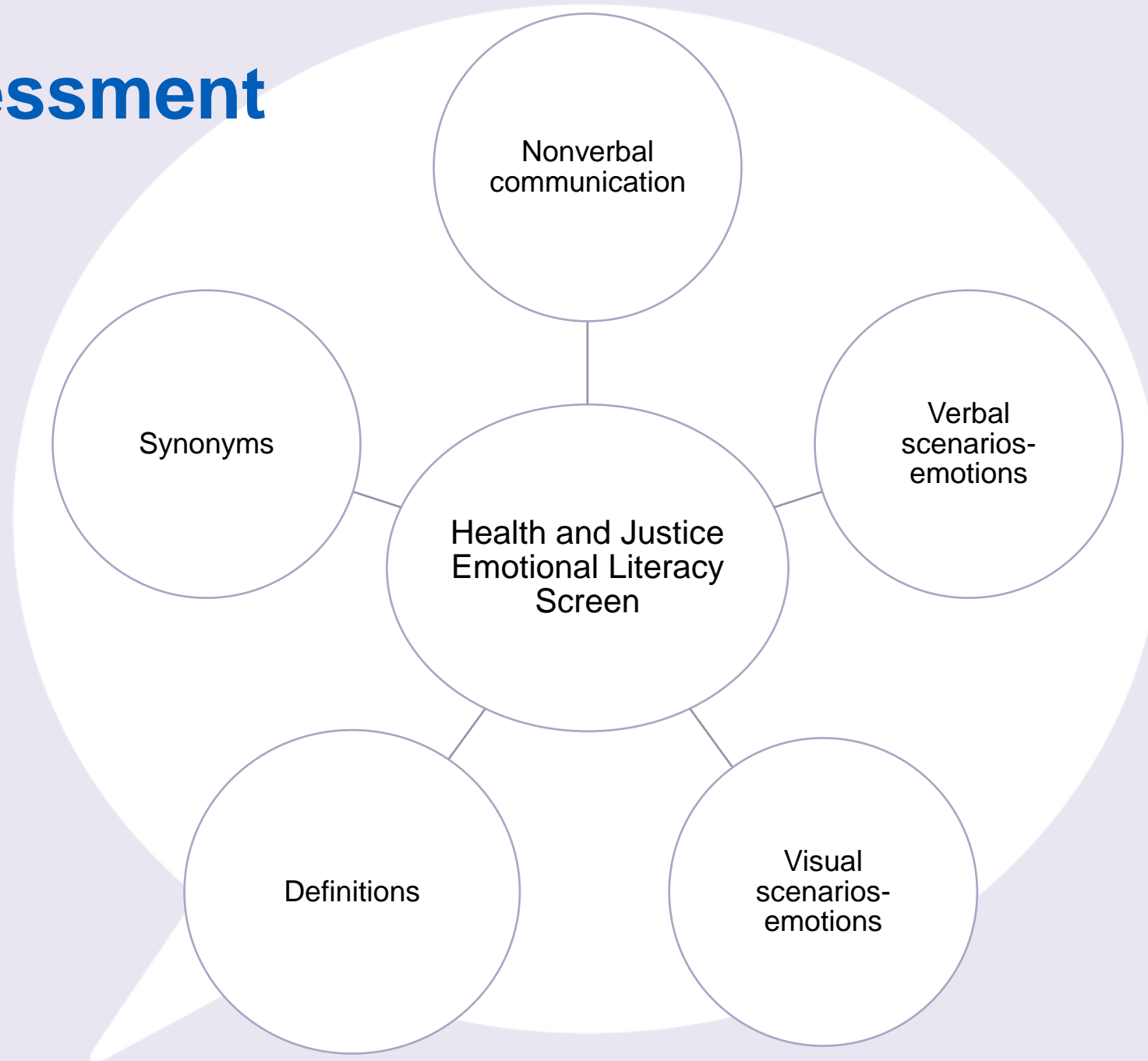
SLT Assessment



SLT Assessment



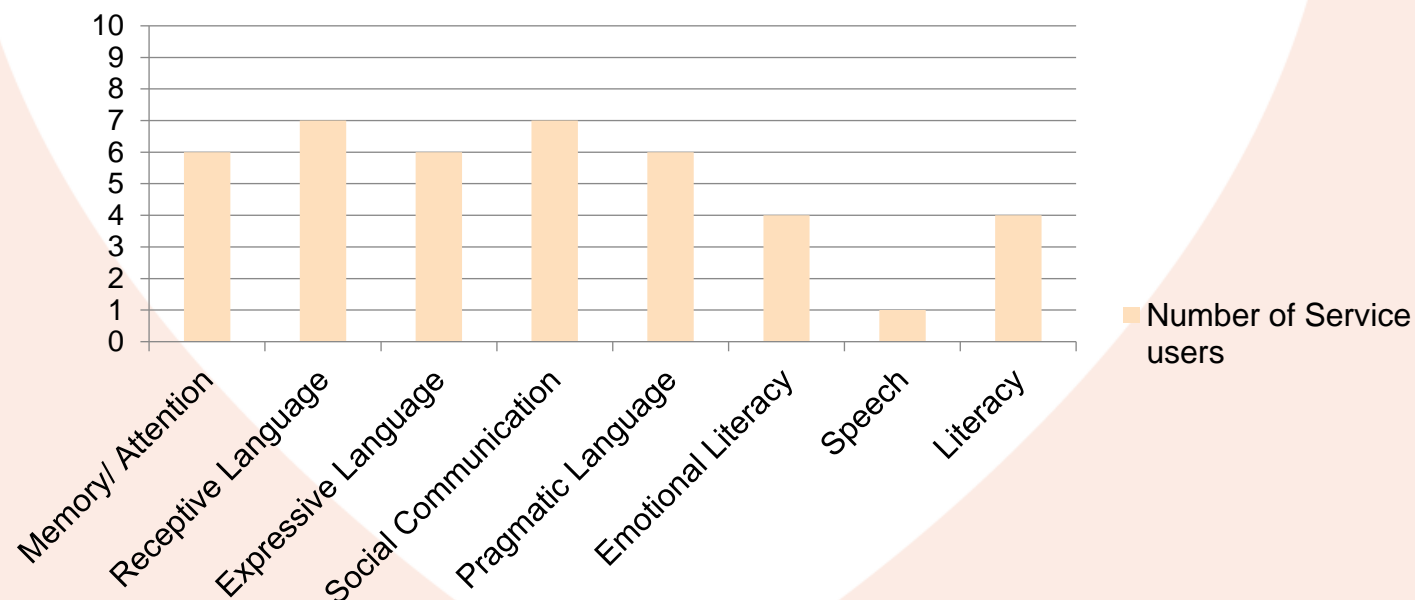
SLT Assessment



Assessment Data

No SLCN	1 area of difficulty	2 areas of difficulties	3+ areas of difficulties
0	1	2	8

Communication Needs by Impairment





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Outcomes

Service User Feedback



- **‘Thank you this report it’s very helpful and it explains my difficulties which I felt unable to. Thank you’**
- **‘5 stars’**

Staff Feedback



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- **‘Could have helped refine the assessment process’**
- **Allowed ‘all involved to have a structure that will really help her feel heard’**
- **‘Really useful in helping me to adapt my work to meet her needs’**

- **Staff were all able to identify at least 1 area of support provided by SLT**

Support	
Training	87.50%
Observation	37.50%
Report feedback	100%
Discussion/ad hoc supervision	62.50%
SLT input when needed	75%
Service users requests for adjustments	37.50%

Achievements to date

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- **Completed assessments/screens for all current service users (as of 01/06/2023)**
- **Provided reports for service users**
- **Provided recommendations for staff**
- **Consultations with staff about support and materials**
- **Assisted with easy read materials**
- **Supported with adjusting consent process and compact**
- **1 session of staff training**
- **3 new admissions since the start of the scope all of whom have been referred for an assessment**
 - All have been completed to date and both had identifiable needs



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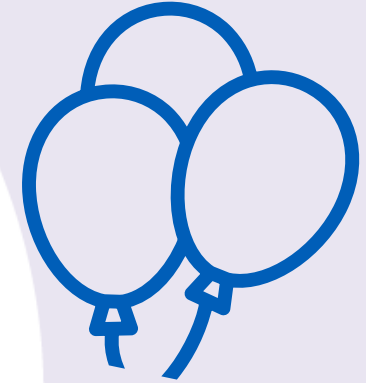


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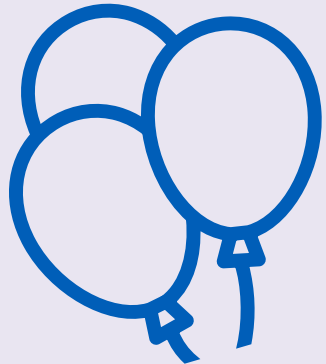
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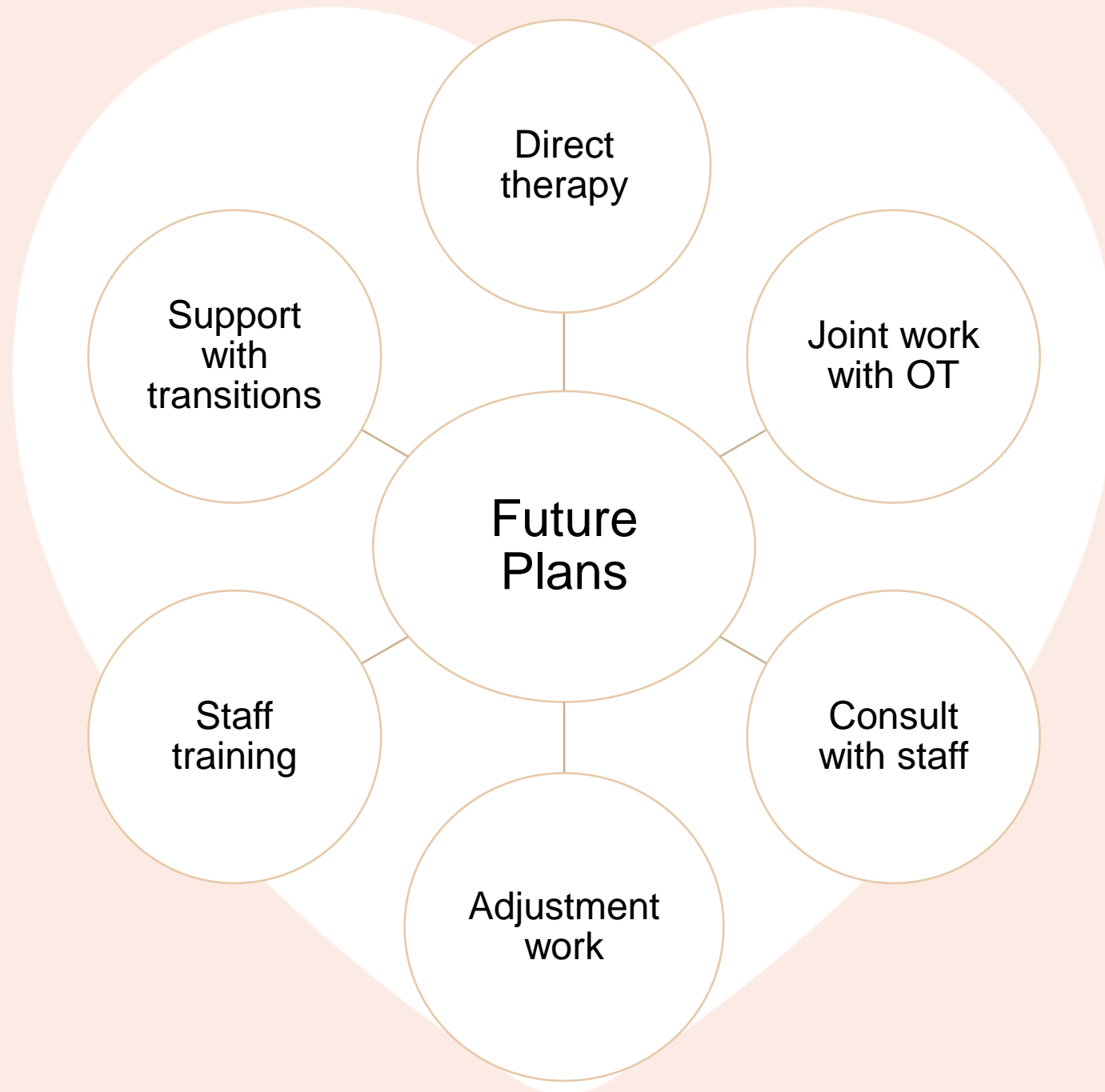


