TREATMENT OF OFFENDERS: THE DELIVERY AND SEQUENCING OF INTERVENTIONS

By

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ABSTRACT

This thesis investigates the issues of treatment programme effectiveness and issues surrounding programme implementation such as the sequencing of interventions. Chapter 1 presents a historical account of the issue of offender rehabilitation and provides a critique of studies into the effectiveness of treatment programmes delivered in the UK. Regression analyses are used in Chapter 2 to investigate the predictive value of criminogenic needs, and the impact on reconviction levels of having a need met through the completion of a relevant treatment programme. Results highlighted the predictive validity of static risk factors over dynamic factors and indicated a lack of effectiveness of treatment programmes. Findings are discussed with reference to methodological limitations and the potential impact of programme implementation issues. Chapter 3 provides a review of the literature on the programme implementation issue of the sequencing of interventions. Studies investigating the process of behavioural change in offenders are reviewed; issues such as *readiness* to change and the impact of level of motivation to change are discussed with reference to the sequencing of a set of interventions. The views and experiences of violent and sex offenders regarding programme implementation issues are reported in Chapter 4. The desire for coherent sequencing of interventions is expressed by the majority of offenders and concerns are noted regarding a lack of communication with staff. The issues of responsivity to the needs of the individual offender and motivation to change are highlighted as impacting upon engagement with interventions. Chapters 5 and 6 report the views of treatment facilitators and Offender Supervisors and Managers regarding the sequencing of interventions. Staff recognised readiness to change issues and highlight the importance of the coherent sequencing of interventions. The results are discussed with reference to current practice, research limitations, and recommendations for further research.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

Thesis section   **Page**

Chapter 3: The Sequencing of Interventions with Offenders: An Addition to the Responsivity Principle

Z, Stephenson., Harkins, L., & Woodhams, J. (2013). The sequencing of interventions with offenders: An addition to the responsivity principle. Journal of Forensic Psychology Practice, 13, 429-455. doi: 10.1080/15228932.2013.850318

Chapter 4: The Delivery of Treatment Programmes in Prisons: A Qualitative Study of Prisoners in the UK

Chapter 6: The sequencing of interventions with offenders: In an ideal world…

Chapter 7: Thesis conclusion

References

Appendices

List of Tables

Chapter 2

List of Figures

CHAPTER 1

INTRODUCTION

Given the enormity of the impact on victims and the financial impact on society of sexual and violent offending, there is a clear need to decrease levels of offending. In order to achieve this goal, it is necessary to recognise the methods that are effective in achieving this goal (Chapman & Hough, 1998). The focus of this thesis will be on sexual and violent offenders, however, given the criminal versatility of such offenders (Hanson & Morton-Bourgon, 2005), theories and research of general offending will also be explored. Methodological difficulties in conducting quantitative research in the field of offender rehabilitation have been highlighted by researchers, and the need for qualitative research has been noted (Clarke, Simmonds, & Wydall, 2004). Therefore, qualitative methods will be used to compliment and expand upon a quantitative study investigating the effectiveness of treatment programmes.

1.1 Historical context of rehabilitation

Many efforts have been made over the last century to gain an understanding of precisely how levels of offending can be reduced (McGuire & Priestley, 1995). One contentious issue that has seen much debate is whether administering punishment will deter criminals and members of society from committing crimes (Joyce, 2006). Sir James Fitzjames Stephen, a distinguished judge in the early 20th century, was recorded as saying:

> I think it highly desirable that criminals should be hated, that the punishments inflicted on them should be so contrived as to give expression to that hatred…I think that the proper attitude of mind towards criminals is not long-suffering charity, but open enmity; for the object of the criminal law is to overcome evil with evil. (cited in Mullins, 1944, p. 99)

This extreme view is now held as being highly controversial. However, there remain some who believe that the harsher the punishment, the more likely it is that people will be deterred from committing a crime (Newman, 1983: Walker, 1972). Furthermore, in a recent online survey of 2039 British adults, 52% believed the death penalty to be an appropriate punishment for murderers rather than a prison sentence (Angus Reid Public Opinion, 2011).

However, if punishment is being used to reduce crime through deterrence, then there should be empirical support for this method, which does not appear to be the case. No evidence has been found for the effectiveness of a range of punishments used over the last century such as the transportation of offenders to Australia (Gillespie, 1923), public whippings (Caldwell, 1944), the death penalty (Walker, 1991) and harsh imprisonment (Fox, 1956).

Doll (1936) raised the topic of rehabilitation, highlighting the need to consider an offender's release to society following imprisonment:

> Considerations of prudence suggest that while the man is serving his time some effort be spent toward overcoming those influences which were instrumental on precipitating his misconduct. Therefore, we find in the modern treatment of the criminal, a historically new thought, namely, that of reform. (p. 698)

Doll (1936) suggested that it would be necessary to address the criminal's character defects and mental complexities, as well as to arm him with practical skills and spiritual attitudes before releasing the criminal back into society. In order to achieve this he highlighted the need for physicians, psychologists and teachers to all work together.

Despite the turn in the Prison Service towards rehabilitation, few would argue that rehabilitation is simple. Bennett (1956) likened the lack of knowledge of how to rehabilitate offenders with the lack of knowledge as to how cancer could be cured. It

would be safe to say that, some decades later, we know more about cancer. However, some may question whether the same could be said of rehabilitation. The state of such existing knowledge will now be considered.

1.2 What works in offender rehabilitation?

Despite the efforts made by the Prison Service to encourage law abiding behaviour in offenders, rates of recidivism still indicate that improvements to rehabilitation efforts must be made. The question as to *what works* in the rehabilitation of offenders has received much attention over the last few decades (this is expanded upon in chapter 3). As discussed in chapter 3, improvements in treatment effectiveness have been found where they adhere to the Risk-Need-Responsivity (RNR) principles (Andrews, Bonta, & Hoge, 1990) and, more recently, the Good Lives Model (GLM; Ward & Stewart, 2003).

However, despite a wealth of knowledge as to *what works* in offender rehabilitation programmes, much of this knowledge is not being put into practice (Gendreau, Goggin, & Smith, 2000). One factor considered to be, in part, responsible for this problem is inadequacy experienced in *technology transfer* whereby knowledge necessary to inform good practice in rehabilitation is not reaching practitioners (Leschied, Bernfeld, & Farrington, 2001).

One way to ensure this transfer occurs is through the use of accredited programmes. In England and Wales, the Correctional Services Accreditation Panel (CSAP) exists with a mandate to reduce reoffending by ensuring that interventions adhere to certain criteria if they are to be used, thus creating a *gold standard* of interventions (Maguire, Grubin, Losel, & Raynor, 2010). As of 2008, the CSAP is an advisory, non-statutory body within the Ministry of Justice. The CSAP Panel believe that:

> ...high quality interventions, delivered to a high standard, should have a significant
>
> impact on the reconviction rates of offenders who have received them (in

comparison with both their own predicted reconviction rates and the reconviction rates of comparison groups who have not received them). (Maguire et al., 2010, p.39)

They, therefore, have to assess whether or not a programme is of a high enough standard to reduce levels of reoffending; in order to make this decision they must measure programmes against ten accreditation criteria:

- Clear model of change: Programmes should provide an explicit explanation as to how the programme will reduce the likelihood that an offender will reoffend.

- Selection of offenders: The programme should specify the type of offender to be targeted and the method by which they will be selected.

- Targeting a range of dynamic risk factors: Programmes should describe how they address the dynamic criminogenic risk factors.

- Effective methods: The choice of treatment methods should be guided by evidence as to what is successful in addressing specific risk factors.

- Skills orientated: Programmes should evidence that they will provide offenders with skills that can help them avoid criminal activity.

- Intensity, sequencing and duration: The frequency and number of treatment sessions must be appropriate for the treatment needs typical of the majority of participants in the programme.

- Engagement and motivation: Programmes should aim to maximise levels of engagement and motivation in offenders.

- Continuity of programmes and services: The overall management of an offender in prison and in the community should be linked to the programmes in which an offender participates.

- Maintaining integrity: The delivery of programmes should be monitored by in-built mechanisms to enable changes to be made if necessary.

- Ongoing evaluation: A plan must be made as to how a programme will be evaluated in order to assess efficacy.

Whilst adhering to the above criteria is thought to increase the likelihood that offenders who participate in accredited programmes will not re-offend, it has been suggested that the issue of responsivity to the individual needs of an offender is of paramount importance (Kennedy, 2000). However, as is evident, even accredited programmes do not *work* for all offenders all of the time (Andrews & Bonta, 1995; Marshall et al., 2003). For example, additional issues such as an offender's level of motivation to change (McMurran, 2009; McMurran & Ward, 2010) and the relationship between therapist and offender (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000) have been found to impact upon the likelihood that an offender will benefit from a programme (for further discussion see chapters 3 and 4, respectively).

Therefore, a difficulty facing treatment practitioners lies in the juxtaposition between maintaining programme integrity (through following a programme manual) and adhering to the responsivity principle (i.e., being responsive to the needs of the individual offender) (Hatcher, 2008).

1.3 Treatment programmes in England and Wales

Research conducted into the effectiveness of a range of treatment programmes has shown promising results in terms of reducing the likelihood of re-offending. Although such research has been found to be subject to methodological flaws leading to difficulties in interpreting findings, the existing evidence for these programmes will be outlined below.

1.3.1 Reintegration programmes: Employment

Although employment programmes are not accredited under the CSAP, research findings have offered some support for the effectiveness of interventions with offenders to assist them in gaining employment on release. In a review of research, Hurry, Brazier, Parker and Wilson (2006) found that offenders who received an intervention designed to help with employment were more likely to gain employment. Consistent with this review, a recent study in the UK found that offenders who gained employment were less likely to re-offend in the year following release, and, where a re-offence occurred, the elapsed time before an offence occurred was longer for those who had gained employment (MoJ, 2013). However, the difficulty in establishing causality was noted in that there may have been additional variables impacting upon the rate of re-offending.

In addition, support for employment interventions was found by Sarno, Hearnden and Hedderman (2001, as cited in Friendship & Debidin, 2006). Offenders aged 16 to 25 who took part in an intervention aimed at improving their job search skills, confidence and motivation were less likely to re-offend than a group who were referred to the programme but chose to not attend. The authors note the difficulty in drawing conclusions given the differences between offenders who chose to participate and those who did not, such as level of motivation to change and additional criminogenic needs.

1.3.2 Reintegration programmes: Education

Similarly, education programmes do not come under the banner of CSAP accredited programmes, however, providing educational programmes for offenders is thought to be beneficial in terms of reducing levels of offending although the research into the effectiveness of such programmes has produced mixed results. In a review of research exploring the effectiveness of re-entry programmes, it was concluded that whilst education programmes were effective in increasing levels of educational achievement, the programmes did not lead to lower levels of re-offending (Seiter & Kadela, 2003).

Research into the effectiveness of prison and probation education programmes for adults in the UK such as the Basic Skills programme (to address deficits in basic literacy and numeracy skills) has not yet been conducted. However, in a study conducted in the UK by the Youth Justice Board (Hurry & Moriarty, 2004), some young offenders were found to have benefitted from participating in interventions to address educational needs. Offenders who made greater educational achievements were less likely to re-offend than those whose achievements were lower. However, the authors note that the intervention also involved addressing drugs and alcohol misuse, which may lead to a reduction in re-offending and that there could have been additional factors that impacted upon the likelihood of a re-offence taking place. Although research findings appear to indicate the benefits of providing educational programmes for offenders, more research would need to be conducted to establish the extent to which participation (i.e., consistent attendance and engagement) in a programme is causal in reducing rates of re-offending.

1.3.3 Rehabilitation programmes: Substance misuse

Drug and alcohol misuse is significantly more prevalent among offenders than in the general population (Fazel, Bains, & Doll, 2006). As such, research has been conducted to investigate the benefits of providing substance misuse programmes for offenders in terms of reducing re-offending rates. In a meta-analysis of studies investigating the effectiveness of a range of drugs treatment programmes worldwide, the majority of studies show a significant reduction of re-offending for offenders who completed such programmes (Holloway, Bennett, & Farrington, 2005). However, studies in the analysis were criticised for a lack of comparison groups and the authors warn against inferring causality.

Studies of substance misuse programmes in the UK have found some promising results. An evaluation of the Canadian Offender Substance Abuse Pre-Release programme

(OSAP) (now delivered in the UK) found an improvement in performance on pre and post programme measures demonstrating the effectiveness of the programme in terms of providing offenders with the skills necessary to reduce the likelihood of recidivism (Millson, Weekes, & Lightfoot, 1995). However, they note that the severity of an individual's substance abuse and additional individual needs are also associated with reconviction.

In a recent study investigating the short term impact of Prison Addressing Substance Related Offending (P-ASRO), pre and post treatment psychometric measures were used to identify changes in offenders. A reduction in impulsivity and an increase in social problem solving skills and self reported increased motivation to take action to change was found in those who completed the programme (Crane & Blud, 2012). However, it was not possible to control for age, risk score, or main type of drug used within the sample. In addition, changes in scores on psychometric measures may not necessarily have led to a lower rate of re-offending.

Investigations into the Rehabilitation of Addicted Prisoners Trust (RAPt) programme have found reductions in reconviction rates over a one year period following release of 25% (Martin & Player, 2000) and 13% (Liriano, 2002, cited in Martin, Player, & Liriano, 2003) in groups of offenders who completed the programme compared to those who received no treatment. A significant reduction (10%) was also found in a two year follow-up period (Liriano, 2002, cited in Martin et al., 2003). However, this finding was based on comparisons to expected reconviction rates (based on static risk factors such as age and pre-convictions) rather than a control group. A further finding was that the effectiveness of the programme was proportional to the length of time spent in treatment; the longer the time period, the lower the reconviction rates. Martin and Player (2000) note the need to consider the type of crime being committed following release, in addition to

whether or not an offence occurs, as a measure of the effectiveness of a programme. For example, where offenders complete the RAPt programme they may re-offend, however, the offence may be less serious than previous offences which would point to the positive impact of completion of a RAPt programme from a harm reduction perspective.

Alcohol misuse has been found to increase the likelihood of violence and general disorderly conduct (McMurran, 2006), but there is a paucity of recent research investigating the effectiveness of alcohol specific interventions in the UK (McMurran, 2006; Roberts, Hayes, Carlisle, & Shaw, 2007). However, previous research does offer some evidence to support the effectiveness of alcohol programmes in reducing reconviction rates (Baldwin et al., 1991, cited in McMurran, 2006; Singer, 1991). The suggestion has been made that there is a need for more provision of alcohol specific programmes and for programme evaluations to be conducted (McMurran, 2006).

As outlined above, methodological flaws have been found in previous research. As such there is a need to consider such flaws in carrying out further research in this area in order to establish the effectiveness of substance misuse programmes.

1.3.4 Cognitive behavioural programmes

1.3.4.1 General offending

A range of accredited cognitive behavioural programmes aimed at reducing re-offending by addressing offender thought processes and behaviour are currently available to offenders in England and Wales. Studies investigating the effectiveness of cognitive behavioural programmes (such as Enhanced Thinking Skills (ETS), Thinking Skills Programme (TSP), Reasoning and Rehabilitation (R & R), Think First, and the Cognitive Self Change Programme (CSCP)) have achieved mixed results and have been found to contain certain methodological flaws as outlined below.

Statistically significant reductions in recidivism levels among offenders who had participated in an accredited cognitive behaviour programme have been found in a number of studies (Cann, Falshaw, Nugent, & Friendship, 2003; Friendship, Blud, Erikson, Travers, & Thornton, 2003; Henning & Frueh, 1996; Hollin et al., 2004; Hollin et al., 2008; McGuire et al., 2008; Sadlier, 2010). However, other studies have found no significant reduction in recidivism for some specific types of offenders. For example, reductions in reoffending were not found for low risk or high risk offenders in Friendship et al.'s study (2003) or for low, medium-low and high risk offenders in Falshaw, Friendship, Travers, and Nugent (2003). In addition, medium-high risk offenders who participated in a programme were found to be significantly *more* likely to re-offend than their medium-high risk counterparts who did not participate (although risk level was not found to be predictive of a re-offence occurring) (Falshaw et al., 2004) .

Methodological issues within the studies cited above have been noted by authors. For instance, the potential impact of an offender's motivation to change upon the effectiveness of treatment programmes and likelihood of re-offending has been noted with reference to the need to control for motivation levels (Falshaw et al., 2004; Friendship et al., 2003; Henning & Frueh, 1996; Maguire et al., 2008). However, Maguire et al. (2008) further suggest that organisational, contextual and programme implementation issues may have a greater impact on programme completion than offender motivation. In addition, differences in level of re-offending between offenders who complete a programme, and those who start the programme but fail to complete it, highlight the need to control for the issue of programme drop out in studies evaluating treatment programmes (Cann et al., 2003; Falshaw et al., 2004; Friendship et al., 2003; Hollin et al., 2008). For example, Cann et al. (2003) found that, prior to removing offenders who dropped out of the programme from the study, no significant reduction in reconviction rates were found.

However, once they were removed, significant reductions in reconvictions were found. The need to control for static risk factors (e.g., offence history and age) (Howard, Francis, Soothill, & Humphreys, 2009) has also been noted (Falshaw et al., 2004; Friendship et al., 2003; Henning & Frueh, 1996) due to findings that such factors are significant predictors of re-offending.

The findings of programme evaluation studies indicate that completion of a treatment programme can lead to a reduction in the likelihood of re-offending. However, issues highlighted as impacting upon re-offending levels such as offender motivation to change, programme attrition, and static risk factors must be taken into account in future research.

1.3.4.2 Violent offending

Anger Replacement Training (ART) has been found to significantly reduce the likelihood of violent re-offending with a 13.3% decrease in reconviction rates for those offenders who had completed the programme compared to a matched control group of violent offenders (Hatcher et al., 2008). Reconviction rates among offenders who dropped out of the programme were higher than in those who did not start the programme. Where non-completers and non-starters were removed from the sample, the reduction rate increased to 15.1%. As in similar studies, the authors note that one explanation for this reduction could lie in existing high levels of motivation to change in those who complete the programme. In order to further the evidence base for the ART programme, it is necessary for more research to be conducted and for research to control for levels of motivation in offenders where possible.

1.3.4.3 Sexual offending

In meta-analyses incorporating studies of the effectiveness of sex offender treatment programmes worldwide, treatment has been found to significantly reduce the

likelihood of reconviction, particularly where cognitive behavioural methods were used (Hanson et al., 2002; Losel & Schmucker, 2005; Robertson, 2005).

Specifically with reference to the Sex Offender Treatment Programme (SOTP) used in prisons and probation areas in England and Wales, the National Offender Management Service (NOMS) claims that research into the effectiveness of the SOTP has found promising results (NOMS, 2010). However, these claims have been critiqued for being somewhat misleading as research cited in the NOMS report focused on recidivism as a measure of programme effectiveness and did not include findings of all pertinent studies (Hickey, 2012). For example, sex offenders who participated in the SOTP between 1992 and 1994 had significantly lower levels of combined sexual and violent recidivism than a matched group who did not participate (Friendship, Mann, & Beech, 2003). However, when sexual recidivism was investigated separately, recidivism was lower in the treatment group than control group but this result was not statistically significant.

The need to assess whether an offender has responded to a programme rather than merely look to programme completion has also been noted (Beech, Erikson, Friendship, & Ditchfield, 2001). There is a need to look at whether an offender was deemed to be responsive to treatment and look at subsequent recidivism between those who were felt to have responded and those who were not (Beech et al., 2001). Offenders assessed as having responded to the SOTP have been found to be significantly less likely to re-offend than matched groups who participated in treatment but who were considered to be non-responsive to the SOTP (Beech et al., 2001; Beech, Mandeville-Norden, & Goodwill, 2012).

Low rates of sexual reconviction have led to difficulties when attempting to evaluate sex offender treatment programmes with small sample sizes leading to difficulties in obtaining a statistically significant result (Friendship et al., 2003). Additionally,

difficulties exist in using reconviction as an outcome measure for sex offender treatment due to low rates of reporting of sexual offences with sexual recidivism rates found to be higher than those shown in police records (Abel et al., 1987; Falshaw, Friendship, & Bates, 2003). In addition, the use of psychometric test results as an outcome measure for treatment effectiveness has also been criticised (Wakeling & Barnett, 2014). Given criticisms of previous studies regarding methodological flaws, there is an evident need for further studies investigating the effectiveness of the SOTP.

Despite the methodological limitations of research investigating the effectiveness of a range of treatment programmes (as outlined above), findings are predominantly promising. Where flaws have been noted, it is now necessary to design and carry out studies which attempt to address these issues thus furthering the knowledge base as to *what works* in reducing re-offending.

1.4 Difficulties in programme evaluation

In order to establish treatment programme efficacy, attempts have been made to conduct rigorous programme evaluations. However, as mentioned above, difficulties in research methodology have arisen leading to inconsistencies in findings. The range of quantitative methods used to evaluate the effectiveness of a programme has varied in level of validity (Harper & Chitty, 2005). The Maryland Scale (Sherman, Gottfredson, MacKenzie, Reuter, & Bushway, 1997) provides a hierarchy of methodological standards ranging from 1 to 5,with 1 being lowest and 5 being highest: 1) The measurement of simple correlation between a programme and crime; 2) the measurement of crime levels before and after a programme without using a control condition; 3) the measurement of crime levels before and after a programme using an unmatched control group; 4) the measurement of crime levels before and after a programme using a matched comparison group; 5) using the randomised control method (RCT) in order to allocate offenders to the

treatment or control group prior to measuring crime before and after a programme. By randomly allocating offenders into the treatment or control group, there is minimal chance that significant differences will exist between the two groups. As such, the RCT is considered to be the optimum design for evaluating the effectiveness of treatment programmes (Sherman et al., 1997). However, logistical, ethical and financial factors can mean that using this method is unfeasible in the field of treatment evaluation (Hickey, 2012).

Indeed, there has been much dispute over whether or not RCT's can be seen as the 'gold standard' for research; it has been questioned whether RCT's actually provide us with more accurate results (Hollin, 2008). In order to produce a robust evidence base as to 'what works' in reducing reoffending, it has been suggested that, although RCT's can be seen to have high levels of validity, they are not without their flaws and as such other research designs such as high quality quasi-experimental studies can offer the same standard as pure RCT (Hollin & Palmer, 2009; Lipsey, Chapman, & Landenberger, 2001).

Another factor relevant to determining the quality of RCT's, is whether studies should include offenders who fail to complete a programme. Differences have been found in recidivism rates between completers, non starters and non-completers with offenders who start a programme but drop out being more likely to re-offend than those who do not start a programme. It is therefore suggested that non-completers are omitted as a comparison group in studies of treatment effectiveness (Hollin et al., 2003; Hollin et al., 2008).

A further explanation for inaccuracies in *what works* research is the *would do well anyway* explanation, which argues that an offender who was already motivated to stop offending will be more likely to participate in and complete a programme. However, as noted by Hollin and Palmer (2009), not all offenders who complete programmes are

previously highly motivated to change; this would therefore nullify the conclusion that motivation (rather than programme content) is the key cause of a reduction in recidivism. The suggestion is made that additional *readiness to change* (this is expanded upon in chapter 3) issues (Ward, Day, Howells, & Birgden, 2004) should be considered whilst reviewing non-completers (Hollin et al., 2008).

Methodological flaws notwithstanding, quantitative research conducted over the last two decades investigating the effectiveness of treatment programmes for offenders has offered support for the utility of programmes in reducing re-offending. Researchers have become increasingly aware of variables which may impact upon the validity of programme evaluation research such as motivation to change, static risk factors (e.g., age, offence history, offence type), the presence of additional dynamic risk factors (e.g., employment issues, educational needs, drug misuse issues), and programme completion or non-completion. Where possible, it is therefore necessary to control for such factors in order to further the *what works* evidence base. Although quantitative methods can give some indication as to programme effectiveness through the use of re-offending rates, there is a definite place for qualitative research if more intricate details regarding programme effectiveness (e.g., why a programme would be effective for one offender but not for another) are to be uncovered (Hollin, 2008). There is a need to utilise both quantitative and qualitative research methods in order to gain a fuller understanding as to whether programmes are effective at reducing re-offending. In particular, qualitative methods could be used to help develop an understanding of certain factors (e.g., programme content, programme implementation, therapeutic relationship, motivation to change) which may impact upon the effectiveness of programmes.

1.5 Thesis aim and structure

The majority of research in this area highlights the need for further research in the field of offender rehabilitation through reconviction studies to establish *what works* in reducing recidivism. In addition, the need to conduct qualitative research in order to explore factors which impact upon programme effectiveness has been identified (Clarke, Simmonds, & Wydall, 2004). Therefore, the aim of this thesis is to add to the body of research in the area of evaluating programme effectiveness in terms of reductions in reconviction levels, and to qualitatively explore issues surrounding programme effectiveness.

This thesis comprises of a further six chapters. Chapter 2 is a quantitative study aiming to investigate criminogenic needs of sex offenders and the effectiveness of a variety of treatment programmes in the UK aiming to address such criminogenic needs. Sex offenders have been found to share criminogenic needs with non-sexual offenders and have been found to be criminally versatile (Hanson & Morton-Bourgon, 2005). As such, a range of non-sexual offence specific interventions are investigated as well as a sex offender specific programme. In addition, this study investigates the extent to which an offender's level of risk impacts upon whether they will participate in a treatment programme (i.e., adherence to the risk principle). The findings are discussed with reference to factors potentially influencing programme effectiveness such as offender risk level. The suggestion is made that it is necessary to look at *readiness to change* factors which may impact upon whether an offender engages with a treatment programme.

Chapter 3 provides a narrative literature review of models of rehabilitation (i.e., The Risk Need Responsivity (RNR) and Good Lives Model (GLM) frameworks) and explores factors relating to the process of behavioural change in an offender. Research into the issues of motivation to change and *readiness* to change are reviewed and discussed

with reference to whether such knowledge can be used to inform practice as to the sequence in which interventions are delivered.

NOMS have recognised the importance of coherent sequencing of interventions and have highlighted the need for research to be conducted in this area. Chapter 4 approaches this issue through structured interviews with sexual and violent offenders in the West Midlands. An exploration of prisoners' views on the sequence in which they have participated in interventions is reported. In addition, their views on communication with staff regarding their sentence plan and their views on treatment programmes in general are elicited. Findings are discussed with reference to current practice. Additional factors highlighted by offenders as having impacted upon the extent to which they have benefitted from treatment programmes are also reported.

Chapters 5 and 6 report qualitative studies which further explore the issue of the sequencing of interventions from the perspective of staff in the correctional services in the West Midlands. Chapter 5 reports the findings of an online questionnaire eliciting the views of treatment facilitators regarding the timing and sequencing of interventions. Chapter 6 provides an analysis of telephone interviews conducted with Offender Supervisors and Offender Managers regarding their views on the timing and sequencing of interventions. Findings are discussed with reference to current practice in terms of the sequencing and timing of interventions. The findings and limitations of all studies are discussed in chapter 7 with reference to implications for practice and suggestions for further research.

STATEMENT OF AUTHORSHIP

Chapter 3 has been published[1] and chapter 5 has been submitted for publication[2]. The

authorship on each chapter indicates collaborative working. To clarify, I am the senior

author and my supervisors Jessica Woodhams and Leigh Harkins are also named as

authors. Chapters 4 and 6 are intended for future publication, as a consequence there may

be repetition of material in introduction and discussion sections.

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[1] Chapter 3 - Z, Stephenson., Harkins, L., & Woodhams, J. (2013). The sequencing of interventions with offenders: An addition to the responsivity principle. *Journal of Forensic Psychology Practice, 13,* 429-455. doi: 10.1080/15228932.2013.850318

[2] Chapter 5 - Z, Stephenson., Woodhams, J., & Harkins, L. (submitted). What works in the delivery of treatment programmes: A qualitative study with treatment facilitators in the UK. *International Journal of Offender Therapy and Comparative Criminology.*

CHAPTER 2

THE IMPACT OF INTERVENTIONS OF SEXUAL AND NON-SEXUAL

RECONVICTION

Research in the area of effectiveness of interventions in terms of reducing re-offending has yielded mixed results and has contained methodological flaws as outlined in chapter 1. Due to the criminal versatility of sex offenders, it is necessary to assess criminogenic needs for both general re-offending and sexual re-offending and to address these needs through interventions aimed at reducing the likelihood of a re-offence occurring. Chapter 2 highlights the range of criminogenic needs (as provided in OASys assessments) of sex offenders and investigates the effectiveness of a wide range of interventions with reference to both sexual and non-sexual reconviction. As highlighted in chapter 1, offender motivation to change may impact upon the effectiveness of interventions, therefore, the issue of motivation is considered when analysing data.

Chapter 2: The Impact of Interventions on Sexual and Non-sexual Reconviction

2.1 Introduction

Victim reports of incidents of sexual offending in the Crime survey in England and Wales between 2009 and 2012 indicate an approximate rate of 475,000 sexual offences each year (roughly 83% female and 17% male victims). The majority of these offences are categorised as "other sexual offences" (e.g., unwanted touching, indecent exposure), however, the "most serious sexual offences" such as rape and sexual assault are also reported, with approximately 0.5% (85,000) of females and 0.1% (12,000) of males reporting incidents of rape or sexual assault between 2012 and 2013 (Ministry of Justice, Home Office and the Office for National Statistics, 2013).

Police recorded figures of sexual offences between 2012-2013 showed 55,812 incidents (a 9% increase from the period 2011-2012) (Office for National Statistics, 2013). The majority (approximately 70%) of sexual offences reported to the police fall into the category of "most serious sexual offences" (Ministry of Justice, Home Office and the Office for National Statistics, 2013). The reported increase in both serious and other sexual offences over the last year has been attributed, in part, to Operation Yewtree (linked to the well-publicised Jimmy Saville enquiry) which has encouraged victims to report historical and recent cases of abuse (Office for National Statistics, 2013).

