



Transition and Trauma: Somatic Experiencing in a Prison Therapeutic Community

Authors: Paul Marriott and Emma Houghton

05/09/2011

Abstract

Trauma and transitions are natural occurring events in life. Transitions themselves can be traumatic for the individual and family, as well as prison, local, national and global communities.

In body psychotherapy the body is a container for all human experience. Somatic Experiencing (SE)® is an experiential process that can help individuals manage the impact of transitional body states, including physical and emotional distress, returning the body to a self-regulated state.

When trauma is locked in the body, it impedes the individual's ability to regulate emotions and communicate both internally (understanding of one's self-narrative) and externally with the group (the community narrative).

In prison populations, individuals arrive with pre-existing trauma from abusive relationships as well as from the crimes they have committed. The prison environment itself further traumatises some.

At Gartree Therapeutic Community, trauma impacts members' ability to communicate with each other and manage transitions, both internally and externally, making the individual and community less open, flexible and responsive to change. This in turn undermines the community's ability to embrace such therapeutic community principles as reality confrontation, open communication and promoting a culture of enquiry.

Bearing this in mind, we have been working individually and in groups using Somatic Experiencing to address trauma by promoting the self-regulation and integration of difficult emotional material. The evidence suggests that this helps to improve communication both within the body and between individuals.

Improving mastery of self-regulatory processes and transitional states in the body can lead to mastery of corresponding dynamics in relationships and

groups including the family, therapeutic community, prison populations and society.

This paper will draw on theoretical material from the Somatic Experiencing and Therapeutic Community models, as well as from clinical data from clients, to demonstrate how this body-mind approach can better help individuals and communities manage traumatic change.

Introduction

Trauma, The Body and Self Regulation

According to Peter Levine, “The involuntary and instinctual parts of the human brain and nervous system are virtually identical to those of other mammals.” When an animal is faced with danger it has three options: fight, flight, or freeze. The same goes for humans. Once animals and humans realize they cannot escape a situation, they become immobile, or “freeze.” In this state all the fear and energy created by the situation becomes locked in the body.¹

The difference between an animal and a human lies in how each reacts after the situation has ended. Once an animal realises it is no longer in danger, it gets up, moves around, and literally shakes out all the stored fear and energy instinctually. This act allows the animal to pass through the immobility response and become fully functional again.

Humans, on the other hand, have the capacity to override these natural impulses. For example, they try to talk it out or merely move on with their lives, resulting in the survival energy never physically being discharged. When this happens, the energy remains locked in the nervous system.

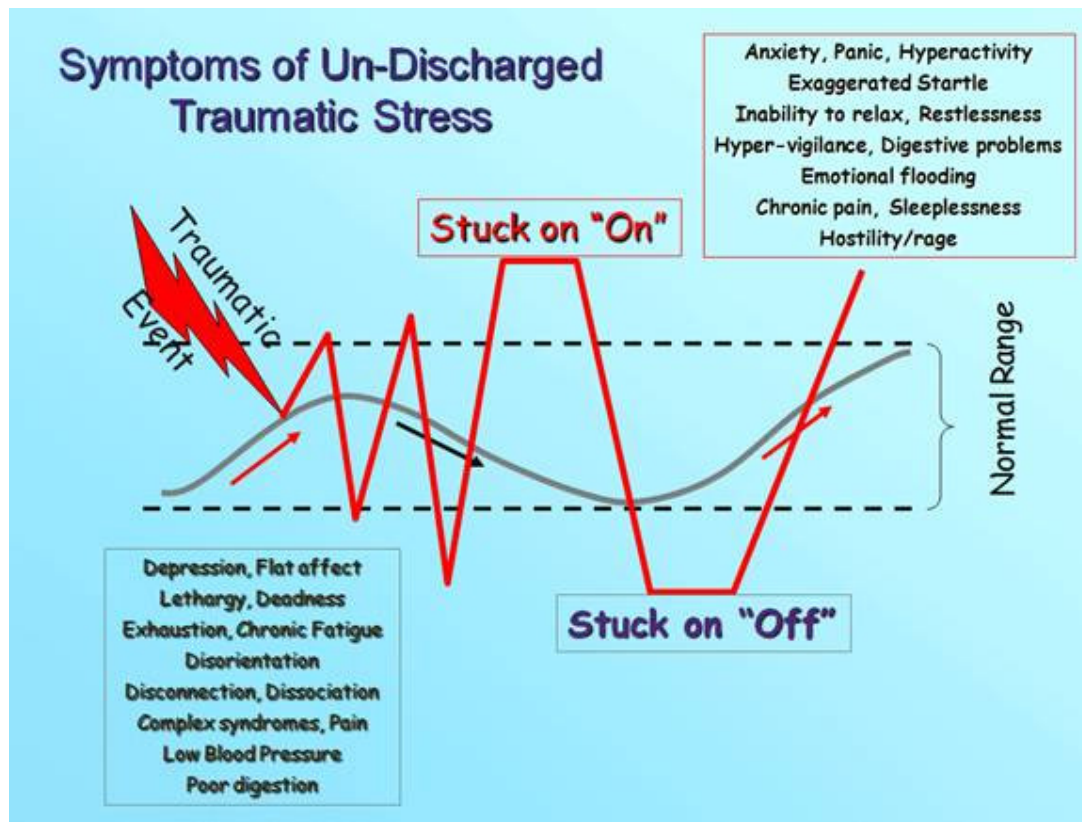
This state of immobility or “freeze” holds the key to understanding trauma. Once aroused, our survival responses of fight or flight need to come to successful completion in order for our nervous systems to come back to a state of regulation. When we are unable to complete these responses, our nervous system’s default is a frozen, “helpless”, immobilised state. This frozen state may look calm on the outside, but internally it can be compared to what happens in a car when we step on the brake and the accelerator at the same time. A huge amount of energy is revving, usually below conscious awareness. (Diagram 1)²

Traumatic stress symptoms develop when we cannot complete the process of moving through the immobility response and discharging these powerful survival energies. These instinctual energies are generated in the reptilian (survival) brain (Diagram 2), which regulates digestion, circulation, reproduction, and breathing. Symptoms of trauma tend to be related to the functions regulated by this part of our brain and the autonomic nervous system.

¹ Levine, P., & Frederick, A. (1997). *Waking the Tiger: Healing Trauma through the Innate Capacity to Transform Overwhelming Experiences*. Berkeley, CA: North Atlantic Books.

² Somatic Experiencing Trauma Institute website: www.traumahealing.com

Diagram 1



According to Judith Herman, symptoms of trauma fall into three main Categories “hyper-arousal, intrusion and constriction”.³ Hyper-arousal reflects the persistent expectation of danger, intrusion is the indelible imprint of the traumatic moment and constriction is the numbing freeze response of overwhelm as seen in Diagram 1.

In the aftermath of an experience of overwhelming danger an individual’s physiology can get stuck in one of the above categories of trauma or establish an oscillating rhythm between constriction and intrusion.⁴ Since neither the intrusive nor the numbing symptoms allow for integration of the traumatic event, the alternation between these two extreme states might be understood as an attempt by the body to find a satisfactory balance between the two. But balance is precisely what a traumatised person lacks and it is this balance and body self-regulation that SE aims to restore.

These three main categories of trauma symptoms are conditioned to aspects of life-threatening events and subsequent exposure to similar events can

³ Herman, Judith, *Trauma and Recovery* (2001): Rivers Oram Publishers London, p. 35

⁴ Ibid, p. 47

trigger an involuntary portion of the terror reaction in the body.⁵ Somatic Experiencing attempts to gain careful access to these involuntary responses, build awareness of the bodily reactions, and to process them towards “adaptive resolution.” (Levine, 1997)

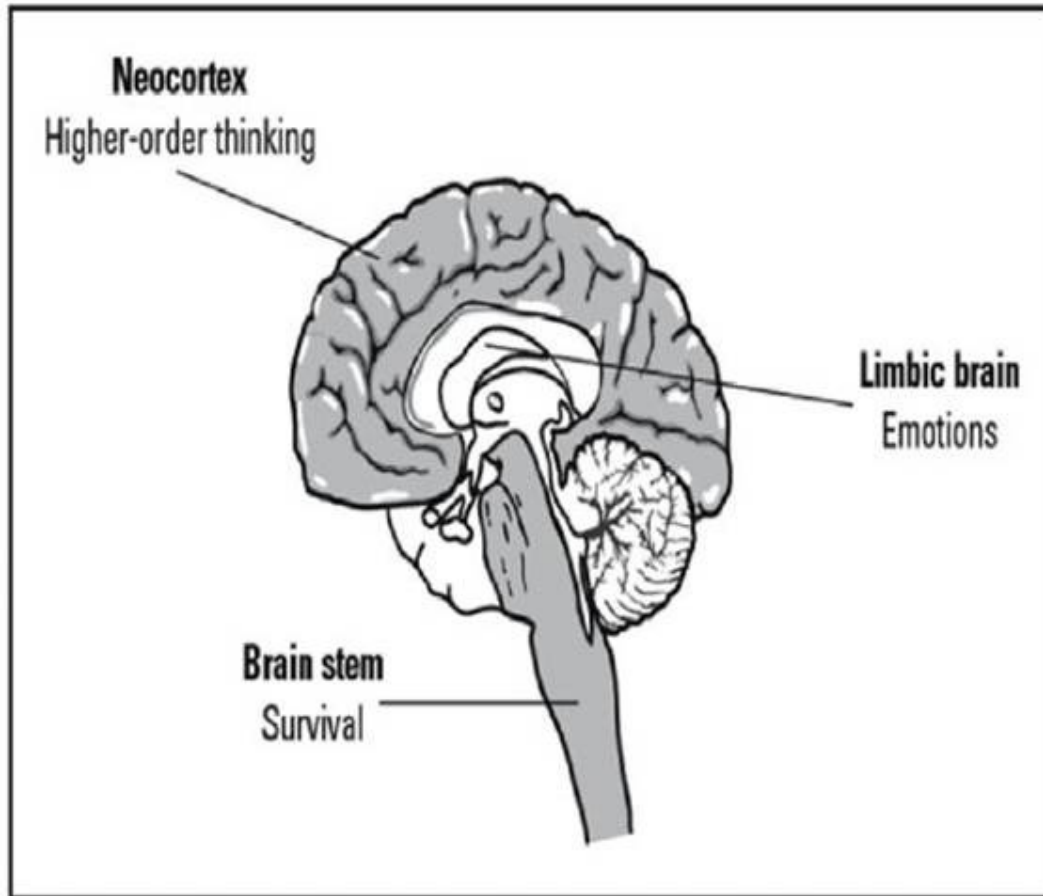


Diagram 2

Somatic Experiencing (SE)® Treatment Model

The therapeutic approach of SE focuses on empowerment, mastery, expansion of choice, self-direction, and self-determination. SE works within the client's range of resiliency to facilitate the most efficient healing recovery, instead of pushing through resistance, or promoting emotional catharsis or painful physical discomfort. SE works with the “felt sense”, accessing physical sensations, imagery and motor patterns, with less emphasis on cognitive and emotional processes.

According to Eugene Gendlin, Ph.D., who coined the term in his book *Focusing*, “Felt sense is not a mental experience, but a physical one, a bodily awareness of a situation or person or event, an internal aura that encompasses everything you feel and know about the given subject at a

⁵ Ledoux, J. (1996). *The emotional brain: The mysterious underpinnings of emotional life*. New York: Touchstone Books, p. 47

given time – encompasses it and communicates it to you all at once rather than detail by detail.”⁶

Somatic Experiencing works with the charge and discharge of activation (arousal) from the autonomic nervous system (ANS) arising from a threat. The activation will be resolved to the degree the discharge cycles are effectively completed (i.e., whether the energy of arousal flows through or becomes locked in the ANS). A healthy nervous system has ongoing regulatory cycles of charge/discharge, within (Diagram 1) a normal range.

In a typical SE® session lasting an hour the client will generally be in a sitting position on a firm supportive chair, given time to settle, and then asked what issue they'd like to work with. The client will then be guided to consciously explore without judgment related physical sensations, feelings, thoughts and images as they arise.

Through this simple moment-to-moment process called “tracking” it's possible for highly charged stress energy in the body to be properly engaged and released naturally. Examples of this discharge include tingling, warmth, and involuntary muscle movements such as twitching or yawning.

The SE® therapist will start the session assessing the client's symptoms, and immediate needs. From there the session is dynamic and interactive between client and therapist. The therapist will work with what the client brings – an image, word, sentence or symptom – to access/activate the trauma in the body and enable the client to revisit the event without reliving it. The focus of SE® is predominantly body sensations, (bottom up rather than top down processing) but the therapist also works with images, behaviours, affect and meaning as they arise. By contrast, cognitive talking therapies primarily focus on narrative and meaning to the exclusion of the body.