Future Planning



**SLT provision has been
funded by commissioners!**





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Thank you for your time and attention

Any questions or reflections?

Jessica Stephenson

Highly Specialist Speech & Language Therapist

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Occupational Therapy within a female prison-based Offender Personality Disorder Service: A service evaluation

British & Irish Group for the Study of Personality Disorder
Conference 2023

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Lead Occupational Therapist, Health & Justice Services

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What will be covered

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- **The Journey so Far – OT in Primrose Service**
- **Occupational Science, Neurodiversity & Links to Primrose Service Model**
- **OT Assessment Findings - Primrose Population**
- **Impact of an 'Understanding Doing' Group before 1:1 Treatment**
- **Staff Feedback – Impact of Occupational Therapy at Primrose**
- **What the future holds for OT at Primrose Service**

The Journey So Far....

January 2023
B7 Clinical Lead
Occupational
Therapist 0.5wte
commenced role.

January 2023
All 8 prisoners
offered an
occupational
performance
assessment.

March 2023
All assessments
and occupational
formulations
completed.

April 2023
Pre-Treatment
“Understanding
Doing” group
completed for 4
weeks with all
assessed prisoners.

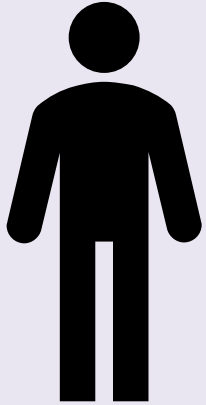
May 2023
Initial evaluation of
Impact of
Occupational
Therapy
1:1 Treatment
commences

August 2023
3 month
1:1 treatment
review/outcome
measurement

- **In addition, commenced role as clinical supervisor for prison officers in relation to advising/supporting activity/pro-social planning and delivery.**

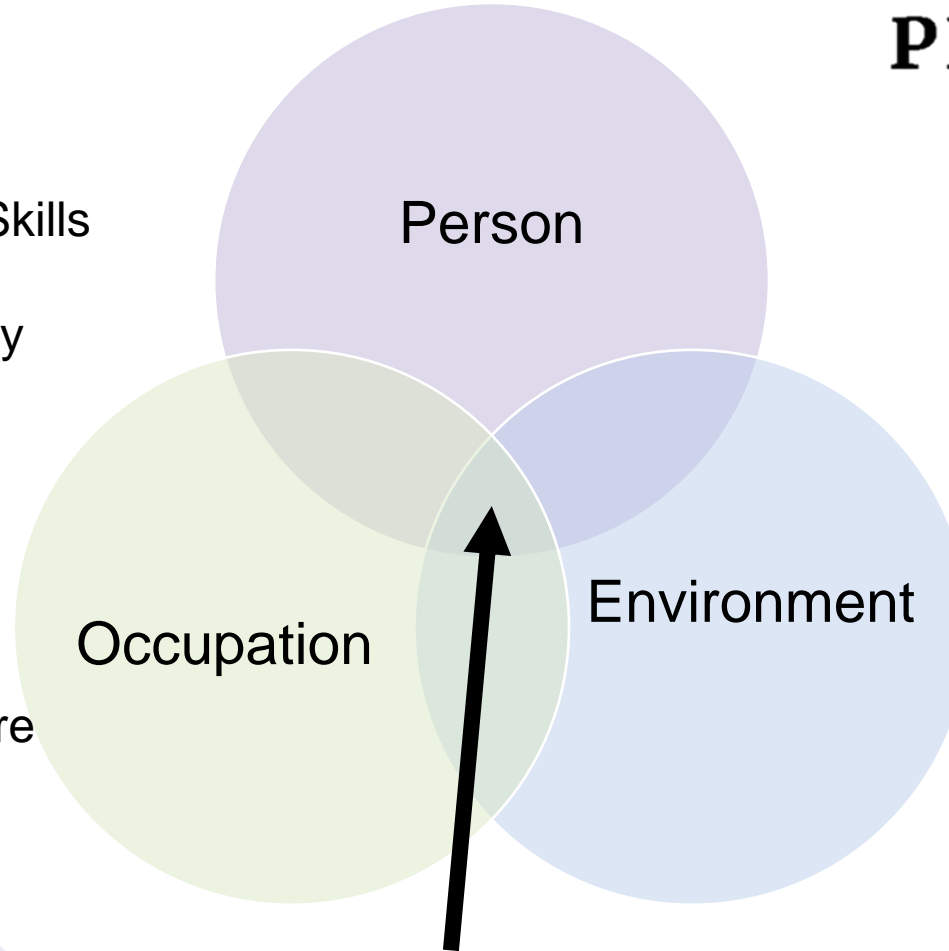
**Occupational
Science,
Neurodiversity
and the Primrose
Service**

What is required for Doing?

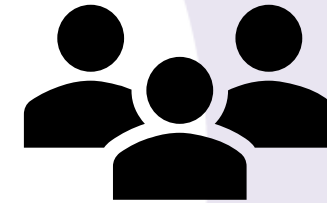


- Physical Skills
- Cognitive Skills
- Sensory Skills
- Communication Skills
- Interest
- Appraisal of Ability
- Expectation of Success
- Choices

- Self-Care, Productivity & Leisure
- Routine
- Roles
- Responsibilities
- Adaptability/Tolerance



“Occupational Performance”



- Social Groups
- Activity Demands



- Physical Space
- Physical Resources

Person-Environment-Occupation (PEO) Model
(Baum et al, 2015)



Neurodiversity – The Occupational Therapy Approach

"Occupational therapists make an important contribution to the health and wellbeing of neurodivergent adults (whether they have or want a diagnosis) in all areas of practice.

This includes physical and mental health, work, education, **prisons**, social care and learning disabilities."

(Royal College of Occupational Therapists, 2023)

We work with families, partners, caregivers and others to help them understand and support neurodivergent people.

We take a **strengths-based approach**, supporting people to understand how they can meet their own needs in a society that often doesn't.

We take a **person-centred approach**, delivering services in a way that respects an individual's personal, spiritual, religious and cultural needs, values or choices. We recognise that people are unique, even if they share the same diagnosis.

We consider the **whole person**, working with individuals to identify any physical, mental health, learning and/or sensory needs that affect their daily life and well-being.

Neurodiversity The OT Approach (RCOT, 2023)

We co-produce resources with neurodivergent people to raise awareness of the challenges experienced and reasonable adjustments that can help neurodivergent people participate and achieve.

We grade activities and work **with individuals in context** to enable them to take positive risks, master skills, grow and thrive. We recognise that performance may vary from day to day and help individuals find ways to accommodate this.

We work across **traditional service boundaries**, addressing physical and mental health and working with other agencies (housing, employment, education etc) to enable people to fulfil their potential and live their best lives.

We make no **assumptions** about a person's abilities or interventions/support **needs based on their diagnosis or any other factor.**

We understand and work with individuals to manage **problems with executive functions affecting their attention, memory, time management, and ability to start/stop activities.**

We understand the **impact of trauma on people's occupational performance, participation and mental health,** and use this knowledge to co-create intervention/support plans.

We understand that **sensory differences** can affect a person's mental health, daily activities and interactions. We help neurodivergent people and those who live or work with them gain a better understanding of a person's sensory needs and identify ways to manage these.

Neurodiversity The OT Approach (RCOT, 2023)

We work with individuals, employers and others to identify **reasonable adjustments** that support well-being and enable neurodivergent people to fulfil their potential.

We work collaboratively with individuals using **coaching approaches to enable self-management and problem-solving skills.**

Illuminating Occupations in the Shadows

“There has always been a focus on occupations and links to health and wellbeing.

The reality is that people don't engage in positive occupations all of the time.”