The negative short and long term effects of sexual abuse on child and adult victims are of obvious concern (Hanson, 1990), furthermore the initial cost to the criminal justice system (i.e., Crown Court cost, cost of prison detention, and the cost of participation in the Sex Offender Treatment Programme) following a conviction for a serious sexual offence is estimated at approximately £100,000 per offender (Elliott & Beech, 2012). An offender convicted of rape will serve a custodial sentence of approximately eight years (Ministry of

Justice, Home Office and Office of National Statistics, 2013), and with the average cost per annum for a prison place standing at nearly £40,000, the total cost to society is considerable.

Treatment programmes specific to sex offenders have been found to reduce levels of re-offending by up to nearly 37% where both psychological and medical methods are applied (Losel & Schmucker, 2005) and approximately 27% where psychosocial programmes are used (Hanson et al., 2002). Studies investigating the effectiveness of cognitive behavioural programmes have yielded mixed results; however, there is much evidence to support the effectiveness of cognitive behavioural programmes in terms of reducing recidivism (Hollin, Palmer & Hatcher, 2013). In accordance with the risk principle (Andrews & Bonta, 2010) it has been found that where a high risk offender receives treatment proportional to their risk level, it is possible to reduce their level of risk of re-offending to that of offenders assessed at being low risk of re-offending (Beech, Mandeville-Norden, & Goodwill, 2012). Therefore, the categorisation of offenders to the correct risk level is of paramount importance in the delivery of treatment to sex offenders (Beech at al., 2012; Lovins, Lowankamp, & Latessa, 2009).

Despite findings relating to the need to match level of risk to the intensity of programmes, a study by Mailloux et al. (2003) found no significant difference in the level of participation in general cognitive skills programmes between low and high risk sex offenders. Additionally, no significant difference was found in participation of specific sex offender programmes between low and medium risk offenders, however, the high risk group were significantly more likely to participate in a programme than their low and medium risk counterparts. An explanation for such findings may lie in factors found to reduce the likelihood of participation in a sex offender treatment programme such as education issues, number of pre-convictions, childhood victimisation and denial of offence

(Geer, Becker, Gray, & Krauss, 2001; Gibbons, de Volder, & Casey, 2003; Harkins, Beech, & Goodwill, 2007).

Measuring the risk of sexual recidivism has involved the identification of variables considered to hold predictive value. In a meta-analysis conducted by Hanson and Morton-Bourgon (2005), factors considered to be predictors of recidivism in sexual offenders fell into seven categories: Sexual deviancy, anti-social orientation, sexual attitudes, intimacy deficits, adverse childhood environment, general psychological problems, and clinical presentation. Factors in the domains of sexual deviancy and anti-social orientation were found to have the greatest predictive accuracy. General sexual attitudes and intimacy deficits were also related to sexual recidivism, however, no association was found between sexual recidivism and adverse childhood environments, general psychological problems and clinical presentation.

Furthermore, Hanson and Morton-Bourgon (2005) highlighted dynamic risk factors for sexual recidivism such as employment instability, loneliness, and low self-esteem. However, it is noted that only in a minority of cases will sexual offenders recidivate sexually (although actual rates of sexual recidivism may be significantly higher than reported rates (Abel et al., 1987; Falshaw et al, 2003)) with the majority of recidivism among sexual offenders being of a non-sexual nature. It is suggested that, despite the criminal versatility of sexual of offenders, their general anti-social characteristics have been neglected in terms of treatment (Cortoni, 2009). Due to the overlap in risk factors for sexual and non-sexual recidivism it is further suggested that the literature on the assessment and treatment of general offenders can be extrapolated and applied to sexual offenders (Hanson & Morton-Bourgon, 2005). Therefore, it is necessary to look at the criminogenic needs identified for general offending in addition to those for sexual offending (Andrews & Bonta, 2010).

Andrews and Bonta (2010) provide a summary of risk/need factors associated with offending known as the Central Eight comprising of The Big Four (considered to be the major risk/need factors) and The Moderate Four thought to have an impact upon recidivism but to a lesser extent than The Big Four. The Big Four (found to have the greatest predictive value) are: a history of antisocial behaviour (e.g., a high number of pre-convictions, young age of first offence, and criminal versatility); antisocial personality pattern (e.g., a lack of self-control and difficulty coping); antisocial cognition (e.g., pro-criminal beliefs and attitudes); and antisocial associates (e.g., friends and/or family members who support criminal activity). The Moderate Four risk/need factors are: family/marital issues (e.g., relationship difficulties); education/employment difficulties; substance abuse (i.e., misuse of drugs and/or alcohol); and leisure/recreation (i.e., a lack of participation in non-criminal activities).

The identification of a variety of static (i.e., factors which do no fluctuate such as number of prior offences, age of first offence, gender) and dynamic risk factors (i.e., changeable factors such as substance misuse, employment status, criminal peers) for general offending (as outlined above) has been instrumental in the development of offender assessments intended to determine the risk that an offender may pose in terms of the likelihood that they will re-offend (Craig, Browne, & Beech, 2008; Robinson, 2003). In addition, the identification of dynamic risk factors has been instrumental in informing practitioners of the areas in an offender's life which, if addressed, could lead to a reduction in the likelihood of re-offending or a decreased severity of subsequent offences (Robinson & Crow, 2009).

Historically, offender assessment has relied largely upon the unstructured clinical judgement of experienced professionals working with offenders (Boer & Hart, 2009; Crighton, 2005). The issue of whether clinical judgement is preferable to standardised

actuarial assessments has been the subject of debate over the last two decades (Boer & Hart, 2009). The need to accurately assess the risk an offender poses is of vital importance given the undesirable consequences of over-estimating risk, such as unnecessarily long periods of incarceration, or the under-estimating risk leading to an inadequate level of treatment and/or the release of high risk offenders and the subsequent increased risk to members of the public (Boer & Hart, 2009).

The use of unstructured clinical judgement has been criticised for being overly subjective and for being an unreliable and non-validated measure of risk (Andrews & Bonta, 2010), however, it is noted that the accuracy of professional judgement varies between practitioners and, where predictions are based on a knowledge of known risk factors, judgements may be accurate (Crighton, 2005). A meta-analysis looking at the accuracy of risk assessment for sexual offenders found actuarial risk assessment to have better predictive accuracy than unstructured clinical judgement across the 118 studies (Hanson & Morton-Bourgon, 2009).

In order to identify high risk offenders and provide the appropriate intensity of treatment required to reduce risk level, actuarial risk assessments for sexual offenders have been developed. The accuracy of actuarial risk assessments such as the Static-99, Risk Matrix 2000, and the Sex Offender Risk Appraisal Guide (SORAG) is now largely accepted (Harkins & Beech, 2009). Predominantly, the focus of assessments are the static risk factors (e.g., age, pre-convictions and offence type), however, the Sexual Violence Risk – 20 (SVR-20) (Boer, Hart, Kropp, & Webster, 1997) includes dynamic risk factors such as social support network, employment problems and attitudes to offending. Similarly, the Offender Assessment System (OASys; HM Prison Service and National Probation Directorate, 2001), currently used across the National Probation Service and HM Prison Service in the UK, includes both static and dynamic factors.

The OASys assessment is carried out with all offenders at the beginning of a prison or community sentence and is designed to identify an offender's criminogenic needs, assess the level of risk they pose to themselves or others, provide information for treatment and highlight any need for further specialist assessment. The assessment is repeated at intervals throughout the sentence in order to assess any change in criminogenic needs and risk level. The OASys comprises of twelve sections in total and includes criminogenic areas such as: accommodation; education; training and employability; financial management and income; relationships; lifestyle and associates; drug misuse; alcohol misuse; emotional well-being; thinking and behaviour; and attitudes. Each section contains a number of questions which are scored (0 = no problem, 1 = some problems, 2 = significant problems). The assessment is carried out as an interview with a trained member of prison or probation staff. The practitioner decides whether problems are linked to offending, i.e., whether it is a criminogenic need. Scores from each section are weighted and a summary score of risk is provided (Robinson & Crow, 2009). OASys contains the Offender Group Reconviction Scale (OGRS); a predictor of re-offending based on static risk factors (i.e., age, pre-convictions, age at first conviction, gender and offence type) implemented in 2008 and now updated (OGRS3) in order to improve the accuracy and speed of completion (Howard, Francis, Soothill, & Humphreys, 2009). The predictive accuracy of the OGRS3 has been established and has improved over time although there is acknowledgment of the need to consider dynamic risk factors in addition to static factors when making predictions (Howard et al., 2009).

The General Re-offending Predictor (OGP) in OASys contains a mixture of static and dynamic risk factors for general (non-sexual) re-offending and is considered to be a more accurate measure than the OGRS3 that contains only static items (Howard, 2009). Similarly, the OASys Violence Predictor (OVP) has been found to be an accurate

predictor of violent offending (e.g., assault, aggravated burglary). Each measure places different weighting on sections of the OASys assessment in accordance with the strength of the dynamic risk factor for either violent or non-violent offending. Separate risk assessments are required specific to sexual re-offending (Howard, 2009).

Despite the reported predictive accuracy of scoring systems within OASys, it is noted that scores are only able to provide an estimate of the probability of whether an offender will re-offend rather than being able to predict whether or not a specific individual will re-offend (Robinson, 2003). The OASys measure has been found to have good inter-rater reliability for most sections, however, in the areas of alcohol misuse and thinking and behaviour there was poor consensus between raters (Morton, 2009).

As mentioned above, the Risk principle (Andrews & Bonta, 2010) highlights the need to match the duration and intensity of treatment to the risk level of an offender and the Need principle states that treatment should address an offender's criminogenic needs. The OASys assessment is therefore instrumental in guiding treatment for each offender. Given the recognition of the criminal versatility of sexual offenders and the overlap in criminogenic needs between non-sexual and sexual offenders (Hanson & Morton-Bourgon, 2005), the usefulness of the OASys assessment in guiding treatment for those imprisoned for a sexual offence is evident.

Rationale and study aims

Findings regarding the effectiveness of a range of offender behaviour programmes and resettlement interventions have been mixed (see Chapter 1 for a summary). In addition, research into the effectiveness of resettlement interventions (such as those addressing accommodation and employment) is limited. The OASys assessment contains details of all criminogenic needs identified for an individual and includes a record of interventions for that person. As mentioned, sexual offenders can be criminally versatile

and therefore criminogenic needs for general offending must be considered in addition to those for sexual offending (Andrews & Bonta, 2010)

Therefore the aim of the current study was to:

- Investigate the association between the wide range of offender needs (as indentified in offender OASys assessments) experienced by the members of the sample group of offenders who have been convicted of a sexual offence and their sexual and non-sexual recidivism and to then determine if offender needs are predictive of re-offending.

- Explore the impact upon recidivism within a four year period of completion of an intervention relevant to a criminogenic need.

In addition, as the OASys assessment contains factors found to impact upon re-offending such as static risk factors (Howard et al., 2009), motivation (McMurran & Ward, 2010) and location of intervention (Friendship & Debidin, 2006), the study also aimed to:

- Explore whether participation in an intervention (i.e., where an offender took part in and completed an intervention) varied according to risk score.

- Confirm previous findings that static risk scores are predictive of recidivism.

- Investigate the impact of level of motivation and location of intervention upon recidivism.

2.2 Method

2.2.1. Data

Data regarding offender demographics, offender needs, intervention participation and risk scores were extracted from Offender Assessment System (OASys) assessments obtained from the OASys Data, Evaluation and Analysis Team (O-DEAT). Data for all offence types were included in the dataset; offenders who had been imprisoned for a sexual offence were extracted from the dataset for the current study. Sex offenders in the

sample had served a prison sentence and/or a community sentence which ended between January 2005 and December 2009 across all prison and probation areas in the United Kingdom. The request was made to O-DEAT that offenders in the dataset had completed their sentence by 2009 to allow for a four year follow-up period thereby providing a sufficient time-span to examine re-offending. Reconviction data was provided by Justice Statistics Analytical Services (JSAS) within the Ministry of Justice (MoJ). The dataset provided information regarding offence type and date of court appearance up to December 2013. A fixed follow-up period of four years was used for each offending; a record was made of offence type for any offender reconvicted within a set four year period following release.

2.2.2. Participants

A total of 758 offenders were included in the final sample group.

Table 1

Offender Characteristics Separated by Location of Participation in Interventions (Frequency and Percentage)

Variable	Interventions just in probation (*n* = 424)	Interventions across prison and probation (*n* = 187)	Interventions just in prison (*n* = 44)	No interventions (*n* = 103)	All locations (*n* = 758)
Age bracket					
18-20	25 (5.9)	16 (8.6)	7 (15.9)	7 (6.7)	55 (7.2)
21-24	30 (7.1)	12 (6.4)	4 (9.1)	4 (3.8)	50 (6.6)
25-40	137 (32.3)	54 (28.9)	16 (36.4)	27 (26.0)	234 (30.8)
41+	232 (54.7)	105 (56.1)	17 (38.6)	65 (63.5)	419 (55.3)
Ethnicity					
White	370 (87.3)	164 (87.7)	36 (81.1)	73 (70.2)	643 (84.7)
Black	12 (2.8)	5 (2.7)	3 (6.8)	10 (9.6)	30 (4.0)
Asian	14 (3.3)	8 (4.3)	3 (6.8)	6 (5.8)	31 (4.1)
Mixed	4 (0.9)	1 (0.5)		2 (1.9)	7 (0.9)
Other	3 (0.7)			2 (1.9)	5 (0.7)
Missing	21 (5.0)	9 (4.8)	2 (4.5)	10 (10.6)	42 (5.7)
Religion					
Agnostic	2 (0.5)	1 (0.5)	1 (2.3)		4 (0.5)
Anglican	2 (0.5)	2 (1.1)			4 (0.5)
Baptist	3 (0.7)			1 (1.0)	4 (0.5)
Buddhist	4 (0.9)	1 (0.5)	1 (2.3)		6 (0.8)
Church of England	120 (28.3)	59 (31.5)	14 (31.8)	24 (23.1)	217 (28.6)

	Interventions just in probation	Interventions across prison and probation	Interventions just in prison	No interventions	All locations
Church of Wales	1 (0.2)	2 (1.1)			3 (0.4)
Church of Scotland		1 (0.5)		2 (1.9)	3 (0.4)
Jehovah's Witness	4 (0.9)	1 (0.5)			5 (0.6)
Methodist	7 (1.7)	2 (1.1)			9 (1.2)
Mormon	2 (0.5)	1 (0.5)			3 (0.4)
Muslim/Moslem	8 (1.9)	5 (2.7)	4 (9.1)	10 (9.6)	27 (3.5)
Pentecostal	2 (0.5)				2 (0.3)
Roman Catholic	34 (8.1)	13 (7.0)	6 (13.6)	17 (16.4)	72 (9.4)
Salvation Army	1 (0.2)				1 (0.1)
Sikh	2 (0.5)	1 (0.5)	1 (2.3)	1 (1.0)	5 (0.7)
Pagan		2 (1.1)			2 (0.3)
Other Christian		1 (0.5)		1 (1.0)	2 (0.3)
No religion	100 (23.6)	55 (29.4)	11 (26.0)	24 (23.1)	190 (25.0)
Missing	132 (31.1)	40 (21.4)	8 (18.1)	23 (23.1)	195 (25.7)

In order to measure change in risk level following interventions it was necessary to remove offenders from the sample where only one OASys assessment had been conducted as more than one assessment for each offender was necessary to assess change in risk level. All offenders were male (no female offenders met the criteria for inclusion in the study) with a mean age of 44 ranging between 18 and 83 (SD=15.7). The majority (n=424) of offenders participated in interventions solely whilst on probation, 44 participated in interventions solely in prison, 187 participated in interventions in both prison and whilst on probation, and 104 were not recorded as having completed any interventions.

Table 1 continued

Offender Characteristics Separated by Location of Participation in Interventions (Frequency and Percentage)

Variable	Interventions just in probation (n = 424)	Interventions across prison and probation (n = 187)	Interventions just in prison (n = 44)	No interventions (n = 103)	All locations (n = 758)
Region of 1st assessment					
North West	62 (14.6)	22 (11.8)	9 (20.5)	16 (15.4)	108 (14.4)
North East	26 (6.1)	24 (12.8)	6 (13.6)	8 (7.7)	64 (8.4)
Yorkshire and Humberside	36 (8.5)	23 (12.3)	4 (9.1)	8 (7.7)	71 (9.4)
East Midlands	59 (13.9)	15 (8.0)	4 (9.1)	16 (15.4)	94 (12.4)
East of England	59 (13.9)	21 (11.2)	9 (20.5)	7 (6.7)	96 (12.6)

West Midlands	36 (8.5)	21 (11.2)	5 (11.4)	14 (14.4)	77 (10.1)
South East	49 (11.6)	20 (10.7)	3 (6.8)	10 (9.6)	82 (10.8)
South West	41 (9.7)	23 (12.3)	1 (2.3)	8 (7.7)	73 (9.6)
London	27 (6.4)	11 (5.0)	1 (2.3)	14 (13.5)	53 (7.0)
Wales	29 (6.8)	7 (3.7)	2 (4.5)	2 (1.9)	40 (5.3)
Age of first police contact					
18+	302 (71.2)	124 (66.3)	25 (56.8)	82 (78.8)	532 (70.2)
14-17	92 (21.7)	41 (21.9)	12 (27.3)	14 (14.4)	160 (21.1)
Under 14	30 (7.1)	22 (11.8)	7 (15.9)	7 (6.7)	66 (8.7)
Number of pre-convictions					
0-5	329 (77.6)	143 (76.5)	31 (70.5)	83 (80.8)	587 (77.3)
6-10	39 (9.2)	19 (10.2)	6 (13.6)	11 (10.6)	74 (9.9)
11-15	20 (4.7)	11 (5.9)	2 (4.5)	2 (1.9)	35 (4.6)
16-20	14 (3.3)	5 (2.7)	2 (4.5)	4 (3.8)	25 (3.3)
>20	22 (5.2)	9 (4.8)	3 (6.8)	3 (2.9)	37 (4.9)

Table 1 displays the demographic characteristics of offenders in the sample. More than 80% (*n*=643) of the combined samples were of White ethnic origin with the remaining categorised as Black, Asian, Mixed or Other with 5.7% (*n*=42) of ethnicity data missing. The largest religious affiliation was with the Church of England (28.6%, *n*=217), 25% (*n*=190) were recorded as having no religious affiliation, and in 25.7% (*n*=195) of cases religious affiliation data were missing from the OASys assessment. Offender assessments were carried out across all regions with the majority of assessments taking place in the North West of England. Age of first contact with police is divided into three categories (Under 14, 14-17, and 18+ years). The majority of offenders (70.2%, *n*=532) had their first instance of police contact when over the age of 18. The majority of offenders (77.3%, *n*=587) had less than five previous convictions.

2.2.3. Measures

The OASys assessments analysed contained demographic information and consisted of a further twelve sections:

- Section 1: Offending information (e.g., age at first conviction, number of pre-convictions)
- Section 2: Analysis of offences (e.g., victim details, involvement of drugs or alcohol)

- Section 3: Accommodation (e.g., whether the offender has a fixed abode and the accommodation is suitable)
- Section 4: Education, training and employability (e.g., employment history, attitude to employment, school attendance, qualifications)
- Section 5: Financial management and income (e.g., budgeting problems, illegal earnings, debts)
- Section 6: Relationships (e.g., problems with familial relationships, family member or partner with a criminal record)
- Section 7: Lifestyle and associates (e.g., links with criminal peers, reckless behaviour, manipulative behaviour)
- Section 8: Drug misuse (e.g., type of drug used and frequency of usage)
- Section 9: Alcohol misuse (e.g., excessive alcohol consumption, binge drinking, violent behaviour linked to alcohol usage)
- Section 10: Emotional well-being (e.g., difficulty coping, depression, self-harm, attempted suicide, psychiatric problems)
- Section 11: Thinking and behaviour (e.g., interpersonal skills, impulsivity, lack of temper control, problem solving skills)
- Section 12: Attitudes (e.g., pro-criminal attitudes, co-operative attitude with staff, discriminatory attitudes)

Questions in each section were scored (0 = no problem, 1 = some problems, 2 = significant problems) and total scores were provided for each section. At the end of each section the assessor had recorded whether they believed needs in the area were linked to offending behaviour, i.e., whether they are *criminogenic* needs. At each assessment a record was made of specific interventions an offender had been recommended to participate in and the status of the intervention (i.e., not started, ongoing, terminated, fully achieved).

2.2.4 Procedure

Offender data regarding the presence of static and dynamic risk factors were extracted from the OASys assessments. Whether the practitioner carrying out the

assessment felt that an offender need listed in the OASys assessment (e.g., emotional well-being; education, training and employability; thinking and behaviour) was *criminogenic* or not was recorded across all assessments. Decisions made regarding whether or not a need is criminogenic varied across assessments, for example, two offenders could be classed as having a particular need, however, a practitioner may only deem a need to be criminogenic where they feel it is strongly related to the offending behaviour.

In addition to judging whether an offender's needs in a particular area are linked to offending, the scoring system in the OASys allows practitioners to categorise an offender as recording the severity of a particular individual item within a category, i.e. as having either 'some problems' (1) or 'significant problems' (2). Using this information, a record was made of whether individual items (i.e., those within sections 3-12) were considered to be a problem (i.e., where 'some problems' or 'significant problems' were identified) in order to provide a more comprehensive picture of offender needs. For example, in section 4 (education, training and employability), education issues were separated from employment issues, and within section 10 (emotional well-being) separate issues such as social isolation, psychological problems, psychiatric problems, and difficulties coping, were extracted.

Interventions were coded according to the main offender need they addressed: accommodation; employment; education; finance; relationships; drug misuse; alcohol misuse; emotional well-being; general cognitive behavioural programmes; counselling; violence programmes; and sex offending programmes (see Appendix A). Decisions regarding which was the main offender need targeted by a specific intervention were made through analysing programmes details provided in literature and through discussion with prison staff.

Interventions completed by offenders were taken from all assessments to provide a comprehensive list. An offender was classed as having participated in an intervention where there was a record that the intervention had been 'fully achieved'. Where a record was made of an offender having received 'counselling' or 'advocacy' in a particular area they were classed as having participated where the intervention was recorded as 'ongoing'.

A record was made of where an offender participated in a particular intervention that was considered to address a specific need highlighted in the assessment. For example, where an offender was identified as having a need in the area of alcohol misuse and had participated in an alcohol programme (e.g., Offender Substance Abuse Programme (OSAP) or Alcohol Advocacy), they were coded as having had their needs met. Due to previous research highlighting differences in the effectiveness and completion rate of interventions completed in prison versus probation (Friendship & Debidin, 2006), a record was made of the location of each intervention in which an offender participated. The location of interventions was then controlled for in data analyses.

The OASys assessment provides a risk of general recidivism score (OGRS3) based on static risk factors; OGRS3 score bands for the offenders' level of risk were low (score 0-49; $n = 646$), medium (score 50-75; $n = 90$), high (score 76-89; $n = 22$). According to the R-N-R principles (Andrews & Bonta, 2010), offender treatment is more effective where it is proportional to the level of risk of re-offending. Therefore, offender level of risk was also controlled for in data analyses. In addition, the OASys assessment provides a record of the practitioner's opinion as to whether they consider an offender is motivated to address their offending behaviour. This information was used in order to attempt to control for the issue of offender motivation to change in data analyses.

In order to obtain reconviction data a unique numerical identifier was given to each participant by O-DEAT. The coding identifier system was provided to JSAS in order for them to provide the researcher with PNC data for the group of participants.

2.2.5. Ethics

Data were anonymized by O-DEAT; the same unique numerical identifiers were shared between O-DEAT and the Police National Computer data (recidivism data) in order to enable the matching of the two datasets whilst retaining the anonymity of offenders. Ethical approval for the study was granted by the University of Birmingham Science, Technology, Engineering and Mathematics Ethics Committee and the National Offender Management Team (NOMS). Data were held on a password-protected computer folder that could only be accessed by the author.

2.3 Results

A range of analyses were conducted in order to answer the research questions. Firstly the frequency and percentage of offender needs were calculated and Chi square analyses (and Fisher's Exact Test where cell count was below 5) were used to investigate associations between offender needs (both those considered to be criminogenic needs by assessors and individual risk factors recorded on the OASys assessment) and offender risk levels (low, medium and high). The frequency of completion of interventions designed to address specific criminogenic and identified needs are then reported and further Chi Square and Fisher's Exact Test's conducted in order to explore associations between the completion of interventions and offender risk level.

OASys assessments include a total criminogenic need score and risk of recidivism scores. A paired sample t-test was conducted in order to investigate whether there was a significant reduction in scores from first assessment to last assessment. Independent sample t-tests were then conducted in order to examine the validity of the risk of re-

offending scores (i.e., whether reconviction rates were significantly higher in offenders with high risk scores than those with low risk scores).

Associations between offender criminogenic needs and additional individual needs and whether a non-violent/non-sexual reconviction occurred were then investigated and a hierarchical multiple regression conducted to explore the predictive value of said needs. Similarly, associations between offender needs and sexual reconviction were explored. Offenders who were reconvicted for a sexual offence were compared both to those who were not reconvicted and those who were reconvicted for a violent offence.

Lastly, Chi Square and Fisher's Exact analyses were conducted to investigate associations between the completion of an intervention (relevant to a particular need) and whether or not an offender was reconvicted for a general offence. A hierarchical multiple regression analysis was carried out to explore the predictive value of the completion of interventions. Further Chi Square and Fisher's Exact Test analyses were conducted to investigate associations between the completion of an intervention and whether an offender was reconvicted of a sexual offence.

2.3.1 Associations between offender needs and offender risk level

A summary of the total amount of risk factors identified in the sample of offenders is provided for low, medium and high risk offenders in Table 2.

Table 2

Frequency and Percentage of Risk Factors Identified in Low, Medium and High Risk Offenders

Risk factor	Frequency and % offenders with need identified		
	Low (*n*=646)	Medium (*n*=90)	High (*n*=22)
Section 3 (accommodation)	297 (46.0)	57 (63.3)	18 (81.8)
Employment	518 (80.2)	86 (95.6)	22 (100)
Education	336 (52.3)	73 (81.1)	21 (95.7)
Section 5 (Finance)	45 (7.0)	15 (16.7)	13 (59.1)
Section 6 (Relationships)	275 (42.6)	55 (61.1)	17 (77.3)
Section 7	318 (49.2)	68 (75.6)	20 (90.9)

(Lifestyle/Reintegration)			
Section 8 (Drugs)	37 (5.7)	25 (27.8)	15 (65.2)
Section 9 (Alcohol)	130 (20.1)	48 (53.3)	16 (61.2)
Section 10 (Emotion regulation)	270 (41.8)	47 (52.2)	14 (63.6)
Section 11 (Thinking and Behaviour)	350 (54.2)	74 (82.2)	22 (100)
Section 12 (Attitudes)	307 (47.5)	58 (64.4)	20 (90.9)
Impulsivity	332 (51.4)	77 (85.6)	22 (100)
Temper control	173 (26.8)	55 (61.1)	19 (86.4)
Aggressive behaviour	318 (49.2)	65 (72.3)	17 (77.3)
Self-harm/Thoughts suicide	173 (26.8)	38 (42.2)	11 (50.0)

Risk factors are listed in the table as recorded in the OASys assessment, i.e., factors relating to a particular area of need are scored and a record is made by the assessor regarding whether the need is considered to be criminogenic for each section (e.g., section 3 (accommodation), section 12 (attitudes) etc...). Certain individual items from the assessment are also listed in the table (e.g., impulsivity, education, temper control etc...); such items may not be considered to be a criminogenic need but a need has been highlighted. The risk area of sexual offending was identified for all participants as all had committed a sexual offence.

Pearson Chi Square analyses and Fisher's Exact Tests were conducted in order to investigate associations between risk level category and the presence of risk factors (see Table 3).

Table 3

Association Between Offender Needs and Offender Risk Level (Total n=758)

Risk factor	Low v. Medium risk offenders		Medium v. High risk offenders		Low v. High risk offenders	
	χ^2	Phi	χ^2/Fisher's Exact Test (FET)	Phi	χ^2/Fisher's Exact Test (FET)	Phi
Section 3 (accommodation)	9.53**	.11	FET	.18	8.37**	.11
Employment	12.68***	.13	FET	.09	FET*	.09
Education	27.09***	.19	FET	.15	FET***	.16
Section 5 (Finance)	9.89**	.12	4.19*	.19	72.77***	.33
Section 6 (Relationships)	13.56***	.14	1.40	.11	10.19**	.12
Section 7 (Lifestyle/Reintegration)	21.96***	.17	FET	.10	FET**	.13
Section 8 (Drugs)	49.79***	.26	10.02**	.30	101.37***	.39

Section 9 (Alcohol)	47.51***	.25	1.58	.12	28.9***	.21
Section 10 (Emotion regulation)	3.5	.07	0.23	.09	4.15*	.08
Section 11 (Thinking and Behaviour)	25.44***	.19	FET*	.20	FET***	.16
Section 12 (Attitudes)	9.05**	.11	FET*	.23	FET***	.16
Impulsivity	53.09***	.27	FET	.12	FET***	.16
Temper control	55.64***	.28	3.34	.17	FET***	.22
Aggressive behaviour	19.81***	.16	0.01	.01	4.7*	.08

Note. Significance values reported in table have been adjusted using Benjamini and Hochberg method to control for type 1 errors in multiple comparisons

*p<.05.

** p<.01.

***p<.001

The Benjamini and Hochberg false discovery for multiple comparisons method was used to control for type 1 errors (Benjamini & Hochberg, 1995). Following Benjamini and Hochberg adjustments, Chi Square analyses showed significant associations in the frequency of needs identified between low risk and medium risk offenders. A significantly larger proportion of medium risk offenders had a need in the areas of employment, education, relationships, lifestyle, drugs, alcohol, thinking and behaviour, impulsivity, aggressive behaviour, and temper control ($p < .001$). Similarly, a significantly larger frequency of medium risk offenders were found to have needs in the areas of accommodation, finance, attitudes and self-harm/thoughts of attempted suicide ($p < .01$).

