



Social functioning groups in an in-patient Personality Disorder Service: playtime or meaningful intervention?

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- *‘In the case of offenders with PD there is a need to address issues of social functioning in order to tackle antisocial behaviour, social exclusion and disorganisation’*
- *National Institute of Mental Health Excellence*
- *Personality Disorder: No longer a diagnosis of exclusion (2003)*



- Persons with Personality Disorders typically have difficulties in both their intrapersonal and interpersonal relationships. These difficulties characteristically present as an obstacle to effective group working.
- The Oswin Unit is designed to help patients identify and work towards the accomplishment of goals that will improve their functioning in living, learning, working and social environments. Emphasis is directed towards identifying and reinforcing patients' inherent strengths and capabilities that enable individuals to engage in activities in a pro-social, non-threatening and non-destructive way.



- Occupational Therapists on the Oswin Unit have developed several groups to provide an opportunity for the patient to experience activity within a group setting in which there are opportunities to practise and develop interpersonal skills. The groups also provide a forum in which to practice skills that they have developed in other areas of treatment e.g. 1:1 psychology sessions, 'formal' groups.
- The presentation will describe the progression of the groups' development as well as reflections on the essential modifications that have been necessary to maintain both the groups meaningfulness to the patient group and their value within the MDT treatment programme.



- Three main Interpersonal Skills Groups were facilitated by OTs on Oswin:
- Social Activities Group
- Social Cooking Group
- Debate Group
- These groups all have the same function: to create safe environments where patients could explore their interpersonal difficulties and practice skills acquired in more formal treatments (1:1s, Understanding PD Group etc).



- Social Activities Group
- 2 hour session
- Closed group
- Max 8 participants
- Range of team-building tasks and practical tasks, followed by reflection



- Social Cooking Group
- 3 hours per week
- Closed group
- Max 4 participants
- Aim: negotiation around roles related to cooking task + reflection



- Debate Group
- Closed group
- Patient-initiated group (initially)
- 1 hr per week
- Max 6 participants
- Aims: turn-taking, tolerating difference, assertiveness, reflection



- During the Summer of 2009, patient disengagement from and expressed dissatisfaction with the groups (which had been running successfully for a number of years) led to a review of their function and focus.
- This review included workshops with patients themselves, questionnaires, and discussions within the Multi-Disciplinary Team and the Therapy Co-ordination Group.



- Issues identified in review fell primarily into two groups –
- 1) patients' inability to perceive any deficiency in interpersonal skills ie “nothing to learn”
- 2) a tendency to focus on the concrete outcomes of the sessions as opposed to interactions leading to those outcomes ie unable to reflect



- Examples:
- Biscuits burn, patients blame cooker as opposed to identifying failures in communication – when invited to reflect on cooking session, all three patients say it went very well.
- Patients speak of “conspiracy” to write negative entries in notes, and see staff as “twisting” words/intentions
- How do we understand this?



- Reasons for disengagement/inability to reflect...
- Individual pathology: constructive criticism triggers core beliefs (and activates defences ie denial, counter-attack)



- Workshops:
- Intention
- Format
- Result: non-attenders (discuss)



- Questionnaires:
- Format
- Results – 4 out of 16 returned: apathy or attack?



- **Questionnaire:**
- “If you were planning an activity group to work on interpersonal skills,
- what would you put in?
- What kind of activity?
- What skills would you work on?
- How would you work on them?
- How would you give and receive feedback?
- How would you give feedback to others?
- What is the best way to let people know what they need to work on in the future?



- Conclusions
- Cultural change – influx of younger patients challenging old order
- Patients from different institutions brought their cultural expectations with them ie Rampton/HMP Frankland
- Back to the future...



- New groups
- Teambuilding Group
- Project Group
- Debate Group
- Groups tiered in terms of complexity of target behaviours
- (cooking retained as leisure group)



Shining a light on the future

Northumberland, Tyne and Wear **NHS**
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- So far...