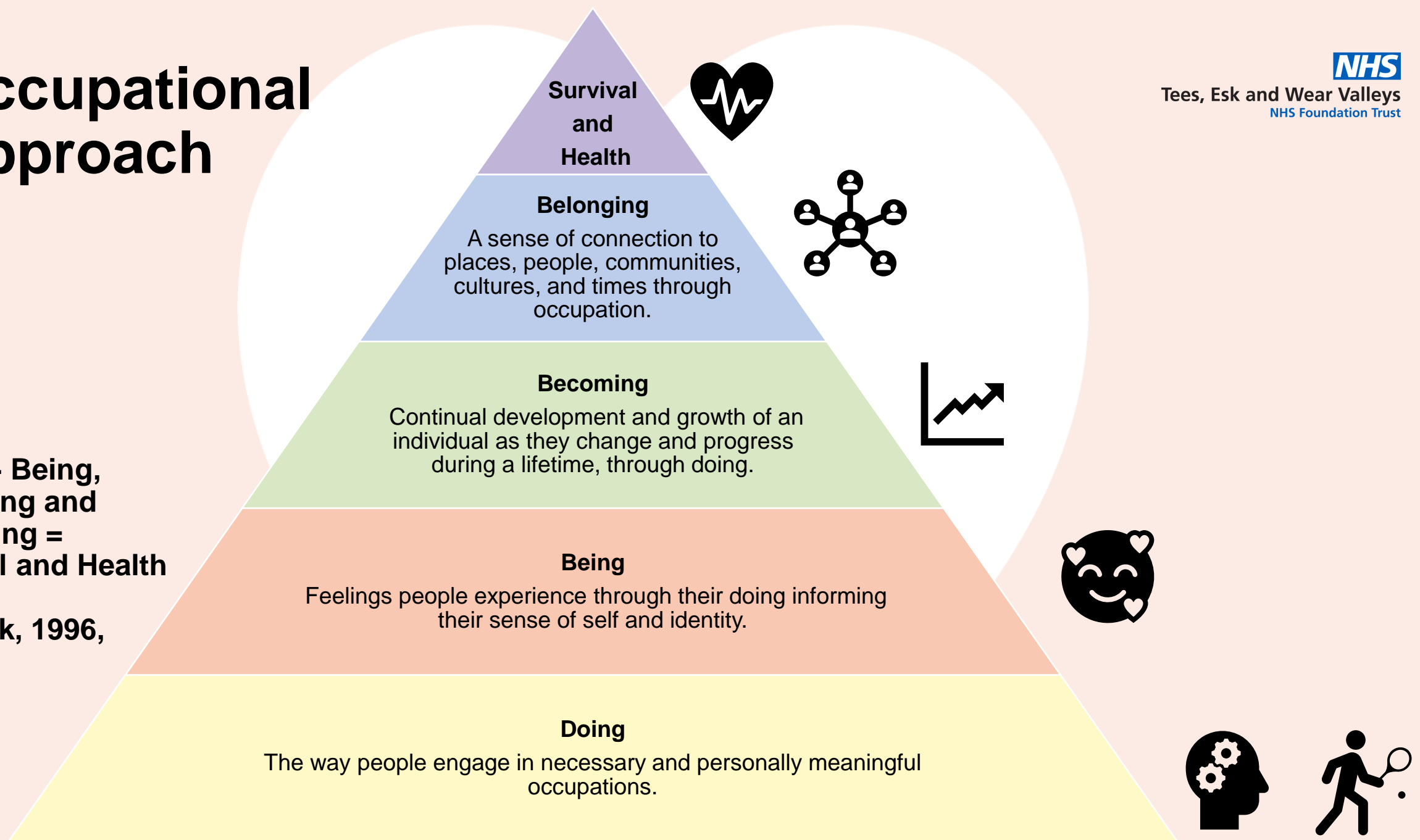
Term and definition by Dr Rebecca Twinley, Occupational Therapist (2022)



"Just as we visually perceive the moon to have a dark side – there is a dark side of occupation, as many occupations remain under or unexplored (as if in the shadows) and so are less understood."

"Society tries to categorise occupations into good and bad (or light and dark), but its much more complex than that – as it depends on the person and the context."

Occupational Approach

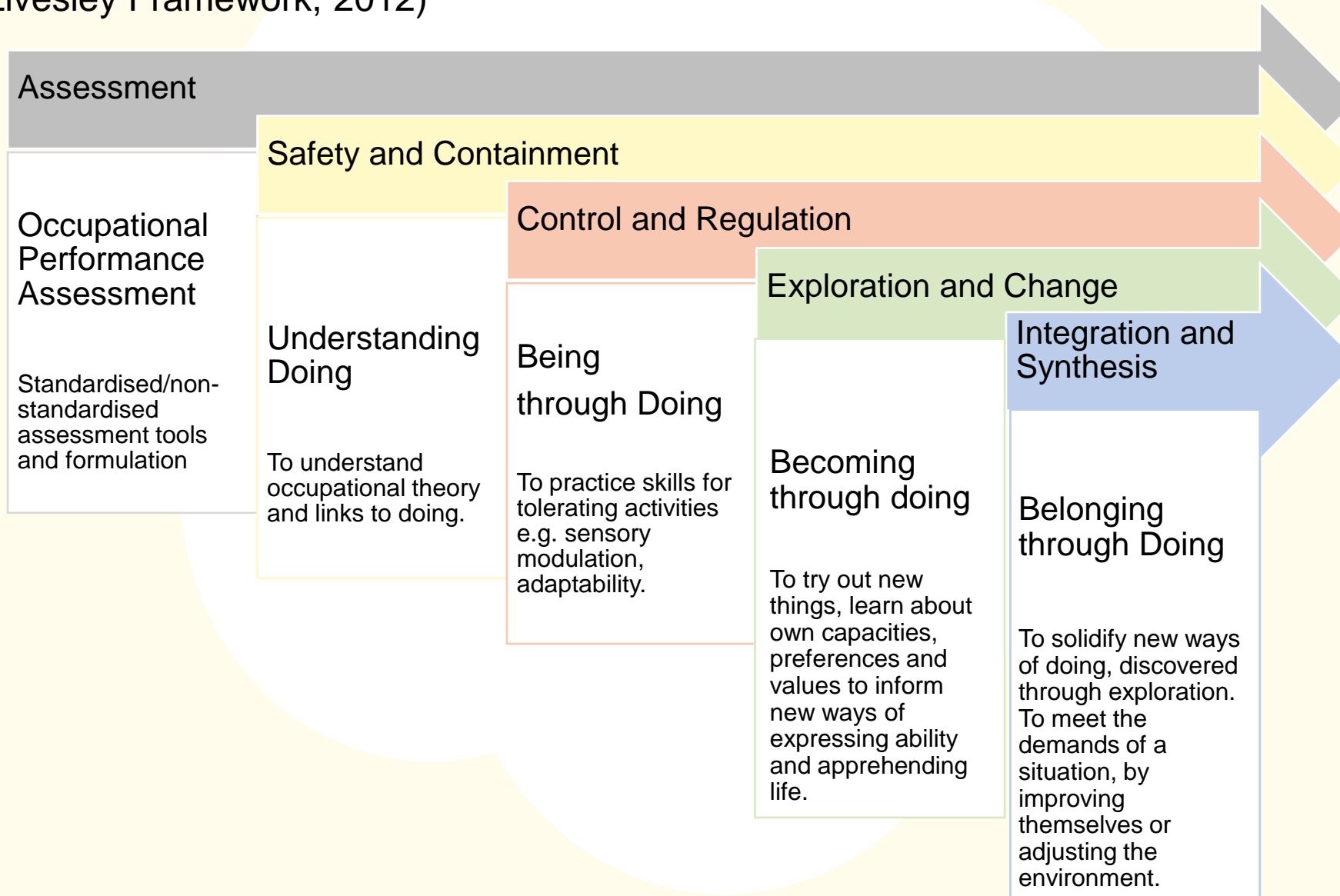


**Doing + Being,
Becoming and
Belonging =
Survival and Health**

**(Wilcock, 1996,
2006)**

Primrose Service Model

(Based on Livesley Framework, 2012)



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Occupational Performance Assessment Findings

Primrose Population

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Occupational Performance Assessment (OPA)

Exploration of the individual's perceptions of their abilities/values

Aim:
To analyse strengths and limitations which impact on occupational performance

Observation of performance in activities of daily living within their environment.

Collateral information from professionals and family/carers

Assessment Tools

Specific testing of certain areas of occupational performance

- Allen Cognitive Level Screen (ACLS) (Allen et al, 2007)
- Evaluation in Ayres Sensory Integration (EASI) Mailloux, 2018)

Self-reported competence and values

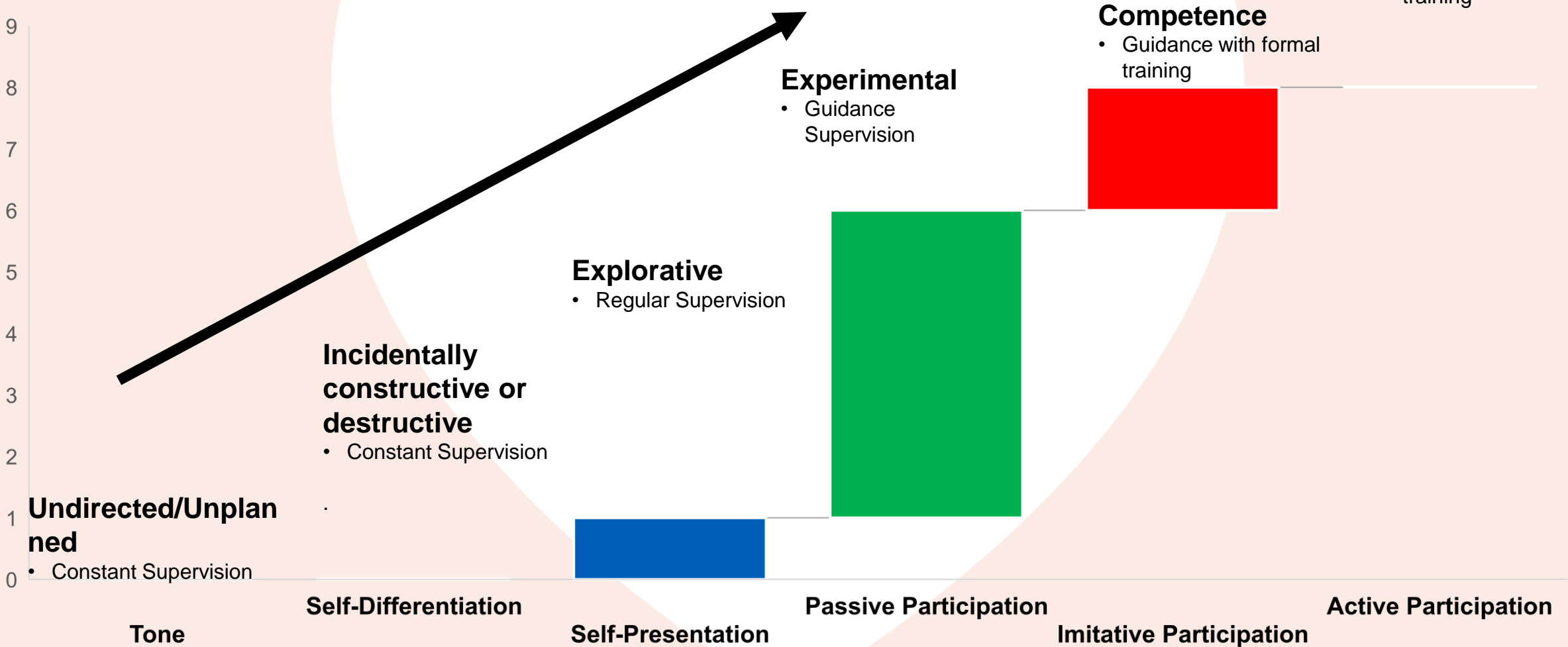
- Occupational Self-Assessment Short Form (OSA-SF) (Popova et al, 2019)

Occupational performance assessments

- Model of Human Occupation Screening Tool (MOHOST) (Parkinson et al 2005)
- Vona Du Toit Model of Creative Ability (VdT MoCA) De Witt, 2006)
- Assessment of Motor and Process Skills (AMPS) (McNulty and fisher, 2001)

Level of Creative Ability (VdT MoCA) Findings

“One’s preparedness to function at the maximum level of competence, free from self-consciousness.”



