

# THE EQUIP GROUP THERAPY PROGRAMME: THE BROADLAND EXPERIENCE

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# AIMS

- Explore the EQUIP group therapy programme
- To do that:
  - Review the context – setting and pathway
  - Explore the development of moral reasoning
  - Discuss the implementation of EQUIP
  - Explore the content of the group
  - Review the outcomes

# CONTEXT

- Broadland Clinic
- Medium Secure Unit
- Specialising in Assessment and Treatment of Patients with a Learning Disability and/or Autistic Spectrum Condition
- 25 bedded unit;  
split across 4 wards
- 2 admission wards;  
2 rehabilitation wards



# SETTING THE SCENE

- Why should we teach moral reasoning? – TEDxNorwichED  
(<https://www.youtube.com/watch?v=9GHJR90uJug>)

# A CLOSER LOOK

- How did the course come from?
- Where does this fit in the treatment programme?
- What does the course involve?
- How can this be embedded in the culture?
- What are the results?

# THE HISTORY OF EQUIP

- Work on EQUIP began in Nov 1986; developed from work with juvenile offenders
- Brought together around key aims of motivating conduct-disorder youths through a positive group context and equipping them with specific skills for giving mutual help;
- Bolstered by work on aggression replacement
- Initial results showed an effect both in dramatically improving institutional conduct and in cutting recidivism

# WHERE DOES IT FIT IN OUR CONTEXT?

## - 10-POINT TREATMENT PROGRAMME

- (1) a multi-axial diagnostic assessment
- (2) a collaboratively developed psychological formulation
- (3) risk assessments and management plans
- (4) a behaviour support plan
- (5) pharmacotherapy
- (6) individual and group psychotherapy, guided by the psychological formulation
- (7) offence-specific therapies
- (8) education, skills acquisition and occupational / vocational rehabilitation
- (9) community participation through a system of graded leave periods
- (10) preparation for transition

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# TYPICAL PATHWAY FOR SECURE HOSPITAL PATIENT (TAYLOR AND MORRIS)

**Safety, containment and formulation**



**Motivation and Communication**

**Motivation Group**

**Communication Group**



**Skill development and emotional regulation**

**DBT**

**Cognitive skills**



**Offence/Personality Exploration**

**SOTP/VOTP**

**Schema Therapy/TC milieu**



**Relapse Prevention and consolidation**

# THE GROUP FORMAT

- 16 week course; 12 weeks of intensive input
- Two types of meeting:
  - Mutual Help Meetings
  - Equipment Meetings
- Run 4 days a week:
  - Anger Management
  - Social Skills
  - Social Decision Making
  - Mutual Help
- Targeted intervention vs ward-based approach
- Multidisciplinary facilitation, including ward staff

# EXAMPLE CONTENT - PROBLEM NAMES

- Low Self-Image
- Inconsiderate of Self
- Inconsiderate of Others
- Authority Problems
- Easily Angered
- Aggravates Others
- Misleads Others
- Easily Mislead
- Alcohol or Drug Problem
- Stealing
- Lying
- Fronting

# THINKING ERRORS

- **Self-Centred**
  - The primary thinking error
  - Think your opinions and feelings are more important than the opinions and feelings of other people
- **Minimising/Mislabelling**
  - Think your problems are not as bad or wrong as they really are
  - Put a label on your behaviour to make it OK
- **Assuming the Worst**
  - Think only bad things can happen to you and that you cannot do anything about what happens
  - Think that you and others can't make changes or improvements
- **Blaming Others**
  - Do not take responsibility for your own behaviour
  - Blame other people when it is really your fault

# EXAMPLE CURRICULUM

WEEK	ANGER MANAGEMENT	SOCIAL SKILLS	SOCIAL DECISION MAKING
1	<p><b>Evaluating anger/aggression</b>                      Reevaluating, relabelling                      Anger management, not elimination</p>	<p><b>Expressing a Complaint Constructively</b>                      Think ahead what you'll say                      Say how you contributed                      Make constructive suggestion</p>	<p><b>Martian's Adviser</b>                      Planet A seen as self-centred                      Planet B labelled as truly strong                      Making the group Planet B</p>
2	<p><b>Anatomy of Anger (AMBC)</b>                      Self talk (mind) as source of anger                      Early warning signs (body)                      Anger reducing self-talk</p>	<p><b>Caring for Some Who Is Sad or Upset</b>                      Notice and think ahead                      Listen, don't interrupt                      "Be there"</p>	<p><b>Jerry, Mark</b>                      Loyalty, commitment                      Value of close friendships                      Breaking up in a considerate way                      Getting even is immature</p>
3	<p><b>Monitoring/correcting thinking</b>                      Gary's Thinking Errors exercise</p>	<p><b>Dealing Constructively with Negative Peer Pressure</b>                      Think, "Why?"</p>	<p><b>Jim</b>                      Can't trust "friend" with a stealing problem</p>