Where the frequency of cases per cell was sufficient to conduct Chi Square analysis between medium and high risk offenders, significant associations were found with greater occurrence of needs in the areas of finance ($p < .05$) and drugs ($p < .01$) for high risk offenders. Following Fisher's Exact Test (where cases per cell were less than five), significant associations were found in the areas of thinking and behaviour and attitudes. Following Benjamini and Hochberg adjustments, Chi Square analyses revealed a greater frequency of risk factors in high as compared to low risk offenders in the areas of: finance, drugs and alcohol ($p < .001$); accommodation and relationships ($p < .01$); and emotional regulation, aggressive behaviour, and self-harm/attempted suicide ($p < .05$). Fisher's Exact Test showed significantly higher frequencies of need in high risk offenders in the

areas of: education, thinking and behaviour, attitudes, impulsivity and temper control ($p <$ .001); lifestyle/reintegration ($p < .01$); and employment ($p < .05$).

2.3.2 Completion of relevant interventions

The frequency of offender completion of an intervention to address an identified area of need is reported for low, medium and high risk offenders in Table 4. Pearson Chi Square analyses and Fisher's Exact Tests were conducted to investigate associations between risk level and completion of interventions (e.g., was the frequency of completion of a relevant intervention greater in high risk offenders than low risk offenders) (see Table 5).

Following Benjamini and Hochberg adjustments, significantly higher percentages of completion of a relevant intervention were found to be present for interventions addressing thinking and behaviour, impulsivity, aggression, and temper control ($p < .05$) for medium risk offenders compared to their low risk counterparts.

In addition, a higher percentage of medium risk offenders completed an intervention to address a need in the area of attitudes than low risk offenders ($p < .01$). Conversely, a significantly higher percentage of low risk offenders completed the Sex Offender Treatment Programme (SOTP) than their medium risk counterparts ($p < .05$).

Table 4

Frequency and Percentage of Completion of Relevant Interventions

Risk factor	Frequency and % of participation in intervention following identification of need		
	Low (*n=646*)	Medium (*n=90*)	High (*n=22*)
Section 3 (accommodation)	114 (38.4)	18 (31.6)	10 (55.5)
Employment	142 (27.2)	32 (37.2)	10 (45.5)
Education	32 (9.5)	6 (8.2)	3 (13.6)
Section 5 (Finance)	2 (4.1)	0 (0)	1 (7.7)
Section 6 (Relationships)	6 (2.5)	4 (7.3)	0 (0)
Section 7 (Lifestyle/Reintegration)	14 (5.1)	6 (8.8)	0 (0)
Section 8 (Drugs)	13 (35.1)	9 (36.0)	9 (60.0)
Section 9 (Alcohol)	48 (36.9)	17 (35.4)	5 (31.3)
Section 10 (Emotion regulation)	19 (7.1)	6 (12.8)	3 (21.4)
Sex offence	226 (35.1)	20 (22.2)	6 (21.6)
Section 11 (Thinking and Behaviour)	43 (12.3)	17 (23.3)	7 (30.4)

Intervention Area						
Section 12 (Attitudes)	31 (10.1)		14 (24.1)		7 (33.3)	
Impulsivity	47 (14.2)		19 (24.7)		7 (31.8)	
Temper control (thinking programme)	26 (15.1)		15 (27.3)		6 (31.6)	
Temper control (violence programme)	3 (1.8)		5 (9.1)		2 (10.5)	
Aggressive behaviour (violence programme)	4 (1.6)		5 (7.7)		2 (11.8)	
Self-harm/Thoughts suicide	16 (9.3)		7 (18.4)		1 (9.1)	

Following Benjamini and Hochberg adjustments, Chi Square analyses and Fisher's Exact Tests did not reveal associations between medium and high risk offenders regarding the completion of interventions. However, a significantly higher percentage of high risk offenders completed interventions aimed at addressing thinking and behaviour, impulsivity, aggression ($p < .05$) and attitudes ($p < .01$) than low risk offenders.

Table 5

Associations Between Completion of Relevant Interventions and Offender Risk Level

Intervention Area	Low – Medium risk offenders		Medium – High risk offenders		Low – High risk offenders	
	χ^2/Fisher's Exact Test (FET)	Phi	χ^2/Fisher's Exact Test (FET)	Phi	χ^2/Fisher's Exact Test (FET)	Phi
Section 3 (accommodation)	0.95	-.05	3.36	.12	2.09	.08
Employment	3.45	-.08	0.30	-.05	2.81	-.07
Education	0.12	.02	FET	-.08	FET	-.03
Section 5 (Finance)	FET	-.12	FET	.20	FET	.06
Section 6 (Relationships)	FET	.11	FET	-.13	FET	-.04
Section 7 (Lifestyle/Reintegration)	2.23	.08	FET	-.15	FET	-.05
Section 8 (Drugs)	0.01	-.01	2.18	.23	2.7	.23
Section 9 (Alcohol)	0.04	-.01	0.09	-.03	0.20	-.04
Section 10 (Emotion regulation)	1.81	.08	FET	.10	FET	.12
Sex offence	5.78*	-.09	0.15	.04	0.78	-.03
Section 11 (Thinking and Behaviour)	5.74*	.12	0.53	.07	6.12*	.13
Section 12 (Attitudes)	8.89**	.16	0.67	.09	10.36**	.18
Impulsivity	5.11*	-.11	0.45	-.07	4.98*	-.12
Temper control (thinking programme)	4.14*	-.14	FET	-.18	3.38	-.13
Temper control (violence programme)	FET*	-.17	FET	-.02	FET	-.16
Aggressive behaviour (violence programme)	FET*	-.16	FET	-.06	FET*	-.17
Self-harm/Thoughts suicide	2.70	-.11	FET	.10	FET	.01

Note. Significance values reported in table have been adjusted using Benjamini and Hochberg method to control for type 1 errors in multiple comparisons
*$p<.05$.
** $p<.01$.
***$p<.001$

2.3.3. Offender risk scores and recidivism

During each OASys assessment a total criminogenic needs score is calculated based on the number of criminogenic needs as identified by the assessor in each of the categories. Total criminogenic needs scores were taken from the first and last assessment for each offender to look at any changes over the course of sentences. Data met the assumptions of a paired sample t-test and a significant reduction was found between the first total criminogenic needs scores ($M = 4.18$, $SD = 2.74$) and last total criminogenic needs scores ($M = 3.78$, $SD = 2.78$), t (743) = 6.66, $p < .001$, $r = .10$. Similarly, a reduction in the combined OGP (predictive score for general re-offending containing both static and dynamic risk factors) scores was found from first assessment ($M = 21.72$, $SD = 18.89$) to last assessment ($M = 19.00$, $SD = 17.72$), t (757) = 10.27, $p < .001$, $r = .12$. A significant reduction in the combined score for risk of violent re-offending (OVP) was also found from first ($M = 17.06$, $SD = 14.65$) to last assessment ($M = 16.50$, $SD = 14.09$), t (757) = 2.89, $p = .004$, $r = .02$.

Table 6 displays the number of offenders who were recorded as having committed a crime following release that resulted in a court appearance and for which they were found guilty. Frequency and percentages of offenders who have been convicted for an offence in the four years following the end of their sentence are provided. Reconvictions are broken down by the category of the index offence committed by an offender.

Table 6

Frequency and Percentage of Violent, Non-violent and Sexual Reconviction within a Four Year Period Following Completion of Sentence

Re-offence category	Frequency and percentage ($n = 758$)
General/Non-violent	136 (17.9)
Violent	28 (3.7)
Sex	24 (3.2)
No re-offence recorded	570 (75.2)

Of those who were reconvicted ($n=188$, 24.8%), the majority ($n=136$) committed a non-violent and non-sexual crime (e.g., theft and handling stolen goods, fraud and forgery, other indictable and summary offences). A small amount of offenders were charged with violence against the person ($n=28$), and a small amount with sexual offences ($n=24$).

The validity of the risk of re-offending scores contained in the OASys assessment was assessed by independent t-tests. OGRS3 (risk of general re-offending based on static risk factors) scores were found to be significantly lower ($M = 15.92$, $SD = 15.06$) in offenders who did not re-offend than those who did re-offend ($M = 39.02$, $SD = 26.01$), t (757) = -.15.02, $p < .001$, $r = .23$. In addition, lower OGP risk scores were found in offenders who did not re-offend ($M = 13.90$, $SD = 11.19$) than those who did re-offend ($M = 33.96$, $SD = 23.89$), t (757) = -15.61, $p < .001$, $r = .24$. Combined final OVP (risk of violent re-offending) scores were higher in those who subsequently committed a violent re-offence ($M = 41.32$, $SD = 19.82$) than those who committed a non-violent offence ($M = 24.12$, $SD = 16.29$), t (162) = -4.90, $p < .001$, $r = .13$.

2.3.4. Offender needs and non-sexual recidivism

Table 7 highlights the association between being identified as having a specific need recorded (not necessarily considered to be criminogenic by an assessor) in an area and whether a reconviction occurs regardless of whether or not a need was addressed with an intervention. Table 7 contains needs identified in the OASys assessment regardless of whether staff considered a need to be *criminogenic*.

Table 7

Association of Risk Factors and General Reconviction (Frequency and Percentage)

Risk factor	Reconviction ($n=136$)	No reconviction ($n=570$)	χ^2	Phi
Accommodation	98 (72.1)	347 (60.8)	5.53*	.09
Employment	128 (94.1)	450 (78.8)	16.25***	.16
Education	99 (72.8)	287 (50.3)	16.25***	.18
Finance	90 (66.2)	298 (52.2)	8.12**	.11
Relationships	125 (91.9)	513 (89.8)	0.33	.03

Reintegration	100 (73.5)	335 (58.7)	9.63**	.12
Drugs	12 (8.8)	21 (3.7)	5.43*	.10
Alcohol	69 (50.7)	165 (28.9)	22.68***	.18
Difficulty coping	66 (48.5)	261 (45.7)	0.35	.02
Diagnosed psychological problems	36 (26.5)	177 (31.0)	1.07	-.04
Social Isolation	52 (38.2)	231 (40.5)	0.23	-.02
Self harm and thoughts of suicide	46 (33.8)	154 (27.0)	2.22	.06
Diagnosed psychiatric problems	17 (12.5)	58 (10.2)	0.64	.03
Impulsivity	94 (69.1)	294 (51.5)	13.79***	.14
Aggressive behaviour	82 (60.3)	279 (48.9)	5.75*	.09
Temper control problems	58 (42.6)	154 (27.0)	12.86***	.14
Childhood problems	33 (24.3)	60 (10.5)	17.01***	.16
Interpersonal skills	58 (42.6)	146 (25.6)	15.61***	.15

Note. Significance values reported in table have been adjusted using Benjamini and Hochberg method to control for type 1 errors in multiple comparisons

*$p<.05$.

** $p<.01$.

***$p<.001$.

Levels of significance reported were adjusted using The Benjamini and Hochberg adjustment. Associations were found between general reconviction and potential risk factors in the areas of education, employment, alcohol misuse, impulsivity, and lack of temper control ($p < .001$). A significant association ($p < .01$) was also found in the areas of finance and reintegration problems, and to a lesser extent ($p < .05$) in the areas of accommodation and drug misuse.

Table 8 displays the association between the areas recorded as being a *criminogenic* need (i.e., where an assessor believes a need to be related to offending behaviour) and the likelihood of general reconviction regardless of participation in an intervention. Following Benjamini and Hochberg adjustments for multiple comparisons, criminogenic needs found to be significantly associated with general reconviction were in the areas of education/employment, drug misuse, alcohol misuse, and thinking and behaviour ($p < .001$). A significant association was also found in the area of finance ($p < .01$) and attitudes ($p < .05$). Despite significant Chi Square values, Phi values showed small associations in all cases (Field, 2009).

Table 8

Association of 'Criminogenic Needs' and General Reconviction (Frequency and

Percentage)

Criminogenic need section	Reconviction (*n*=136)	No reconviction (*n*=570)	χ^2	Phi
3. Accommodation	77 (56.6)	267 (46.8)	3.89	.08
4. Education/Employment	77 (56.6)	183 (32.0)	27.47***	.20
5. Finance	22 (16.3)	38 (6.7)	11.84**	.14
6. Relationships	70 (51.9)	248 (44.0)	2.42	.06
7. Lifestyle	80 (58.8)	284 (49.7)	3.28	.07
8. Drugs	26 (19.1)	34 (6.0)	22.84***	.19
9. Alcohol	52 (38.2)	112 (19.6)	20.34***	.17
10. Emotional regulation	56 (41.2)	243 (42.6)	.09	.01
11. Thinking and Behaviour	99 (72.8)	303 (53.1)	16.64***	.16
12. Attitudes	81 (59.6)	266 (46.6)	6.89*	.10

Note. Significance values reported in table have been adjusted using Benjamini and Hochberg method to control for type 1 errors in multiple comparisons
*$p<.05$.
** $p<.01$.
***$p<.001$.

A hierarchical multiple regression (see Table 9) was conducted to explore the

predictive ability of areas of criminogenic need (i.e., dynamic risk factors) found to be

significantly associated with reoffending. The sample size was considered sufficient to

place 16 variables into the model (Field, 2009). An examination of correlations between

variables found there to be no strong correlation between independent variables and

collinearity diagnostics (i.e., Durbin Watson and VIF) showed variables to be sufficiently

uncorrelated (Field, 2009). OGRS3 risk score (containing static risk factors: age at first

police contact; offence details; age group; number of pre-convictions) was entered at the

first stage as this is a covariate known to predict re-offending.

Table 9

Hierarchical Multiple Regression Analysis Predicting General Reconviction from

Offender Needs

	B	*SE B*	*β*	R^2
Step 1				.154
Constant	.02	.05		
OGRS3 score	.01	.001	.41***	
Location	.004	.17	.008	

Motivation	.003	.19	.005	
Step 2				.167
Constant	-.06	.06		
OGRS3 score	<.001	.02	.38***	
Location	.01	.02	.02	
Motivation	-.01	.02	-.01	
Employment	.05	.04	.05	
Education	.05	.03	.06	
Alcohol abuse	.03	.03	.03	
Impulsivity	-.01	.02	-.01	
Lack temper control	-.03	.02	-.05	
Childhood problems	-.001	.04	-.001	
Interpersonal skills	.02	.03	.03	
Thinking and behaviour	.01	.04	-.01	
Finance	-.01	.03	.02	
Reintegration problems	.03	.03	.03	
Drugs	-.03	.07	-.02	
Accommodation	-.01	.03	-.01	
Attitudes	.02	.04	.02	

Note: $R^2 = .15$ for Step 1, $\Delta R^2 = .01$ for Step 2 ($p = .48$). ***$p < .001$.

Based on previous research demonstrating their relationship with effectiveness of interventions, the location in which participation in an intervention took place (Friendship & Debidin, 2006) and the level of motivation (McMurran & Ward, 2010) recorded in the OASys assessment were also entered in the first stage; at this stage the model was statistically significant, $F (1, 703) = 42.59$, $p < .001$. OGRS3 score was a significant predictor of reconviction ($p < .001$). However, location and motivation were not found to be significant predictors. In the second step, the potential predictor variables selected as a result of Chi Square outcome of associations between offender needs (i.e., needs that had not necessarily been identified as being criminogenic by assessors) and reconviction (see Table 7) where $p < .05$, (drug misuse, accommodation issues, and attitudes), $p < .01$ (finance and reintegration), and $p < .001$ (employment, education, alcohol misuse, impulsivity, lack of temper control, childhood problems, interpersonal problems, and thinking and behaviour) were entered in the model. Predictor variables were dichotomous (i.e., data reflected whether or not there was a need in each area). The overall model remained significant, $F (14, 692) = 9.87$, $p < .001$. OGRS3 score remained a significant predictor. Of the predictor variables entered at the second stage, none were found to be

significant. The inclusion of potential predictor variables did not significantly improve the predictive value of the model (R^2 change = .013. F = .959, p = .483). The percentage of variability accounted for by the model increased by 1.3% following the entry of dynamic risk factors.

2.3.5. Offender needs and sexual recidivism

Further Chi Square analyses were conducted to investigate associations in specific offender needs (i.e., needs that had not necessarily been identified as being criminogenic by assessors) between offenders who had been reconvicted for a sexual offence and those who had not been reconvicted of any offence (see Table 10).

Following Benjamini and Hochberg corrections, an association was found between sexual reconviction and alcohol misuse (p < .001). Social isolation, impulsivity, and interpersonal skills were also found to be associated with sexual reconviction (p < .01). Education, finance, reintegration, lack of temper control and childhood problems were also found to be associated with reconviction (p < .05). Where needs were considered to be criminogenic by assessors (see Table 11), associations were found in the areas of education/employment, and drug and alcohol misuse (p < .001); further associations were found in the area of thinking and behaviour (p < .01) and attitudes (p < .05). Phi showed there to be a low association between all variables and sexual reconviction.

Table 10

Association of Risk Factors and Sexual Reconviction

Risk factor	Sexual reconviction frequency and % (*n*=24)	No reconviction frequency and % (*n*=571)	χ^2/Fisher's Exact Test (FET)	Phi
Accommodation	15 (62.5)	347 (60.8)	.03	.01
Employment	23 (95.8)	450 (78.8)	FET	.08
Education	18 (75.0)	287 (50.3)	4.69*	.10
Finance	19 (79.2)	298 (52.2)	5.69*	.11
Relationships	21 (87.5)	513 (89.8)	FET	.02
Reintegration	20 (83.3)	335 (58.7)	FET*	.10
Drugs	2 (8.3)	21 (3.7)	FET	.05
Alcohol	17 (70.8)	165 (28.9)	17.15***	.18

Difficulty coping	13 (54.2)	261 (45.7)	0.66	.03
Diagnosed psychological problems	11 (45.8)	177 (31.0)	2.34	.06
Social Isolation	18 (75.0)	231 (40.5)	11.29**	.14
Self harm and thoughts of suicide	8 (33.3)	154 (27.0)	2.21	.03
Impulsivity	19 (79.2)	294 (51.5)	7.08**	.12
Aggressive behaviour	15 (62.5)	279 (48.9)	1.71	.05
Temper control problems	13 (54.2)	154 (27.0)	8.44**	.12
Childhood problems	6 (25.0)	60 (10.5)	4.91*	.09
Interpersonal skills	15 (62.5)	146 (25.6)	15.92***	.16

Note. Significance values reported in table have been adjusted using Benjamini and Hochberg method to control for type 1 errors in multiple comparisons
*$p<.05$.
** $p<.01$.
***$p<.001$.

Table 11

Association of 'Criminogenic Needs' and Sexual Reconviction

Criminogenic need	Sexual reconviction frequency and % ($n=24$)	No reconviction frequency and % ($n=571$)	χ^2/Fisher's exact test	Phi
3. Accommodation	11 (45.8)	267 (46.8)	.01	-.01
4. Education/Employment	17 (70.8)	183 (32.0)	13.84***	.16
5. Finance	5 (20.8)	38 (6.7)	4.95	.11
6. Relationships	10 (41.7)	248 (44.0)	.05	-.01
7. Lifestyle	17 (70.8)	284 (49.7)	3.30	.08
8. Drugs	7 (29.2)	34 (6.0)	15.89***	.18
9. Alcohol	15 (62.5)	112 (19.6)	22.74***	.21
10. Emotional regulation	16 (66.7)	243 (42.6)	4.51	.10
11. Thinking and Behaviour	21 (87.5)	303 (53.1)	FET**	.14
12. Attitudes	18 (75.0)	266 (46.6)	6.36*	.11

Note. Significance values reported in table have been adjusted using Benjamini and Hochberg method to control for type 1 errors in multiple comparisons
*$p<.05$.
** $p<.01$.
***$p<.001$.

Chi Square analyses were then conducted to investigate associations in specific

offender needs identified (although not necessarily considered to be criminogenic by

assessors) between offenders who had been reconvicted for a sexual offence and those who

had been reconvicted for a violent offence (see Table 12). Following Benjamini and

Hochberg adjustments, offenders reconvicted for a sexual offence had a significantly lower

occurrence of the risk factors/needs of education and childhood problems ($p < .05$), and

higher occurrence of social isolation problems ($p < .05$). No associations were found

between sexual and violent re-offenders for needs reported as *criminogenic* by assessors carrying out the OASys assessment.

Table 12

Association of Risk Factors and Sexual Reconviction (Sexual and Violent Reconviction)

Risk factor	Sexual reconviction frequency and % (total *n*=24)	Violent reconviction frequency and % (total *n*=28)	χ^2/Fisher's Exact Test (FET)	Phi
Accommodation	15 (62.5)	21 (75.0)	0.95	-.14
Employment	23 (95.8)	26 (92.9)	FET	.06
Education	18 (75.0)	27 (96.4)	FET*	-.31
Finance	19 (79.2)	20 (71.4)	0.41	.09
Relationships	21 (87.5)	25 (89.3)	FET	-.03
Reintegration	20 (83.3)	24 (85.7)	FET	-.03
Drugs	2 (8.3)	2 (7.1)	FET	.02
Alcohol	17 (70.8)	18 (64.3)	0.25	.07
Difficulty coping	13 (54.2)	16 (57.1)	0.06	-.03
Diagnosed psychological problems	11 (45.8)	10 (35.7)	0.55	.10
Social Isolation	18 (75.0)	13 (46.4)	4.38*	.29
Self harm and thoughts of suicide	8 (33.3)	14 (50.0)	1.47	-.17
Impulsivity	19 (79.2)	24 (85.7)	0.39	-.09
Aggressive behaviour	15 (62.5)	24 (85.7)	FET	-.27
Temper control problems	13 (54.2)	22 (78.6)	3.50	.26
Childhood problems	6 (25.0)	15 (53.6)	4.38*	-.29
Interpersonal skills	15 (62.5)	18 (64.3)	0.02	-.02

Note. Significance values reported in table have been adjusted using Benjamini and Hochberg method to control for type 1 errors in multiple comparisons
*$p<.05$.
** $p<.01$.
***$p<.001$.

Due to the low frequency of offenders reconvicted for a sexual offence it was not possible to perform a hierarchical multiple regression to look at predictors of sexual recidivism.

2.3.6. Participation in interventions and non-sexual reconviction

To ascertain whether there was a significant association between whether an offender had participated in a programme relevant to their needs and the occurrence of a non-sexual reconviction, Pearson Chi square tests were conducted (see Table 13). Following Benjamini and Hochberg corrections a significant association between having a

need met in the area of employment and reconviction was found; offenders who had their

need met were more likely to be reconvicted ($p < .001$).

Table 13

Association Between Participation in a Relevant Intervention and General Reconviction

Risk factor	% General reconviction (*n*=136)	χ^2	Phi
Accommodation			
Need met	39 (27.7)	3.62	.10
Need not met	38 (18.8)		
Employment			
Need met	56 (32.6)	14.55***	.16
Need not met	72 (17.7)		
Education			
Need met	10 (27.8)	.01	.02
Need not met	89 (25.4)		
Drugs			
Need met	16 (59.3)	3.96	.29
Need not met	10 (30.3)		
Alcohol			
Need met	15 (25.0)	1.51	.12
Need not met	37 (35.6)		
Diagnosed psychological problems			
Need met	4 (16.7)	.001	.002
Need not met	32 (16.9)		
Self harm and thoughts of suicide			
Need met	5 (22.7)	.001	.002
Need not met	41 (23.0)		
Diagnosed psychiatric problems			
Need met	4 (23.5)	.009	.01
Need not met	13 (22.4)		
Impulsivity			
Need met	20 (31.3)	1.63	.07
Need not met	74 (22.8)		
Reintegration problems			
Need met	4 (22.2)	.001	.001
Need not met	76 (22.0)		
Thinking problems			
Need met	21 (36.2)	4.19*	.11
Need not met	78 (22.7)		
Sex offending			
Need met	43 (31.6)	.25	.02
Need not met	93 (68.4)		

Note. Significance values reported in table have been adjusted using Benjamini and Hochberg method to control for type 1 errors in multiple comparisons
*$p<.05$.
***$p<.001$.

A significant positive association was also found between having a need met in the

area of thinking and behaviour and reconviction ($p <.05$). No significant association was

found to exist between other variables and reconviction.

Table 14

Hierarchical Multiple Regression Analysis Predicting General Reconviction from

Participation in Relevant Interventions

	B	*SE B*	*B*	R^2
Step 1				.150
Constant	-.001	.05		
OGRS3 score	.01	.001	.39***	
Location	.004	.02	.01	
Motivation	.01	.02	.01	
Step 2				.152
Constant	.06	.07		
OGRS3 score	.01	.001	.39***	
Location	.003	.02	.01	
Motivation	.001	.02	.001	
Employment intervention	-.03	.02	-.05	
Thinking intervention	-.01	.01	-.04	

Note: R^2 = .15 for Step 1, ΔR^2 = .004 for Step 2 (p = .20). ***$p < .001$.

In order to test whether the variable of having a need met in the area of

employment and thinking and behaviour could predict reconviction, a hierarchical multiple

regression was conducted (see Table 14). As the risk level of an offender was found to be

associated with participation in an intervention, i.e., offenders with higher risk were more

likely to participate in programmes than those with lower risk (see Table 2) and because it

has been found to predict recidivism (Howard et al., 2009), OGRS3 score was entered at

the first stage of the regression.

The location of interventions and level of motivation were also entered in the first

stage as explained above. The samples size was sufficient for the analysis to be conducted

and the Durbin Watson test showed variables to be sufficiently uncorrelated. At the first

stage the model was statistically significant, $F (1, 705) = 138.50$, $p < .001$. With the

addition of the variables of employment and thinking needs met at the second stage the

model remained significant, $F (3, 703) = 47.27$, $p < .001$. The inclusion of variables at the

second stage did not significantly improve the predictive value of the model (R^2 change =

.004. $F = 1.597$, $p = .203$).

OGRS3 score was a significant predictor at both stages; however, the variables of employment needs met and thinking needs met were not significant predictors of general reconviction. There was very little change in the variability accounted for by the model from the first to the second stage with the percentage increasing by only 0.2% following the entry of the variables having employment and thinking needs met.

2.3.7. Participation in interventions and sexual reconviction

Pearson Chi Square tests were conducted (see Table 15) to investigate associations between participation in a programme relevant to an offender's needs and the occurrence of sexual reconviction. Benjamini and Hochberg corrections for multiple comparisons were made. Where the frequency of cases was less than 5, Fisher's Exact Tests were conducted.

Table 15

Association Between Completion of Relevant Intervention and Sexual Reconviction

Risk factor	Frequency and % Sexual reconviction (*n=24*)	χ^2/Fisher's Exact Test	Phi
Accommodation			
Need met	1 (0.7)	FET	-.01
Need not met	10 (4.3)		
Employment			
Need met	6 (3.3)	0.12	.01
Need not met	17 (3.8)		
Education			
Need met	1 (2.4)	FET	.03
Need not met	17 (4.4)		
Drugs			
Need met	2 (6.5)	FET	-.08
Need not met	5 (10.9)		
Alcohol			
Need met	5 (7.1)	0.05	-.02
Need not met	10 (8.1)		
Diagnosed psychological problems			
Need met	1 (3.7)	FET	.02
Need not met	10 (4.8)		
Self harm and thoughts of suicide			
Need met	0 (0.0)	FET	.07
Need not met	8 (4.0)		
Diagnosed psychiatric problems			
Need met	0 (0.0)	FET	.10
Need not met	3 (4.7)		
Impulsivity			

Need met	2 (2.7)	FET	.04
Need not met	17 (4.7)		
Reintegration problems			
Need met	1 (5.0)	FET	.01
Need not met	16 (4.1)		
Thinking problems			
Need met	2 (3.0)	FET	-.03
Need not met	19 (5.0)		
Sex offending			
Need met	8 (5.7)	0.44	.03
Need not met	13 (4.2)		

Where the assumption of Chi Square of five cases per cell was met (see Table 15), no significant associations were found in the case of alcohol interventions, specific sexual offending intervention, i.e., the SOTP, and employment interventions ($p > .05$). In addition, Fisher's Exact Tests did not reveal significant associations between the completion of a relevant intervention and sexual reconviction for the remaining risk factors of accommodation, education, drugs, diagnosed psychological problems, self-harm/thoughts of suicide, diagnosed psychiatric problems, impulsivity, reintegration, and thinking and behaviour ($p > .05$). Due to the small sample size of offenders who were reconvicted for a sexual offence, it was not possible to conduct a hierarchical regression.

2.4 Discussion

As mentioned above, the aims of the current study were to explore associations between offender risk level and completion of interventions relevant to their needs, assess the validity of OASys risk scores, identify associations between specific criminogenic needs and general/sexual reconviction, and lastly to investigate the impact of the completion of relevant interventions upon reconviction rates. The findings of the study will be discussed with reference to previous theories and research.