Motivation for Occupation

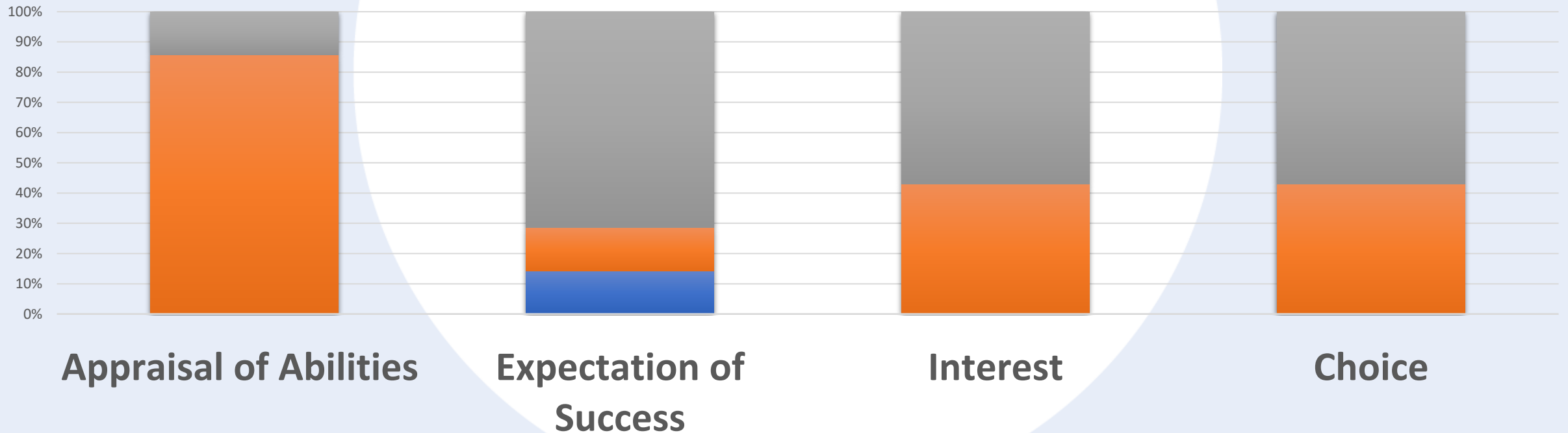
How is the person **motivated** for self care, productivity, and leisure?

■ Facilitates Participation (No issues)

■ Allows Participation (Mild issues)

■ Inhibits Participation (Moderate Issues)

■ Restricts Participation (Severe Issues)



Pattern of Occupation

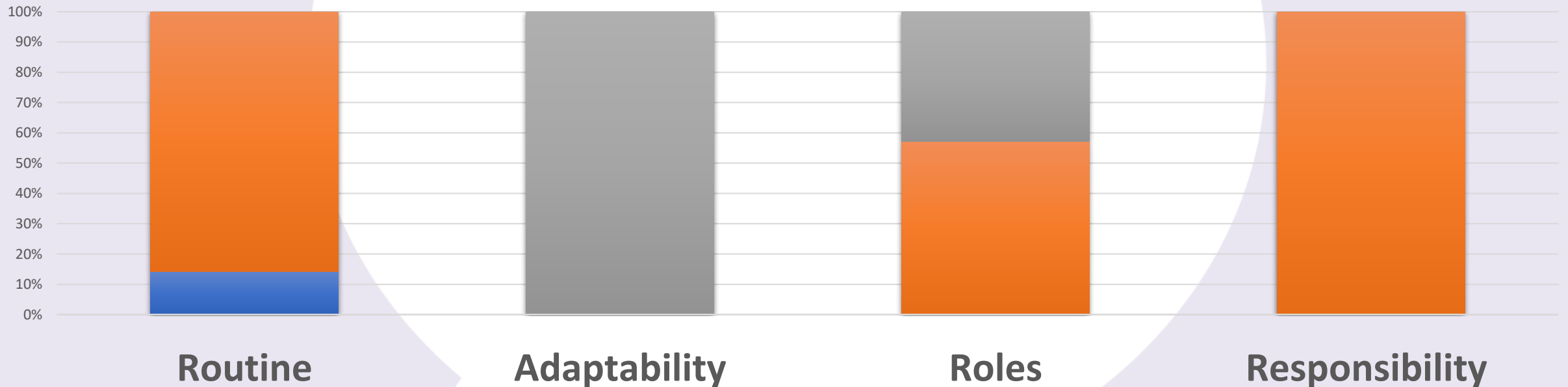
How does the person **organise** their self care, productivity, and leisure?

■ Facilitates Participation (No issues)

■ Allows Participation (Mild issues)

■ Inhibits Participation (Moderate Issues)

■ Restricts Participation (Severe Issues)



Performance Capacity - Communication

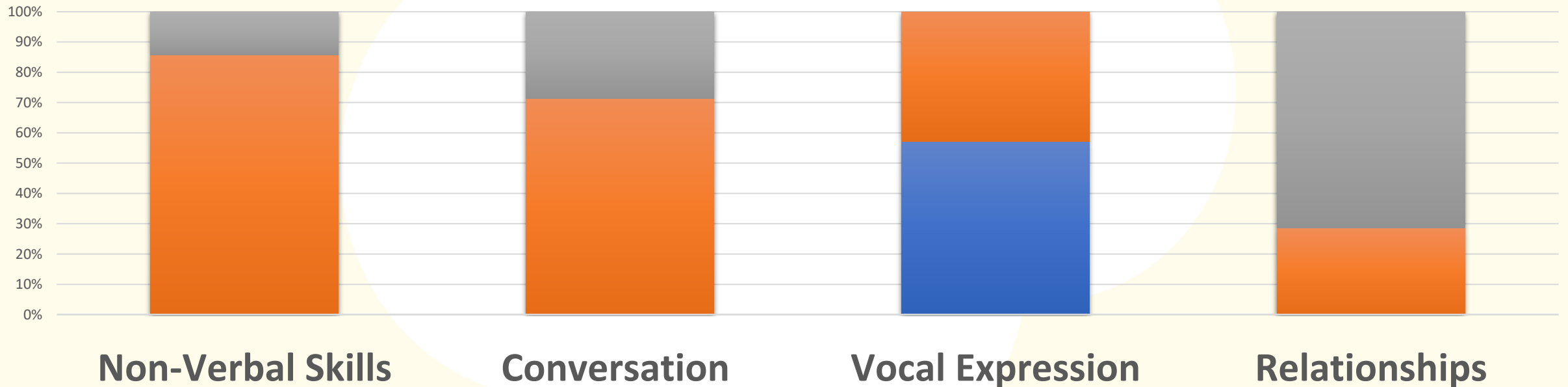
Does the person have adequate **social interaction skills**?

■ Facilitates Participation (No issues)

■ Allows Participation (Mild issues)

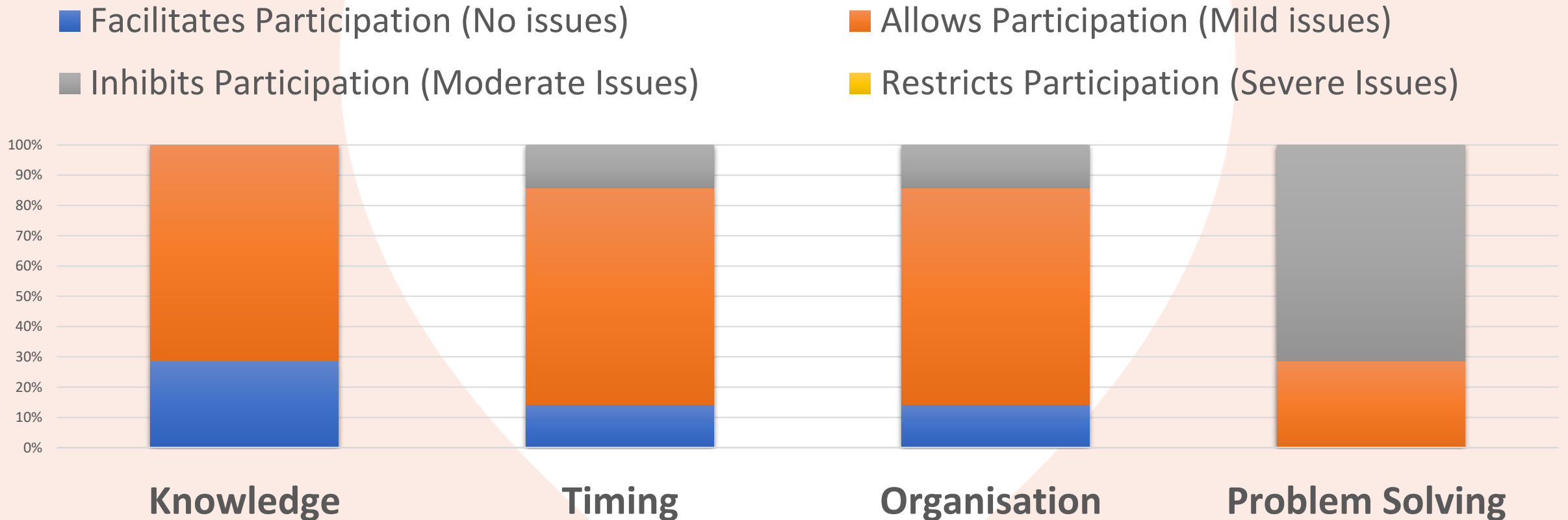
■ Inhibits Participation (Moderate Issues)

■ Restricts Participation (Severe Issues)



Performance Capacity – Process Skills

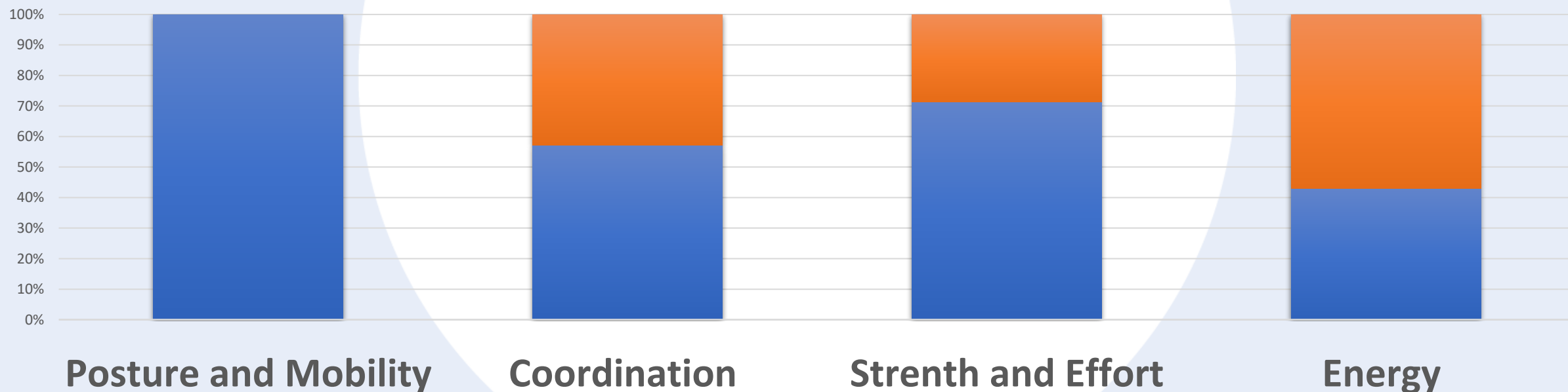
Can the person **organise themselves** within their self care, productivity, and leisure?