When working with traumatic reactions such as states of intense fear, Somatic Experiencing provides therapists with nine building blocks listed below that are used in returning the body to a regulatory state. Levine explains: “These basic tools for “renegotiating” and transforming trauma are not linear, rigid or unidirectional. Instead they are intertwined and dependant on one another and may be accessed repeatedly in any order.”⁷ These building blocks are explored in more detail below.

Safety: The therapist is key to creating a safe environment for the client. As such, they must first process their own traumatic stress through personal SE® sessions. This enables them to have a self-regulating, calm body with “relaxed alertness, compassionate containment and evident patience”.⁸ The holding environment created by the therapist will enable the client to deepen into the experience whilst feeling held and safe. In a therapeutic community context, this correlates with the principle of *containment*.

⁶ Gendlin, Eugene; *Focusing: How to Open up Your Deeper Feelings and Intuition*; Rider and Co., 2003

⁷ Levine, Peter, *In an Unspoken Voice*, 2010, p.74

⁸ Ibid, p. 76

Tracking sensations in the body is an important element to resolving complex physiological and biological trauma symptoms in the body. When we access sensation, we're touching into the activation, which means we're accessing a portion of the trauma. By tracking subtle body states we:

- Move through the activation/de-activation cycle, allowing the nervous system to integrate within that cycle.
- Bring back the elements of awareness and sense of self, restoring, developing and organizing both the physiology and affect states.
- Read the impulses and inhibitions; accessing the underlying conflict.
- Engage the brain stem/reptilian brain because this is where the ANS/survival responses are housed.
- Slow the nervous system down.
- Broaden awareness of bodily experiences.

Such activity promotes the development of self-reflection and awareness, as well as understanding the therapeutic community value of process.

Titration and Pendulation: Although separate building blocks, together these form a tightly knit dyad. Titration is the gradual steps into the trauma without it becoming overwhelming, allowing the gradual restoration of active defence and protective responses. Titrating the nervous system allows the body to pendulate between expansion and contraction, from chaos to order, disorganization to organization. It is this inherent shift in the body's biological state from constriction to expansion that is a key component to returning the body to a self-regulatory state.

Resource: This is anything that the body can draw on internally or externally to support and assist the transition to coherence in the body. For example: an external resource is a place that felt safe as a child and could be represented as an image or memory; an internal resource could be an area of the body that feels strong or pleasantly warm. Resources are used predominantly to assist the body to pendulate back to self-regulation.

Integration: After the body has shifted/pendulated it needs time to consolidate the changes accomplished, allowing the new capacities to permeate the entire system and the benefits of successful pendulation to spread through various systems.

Organization is the movement toward coherent, organised function within the body and the completion of survival responses of the nervous system pathways and behaviours. Organisation can also be seen as self-regulation of the organism as a whole.

Discharge is the release of the highly bound undischarged survival energy in the ANS to bring about self-regulation in the system. Discharged energy usually presents itself as a sensation in the body; examples of this are warmth, tingling, pulsing, and involuntary twitching.

Stabilization and Orientation arises when the client's physiological responses are stable enough in their body that they naturally return to a state of curiosity and engagement with the environment. The self-regulatory

mechanisms are functional enough to allow awareness of the internal body environment and the external environment without being overwhelmed by the stimulus that arises from exploration of that environment.

Somatic Experiencing and Therapeutic Communities

Understanding how the building blocks of SE® helps to release trauma may also contribute to our understanding of how they may correlate to an individual's embodying the five qualities of a therapeutic community presented by Rex Haigh in the table below. (Diagram 3)⁹ These qualities or principles are: attachment, containment, communication, involvement and agency. They also overlap with the Community of Communities' value set comprising: attachment, containment, respect, communication, interdependence, relationships, participation, process, balance, responsibility.¹⁰

By looking at trauma and adaptation in this context, we begin to see how developing awareness of body sensations in service to the release of trauma may help a person to feel more secure in their body and correspondingly form healthy attachments in their relationships. Feeling more safety in one's body and one's self, one is better able to contain and manage the survival energies that get activated through community interactions, allowing one to become more open to the potential for embracing difference and participating in a culture of enquiry that promotes respect, honest communication, interdependence, and healthy relationships. This in turn can promote an experiential understanding of taking responsibility for one's actions, as well as the role of process in achieving balance in one's life.

Gartree Therapeutic Community is a twenty-three bed self-contained wing in a prison for men serving life sentences. Members participate in a democratic therapeutic community model that includes small therapy groups held three days a week and community meetings held two days a week. Fourteen multi-discipline staff manage the facility and referrals are based on need for long-term rehabilitation and treatment, with an average stay lasting two years. As roughly two-thirds of the prison population includes people with one or more personality disorders, the community has a high proportion of men with longstanding emotional and relationship difficulties, although no such diagnosis is required for joining the community.

The staff team includes eight fulltime prison officers who are involved in all community processes; one full-time operations manager for the team, who is a trained facilitator as well as a qualified SE® therapist; a part-time wing psychologist who oversees psychological testing; a part-time psychological assistant; a part-time probation officer who liaises with probation; a part-time administrator; and a part-time therapy manager who acts as clinical lead and has received some training in SE® adapted to his psychotherapy training. All members of the team, with the exception of the administrator, facilitate groups and are involved in sentence and treatment planning. The

⁹ Haigh, Rex, "The Quintessence of a Therapeutic Environment", Chapter 20, *Therapeutic Communities: Past, Present, Future*. Eds. Campling and Haigh

¹⁰ Core Value Sheet, Community of Communities Workbook

team receives training in therapeutic community principles, psychodynamic theory that includes the role of attachment in psychological development, and group process.

Diagram 3

Table 20.1 Therapeutic community principles				
<i>Theoretical principle</i>	<i>Origin in development</i>	<i>Culture in a TC</i>	<i>Structures in a TC</i>	<i>Original TC themes*</i>
Attachment	Primary bond, losses as growth	Belonging	Referral, joining, leaving	
Containment	Maternal and paternal holding	Safety	Support, rules, boundaries	Permissiveness
Communication	Play, speech, others as separate	Openness	Groups, ethos, visitors	Communalism
Involvement	Finding place amongst others	Living-learning	Community meeting: agenda and structure	Reality confrontation
Agency	Establishing self as seat of action	Empowerment	Votes, decisions, seniority	Democratisation

Note: * 'original TC themes' were described by Rapoport 1960.

Members are encouraged to embrace a 'community-as-method' approach in a living and learning environment where they apply what they learn about themselves and others to make new choices concerning such things as identity and lifestyle. Members learn by identifying with others, participating in all aspects of the program, observing and interacting with one another to change thoughts, feelings and behaviour patterns. They also engage in community work that helps them identify and challenge their attitudes, values and emotional issues. Other community activities involve cooking and eating together, organising family days and charity events, and team building.

The therapeutic community is part of a cluster of offender behaviour management programmes aimed at reducing the risk of reoffending by challenging criminal behaviour, values and lifestyle. The planned outcome of living on the GTC is for residents to apply what they are learning to situations inside and outside of the programme. Thus shaping the residents personal behaviour, promoting positive interpersonal relationships and creating a sense of community. Diagram 3 outlines the principles of a therapeutic community that provide the framework and container for the therapeutic process to take place. They are vital as is SE's nine building blocks for the processes of healing and integration to occur.

There are a number of ways in which the therapeutic community and SE complement one another as parallel processes that promote healing and integration. In SE the body is viewed as a container for all human experience, while the community is viewed as the container that allows healing to take place, suggesting the better an individual is in relationship with their body in terms of the whole nervous system, the better they are in relationship to their sense of self and the community. In other words, as with the human body so with the community body; as with the one, so with the many.

In SE the titration or small steps taken into the trauma ensures the body isn't overwhelmed. In the therapeutic community this titration takes place in small therapy groups, community meetings, relationship dynamics and SE sessions, which together comprise the small pieces of work that lead to improved lifestyle and shifts in identity. This lifestyle and identity change can also be seen as one large pendulation starting with the joining process and ending in the leaving process, mirroring the pendulation process that occurs with SE in terms of the shift from dysregulation to regulation in the body.

Resourcing the body in SE is anything the body can draw on internally or externally to support and assist the transition in the body to aid self-regulation. When we talk about the community as a body then the resource could be the safety and support of relationships with other individuals, the small group or the community, as well as the developing attachment and involvement of the individual to himself and others through play, speech and finding where they sit within the community. The capacity to draw on these resources facilitates the internal shift, as we know that relationship promotes healing and integration.

Stabilisation and organisation in SE is the body's ability to find self-regulation and a sense of self, to be curious about the external world without being overwhelmed. The therapeutic community creates openness and the feeling of empowerment through democratic participation and the individual discovering they have a voice and agency through voting and decision-making. It also becomes self-regulating through the process of defining the rules, boundaries, agendas and structures by which it lives by, creating an identity and sense of community.

Application

Somatic Experiencing was first introduced to the community in May 2010. After only a few sessions with the client group, the SE therapist observed the treatment had a positive impact on the individual. An assessment form was devised, and with the assistance of Dr Barbara Rawlings, Independent Researcher and Associate Lecturer at MIRIAD, Manchester Metropolitan University, a basic feedback form was also created to attempt to demonstrate the effectiveness of SE in reducing presenting symptoms.

As SE is predominantly practiced one-to-one, the staff team encouraged residents to read the feedback forms in community meetings to promote transparency and discussion as part of adapting the treatment to the "community as method" model. Initially, residents were suspicious and

skeptical, with only two volunteering. However, numbers grew in line with the positive experiences reported back to the rest of the community, and by August 2011 twenty of twenty-three residents had signed up for sessions.

Participation is voluntary. New residents are given an information leaflet (Appendix A) after joining and receive a first assessment session after completing a self-assessment form. Two to three sessions are offered per week in the afternoons, averaging one session per member every 5-8 weeks. Original feedback forms are kept by the therapist but a photocopy is provided for the resident as a reference. The therapist completes follow-up forms at 3 and 7 days after each session to assess the impact and effectiveness of the treatment. Following are two case studies exploring the effectiveness of treatment.

Case Study 1: Matthew

Matthew is a 39 year old male and has been a resident on the GTC for 21 months. He has taken part in four sessions of Somatic Experiencing. On his initial SE assessment he presented hypervigilant symptoms, excessive sweating, ragged breathing, tension in chest, heightened state of alert, (Matthew described this as ready for a fight, feeling that things were happening at 100mph). Matthew also wore footwear at all times because he expected an attack at anytime.

The first session focussed on his hypervigilance symptoms, ragged breathing, tenseness and a feeling that everything was moving at 100mph. Taking him into his body sensations caused him to go into a freeze state. His body was heavy, very still, arms and legs immobile, his chest felt tight, and his breathing very shallow. He felt a ball of overwhelming energy around his heart and chest and his whole body was hot and sweaty. By taking small titrations and using small movements of his hands and feet, the energy shifted into his arms. Matthew imagined a waterfall flowing out of his fingers, prompting a discharge of heat and energy out of his hands. After the session Matthew felt calm, more whole and softer. He also felt a connection to his own self and that things were moving at 10mph.

The second session involved working with Matthew's alertness to danger. We focussed on voices in the garden and how that made Matt alert. He sensed a feeling of power in his right arm and shoulder and a vacant weak left side of the body. Matthew at this point made an involuntary punching movement with his shoulder and upper arm. We then carried out a boundary exercise with Matthew and the therapist standing up around four metres apart. At this point the therapist moved towards him one step at a time. When the gap closed to 2 metres, power and heaviness was felt in his right side and an empty weak feeling in his left side. By carrying out a punching motion with first his right arm, and then his left, and then both arms – and then noticing how each punching motion felt in the body – Matthew was able to sense the power and energy in his right side and allow this to flow into his left. Once the balance was restored Matthew sensed the core of his body heat up, with a warmth and calmness around his heart. This is his body discharging and self-regulating back to normal. *NB : The feeling of power rather than powerless in the body is an important component of working in SE.* After these two sessions Matthew's hypervigilant symptoms were no longer evident. Two further SE sessions took place with Matthew on his index offence and childhood. Following is Matthew's account of his experience.

were that I felt less hot, tense and worked up.

In session 2, I felt that I had a lot of trapped energy in my right arm, shoulder and general right side of my body. My left felt vacant somehow. Again, Paul instructed me to notice these trapped energies; I found the "noticing" helped to ease it slightly, but it wasn't until I began punching out with a tightly clenched fist, that I felt my body even itself out with its imbalance of energy.

sessions 3 and 4 were roughly five months later and they consisted of a different approach to my Somatic Experience sessions. Paul took me on repeated cycles over a space of an hour into my mental, emotional and physical characteristics, that I used to get, when I remembered a certain phrase that caused me deep pain. I always felt a pain and knotty tightness in my solar plexus area and trapped energies else where. I found that noticing where the energy was and using shaking, raising or stamping gestures with my hands, arms or legs and feet, all helped to reduce the over energized "caught" feeling in that particular body part.