# EVALUATING AND RELABELLING ANGER AND AGGRESSION

- Discuss the advantages and disadvantages of anger
- Present and discuss the following ideas:
  - Anger is something everyone experiences
  - Strong people control their anger
  - Weak people do not have self-control. They become violent.
- The Clown in the Ring
  - Trying to start a fight
  - Wants to attach his strings to you
  - If you let him, then who's in control?
  - He wins if you start fighting – how many clowns are now in the ring?

# EXPRESSING A COMPLAINT CONSTRUCTIVELY

- Role-play
- Step 1: Identify the problem
  - How are you feeling? What's the problem? Who is responsible for it? Did you contribute to it?
- Step 2: Plan and Think Ahead
  - To whom should you express your complaint?
  - When? Where? What will you say?
- Step 3: State your complaint
  - Greet the person in a friendly way.
  - Calmly and straightforwardly tell the person the problem and how you feel.
  - Mention how you've contributed.
- Step 4: Make a constructive suggestion
  - Tell them what you would like done.
  - Ask if it sounds fair.
  - If they make a suggestion, say that you appreciate it or it sounds fair.



# THE MARTIAN'S ADVISER'S PROBLEM SITUATION

A man from Mars has decided to move to another planet. He has narrowed his search down to two planets. Planet A and Planet B. Planet A is a violent and dangerous place to live. People just care about themselves and don't care when they hurt others. Planet B is a safer, more peaceful place. People on Planet B do care about others. They still have fun, but they feel bad if they hurt someone. Planet B people try to make the planet a better place.

You're the Martian's adviser. Which planet should you advise them to move to?

# STAGES IN DEVELOPMENT OF MORAL JUDGEMENT

- **Immature Moralities: Stages 1 and 2**
  - **Stage 1 – Power: “Might Makes Right”**
    - Morality is whatever big or powerful people say that you have to do.
  - **Stage 2 – Deals: “You Scratch My Back, I’ll Scratch Yours”**
    - Morality is exchange of favours (‘I did this for you, so you’d better do that for me’) or blows (‘do it to others before they do it to you’ or ‘pay them back’)
- **Mature Moralities: Stages 3 and 4**
  - **Stage 3 – Mutuality: “Treat Others as You Would Hope They Would Treat You”**
    - The relationship itself become valuable; trust and mutual caring are real and important.
  - **Stage 4 – Systems: “Are You Contributing to Society?”**
    - This involves interdependence and co-operation for the sake of society.

# GOING BEYOND THE GROUP

- Often name thinking errors outside of the group setting
- Refer to other concepts...
  - Planet A vs Planet B
  - Not being a “clown in the ring”
  - Cutting the strings
  - “I feel...”
- Encourage the use of the skills in individual sessions
- Providing a basis for further work
- Common language allowed better engagement in group settings

# RESULTS - RESEARCH

- Likely to have a positive impact upon the culture of services, because of the creation of a positive peer culture
- Effective at reducing recidivism and improving social skills
- Evidence that it can improve cognitive distortions
  
- Also evidence it may not improve moral development and social skills, but in these studies treatment fidelity may have been an issue
  
- No large trials, but it is theoretically robust
- Need for larger studies in offenders with ID
- Excluding anger management, there is insufficient evidence to allow for conclusion that it is empirically validated

# RESULTS – OUR EXPERIENCE

- Positive impact on culture of the ward
- Tangible affect on peer support
- Provided a common language for discussing issues
- Set a foundation for further work
- Principles held in the context of relapse
- Allowed for meaningful engagement of ward team
- Ensured opportunity for significant meaningful activity
- Improved structure of day
- Culture of mutual support extended beyond programme too

# CONCLUSION

- Significant benefits associated with implementation of EQUIP
- Benefits which go beyond individual treatment to impact on ward culture and wellbeing
- Time consuming and intensive undertaking – balanced out by the scope for significant positive impact
- Need more large scale research, especially in ID population

# SUMMARY

- Explored rationale for teaching moral reasoning
- Discussed the content and structure of EQUIP
- Looked at how this forms part of a wider treatment programme
- Explore the results of such a programme – from a research standpoint and anecdotal experience

# QUESTIONS AND COMMENTS