Performance Capacity – Motor Skills

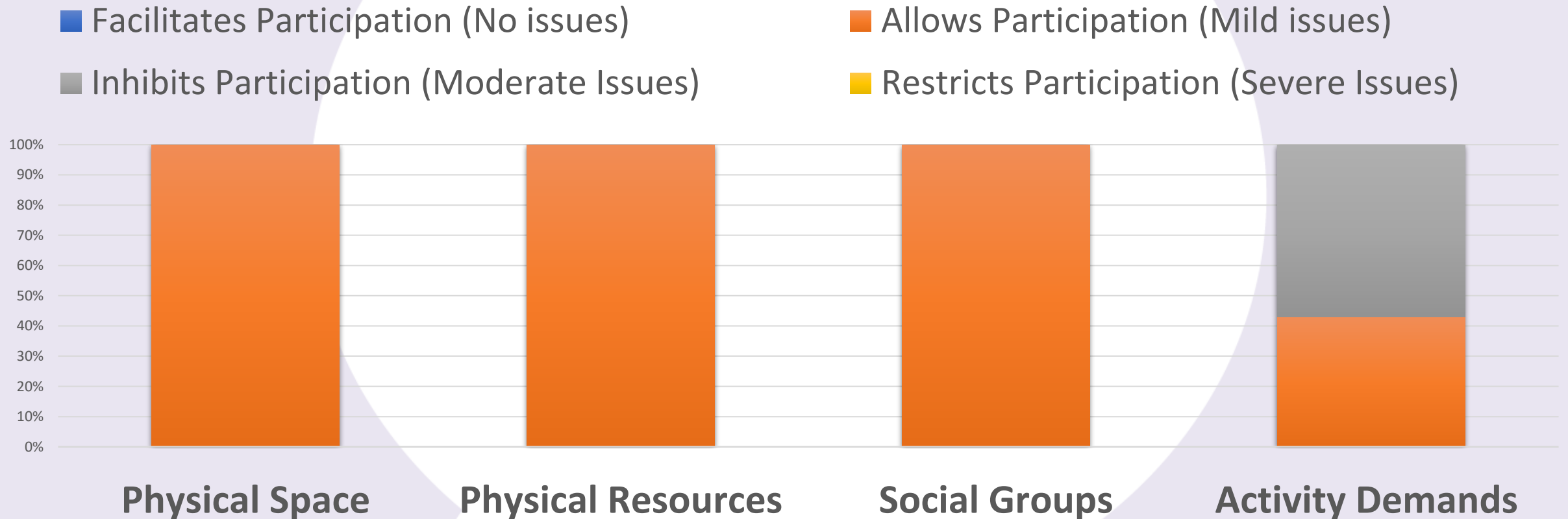
Can the person **move themselves and objects** around during their self care, productivity, and leisure?

- Facilitates Participation (No issues)
- Allows Participation (Mild issues)
- Inhibits Participation (Moderate Issues)
- Restricts Participation (Severe Issues)



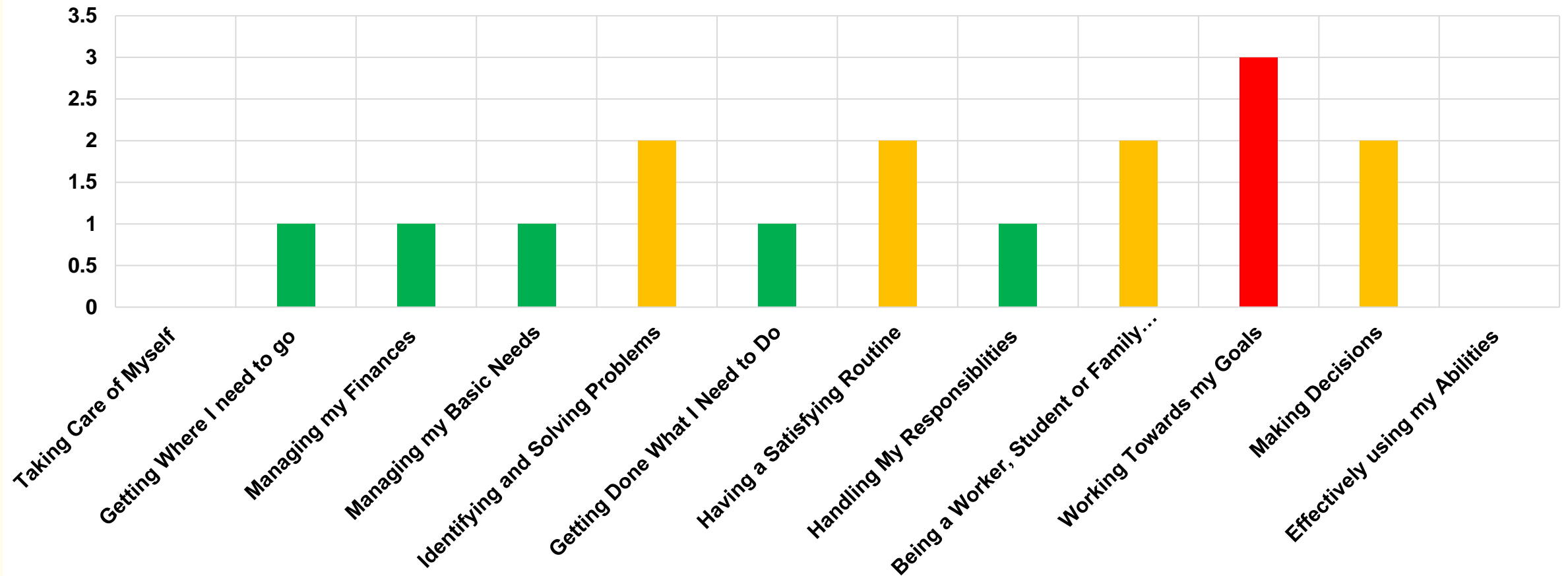
Environment (Primrose Service)

Does the person have a **supportive social and physical environment** to allow for meaningful self care, productivity, and leisure?