I am pleased to say, that the S.E sessions worked for me; my original symptoms; especially the hyper vigilance and underarm sweating have both now ceased.

Yours Faithfully Matthew!

ADDENDUM

In addition to what I've already said, it is noteworthy, that my S.E sessions have helped me with my group and community therapy work. It is not clear exactly how and when my S.E sessions with Paul, merged with my group and community work, but what I do understand, is the two therapies combined, certainly accelerated my rebalancing of my bodies energies. I felt more relaxed in groups and my body felt less pressured.

Case Study 2: Joe

Joe is a 41 year old male who has been a member of the TC for 3 years. One of Joe's triggers is any form of perceived confrontation, which would cause him to go into a frozen immobile state with short, panting breathing, a rapid heartbeat and heavy and immobile feeling in his legs. His head would feel panicky and anxious. Joe also had feelings of loneliness linked to being unloved and unwanted as a small child by his mother and abandoned by his father who was mixed up in the Northern Ireland troubles and later imprisoned.

The feelings of loneliness increased when he went to live with his step brothers who abused him. This also triggered overwhelming feelings of vulnerability that have affected Joe ever since. Joe used to put on a mask to hide his vulnerability and would please people to keep them at arms length. But at times he would feel the mask slip and the vulnerability would cause him to feel overwhelmingly weak, worthless, useless, drained and sad. It's at these points that he would use drugs and glue to make him feel warm, loved, mothered as per a comfort blanket. Alcohol would make him feel empowered and angry, and it was at such times that Joe would inflict violence on objects or people.

Joe has completed four SE sessions. The first was on 28/12/2010 working with the death of his friend who fell into a reservoir and drowned when Joe was eight. Joe tried to save him but was unable to. In the session, Joe imagined his friend falling into the reservoir. He then sensed vulnerability and a general tightness in his chest. His legs became braced and his right

heel lifted off the floor. His back was tense and his legs and hands began to shake. Joe looked at his hands shaking and this moved into the whole body. His jaw was tight. *At this point the therapist observed Joe was getting overwhelmed and stuck, prompting him to introduce a small amount of movement to reduce Joe's sense of overwhelm.* Joe moved one ankle at a time and raised his arms above his head, his legs became very cold around the feet and calves (he had been in the water up to his knees trying to reach his friend.) Joe put his hands on his knees and focussed on his feet. At this point the coldness moved into his feet and out of his body. A pleasant warmth replaced the cold which moved up through his whole body and a tingling sensation was felt in his hands. Joe was left feeling calm warm and connected to his body.

Session 2 : Joe started the session unsure of what to work on before he started talking about a song and memory of his father being arrested as a small child. Joe noticed his calves go tense, chest tighten and mouth go dry. He sensed sadness in his chest and as he sat with the sadness he felt a warmth, his chest expand and pins and needles in his hands and feet. Joe then focused on the memory of his father's arrest by the army. He felt his chest tighten, throat constrict and mouth dry. His arms braced and his legs felt immobile and planted to the floor. His back was braced and his whole body immobile. At this point I asked him what made him feel safe back then as a child, and a happy memory of stroking his dog Bingo came up. Jo loved the dog and the memory caused Joe to notice his heart and chest warming up and expanding with a sensation of lightness in his whole body. His back, legs and arms relaxed and he felt connected and whole in his body.

After this second session Joe noticed that his eczema on his face had improved and that he felt less vulnerable. He felt able to disclose a secret in a community meeting without the anxiety and vulnerability affecting him. Since then, Joe has taken two further sessions relating to his father and his abuse. Following is Joe's account of his experience:

①

Joe [REDACTED] [REDACTED] [REDACTED]

I HAVE BEEN IN THERAPY FOR 3-YEARS NOW, ABOUT 8-MONTHS OR SO AGO I STARTED SOMATIC EXPERIENCING. THE ISSUES I CONCENTRATED ON WAS FEAR, VULNERABILITY, LONELINESS, SADNESS, AND GENERAL SELF WORTH AND WELL BEING.

I USED TO SIT WITH THESE FEELINGS FOR HOURS, SOMETIMES DAYS. PAUL MY TEACHER TAUGHT ME TO GO IN AND OUT OF THESE FEELINGS. I PUT MY FULL TRUST IN PAUL AND VENTURED IN TO SOMATIC EXPERIENCING. I FELT IT COMPLEMENTED THE GROUP WORK THERAPY I WAS INVOLVED IN.

I LEARN'T THAT WITH SOME FEELINGS LIKE SADNESS, LOVE, JOY, MELANCHOLY, ETC..., MY WHOLE BODY FELT IT ALL OVER, I NEVER LIKED IT, BUT I COULD SIT WITH IT.

WHEN IT CAME TO FEAR, VULNERABILITY AND LONELINESS, I WOULD SECTION MY BODY ~~INTO~~ INTO THREE PARTS TO KEEP MYSELF SAFE.

MY HEAD COULD NOT COPE WITH THE REST OF ME OR WHAT WAS GOING ON.

MY LEGS WOULD FREEZE AND TENCE UP, PINS + NEEDLES WOULD TAKE OVER, THE WEAKNESS AND LOSS OF FEELING IN MY LEGS WOULD LEAVE ME VULNERABLE.

MY ABDOMEN WOULD FLIP + TURN AND MAKE ME FEEL SICK.

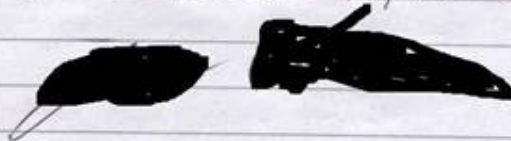
MY CHEST WOULD TENCE AND CONSTRICT INWARDS, LIKE IT WAS TRYING PROTECT ME, READY TO STRIKE. IT ALSO REMINDS ME IM IN DEEP FEAR, VULNERABLE AND LONELY.

I LEARN'T TO SIT WITH THESE FEELINGS,

TO LESSEN THE FEAR AND CONNECT AND TRY
TO UNDERSTAND WHAT MY BODY WAS EXPERIENCING,
TO PREVENT IT REACTIONING ITSELF FOR PROTECTION.
THE MORE I SAT WITH THESE FEELINGS THE
LESS FEAR I FELT. I WOULD COME
OUT OF THE S.E. SESSIONS FEELING GOOD
AND CONFIDENT. I LEARNT NOT TO FREEZE,
AND TO SHAKE OFF THE TENSION, TO PAY ATTENTION
TO MY BODY AND COMFORT THE PARTS THAT
NEEDED IT.

I FEEL LESS TRAPPED IN MYSELF, THE CHILDHOOD
WAYS OF COPING WERE NO GOOD FOR ADULTHOOD,
PAUL HELPED ME JOURNEY DEEP INTO THEM
FOR ANSWERS AND AN UNDERSTANDING OF HOW
AND WHY THIS ALL BEGAN, TO LET GO AND
FIND A BETTER WAY TO COPE AND DEAL WITH
FEELINGS, TO PREVENT THEM CONTROLLING ME
AND TAKING OVER MY BODY FUNCTIONS.

SOMATIC EXPERIENCE HAS HELP ME MOVE FORWARD
IN MY LIFE, I WOULD ~~RECOMMEND~~ RECOMMEND IT
TO ANYONE AND WOULD JOIN MORE CLASSES
IN THE FUTURE IF I NEEDED TO, AND GOT
THE CHANCE.



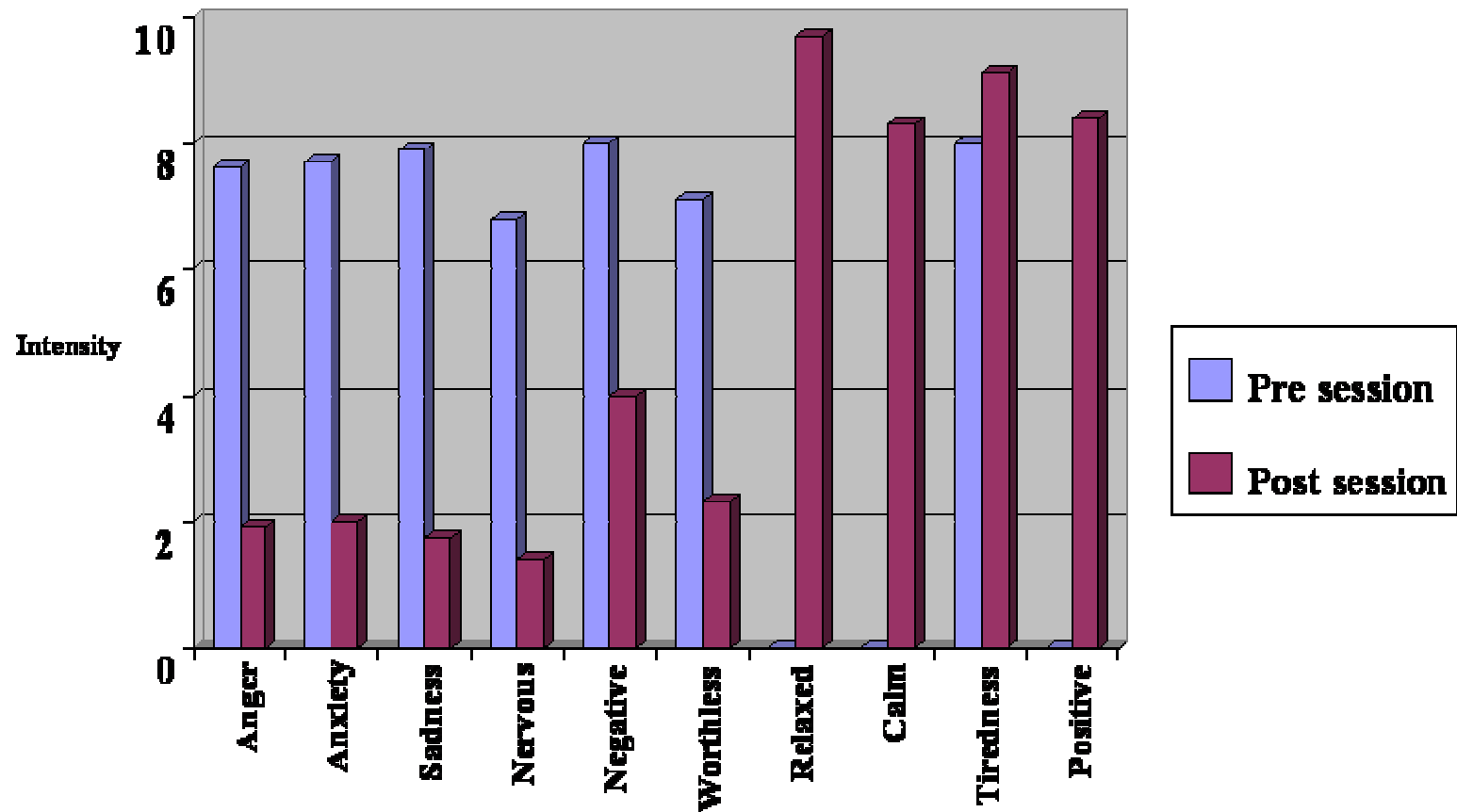
Feedback and Presenting Symptom Graphs

Somatic Experiencing was introduced onto the TC in May 2010. By the start of the project 71 sessions with 23 residents had been completed, and feedback data had been collected on pre and post session feedback forms. By taking the ten top reported emotions, feelings and sensations, along with a mean average of pre and post session intensity ratings, data was entered into the graph. The graph shows a definite improvement in post session reported feelings and sensations and this interestingly fits in with the SE model of pendulation and discharge of the arousal and threat responses of the autonomic nervous system.

