



A systematic review of group work interventions in UK high secure hospitals

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A B S T R A C T

Background: Rehabilitating high secure hospital patients poses significant challenges. Group work is thought to play a key role in patient recovery; however, there have been no reviews conducted specifically assessing group work interventions for high secure hospital patients.

Objectives: To review the focus of group work interventions that are being implemented and evaluated with high secure hospital patients in the UK, and to examine the effectiveness of these interventions and the methods used to assess intervention effectiveness.

Method: A systematic literature search combined with reference screening was conducted examining group work interventions with high secure hospital patients in the UK.

Results: In total, 28 manuscripts (outlining 29 group work intervention evaluations) were identified for review inclusion. Across these, ten focuses of group work intervention emerged: *anger/aggression, offence-specific, enhancing insight and understanding of mental illness, thinking skills/problem solving, substance misuse, self-harm, relationships, self-esteem and well-being, relapse prevention, and moving on*. Positive outcomes were generally reported across all ten areas.

Conclusions: Studies assessing the impact of group work interventions could be improved by increasing sample sizes, reducing sole reliance on self-report measures, employing clear statistical and clinical significance testing, and increasing the use of follow-up assessments and control groups.

1. Introduction

Individuals admitted to high secure services present with severe and often co-morbid mental and personality disorder(s). Additionally, their propensities for dangerous, violent, and/or criminal behaviours mean that the risk of harm they pose to both themselves and others cannot effectively be managed in conditions of lesser security (National Health Service [NHS], 2006). The majority of patients detained in high secure hospitals have been involved with the criminal justice system (National Health Service England [NHS England], 2013), and will be referred to throughout this review as Forensic Patients (FPs). FPs typically have long histories of offending behaviour, display poor psycho-social functioning, possess poor problem solving and cognitive abilities, as well as impaired verbal intelligence, and substance misuse problems (Blackburn, Logan, Donnelly, & Renwick, 2003; Menditto, 2002; Young & Ross, 2007).

Secure hospitals consume around a fifth of the overall mental health budget in England and Wales; and costs per person are substantially more for FPs resident in conditions of high security in comparison to

low security (Fazel, Fimińska, Cocks, & Coid, 2016). The recent mandate of Payment by Results within England, together with funding cuts to mental health services, means that developing and utilising effective interventions for patients in secure hospitals is of paramount importance both ethically and fiscally (Department of Health [DoH], 2013; Rees-Jones, 2011).

The objectives of secure services are to reduce risk, assess and treat mental disorder, and promote recovery in the least restrictive environment possible (Vojt, Slessor, Marshall, & Thomson, 2011). This is done via structured care pathways and the use of a broad range of evidence-based treatments and interventions such as group work therapy (National Health Service England [NHS England], 2013). In terms of general intervention provision, there has been a shift from concluding that ‘nothing works’ (Martinson, 1974) to establishing ‘what works best’ (Abracen & Looman, 2005). This appears to have been as a result of the Risk Need and Responsivity Model which has shown that interventions adhering to these principles produce positive outcomes (Andrews & Bonta, 2010a; Andrews & Bonta, 2010b).

With regard to group therapy provision in particular, Yalom, 1995

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proposes a number of therapeutic factors (originally termed curative factors) that are thought to influence and facilitate change and recovery in group participants. These factors are; universality, altruism, instillation of hope, imparting information, corrective recapitulation of the primary family experience, development of socialising techniques, imitative behaviour, cohesiveness, existential factors, catharsis, interpersonal learning, and self-understanding.

Qualitative research has reported that many of the therapeutic factors outlined by Yalom are valued by FPs engaged (or previously engaged) in group therapy (Clarke, Tapp, Lord, & Moore, 2013). Such factors cited by FPs include; learning from others (interpersonal learning), supportive alliances (universality/cohesiveness), and impact of disclosing offending experiences (catharsis). In fact, FPs report that these elements of group work have positively contributed to their progress and recovery within secure settings (Tapp, Warren, Fife-Schaw, Perkins, & Moore, 2013). Additionally, given the emergence of the focus on both risk and protective factors within forensic mental health settings, it has been argued that dynamic protective factors, such as capacity for hope, are amenable to treatment via group therapy (Hillbrand & Young, 2008).

However, the mercurial nature of high secure FPs means that the delivery of group work interventions is challenging. Many patients are difficult to engage and attrition rates are high (McMurrin, Huband, & Overton, 2010). Furthermore, patients in secure services are liable to attend group work interventions sporadically, which is likely to impede upon the success of interventions (Lefley, 2009). Notwithstanding these problems, engagement with appropriate group work interventions is associated with positive outcomes such as reduced length of stay and reductions in antisocial behaviour (Jones & Hollin, 2004; Long, Dolley, & Hollin, 2012). As such, group work interventions are seen as a fundamental component of a patient's care pathway (Mason & Adler, 2012).