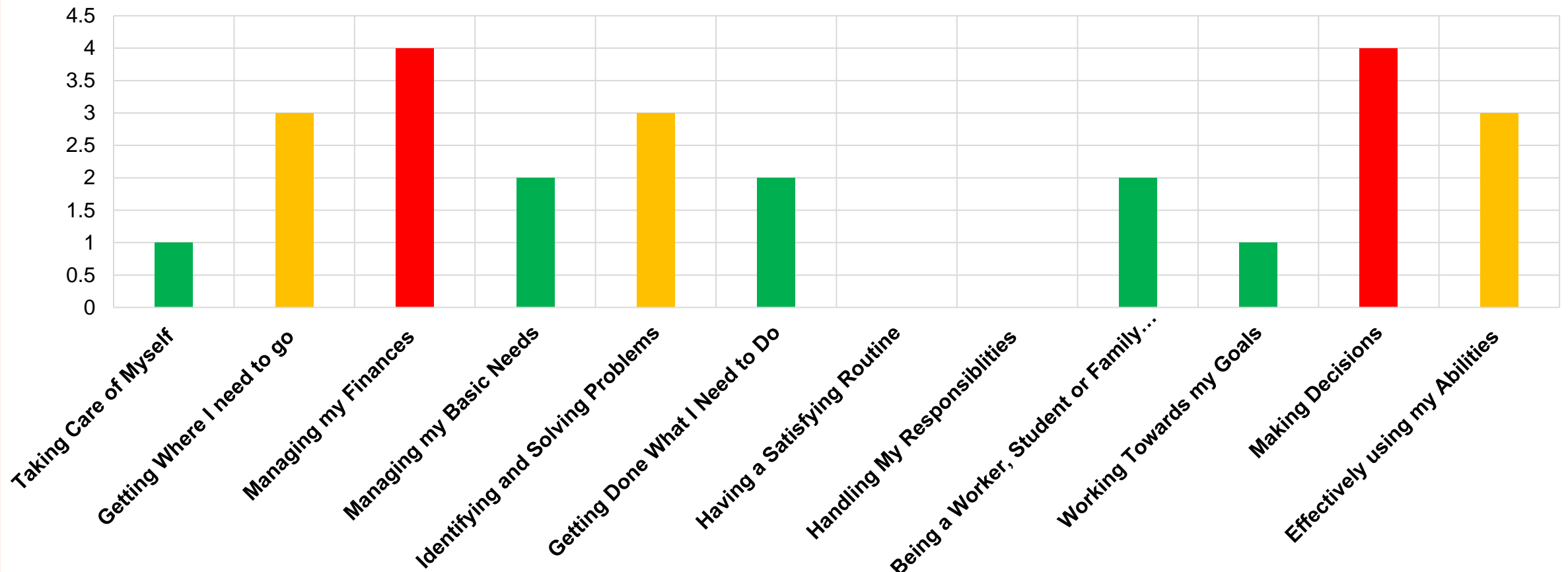
Occupational Self-Assessment Findings

Lots of Problems

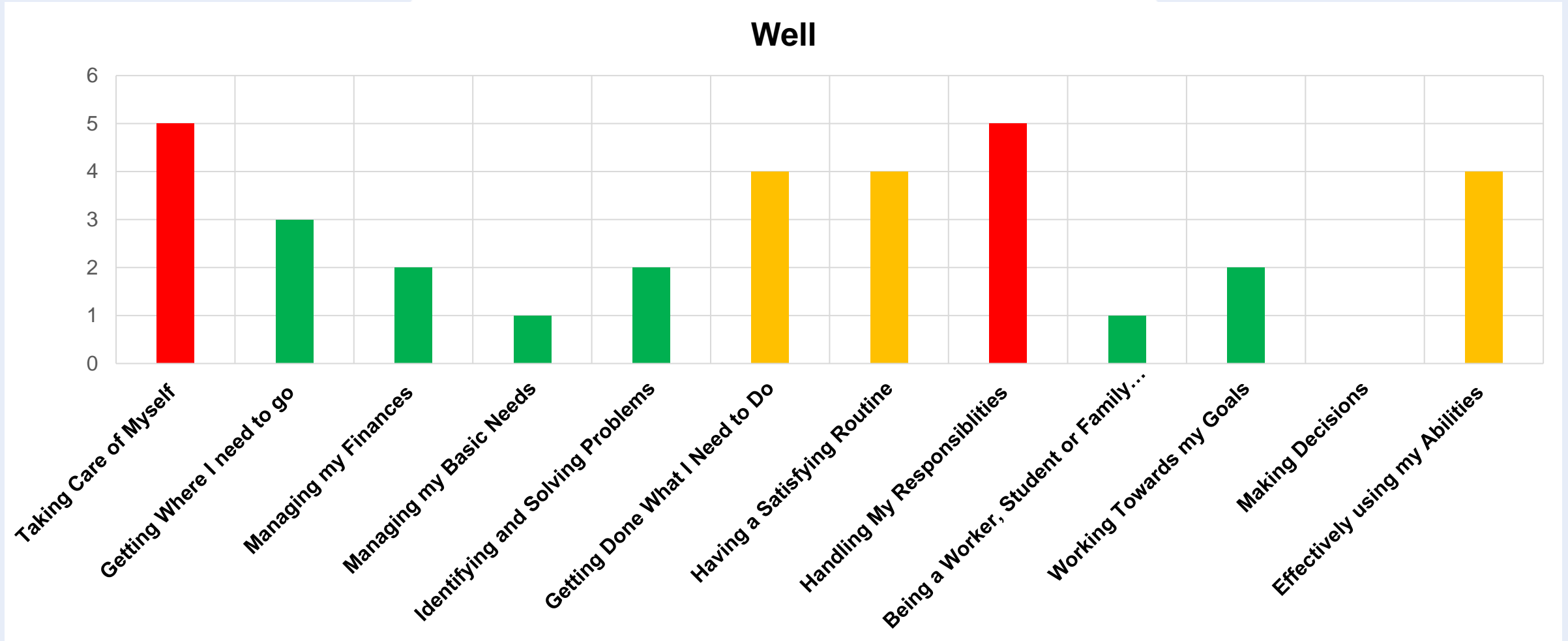


Occupational Self-Assessment Findings

Some Difficulties

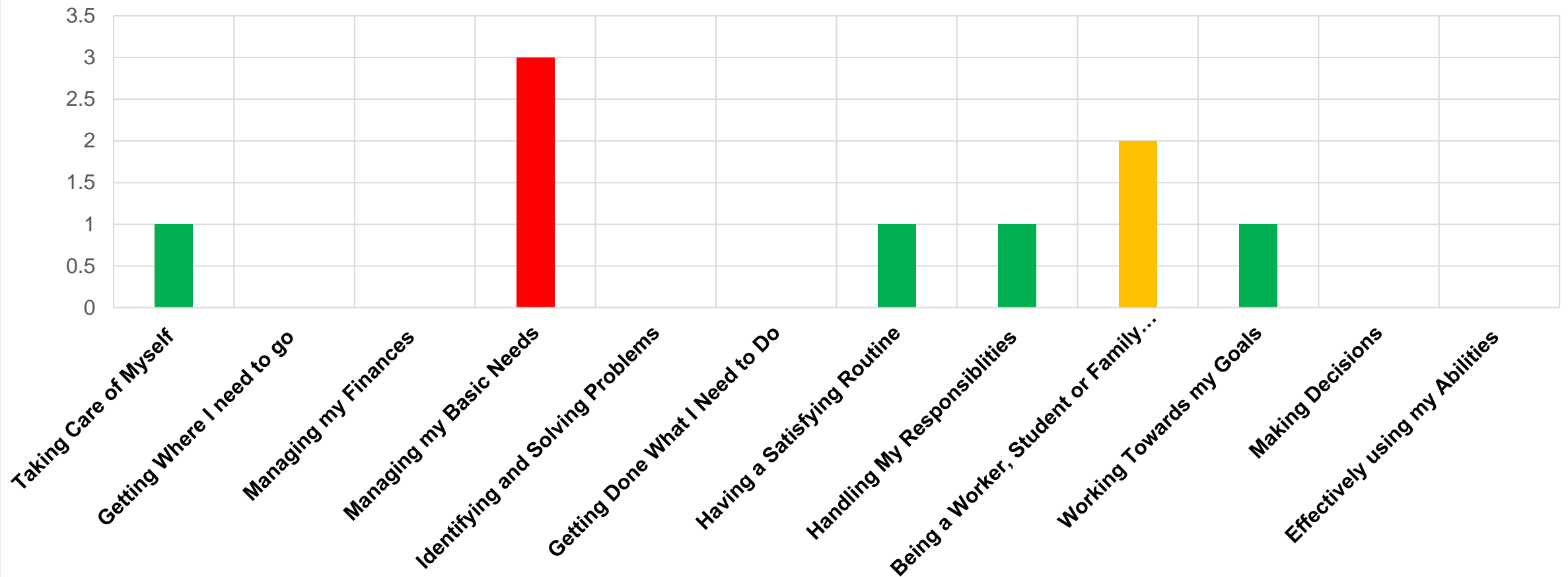


Occupational Self-Assessment Findings

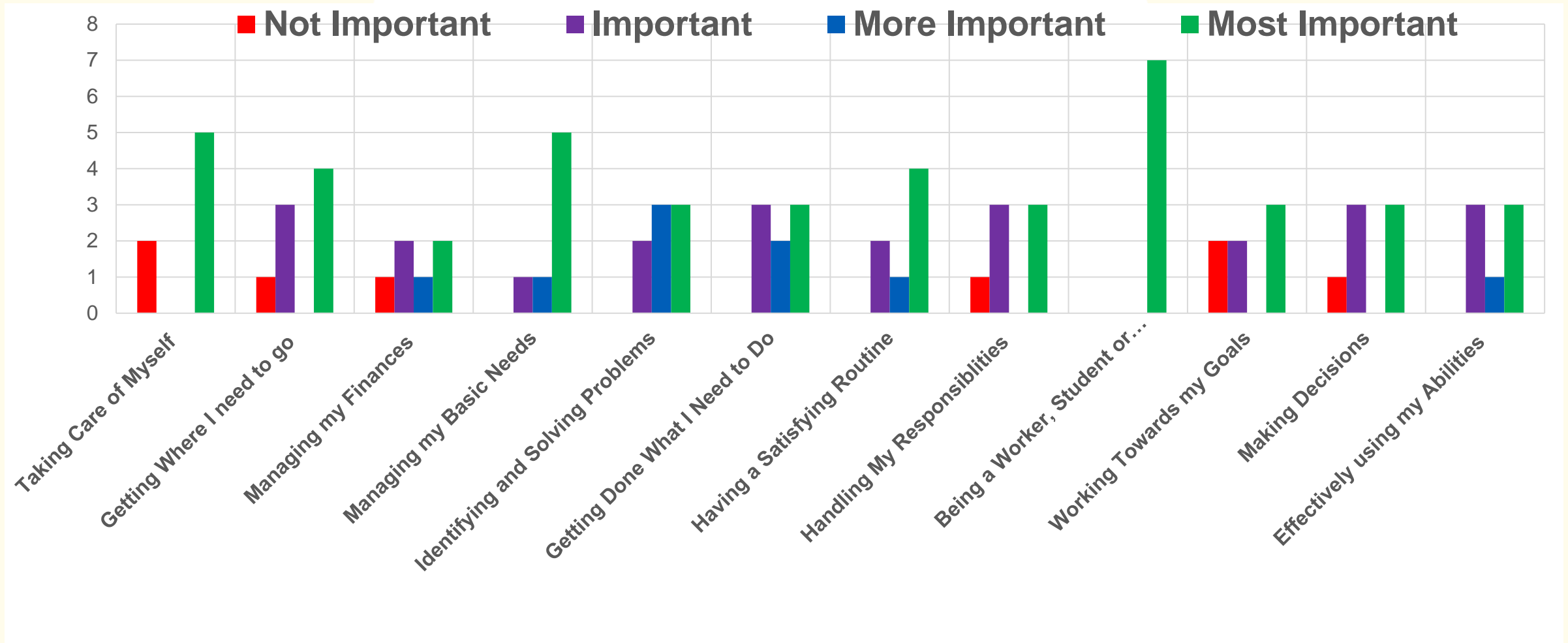


Occupational Self-Assessment Findings

Extremely Well



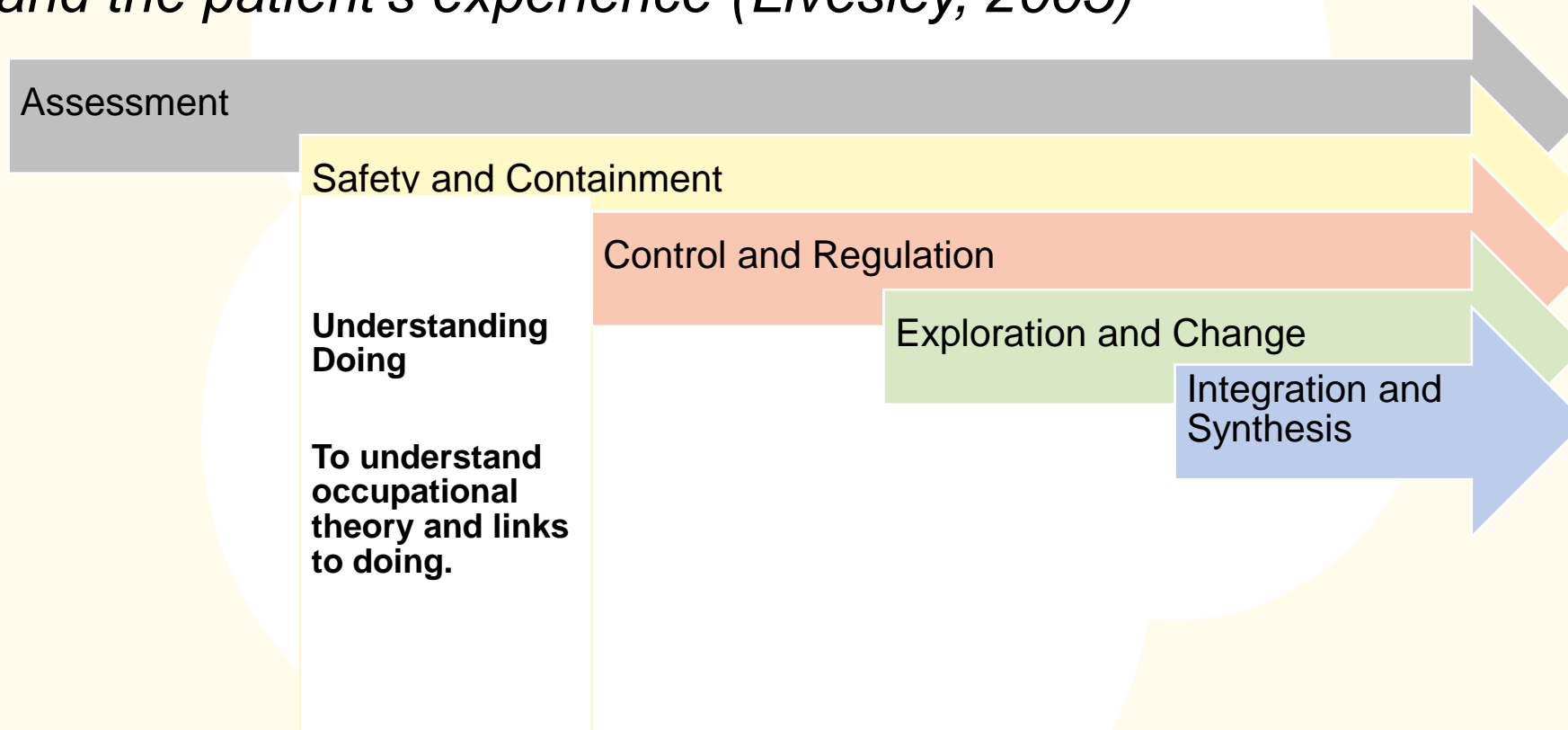
Occupational Self-Assessment Findings



**Impact of an
'Understanding
Doing' Group
before 1:1
Treatment.**

Safety and Containment

The focus is on the present rather than on the past... This is best achieved with straightforward, concrete statements that reflect understanding of the current situation and the patient's experience (Livesley, 2005)



Understanding Doing Group



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Aim: To understand occupational theory and how this links to current doing, to identify own strengths and occupational needs for support and development.