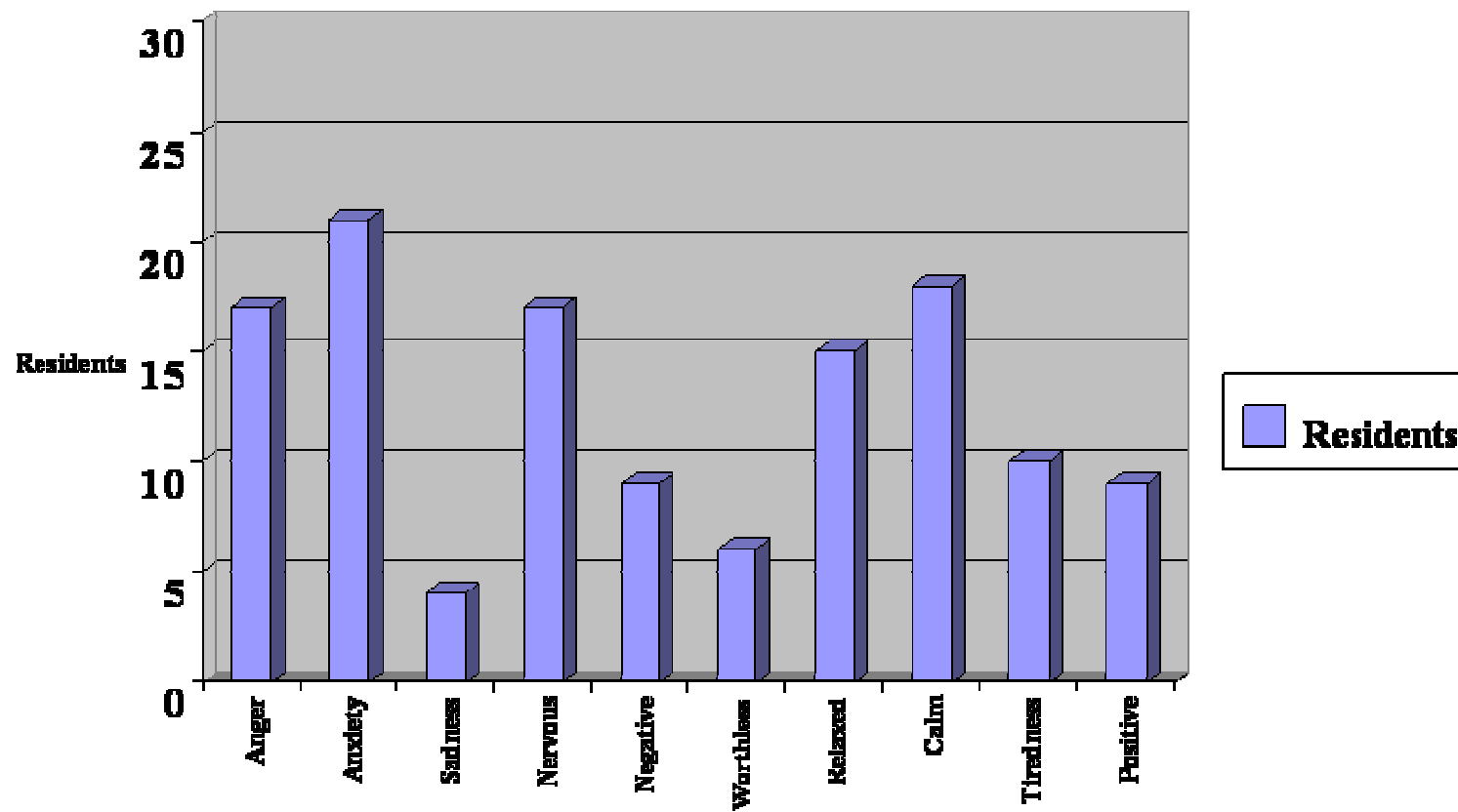
This pendulation between expansion and contraction, from chaos to order, disorganization to organization – the inherent shift in the body's biological state from constriction to expansion – is a key component to returning the body to a self-regulatory state and the graph reflects the shift and change in reported feelings and the body returning to a self-regulating state. This can be seen in the pre-post session graph where the first six symptoms of anger-worthlessness show a marked shift in intensity with the self-regulatory feelings and sensations of calm, relaxed and positive appearing predominantly post session.

Following are graphs of pre and post treatment feedback and presenting issues.

Feedback Data from pre-post SE sessions



Presenting Symptoms at Session



New Evaluation Project

(Emma Houghton, Msc forensic psychology student, joined the team for an 8-week placement in June-July 2011 in which she undertook a project to strengthen the evaluation process to create a credible measurement for the effectiveness of SE.)

It was requested that an evaluation be made of the current SE feedback forms. The SE therapist uses these before and after each session and at three and ten day follow-ups. This is done to receive information about the effectiveness of SE and to measure any change in symptoms. The reason for conducting this evaluation was to create a testable questionnaire that could be used to help measure the effectiveness of therapy in order to help lessen a prisoner's risk or anti-social behaviour post-treatment. There is currently no measurable way to determine the effectiveness of SE therapy and to establish how it helps prisoners participate and progress within the TC. SE will be assessed by creating an initial, pre-therapy, post-therapy and follow-up feedback forms that will incorporate a way to measure SE effectiveness.

Method

Measuring effectiveness

There are many difficulties and limitations to applying psychological knowledge within a prison environment and to successfully measure treatment effectiveness. Due to Gartree being a life sentence prison it is extremely difficult to address reconviction rates or to carry out a long-term follow-up study with offenders throughout their therapy and upon release. This is because the average tariff length is around 10-15 years and after this a five year follow-up period is necessary within the community to sufficiently measure reconviction rates (Olver, Wong & Nicholaichuk, 2009). Therefore a practical analysis of reconviction information may not be available for twenty years. This is problematic as an analysis of the effectiveness of SE or the TC cannot be successfully conducted for a long period of time, therefore no immediate feedback of therapy effectiveness is available. The main aim of the TC is to focus on reducing a prisoners risk in order to stop them reoffending and harming others upon release. Conversely SE's overall aim is different where the ultimate aim is to reduce troubling somatic symptoms brought on from past trauma. Therefore it is difficult to compare effectiveness of the two therapies due to the different treatment aims.

In order to measure the effectiveness of SE within the TC environment a way to assess the change in a prisoner's level of risk is needed. Calculating the progress of prisoners presents a difficult methodological challenge but is vital in understanding the effective parts of the intervention and to determine the usefulness of the TC approach (Bond & Steptoe-Warren 2010). Therapy effectiveness is a difficult aspect to measure as the majority of change is not observable as most symptoms are self-reported. This is one of the biggest problems with self-reported questionnaires as one persons experience is very

different to another's. Due to the fact reconviction information may not be collected for nearly two decades and change is determined by self-report, offence paralleling behaviour (OPB) could be observed instead. OPB is a sequence of obvious behaviours, judgements, expectations, beliefs, influences, goals and behavioural scripts that are functionally similar to the behavioural sequence involved in previous criminal acts (Daffern et al., 2007). The behaviour shown does not necessarily have to lead to an offence but it must significantly resemble the sequence of behaviours that would lead to a criminal act (Jones, 2004). Non-criminal aspects of interpersonal functioning can be observed and targeted for interventions, for example behaviours such as hostility toward others may be a significant risk factor for future offending (Jones, 2004).

TC's are the perfect environment to harness OPB as they have been described as 'living-learning situations' (Cullen, 1994, p.239) where situations occurring between other community members are used as learning opportunities. As prisoners are encouraged to behave 'normally' whilst on the TC this creates the possibility for OPB to occur, this provides material for group therapy sessions and for observations of behavioural change (Kennard, 2004). The effectiveness of SE within the TC can be assessed by examining levels of OPB before and after SE therapy or perhaps by observing community members who have and have not undertaken SE therapy and calculating the differences between the levels of OPB the prisoners display. This may help to measure SE's effectiveness within the TC without the constraint of lengthy tariffs.

Consultation

In order to create a useful and measurable questionnaire consultation with a multidisciplinary team and conduct of qualitative interviews with GTC members was essential. Discussions with GTC staff members, Forensic Psychologists and prisoners currently within the community were organised to receive a thorough understanding of the GTC. A number of morning community meetings were attended to better understand how the TC works. Through one of these meetings it was arranged for interviews to be conducted with community members to determine how the TC functions from a prisoner's perspective, a questionnaire was created for that purpose. (Appendix B) Eleven GTC members were interviewed and a summary sheet was created upon their request (Appendix C). This helped gain an understanding of how the TC works.

To gain an understanding of SE, meetings were arranged with the SE therapist; here the workings of the therapy and the process used throughout treatment were discussed. The SE therapist provided a folder containing completed feedback forms, information leaflets and journal articles focussing on the therapy. In order to receive further understanding of SE and the process undertaken during sessions, permission to observe an SE session was granted by one of the prisoners currently participating in treatment. Ethical concerns were considered (Appendix D). A questionnaire was designed to interview those currently partaking in therapy (Appendix E) to understand SE from a clients perspective and to ensure the qualitative questions included in the new feedback forms would be informative. Eleven community members were

interviewed and an overview of their responses created (Appendix F). All but one prisoner reported positive changes; however the individual stating SE did not work assured he was not open to change and would not let his barriers down therefore SE would not work. There is only one SE therapist within the GTC with many prisoners to see, therefore as it is a new addition to the GTC many have only had a couple of sessions where they state SE has helped but they are waiting for further sessions to see the full results.

Evaluation of existing measures

The current questionnaires include an initial self-assessment form asking prisoners to indicate which traumatic symptoms they suffer from, a pre and post-therapy feedback form given to prisoners after a session and three and ten day follow-up forms. After reading through previously completed feedback forms it was clear SE has a positive effect on prisoners. This was reflected in the answers received from the interview conducted with community members.

For example, comments made on the previous feedback forms and during the interviews state, "I felt calmer and more relaxed afterwards"; "I was amazed at how quickly the negative feelings went" and "I can cope with the different stresses and can avoid confrontation".

The feedback received from prisoners warrants the creation of a testable measure as it shows SE helps participation in the community. After consulting with the SE therapist it was clear the current questionnaires did not provide enough information or depth about prisoners reported change therefore a more accurate way of measuring this was needed. The present feedback forms contain both qualitative and quantitative measures. This is helpful as all research methods have strengths and limitations and by using both it allows for a greater wealth of information to be collected (Robson, 1993).

The current feedback form is a self-completed questionnaire asking offenders to describe the intensity of pre and post-session feelings, emotions and sensations on a 1-10 rating scale. This is useful as it gives an indication of symptom intensity and is efficient as forms can be administered and collected lessening staff workload.

However prisoners are asked to complete both scales after the session and the symptoms described are not held constant across both pre and post-session scales. This is problematic as a true reflection of the symptoms felt before the session is not received and a change in current symptoms cannot be measured across all feedback forms if the reported symptoms are not held constant (Robson, 1993).

It is extremely beneficial to include follow-up questionnaires as it indicates after session progress; however the current three and ten day feedback forms do not include a quantitative measure so change cannot be measured from pre or post-session responses. After consultation with the SE therapist the timings of the three and ten day follow-ups appeared to be selected randomly. Follow-ups with

equal distance apart may be more beneficial as there will be equal time for symptoms to appear or diminish.

The inclusion of qualitative questions is helpful as it increases information received from prisoners. However, the current feedback form includes only one open-ended question. The interpretation of this question is very subjective and does not elicit exact responses from prisoners who may answer the question in extremely different ways producing incomparable data, therefore closed or specific questions would allow for more standardized responses (Robson, 1993).

Design of a new measure

The new questions needed to be informative but also to be written in a way prisoners could understand. Research has shown 32% of all prisoners have an IQ below 80 (Mottram, 2007), therefore it is important to observe prisoner understanding to ensure the questionnaires can be understood by individuals with high and low intellects. This was done via the TC and SE interviews where vocabulary was assessed so that an appropriate level could be used within the feedback forms.

As an equal time between feedback forms would be more beneficial it was decided that seven and fourteen day intervals would be used as this would allow time for any symptom manifestations to develop but also making sure the time period is not too long so offenders forget any experienced symptoms.

To ensure pre-therapy symptoms were reported accurately a pre-session questionnaire was created, this included physical and emotional symptoms separately in order to extract as much information as possible (Appendix G). This will be given to prisoners before the session. Instructions on how to administer the new questionnaires were created and were given to the SE therapist (Appendix H) .

Reported symptoms needed to be consistent across all scales to successfully measure symptom changes over time. To do this the same scale was included on the initial (Appendix I), pre, post and follow-up feedback forms. Although the current rating scale can measure change a Likert scale will allow for ordinal rather than interval data enabling much easier analysis of the questionnaire. Therefore a scale ranging from 0-10 was created; this allows prisoners to report whether symptoms have desisted rather than excluding them from the post-session questionnaire. It allows for a mid-point within the scale, meaning respondents are not compelled to make a decision either way leading to a more accurate and natural response (Eysenck, 1998).

Qualitative questions were included as part of the post-session and follow-up forms. These were difficult to create as the SE manager was unsure of what was to be measured. This made the task difficult as it was hard to create specific questions that would elicit the exact information needed.

Nevertheless questions were selected in an attempt to extract how offenders felt, their symptom changes and their experiences within the session (Appendix J).

The answers elicited from the SE interview were useful here as most prisoners reported a change in positive and negative feelings, therefore questions asking the positive and negative aspects of the therapy session were included.

The follow-up forms aimed to determine symptom changes, actions they took and whether these worked (see appendix J). This was done to see whether prisoners used the techniques learnt during SE and to measure their effectiveness. Ultimately questions were selected as they gave a broad overview of what prisoners might experience during SE whilst aiming to anticipate all responses prisoners may give as a clear direction of what was to be measured was not established.

Testing the new measure

The new feedback forms were piloted by the SE therapist with two prisoners due for therapy. A questionnaire was created to gain prisoner feedback on the new forms (Appendix L). On further inspection of the questionnaires and the feedback received it was decided to include instructions for the prisoners on how to complete the questionnaires (Appendix M) as they were completed incorrectly. Two numbers on the rating scale had been circled, which would be inappropriate for statistical analysis and therefore provide immeasurable data. As well as separate instructions a further note was included on the form reminding prisoners to circle only one number to ensure correct responses.