2.4.1 Offender risk level and completion of relevant intervention programmes

In accordance with the risk principle (Andrews & Bonta, 1998), the percentage of offenders receiving treatment in the majority of areas appeared to be proportional to the level of risk, i.e., participation was lowest in low risk offenders and highest amongst high

risk offenders. These differences were not found to be significant in the majority of reintegration interventions (e.g., employment, education, and accommodation), however, adherence to the risk principle was evident in the case of cognitive behavioural interventions such as ETS, TSP and Think First. An exception to this finding was regards the completion of the SOTP. Contrary to the findings of Mailloux et al. (2003) the percentage of offenders who completed the SOTP was significantly higher in low risk offenders (approximately 35% completion) than in both the medium and the high risk offenders (approximately 20% in both groups). An explanation for the inconsistency in the adherence to the risk principle for the SOTP could lie in factors underlying the likelihood of participation and completion. Less time spent in education, high levels of pre-convictions, and making claims of being a victim of sexual abuse as a child have all been found to reduce the likelihood that an offender will participate in a programme designed to address sexual offending (Geer et al., 2001). As the number of pre-convictions has been found to be a significant predictor of re-offending (Howard et al., 2009) it would follow that offenders in the current study who had high pre-conviction levels would be categorised as high risk. The findings of the current study are therefore consistent with those of Geer et al. (2001) whereby high risk offenders are less likely to participate in a sex offender programme. Furthermore, although lower levels of recidivism have been found in offenders expressing denial of their offence than those who accept responsibility (Harkins, et al., 2010), denial has been found to reduce the likelihood that an offender will be accepted to participate in a sex offender treatment programme (Association for the Treatment of Sex Abusers, 2005, cited in Nunes et al., 2007) and decreases the rate of sex offender programme completion (Geer et al., 2001; Gibbons et al., 2003). The issue of denial may have been pivotal in the low level of SOTP completion amongst medium and high risk offenders in comparison with their low risk counterparts in the current study. In

addition to individual level factors, it must be noted that institutional factors within correctional services such as a lack of programme availability and variation between programmes regarding criteria for programme entry may also impact upon the rates of programme completion among offenders.

These findings are of particular concern in the light of previous research which has found significantly higher levels of recidivism amongst low risk offenders who participate in a sex offender programme, and amongst high risk offenders who do not participate (Lovins et al., 2009). As in previous studies (Lovins et al., 2009; Mailloux et al., 2003), the findings here point to difficulties in adherence to the risk principle for sex offender programmes which can be seen to be a cause for concern.

2.4.2 Validity of OASys risk measure scores

As found in previous research (Howard et al., 2009), OGRS3 and OGP scores in the current study were significantly higher in those who were reconvicted for a general offence. To further support measure of risk in the OASys assessment, OVP scores were significantly higher in those who were reconvicted for a violent offence. A significant reduction was found in risk scores between first and last assessments in the sample group indicating a reduction in the presence of criminogenic needs over the course of a sentence. In addition, as the age of offender is a predictor of re-offending, the reduction could, in part, reflect increase in age from first to last assessment

2.4.3 Associations between offender needs and reconviction.

The results of the current study regarding the association between offender areas of need (i.e., employment, education, finance, alcohol misuse, drug misuse, impulsivity, lack of temper control, childhood problems and a lack of interpersonal skills) and general re-offending supports previous research into dynamic risk factors for re-offending. However, no significant association was found between the areas of relationships and emotional

regulation. Although previous research has highlighted the positive role that strong

relationships with family and friends can have upon resettlement issues (such as gaining

employment and finding accommodation), there is a lack of evidence that relationships

have a direct impact upon re-offending (Niven & Stewart, 2003). In addition, although

emotional regulation issues such as depression are more prevalent in an offending

population, such issues have not been found to be causal in offending (MoJ, 2013).

Similarly, in exploring the association between areas considered to be *criminogenic*

by staff conducting the OASys assessment, the areas of education/employment, finance,

drug misuse, alcohol misuse, thinking and behaviour, and attitudes were all found to be

associated with reconviction. The criminogenic areas of emotional regulation and

relationships were not significantly associated with reconviction. In addition, the area of

accommodation was not associated with reconviction.

Among all areas of dynamic criminogenic need associated with re-offending, none

were found to be significant predictors. However, the OGRS3 score (containing static risk

factors such as age of offender, number of pre-convictions and age of first offence) was a

significant predictor. This finding is supportive of previous findings that two of the

strongest predictors of re-offending are an offender's age at first offence and the

number/range of pre-convictions (Gudjonsson & Young, 2011).

Across problems identified in the OASys assessment and those identified as being

criminogenic needs by staff, associations with sexual recidivism were, in part, supportive

of the previous findings that social isolation and a lack of interpersonal skills were

associated with sexual reoffending (Hanson & Morton-Bourgon, 2005). However, it must

be noted that the OASys assessment does not contain items associated with sexual

offending such as deviant sexual interest.

The findings support the view that sexual offenders possess criminogenic needs associated with general offending as well as sexual offending (Cortoni, 2009). Risk factors for general re-offending such as impulsivity, a lack of temper control, childhood problems, drug misuse, alcohol misuse and education/employment issues (Andrew & Bonta, 2010) were also found to be associated with sexual reconviction. However, due to the small sample size of offenders who were reconvicted for a sexual offence, it was not possible to conduct a regression analysis to investigate whether these risk factors were predictors of sexual reconviction.

In accordance with the RNR principles, it would therefore be suggested that all areas of criminogenic need evident among sexual offenders be addressed through interventions rather than a focus solely upon addressing sexual offending behaviour (Andews & Bonta, 2010) in order to reduce the likelihood of both sexual and non-sexual reconvictions. However, as outlined below, difficulties exist in assessing the effectiveness of interventions in terms of their ability to reduce re-offending.

2.4.4 Associations between intervention completion and reconviction rates

The lack of associations found between the completion of a relevant programme and a reduction in reconviction is may be accounted for by a number of factors related to difficulties in controlling for certain issues in the data. No association was found between the completion of the majority of programmes (alcohol, education, drugs, accommodation, SOTP and mental health) and a reduction in reconviction levels. Moreover, negative associations were found for the completion of employment interventions and thinking and behaviour programmes, i.e., participating in a programme appeared to *increase* the likelihood of reconviction. These findings seemingly contradict studies in support of the efficacy of interventions with offenders in the area of employment (MoJ, 2013) and in cognitive behavioural programmes such as ETS and TSP (Hollin et al., 2004). However,

as outlined above, differences existed between risk level groups in the percentage of participation in interventions across all need areas (save for SOTP as outlined above). For example, participation in an employment intervention was approximately 30% higher in high risk offenders than low risk offenders. Likewise, participation in a general cognitive behavioural programme was 20% higher for high risk offenders than their low risk counterparts. Given the strong predictive ability of static risk score and the association between risk level and participation in an intervention, it could be argued that the lack of association found between the completion of a programme and a reduction in reconviction is a reflection of the higher frequency of intervention completion in high risk offenders rather than a lack of effectiveness of interventions. Where risk score is controlled for in the regression analysis completion of an employment or cognitive behavioural programme is not found to be predictive of general reconviction. The regression analyses shows the predictive ability of static risk factors upon reconviction and therefore highlights the need to consider static risk scores when conducting research into the effectiveness of interventions.

Further to the inability to distinguish between offenders who did not start and intervention and those who started but did not complete an intervention, it must be noted that it was also not possible to distinguish between offenders who were assessed as having a need but not considered eligible for a programme and those who were eligible but did not choose to start or complete the programme. The inability to control for these differences between offenders in the 'needs not met' group may have impacted upon the reliability of the results making it difficult to determine the effectiveness of interventions.

In addition, associations were not found between the completion of a range of intervention programmes and sexual reconviction. Most notably, no association was found between the completion of the SOTP and a reduction in reconviction for a sexual offence.

This finding would appear to contradict previous assertions by NOMS (2012) regarding the effectiveness of the programme and support those of Friendship et al. (2003) who found there to be no significant reduction in reconviction for a sexual offence following the SOTP. However, given the small amount of offenders reconvicted of a sexual offence and findings of the current study that high risk offenders were less likely to complete the SOTP than low risk offenders, the finding of a lack of association between completion of the SOTP and reconviction must be treated with caution.

2.4.5 Additional factors impacting upon programme effectiveness

Despite previous research highlighting the impact of motivation to change (McMurran & Ward, 2010) and location on the effectiveness of treatment programmes (Friendship & Debidin, 2006), neither factor was found to be a significant predictor of general recidivism in the current study. Although previous research has pointed toward the key part that motivation to change plays in desistance from crime (Prochaska et al., 1994), more recent research suggests that motivation to change alone is not sufficient to predict re-offending (Casey, Day, & Howells, 2005). Additional *readiness to change* factors (Ward et al., 2004) need to be considered in looking at the process of behavioural change (this issue is expanded upon in Chapter 3). The finding of the current study that motivation to change was not a significant predictor of reconviction is supportive of that research.

2.4.6 Strengths and limitations

Using OASys assessment data enabled the analysis of a range of both practical and psychological criminogenic areas. Furthermore, the set follow-up period of four years for each participant is longer than found in the majority of previous studies of recidivism; this is of particular relevance given the longer time lapse between release and recidivism with regard to sexual offences (Cann, Falshaw, & Friendship, 2004). In addition, the OASys

assessments used in the current study contained a wide range of information on each offender including factors such as age, pre-convictions, risk and motivation scores which enabled such factors to be controlled for in analyses. However, although the OASys assessment recorded crime type, no detail was provided regarding the type of sex offence that the offender had been convicted of. Previous research has found that the nature of the offence (e.g., the type of victim) will have an impact upon whether an offender is likely to re-offend, as such, the suggestion has been made that research into re-offending among sex offenders should differentiate between type of sex offender (Quinsey, Harris, Rice, & Cormier, 2006). Clearly this was not possible in the current study which may have impacted upon the validity of reconviction rate findings. The inclusion of additional factors found to be linked to sexual offending behaviour (e.g., deviant sexual interests) may have increased the validity of the study, however, such factors were not provided by the OASys assessment.

Concern has been noted about the OASys assessment regarding the assessor's need for a measure which is comprehensive and yet user friendly in order to minimise the time required to complete the assessment (Robinson, 2003). The issue of missing input data in OASys assessments has been highlighted as a cause for concern (Howard & Dixon, 2012). Where time restrictions are placed on staff conducting assessments it is possible that the recording of information regarding completion of interventions is not, in all cases, accurately recorded. For this reason, as mentioned, a distinction could not be made between those offenders who had not started a programme, those who had started but failed to complete, and those who had not been referred to a programme. Therefore, the amount of offenders in the current study who were accepted on to the SOTP but failed to complete the programme is unknown. Previous research findings show there to be higher levels of recidivism amongst offenders who start a programme but who fail to complete

than in offenders who do not participate in the programme at all (McMurran & Theodosi, 2007), as such the lack of distinction in the current study can be considered an inadequacy in the data. For example, it is unknown as to whether the finding that high risk offenders were less likely to complete the SOTP than low risk offenders is due to fewer high risk offenders consenting to participate (where a programme was offered), or whether high risk offenders were more likely to start the SOTP but fail to complete it than their low risk counterparts. Furthermore, where specific individual needs were identified from the OASys assessments (e.g., education, employment etc...) the severity of the problem (i.e., 'some problems' or 'significant problems') was not controlled for which may have impacted upon the reliability of the results.

In addition, it was not possible to control for the time gap between assessments for each offender which may have impacted upon the reliability of findings regarding changes in risk level. Assessments take place approximately no less than once each year although assessments may also take place following interventions and when transferred to different prison locations.   Further to this, where offenders received one to one counselling it was unknown as to the precise length of the counselling period or the quality/content of the sessions; it was therefore not possible to control for these factors.

As a variety of programmes have been designed to address specific areas of need it was necessary to group interventions according to the areas they address (see Appendix A) in order to match an area of need to an intervention for the purposes of analyses. This practice has been used in previous research (Hollin et al., 2004), however, it was therefore not possible to determine differences between the effectiveness of programmes in a particular area (e.g., ETS, TSP, Think First); the lack of effectiveness of one programme may mask the positive impact of another. In addition, for the purposes of data analyses, the assumption was made that, where an intervention was geared to target a particular

need, the need of the offender had been met if they completed the intervention. However, given the findings of research regarding the effectiveness of interventions within correctional services (as outlined in Chapter 1), it is not possible to conclusively state that interventions will always meet the needs of an offender.

Lastly, OASys assessments in the current study included offenders from across all regions in England and Wales; however, research would need to be conducted in other countries in order to test the generalisability of the current findings. In addition, the sample consisted of all male offenders meaning the findings are therefore not generalisable to a female offender population.

2.4.7 Conclusions and future directions

The findings show promising evidence of adherence to the risk principle; where a need was identified for an offender, the percentage of offender participation in a programme was congruent with their level of risk (i.e., low risk had the lowest levels of participation and high risk had the highest levels for the majority of programmes). However, whether or not adherence to the risk principle in all areas of need will result in a reduction in re-offending has not been established in the current study. Further research may be needed to ascertain the extent to which adherence to the risk principle across all criminogenic needs will help reduce recidivism levels.

The study supports the validity of OASys risk scores (OGRS3, OVP and OGP) and the association of the majority of risk factors associated with offending (i.e., criminogenic needs) listed in the OASys assessment, with the exception of emotional regulation issues. However, the lack of findings of the predictive validity of any dynamic risk factors (e.g., employment and education issues) suggests there is a need to further explore factors which will impact upon the likelihood of re-offending. As suggested by Ward and Beech (in press), there is a need to move beyond the current concept of dynamic risk factors and

explore the deeper roots of offending behaviour through clinical rather than actuarial assessments. In order to gain a deeper understanding of the complexity of factors underlying offending behaviour, future research in this field could take a qualitative approach.

The need principle (Andrew & Bonta, 2010) states that by addressing an individual's criminogenic needs it is possible to reduce the likelihood of a re-offence taking place. However, if criminogenic needs (as listed in the OASys assessment) are not predictive of re-offending this then raises the question as to whether addressing certain needs is sufficient to reduce the likelihood of re-offending. In order to meet the needs of offenders (thus reducing the likelihood of re-offending) further research is required to develop a more detailed knowledge of said needs (Ward & Beech, in press) and to inform practice in terms of treatment programme design and delivery.

CHAPTER 3

THE SEQUENCING OF INTERVENTIONS WITH OFFENDERS: AN ADDITION

TO THE RESPONSIVITY PRINCIPLE

The aim of this chapter is to provide an overview of the literature regarding the impact of sequencing of a set of multiple interventions. As highlighted in chapter 1, in addition to measuring the effectiveness of individual programmes (as investigated in chapter 2), it is necessary to consider programme implementation issues such as the sequence in which an offender participates in interventions. This chapter draws together the literature concerning rehabilitative frameworks and the process of behavioural change in order to offer suggestions regarding the coherent sequencing of interventions. A focus is placed on the need to be responsive to the needs of the individual offender.

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The Sequencing of Interventions with Offenders: An Addition to the Responsivity Principle

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Despite a growing recognition that the sequence in which rehabilitative interventions are delivered to offenders may impact the effectiveness of a set of interventions as a whole, relatively little research has been carried out to provide evidence to substantiate such claims. A narrative literature review was conducted to identify and analyze research in the field of rehabilitation, exploring developments made with reference to models of rehabilitation. The article proceeds to explore theories and research into the concepts of responsivity and readiness to change with reference to the process of behavioral change and discusses how theory can be linked to practice.

KEYWORDS rehabilitation, sequencing, responsivity, interventions, treatment

In spite of what is often seen as the common sense response to crime, it is now the widely held view that punishment is not an effective method of reducing re-offending (Hollin, 2002; Joyce, 2006). In searching for a method of protecting society that does not rely on punishment, the key question of how to reduce re-offending now lies in the field of offender rehabilitation. However, with the reconviction rate in the United Kingdom during a 9-year

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period following a prison or community sentence standing at 74%, it is clear that improvements need to be made in correctional services (Ministry of Justice, 2010). Similarly, in a study of recidivism across 15 states in America, 67.5% of prisoners released in 1994 were rearrested within 3 years of their release (U.S. Department of Justice, 2002). This paper will explore theories underlying offender rehabilitation focusing on the process of behavioral change in offenders, and comment on how these theories can be used to inform decision making as to the sequencing of interventions with offenders.

Early attempts to identify the value of rehabilitative efforts were less than positive. In particular, the notorious article, *What Works?—Questions and Answers about Prison Reform*, by Martinson (1974) caused much debate in the field of offender rehabilitation. After a review of research, Martinson concluded that there was "very little reason to hope that we have in fact found a sure way of reducing recidivism through rehabilitation" (p. 49). Although this message must have left those working in the field of rehabilitation feeling somewhat despondent, it did have the positive outcome of encouraging practitioners to defend their practices. Subsequently, there was a drive toward producing robust evaluative research in support of rehabilitative efforts (Cullen & Gendreau, 2001).

One approach used for such evaluation, from the 1980s to the present day, is the technique of meta-analysis that is used to draw together findings from studies of the effectiveness of various types of interventions with offenders. Such meta-analyses provide compelling evidence in favor of the effectiveness of rehabilitation efforts (for reviews of meta-analyses see McGuire, 2001, 2002), with particularly high success rates for programs employing cognitive skills techniques (Hollin & Palmer, 2006; McGuire, 2001; Sherman et al., 1998) and for high-risk offenders (Lipsey, 1992, as cited in Hollin, 1999), making it significantly more difficult for critics to maintain their "nothing works" stance (McGuire, 2001).

Indeed, the prevailing view appears to be that the rehabilitation movement has transformed itself over the last few decades, and the belief that the majority of prisoners can be reformed is alive and well (Robinson, 2008). However, although the programs can be seen to be successful for some offenders, it is evident that success is not achieved in all cases. Precisely why and how some programs will work for some and not others is a question that remains to be fully answered (Day, Bryan, Davey, & Casey, 2006; Maruna, 2001). In response to this issue, and in order to maximize the efficacy of programs, it is necessary to move from the question of "*what works,*" to the question of "*what works for whom and why*" (Harper & Chitty, 2005, p. 75). In order to further improve practice, it is necessary to identify the issues that impact on the efficacy of programs and to address these factors.

The aim of this article is to highlight the potential importance of the issue of effective sequencing of interventions within correctional services. The

issue will be discussed with reference to the responsivity principle (Andrews & Bonta, 2010), as well as the broader areas of rehabilitative frameworks and the process of behavioral change leading to long-term desistance from crime. Reference will be made to consideration currently given to the offender's process of behavioral change within individual interventions in correctional services. Lastly, the issue of sequencing of interventions will be discussed with reference to applying theory to practice.

REHABILITATIVE FRAMEWORKS

The harmful impact of crime on victims and the financial cost to society necessary to detain and rehabilitate offenders are such that reducing rates of re-offending is an obvious main concern. Current offence specific and non-offense specific programs used in prisons and the community need to meet the public demand for reducing levels of offending and reoffending, which is no simple task. However, this task is believed to be more achievable if the methods adopted are those that are shown to be most effective. The risk-need-responsivity principles (Andrews & Bonta, 2010) and the good lives model (Ward & Stewart, 2003; Ward & Maruna, 2007) are two of the main frameworks for rehabilitation utilized in many Western Countries (e.g., the United Kingdom, Canada, Australia, New Zealand, and North America). In addition to making broad recommendations as to how best to approach the rehabilitation of offenders, the frameworks also posit that it is necessary to consider the process of behavioral change, and, as such, provide some insight as to how interventions could be sequenced.

Risk-Need-Responsivity Model

Many programs currently offered in the United Kingdom, the United States, Canada and Australia (Polaschek, 2012) rest on the risk-need-responsivity (RNR) principles of effective correctional interventions (Andrews & Bonta, 2010). In short, the risk principle refers to the intensity of intervention required; the higher the risk an offender is thought to pose, the greater the intensity of treatment that should be provided. The need principle refers to addressing the criminogenic needs of the offender; criminogenic needs are potentially changeable, demonstrated predictors of recidivism. Most current programs have been designed to address the criminogenic needs of offenders (Vennard & Hedderman, 1998).

The responsivity principle proposes that it is essential to consider "which methods work best, for *which* types of offenders, and under *what* conditions or in what types of setting" (Palmer, 1975, p. 150). In short, the principle indicates a need to match the delivery style of treatment programs to the individual offender (Andrews & Bonta, 2010). The responsivity principle

includes both general and specific factors (Andrews & Bonta, 2010). *General* responsivity highlights the need for cognitive-behavioral and cognitive social learning strategies in the treatment of offending. Although an area that has received less attention, *specific* responsivity states that certain offender characteristics are likely to impact on how willing or able an offender is to take part in a treatment program and how effective the program will be for him or her. Andrews and Bonta (2010) cite cognitive/interpersonal skill level (e.g., empathy), interpersonal anxiety, antisocial personality pattern, weak social support for change, gender, age, ethnicity, mental disorder, motivation, and strengths as factors that need to be addressed in rehabilitation. Of these factors, motivation has been given particular attention in terms of whether there is sufficient evidence to claim that level of motivation to change should be considered when delivering treatment. In accordance with the responsivity principle the suggestion is made that, when sequencing interventions, a lack of motivation should be addressed prior to a specific criminogenic need (McMurran & Ward, 2010).

Predominately, a positive correlation has been found between adherence to the principles of RNR and reductions in levels of reoffending (Andrews & Bonta, 2010). However, despite the large body of evidence upon which the RNR model is based, it has been criticized for its narrow view of rehabilitation in that its focus is on negative aspects of an offender's character while omitting positive aspects. Ward and Stewart (2003) suggest that, when considering the well-being of an offender, it is essential to look at the positive aspects of their character when addressing their needs, as outlined in the good lives model.

Good Lives Model

Grounded in the field of positive psychology, the good lives model (GLM; Ward & Stewart, 2003) was developed with the aim of using it to complement the RNR model. The GLM recognizes that offenders seek the same fulfillment and happiness in life as non-offenders, but that offending occurs when they encounter problems in trying to seek these things in pro-social ways. The GLM suggests that we all strive to meet our basic life needs (referred to as *primary goods*) in areas such as relationships, work, health, and happiness. In short, "primary goods are linked to certain ways of living that, if secured, involve the realization of potentialities that are distinctly human. These goods all contribute to a happy or fulfilling life. . . " (Laws & Ward, 2011, p. 184). It is necessary to identify goals and then act in such a way as to achieve these goals. People's goals will vary according to what aspect they believe to be of greatest importance to them. To improve practice, in addition to considering an offender's individual life goals, it is necessary to consider the ways in which goods are related to each other and the order in which an individual prioritizes their desired goods. For example, if a person places

little value on work, then they may remain unfulfilled even if they have a good job (Ward & Maruna, 2007). While it is necessary to address risk, it is also necessary to consider individual primary goods promotion in order to encourage a positive change in behavior and decrease the likelihood of re-offending (Purvis, Ward, & Willis, 2011).

In addition to the key primary goods discussed, *secondary goods* refer to the means by which a person can meet their needs (Ward & Fisher, 2006). Problems may occur if, for example, an individual lacks certain internal resources such as skills or attributes to meet their goals or perhaps lacks certain external resources to assist them, such as access to a good education. Consequently, persons lacking internal and external resources may attempt to attain their life goals in maladaptive ways, likely leading to seeking satisfaction through criminal means resulting in unhappiness in the long-term (Laws & Ward, 2011). With reference to offender rehabilitation, the GLM would suggest that the aim should be "to identify what problems exist so that lifestyles and life plans can be altered to suit each offender's preferences, skills, temperament and opportunities" (Purvis et al., 2011, p. 9). Interventions would therefore be tailored to an individual by first asking questions about the level of importance they place on primary needs, and then by looking at what secondary goods are necessary to help them to meet their primary needs. With reference to the sequencing of interventions, it would, therefore, be suggested that interventions addressing the identification of primary needs be sequenced prior to addressing the means by which said needs can be met. For example, where the primary need of success in work is identified, an intervention addressing the skills/education required to gain desired employment follows.

In addition to the GLM gaining popularity as a framework for guiding the rehabilitation of offenders, it is also provides a framework of case management (Purvis et al., 2011). As a framework for case managers, it directs them to "explicitly construct intervention plans that help offenders acquire the capabilities to achieve things and outcomes that are personally meaningful to them" (Purvis et al., 2011, p. 6).

While the RNR model places a focus on risk management through addressing what are considered to be weaknesses, the focus of the GLM is on building strengths and focusing on the things that are important to the individual, while also managing risk (Ward & Maruna, 2007). It is suggested that the GLM can converge with the RNR via the responsivity principle (Ward & Maruna, 2007), with both models highlighting the need to prioritize internal factors, such as motivation, when delivering treatment (Birgden, 2004). As regards the sequencing of interventions, the responsivity facet of the RNR and the GLM alike suggest the need to address issues such as a lack of motivation to change as well as addressing any barriers to change (such as a lack of skills) prior to moving on to offence specific treatment and attaining desired life goals.

THE PROCESS OF CHANGE

In order to address the issue of coherent sequencing of treatment programs and interventions, it is necessary to consider the process by which behavioral change occurs in an individual. Interventions within offender rehabilitation settings address a wide range of problematic attitudes (e.g., thinking skills programs), emotions (e.g., anger management) and specific types of offending behavior (e.g., sexual offending, substance misuse) as well as additional issues such as education, employment skills, and mental health needs; however, the order in which these should be addressed is not always clearly delineated. In order to elicit a positive change in offender behavior, it is first necessary to identify the process by which change occurs and ensure that the sequence of interventions is matched to this process.

Many theories have been put forward in an attempt to conceptualize and offer a framework for behavioral change. Although interventions with offenders differ from those used to modify addictive behaviors and mental health issues, it has been argued that as these programs share the common aim of bringing about psychological and behavioral change, they are broadly comparable (Day et al., 2006).

It has been stated that "the methods of inducing cognitive, motivational, and behavioral change developed in the treatment of addictions have a wide range of applicability in behavioral areas where change is difficult to achieve" (Kear-Colwell & Pollock, 1997, p. 27). As such, by looking at the process of psychological change in those with addiction or mental illness, inferences as to how changes in behavior come about in an offending population can be made. One model of change that may provide a useful framework for the sequencing of interventions for offenders is Prochaska and DiClemente's (1983) transtheoretical model.

The Transtheoretical Model (TTM) of Behavior Change

This model (Prochaska & DiClemente, 1983) describes a sequence of behavioral stages of change within which processes of change are defined as "any activity that you initiate to help modify your thinking, feeling, or behavior" (p. 25). Although it was developed first as a process through which individuals may terminate their addiction to smoking, it has also been adopted in research in the field of offender rehabilitation to explain the process by which different types of offenders cease offending (Casey, Day & Howells, 2005). It has been applied to adolescent offenders (Hemphill & Howell, 2000), child molesters (Tierney & McCabe, 2001), and those that commit intimate partner violence (Begun et al., 2003).

Prochaska and DiClemente (1983) described three constructs within their theory of behavioral change: the stages of change, the processes of

change, and decisional balance. The stages of change (SOC) construct states that individuals who are successful at changing their behavior will pass through five stages of change: precontemplation; contemplation; preparation; action; and maintenance (Prochaska, DiClemente, & Norcross, 1992; Prochaska et al., 1994a, 1994b). An individual in the *precontemplation* stage would have no intention of changing. It is commonly suggested that individuals in this stage are not ready to begin treatment as they lack the motivation to participate. When in the *contemplation* stage, an individual has become aware of their problem and is giving serious thought to making a change; however, they have not committed themselves to taking action at this point. In the *preparation* stage, an individual has made a commitment to change, and plans to take action in the next month; they may have previously taken action to change but have been unsuccessful (Prochaska & Levesque, 2002); for individuals in this stage, their focus has shifted from their problem onto a solution. The *action* stage involves observable changes to an individual's behavior; they have put time and effort into making changes to their lifestyle; behavioral changes would be viewed by professionals as being "sufficient to reduce risk of harm to others or to the self" (Prochaska & Levesque, 2002, p. 59). When an individual has consistently abstained from their addiction or unwanted behavior and has achieved a new lifestyle that is incompatible with their unwanted behavior for more than 6 months, they are considered to be in the *maintenance* stage. Individuals in this stage will be putting effort into maintaining the changes they have made in the action stage and they will feel progressively more confident in their ability to abstain from their previous behavior (Prochaska & Levesque, 2002).

From such a description, the SOC can appear to be a simple linear model, with individuals passing through each stage progressively. However, this is only the case for the minority. As such, the model should instead be seen as a spiral whereby individuals are likely to relapse and repeat stages on their journey to the ultimate goal of terminating their undesirable behavior (Prochaska et al., 1992). Emotional distress is thought to be the major culprit of relapse (Prochaska & Levesque, 2002).

The processes of change construct of the TTM can be integrated within the SOC and aims to provide an understanding of *how* cognitive and behavioral changes occur in an individual leading them to progress through the stages of change, ultimately achieving termination of an undesirable behavior (Prochaska et al., 1992). Prochaska et al. (1992) outline 10 processes of change. First, *consciousness raising* involves increasing awareness of the self and the particular problem behavior. In the *dramatic relief* process, an individual's emotions may be aroused and then expressed. *Environmental re-evaluation* helps an individual to perceive how their problems may impact upon those around them. Assessing oneself in light of a problem behavior is referred to as *self-reevaluation*. The process of *self-liberation* involves a belief that it is possible for a behavior to be changed and making a

commitment to take action to make that change. *Social-liberation* entails searching for opportunities provided in society that may help support efforts to change. *Counterconditioning* substitutes problem behaviors with positive, pro-social behaviors. Enlisting and being open to accepting help and support from those who care is known as *helping relationships. Reinforcement management* involves rewarding oneself or being rewarded by others for displaying a desired behavior. Last, in order to cease the undesirable behavior, it is necessary to restructure the environment so as to increase the amount of positive cues and decrease negative cues, known as *stimulus control*.

The construct of decisional balance relates to an individual assessing the pros (benefits) and cons (costs) of changing problem behavior. Pros and cons are related to the SOC, with individuals in early stages identifying more pros than cons of continuing an undesirable behavior and those in later stages such as preparation and action identifying more cons than pros of said behavior (Prochaska & DiClemente, 1992).