How: 4 week therapy group

Week 1: Model of Human Occupation – What contributes to doing overall

Week 2: Motivation for Occupation

Week 3: Pattern of Occupation

Week 4: Performance Capacity (skills) and Environmental Factors

Outcome Measure:

1. To Improve knowledge of occupations and what influences doing - reviewed using Goal Attainment Scale.
2. To improve understanding of own occupational strengths and challenges – to inform treatment planning.

1. Improved knowledge of occupations and what influences doing.

Goal Attainment Scale (GAS)

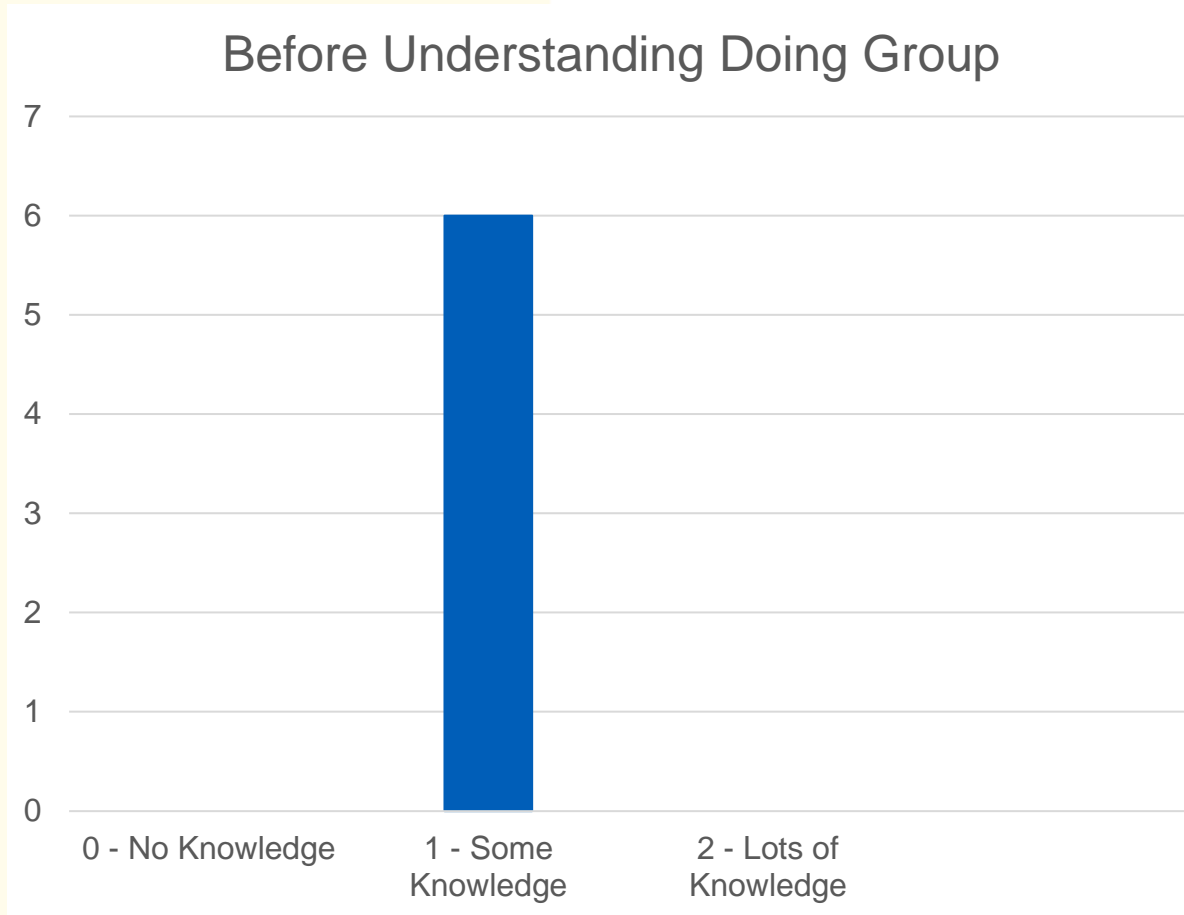
How much did you know about occupations before this group?

- 0 - No Knowledge
- 1 – Some Knowledge
- 2 – Lots of Knowledge

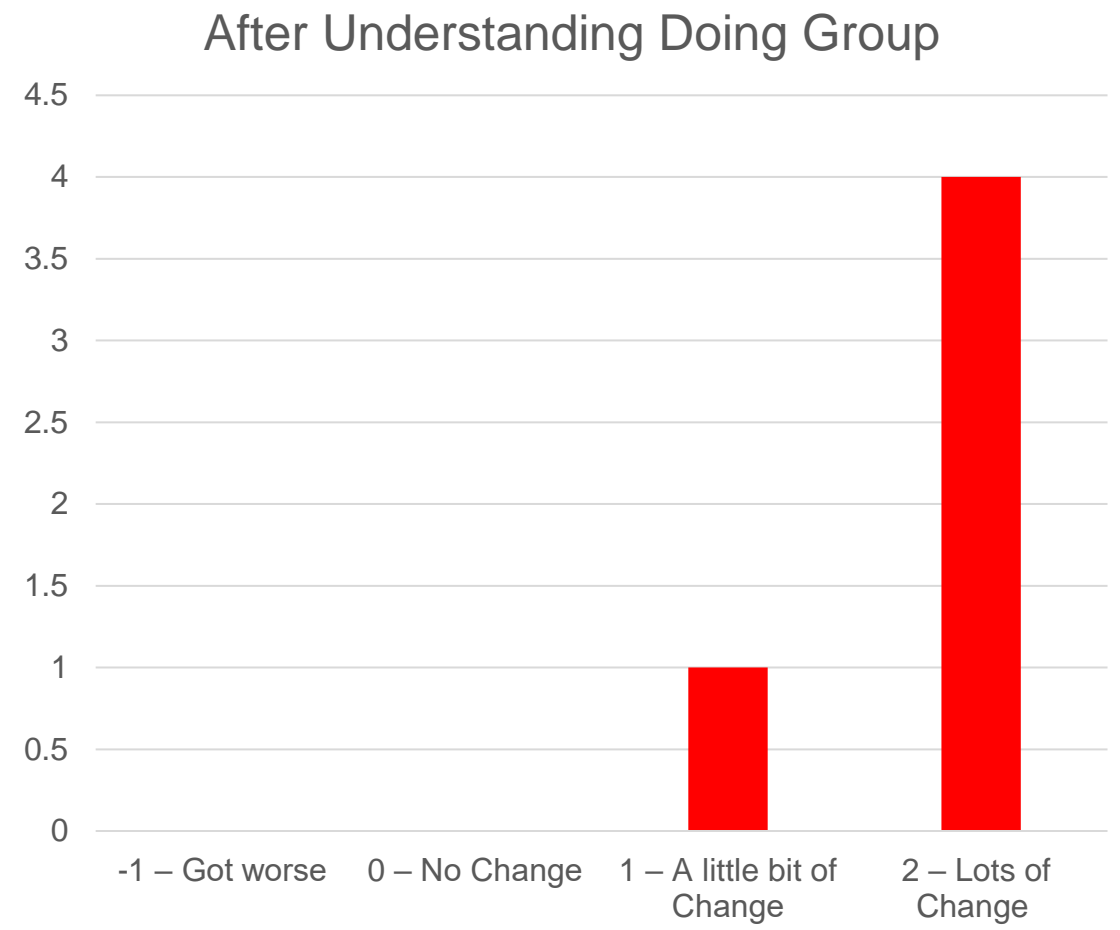
After this group, how much do you know about occupations?

- 1 – Got worse
- 0 – No Change
- 1 – A little bit of Change
- 2 – Lots of Change

How much did you know about occupations before this group?



After this group, how much do you know about occupations?



2. To improve understanding of own occupational strengths and challenges.

After the group, the prisoners selected the areas of need to inform collaborative treatment planning.

Based on what you have learnt about occupations and yourself...	Yes	No
What areas of doing shall we develop in 1:1 OT treatment?		
Motivation (Interest, Choice, Self-Belief)		
Patterns of Occupation (Habits, routines, roles)		
Communication Skills (Conversation, relationships)		
Cognitive Skills (Problem solving, knowledge, organisation)		
Motor Skills (Movement, coordination, energy)		
Sensory Skills (Regulating/stimulating)		
Environment (adapting, educating others on needs)		

Prisoner Feedback

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What was good about the group?

“It was interesting”

“Learning new things and being part of a group”

“It was a small group and it was easy and relaxed to talk and contribute”

“I did like this group work”

“Honestly it was a very in-depth explanation, perfectly given”

What could be improved about the group?

“Sometimes I didn’t like talking”

“To not use basic examples like making a cup of tea”

“To not have groups with people with different learning capabilities”

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**Staff Feedback: Impact
of Occupational
Therapy at Primrose
Service**

Staff Understanding of Occupational Therapy

Aim: To understand occupational theory and how this links to doing, and how this is assessed and treated within occupational therapy.

How:

- All staff attend OT training session (PowerPoint, discussions, group tasks)
- Staff attendance to occupational therapy assessment sessions and understanding doing group.

Outcome Measure:

1. Staff Questionnaire

Have you worked or had contact with Occupational Therapy before?