Feedback also suggested the form was too long thus questions asking about positive and negative experiences within the session were taken out and replaced by a more general question asking about physical and emotional symptom changes. This aims to assess what prisoners experienced during the session which is an adaptation of the original questionnaire. Given that the SE therapist is unsure what needs to be measured keeping the question in line with his original form should help by gathering information already sought after.

Prisoner feedback suggested the new questionnaire did not allow the report of positive session experiences. In response to this; a new question asking what discoveries were made during the session was included. A prompt was incorporated after the question to help guide answers granting specific responses. This question allows for both positive and negative discoveries and is an easier way of asking prisoners to comment on the insight received as a result of the session. This allows for a measure of insight into offending behaviour which will help when assessing its effectiveness within the TC environment.

The general layout of the questionnaire was also altered as there were concerns the lines were too close together making it difficult to complete; this was adjusted accordingly allowing for more room to write. Despite the fact there was an obvious change in symptoms they were not held constant across all forms which highlights the importance of ensuring the therapist knows how to administer the forms correctly to achieve measurable results. However the scale

did prove effective at showing a change in symptoms and when used correctly this will effectively show a pattern of symptom change across time.

Results

Piloting the first questionnaire highlighted various limitations. The questionnaire was too long and included questions not aimed at a specific purpose as this was not clarified from the onset. The feedback provided from prisoners and consultations with supervisors, the SE therapist and psychologists has enabled the final questionnaire to have a more focussed aim. The new questions aim to assess how prisoner's symptoms have changed and what sensations they experienced during the session.

As the therapist was unsure of what direction would best measure SE, two broader yet still specific questions were used. These will allow for detailed answers aimed at discovering SE's effectiveness. It is extremely apparent that instructions on how to appropriately administer and complete the questionnaires are needed. If the measurement of symptom change is to be done effectively these need to be held constant across all scales. Scales will be used to show SE effectiveness from the outset, throughout the course of the treatment and after therapy which will permit a measurement of SE effectiveness.

The new questionnaires will benefit the therapist as there is now a standardized scale across all forms allowing for an efficient measure of SE effectiveness overtime. The qualitative questions are incorporated to assess offender insight and to understand the self-reported change in symptoms in order to assess SE effectiveness within the TC. The questions contained in the follow-up forms assess which symptoms were still current, whether any negative symptoms have occurred, the techniques used to prevent them and technique effectiveness, this assesses SE success.

Discussion

Many difficulties were faced when completing this project. The biggest difficulty was fulfilling the expectations of others. The SE therapist would like SE to be incorporated into the National Institute for Health and Clinical Excellence (NICE) guidelines as an effective treatment for PTSD. He would also like the results of SE effectiveness published. To do this a clear measure of SE efficiency needs to be obtained.

Reaching these goals will require many SE sessions to ensure a big enough sample to show treatment success. Consequently, it was extremely difficult to develop a questionnaire that would collect enough detailed information to reach these goals without a clear understanding of the specific elements required to measure. Nevertheless the therapist was extremely helpful and willing to take all advice on board.

The next issue was time constraints; due to the short nature of the placement, thorough pilot testing could not be completed as only two SE sessions are ran each week due to the therapists workload. With more time and piloting a more specific and directed questionnaire could be created.

Another major issue is the difficulty of assessing effectiveness within the therapeutic environment as self-reported symptoms are subjective and difficult to measure. Prisoners can sometimes fake good/bad to exaggerate "progress" or "ailments", suggesting a way to determine the reliability of self-reported responses is needed. Also, long tariff lengths mean that assessments of reoffending cannot be completed.

I would therefore recommend that offending parallel behaviours are looked at to help assess SE effectiveness, as well as to determine whether SE helps lessen prisoner risk and improve participation in the therapeutic community.

The inclusion of instructions is very important as prisoners need clear instructions as to why and how the forms need to be completed. If this is not carried out properly the integrity of the questionnaire may be jeopardized. The new SE feedback forms will allow for a more testable measure of SE over time where symptom change can be assessed in conjunction with TC progression. This will show whether participation in SE can aid progression through therapy and ultimately assist in lowering prisoner risk. This project has achieved the development of a more measurable and hopefully valid assessment tool for use with future research.

SE Therapist's Comments

There is very little worldwide research on SE and its effectiveness, and only three research papers are available on the internet:

- "Somatic Experiencing treatment with tsunami survivors in Thailand".¹¹
- "Somatic Experiencing treatment with social service workers following Hurricanes Katrina and Rita" .
- SE treatment of Indian Tsunami victims- Teamwork in Tamil Nadu 2005/6

Although the results are encouraging, the research is based around a specific traumatic event and the findings are based on 1-2 sessions. The results from our research suggests that SE has benefits for relieving various conditions such as depression, ME and PTSD, as well as many of the symptoms described in the self-assessment document in Appendix A, although this list is not exhaustive.

Initial findings suggest that SE has been generally beneficial to members, from symptom improvement to better management of daily stressful situations. Emma Houghton observed in setting up the measure that prisoners can sometimes fake good/bad to exaggerate "progress" or "ailments". This is an important consideration because the SE therapist is also the operations

manager of the unit, as well as a group facilitator, suggesting a possible risk to maintaining boundaries concerning responsibilities and relationships in the community.

An example of this can be found in a community member who presented hyper-vigilant symptoms when assessed. The community member, who was also abused as a child, and has openly said in groups how the SE therapist reminds him of his abuser. Despite this, the member volunteered for SE sessions to improve and challenge his relationship with the therapist. Unsurprisingly, the SE sessions failed to produce any results and the treatment was discontinued owing to the relationship dynamic between therapist and client.

On the flipside, the therapist's in-depth knowledge of a community member's personal history can combine with positive relationships formed within the TC container to create a safe therapeutic relationship that allows for a quicker shift/pendulation in symptoms, as well as allow the client to go into the trauma more deeply and quickly.

The therapist is also available outside of the SE sessions and has regularly carried out brief 5 minute SE sessions to regulate and ground individuals to facilitate the continuing pendulation. What is not clear is what would happen if the therapeutic community as method were allowed to continue without such intervention, or to what extent such intervention may collude with splitting dynamics common in groups. This needs to be further explored in group supervision among the staff team.

Meanwhile, the pre-post session feedback graphs highlight that SE is effective in reducing negative feelings and symptoms; post-session results show that residents are generally calmer, relaxed, positive and tired and this feeds into the positive feedback from the questionnaire.

Emma's research highlighted the feedback forms needed an overhaul to standardise answers to provide a quantitative measure. The forms that have been produced will provide a quantitative measure, but at the same time exclude an important subjective element of the results.

An example of this is illustrated by a community member who was abused as a child. At the start of the session he presented a calm regulating body and reported this on his feedback form. The therapist triggered an arousal in the community member's body using a key phrase and image. The community member then went into the traumatic event and processed it in his body, before ending the session calm and relaxed. The SE session as a quantitative measure would show no change. However the subjective write-up of the experience by the resident and therapist would show otherwise.

This qualitative component needs further considered discussion, research and development, and should be examined by the Somatic Experiencing Association UK (SEA UK) and the European Association of Somatic Experiencing (EASE) for inclusion in the production of standardised forms.

Melody House in the USA, and Khiron House, a newly opened in-patient clinic in Solihull, treat private paying clients that have similar conditions to community members at Gartree. Melody House is known worldwide and has successfully treated 18,000 clients in 35 years. She uses SE as its core treatment with clients having two SE sessions per week over a 90-day period. Khiron House will do the same. Gartree is at present only able to provide 2-3 sessions per week for the entire community, owing to the managerial duties of the SE therapist. This has likely limited the effectiveness of the treatment because members are seen on average once every 6-8 weeks. Weekly or twice-monthly sessions would be best practise but would require further funding.

The results of this study suggest that SE works as a treatment in relieving traumatic stress that can impede social interaction. However, further research is required within the prison system to determine 1) whether the treatment reduces offending behaviour, and 2) whether it promotes engaging with the therapeutic community process, among other areas.

One proposal would be for a study of 100 prisoners serving relatively short sentences, with half receiving treatment as usual and half receiving 5 sessions of Somatic Experiencing. The research would then track the individuals during their time in custody and on license in the community to assess any changes in risk to themselves, the wider public and ultimately in re-offending rates.

Cabinet and Prison Ministers have met with Dr Peter Levine in May 2011, the founder of SE as part of a wider discussion with representatives of a treatment centre in America which uses his methods for the treatment of substance misuse, where longstanding emotional and relationship difficulties are commonplace. There is political will and support for effective change within government.

References

- Association of Therapeutic Communities: <http://www.therapeuticcommunities.org>
- Bernat, J. A., Ronfeldt, H. M., Calhoun, K. S., & Arias, I. (1998). Prevalence of traumatic events and peritraumatic predictors of posttraumatic stress symptoms in a nonclinical sample of college students. *Journal of Traumatic Stress, 11*, 645-664. doi:10.1023/A:1024485130934
- Bond, N., & Steptoe-Warren, G. (2010). A qualitative exploration of offence paralleling behaviour: A prison-based democratic therapeutic community resident's perspective. In M. Daffern, L. Jones & J. Shine (Eds.), *Offence Paralleling Behaviour: A Case Formulation Approach to Offender Assessment and Intervention*, p 215-230. Chichester, UK: John Wiley & Sons Ltd.
- Campling and Haigh, Eds. *Therapeutic Communities: Past, Present, Future*.
Haigh, Rex, "The Quintessence of a Therapeutic Environment", Chapter 20,
- Community of Communities: Core Values
<http://www.rcpsych.ac.uk/quality/qualityandaccreditation/therapeuticcommunities/communityofcommunities/valuesandstandards.aspx>
- Cullen, E. (1994). Grendon: The therapeutic prison that works. *Therapeutic Communities, 15*, 301-311.
- Daffern, M., Jones, L., Howells, K., Shine, J., Mikton, C., & Tunbridge, V. (2007). Editorial: Refining the definition of offence paralleling behaviour. *Criminal Behaviour and Mental Health, 17*, 265-273. doi:10.1002/cbm.671
- De Leon, G. (2000). *The therapeutic community: Theory, model and method*. Springer publishing company, New York: USA
- Dixon, L. (2000). Punishment and the question of ownership: Groupwork in the criminal justice system. *Groupwork, 12*, 6-25. Retrieved from [http://www.heron.dmu.ac.uk/2010-01-11/0951-824X_12_1\(6-25\)51882.pdf](http://www.heron.dmu.ac.uk/2010-01-11/0951-824X_12_1(6-25)51882.pdf)
- Eysenck, M. (1998). *Psychology: An Integrated Approach*. Essex; Addison Wesley Longman
- Friedman, M. J., Charney, D. S., & Deutch, A. Y. (1995). *Neurobiological and clinical consequences of stress: From normal adaptation to post-traumatic stress disorder*. Hagerstown, MD: Lippincott-Raven.
- Gendlin, Eugene (2003). *Focusing: How to Open up Your Deeper Feelings and Intuition*. Rider and Co.

- Golden, S., Williams, J., & Ford, D. (2004). Depressive symptoms and the risk of type 2 diabetes: The atherosclerosis risk in communities study. *Diabetes Care*, 27, 429-435. doi: 10.2337/diacare.27.2.429
- Green, B. L., Grace, M. C., & Glesser, G. C. (1985). Identifying survivors at risk: Long term impairment following the Beverly Hills Supper Club fire. *Journal of Consulting and Clinical Psychology*, 53, 672-678.
- Gunn, J., Robertson, G., Dell, S., & Way, C. (1978). *Psychiatric Aspects of Imprisonment*. London: Academic Press
- Gunnar, M. R., & Vazquez, D. M. (2001). Low cortisol and a flattening of expected daytime rhythm: Potential indices of risk in human development. *Development and Psychopathology*, 13, 515-538. doi:10.1017/S0954579401003066
- Herman, Judith (2001). *Trauma and Recovery*
- HM Prison Service. (2002). *Therapeutic communities*. Great Britain Prison Service: UK.
- Jones, L. (2004). Offence paralleling behaviour (OPB) as a framework for assessment and interventions with offenders. In A. Needs, G. Towl, A. Needs & G. Towl (Eds.), *Applying psychology to forensic practice*. (pp. 34-63). Malden: Blackwell Publishing. doi:10.1002/9780470693971.ch3
- Kennard, D. (2004). The therapeutic community as an adaptable treatment modality across different settings. *Psychiatric Quarterly*, 75, 295-307. doi:10.1023/B:PSAQ.0000031798.95075.26
- Kessler, R. C., Sonnega, A., Bromet, E., & Hughes, M. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52, 1048-1060.
- Ledoux, J. (1996). *The emotional brain: The mysterious underpinnings of emotional life*. New York: Touchstone Books.
- Lees, J, Manning, N & Rawling, B, England, CRD Report, Therapeutic Community Effectiveness, University of York, 1999
- Leitch, M. L. (2007). Somatic experiencing treatment with tsunami survivors in thailand: Broadening the scope of early intervention. *Traumatology*, 13. 11-20. doi: 10.1177/1534765607305439
- Leitch, M. L., Vanslyke, J., & Allen, M. (2009). Somatic experiencing treatment with social service workers following hurricanes katrina and rita. *Social Work*, 54, 9-12.