Prochaska and DiClemente (1994b) state, "The Transtheoretical model provides a relatively unique means for treatment matching. Match to the client's stage of change is the motto of this model" (p. 204). To varying degrees, in terms of informing the sequence in which treatment is delivered, the model is applicable in forensic settings. Kear-Colwell and Pollock (1997) found stage-matched treatment was important to the efficacy of treatment programs with child sex offenders. Using confrontational techniques with an offender in the pre-contemplation stage may make it less likely an offender will subsequently contemplate change; however, motivational interviewing in this stage will promote the likelihood that an offender will recognize the need to change and believe that change is achievable. Evidence for the validity of measures of stage of change based on the TTM has been found for male prisoners with the accurate assessment of an offender's SOC found to be essential in guiding treatment program selection (Polaschek, Anstiss, & Wilson, 2010). Furthermore, offenders who received motivational interviewing while in the pre-contemplation stage were significantly less likely to re-offend than prisoners in the same stage who did not (Anstiss, Polaschek, & Wilson, 2011). Day et al. (2006) argue that where a program does not match an offender's SOC, it is less likely to be successful than where stage-matched programs are provided. In accordance with the TTM, it would be suggested that multiple interventions are sequenced in such as way as to first motivate an individual to change, help them identify the pros of changing their offending behavior, and then taking action to address their offending behavior.

Despite the popularity of the TTM in understanding behavioral change and guiding the delivery of interventions, it has been the topic of widespread debate (Brug et al., 2005; West, 2005). There appears to be general agreement that it is necessary for further models to be developed to incorporate more complex psychological and contextual processes (Brug et al., 2005; Burrowes

& Needs, 2009; Etter, 2005), which include recognition of additional factors that may impact on whether an offender is *ready* to change.

The TTM is largely viewed as being a model of motivation to change (Howells & Day, 2003). Motivation to change has long been cited as indicative of the likelihood that an offender will engage in treatment with the suggestion that the issue of motivation to change be addressed prior to criminogenic needs (Drieschner, Lammers, & Staak, 2004; McMurran, 2009; McMurran & Ward, 2010). However, more recently, it has been argued that motivation is just one factor involved in an offender's readiness to change (Anstiss et al., 2011; McMurran & Ward, 2010). Likewise, it is suggested that the responsivity principle is not yet broad enough in scope to encompass all factors that contribute to the likelihood that an offender will engage in treatment (Ward, Day, Howells, & Birgden, 2004) and which need addressing early in a sequence. The concept of *readiness* has been developed and is defined as "the presence of characteristics (states or dispositions) within either the client or the therapeutic situation, which are likely to promote engagement in therapy and that, thereby, are likely to enhance therapeutic change" (Ward et al., 2004, p. 647). Consequently, Ward et al. believe offender motivation and program responsivity to be facets of readiness and suggest that it is necessary to provide a model of change that incorporates all internal and external factors that impact upon an offender's readiness to change such as those outlined in the multifactor offender readiness model (Ward et al., 2004). Ward et al. extend the argument that motivation to change be addressed through intervention prior to criminogenic needs (McMurran, 2009) to encompass a number of additional factors.

The Multifactor Offender Readiness Model

The multifactor offender readiness model (MORM; Ward et al., 2004).) incorporates a wide range of internal (psychological) and external (contextual) factors related to offender treatment readiness, which need to be present for an offender to willingly engage in treatment. Thinking patterns (termed *cognitive factors*) that lead to an offender being resistant to treatment need to be tackled. These include having a negative view of others; low expectations of a particular treatment program and/or therapist by an offender; a lack of belief that he or she has the ability to do well in treatment programs; a lack of belief that he or she needs to change; or the view that the cost of taking part in treatment programs is not sufficient to outweigh the benefits of changing. *Affective factors* are cited as having an impact on readiness to change. For example, an offender experiencing difficulty in controlling his or her behavior or emotions may struggle to take part in treatment. Furthermore, high levels of shame have been found to be associated with difficulties in engaging in treatment (Proeve & Howells, 2002). Three

types of *behavioral factors* are included within the model for their impact on readiness to change: Offenders must recognize their problem behavior; must seek help to change their problem behavior; and last, must possess the skills necessary to participate in interventions. Likewise, the TTM highlights the need for offenders to first recognize their problem behavior before preparing to take action that may involve seeking help and gaining the skills necessary to participate in offence specific programs.

Like the TTM, Ward et al. (2004) also highlight characteristics that may impact on an offender's ability to take part in treatment, such as poor literacy skills and mental illness/disorders. They also stress the importance of the offender having the skills necessary to take part in group treatment programs and the ability to talk about his or her thoughts and feelings with others. The MORM's *volitional factors* (such as an offender's goals and desires) are also closely related to the TTM in that the likelihood than an individual will change is considered to be linked to the level of motivation to change behavior.

Within the MORM, change is viewed as a sequential process in which offenders progress from a lack of awareness of their problem to a desire to change, to forming and implementing a plan to instigate and maintain this change. Ward et al. (2004) further suggest that motivation is linked to an individual's life goals (a suggestion also put forward in the GLM); if an offender holds realistic life goals that can be identified, prioritized, and addressed by treatment programs, motivation levels are more likely to remain high, and treatment is more likely to be effective. As such, interventions addressing the identification of realistic life goals and personal identity could be sequenced prior to those addressing criminogenic needs. Last, *personal identity factors* are thought to be particularly important within the area of readiness to change. It is suggested that, in order for an offender to change their offending behavior, the goods that they aim to achieve must be pro-social and not related to offending. By prioritizing these goods, an offender can identify the kind of person they wish to be. If this is achieved, then their personal identity will be such that it allows them to believe that they can change.

Six external factors related to readiness to change are included in the MORM (Ward et al., 2004). *Circumstance factors* are thought to be related to readiness; if an offender feels they have been coerced into participating in a treatment program, they may be less likely to engage with it. It is also important to consider where the treatment will be delivered (*location factors*); whether the treatment is delivered in prison or the community may have an impact on its effectiveness (McGuire & Priestly, 1995). Furthermore, moving a prisoner to a prison at a location further away from their friends and family may demotivate them. *Opportunity factors* also influence treatment; even if a prisoner is considered ready for treatment, it may not be possible for them to commence treatment if the program is not available at that particular prison. Another factor that may influence whether a prisoner

can take part in treatment is where they are in their sentence (i.e., if nearing the end of their sentence, there may not be time to complete a program). *Resource factors* such as a lack of qualified and experienced staff to deliver treatment programs are also issues that will impact on the availability of programs to offenders. Receiving support, guidance, and possibly rewards for completing programs (*support factors*) from a member of staff in prison or the community is important in encouraging readiness to change. Last, *program/timing factors* concern the issue that a prisoner may feel ready to change but may not feel that a particular type of program is going to be helpful to them or that they would like to have more time before participating in a program.

The MORM has received increasing attention over the last decade as a method by which to assess an individual's level of readiness to change in terms of how this relates to the likelihood that they will engage in, and complete treatment (Day et al., 2009; Howells & Day, 2007; McMurran & Ward, 2010; Sheldon, Howells, & Patel, 2010; Tetley, Jinks, Huband, Howells, & McMurran, 2012). In highlighting a wide range of both internal and external readiness factors as well as providing a basis for assessing whether or not an offender is ready for a particular treatment program (McMurran & Ward, 2010), the MORM can inform decision making as to the sequence in which an offender participates in specific programs. It has been noted that the model incorporates motivation issues (as highlighted by the TTM), responsivity issues (outlined in the RNR framework), and provides a wider range of factors that are thought to impact upon readiness to change (Howells & Day, 2007; McMurran & Ward, 2010). Readiness factors outlined in the model have been shown to be associated with the likelihood that violent offenders (Day et al., 2009) and offenders with a personality disorder (Howells & Day, 2007; Tetley et al., 2012) will engage in, and remain in, a treatment program.

The issue of readiness to change is recognized as being important within correctional services (Ward et al., 2004). In order to be responsive to the needs of the individual, knowledge of internal and external readiness factors would be beneficial when considering the sequence and timing of interventions for a particular offender. Where cognitive, volitional, and personal identity issues are present in an offender (i.e., internal processes leading to an offender resisting treatment, as outlined above), interventions to address such issues would be placed first in a sequence of interventions. When such issues have been addressed (i.e., an offender has a belief that he or she needs to change, a positive attitude toward treatment programs, and motivation to participate and engage in programs), an offender would, in theory, then be ready to progress to further interventions. In accordance with the MORM, it would then be necessary to ensure an offender has the competencies to participate in offense-specific treatment programs. This could involve addressing factors such as difficulties in controlling his or her behavior or emotions, poor literacy skills, mental health issues and difficulties in discussing thoughts in

a group context. Where such issues have been addressed in treatment and the offenders are deemed to possess such competencies, they would then be ready to participate in offence specific programs.

However, the MORM also highlights external factors that impact on the viability of an offender being able to participate in interventions in the desired sequence as outlined above. Due to a lack of qualified staff and treatment programs being unavailable, there may be lengthy waiting lists for programs or an offender may need to be moved to a different prison where the desired program is available. The MORM highlights the need to assess the internal factors present in an offender to ascertain which programs are necessary at a particular time in their sentence, creating an individualized treatment plan including the sequence in which programs are delivered. It also emphasizes the need for frequent assessment in order ascertain an offender's level of readiness to change, which may involve the need to adjust the sequence in which interventions are delivered.

Validating the Need to Prioritize Motivation

The extent to which levels of motivation impact upon the likelihood that an offender will engage with and benefit from further treatment (and as such, whether it is necessary to address motivation issues prior to further programs) has been of particular interest within correctional services. Claims made by the MORM and TTM regarding the need to address the issue of motivation to change (a component of the responsivity principle) prior to further programs have been substantiated by research into motivational pre-treatment programs and motivational interviewing. For example, Marshall and Moulden (2006) found that offenders who took part in a motivational pre-treatment program (aiming to ensure offenders recognize a need to change, believe they can change, and believe that treatment does work) were less likely to be re-convicted of both sexual and non-sexual crime than a matched control group who did not receive the pre-treatment program.

In addition, research investigating the effectiveness of motivational interviewing (MI) offers support for claims made by the TTM and MORM regarding the importance of addressing motivation levels prior to offense-specific programs. MI is a client-centered counseling style that aims to address ambivalence, elicit and strengthen levels of motivation, and reduce resistance to changing a problematic behavior (Miller & Rollnick, 2002). MI is often delivered as a pre-program intervention for those considered to be in the stage of pre-contemplation, thereby matching the needs of the offender with his or her SOC (Anstiss et al., 2011). Research into the effectiveness of MI has found some positive results with MI leading to an increase in levels of motivation, improvements in retention rate on programs, and reduced levels of re-offending (McMurran, 2009). A study carried out by Anstiss et al.

(2011) investigating the impact of MI with prisoners found that those who received MI prior to other interventions were less likely to be re-convicted than those who did not. However, findings have been mixed and McMurran (2009) highlights the need for further research in this area. The benefits of the continued use of MI throughout the stages of change to maintain motivation has also been highlighted (Andrews & Bonta, 2010).

In summary, research into motivational pre-treatment programs and MI suggests that, when considering the sequence in which interventions are delivered, it would be beneficial to address the issue of motivation prior to offence specific interventions. In addition, research suggests that, for some offenders who lack motivation to change, it may be beneficial to the offender to participate in motivational programs alongside further programs.

LESSONS FROM INDIVIDUAL TREATMENT PROGRAMS FOR SEQUENCING MULTIPLE INTERVENTIONS: WHAT SHOULD COME FIRST AND WHY?

Individual treatment programs designed to address specific offending behavior often consider the process of change in an individual and, as such, delineate a sequence of components to encourage progression through the process. For example, the rationale underlying cognitive-behavioral programs (the most common approach used in offender rehabilitation [McMurran, 2002]) is that the treatment must first address thinking in order to change offending behavior (McDougall, Clarbour, Perry, & Bowles, 2009). Cognitive distortions and deficits may affect the way in which an offender perceives the world, allowing an offender to justify his or her criminal actions, and limit his or her ability to plan for the future or problem-solve, resulting in continued offending behavior (Lipsey, Chapman, & Landenberger, 2001). Cognitive behavioral therapies aim to systematically address such distortions, enable offenders to recognize the triggers of their offending behavior, put strategies in place to adapt their behavior, and ultimately reduce the likelihood that they will re-offend (Lipsey et al., 2001). However, it could be argued that it is futile to address thinking problems if an offender does not perceive that he or she has a problem that needs addressing and, as such, lacks motivation to change. Therefore, cognitive behavioral therapy (CBT) may involve a sequence of components firstly addressing motivation, followed by addressing cognitive factors, leading to a change in behavior.

In the area of treatment programs for sex offenders, it is evident that behavior change is considered to be a sequential process. An offender must be able to view their behavior as being inappropriate before their behavior can be altered (Looman, Dickie, & Abracen, 2005). The schema-based

theory of cognition in sexual offending suggests that dysfunctional cognitive schemas underlie the action of committing a sexual assault (Mann & Shingler, 2006). Theories such as these indicate that, when treating sex offenders, it would be necessary to address any existing dysfunctional schemas before an offender can learn the skills needed to control his or her behavior (Mann & Shingler, 2006). Furthermore, it is considered necessary to address the issue of denial and minimization in sex offenders prior to looking at relapse prevention strategies (Marshall, 1994), although opinions on this are changing and it is less clear cut whether this needs to be addressed (Harkins, Beech, & Goodwill, 2007). Thus, it is evident that to improve the effectiveness of offender rehabilitation efforts, the entire process of change should be considered.

Dialectical behavioral therapy (DBT; Linehan, 1993) focuses on the process of behavioral change and, as such, pays explicit attention to the coherent ordering of components of the therapy. Although originally developed for those with borderline personality disorder, the therapy has been adapted for correctional settings with positive results (Berzins & Trestman, 2004; Evershed et al., 2003; Shelton, Sampl, Kesten, Zhang, & Trestman, 2009). DBT pays considerable attention to the process of change in a person and, therefore, considers the sequence in which skills are taught. In short, " . . . the orientation of the treatment is to first get action under control, then to help the client to feel better, to resolve problems in living and residual disorders, and to find joy and, for some, a sense of transcendence" (Dineff & Linehan, 2001, p. 2).

DBT is formed of stages through which a person must pass; if a person does not achieve the goals set in their current stage, they do not proceed to the next stage (Becker & Zayfert, 2001). Prior to any treatment, the therapist and offender meet to discuss their goals and treatment targets (Dineff & Linehan, 2001). The goals are hierarchical, with the most problematic behaviors being addressed before those considered to be less concerning (Evershed et al., 2003). The first task of treatment is then to address any maladaptive or dysfunctional behavior that may interfere with the therapy process. In this stage, the individual sees the DBT therapist on a one-to-one basis to decrease any problem behavior that is considered to be life-threatening or may decrease the offender's quality of life (Dineff & Linehan, 2001). This may involve addressing violent behavior, a lack of control over impulses, a lack of motivation to change, as well as any behavior that may be harmful to others (Berzins & Trestman, 2004).

The next stages of the DBT process involve increasing positive, adaptive behavior, thus further reducing maladaptive behavior (Dineff & Linehan, 2001) through teaching four main skills: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. Mindfulness is the foundation on which the further modules are based and, as such, it is addressed first (Becker & Zayfert, 2001). In this module, a person is given the skills to

think rationally rather than emotionally and to be present in the moment. He or she must be able to observe, describe, and participate in the moment in an effective, focused, and non-judgmental way (Becker & Zayfert, 2001). Distress tolerance skills involve being able to accept the distressing situation that they are in rather than focusing on changing it; if a person can accept the reality of their feelings and situation, they are then better placed to learn strategies designed to deal with distress, such as distracting themselves with positive tasks, self-soothing techniques, and relaxation techniques (Becker & Zayfert, 2001). Emotion regulation is concerned with the ability to recognize, describe, and address negative emotions in order to replace them with more positive emotions (Berzins & Trestman, 2004). Finally, interpersonal effectiveness skills are taught in order to prepare the person for challenging situations (Berzins & Trestman, 2004), for example, in romantic relationships or in a work situation.

DBT offers insight to help inform practice in the sequencing of multiple interventions in correctional services. It highlights the need to first address behavior/cognitions (e.g., aggression, a lack of motivation to change, mental health issues) prior to teaching skills to increase positive behavior, and last ensuring he or she has the skills necessary to face real-world challenges.

From these descriptions of individual treatment programs used with offenders, it is evident that some interventions already give explicit consideration to the process of change and, thus, the sequence in which particular issues should be addressed. However, as many offenders will participate in more than one intervention, this consideration needs to be expanded beyond the ordering of components within one intervention to the ordering of the combination of programs (Palmer, 1996). Therefore, when advising that an offender participate in multiple interventions, theories and research into the process of change would suggest that the issue of sequencing be given explicit consideration at the sentence planning stage.

Despite theoretical claims as to what may constitute an effective sequence of interventions, there is currently a lack of evidence on which to base treatment-sequencing decisions. However, by integrating what is known about the factors that influence behavioral change, suggestions can be offered in terms of how interventions might be sequenced.

LESSONS FROM REHABILITATIVE FRAMEWORKS AND PROCESS OF CHANGE PRINCIPLES

It is posited that levels of re-offending could be reduced if it were possible to determine where individuals are in their stage of change (i.e., how ready they are for a particular intervention). This information could be used

to inform decision making regarding what program an offender should participate in and how multiple programs should be sequenced (Hemphill & Howell, 2000). There is a clear need to tailor interventions to help a person achieve each process of change, thus moving them forward through the SOC to achieve their goals (Prochaska & Levesque, 2002).

Table 1 displays a summary of treatment components highlighted by rehabilitation frameworks and the MORM and provides examples of intervention topics within the construct of the SOC component of the TTM. By drawing together such theories within the construct of the transtheoretical model, it is possible to make further suppositions as to the type of intervention necessary in each stage.

For example, upon entry to prison and following assessments to identify needs, an offender who is not able to recognize their problems would first be offered treatment programs designed to raise self-awareness. The offender at this stage may begin to recognize a need to change although he or she may believe that change is not possible or that the cost of changing outweighs the benefits of making the effort to change. Interventions used in this stage could include motivational interviewing and empathy training.

When it is felt that an offender has recognized a need to change, it is suggested that he or she would then participate in interventions designed to focus on their view of themselves in relation to their problems. In accordance with the need principle and the GLM, a framework could be provided for offenders to consider their life goals and identify their problematic behaviors as well as identifying the abilities they have that may help them achieve their goals. Discussion can take place at this stage regarding which behaviors and issues need to be addressed by further treatment programs.

Following the offender's recognition of his or her need to change, the identification of goals and the problem behaviors that need to be addressed, a concrete commitment to change can be made. Dysfunctional behaviors, maladaptive thought processes, and individual needs such as mental health issues or learning difficulties that may interfere with subsequent treatment programs must be identified in order for an offender to move on to offense-specific treatment programs. Interventions in this stage may address these individual issues; for example, an offender may need to participate in a substance abuse program or basic literacy skills before continuing. In addition to considering the specific criminogenic needs of offenders, it is also necessary to identify skills that will assist them in achieving their goals and include these as part of the *action* stage. If the belief that they can change can be fostered, and once a commitment to take action is made, they can then move forward.

TABLE 1 Stage-Matched Intervention Suggestions

Transtheoretical Model (TTM)	Multifactor Offender Readiness Model (MORM)	Rehabilitation Framework	Interventions
Pre-contemplation Decisional balance: Offender perceives more cons than pros associated with changing Processes facilitating progression through stages: *Consciousness raising* – Increasing awareness of the self and the problem; looking at short and long-term consequences of behavior *Dramatic relief* – Expressing/arousing feelings such as guilt and hope *Environmental Re-evaluation* – Exploring how their behavior impacts upon others	Readiness factors: Cognitive (e.g., attitudes and beliefs) Affective Behavioral Volitional Personal identity	GLM: Recognition that basic life needs are not being met RNR: Risk assessment including evaluation of level of motivation to change	Intervention components/topics: Observations; Providing feedback about the consequences of their offending behavior; Bibliotherapy; Psychodrama; Role playing; Grieving losses; Empathy training; Family/network interventions; Documentaries; Value clarification; Motivational interviewing; Preparatory programs designed to increase the awareness of a need to change and increase motivation
Contemplation Decisional balance: Cons decreasing/pros increasing but problems with thinking positively Processes facilitating progression through stages: *Self-re-evaluation* – Addressing self-image in relation to the problem behavior. "Re-evaluate who they were, who they are, and who they want to be" (Prochaska & Levesque, 2002, p. 67)		GLM: Identification of life goals (*primary goods*); Consideration of the importance placed on goals; Consider strengths/ existing abilities RNR: Awareness of criminogenic needs and level of risk as assessed by staff	Intervention components/topics: Imagery; Healthier role models; Help to develop a pro-social identity; Formation of therapeutic alliance; Discussing goals and treatment targets; Identification of the most problematic behaviors

(Continued)

TABLE 1 (Continued)

Transtheoretical Model (TTM)	Multifactor Offender Readiness Model (MORM)	Rehabilitation Framework	Interventions

Preparation
Decisional balance:
  Pros outweigh cons
Processes facilitating progression
  through stages:
Self-liberation – Believing that they
  can change and making a
  commitment to take action
		GLM: Identify gaps in internal and external resources; Collaborative work to determine concrete goals; Consider the skills required to attain the positive life goals of the offender (*secondary goods*)
		RNR: Development of individualized treatment targets, considering the issue of responsivity to the needs of the offender
			Intervention components/topics: Identify dysfunctional behavior that may interfere with the treatment process (e.g., substance misuse, mental health issues, learning difficulties); Identify and make the offender aware of cognitive distortions and deficits prior to attempting to change dysfunctional behavior; Consideration of the causes and motivation behind an offence; Identify the right choices for the individual by which they can modify their behavior; Contracts and public commitments to enhance willpower

446

Action Decisional balance: Pros continue to increase and cons decrease Processes facilitating progression through stages: *Counter-conditioning* – Substituting positive behaviors for problem behaviors *Helping relationships* – Being open, honest about problems with someone who cares *Contingency/reinforcement management* – Using rewards as a way of reinforcing positive actions *Stimulus control* – Restructuring the environment so as to increase the amount of positive cues and decrease negative cues	Circumstance Location Opportunity Resource Support Program/timing	GLM: Taking action to address secondary goods in order to meet primary needs; Build on existing strengths; Address gaps in internal and external resources; Skills should be practiced in a supportive environment to prepare an offender for release; Weaknesses decrease as strengths increase; Target criminogenic and non-criminogenic needs RNR: Target interventions to criminogenic needs; Match interventions to learning styles	Intervention components/topics: Contingency contracts; Overt and covert reinforcement; Group recognition; Self-help groups; Consideration of medication; Teaching of mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness skills techniques (DBT); Thinking skills; Anger management; Offence specific treatment programs; Self-management skills; Cognitive restructuring; Identifying triggers to offending; Address psychological issues such empathy deficits, low self-esteem, depression; Challenge dysfunctional thinking; Skills acquisition and rehearsal (role play); Relaxation training; Emotional control; Assertiveness training
Maintenance Decisional balance: Pros continue to increase and cons decrease Processes facilitating progression through stages: The continuation and advancement in participation and application of all previous processes, with a particular focus on *stimulus control, counterconditioning, reinforcement management* and *helping relationships*		GLM: Achieving primary goals can lead to desistance from crime; however this is an on-going process and positive support will need to be maintained to face life's obstacles RNR: If criminogenic needs have been addressed, risk of re-offending has been reduced, however, on-going support to meet remaining needs may be needed	Intervention components/topics: Develop pro-social networks; Relapse prevention treatment; Booster programs; Support in the community; Maintain therapeutic alliance; Counselor contact; Social support; Self-help groups

At this point, offenders will be ready to participate in interventions designed to address their criminogenic needs, and possibly non-criminogenic needs, which will ultimately help them achieve their goals. Depending on the particular needs of an offender, he or she may need to take part in treatment programs such as those designed to address the dysfunctional thinking underlying the offending behavior or interventions that help in the management of emotions. As negative behaviors are addressed, positive behaviors can also be developed. All positive behavior should be rewarded in order to reinforce it, thus lessening negative behavior. Future environmental factors need to be discussed with the offender to identify triggers to offending; role play can be a useful tool here for visualizing how he or she may respond in an adaptive way when faced with a challenging situation upon release.

Following treatment programs and prior to release it would be necessary that staff and the offender feel that they have addressed the offending behavior and that the offender has acquired the skills necessary to reduce the risk of re-offending. Upon release, an offender may continue to need assistance in order to achieve his or her goals and overcome obstacles to living a crime-free life. For example, assistance may be required in developing pro-social networks and gaining employment and secure accommodation. Emotional support may be needed, and it may be necessary to continue to address specific offending behaviors by participating in booster programs held in the community.

THE SEQUENCING OF INTERVENTIONS AS A RESPONSIVITY FACTOR

The general responsivity principle within the RNR model (Andrews & Bonta, 2010), states that the delivery of treatment programs should be tailored to the abilities and learning style of an offender. The overarching view of the general responsivity principle is that cognitions (such as a belief that his or her behavior needs to be changed or a lack of motivation to change) need to be addressed prior to addressing specific offending behavior (Andrews & Bonta, 2010). The specific responsivity principle extends these general principles by proposing that there is a need to assess offender characteristics in order to match the treatment to the offender (Andrews & Bonta, 2010). For example, characteristics such as learning difficulties, mental health problems, social skills deficits, personality traits, and pro-crime attitudes warrant consideration when making decisions about the interventions needed for an offender and subsequently in what order they should be provided (Ward et al., 2004), for example, addressing mental health issues before commencing offence-specific work.

As highlighted in the MORM, there are multiple internal factors that may impact on whether an offender is considered "ready" for a treatment program

and, as such, identification of such factors may help inform decision making regarding the sequence in which interventions are delivered. In addition to the general responsivity principle highlighting factors such as a lack of motivation to change and a belief that change is not necessary, it is suggested that the principle outlines additional readiness factors (as highlighted in the TTM and MORM) such as an offender's low expectations of a particular treatment program, perceptions of his or her ability to change, and his or her views regarding the pros and cons of addressing offending behavior. By assessing such factors prior to the delivery of treatment programs, it may be possible to determine which programs are necessary and what the optimum sequence of program delivery may be. Further to this, the GLM considers it essential to determine an offender's primary and secondary goals in order to be responsive to the individual needs of an offender in terms of the prioritisation and sequencing of treatment programs.

BARRIERS TO IMPLEMENTING COHERENT SEQUENCING OF INTERVENTIONS

The theories and suggestions regarding the sequencing of interventions outlined above are apparent to some of those currently working in correctional services, and consideration may therefore already be paid to sequencing at the treatment planning stage. However, in order to fully incorporate sequencing of interventions as a responsivity principle, it is important to recognize the impact of limited resources within correctional services. External factors (as outlined in the MORM) such as waiting lists for programs, limited number of qualified staff necessary for one-to-one contact with offenders, and an inability for all prisons to offer an entire array of treatment programs may serve as barriers to the implementation of coherent sequencing of interventions.

In a recent inspection across eleven prisons in the United Kingdom, sentence plans were found to be logically sequenced in only 47% of cases (Criminal Justice Joint Inspection, 2012). A lack of sufficient resources to provide necessary interventions in accordance with individual sentence plans was cited as a contributing factor to difficulties in the coherent sequencing of interventions, with the timing of programs found to be largely dictated by availability of programs.

CONCLUSION

It is evident that much progress has been made in the area of offender rehabilitation in recent decades, with the shift from Martinson's *"nothing works"* claim to instead asking the question *"what works for whom and why"*

(Harper & Chitty, 2005). The contribution that models of rehabilitation, such as the RNR and the GLM, have made to the effectiveness of rehabilitative programs has been well documented, with the findings of studies being largely positive (Andrews & Bonta, 2010; Ward & Maruna, 2007).

The responsivity principle (both general and specific) is held as being of great importance, with obvious recognition by the RNR and the GLM that *one size does not fit all*. The tailoring of the delivery of interventions to match the specific needs of the offender is generally acknowledged as being beneficial to the offender in terms of reducing the risk of re-offending (Andrews & Bonta, 2010). Furthermore, research and theories put forward in the area of readiness to change (e.g., the MORM) provide practitioners with a broad array of factors that need to be addressed for change to take place, and there is an explicit push for such factors to be addressed prior to commencing offence specific treatment interventions.

Given the lack of research in the area of sequencing of multiple interventions, it is not yet possible to emphatically state that by altering the sequence in which an individual should participate in recommended programs differences will arise in terms of the likelihood of re-offending. However, literature in the area of readiness to change indicates a need to further develop the responsivity principles to explicitly consider the issue of the sequence in which interventions will be delivered in order to accommodate the complexity of individual characteristics related to the willingness of offenders to embark upon and engage in various general and offence specific treatment programs.

It is promising that there is growing recognition of the need for the sequence in which interventions are delivered to be considered. For example, in the United Kingdom, the National Offender Management Service recently stated that

> [h]ow we sequence and combine services is significant in delivering outcomes . . . it may be important to provide services which stabilize and motivate an individual before providing an intervention targeted at reducing their risk and reoffending . . . Successful rehabilitative work has a holistic character, whereby the offender's experience is one of a coherent rather than fragmented set of interventions . . . Those delivering services should be aware of the broader picture of the offender's rehabilitative journey . . . (NOMS, 2012, p. 15)

In order to validate the recognition that coherent sequencing of interventions may increase the efficacy of a set of multiple interventions and to further the understanding of the issue, there is now a notable need to provide correctional services with evidence on which to base optimal sequencing decisions, with particular emphasis on being responsive to the individual needs of the offender.

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CHAPTER 4

THE DELIVERY OF TREATMENT PROGRAMMES IN PRISONS: A QUALITATIVE STUDY OF PRISONERS IN THE UK

The previous chapter highlights a number of internal and external factors which may impact upon whether an offender will engage in a treatment programme and whether said programme will lead to desistance from offending. The need to be responsive to the individual needs of offenders in issues relating to programme delivery (e.g., the sequencing of interventions) is noted as being of importance. The aim of this chapter is therefore to explore the views of offenders in the UK regarding issues relating to treatment programmes. Offenders express their opinions with reference to their personal experiences of the sequencing of interventions in which they have participated and additional programme delivery issues. Offenders highlight difficulties they have experienced which they feel may have impacted upon the effectiveness of programmes, and suggestions are made regarding ways in which they feel programmes and programme delivery could be improved.