Evidence Based Practice (EBP) is viewed as the gold standard for psychological practice (DiLillo & McChargue, 2007; Gannon & Ward, 2014). The importance of evaluating treatment interventions in order to increase their effectiveness and suitability for forensic populations is widely recognised (Glorney et al., 2010; Müller-Isberner & Hodgins, 2000). A number of studies and reviews have previously been conducted examining 'what works' for FPs (Blackburn, 2004; Knabb, Welsh, & Graham-Howard, 2011; Rice & Harris, 1997; Tapp, Perkins, Warren, Fife-Schaw, & Moore, 2013). These have focused on FPs generally (i.e., from a range of settings) and have reported evidence of group work alongside other methods of rehabilitation. Qualitative research in this area has also offered insights into the interventions and processes that are valued by FPs when progressing through secure services. The difficulties with measuring outcome in relation to FPs given the heterogeneity of such a population and their complex care and rehabilitation needs has also been highlighted within the literature (Clarke et al., 2013; Tapp et al., 2013).

Previous reviews of the effectiveness of group work interventions for FPs have been conducted (Duncan, Nicol, Ager, & Dalglish, 2006); however, they have focused mainly on cognitive-behavioural group work interventions and have not implemented formal data extraction techniques. Additionally, previous reviews are now dated since, although still relatively limited, research examining group work interventions has proliferated over recent years.

To our knowledge, there have been no reviews that specifically assess group work interventions for UK high secure hospital patients. Given that high secure hospitals have been described as the 'last chance saloon' for individuals who have transgressed interpersonal, community, and legal boundaries (Drennan, 2012), we argue that it would not be appropriate to generalise findings of existing studies and reviews examining group work for other populations (e.g., FPs in medium/low security, or community settings, or individuals detained in prisons) to FPs resident in high security.

Furthermore, as outlined above, the economic burden of such

services is high, and they are highly restrictive for FPs. Therefore, it is hoped that this review exploring the treatment interventions provided for FPs resident in UK high security hospitals will be valuable both in terms of drawing conclusions about treatment modalities that effectively promote recovery and risk reduction, as well as highlighting important implications for future research and practice.

This systematic review seeks to fill the current gap in the literature by providing an up to date and comprehensive overview of the research examining group work interventions for high secure hospital patients in the UK. More specifically, the first aim of this study is to identify the focus of group work interventions that are being implemented and evaluated with high secure patients. A second aim is to assess the effectiveness of these interventions with this client group, and to examine the methods used to report intervention outcomes.

2. Method

2.1. Inclusion criteria

Studies that examined the effectiveness of group work interventions provided by high secure services for forensic patients in the UK were selected for inclusion in the review. In order to be selected for final inclusion, studies were required to have been conducted with adult patients (≥ 18 years; male or female) resident in UK high secure hospitals, have evaluated interventions that were group based, include quantitative outcome measures or mixed-methods outcome measures (purely qualitative studies were excluded), be published in a peer reviewed journal from 1990 onwards, and be written in English. We acknowledge the wealth of information that can be obtained from qualitative research conducted with FPs. However, the literature highlights the issue of face validity when conducting qualitative research with FPs and the impact that this may have on qualitative data being considered a valid outcome with this population (Adshead, 2003). Furthermore, the perspectives of 'more unwell' FPs, or those with more complex needs, may be overlooked in qualitative data (Tapp, Warren, et al., 2013); thus reducing the generalisability of results. Because of these issues, we excluded purely qualitative studies from this review.

2.2. Search strategy and document extraction

Prior to identifying studies for inclusion, a scoping search was conducted by the lead investigator to assess the volume and type of publications within this field. Only studies published from 1990 onwards were included due to differences in the definition of mental health problems within the literature prior to this date. Fig. 1 shows the results of the publication search and process of study selection. Document extraction was performed independently by MS and databases were last searched on 14th October 2017.

PsycINFO and Web of Science were searched by the lead investigator using the following search terms: *group work, group, intervention, treatment, evaluation, high secure, high security, forensic, offender, mentally disordered*. The search terms were relatively broad to ensure that all relevant documents could be retrieved. When searching Google Scholar, additional search terms were used: *forensic, security, mental, personality disorder, outcome, UK*, with the specific phrase 'high security' included. Given that Google Scholar indexes an extensive range of scholarly literature across a vast array of disciplines, these additional search terms were included to confine the results of the search. A clinician working within the Centralised Group Work Service at Broadmoor Hospital was contacted via email to identify any further studies or publications that could potentially be included in the review. The research departments within Ashworth, Rampton, and The State (Carstairs) Hospitals were also contacted via email to identify any further publications. A clinician working within the Ashworth Research Centre at Ashworth Hospital provided a recently completed study to be included in the review. The lead investigator was also signposted to the

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