- Levine, P. (1996). The body as healer: A revisioning of trauma and anxiety. In M. Sheets-Johnstone (Ed.), *Trauma healing articles* (pp. 1-22). Niwot, CO: Foundation for Human Enrichment.
- Levine, P. (1997). *Waking the tiger*. Berkeley, CA: North Atlantic Press.
- Levine, P. (2005). *Somatic experiencing: Resilience, regulation, and self*. Unpublished manuscript.
- Manning, N. (2010). Therapeutic communities: A problem or a solution for psychiatry? A sociological view. *British Journal of Psychotherapy*, 26, 434-443. doi:10.1111/j.1752-0118.2010.01203.x
- McEwen, B. (1998). Protective and damaging effects of stress mediators. *New England Journal of Medicine*, 338, 171-179
- Mottram, P. G. (2007). *HMP Liverpool, Styal and Hindley study report*. Liverpool, UK: University of Liverpool
- Musselman, D., & Nemeroff, C. (2000). Depression really does hurt: Stress, depression and cardiovascular disease. *Progressive Brain Research*, 122, 43-59. doi:10.1016/S0079-6123(08)62130-5
- Neville, L., Miller, S., & Fritzon, K. (2007). Understanding change in a therapeutic community: An action systems approach. *Journal of Forensic Psychiatry & Psychology*, 18, 181-203. doi:10.1080/14789940601108439
- Olver, M. E., Wong, S. C. P., & Nicholaichuk, T. P. (2009). Outcome evaluation of a high-intensity inpatient sex offender treatment program. *Journal of Interpersonal Violence*, 24, 522-536. doi:10.1177/0886260508317196
- Rapoport, R. (1960). *The Community as Doctor. New Perspectives on a Therapeutic Community*. London: Tavistock
- Resnick, H. S. (1997). Acute panic reactions among rape victims: Implications for prevention of post-rape psychopathology. *National Center for PTSD Clinical Quarterly*, 2, 41-45
- Robson, C. (1993). *Real world research: A resource for social scientists and practitioner-researchers*. Blackwell Publishers, Oxford: UK
- Scaer, R. (2006). *The traumatic spectrum: Hidden wounds and human resiliency*. New York: W. W. Norton & Company.
- Shalev, A. Y., Sahar, T., Freedman, S., Peri, T., Glick, N., Brandes, D., Orr, S. P., & Pitman, R. K. (1998). A prospective study of heart rate response following trauma and the subsequent development of posttraumatic stress disorder. *Archives of General Psychiatry*, 55, 553-559. doi:10.1001/archpsyc.55.6.553

Solomon, Z., Laor, N., & McFarlane, A. C. (1996). Acute posttraumatic reactions in soldiers and civilians. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body, and society* (pp. 102-114). New York: Guilford Press.

Whitworth, Melissa, "Are We Losing the Rehab Battle?" , The Telegraph, 14 March 2011

Woodward, R. (1999). The prisoner communities therapy within a custodial setting. In P. Campling & R. Haigh (Eds.) (1999), *Therapeutic Communities past present and future*. Jessica Knightly publishers: London

Appendix A

Body Psychotherapy Sessions

- Lasts a maximum of one hour per session
- Involves generally sitting and describing how your body feels.
- The sessions can lead to you having a greater understanding of why your body feels a certain way.

Common Trauma Symptoms

- Anxiety & panic attacks
- Phobias or depression
- Sleep disturbances
- Feelings easily hurt
- Excessive worrying
- Abrupt mood swings
- Uncontrollable rage
- Problems connecting with others
- Being easily startled
- Hyper vigilance & hyperactivity
- Avoidance behaviors
- Attraction to danger
- Accident proneness
- Feeling frozen or immobile
- Flashbacks or nightmares
- Shakiness or dizziness
- Fear of dying
- Hypersensitivity to sound or light
- Disruptive thoughts & behaviour
- Headaches & other chronic pain
- Digestive problems
- Asthma attacks
- Neck & back problems or frozen joints
- Chronic fatigue

Regulation and dysregulation of the body

The body generally regulates itself on a day to day basis, resetting itself without you having to pay any attention to it. Example: a car pulls out of a junction nearly hitting your car, you have bodily sensations of being scared, angry, your eyes widen, your heart beats fast and you start breathing heavier. You are ready for action. When the danger subsides everything calms and your hands and legs may shake, you might have sweaty hands that tingle. This is a normal reaction to danger with the body self regulating.

When your body experiences an overwhelming event for example a life threatening physical attack, the body feels helpless, powerless, you can't fight or escape and this leads to your body going into a freeze state. The body

becomes disregulated. Imagine your body as a coke bottle being shaken vigorously and then left to settle, on the outside all is calm but inside the liquid is moving, fizzing, pressured. The body reacts in the same way and this if left untreated can result in symptoms as listed above.

Treatment Sessions

Taking the coke bottle example above, sessions primarily focus on relieving symptoms in the body, through slowly releasing the coke bottle top in a safe controlled way, allowing you to understand why and what you feel. Therapy sessions involve you working with body sensations, images, behaviours, emotions and meanings with an end result that the body returns to a normal regulated state and reacts to daily situations without being overwhelmed. If you imagine a computer that is malfunctioning, you reset it by turning it off and on and this solves the majority of issues, resetting your nervous system has the same results.

Appendix B

TC questions.

1. What are the main differences between the TC and normal conditions? How do these affect you?
2. What particular skills or areas in your life do you think the TC helps you improve upon?
3. How do you think you'll cope going back to normal conditions?
4. What do you think you will struggle with when you leave the TC?
5. As a current GTC member, what support do you feel ex members could benefit from?
6. Would a structured group be more supportive to ex members than the current social space? Why?
7. What do you know about Somatic Experiencing therapy?
8. What kinds of behaviours would indicate that you are doing well or not so well?
9. Any other comments?

Appendix C

Summary of the results from the GTC interview

What are the main differences between the TC and normal conditions? How do these affect you?

- Better understanding from staff as they are much more friendly and helpful.
- The groups are the most noticeable difference they are enjoyable and helpful and give you a better understanding
- There is an induction group where you are welcomed and can fit in straight away
- Have more say in what goes on
- Staff are more approachable, are genuinely interested, honest there are less boundaries, they don't care on a normal wing
- All eat together in the dinner hall
- More like a community
- Can express how you feel without being judged or consequences
- More time to think about what you say or do
- Is very personal
- Quieter than on the normal wing
- Staff and prisoners more friendly
- Address offending behaviour, core beliefs and the root of the problem in more depth
- Get feedback from the groups and staff
- Better support network more of a bond and comradeship
- Safety
- Struggle to trust the staff and other prisoners, as it's different to a normal wing.
- People are more vocal, and are prone to show off more.
- You get honesty from prisoners which could lead to violence on a normal wing.
- Can have your cell how you want, more relaxed and personal
- Less physical confrontation
- The smaller environment can be challenging as it is more intense and hard to have time out, but this is good as you have to deal with issues straight away
- Much less bullying and physical confrontation on the TC
- Talk about things that you couldn't on a normal wing.
- More open; tend to wear a mask on a normal wing
- The unbalanced structure can be irritating and inconsistencies are frustrating

What particular skills or areas in your life do you think the TC helps you improve upon?

- Talking about things openly
- Receiving constructive criticism and feedback
- Get a good insight into offending behaviour
- Confidence
- More positive towards life
- Better at speaking in large groups
- Build up relationships with others you normally wouldn't get on with
- Understanding that how you feel and think is not always reflected in your actions
- Increased people skills
- Understand the choices you make whether they be good or bad
- Turn things that were negative into positives
- More open and can talk about things differently
- Life skills
- Relationships

- Self Worth
- Improving attitudes and behaviours
- Deal with vulnerability
- Manage emotions
- Finding faults that only others could see.
- Everyone has dips in behaviour or emotional state – these last different amounts of time. Speaking about them on the TC really helps.
- You can just say the right things in normal therapy, but TC is much deeper so you cant do that – you have to face your problems and deal with them.
- Insight into childhood issues
- Helps to release pain and emotion
- Better understanding of me as a person

How do you think you'll cope going back to normal conditions?

POSITIVE

- Will take the skills learnt on the TC back to normal conditions.
- Don't foresee any issues
- Should be able to keep away from pettiness after being on the TC
- Good at coping before on normal wings, hopefully will be able to cope well again
- TC has helped gain the motivation to put the skills I have learnt into practice
- I am confident I will not get into trouble.
- The TC has helped me to become a better person; this will help on normal wings
- Jail's jail at the end of the day
- Have learnt to look and listen so will use this to adapt.
- There are no real friends in prison – the change won't affect this

NEGATIVE

- Will miss support from staff and prisoners
- Will miss being able to take problems to various people (individual, group, community)
- Will miss being able to air views safely without it leading to violence
- Will miss being able to explore and discuss issues
- Will miss the community environment
- Will spend free time differently – will probably do less communal activities
- It will harder to avoid bad crowds and drugs

What do you think you will struggle with when you leave the TC?

- Staying drug free
- Not getting as much support from staff or prisoners
- Miss groups
- Miss being able to discuss personal problems
- Being able to express emotions in a safe environment
- Miss being able to do more activities
- Miss being able to be more independent with food, tv, laundry, gym
- Miss being able to talk to staff
- Will struggle to appropriately cope with anger
- May leave problems to stew more as it is easier to do this on a normal wing
- Will struggle to ask for help

What do you know about Somatic Experiencing therapy?

DEFINITIONS

Somatic Experiencing has been identified as a one to one group where people can get in touch with what, where and how you feel in the body and in your mind. By doing this you release emotions, such as anger and learn to control and restrain these emotions within the body.

The use of breathing techniques was also mentioned and it was described as acupuncture without the needles.

POSITIVES

- Took a while to breakthrough the barriers but now beneficial
- Feel more aware of my body
- Enjoy it at the time and benefit at the time
- 70/30 in favour of it
- Learning to understand how parts of the body feel when experiencing emotions
- Getting in touch with my feelings more and how where and why I feel it most
- Understand positive thinking and have my own coping strategies so do not need it
- Brilliant
- Make yourself better, like a new person
- Simple exercises
- From angry to calm in minutes, can be done anywhere on own
- Helps in meetings and groups
- Felt better after every session
- Could benefit ex members
- Had never heard about it till I asked Paul.
- Not like meditation, it's more focussed.
- Open minded about it.
- Focus on feelings
- Focus on what sensations you are feeling and why, so they can come to the surface and then dissipate.
- Able to recognise when getting angry I couldn't do this before
- First time thought it was odd and that it wouldn't work, but then eczema cleared up, so then had a positive attitude towards it.
- Different from other therapies, but worth a go
- Does things to your body that you are unaware of
- Like meditation
- Sceptical at first, but now think its brilliant

NEGATIVES

- Initially a waste of time until broke through barriers
- Need to open up to it then its beneficial
- Feel I could do it myself in private
- Hard to break barriers at first
- Very sceptical at first but beneficial if you commit to it and open up
- Waiting to feel full effect but is beneficial

What kinds of behaviours would indicate that you are doing well or not so well?

- Short tempered
- More assertive
- Shut yourself away
- Play loud music
- Falling apart
- Change in everyday behaviours
- Quick to anger
- Dwelling on past experiences
- Act before thinking
- Taking things to heart
- Broken record thoughts
- Dealing with vulnerability in negative ways (defensive)
- Don't want to take part in activities
- Stressed
- Dwell on childhood
- Bottle things up
- Change in body language
- Trembling
- Become very grumpy

Any other comments?

The overall feedback has shown that people find the TC beneficial; some even suggested it should be made compulsory. It was mentioned that the TC is hard work but is beneficial as long as you want to help yourself. Bringing art therapy back was mentioned on a few occasions as prisoners found this enjoyable and helpful. Incorporating role plays into the TC was also brought up in order for people to push themselves to deal with their anger problems.

It was suggested that more bonding between groups was needed where TC members had an activity once a month or had more community meals together to increase bonding. The TC was described as good in general and like a cosy family and a good environment to sort yourself out. Some mentioned they were sceptical at first but now know it is helping others suggested they wish they knew about therapy before they came to prison as it is extremely helpful.

It was suggested that there is always room for improvement where the TC should have its own kitchen to encourage team building and independence. Some stated they missed their families so wanted more family open days where their family could stay for longer, as well as more staff open days.