Chapter 4: The Delivery of Treatment Programmes in Prisons: A Qualitative Study of Prisoners in the UK

4.1 Introduction

In offender rehabilitation, Harper and Chitty (2005) suggest it is necessary to go beyond investigating *what works* to further ask *what works for whom and why*. Despite evidence supporting the efficacy of some treatment programmes for offenders, high levels of programme attrition suggest that the attitudes of some prisoners towards treatment programmes may be far from positive (Friendship & Debidin, 2006). While quantitative studies can provide evidence of overall programme effectiveness, it is necessary to also ascertain which specific factors contribute to the success of a programme in terms of reducing the risk of re-offending (Clarke et al., 2004). This paper explores issues related to the delivery of interventions that impact upon rehabilitative efforts within prison. Issues raised by prisoners in a qualitative study in the UK are described and discussed with reference to existing literature as to 'what works' in offender rehabilitation.

One model outlining potential contributing factors is the multifactor offender readiness model (MORM) (Ward et al., 2004). In short, the model states that there are both internal and external factors which may impact upon whether or not an offender will participate and engage in a programme and whether said programme will be effective in terms of reducing the likelihood of re-offending. Internal factors include beliefs, cognitions, emotions, desires, skills, abilities and personal identity. External/contextual factors include whether or not a treatment programme is mandatory, the availability and quality of treatment programmes, the availability of qualified staff, an effective support system, the type of programme, the therapeutic environment and the timing of treatment. Ward et al. (2004) state "an offender will be ready to change offending to the extent that

he or she possesses certain cognitive, emotional, volitional, and behaviour properties, and lives in an environment where changes are possible and supported" (p. 650). The MORM has been operationalised in the field of offender rehabilitation and factors outlined in the model have been found to be linked to the likelihood that an offender will participate in, engage in, and complete treatment (Day et al., 2009; Howells & Day, 2007; Tetley, Jinks, Huband, Howells, & McMurran, 2012).

The therapeutic alliance is highlighted in the MORM as an external factor which may impact upon the effectiveness of a treatment programme. Research has repeatedly found that the characteristics of the therapist/treatment facilitator are linked to the level of motivation in clients, and subsequently their engagement in treatment and the likelihood that the treatment will be effective (Miller & Rollnick, 2002). Whilst it is important that therapists have the necessary technical skills with which to deliver programmes, differences in characteristics and interpersonal skills of therapists, as well as their style of delivery, can have a significant impact upon treatment outcome (Kozar & Day, 2012; Marshall et al., 2003). Studies looking at the influence of the working alliance between therapists and clients receiving psychotherapy found a significant correlation between a positive working alliance and positive therapy outcome (Horvath & Symonds, 1991; Martin, Garske, & Davis, 2000). Martin et al. (2000) provided a comprehensive list of critical features of therapists which have been found to encourage change: Empathy; genuineness; warmth; respect; support; confidence; emotional responsivity; self-disclosure; open-ended questioning; directiveness; flexibility; encouraging active participation; rewarding; and use of humour. Further to this, in a study exploring the influence of therapist characteristics with a sexual offender population, empathy, warmth, rewardingness and directiveness were found to increase the likelihood of positive behavioural change (Marshall, 2005). However, the study was based on researcher ratings

of therapist characteristics which may differ from a prisoner's view of the therapist. In examining ways to improve treatment, external factors such as therapist characteristics should be an important consideration.

In addition to the relationship between therapist and offender, it is also suggested that the relationship between offender supervisor and offender be considered (National Offender Management Service, 2006). The Offender Management Model developed by NOMS draws on *what works* evidence to outline effective practice in offender management. With reference to the relationship between prisoners and staff in the sentence planning stage, the offender management model developed by NOMS (2006), states:

> Correctional work is at its most effective when offenders are involved in their own assessment, engaged as "active collaborators" in deciding and implementing their own plan, and come to see themselves as being able to control their own futures, rather than being the victim of circumstance. (p. 39)

It is suggested that attempts are made to communicate with offenders regarding treatment programmes he or she has been recommended to participate in, and the timing and sequencing of said programmes. Where possible, it is suggested that offenders have some involvement with the decision making process (NOMS, 2006).

A further external factor highlighted in the MORM is that of the therapeutic environment. Ward et al. (2004) suggest that the situation in which treatment takes place (such as whether treatment takes place in a group environment or in a one-to-one setting) may impact upon how likely it is that and offender will engage with a treatment programme. Yalom (2005) carried out interviews with offenders to explore attitudes towards the group work aspect of treatment programmes and the impact that group work had upon treatment effectiveness. He stressed the importance of group cohesiveness in the

successful outcome of a programme, stating that "it is the affective showing of one's inner world and then the acceptance by others that seems of importance" (p. 56).

The importance of group work in achieving positive change has been empirically supported. In a qualitative study investigating the delivery of cognitive skills programmes in prison, Clarke et al. (2004) found that the majority of prisoners found group work to be useful and enjoyable; prisoners found it helpful to be listened to, to receive encouragement from others, and to hear other people's views. A particular aspect of group work found to be helpful was role-play (Hudson, 2005; Vennard, Sugg & Hedderman, 1997) in which offenders have the opportunity to practice behavioural responses to the potentially challenging situations they may face inside or outside the prison and to play the role of the victim. However, Clarke et al. (2004) found that a minority of prisoners would have preferred to have one-to-one contact in addition to, or in place of, group work. This was particularly the case for prisoners who found role-play difficult, who had literacy skill deficits, or for whom English was a second language. Some prisoners also cited the disruptive behaviour of other group members as a factor leading to their dislike of group work. Thus research supports the notion that the group environment does impact upon the likelihood that an offender will engage with a treatment programme.

Whether or not a treatment programme is mandatory is also highlighted in the MORM as a contextual/external factor impacting upon treatment effectiveness. Coercion to participate in treatment programmes is considered to have an impact on the effectiveness of rehabilitation programmes (Robinson & Crow, 2009). Prisoners have a choice as to whether or not they participate in programmes, however, they are made aware of the negative consequences of not participating (Day, Tucker & Howells, 2004). For example, Imprisoned for Public Protection (IPP) sentences (created for offenders considered to be of high risk to the public's safety) are indeterminate sentences which can

lead to a prisoner remaining in prison for their whole life if their level of risk is not

perceived to have reduced. IPP prisoners are required to participate in and complete

programmes suggested by their offender manager in order to be considered for release by

the parole board. In their case, failure to complete programmes could therefore lead to life

imprisonment (Cavadino & Dignan, 2007). When citing motivations for participating in

programmes, prisoners commonly make reference to feeling pressured to participate in

order to be released (Hudson, 2005). Some prisoners state they are merely participating in

treatment programmes as a tick box exercise in order to be released (Hudson, 2005). Day

(2004) suggests that "Offenders who feel coerced may arrive in treatment with high levels

of antipathy towards both programmes and programme providers" (p. 267). However, he

also notes that despite these initial feelings of coercion, it is possible that an offender's

attitude towards the programme can become more positive throughout the course of

treatment. It is further suggested that, where prisoners may feel coerced into programme

participation, they may benefit from a pre-programme intervention designed to help them

recognise the need to change and increase levels of motivation (Ward et al., 2004).

In addition to external factors, the MORM also outlines internal factors which play

a role in the decision to engage in offender rehabilitation programmes. These include

issues such as boredom but also positive motivations such as being regretful of engaging in

offending behaviour and a subsequent personal desire to address offending behaviour by

participating in a treatment programme (Hudson, 2005). Thus a number of motivations are

noted for involvement in programmes and these will likely have a bearing on how

effective the programme is for that individual.

In addition to various motivations offenders have for attending programmes, we

also need to consider factors that may contribute to de-motivation. One such factor is long

waiting lists for treatment programmes (Clarke et al., 2004) due to overcrowding in prisons

and a lack of spaces on treatment programmes (Cavadino & Dignan, 2007). In some cases prisoners are moved to different prison establishments where a programme is available.

A further internal factor linked to engagement with treatment is self-efficacy, i.e., a belief held by the offender that he or she can change and ensuring he or she takes personal responsibility to make that change (Miller & Rollnick, 2002). In a study exploring the views of sex offenders who had completed an offence specific treatment programme, one offender commented that the internal decision to desist from offending is of greater importance than the content of the treatment programme (Hudson, 2005). However, the majority of offenders interviewed believed treatment programmes to be helpful, with prisoners stating that programmes had helped them gain an understanding of what had led to their offending (e.g., experiencing sexual abuse at a child), develop the ability to identify the cognitive distortions they held towards their offending behaviour, recognise how distortions had developed over their life time, and increased their ability to empathise with victims.

In addition to exploring internal and external factors relating to individual treatment programmes, the Ministry of Justice (2011) highlighted the potential impact of the sequencing of interventions on treatment effectiveness. For example, it may be necessary to address barriers to participating in programmes (such as drug dependency or mental health issues) prior to programmes aimed at addressing cognitive and behavioural factors, followed by programmes designed to reintegrate an offender into the community upon release (NOMS, 2006). In addition, research in the field of cognitive behavioural therapy suggests the need to address general thinking patterns prior to specific offending behaviour; indicating the need for prisoners to participate in more general treatment programmes prior to offence specific programmes (McDougall, Clabour, Perry, & Bowles, 2009). A Criminal Justice inspection looking at the implementation of offender

management techniques in 11 of Her Majesty's Prison (HMP) establishments in the UK, found that in only 47% of cases were interventions considered to be logically sequenced (Criminal Justice Joint Inspection, 2012). A lack of resources has been highlighted as a barrier to the effective sequencing of interventions which offers one explanation for this discrepancy between recommended practice and implementation of recommendations (MoJ, 2011). Despite ascertains of the need for coherent sequencing of interventions, no research has been conducted exploring the views of prisoners on this issue.

As outlined above, existing research indicates that external and internal factors will affect treatment outcome. However, some studies rely on quantitative measures and fail to provide in-depth information as to the views and experiences of offenders. To address this shortcoming, the current study elicited the views of IPP prisoners towards facets of individual treatment programmes, the management of their treatment plan, and the sequencing of interventions. More specifically, the research questions explored were:

- What attitudes are held towards different aspects of intervention programmes? (e.g., programme effectiveness, treatment programme facilitators, programme content, enjoyment of programme).

- What are prisoner's experiences of sentence management?

- What views are held regarding the importance of the sequencing of interventions?

- Do prisoners feel any changes to sequencing would be beneficial and why?

- Do prisoners feel there to be any issues which need to be addressed as regards the issue of sequencing?

4.2 Method

4.2.1. Participants

A 13% positive response rate[1] yielded 20 IPP prisoners (violent and sex offenders) across two category B prisons in the West Midlands who were willing to participate in the

project. Participants were all male and aged between 21 and 62 years. All prisoners were British; 19 were white and one of mixed ethnicity. Participants had served between one and eight years of their tariff. All participants had participated in a minimum of two interventions.

4.2.2. Procedure

IPP prisoners were identified through collaboration with prison staff and were provided with an information sheet about the study. Prisoners who were willing to participate, informed a member of staff and the researcher was informed of this. The questionnaires/structured interviews were administered by the researcher on a one to one basis following the completion of a consent form. Participants could choose to complete the questionnaire themselves or to have the questionnaire read for them by the researcher and to dictate responses. All prisoners chose the latter option therefore the questionnaire was delivered in a structured interview format. Participants had a 40 minute time slot with the researcher although the time spent with the participants varied between 15 and 35 minutes. Following the interview, prisoners were provided with a debriefing sheet thanking them for their participation and providing further information about the project. Prisoners were informed that if they wished to withdraw from the study they could contact the researcher within a month following the interview.

4.2.3. Measure

A questionnaire was developed consisting of ten statements relating to interventions and the sequencing of interventions (see Appendix B). Each statement was linked with a Likert scale measure comprising of a 1-5 scale (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree). The questionnaire requested that participants elaborate on each response given to the Likert scale for each of

the ten statements and prompts were used by the researcher to facilitate this. The researcher also explained any statements where a prisoner was unsure of its meaning.

4.2.4. Analyses

Template analysis, a method which has emerged from Grounded Theory (King, 2004), was utilised for the analyses of comments made in response to the statements presented to the participants. Template analysis is considered to be an appropriate method of analysis where there will likely be a combination of a-priori themes and themes defined following data analyses (King, 2004). A-priori themes identified prior to data analyses were that of programme effectiveness, sequencing and the timing of interventions. In addition, Template Analysis is considered to be an appropriate method of analysis where data being analysed is from note taking as opposed to full transcripts. Codes were developed through analyses of the data. Codes were integrated to form sub themes and main themes. Based on analyses of the first three structured interviews a template was developed containing themes and subthemes. This template was used as a basis for the analyses of further interviews. Amendments were made to the initial template during the course of further analyses. NVivo (a qualitative data analyses software package) was used to organise and analyse codes and themes.

Descriptive statistics for Likert scale responses were analysed using the Statistical Package for Social Sciences (SPSS version 18). Cross tabulation analyses were also conducted to look at the association between responses.

4.2.5. Ethics

Approval for the research was granted by the MoJ (West Midlands region) and ethical approval was granted by the Science, Technology, Engineering and Mathematics ethics committee at the University of Birmingham. Prior to the administration of the questionnaire, prisoners were taken through a consent form to ensure they were aware that

their responses would remain confidential except in such an event that they stated they

posed a risk to themselves, others, or that the security of the prison was in jeopardy.

Participants were informed of their right to withdraw.

4.3 Results

The Likert scale responses (see Table 1) showed the majority of prisoners were

glad to take part in interventions (*n*=14), with 15 prisoners claiming that there were things

about their behaviour that they wanted to change. Twelve of those who were glad to take

part in interventions also stated that there were things about their behaviour they would

like to change. However, of those prisoners who felt that interventions had been or would

be helpful (*n*=16), 14 stated that there were things about their behaviour they would like to

change. Three prisoners felt that taking part in interventions was a waste of time, five

neither agreed nor disagreed and just over half of the prisoners (n=12) did not feel that

participating in interventions was a waste of time.

Table 1

Likert Scale Statement Prisoner Response Summary

Statements regarding sequencing	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. I am glad I am taking part in interventions	--	4	2	10	4
2. There are things about my behaviour I would like to change	1	3	1	6	9
3. I had been told the order in which I am going to take part in interventions	7	11	1	1	
4. I think that the order in which I take part/have taken part in them is important	2	8	3	6	1
5. I know why I am taking part in interventions in this particular order	7	5	5	3	--
6. I think that a lot of	9	9	2	--	--

thought went into the order in which I will be taking part in interventions					
7. I'm glad that I did _____ before _____	4	4	7	4	1
8. I would change the order in which I had the interventions if I could	1	2	7	6	4
9. Participating in interventions is a waste of time	5	7	5	2	1
10. I think that the interventions will be/are helpful	1	1	2	7	9

With reference to questions regarding the sequence/order in which interventions are delivered (i.e., questions 3-8) the vast majority of prisoners (n=18) claimed that they had not been made aware of the order in which they were to take part (or had taken part) in interventions, with only one prisoner claiming that they had been made aware of this.

Twelve prisoners strongly disagreed or disagreed with the statement that they knew why they were taking part in interventions in a particular order, again, with five neither agreeing nor disagreeing, and three stating that they were aware of why they were taking part in interventions in a particular order. Eighteen prisoners did not think that a lot of thought went into the order in which they took part in interventions, with the remaining two neither agreeing nor disagreeing.

Table 2

Summary of Themes and Subthemes Occurring from Template Analyses of Structured Interviews with IPP Prisoners

Theme	1. Sequencing	2. Process of change	3. Programmes
Subtheme	1.1. Does it make a difference?	2.1. Desire to change	3.1. Programme efficacy
	1.2. Making changes	2.2. Motivation and effort	3.2. Coercion
	1.3. Benefits of coherent	2.3. To whom can we	3.3. Criticisms

sequencing   attribute change?   3.4. The real world

1.4. Planning and procedure

1.5. Communication

1.6. Individual differences

As regards the sequence in which individual offenders had participated in

interventions, seven participants responded with 'neither agree nor disagree' to the

statement that they were glad about the sequence in which they had participated in certain

interventions. However, eight were not glad that they had participated in two interventions

in a particular order, and five were glad they had taken part in two of their interventions in

the order in which they had participated in them. Similarly, seven neither agreed nor

disagreed that they would change the order of interventions if they could. Half the

prisoners agreed that they would change the order of interventions if they were able, and

three stated that they would not change the order if they could. Of those prisoners who

stated they were glad to be taking part in interventions, seven would change the order if

they could, but four did not believe a change to be necessary. In addition, of the four

prisoners who were not glad to be taking part in interventions, only one prisoner stated he

would change the order if he had the opportunity.

Sixteen primary codes emerged from the analysis of responses to the free text

questions; codes were arranged under three overarching themes of sequencing, process of

change, and programmes (see Table 2).

4.3.1. Theme 1: Sequencing

4.3.1.1. Does sequencing make a difference?

As was illustrated in the analysis of the Likert scale responses, half of all prisoners

(n=10) stated that they would change the order in which they participated in interventions

if they could. As regards those who felt that the order was not of importance, typically

they just wanted to progress through programmes as quickly as possible: "it doesn't make much difference. As long as it's addressing the stuff it shouldn't matter what order really" (P1) and "it made no difference as long as I get them done" (P4). An attitude common amongst those who did not perceive sequencing to be important was that interventions were just necessary in order to be released rather than being of value in terms of addressing any of their needs. For example, one individual stated "The priority is just to get them done. I get them done at the first opportunity" (P4).

4.3.1.2. Making changes to intervention sequence

Of the ten prisoners who stated that the sequence in which intervention had been delivered, nine elaborated on their reasoning. Commonly, prisoners felt that it would have been helpful to have interventions targeted at their thinking patterns and behavioural needs prior to other interventions. For instance, one individual said "It makes sense to have ETS first. It helps you to think about how to deal with problems and personal skills. Then the ETS skills help you to learn from other programmes" (P5). Comments were also made regarding the Thinking Skills Programme (TSP) such as "TSP would have been good to have first as it has helped me to not be impulsive in here" (P6) and "TSP is a good introduction. It's a mind opening course so a good stepping stone. It makes you think about how you see things like stress and anger and highlights other issues" (P12).

4.3.1.3. Benefits of coherent sequencing

Those expressing positive views about personal experiences of sequencing were in the minority. One individual commented "If I hadn't gone through victim awareness then I wouldn't have put the effort in with the psychologist" (P17) with another stating "I was just glad that I got to talk about it. I don't think I'd have done any group work if I hadn't seen her [psychologist] first but now I just get on and do it" (P12). Two prisoners

described their opinions regarding the sequencing of interventions they had participated in with reference to the benefits of participating in group work:

It was good to do CALM after ETS as it was more intense than ETS. CALM does more in depth stuff so ETS kind of helped and gives experience of talking in a group, so when I did CALM I could talk a lot more. It was weird as you don't really know anyone in the group. It's random innit so feels weird talking in front of them. (P9)

I'm glad I did ETS, it opened my mind to what happens in the SOTP. It was helpful to get used to group work. At first it was horrendous and I just kept my mouth shut. Nobody wanted to say nothing but they did explain it was confidential. (P2)

4.3.1.4. Planning and procedure

The vast majority of prisoners were of the opinion that no thought went in to the order in which they take part in interventions, stating that the order is dependent on when spaces become available. Common examples of comments on this issue were "There isn't an order, it's just whenever a space comes up" (P13) and "There's no fixed rota. You just do it whenever a space comes up" (P6).

Of the prisoners who commented that sequencing is directly linked to when a space becomes available, all expressed annoyance at the time taken for a space to become available. One prisoner commented "The waiting lists are too long so it holds back parole. The system's fucked" (P8). Another prisoner went further to comment on how long the wait can be:

There were problems with waiting lists. I questioned the delays, they said that by

the time you need to get out it will be sorted, but I've still not done it. I know

people who have been waiting 4 years. I'm now 4-5 months over tariff. (P20)

4.3.1.5. Communication

With reference to communication between staff and prisoners regarding the

sequence in which they were to participate in interventions, the majority of prisoners stated

that no communication was made regarding sequencing. They made comments such as

"I'm not sure why they are in the order they are...it's about my level of risk I guess...you

get a sentence plan but they don't tell you the order...that's what's pissed us off" (P12),

and "They just say you have to do them and the order doesn't matter" (P7). Following on

from this, some prisoners (*n*=7) expressed a desire for more communication regarding the

issue of sequencing, for example, "It would be good to know when they want me to do

stuff. It'd be good to know the order even if the order doesn't make a difference" (P13).

4.3.1.6. Individual differences

Four prisoners commented that individual needs, such as psychological, emotional

and physical needs, should be considered when planning the sequencing of interventions:

If you've got problems with drugs then you should do the drugs programme first,

but with me it was emotional stuff so it would have helped to do TSP and CALM

first but they told me to do education first which made me worser. It all depends on

the person and what it's related to. (P9)

A further example of a similar comment was "It depends on the person, it needs to

be individualised to get the best benefit" (P5). In addition to highlighting the need to tailor

the delivery of interventions to the needs of the prisoner, two prisoners went further to

comment that currently, the sequence of interventions is not tailored to individual needs:

"Nothing is geared or designed for the individual. Everybody is put in the same box. There seems to be a blanket/group thing rather than the individual" (P5).

4.3.2. Theme 2: The process of change

4.3.2.1. Desire to change

Nearly half of the prisoners believed a desire to change to be intrinsic to behavioural change regardless of the type or sequence of interventions. For example: "If a person don't want to change, then they're not gonna change" (P3), "They [interventions] can be helpful if you want to help yourself" (P1), "...because they do work but you've got to be willing to change and listen to advice. If you're not willing then you're not going to change" (P10).

One prisoner commented that a desire to change is necessary, but that, in addition to this, you must feel ready to change; he cited various factors which encouraged him to change:

> You have to want to change yourself. Some of the time I wasn't ready for change, like emotionally, physically or mentally. My family and outside stuff made me want to change. I need to change – I don't want to still be in prison when I'm old. (P7)

4.3.2.2. Motivation and effort

In addition to the desire to change, four prisoners also commented that there are psychological factors which then led to them taking action to change (i.e., level of motivation). Although a desire to change was cited as being a necessary precursor to behavioural change, a desire alone may not be sufficient to initiate an individual taking action to change. It was suggested that if a prisoner is not motivated to take action to change then change will not occur. For example, one prisoner stated "…if you ain't got motivation then it doesn't matter even if you do 50 million courses, it ain't gonna help"

(P2). One prisoner recognised that he put effort into changing himself when he felt motivated but that his level of motivation was not constant; "I want to get things done while I'm motivated and my motivation drops" (P12).

In addition to these comments, five prisoners believed that the only way to benefit from treatment programmes in terms of behavioural change was to fully participate in programmes: "You only gonna get out of the course what you put into it, innit. Not gonna get anything out of it if you don't put anything in" (P9). Similarly, in response to the statement regarding whether treatment programmes can be helpful, one prisoner commented "if you take them seriously then yeah" (P17).

4.3.2.3. To whom can we attribute change?

With reference to treatment programmes, three prisoners suggested that behavioural change occurs as a result of both themselves and treatment programmes: "I've been here two and a half years. I didn't care when I first came in. I was rebellious. I've changed over time which is because of the programmes and obviously myself" (P3). Another prisoner commented that, although he knew that he needed to change, he felt that being in prison would help the change occur:

> The day I came to prison I knew I needed to change. I stabbed a geezer six times. I needed to know what led up to it and how to change. I'm glad I've come to prison as I think it will help. (P20)

Comments were also made by three prisoners regarding their thoughts about changes in their own behaviour. These ranged from knowing immediately that they wanted to change, to the recognition that change was a slow process which occurs over time.

4.3.3. Theme 3: Programmes

4.3.3.1. Programme efficacy

The vast majority of prisoners (*n*=16) commented that they found the programmes to be helpful in general. Ten prisoners commented further on what the programmes had taught them. Prisoners cited the following programmes as being helpful: Thinking Skills Programme (TSP), Victim Awareness, Alcohol Related Violence Programme (ARV), Self Change Programme (SCP), Enhanced Thinking Skills (ETS), and the Sex Offender Treatment Programme (SOTP). A programme known as Toe to Toe, in which prisoners with more advanced reading skills help those with lower literacy abilities, was also identified as being helpful. Prisoners spoke about how programmes had changed their negative views and attitudes and provided them with skills: "They show me how to deal with things better and make me more assertive and stop and think rather than think about the consequences afterwards. They challenge my beliefs" (P8). Further examples of comments were "It has given me a good insight and skills. I can see my triggers. It's a big eye opener" (P14), and "I feel I've benefitted from them – the tools I've taken away from them. Like I can manage my emotions and replace old behaviours with new behaviours" (P7).

Seven prisoners mentioned specific elements of programmes and some practical tasks they had found helpful. Techniques used within the Victim Awareness Programme were mentioned by the majority of these prisoners as being helpful. For example, "I had to write a letter to the victim which helped. It's helpful that they told me to carry a picture of my baby with me or to talk to someone" (P12). Similarly another prisoner commented "The role play helped – I played the part of the people affected by me" (P2). Victim statements were also highlighted as being beneficial to changing attitudes; "The victim statements helped me want to change and opened my eyes more" (P17).

4.3.3.2. Coercion

Regarding the reasons why they participated in programmes, five prisoners commented that, although they have found the courses to be helpful, they only participated as they felt they were faced with an ultimatum (i.e., complete programmes or remain in prison). One prisoner stated "If it's gonna get you out of prison it's not a waste of time. You do it or stay in jail" (P9), and another commented "I'm doing it to tick boxes to get out to see my kids... I'm not sure why I did some courses. I'll have lots of certificates I guess" (P1). Given that IPP prisoners are required to complete treatment programmes in order to be released, the claims of prisoners that they have no choice but to participate in programmes are accurate.

4.3.3.3. Criticisms

In addition to prisoners feeling that programmes were useful, five prisoners also criticised certain aspects of programmes, for example, "Stuff was repeated. With the TSP it's just basic stuff that they read from cards" (P7), and

> I sometimes feel like walking off from the course as other people in the group are just having a laugh but I need to do it to get released. The courses are a mixture of people who are bothered and people who aren't. (P8)

Two prisoners believed that programme content was merely common sense although they did not claim that the programmes were therefore of no use. In addition, two prisoners felt that, although some of the content may be of use, they had no respect for the treatment facilitators and were therefore unhappy that they had to participate.

4.3.3.4. The real world

Lastly, when commenting on treatment programmes, four prisoners made reference to the application of the programmes to their lives after release. Two prisoners made positive comments: "They will help when I get out. It helps to know if I'm going in the wrong direction and helps me to be more confident and assertive" (P8), "They will be

helpful for when I leave to get a job" (P15). However, two prisoners did not believe that programmes would be helpful when faced with real world situations such as getting a job or reducing the likelihood that they will re-offend.

4.4 Discussion

Prisoners' comments were generally positive towards treatment programmes with the consensus view being that participating in programmes has been helpful in terms of assisting behavioural change. However, opinions were mixed and an emphasis was placed on criticisms of certain facets of programmes as well as the reasons why they felt programmes to be helpful.

As found in previous research, participating in treatment programmes can be beneficial to prisoners in terms of eliciting a positive change in behaviour and reducing the likelihood that a prisoner will re-offend after release (Friendship & Debidin, 2006). Although, from this study, it is not possible to assess the effectiveness of programmes, prisoners did feel that the programmes had led to a change in their behaviour by challenging beliefs and attitudes and providing them with the skills necessary to refrain from offending in the future. Furthermore, although research findings in the area of the Victim Awareness Programme is lacking, some prisoners cited the programme as being instrumental in changing their behaviour.

Criticism of treatment programmes included the repetition of material and the 'common sense' nature of content. In a minority of cases, a lack of respect for treatment facilitators was such that prisoners would have preferred not to participate in a particular programme. This finding, in part, supports previous research which has highlighted the need for a positive working alliance between therapist and client in order to elicit behavioural change (Horvath & Symonds, 1991; Martin et al., 2000). However, it must be noted that it is not possible to know the extent to which a poor relationship with a

facilitator has impacted upon programme outcome in the case of these prisoners. Although a lack of respect for specific facilitators was seen to deter prisoners from participating in programmes, the content may have still elicited positive behavioural change.

A minority of prisoners commented on the problem of other prisoners not taking a programme seriously and disrupting group work; an issue also raised by prisoners in a previous study (Clarke et al., 2004). Prisoners also expressed an awareness of the position they were placed in regarding the necessity to participate in programmes if they wished to be released from prison. However, as found in previous research (Day, 2004), although they, at first, were taking part as they felt they had no other option, the opinions of some prisoners changed during the programme and ultimately they found them to be beneficial.

Although many prisoners felt the treatment programmes to be beneficial, the majority also believed that desire and motivation to change are essential for a positive outcome in terms of behavioural change over and above treatment programme content. This finding offers support for the MORM (Ward et al., 2004) which purports that internal factors will impact upon how likely it is that an offender will change and assertions made by Miller and Rollnick (1991) that self-efficacy is necessary for change to occur. However, some prisoners did state that participating in treatment programmes had increased their desire to change and therefore attributed change to a combination of the treatment programme and internal processes. Similarly, some prisoners asserted that it was necessary to put effort into programmes if you wanted change to occur. Contrary to these views, and in line with previous qualitative research (Hudson, 2005), there were a minority of prisoners who indicated that the treatment programmes would have no impact upon whether or not a change occurred; believing that the desire to change is sufficient meaning treatment programmes are not appropriate in cases where prisoners have no desire to change.