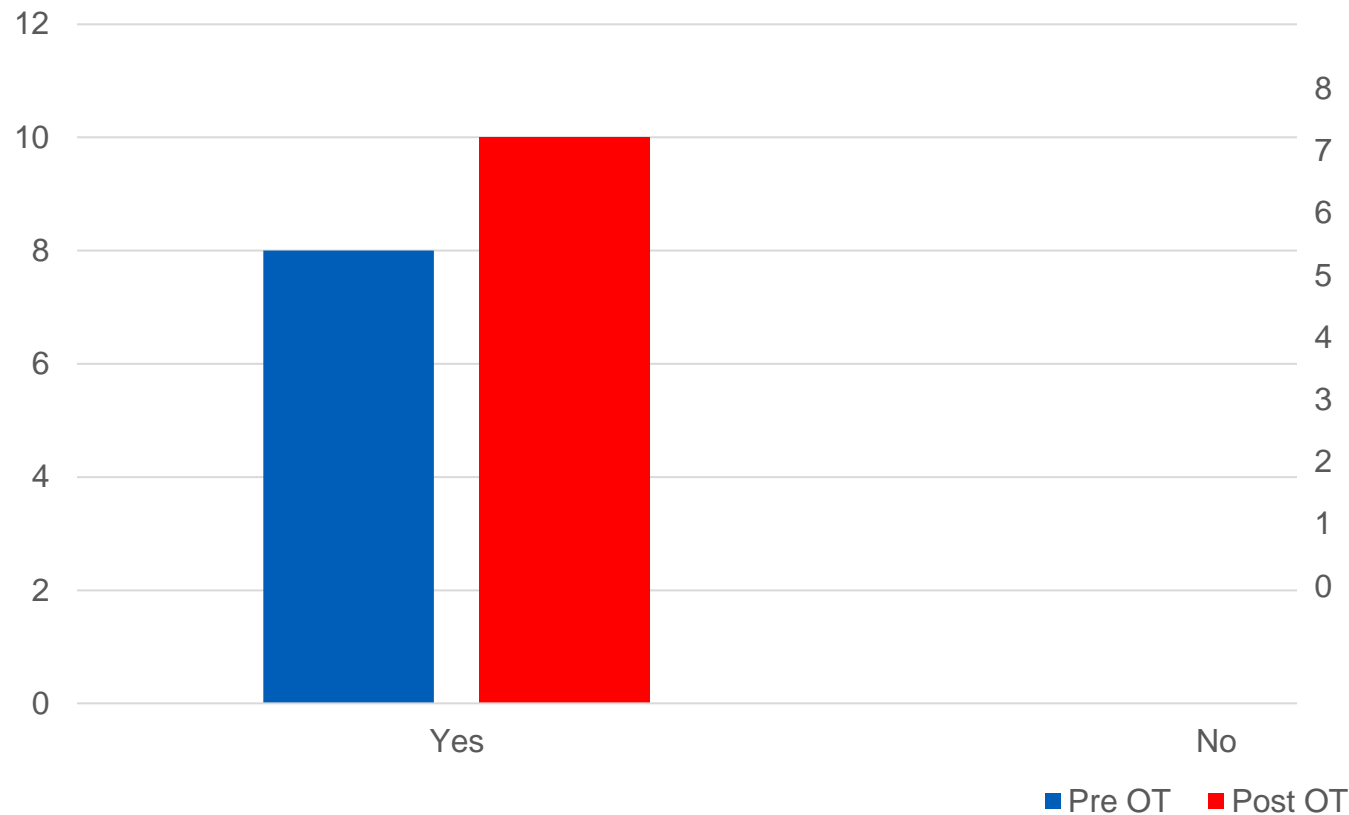
- **9** Staff Members completed the pre-questionnaire
- **9** Staff Members completed the post-questionnaire

- **62.5%** of staff had previously worked with an occupational therapist before.

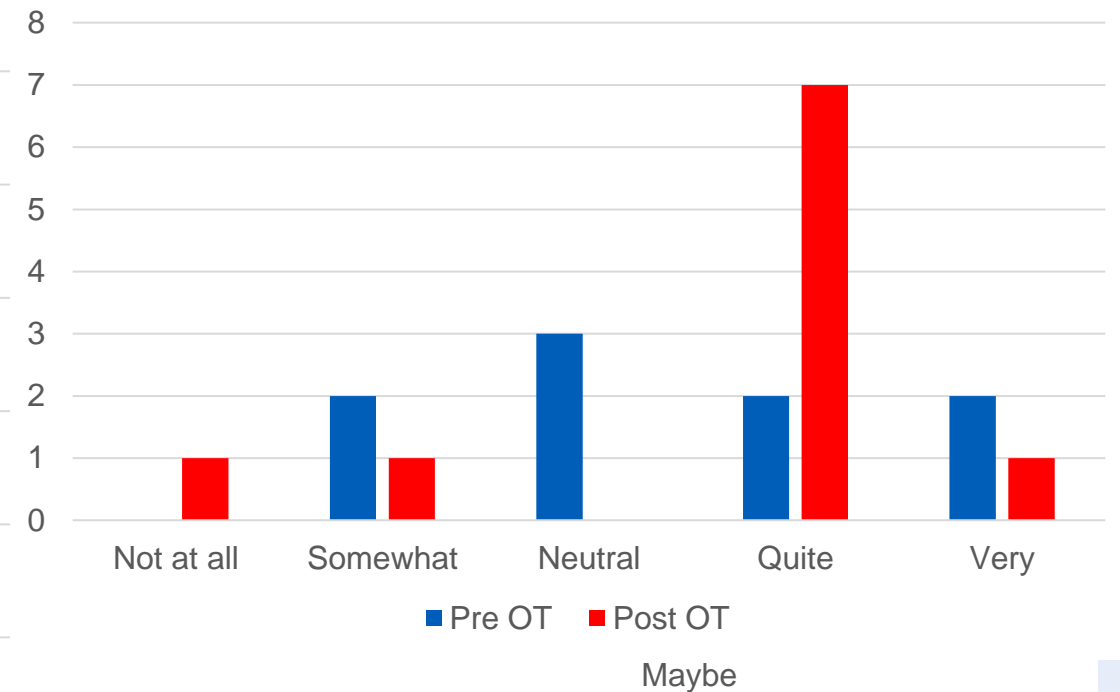
- **3 out of 5** clinicians had worked with an OT before.
- **1 out of 4** prison officers had worked with an OT before.
- **1 out of 1** administrators had worked with an OT before.

Occupational Need at Primrose Service

Do you think there are women within the Primrose Service that require Occupational Therapy?



How confident are you that women within primrose require OT input?



What percentage of adults in prisons do you think have difficulties participating and performing self-care, productivity and leisure occupations?

- **Pre-OT** starting in role the team thought **70%** (median) of the prison population would require occupational therapy.
- **Post-OT** starting in role the team thought **80%** (median) of the prison population would require occupational therapy.
- In fact, **100%** of prisoners at Primrose Service required occupational therapy.

Note: Currently there are no published studies in the UK which provide a percentage of how many prisoners have difficulties with occupational performance and participation.

What influence do you think Occupational Therapy would have on the Primrose Service?

“I think that it will help to embed pro-social sessions with meaningful life skills that **prepare women for life outside of prison.**”

“The practical element of OT will **boost engagement** with Primrose and will **inspire staff with fresh ideas and greater confidence.**”

“OT I have no doubt will have a massive positive impact upon the Primrose Service. **Providing direction** in pro-social sessions, that can help and encourage individuals **out of their comfort zones** and target aspects of their **social needs and to assist in building the foundations of basic life skills** that some may lack.”

“Improve access to therapy and **risk reduction work** for those residents who are less suited to talking therapies, or whose risk appears to be **directly related to difficulties functioning.**”

“I think it could profoundly **improve the quality of life** of the women that we work with.”

“OT could **teach the skills that some individuals lack in order to become self sufficient within life**, these could be taught in pro-social sessions that the Officers deliver. It could also be **linked with other services** within Primrose, such as Drama, individuals being taken out of their comfort zone, **growing in confidence and self belief.**”

“To help the staff **find the best way of working with prisoners** on the service.”

What influence do you think Occupational Therapy had on the Primrose Service?

“To provide prisoners with skills to have **structure, variety, meaning, purpose.**”

“Being able to **adapt sessions to meet occupational needs** of prisoners, think about formulation and interventions with a multidisciplinary approach, **improve staff confidence** in being able to support those with occupational needs.”

“Making **learning more interesting** so you take knowledge in better”.

“To be able to **help push people out of their comfort zones, address the function of offending**, rather than seeing a one-off crime, better understanding what function offending has served across a lifetime),”

“Find and support ways in which they can achieve a **healthy lifestyle.**”

“Helping to understand how difficulties with **occupational performance may link to other difficulties.**”

“Building **confidence to work on your own** and with others with more clear understanding.”

“Helping to **tailor treatment plans to address most appropriate areas.**”

“Massive, this will help them learn ways of working which will **better suit their individual needs.**”

How do you think Occupational Therapy compliments psychological therapy and/or the overall treatment service?

"I think OT is a great addition to the MDT as it offers a **hands-on approach**, with **goal-setting that is more concrete and physically measurable**, which is perfect for Primrose prisoners. It also offers an **additional perspective to look at someone's experience from.**"

"Through their **enhanced understanding of communication, physical and sensory needs**, as well as the ability to devote time to engage in **practical interventions** alongside the women we work with."

"OT encourages **self-development, positive reinforcement and recharges individuals drive to succeed and become the person that they can be proud of.** Bettering mental health and general wellbeing."

"OT, along with the combination of other therapies, can only improve the service that Primrose delivers. **Different approaches from many specialist areas** can help existing staff to understand and **consider different approaches making treatment more effective.**"

What's next for Occupational Therapy at Primrose Service...

- To continue 1:1 and group therapy with all prisoners, including OT specific and joint sessions with MDT colleagues.
- To continue to provide clinical supervision with prison officers to support planning, grading and organising pro-social activity groups.
- To continue to provide specialist advice in relation to adaptations required both at Primrose, on the prison wing and in future environments, to support individual needs.
- To continue to gather data/evidence on the impact of OT within OPD/Prisons for wider national considerations. To attend and chair National OPD OT network.

Next Phase of OT Treatment...

Assessment

Safety and Containment

Control and Regulation

**Being
through Doing**

- To practice skills for tolerating activities including:
- Sensory modulation
 - Occupational balance
 - Activity tolerance/adaptability
 - Occupational identity and self-belief
 - Problem solving

Exploration and Change

Integration and
Synthesis

References

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Thank you for your time and attention

Any questions or reflections?

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Lead Occupational Therapist, Health & Justice Services

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Key Points

- Neurodiversity is ever-evolving and complex, especially when considered in the context of other difficulties, and is therefore important to reflect on and learn about
- There are gaps in wider services that provide a challenge for neurodivergent individuals as they are under-recognised and under-supported
- Speech and language difficulties are over-represented in the criminal justice system and provide a barrier to accessing and engaging in meaningful treatment
- Occupational performance is individual and unique, regardless of diagnosis, label or offence and needs to be understood to inform recovery
- Occupational Therapy and Speech and Language Therapy have been evidenced as essential and beneficial for prisoners and staff at the Primrose Service, especially for neurodivergent individuals
- We hope that these presentations have highlighted some areas of good practice as well as areas to think about to help us continue to improve provision

Thank you for listening, we hope that you enjoyed the presentations



Alison Hodgson, Clinical Lead, Consultant Psychologist

The Primrose Team