Appendix D

Ethical concerns

Consent: Permission to interview, sit in on therapy sessions and look through prisoners past therapy forms needed to be received. This allows prisoners the opportunity to decide whether they want to participate within the project as it was voluntary. However conformed consent may not always be given to prisoners in a custodial setting as there is always an element of coercion due to the fact they must complete programmes and participate in therapy as a way to show they can change and ultimately reduce their risk.

Permission to look through the file containing past feedback forms was granted by the SE therapist as this information is available to those in the psychology department. This is where consent does not play a part within a prisoner environment as this information needs to be available for psychologist to ultimately evaluate risk and changes in behaviour. It was also needed to effectively complete the set project. As the TC and SE are voluntary prisoners must be willing to participate in treatment. They consent that by agreeing to take part in the therapy process they are giving their consent to participate in all aspects of the treatment and to share this with others as this is the nature of the therapy. Also taking part in voluntary activities reflects well on their progress so this may be further incentive to take part.

Specific consent needs to be given to sit in on therapy sessions as these are extremely personal and may discuss past trauma such as past abuse and prisoners index offence. The prisoner was asked on multiple occasions for permission, which was granted at each stage. I was briefed on the events of the therapy before the session started so I knew what to expect. I was also debriefed afterwards so any concerns could be discussed. Prisoners were not debriefed post-session however they have follow-ups with the SE therapist which acts as a debrief they also take the feedback and the happenings of the session to their group meetings. This also acts as a way to talk through the session and is effectively a debrief that is included within the overall treatment.

Confidentiality: This is important as no identifying information should be included in any written work. This meant that the summary sheet of answers for both the TC and SE interviews needed to be kept anonymous. The answers from the TC interview were made into a summary sheet for members of the TC to read. Therefore any personalised comments or statements were changed to ensure anonymity.

When reading through the past SE feedback forms much information about childhood trauma and abuse were present. It was extremely important this information was not given to anyone else and this was locked away in a drawer where only the researcher had access.

Appendix E

SE questionnaire

1. What do you understand SE to be?
2. How do you feel SE helps you?
3. Has SE helped you become more aware of your emotions? How?
4. Has SE helped you become more aware of your body? How?
5. Are you more aware of how past trauma has affected your behaviour? How?
6. How has SE changed your ability to manage the effects of past trauma?
7. How does having SE sessions affect the way you engage within the community?
8. How does SE help you manage anxiety and conflict in the TC and group sessions?
9. How does having more bodily awareness help you adapt to the TC?
10. How else do you feel SE has helped you with whilst being on the TC?

Appendix F

SE questionnaire

1. What do you understand SE to be?

A way of recognising things in the body such as thoughts and feelings

It is a way of getting in touch with how the body feels and reacts. It's another new way I haven't looked at before, was sceptical at first but now feel its OK

Releasing emotions and controlling the body more. It releases emotions such as anger in a better way. It allows you to put exercises in place.

A way to get thoughts out specific to me and to become more self-aware in the body and mind

Gives you time to get in control of the body and how certain areas feel which I never knew before. Recognising different body parts and the feelings in them, it also helps clear the air.

Looking at feelings and problems such as vulnerability and sitting with the feelings instead of avoiding them. Hopefully in time it will better allow me to understand the feelings, why it is caused and recognise negative ones.

Get in touch with physical feelings and emotions

Meditation not a great believed but it does something I'm not aware of as my eczema cleared up

Understanding about the body and arousals when in certain situations. How the body reacts and understanding rather than fearing living with it.

Helps relax and gain feelings in the body and to see where they disperse to. He is cam anyway so doesn't really feel much and doesn't get it.

Relaxation techniques to get the inner feelings, learning to feel different emotions and feelings using the body as a vessel

2. How do you feel SE helps you?

Amazed at how quickly the negative feelings lessen. I am actually looking at and focussing on the problem rather than avoiding it. There are a lot of emotions after index offence. Feel more in control because I can focus on the problem your conjuring up and it allows you to have extra control and you don't feel as vulnerable.

I enjoy it on the day but if I'm tired it doesn't help as not focussed and feel drained. I feel it helps 90% of the time. I feel more calm in myself and around other. It's a good techniques to use behind close doors as can go to safe place when need to

If something is going on it helps you to be more thoughtful and control your thoughts and feelings also to deal with anxieties if you have a problem it subsides quicker

Containing self more and can sit with thins and not go off the handle. Helps in the community when I get frustrated to control it. Can relax more and think before I speak, sleep better and sometimes feel active and better afterwards or sometimes feel sleepy

Hasn't worked yet but only had 2 sessions. Got somewhere on the last one as I made a personal discovery this was beneficial the first session I felt like I was wasting his time and didn't feel anything Paul is understanding and takes time and understanding everyone's different

Struggle with negative emotions and it's a way of getting understanding of how these make you feel. Helps understanding emotions however only scratched the surface of emotional wellbeing, the difficulty is not understanding

Helps with temper instead of lashing out, thinking patterns with what's going on and recognise this

It gets the stress levels down a bit. When stressed and think about the exercises such a breathing it feels like it helps a bit, still slightly sceptical as doesn't fully understand what SE is

Gives you the chance to be in a safe environment to live with stuff rather than run away which happened on the outside. Now feel safe as push self to allow him to live with the feelings as he feared being vulnerable

Not at all, very sceptical as it hasn't done anything it's a waste of time. Just hasn't worked.

Done a few so just starting, takes a while to get through, more relaxed feel better in self and rid tension and anxiety.

3. Has SE helped you become more aware of your emotions? How?

Yes, normally not aware of them so react, now I understand and are looking for signs so I don't react. Feel safe doing this in the SE session as it's a safe controlled environment

Have to be around people for me to get the emotions as normally I blank them. I used to use substances to cope with feelings now I don't use them and can do it on my own

Yes, in the past I bottled things up now acknowledge now can understand thoughts and feelings. Can now diagnose current state of mind

Yes, normally would feel vulnerable. If I see it coming I can start SE exercises to calm emotions so can talk about it. Can tell people how feeling before and after helps concentrate more

Not yet – too early

Not yet, a lot to do on emotions already

Yes, connecting feelings to situation recognising and sit and think about it

Yes, noticing when feeling angry or sad does sometimes but not fully

Understanding them, can realise that everyone feels it and it is not abnormal to do so therefore can allow it to happen as we all do it. He thought it only happened to him and his was extreme and he feared others seeing him in this place now he understands it's normal. Also aware of what feelings he does and doesn't like or let himself fully experience.

No, not emotional anyway he is very hardened; he is sceptical and doesn't trust Paul. Was abused in the past and after this he has had no emotions gets more from the groups and is independent. Because of what has happened to him he likes to go to somewhere himself without being prompted or taken somewhere like SE does.

Yes and no, always been there but built up such a wall. Can recognise certain things not a bad thing to recognise emotions are there and to let them go and to understand different emotions rather than just happy or sad. Recognise a range of emotions.

4. Has SE helped you become more aware of your body? How?

More aware of arousals anyway from previous treatments however was surprised as it was different parts reacting not just one part. Its weird how the feelings can bring this on.

Yes, noticing tensions and feelings I have not noticed before, didn't think this was to do with past trauma thought it was a football injury now realise

Yes, everything in general, looking after myself better such as going to the gym, can relax properly and wind down can sleep better and more aware of self. Am maturing and feel more self aware.

Yes, don't ache as much sweat when stressed but not as much as before, less head aches, don't feel sick as much, eating habits better, spots on face cleared up as not stressing as much, less eye strain, can do SE to stop it. General mannerisms better not as hyper as used to be, more controlled

Not yet – too early no as emotional as many people

Yes, how different parts feel when experience emotions. I have different parts for good and bad at the minute I get a mush of bad feelings in stomach and good feelings on my shoulders

Yes, when stressed out sit and recognise what's going on in body and see how it affects body

Yes, more aware and wouldn't think about how things felt before in the body whereas now I think about this

Can feel where the emotion is in different parts of the body, feels fear and vulnerability in separate parts of the body but doesn't do this for other emotions can allow himself to feel the others but is working on the ones that separate

No, aware of feelings he does get from time to time such as fear, he knows this anyway. He is a big thinker and analyses things anyway but in a different way which is why SE doesn't work for him

Yes, always had pent up tightness in the body can feel it moving through the body when in session. Sceptical at the start not completely gone but opened eyes to certain things. Paul planting the seed to feelings so can't do it on own

5. Are you more aware of how past trauma has affected your behaviour? How?

Yes, from previous courses so already aware, it conjured up other things but only had one session

Yes, made links with past violence as index offence is the same as mother's behaviour. Now aware of how things experienced are incorporated into behaviour

Yes, know how to deal with it and sit with the thoughts and feelings rather than blocking it out. Can sit with feelings for longer and know how it affects me later

Yes, working on it at the minute about 50/50 getting there. Can recognise it in relationships more as was really needy now realise I need to pull away more not as smothering

Knew anyway but helped to have more insight this makes you think about how and why

Yes, didn't connect childhood events to now but now understand the past could have had an effect on now

Yes, I lost someone when I was young and my behaviour altered for the worse, used substance misuse and self harm and went off the rails

Nearly at the end of the TC so discovered this anyway but it may have helped to discover things in my body

Yes, hasn't allowed him to be who he is and feels it has held him back in life used to use substances to get away from it he felt he couldn't move forward and didn't know who he was. Also did this in relationships as he didn't feel like a man or understand what love was so felt inadequate and didn't fit in so he used drugs and delinquent peers as a way to fit in.

Fully aware of it and blocked it out for a number of years used to have nightmares but blocked these out to a point where he was aware of it but didn't acknowledge it happened has addressed this on a group which helps but SE doesn't

No, already knew anyway

6. How has SE changed your ability to manage the effects of past trauma?

Still early as only had one session

Helps opening up and understanding that what's happened is not his fault. Learning to accept what his mother did and can still appreciate that she brought him into the world although he had no relationship with her

Made it easier to do as in the frame of mind instead of messing around. Can sit with it and understand emotions ok enough to feel it, there is no anxiety later on and so am not going round in vicious circles

Before wouldn't pull away for relationships, winding people up wouldn't stop as didn't care now understand others point of view and give them space, can read people better

Early days. Manage it alright anyway feel tense now and again but manage it OK. Whether there are ways to manage it better I don't know as still early

Think of the good feelings in my shoulders. You sit and think where you feel it and what it is think of the good when bad ones happen, so stop avoiding behaviour

By talking, given confidence don't sit and bottle it up I talk to others about it

When in his cell he concentrates on breathing and calms himself down, doesn't know if it fully helps with past trauma as it might be a combination of all treatment not specifically SE as he's at the end of his time in the TC

By going through the sessions and learning allowed himself to not feel trapped anymore and helped him get his self identity back. It has allowed the trauma to come out and he can sit with the trauma. He is now able to give himself strength and realise the emotions and that it is OK to feel like this as it is not going to last forever and you don't need drugs or violence to make it go away.

No, groups do, he is independent and doesn't want to be taken to a place he wants to lead the conversation. Can get caught up in memories and go over and over them but group gives space to explore

A lot of here and now things are being focussed on not explored the past trauma yet, as still puts walls up

7. How does having SE sessions affect the way you engage within the community?

After the session I felt distressed which I brought to the group which has meant I have been able to open up about how I felt

Depends on his attitude in the morning but it is easier to get back to calm after using SE techniques use this to help calm self down.

Helps to be more controlled if provoked or frustrated can conduct self better

Better able to voice how I feel and stop conflict as am aware need to bite tongue in certain situations. So breathing exercises, taken skills and used them. Not anxious in sessions as it's a personal group and know them all.

Not noticed significant difference too early but a bit of self consciousness and more aware

Don't think it does other than able to describe feeling and making more open and in depth answers

Helps with my temper could recognise with was going on in body, heart race palms sweat, talking away using skills

No, doesn't think he uses the techniques in situations its more when he's on his own in his cell more of a personal thing. Doesn't really get angry more depressed and uses this to get rid of it on his own

It's getting easier as he is now aware there is an answer to why he is like he is. Exposed himself and made himself very vulnerable on groups, when he does this and freezes up, tenses or gets scared he can move and use the techniques he has learnt to calm down. He can sit and feel it and realise these feelings are normal can do this for longer by being stronger and facing his fear rather than running from it.

No enjoy groups; these have given him a voice as he went from being quiet to overly chatty to now a middle group he enjoys.

Doesn't seem to work after a few hours and feel like he's back to square one as there's so much going on that need to be looked at

8. How does SE help you manage anxiety and conflict in the TC and group sessions?

Found that I went to a safe place and could picture it quickly and felt safe much more easily. Cant see the negative of SE. but it is still early so not really seen the difference

Guides you through it and reminds you what its about, getting composure and calming down

More aware of what's active at the time can step back and become calmer, can take time out of the situation and calm down

Not noticed

Not help for conflict.

Anxiety – think of good and safe place to help go rather than avoid. Trying to think about it before it goes away

Using skills learnt and being able to talk myself away from an argument and calm self down

He won't say there and then if something's upset him he will go back to his cell and get rid of the feelings on his own before he takes this to another person as he wants to work it through on his own.