Half of the prisoners implied that the sequence in which interventions are delivered should be considered by stating that they would change the order in which they participated in programmes. Prisoners felt that participating in TSP prior to other programmes such as CALM and SOTP had been beneficial; these opinions mirror the views of the Prison Service in the UK and research suggesting the need to address general thinking prior to specific behaviours (McDougall et al., 2009; Ward et al., 2004). In addition, one prisoner felt it was helpful to see a psychologist on a one-to-one basis prior to participating in programmes and another felt it was helpful to go through victim awareness to recognise they needed to change prior to seeing a psychologist.

Group work was cited with reference to the sequence in which programmes are delivered. Some prisoners felt that speaking in front of a group of people was challenging and, as such, felt that it was an ability that developed over time. They believed it to be beneficial to participate in less intensive programmes involving group work prior to offence specific programmes involving group work. Feeling comfortable in a group environment has been highlighted in previous research as being beneficial to the therapeutic process (Yolom, 2005) and as such is a factor to consider when sequencing interventions.

Despite guidelines highlighting the need for offender supervisors to form a relationship with prisoners and engage offenders as "active collaborators" in making decisions regarding treatment programmes (NOMS, 2006), the vast majority of prisoners commented that no communication had taken place with their supervisors regarding the sequence in which they would participate in programmes. A minority of prisoners mentioned resourcing difficulties as explaining the lack of communication/time spent with their supervisor, with one prisoner expressing compassion for his over-worked supervisor.

Some prisoners expressed a desire to have more communication with their supervisor in order to know what was required of them during their sentence. In addition, contrary to MoJ guidelines (MoJ, 2012), prisoners felt that no consideration had been paid to the sequence in which they were to participate in programmes. Where a lack of communication between themselves and supervisors has been identified by prisoners, it cannot be concluded that insufficient thought went into the sequencing of programmes with these prisoners. However, the issue of long waiting lists and the belief that the availability of spaces on programmes is the key factor in programme sequencing was expressed by prisoners. The issue of a lack of resources and the impact this has upon the order in which programmes are sequenced is one that has been previously highlighted (Criminal Justice Joint Inspection, 2012). Where skilled staff are able to identify a coherent sequence of programmes based on the individual needs of a prisoner, it is not always possible to put recommendations into practice.

4.4.1 Limitations

Prisoners were recruited across two prisons in the West Midlands and, as such, it is not possible to generalise the findings to prisoners outside these institutions in the UK and internationally. However, although differences do exist between institutions in the UK, Imprisoned for Public Protection (IPP) prisoners in England and Wales are commonly referred to standardised, accredited programmes delivered nationwide, such as TSP and the SOTP. As such, the experiences of programmes across different prisons should have some similarity. In addition, NOMS has set out standardised guidelines for offender managers and supervisors working in prisons. As such, although the opinions expressed in this study are not fully representative of all IPP prisoners in the UK, they may be reflective of the opinions of those in other institutions.

Of the prisoners targeted for recruitment for the study, nearly 90% declined to participate. Reasons for low response rates for questionnaires may include difficulties in reading the information sheet provided due to low literacy levels, concerns about expressing views with a stranger, and a lack of motivation to participate due to the lack of reward/benefit to the prisoner. It is possible that the group who were willing to participate may have held more negative views which they wished to air to a person from outside the prison. It was made clear to each participant that the responses given would be confidential, however, prisoners may have held the belief that their responses would filter back to staff and have implications for their parole hearing. They may therefore have provided positive responses to statements regarding behavioural change and treatment programmes.

Prisoners were required to provide a retrospective account of their experiences of treatment programmes and communication with staff. The length of time that prisoners had spent in prison varied among the sample group; prisoners may have had to recall information from between one to eight years prior to the interview which may lead to some inaccuracies in responses (Giorgi & Giorgi, 2003).

4.4.2 Conclusions

Broadly speaking, the current study points to the perception held by prisoners that treatment programmes are beneficial, however, caveats to this general assertion are made with reference to certain facets of programmes, such as the repetitiveness of material, coercion to participate, treatment facilitator characteristics and difficulties in participating in group work where group members were disruptive. Prisoners highlighted the need to possess a desire to change in order for change to occur as well as the need to feel motivated to participate in programmes and put effort in to making a change. Positive

factors cited included the ability of programmes to elicit a change in their attitudes and provide skills necessary to desist from offending in the future.

Negative opinions expressed by prisoners were largely reflective of concerns highlighted by the MoJ with reference to difficulties in implementing beneficial strategies due to a lack of resources. Issues expressed by prisoners which could be attributed to resource issues include a lack of communication with offender supervisors, long waiting lists for certain treatment programmes, and related lack of coherent sequencing of programmes.

The current study contributes to existing MoJ sequencing guidelines and to theories of offender readiness such as the MORM (Ward et al., 2004) by offering information about current practice in sequencing and recommendations for coherent sequencing from the perspective of the offenders themselves. Factors highlighted by prisoners as impacting upon whether a behavioural change would occur in them or others were reflective of issues related to readiness to change as outlined in the MORM (Ward et al., 2004). In addition, prisoners expressed views in line with the MoJ that coherent sequencing of programmes is beneficial in terms of the efficacy of a set of programmes. Suggestions made by prisoners regarding specific sequences were concurrent with practice guidelines. The current study highlights the issue of the need for additional resources in order to elicit improvements in the effectiveness of rehabilitation efforts in correctional services. In addition, it offers an insight into the experiences of prisoners in the sequencing of interventions, highlighting the need for further research into the field of sequencing to ascertain the extent to which rehabilitation efforts may benefit from the coherent sequencing of interventions.

Footnote

[1]The response rate of 13% is reflective of previous studies in forensic settings

(Fazel & Danesh, 2002).

CHAPTER 5

WHAT WORKS IN THE DELIVERY OF TREATMENT PROGRAMMES: A QUALITATIVE STUDY WITH TREATMENT FACILITATORS IN THE UK

When examining internal and external issues which may impact upon the effectiveness of treatment programmes (as outlined in chapter 3), in addition to the views of offenders, an insight can be gained through exploring the views of staff who deliver programmes. The current study therefore aims to elicit the views of treatment facilitators in the UK regarding programme delivery issues such as the sequencing and timing of programmes.

The following chapter has been submitted to Journal of Offender Therapy and Comparative Criminology and is authored by Zoe Stephenson, Jessica Woodhams and Leigh Harkins.

Chapter 5: What works in the delivery of treatment programmes: A qualitative study with treatment facilitators in the UK

5.1 Introduction

In the attempt to rehabilitate offenders in England and Wales, a number of accredited treatment programmes based on the Risk Need Responsivity (RNR) principles are available to offenders. Accredited treatment programmes available in prisons in England and Wales address a variety of criminogenic needs such as offence related thinking patterns, alcohol and drug misuse, mental health issues, and educational deficits.

Rehabilitation programmes, are largely grounded in the RNR principles (Andrews & Bonta, 2010). Broadly speaking, programme recommendations will be based on the level of risk an offender is thought to pose (the greater the risk, the higher the intensity and duration of programmes) and the specific criminogenic needs of an offender (where a need is identified a relevant treatment programme will be recommended). The responsivity principle highlights the need to match the delivery style of treatment programmes to the individual offender (Andrews & Bonta, 2010). The specific responsivity principle stresses the need to consider any offender characteristics which may impact upon how effective an intervention is for the particular individual.

Specific accredited programmes (facilitated by participants in the following study) have been designed to address a range of identified offender's needs. These include: the Thinking Skills Programme (TSP) (designed for medium to high risk offenders focusing on cognitive skills necessary to help offenders modify their offending thought and behaviour patterns); Controlling Anger and Learning to Manage it (CALM) (aimed at help offenders in managing emotions by providing them with the skills necessary to avoid conflict and control their tempers); Control of Violence and Anger in Impulsive Drinkers

(COVAID) (aimed at helping offenders identify the role alcohol plays in their offending and addresses issues such as impulsivity and anger in order to reduce the likelihood of re-offending); Prison Addressing Substance Related Offending (PASRO) (aiming to assist offenders develop self-control and provide offenders with strategies to avoid substance misuse relapse); The Self Change Programme (SCP) (aiming to help offenders to identify and manage thoughts, feelings and attitudes that could have a negative impact on others and lead to criminal acts, such as attitudes supporting violence); Alcohol Related Violence (ARV) (aiming to challenge the opinions of offenders towards alcohol and violent behaviour and assist them with pro-social decision making and lifestyle issues); The Core SOTP (aiming to increase an offender's motivation to change offending behaviour, identify and modify attitudes and beliefs held, and to provide strategies to reduce the risk of re-offending); The Extended SOTP (aimed at high risk sex offenders whose needs go beyond those addressed in Core SOTP); and The Rolling SOTP (aimed at lower risk sex offenders allowing them to leave or join the course on a rolling basis at different times).

Broadly speaking, the role of treatment facilitators included in the current study (involved in the delivery of rehabilitation programmes outlined above) is to increase an offender's motivation to change, assist in the development of pro-social goals and provide offenders with the skills to desist from offending.

Despite evidence in support of the effectiveness of accredited treatment programmes in England and Wales (Friendship & Debidin, 2006) recidivism rates still suggest the need to determine what factors may be hindering current rehabilitative efforts in that some offenders who have undergone treatment are still reoffending (Clarke et al., 2004). In addition to considering the individual programme content in line with the need principle, a review of the literature highlights the importance of considering the issue of sequencing of treatment programmes as well, in keeping with the responsivity principle

(Stephenson, Harkins & Woodhams, 2013). In addition, the National Offender Management Service (NOMS) (2012) emphasise the need to consider the implementation of an offender's rehabilitative journey, to include the timing and sequencing of treatment programmes.

With reference to specific treatment programmes delivered in prisons in England and Wales, suggestions have been made as to coherent sequencing. In an inspection of the Thinking Skills Programme (TSP) by the accreditation panel, the need to show how TSP dovetails with other programmes was highlighted, "there should be more clarity on how (TSP) relates to other programmes available to offenders and how it is sequenced with them" (Ministry of Justice, MoJ, 2010, p. 67). In a subsequent qualitative study exploring the management of offenders, staff emphasised the necessity to stabilise an offender prior to placing them on offender behaviour programmes such as the TSP (Turley, Ludford, Callanan, & Barnard, 2011). Staff felt that, where issues such as alcohol or drug misuse had not been addressed, offending behaviour programmes were likely to be ineffective and therefore, drugs and alcohol rehabilitation programmes should be prioritised shortly after sentencing. McDougall et al. (2009) further suggest the need to focus on more general thinking skills issues prior to moving on to programmes aimed at specific offending behaviour in order for a behavioural change to occur.

External barriers which hinder the coherent sequencing of interventions, such as the availability of interventions, e.g., long waiting lists resulting in an offender being placed on an offending behaviour programme whilst waiting for a place on an alcohol or drug programme, have been noted (Turley et al., 2011). In addition, the National Offender Management Service (2006) highlighted the need to address internal barriers to change such as mental health and substance misuse issues prior to interventions to achieve personal change. It is suggested that barriers be addressed in order to increase the

effectiveness of efforts to rehabilitate offenders. These findings and suggestions offer

support for models of readiness to change such as the multifactor offender readiness model

(MORM; Ward et al., 2004) and the readiness to change framework (RCF; Burrowes &

Needs, 2009). Both models highlight the need to address internal and external factors

which may impact on the ability of an offender to engage with an intervention. Internal

factors include factors such as motivation to change and possessing the skills necessary to

change. Ensuring a prisoner is *ready* to change is thought to be an important factor in

determining when a prisoner should be recommended to participate in a particular

programme (Burrowes & Needs, 2009; Ward et al., 2004). The barriers to change model

(Burrowes & Needs, 2009) states that barriers such as mental health issues or a drug

dependency must be removed in order for change to occur. Ward et al. (2004) also

highlight the importance of possessing the skills necessary to participate in group work in

order that an offender is able to participate in treatment programmes. Where barriers to

change can be indentified in individual offenders, said barriers can be addressed so that an

offender can move forward in his or her process of behavioural change. It is therefore

suggested that the sequence in which an offender participates in certain interventions is of

importance.

Much attention has been paid to the internal readiness factor of motivation to

change. McMurran and Ward (2010) suggest that where motivation to change is

considered to be low in an offender, it is necessary to prioritise interventions addressing

motivation over further offending behaviour programmes. Such assertions are offered

support by studies finding that levels of attrition from programmes are higher amongst

prisoners who are assessed as having low levels of motivation prior to participation in an

offence specific programme, such as a sex offender treatment programme (Beyko &

Wong, 2005; Pelissier, 2007; Sellen, Gobbett, & Campbell, 2013). In addition, prison staff

have commented that, where prisoners are assessed as having high levels of motivation at the beginning of their sentence, it is essential that this motivation be taken advantage of by allowing prisoners to participate in treatment programmes at this point in time. However, they draw attention to difficulties in the implementation of their recommendations due to a lack of resources leading to offenders being placed on long waiting lists resulting in a reduction in levels of motivation for offenders (Turley et al., 2011).

Despite the recognition of the National Offender Management Service (NOMS) (2012) that it is necessary to consider the sequence in which interventions are delivered (i.e., that it is necessary to prioritise stabilising and motivating individuals), a recent inspection across 11 prisons in the UK found 53% of cases were not logically sequenced (Criminal Justice Joint Inspection, 2012). A lack of resources was cited as a barrier to coherent sequencing of interventions.

In addition to the implementation of coherent sequencing/prioritisation of interventions, the issue of the length of time between interventions has also been highlighted as being of importance (Clarke et al., 2004). In a qualitative study in which programme participants and staff were interviewed, some staff emphasised the importance of allowing prisoners sufficient time between sessions in which to practice and rehearse the skills they have learnt. It was felt that placing sessions too closely together (i.e., in excess of three sessions a week) would be counterproductive as prisoners would lack the time needed to practice skills and would be less likely to be able to transfer these skills to the outside world on release (Clarke et al., 2004). Both prisoners and programme staff emphasised the need to practice and hone their skills in order that they be able to maintain their behavioural change in the community.

Likewise, NOMS (2006) suggest that during and following interventions, skills are rehearsed until the point where learning is consolidated and behaviours are habitualised. A

prisoner's correctional pathway should involve the acquisition of new skills and behaviours followed by time in which to consolidate and normalise their new behaviours prior to release. As prisoners may participate in multiple interventions in prison, it is suggested that the "focus be placed on end-to-end management of the change process, rather than any specific element" (p. 70). It is therefore necessary to consider the timing of interventions with reference to allowing a prisoner sufficient time to practice skills following an intervention and prior to learning new skills in a subsequent intervention.

As outlined above, the sequencing and timing of a set of treatment programmes is considered to impact upon programme effectiveness in terms of reducing the likelihood that a prisoner will reoffend on release. However, there remains a dearth of studies utilising the expertise of those who deliver treatment programmes in terms of their opinions on the issue of the sequencing and timing of programmes and the impact that these issues may have upon a prisoner. Treatment facilitators play a key role in whether or not a programme is effective in reducing the likelihood that a prisoner will re-offend (Marshall & Serran, 2004). The current study aimed to elicit the views of treatment facilitators on the topics of the sequencing and timing of interventions. Facilitators were given the opportunity to express views on optimum sequencing and timing with reference to the particular programme they facilitate based on their previous experiences with the individuals and groups of prisoners who participate in their programme.

5.2 Method

5.2.1 Participants

The sample group consisted of Treatment Facilitators working in prisons in the West Midlands. Staff from each prison who were responsible for research being conducted within the prison were contacted to request permission for Treatment Facilitators to be invited to take part in the study. Subsequently, Treatment Facilitators included in the

study were based in the following prisons: HMP and YOI Brinsford; HMP and YOI Drake Hall; HMP Featherstone; HMP Hewell; HMP Shrewsbury; HMP Stafford; HMP and YOI Stoke Heath.

Treatment Facilitators included in the study were responsible for the delivery of one or more of the following offender behaviour programmes: Thinking Skills Programme (TSP); Controlling Anger and Learning to Manage it (CALM); Control of Violence and Anger in Impulsive Drinkers (COVAID); Prison Addressing Substance Related Offending (PASRO); Self Change Programme (SCP); Alcohol Related Violence (ARV); Sex Offender Treatment Programme (SOTP).

Of the facilitators contacted, there was a 33% response rate, resulting in a sample group of 24 participants. It must be noted that the final sample group is not representative of treatment facilitators across the whole of England and Wales; different regions and prisons may vary in the types of programmes delivered and the resources available to them.

5.2.2 Measures

The questionnaire was developed by the researcher (see Appendix C) and comprised of four initial questions regarding the type(s) of programme and the length of time they have been facilitating programmes. A further six open-ended questions were designed to gather information regarding; current practice in the sequencing of programmes; views as to the importance of sequencing; views regarding the time gap between programmes; and, if sequencing was believed to be of import, what the optimal sequence would be. They were also provided with a space in which to make any further comments they felt to be relevant to the topic.

Following a pilot study some minor changes were made to the questionnaire. The questionnaire was formatted to be compatible with an online survey website, Survey

Monkey (URL http://www.surveymonkey.com/) and placed on Survey Monkey between February 2012 and May 2012.

5.2.3 Procedure

An e-mail providing information about the study and inviting treatment facilitators to take part was sent using the contact details provided by the MoJ. The e-mail contained a direct link to the web based survey tool (Survey Monkey). After selecting the link, the participant was immediately presented with the online copy of the information sheet for their perusal; if they then wished to participate they would continue to the consent form.

In order to ensure their responses were anonymous, they were requested to choose a four digit code by which the researcher could identify their questionnaire should they wish to withdraw from the study. After the initial e-mail a follow-up reminder was sent after a period of three weeks. The survey link was active for a period of three months.

5.2.4 Data analysis

Responses were downloaded from Survey Monkey and answers given by each respondent were placed together in separate Word documents together with their identification code. Template analysis was used by which to thematically analyse the data. Template analysis was chosen as the method by which to analyse data as this method is known to be appropriate for use with open-ended questionnaire responses and is considered to be suitable where a-priori codes are present. Codes were developed through analyses of the data. Codes were developed into a template containing sub-themes and main themes through analyses of the first three questionnaires. The template was used to guide analyses for further questionnaires; amendments were made where additional codes were identified. NVivo software package was used to organise and analyse the questionnaires.

5.3 Results

Table 1

Summary of Themes and Subthemes Extracted from a Template Analysis of Questionnaires

with Treatment Facilitators

Theme	Sub-theme
1. Sequencing	1.1. Importance
	1.2. Specific sequences
	1.3. Sequencing rationale
	1.4. Impact
	1.5. Individualising
2. Timing	2.1. Timing rationale
	2.2. Specific duration
	2.3. Individualising

5.3.1. Theme 1: Sequencing

5.3.1.1. Importance

As shown in Table 1, a subtheme that emerged from the analyses of questionnaires was that of the perceived importance of sequencing of interventions. Of the 25 participants, 19 felt the issue of correct sequencing of interventions to be of importance. Participants felt that the sequence in which interventions should be delivered should be given consideration and made suggestions with reference to the treatment programmes they were currently facilitating or had experience of facilitating in the past. For example, "more in-depth programmes should follow generic programmes. TSP is generic, so any in-depth courses should follow rather than precede TSP" (P15), and "once SDP is completed I think TSP or COVAID are useful; once they have addressed initial drug problems they can reinforce this and explore thinking errors etc..." (P11).

With reference to interventions across the board, one participant commented that all programmes need to be taken into consideration when looking at sequencing in order that they be effective as a whole:

Sequencing includes everything including resettlement, vocational activities, educational needs, chaplaincy and any other area that is likely to better equip individual offenders with the skills required to manage their risk whilst in custody and upon release. Very few of these would work in isolation and are more likely to be effective if sequenced carefully, with consideration and collaboratively with all key people. (P1)

Conversely, six participants did not believe the issue of sequencing to be important. Where participants elaborated on their response, it was evident that, although it was felt that intervention programmes were important, the sequence in which they were delivered did not make a difference to their overall effectiveness and, as such, did not need to be considered.

I don't necessarily believe that there is a certain sequence in which COVAID and CALM should be completed in order to gain more from them. This is because the problems are long-term ones and there is no benefit to tackling one before the other, as long as they both get tackled...TSP is a good general programme for COVAID participants to complete but I don't think the sequence matters to the effectiveness of the programme. (P22)

However, this participant did go on to comment that they have only been facilitating a programme for six months and as such they commented that they do not have much experience to draw on. A further comment made regarding the lack of importance of sequencing was "I feel sequencing is good to ensure people get the opportunity to complete all requirements in their sentence plan but I don't feel an order is necessarily important" (P24).

5.3.1.2. Specific sequences

Of the participants who felt the sequence in which interventions are delivered to be important, the majority provided examples of the order in which specific programmes should be delivered. Eleven participants believed TSP to be a good base for other programmes and suggested that this programme should be delivered prior to any other programmes such as SOTP, COVAID and other offence specific programmes. However, one participant did suggest that, if necessary, PASRO and Anger management should come prior to TSP, and another suggested the need for CALM prior to TSP, and possibly SDP before TSP. Two participants suggested that Alcohol Awareness should be delivered before COVAID, and two participants also suggest that Alcohol Awareness should be completed prior to SDP. The number of specific suggestions made is, in part, reflective of the types of interventions facilitated by participants in the study.

5.3.1.3. Sequencing rationale

With reference to the sequence in which interventions are delivered, 14 participants commented on why they felt a certain sequence to be particularly effective. Four participants offered some explanation as to why TSP should be delivered prior to more offence specific programmes: "For certain prisoners, completing the TSP helps them to address deficits in areas such as problem solving. This then allows more time to explore their offending behaviour when coming on to SOTP" (P17). Again, with reference to TSP, another participant commented "...I think it is important that they address the basics such as problem solving, self-control and positive relationships in preparation for moving on to offence specific work" (P1).

One participant further elaborated on why he felt it was beneficial for a prisoner to take part in TSP prior to more offence specific programmes:

If they have done something specific to a key area of risk prior to completing a

more generic programme such as TSP, participants can be focussed on this and are

101

less open to exploring different areas which the programme can support them in
doing, which may help them to consider other contributing factors to their
offending. (P1)

A further reason cited as to why it is beneficial to participate in a general
programme prior to offence specific was that of gaining experience in taking part in group
work. Five participants highlighted the importance of the prisoners gaining experience in
participating in group work with reference to how interventions should be sequenced: "I
think that completing TSP programme prior to the SOTP is beneficial as it gives them
some experience of working in a group environment which can help them develop their
ability to work with others" (P19). Another participant commented that, prior to taking
part in TSP, group work experience is beneficial: "Any group work experience helps
participation in programmes such as TSP or PASRO" (P14).

In addition to benefitting from participating in group work prior to participating in
TSP, one participant commented that it is beneficial for certain prisoners to participate in a
drug and/or alcohol programme prior to TSP because "group members will be more stable
and confident after this" (P11). With reference to addressing alcohol usage prior to TSP,
another participant commented:

> Completing things in relation to alcohol usage is also beneficial as again, less time
> is spent having to challenge distorted thinking such as "the alcohol made me
> offend" and more time can be spent looking at how they can prevent themselves
> from reoffending in the future. (P17)

5.3.1.4. Impact

In addition to comments regarding the benefits of obtaining certain knowledge and
skills in order to progress from programme to programme, four participants commented on
subsequent psychological benefits and how these may help a prisoner benefit from further

programmes. Motivation and engagement were cited as factors which can be either increased if prisoners participate in programmes in what is considered to be a coherent way, or decreased if the sequence is incorrect. For example, "More in-depth programmes should follow generic programmes...dealing with an in-depth programme before addressing the basics may affect motivation and engagement" (P14), although they do not go further to state why they believe motivation and engagement may be lowered if in-depth programmes precede generic ones.

5.3.1.5. Individualising

Seventeen out of the 19 participants who believed the sequencing of interventions to be something that should be considered, commented that the sequence (and choice of programmes in general) will depend on the specific needs of an individual prisoner. A participant who facilitated TSP commented:

> Programmes need to be specific to their needs, for example, if they came on TSP and had a key treatment area of alcohol, although they will have already addressed this, an intervention to further support this could be beneficial, similarly, if anger and aggression is a risk they could possibly go on to look at CALM to again support them and address that specific area. (P10)

Another participant commented "I feel it all depends on the individual, what's best for them and what areas are a priority to address and therefore, it's difficult to make generalisations" (P5). One of the participants went further to comment on the current situation regarding tailoring the sequence in which interventions are delivered to the individual needs of the offender:

> In general I feel that within treatment programmes there is not enough scope for individualising the treatment pathway. Each prisoner is very different and I feel

that this should be taken into account to ensure that they gain the most out of their

treatment. (P17)

5.3.2. Theme 2: Timing

5.3.2.1. Timing rationale

When commenting on the optimum time gaps that need to occur between

programmes, 17 participants cited both the negatives and positives of time gaps. Three

participants cited problems they felt were experienced due to time gaps being too long,

such as prisoners forgetting what they have learnt in a previous programme and losing

momentum and motivation. Twelve participants highlighted the need for sufficient time

gaps between programmes in order that prisoners are able to benefit from programmes.

Issues highlighted were that prisoners need the opportunity to put their skills into practice

outside of the group, to consolidate their learning and to reflect on the skills they have

learnt. For example, "Gaps are needed to give the prisoner time to reflect on their skills

and their experience on the programme before going on to another programme" (P20).

Six participants made reference to the problems they believe prisoners may

experience if time gaps are too short: "I believe that if a prisoner attends two or more

programmes in a short space of time they will be less effective as the prisoner can become

disinterested and sometimes get the different strategies confused" (P4). Other problems

mentioned were that completing programmes too close in succession was too demanding

for the prisoner, may decrease motivation and make it more likely that a prisoner will

withdraw from the programme. One participant stated:

Ideally we would not allocate someone to a programme who had just come off a

different programme – my past experience suggests that this tends to leave people

feeling over-loaded and increase their risk of de-selecting, even if they initially felt that

it was a good idea. (P5)

5.3.2.2. Specific duration

Eleven participants gave specific suggestions as to precisely how a long a gap they felt was necessary between programmes, with the minimum time suggestion being two weeks, the maximum of four to six months, and the majority suggesting between one and two months. One participant commented, "having worked with individuals who have come on the group after immediately completing another course, I think a gap of at least a few weeks is ideal" (P24). Whereas another participant commented "I think about four to six months is ideal but this again depends on the individual..." (P18).

The importance of considering the needs of the individual was mentioned by nine participants with reference to what they felt to be an appropriate time gap between programmes. Three participants commented that the specific time gap will depend on, for example, the level of motivation that a prisoner is expressing and their general attitude to the programme they have just completed: "...some group members who feel they have achieved a lot from a course can't wait to start another one, but they can be too intense for others" (P14).

5.3.2.3. Individualising

Participant 18 who felt that there may be a need for a four to six month time gap did qualify this by stating that "this depends on the individual. Someone who is quite motivated could have a greater time gap, whereas someone less motivated might need to move from one to the other quicker". Another participant went further to comment on the issue of time gaps and how they should be addressed in order to meet the needs of the individual prisoner:

> ...this will be different for individual offenders in terms of readiness. Too soon and we could be setting people up to fail, too late then we don't support offenders in reducing their risk in preparation for release. From my experience this needs to be

decided collaboratively with all those involved in the individual's sentence plan including the offender, offender supervisor, offender manager, personal officer, treatment managers of interventions and psychological services if necessary. (P1)

Other individual factors which may impact upon time gaps between programmes mentioned by three participants included differences in sentence length and the impact this has upon how quickly it is necessary for a prisoner to complete treatment programmes listed in their treatment plan before their release date, and also the availability of programmes meaning that a prisoner may have to wait for a space on the programme to become available when it would be preferable for them to be able to begin the course at an earlier time. In weighing up the issues, one participant commented:

If it is a choice between allocation to a programme straight after another one or missing out completely, sometimes you have to weigh up whether it's more beneficial for that individual to engage in treatment. It's a decision I would try to make collaboratively with the individual involved and other professionals working with them. (P5)

One participant went further to comment upon the optimum time for a prisoner to take part in a programme. They stated "We get great feedback from prisoners who have been on our courses. They love them! Also when they are at the point when they want to make some changes in their lives, that's when we all get good results" (P12).

5.4 Discussion

The views expressed by of the majority of facilitators in the study were largely supportive of MoJ guidelines and research findings highlighting the need to consider the sequence in which an individual will participate in treatment programmes (NOMS, 2006; NOMS, 2012; MoJ, 2010; Turley et al., 2011). A number of issues were outlined by

facilitators as to why it is necessary to consider the sequencing of interventions, and what the potential benefits of coherent sequencing can be.

Facilitators made reference to prioritising the stabilisation of a prisoner. In support to the findings of Turley et al. (2011), the suggestion was made that prisoners with drug or alcohol issues should participate in treatment programmes addressing these issues prior to progressing to general offending behaviour programmes such as TSP. Facilitators indicated that prisoners are more likely to benefit from offending behaviour programmes if they are stable (i.e., drug and/or alcohol issues have been addressed). NOMS (2006, 2012) highlight the importance of stabilising an individual prior to offending behaviour programmes, furthermore, the findings of the current study are concurrent with readiness to change models which propose the need to address any internal factors which may serve as a barrier to being *ready* to change (Burrowes & Needs, 2009; Ward et al., 2004). Facilitators suggest a drug or alcohol issue may serve as a barrier to an offender being able to consider their offending behaviour and learn new skills.

As also highlighted by NOMS (2012), facilitators commented on the need to consider levels of motivation to change when sequencing interventions. However, facilitators went further to suggest that where interventions are not coherently sequenced, i.e., where more in-depth/offence specific interventions are first in the sequence, this may have the effect of lowering levels of motivation in offenders.