Helped understand it'll be OK and it doesn't last, learnt tricks to stop being tense and freezing up he can breathe through the situation which reduces the issue and relaxes him. Thoughts of good or strong times can easily and quickly be brought to memory which takes him to a good place. Breathing gives him time to relax and not feel vulnerable all the way through its just for little bits.

No, does self preservation of himself will sit and think before anyway, this in conjunction with groups works well, he's getting to the point now where he is setting up support for when he leaves the TC

Not much conflict so wouldn't help anyway, he suffered from anxiety for a long time and this still happens the same despite SE

9. How does having more bodily awareness help you adapt to the TC?

Sometimes I felt something but did not recognise how I felt but now I recognise emotions much better and I think this will get better with more sessions

Good insight in own body language as theirs may affect other people and also understanding others body language

Can cope with the different stresses and can avoid confrontation. Able to cope with daily pressures

Withdraw from situations to think about actions as consequences not fully there but working on it. I get involved where I don't need to be so now understand and pull away

Help inform others of how you are feeling. If in bad mood know how to tell others or be more aware of it so helps in this aspect

Helps describing a bit more of how you feel instead of just happy and sad labels. Makes you think more, more about how you're feeling and understand how you would feel if you did something

If in conflict it helped so don't use violence, it helps control emotions in appropriate way

Aware of emotions and know when gets angry by bodily responses. In the heat of the moment doesn't think of SE but does realise the emotions.

Can talk about emotions but can explain the feelings. The ability to explain the emotion and feeling makes him feel more open. Since SE he has learnt how to do this and could handle it on the TC as realised what feelings feel like and allowed himself to be exposed to them

Does feel things in the body such as fear and knows the symptoms but when sat in SE cant feel it as he cant trust the situation he can only feel them when he is on his own and comfortable and safe. He feels SE sets him back and not helping progress. Needs to feel safe and trust the situation or can't open up and he does on groups but he wont let his guard down

No, already adapted to the TC before he engaged in SE. he just goes with the feeling when on own as needs Paul to help him get through the barriers as theres too much resistance.

10. How else do you feel SE has helped you with whilst being on the TC?

Feel more trusting towards the staff as it is completely different to a wing where it is you and them. The situation is very intimate and intense so can trust the staff.

Helping you calm down while new things develop, helps you to take on board issues and gives you something else to look at.

Given him more confidence with self and have more self worth. Help understand paranoia better also help to find a voice to discuss issues as can sit with feelings and analyse them rather than push them away

Helps understand family if someone says something I disagree with will take things on board, now understand their point of view, look at mannerisms and understand peoples body language and persona.

Feels like an extra option to turn to for support and will help in the long run

Helped to go deeper instead of skirting around it because I didn't understand, now understand and can express better, am more able to give answers

A lot with controlling emotions and anger and temper. Have only done a few and will continue to keep working to get something good in the future

More self aware of what's going on in the body not done too much but it has helped clear up eczema. Sometimes the body is stressed without you realising SE helps get rid of this and helps as not always aware.

Given ammunition to take with him into heavy situations when expressing himself. Doesn't need the drugs anymore he has the SE techniques and experience as he can sit with the feelings for longer and experience them rather than avoiding behaviour

Not at all the way he is doesn't adhere to SE but it does with groups. Believe that's who he is and it wont change.

Not too sure as its taken a while to knock the barriers down, he has knocked some down but then another one is discovered straight away. Needs many more sessions.

Appendix G

Somatic Experience feedback form**Pre-session**

Session Number: _____

Name: _____

Date: _____

**Please circle only one rating****Physical symptoms:**Please describe and rate the intensity of pre-session physical sensations.On average how many times per week do you experience these sensations?Please rate how intense these sensations are on average during the week

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

Low 0 1 2 3 4 5 6 7 8 9 10 High

Feelings and emotional symptoms:Please describe and rate the intensity of pre-session emotional sensations.On average how many times per week do you experience these sensations?Please rate how intense these sensations are on average during the week

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

Low 0 1 2 3 4 5 6 7 8 9 10 High

Appendix H

Instruction sheet for SE feedback forms

Initial feedback forms should be administered to prisoners at the very beginning of their therapy and after therapy has concluded. They should only circle one numerical answer per scale.

Upon entering the session prisoners should be given the pre-session SE form to complete before the therapy session begins. Explain how to fill these in correctly stressing the importance of circling only one numerical response.

Before or after the session the physical and emotional symptoms indicated on the pre-session form should be transferred to the corresponding scale on the post-session form. It is very important that all symptoms are transferred across forms as this is how consistent and measureable data will be acquired. The prisoners should fill in the additional symptoms section themselves. Prisoners should be informed how to complete the form again stressing the importance of highlighting only one numerical response. The form should then be given to prisoners to complete themselves.

All symptoms from the post-session form should be transferred across to the seven and fourteen day follow-up sheets. This includes original and additional symptoms stated by the prisoners found on the post-session form. These forms should then be given to prisoners after seven days then after fourteen days. These forms should either be given to prisoners to complete or if time permits prisoners should be interviewed to ensure they are filled out correctly. The therapist should be careful to ensure he does not prompt answers from prisoners or bias their answers in anyway as this would not show a true reflection of symptom change.



Appendix I

Please return this form to Paul Marriott SE Therapist, Gartree Therapeutic Community.
You will be contacted directly to arrange an initial 1 hour session

Initial self assessment form

Name: _____ Date: _____

Please rate the **intensity** and average **frequency per week** of any that apply:

Phobias or depression	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Sleep disturbances	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Feelings easily hurt	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Excessive worrying	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Abrupt mood swings	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Uncontrollable rage	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Problems connecting with others	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Being easily startled	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Hyper-vigilance & hyperactivity	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Avoidance behaviours	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Attraction to danger	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Accident proneness	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Feeling frozen or immobile	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Forgetfulness	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Shakiness or dizziness	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+

Fear of dying	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Hypersensitivity to sound or light	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Disruptive thoughts and behaviour	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Anxiety and panic attacks	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Flashbacks or nightmares	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Headaches and other chronic pain	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Digestive problems	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Asthma attacks	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Neck/back problems frozen joints	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Chronic fatigue	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
General and localize pain	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
Additional symptoms _____	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+
_____	Intensity: Low 0 1 2 3 4 5 6 7 8 9 10 High Frequency: 0 1 2 3 4 5 6 7 8 9 10+

Please describe briefly what trauma you have suffered in your life. E.g. car accident in 2005 this has left me afraid to get back into a car. Trauma is personal to the individual.



Appendix J

Somatic Experience feedback form**Post-session**

Session Number: _____ Name: _____ Date: _____

Please circle only one rating**Physical symptoms:** Please describe and rate the intensity of physical sensations.

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

Feelings and emotional symptoms: Please describe and rate the intensity of emotional sensations.

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

Are you experiencing any new symptoms?**Physical symptoms:** If so please describe and rate the intensity of physical sensations.

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

Feelings and emotional symptoms: If so please describe and rate the intensity of emotional sensations.

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High



How did your physical and emotional symptoms change during the session?

What did you discover during the session (e.g. how you see or feel about yourself/others/the world)?



Appendix K

Somatic Experience clinical 7 day follow-up form

Session Number: _____

Name: _____

Date: _____

Please circle only one rating**Physical symptoms:**Please describe and rate the intensity
of physical sensations.On average how many times have you
experienced these sensations?

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

0 1 2 3 4 5 6 7 8 9 10+

0 1 2 3 4 5 6 7 8 9 10+

0 1 2 3 4 5 6 7 8 9 10+

0 1 2 3 4 5 6 7 8 9 10+

**Feelings and emotional
Symptoms:**Please describe and rate the intensity
of physical sensations.On average how many times have you
experienced these sensations?

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

0 1 2 3 4 5 6 7 8 9 10+

0 1 2 3 4 5 6 7 8 9 10+

0 1 2 3 4 5 6 7 8 9 10+

0 1 2 3 4 5 6 7 8 9 10+

0 1 2 3 4 5 6 7 8 9 10+

How have your symptoms changed since the therapy session?

If you have felt any negative emotional or physical symptoms in the time following the session what did you do?

How did you feel after you did this?



Session Number:

Name: _____

Date:

Physical symptoms:

Please describe and rate the intensity of physical sensations.

On average how many times have you experienced these sensations?

	Low	1	2	3	4	5	6	7	8	9	10	High
	Low	1	2	3	4	5	6	7	8	9	10	High
	Low	1	2	3	4	5	6	7	8	9	10	High
	Low	1	2	3	4	5	6	7	8	9	10	High
	Low	1	2	3	4	5	6	7	8	9	10	High

0	1	2	3	4	5	6	7	8	9	10+
0	1	2	3	4	5	6	7	8	9	10+
0	1	2	3	4	5	6	7	8	9	10+
0	1	2	3	4	5	6	7	8	9	10+
0	1	2	3	4	5	6	7	8	9	10+

Feelings and emotional Symptoms:

Please describe and rate the intensity
of physical sensations.

On average how many times have you experienced these sensations?

	Low	1	2	3	4	5	6	7	8	9	10	High
	Low	1	2	3	4	5	6	7	8	9	10	High
	Low	1	2	3	4	5	6	7	8	9	10	High
	Low	1	2	3	4	5	6	7	8	9	10	High
	Low	1	2	3	4	5	6	7	8	9	10	High

0	1	2	3	4	5	6	7	8	9	10+
0	1	2	3	4	5	6	7	8	9	10+
0	1	2	3	4	5	6	7	8	9	10+
0	1	2	3	4	5	6	7	8	9	10+
0	1	2	3	4	5	6	7	8	9	10+

How have your symptoms changed since the therapy session?



If you have felt any negative emotional or physical symptoms in the time following the session what did you do?

How did you feel after you did this?

Appendix L

SE feedback form

What did you like about the new questionnaire?

What did you dislike about the new questionnaire?

Are there any questions you feel could be added/taken out?

How easy was the questionnaire to understand?

Do you feel this will help better measure your change throughout therapy?

General comments



Somatic Experience post-session form

Session Number: _____

Name: _____

Date: _____

Physical symptoms: Please describe and rate the intensity of physical sensations.

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

Feelings and emotional symptoms: Please describe and rate the intensity of emotional sensations.

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

Are you experiencing any new symptoms?

Physical symptoms: If so please describe and rate the intensity of physical sensations.

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

Feelings and emotional symptoms: If so please describe and rate the intensity of emotional sensations.

_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High
_____ Low 0 1 2 3 4 5 6 7 8 9 10 High

What were the positive aspects of the session?

What were the negative aspects of the session?



How do your symptoms differ from before the therapy session?

What did you experience in the session?

Appendix M

Instructions for prisoners on how to complete the new feedback forms.

Initial feedback form

Symptoms of trauma are written on the left hand side of the feedback form. You will be asked whether you experience any of these symptoms. If you do you will be asked to rate how intense these symptoms are for you and roughly how many times you feel them each week. You should circle only one number for the intensity and one number for the frequency of each symptom. If you do not experience this symptom you should circle zero for intensity and zero for frequency per week. High numbers represent high levels of intensity whereas low numbers represent low levels of intensity.

Pre-session feedback form

Any physical symptoms felt before the session should be written in the top section of the form. Any emotional symptoms felt before the session should be written in the bottom section of the form. Here you will need to describe the intensity, how many times per week you feel these symptoms and their intensity during the week by circling the number that best shows the intensity of your feelings. You must only circle one number for each section. A larger number means the symptoms are very intense whereas a low number means they are not intense at all.

Post-session feedback form

You will be asked to rate how intense the physical and emotional symptoms you felt before the therapy session are after the session. This will help show whether there has been a change in symptoms due to the session. You will then be asked to write down any new symptoms you may be feeling. Physical symptoms should be written on the left hand side and emotional symptoms should be written on the right hand side. You will be asked to rate how intense these new symptoms are. You should only circle one number for each symptom. High numbers represent high levels of intensity whereas low numbers represent low levels of intensity. You should then write down how your physical and emotional symptoms changed during the session. You will then be asked to write down what you discovered during the session, this includes how you see or feel about yourself/ others/ and the world. This can be done for both positive and negative session experiences.

Follow-up feedback forms

All symptoms you felt after your last session will be written on this sheet. You will be asked to rate how intense the physical and emotional symptoms stated after your last session are now and roughly how often you have experienced these during the last week and their intensity

during this week. You should circle only one number for the intensity and one number for the frequency of each symptom. If you do not experience this symptom you should circle zero for intensity and zero for frequency per week. High numbers represent high levels of intensity whereas low numbers represent low levels of intensity. You will also be asked to comment on how your symptoms have changed since your session. You will then be asked whether you had experienced any negative symptoms during the week and to comment on what you did when you experienced them. Finally you will be asked to write how you felt after you dealt with the negative symptoms. This is the same for both the seven and fourteen day follow-up forms.