In support of suggestions made by McDougall et al. (2009), facilitators commented that when sequencing interventions, it is necessary for prisoners to participate in general offending behaviour programmes (such as TSP) prior to offence specific programmes such as the SOTP. They noted that prisoners may benefit from acquiring basic problem solving and self-control skills prior to participating in further offence specific programmes and the

suggestion was made that, with these issues addressed, it is possible to focus in on the offence specific behaviour in further programmes, thus saving time.

Linked to the issue of participating in general offending behaviour programmes prior to offence specific programmes was the issue of prisoners gaining experience in participating in group work. Facilitators emphasised the importance of group work experience in order to benefit more fully from programmes. Given the importance of group cohesion in benefitting from a programme (Yalom, 2005), it can be seen that possessing the skills to participate in group work may be beneficial to the overall outcome of a programme.

In accordance with the responsivity principle (Andrews & Bonta, 2010), facilitators referred to the importance of considering the specific needs of the individual when making decisions as to the sequence in which programmes should be delivered, making it clear that generalisations should not be made. It was suggested that an assessment should be made of what areas need to be prioritised for a particular prisoner, and decisions made based on this knowledge. This outcome offers support to the suggestion that the sequencing of interventions can be viewed as an issue that needs to be addressed as part of the responsivity principle (Stephenson et al., 2013). However, the issue of a lack of sufficient resources being available to sequence interventions in a coherent manner, as highlighted in previous studies (Clarke et al., 2004; Criminal Justice Joint Inspection, 2012; Turley et al., 2011) is also mentioned by facilitators in the current study. Comments were made regarding the issue of long waiting lists and the unavailability of programmes and the impact this has upon the ability to tailor a set of treatment programmes to the individual needs of the offender in terms of the sequencing of interventions and the time gaps between programmes, as previously noted by NOMS (2012).

As regards the length of time between treatment programmes, the general consensus reflected the findings of Clarke et al. (2004) and the ascertains of NOMS (2006), in that facilitators felt that prisoners need time between programmes in which to practice skills they have learnt in order for the skills to be consolidated and habitualised. Where time gaps were too long, in the opinion of a facilitator it was felt that this may lead to forgetting what they have learnt in a previous programme or the prisoner losing momentum and motivation. Where gaps are not long enough it was felt that prisoners may feel over-loaded and therefore lose motivation and interest in continuing on programmes. Opinion was slightly divided regarding the issue of motivation in relation to time gaps. It was commented that where a prisoner is feeling motivated following a programme, it is a good time for them to start a further programme, however, it was also felt that if a prisoner feels motivated following a programme this could mean they could withstand a greater time gap rather than it being necessary to keep the momentum going.

There was some disparity over how long time gaps between programmes should be. Responses ranged from two weeks to six months although the average time gap suggested was about six weeks. Although there was some discrepancy regarding the issue of motivation and the role this plays in how long a time gap a prisoner has between programmes, the consensus was that the time gap will depend on the individual needs and characteristics of the prisoner. It was commented that the issue of time gaps between programmes is directly related to the issue of readiness to change, i.e., if a prisoner feels ready to participate in a programme in that he or she possesses the beliefs/attitudes, skills and motivation to participate, then it would be beneficial for them to participate at that time, a view in line with the MORM principles (Ward et al., 2004). However, although the issue of motivation to change was mentioned as being of importance, allowing the prisoner

the time necessary to practice and hone skills was also highlighted as being a significant issue.

5.4.1. Study limitations

The small sample size is a potential limitation of this study. Although there was a 33% response rate resulting in 24 participants, these participants were all facilitating programmes in prisons in the West Midlands and, as such, their views may not be reflective of those from other regions of England and Wales. In addition, the quality and validity of participant responses may have been reduced due to time constraints placed upon participants in their place of work. Additional time may have allowed participants to consider the responses more fully and write more detailed responses. The sample group contained facilitators from a mixture of programmes and, as such, there may be differences in their previous experiences and subsequent views held regarding the sequencing and timing of programmes.

5.4.2 Conclusions

The responses point to the clear recognition of those facilitating treatment programmes of the impact that sequencing and timing of interventions can have upon the effectiveness of a set of treatment programmes and an offender's rehabilitative journey whilst in custody. General opinions are supportive of previous theories such as the Barriers to Change Model (Burrowes & Needs, 2009) and to NOMS practice guidelines regarding prioritising programmes which address barriers to engagement with treatment (e.g., drug issues or lack of motivation to change), followed by general offending behaviour programmes and moving on to offence specific programmes. However, in line with the responsivity principle (Andrews & Bonta, 2010) it is stressed that the sequence will need to be determined by the individual needs of an offender. On a general level, there is an acknowledgement of the need for prisoners to practice skills if they are to be

habitualised; however, there remains the question as to what length of time is required to achieve this and how the length of time will impact upon a prisoner's motivation and retention of knowledge. The findings contribute to existing research and theories of the implementation of treatment programmes in prison by providing additional information from the perspective of those who facilitate programmes. Lastly, the responses highlight the need for a more detailed evaluation of sequencing and timing issues in order to optimise an offender's rehabilitative journey, achieve successful end-to-end management of the change process (NOMS, 2006), and to provide grounds on which to address the lack of availability of programmes for offenders.

CHAPTER 6

THE SEQUENCING OF INTERVENTIONS WITH OFFENDERS: IN AN IDEAL WORLD...

The importance of coherent sequencing of interventions is highlighted in chapters 3, 4 and 5. However, offenders and treatment facilitators note difficulties in the delivery of treatment programmes such as incoherent sequencing of interventions. Offender managers and supervisors are involved in the implementation of treatment programmes across the course of an offender's sentence. The aim of this chapter is to therefore explore the views of offender managers and supervisors regarding the issue of sequencing and to gain an understanding of any barriers to implementing desired practice.

Chapter 6: The sequencing of interventions with offenders: In an ideal world…

6.1 Introduction

The rate of re-offending in England and Wales is a matter of utmost concern to the Government as highlighted in the *Transforming Rehabilitation: A strategy for reform* proposal recently presented in Parliament (MoJ, 2013). Re-offending rates are described as being unacceptably high despite a 50% increase in the budget from 2000 to 2010 for managing offenders (MoJ, 2010a), with current spending in excess of £3 billion a year in the Prison Service (MoJ, 2013). In short, the document outlines the need to increase and amend rehabilitative efforts in order to meet the needs of offenders.

The National Offender Management Service (NOMS) introduced the Offender Management Model in 2005. The model draws on the 'what works' literature to outline how to optimise the rehabilitative process for offenders, focusing on end-to-end management of offenders, i.e. management spanning their whole sentence across prison and in the community (NOMS, 2006). The model highlights the need for an offender to have an offender manager and for their individual needs, risks and circumstances to be taken into account.

As shown in Figure 1, the end-to-end process incorporates selection, sequencing and delivery of interventions across an entire sentence. The offender manager is responsible for offender assessment, sentence planning, ensuring the plan is implemented, reviewing/re-assessing the plan and, finally, evaluation. As it is not feasible for offender managers to have regular contact with offenders, offenders are allocated to an offender supervisor (NOMS, 2006). The role of the offender supervisor is to implement the plan put forward by the manager. In custody each offender will be allocated a supervisor who

will aim to meet them on a frequent basis in order to assist an offender in the process of behavioural change.
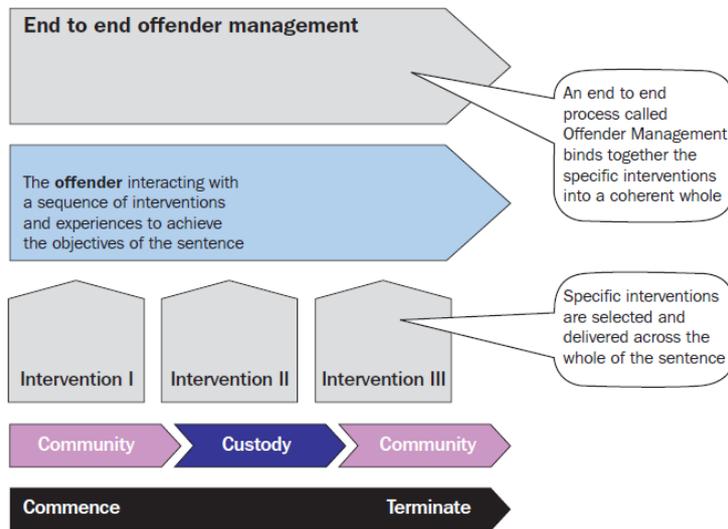
Figure 1. The key elements in delivery – Offender management and interventions (NOMS, 2006, p. 19)

In addition to the practical tasks of ensuring offenders get access to programmes/interventions, the role of the offender supervisor includes "motivating offenders – to both co-operate and to change...At a basic level it requires the development of a climate in which cooperation and change are encouraged and rewarded" (p. 27).
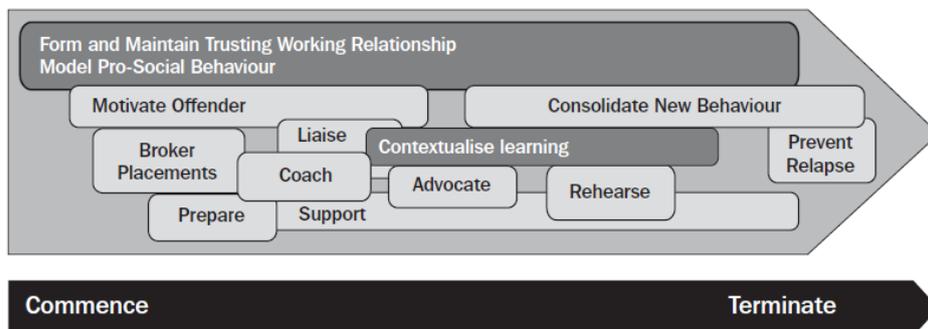
Figure 2. Sequence of offender supervisor tasks (NOMS, 2006, p. 24)

Motivating offenders to change their behaviour has been found to increase the likelihood of engagement with treatment programmes and treatment effectiveness (McMurran & Ward, 2004). Therefore, the need to address offender motivation (i.e., to increase an offender's desire to take action to change) prior to treatment programmes is considered to be a necessary task for offender supervisors.

Moreover, the task of motivating offenders to desist from offending prior to treatment programmes is in accordance with the responsivity principle (Andrews & Bonta, 2010) which suggests that, when sequencing interventions, it would be necessary to address a lack of motivation prior to specific criminogenic needs (McMurran & Ward, 2010). For example, research into levels of motivation to change of prisoners entering the sex offender treatment programme has found there to be higher levels of attrition amongst prisoners with prior low levels of motivation (Beyko & Wong, 2005; Pelissier, 2007; Sellen et al., 2013).

These findings are concurrent with the Barriers to Change Model put forward by Burrowes and Needs (2009) which states that certain obstacles may lie between an offender and their ability to achieve a positive behavioural change. In addition to a lack of motivation to desist from offending, an offender may lack the awareness of the need to change their behaviour, may not believe they are responsible for making changes, or may not recognise the benefits of making changes. Such factors may need to be addressed prior to participation in particular treatment programmes (Burrowes & Needs, 2009).

When considering which areas need to be prioritised in terms of the sequence in which interventions will be delivered to an offender, offender managers are required to consider how the sequence can map onto the process of change within an offender and help the offender progress through stages of behavioural change to a point where an

offender can desist from offending (NOMS, 2006). In addition, they will take into account the offender's individual needs and the type of sentence.

In a qualitative study exploring the delivery of the offender management model, interviews were conducted with offender managers in order to gain their views on such matters as the sequencing of interventions in terms of good practice and potential barriers to good practice (Turley et al., 2011). In addition to recognising the need to reduce risk of harm and likelihood of re-offending, offender managers commented that it is necessary to stabilise an individual prior to enrolling them on an offender behaviour programme, i.e., to remove barriers to participation such as alcohol or drug issues. Thus it is important that they take into account the offender's individual needs and the type of sentence when making decisions about sequencing.

In order to form a coherent sequence of interventions, it was thought that "the sequencing of interventions needed to be fluid and responsive to the offender's changing needs, circumstances and risk factors." (Turley et al., 2011, p. 13). The suggestions are concurrent with readiness literature which emphasises the need to frequently assess prisoners and adjust the sequence of interventions where necessary (Ward et al., 2004) and with previous reports by staff that cognitive behavioural programmes, such as the thinking skills programme (TSP), are less likely to be effective if a prisoner has a drug and/or alcohol problem (Turley et al., 2011).

In addition to the role of offender supervisors in implementing an offender's sentence plan and motivating offenders to change, the relationship between offender supervisors and offenders undergoing supervision has been highlighted as being important to initiating change. Turley et al. (2011) highlight the need for trust, support and empowerment of offenders in order to reduce risk of re-offending. In support of this practice, from a review of the literature, Robinson (2005) stated:

> ...both the quality and the consistency of relationships between offenders and their
> supervisors are central to effective practice from the perspective of offenders, both
> in terms of promoting motivation and compliance in the short term, and desistance
> from offending in the longer term. (p. 313)

Prisoners felt having consistent contact with one supervisor/case manager would make it more likely they would place trust in that individual.

Despite the recognition of the importance of staff-offender relationships, staff commented that time restrictions and a lack of space impede their ability to spend what they feel to be a sufficient amount of time with an offender under their supervision (Turley et al, 2011). In addition to the issue of time spent with offenders, barriers relating to coherent sequencing of interventions have also been identified. In the most recent aggregate report on offender management in prisons (Criminal Justice Joint Inspection, 2013), it was found that in only 46% of cases were treatment plans coherently sequenced. For example, many plans failed to specify the order in which interventions should be delivered, such as the delivery of literacy skills prior to further programmes. However, there were some exceptions such as HMP Drake Hall (a women's closed prison) where they were commended for reviewing the needs of prisoners at monthly sequencing meetings. The needs of prisoners were discussed in relation to available resources and, where possible, interventions were delivered in a coherent sequence.

The low percentage of coherently sequenced plans was found, in part, to be resulting from a lack of resources meaning that participation in courses was largely dependent on course availability rather than prisoners' individual needs. As a result of a lack of course availability, where prisoners are required to participate in a particular treatment programme, there is the need for prisoners to be transferred to different establishments where courses are available (Criminal Justice Joint Inspection, 2013).

However, in some cases it was found that prisoners were unable to get a transfer to a prison where the programme was available. In addition, it is claimed that where transfers do take place, the process can take many months and on entry to a new establishment the prisoner will need to undergo an assessment for a programme and may then need to wait until a space becomes available on the course (Inside Time, 2011). Furthermore, in a qualitative study exploring the delivery of the offender management model, staff commented that placing prisoners on long waiting lists led to a decrease in motivation (Turley et al., 2011). As such, Turley et al. (2011) argued that it would be beneficial to allow prisoners to participate in interventions when they were displaying motivation to do so.

In addition, whether or not it is possible for an offender to participate in a treatment programme (or a set of programmes in a particular sequence) is linked to the length of an offender's sentence. The Ministry of Justice (2013) highlighted the issue of sentence length as a barrier to effective treatment; where an offender is serving a short sentence it is recognised that they will have very little opportunity to participate in programmes due to waiting lists and in some cases the length of programmes (MoJ, 2013; National Audit Office, 2010).

Research conducted regarding current sequencing practice by the Correctional Services Accreditation Panel (2008) for the thinking skills programme (TSP) suggested it would be beneficial to have "more clarity on how TSP relates to other programmes available to offenders and how it is sequenced with them..." (MoJ, 2010b, p. 67). Further to this, in a qualitative study exploring the delivery of cognitive skills programmes in prison (Clarke et al., 2004), interviews with prison staff revealed that access to cognitive skills programmes was largely dependent on parole date to ensure prisoners had an opportunity to participate prior to release. However, prisoners who were motivated to

participate but not near the end of their sentence were often denied access to the programme and placed on a waiting list during which time motivation to participate levels dropped. Issues such as a lack of course availability, waiting lists, time restrictions placed on one-to-one contact between staff and offender, and difficulties in the prison transfer process are highlighted in the Multifactor Offender Readiness Model (MORM; Ward et al, 2004) as external factors which may impact upon the ability to deliver interventions in the desired sequence.

As outlined above, the issue of effective management and supervision of offenders, including the sequencing of interventions, has been highlighted by the National Offender Management Service (NOMS) as being of importance to reducing re-offending. Suggestions are made regarding the need to prioritise barriers to behavioural change (e.g., lack of motivation, drug dependency) and the need for sufficient resources to enable the coherent sequencing of interventions. Assertions and guidelines notwithstanding, there remains a dearth of research into the impact of the sequencing of interventions with offenders. By exploring the opinions and experiences of offender managers and supervisors, the current study sought to gain further insight into issues impacting upon the coherent sequencing and timing of interventions.

6.2 Method

6.2.1 Participants

Purposive sampling was used in order to select participants. The sample consisted of Offender Supervisors (n=8), one offender manager, and one head of an offender management team. Staff had experience of being part of the decision making process for the types of interventions recommended for an offender to participate in, as well as, potentially, the sequence in which the interventions are delivered. Contact details were provided by the MoJ (West Midlands). Potential participants were located across four

MoJ prisons in the West Midlands. Of the staff contacted, there was a response rate of 17% (approximately 40% lower than the average response rate in public/state sector (Baruch & Holtom, 2008)) resulting in a sample group of ten participants.

6.2.2 Materials

Semi-structured interview questions were developed by the researcher and comprised of eighteen questions (see Appendix D). Participants were also given an opportunity to make any further comments. Questions were designed to gather information and views regarding: current practice in the area of sequencing of interventions; opinions on the potential importance of coherent sequencing of interventions; views on how interventions should be sequenced; and what, if any, issues impacted upon coherent sequencing. An emphasis was placed on the issue of responsivity to the needs of offenders. Minor changes were made to the wording of the questionnaire following a pilot study.

6.2.3 Procedure

E-mails were sent to potential participants outlining the nature of the study and giving assurance that the study was commissioned by the MoJ and had been given ethical approval. An information sheet and consent form were attached to the e-mail. Participants were invited to take part in the study. If they wished to participate they were asked to insert their name in the consent form and e-mail this back. They were assured that their participation and responses given in the interview would remain anonymous.

Staff who returned consent forms were contacted to arrange a convenient time for the telephone interview to take place. Prior to the interview participants were reminded that the interview was being recorded and that their responses would be kept confidential. A digital Dictaphone and accompanying computer software was necessary to record the interviews.

The recorded interview dialogue did not include the participant's name or details by which they could be identified. Prompts were used during the interview to allow participants to elaborate on, or clarify points.

6.2.4 Data analysis

The recorded interviews were transcribed and inputted into NVivo software for analysis. Thematic analysis was used to identify, analyse and report themes within the interviews. Although thematic analysis is viewed by some as being the foundation for other qualitative data analysis techniques rather than a specific method, Braun and Clarke (2006) argue that thematic analysis should be viewed as a method in its own right.   It is believed that 'through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data' (Braun & Clarke, 2006, p. 78). The study involved gathering information about the experiences of participants and, as such, thematic analysis was considered to an appropriate method of analysis. Initial codes were developed through analyses of the data. Codes were organised into sub-themes and overarching main themes (see Appendix G). NVivo software was used for the analyses of themes and sub-themes.

6.3 Results

Table 1

Summary of themes and subthemes occurring from a thematic analyses of semi-structured interviews with offender supervisors and managers

Theme	1. Sequencing	2. Restraints	3. Job role
Subtheme	1.1. Decision making/current practice	2.1. Resources (Waiting lists, course availability)	3.1. Motivation
	1.2. Readiness to change	2.2. Prison transfers	3.2. Cognitive change
	1.3. Coherent sequencing suggestions	2.3. Time restraints	
	1.4. Ideal world	2.4. Sentence length	
	1.5. Individual differences	2.5. Course criteria	

6.3.1. Theme 1 - Sequencing

6.3.1.1. Current practice

Participants were questioned regarding current practice in the sequencing of interventions with a focus on how decisions are made (i.e., what factors need to be considered). Typically, participants made mention that current practice is to assess an offender's literacy skills and address any educational needs though basic literacy and numeracy interventions prior to consideration for relevant offender behaviour programmes.

> ...obviously if a prisoner comes in and he's identified as needing TSP, CALM, whatever programme he needs, he's got to have a reasonable level of education first, so we have to endeavour that they do tests and that they, er, are of a suitable level, which is probably level 1 and 2 in English and Maths, before they're even considered for the courses... (P1)

Participants explained that the Offender Assessment System (OASys) is designed to identify criminogenic risk factors which need to be addressed with interventions prior to release: "...basically when we first do the initial OASys assessment, we identify what the issues and concerns and risk areas are and then we just send over the referrals..." (P4). Participants expressed views on whether the sequence in which risk factors will be addressed through interventions is considered. The majority of participants (*n*=7) commented that consideration was given to sequencing:

> ...in terms of actual sequencing of interventions, erm, it is done at the sort of sentence planning stage and, er, you know, a great deal of thought does go into it in terms of what is the appropriate way to access or sequence the events, in interventions...for instance, looking at the SOTP side of things, we would probably have TSP as the main starter programme, then we'd probably put them on the

SOTP starter programme, the SOTP adapter programme which is a programme for prisoners with learning difficulties and, um, that sort of thing, and then we'd probably put them on the SOTP booster programme and the SOTP extender programme. (P10)

However, other participants felt that coherent sequencing of interventions is not something that is currently put into practice: "there doesn't seem to be like a central flow" (P4); "...in terms of interventions now, erm, I don't think there is any specific sequencing as far as I'm aware" (P3). All participants expressed the opinion that current practice in the sequencing of interventions is largely determined by the availability of programmes.

6.3.1.2. Readiness to change

The majority of participants highlighted the importance of prisoner motivation to take part in interventions. Motivation was viewed as an indication of whether an offender will engage with a treatment programmes and the likelihood that their level of risk will be subsequently reduced, as such, offenders should participate in interventions when they are motivated to take part: "...while their motivations high, er, get a grip of them, because that's when they do well on the courses" (P1) and "look at their level of motivation, see if we can bring that on, and then from there plunge them into these group courses" (P8).

In addition, a readiness issue highlighted was whether an offender has the necessary skills to participate in an intervention. Literacy skills were identified as a factor which needs to be addressed prior to certain interventions: "if we've actually got someone that's quite keen to change and motivated and has a general understanding of English and their literacy skills are fine we just put them into group work usually" (P8).

The ability of an offender to participate, and benefit from, group work was also highlighted as an issue that will impact upon the sequence in which interventions are delivered. With reference to specific programmes, one participant stated:

...TSP is a quite useful first course to do, and it's a good introduction to the group work process before they go on to do, more, more, further interventions such as SOTP or CALM or whatever later on in their, er, sentence. (P10)

In addition it was stated:

I think a programme that is really effective is COVAID, erm, and it's quite a short programme as well, which I always think it's a good introduction to TSP, so if I've got someone on the list for TSP, I'll angle them towards COVAID first on the shorter course to see how they get on in that group environment, then the bigger one, the more intense one, TSP, later. (P8)

From prior experience, it was felt that placing an offender who was not *ready* for group work into a programme delivered in a group setting would have a negative impact upon the prisoner's ability to benefit from the programme:

I've had a few of my offender group before, go into the group environment, maybe be plunged straight in at the deep end with TSP because that's what everyone feels they need and within three days they want to withdraw from that group...just because they've felt so overwhelmed and daunted being put straight into the group environment. (P8)

As regards the impact of group work experience on the sequencing of interventions, five participants felt that it would be preferable for prisoners to participate in shorter or more general offender behaviour programmes prior to offence specific programmes in order for prisoners to feel at ease:

...get them used to doing courses, erm, you know, erm, before they actually have to do the main one, so to get the TSP done first, get them used to doing the course and, you know, having many bodies around them and expressing their offending. (P9)

Lastly, one participant went further to suggest that, in addition to the level of offender readiness informing decision making regarding sequencing, the sequence in which interventions are delivered can impact upon an offender's engagement with a particular programme

> ...it [sequencing] would impact more in terms of the individual offenders engagement with other, equally important but obviously non-accredited, erm, interventions such as, as I say, basic skills work, their attention and erm, attainment in education, their involvement in other non-accredited programmes either through PE, other work that other partner organisations are doing in terms of employability opportunities, employability work, again their engagement there. (P7)

6.3.1.3. Coherent sequencing suggestions

All participants had expressed their opinions regarding the way in which interventions should be sequenced. It was felt that the thinking skills programme was a useful course to participate in prior to further offender behaviour courses:

> ...one of the sort of strengths of the TSP is that it actually helps prisoners look at alternative options, alternative ways of doing things, er, so it gives them the opportunity to develop those sort of strategies, so it's also, it's a quite useful first course to do, and it's a good introduction before they go on to do, more, further interventions such as SOTP or CALM or whatever later on in their sentence. (P10)

> ...on a personal note, as we have got Thinking Skills available here, I think that's the most effective course, so I do tend to prioritise TSP. In an ideal world, if I could do that, that's what I would do. (P8)

It was further commented that prisoners may need to adjust to prison life prior to participating in interventions and that this should be considered when sequencing. In

addition, it was felt that by coherently sequencing interventions and making a prisoner aware of the sequence, levels of motivation can be increased:

...if you've got the prisoner who serving, say three years or three and a half years, then you've got, er, the first bit of time will be to get them used to being in custody, and then the second part will be to give them some skills, so you'd look at perhaps educational skills to begin with, um, and then your vocational training and things like that afterwards, and then as you're getting towards a stage where it's possible for them to move on in terms of release...prisoners are quite fearful and unless they are seasoned criminals, prisoners are quite fearful when they come in to custody, and the period where is stabilises and they can focus on in terms of sequencing would actually help them to actually see light at the end of the tunnel if you like, on release, so I do believe that sequencing is the right way to go and can be a real motivator for them. (P5)

The suggestion was also made that it would be beneficial to address general cognitive issues in programmes such as TSP prior to vocational courses and further offender behaviour programmes. The idea that a structure for a prisoner's interventions could be beneficial was expressed:

...if you get them early on, and keep them, so you've got a structure to work to: TSP, we'll do you TSP then we'll do vocational work and then perhaps victim awareness, and structure it throughout the sentence, not cram in everything at the end. (P1)

...perhaps if you frontloaded that [cognitive work] and then started addressing things like basic skills and employability skills, that would be a better way round because of course some of that thinking skills work would help with motivation to

change... I think a lot of the cognitive work would really work quite nicely front loaded but that's just not happening certainly not in real terms, er, on the ground here...I think the cognitive work would be beneficial to start with because of course the OMU's work is around motivation, there's a lot of the area's regime work is very dependent on an individual's motivation to change, erm, and a lot of the cognitive deficits with our populous I think, restricts the ability to deliver, I mean, you know there are still plenty of good, er, successes and outcomes completed in the populous but I think it could be significantly improved if we front loaded the cognitive work first...and allowed the basic skills element and the personal improvement work to then be done prior to resettlement. (P7)

With reference to the practicalities of sequencing of interventions, one participant felt that it would be necessary for changes to be made within the prison system in order to enable coherent sequencing. The issue of communication between prisons was highlighted with reference to knowing where programmes are available and transferring prisoners:

...Rather than prisons working in isolation they should work in a joined up way where we have a regional approach on interventions on space availability, and we can move people in, you know, quite seamlessly in between different establishments to complete different programmes. That's the rose tinted option, and the only way I think that you would get the most effective way of providing sequencing that meets the needs of the individual and allows the most effective outcome. If you started regional and then national, that would certainly improve the current situation...I would welcome any work that's done on a regional basis to try and rationalise what appears to be very much a scattered kind of approach to interventions, obviously suited to the individual prison and the prisoner's needs but really to give...I mean certainly establishments who have got a very restricted

programmes and would be good to have some real choices to provide the prisoner population with, yeah opportunities to go and complete interventions. (P7)

6.3.1.4. In an ideal world

In addition to comments on barriers to coherent sequencing (see Theme 2), participants had views on what would need to occur in order for interventions to be coherently sequenced according to the needs of the offender. Participants described their suggestions as to what would be ideal in terms of prisoner access to interventions (and subsequent coherent sequencing of interventions) and made comparisons to the current situation:

> In an ideal world, you know, where we had a whole range of interventions we could pick from like, sort of, pick them off a supermarket shelf, um, it would be great to say, 'right we'll do this one first, and then this needs to be done and then that one, that one', erm, in the real world unfortunately, it's a case of you know, what does the prison need to do to address his risk areas, and where can we access those interventions...so we're invariably in the business of transferring prisoners across the estate to different prisons...in an ideal world, where we had certain amount of interventions available, we could slot people in and move them round. Or we could run, you know, a whole battery of courses here, it would be great, but because of resources, we only have some that we can actually deliver, so that does sometimes get in the way of things unfortunately but that's just the way things are. (P10)

> ...if we could pick a particular lad and say 'you've got to do this first, followed by this, followed by that and then when you get released, address this', that would be ideal but unfortunately it doesn't work like that. (P4)

6.3.1.5. Individual differences

The importance of considering the specific needs of individual offenders was highlighted by the majority of participants. Attention was drawn to the need to tailor the type of intervention proposed and the sequence in which they should be delivered to the individual prisoner's needs. The age of a prisoner was highlighted as a factor to be considered: "I think age has an effect, I think, um, where we put prisoners shouldn't depend on where we have places but more on what is best for them...I think it has to be individually tailored" (P5).

The idea that there may be individual prisoners who have particular needs was highlighted. Participants felt that recommendations for interventions and the sequencing of interventions should be based on the individual needs of an offender as ascertained from assessments and contact with staff rather than making generalisations based on offence type:

> ...it's fine to generalise in saying that everybody has cognitive issues, therefore to resolve those...er, so whatever comes next in sequencing, I think that is too general, there will always be individuals where there might be very specific needs that aren't necessarily cognitive. So yeah it would be wrong to say that that would be a broad brush that you could paint on everybody. (P7)

One participant went further to comment upon the current situation in prison and how changes have occurred over time:

> I've only been working myself for the last 10 years and I've seen a dramatic change in the, er, the way that offenders are dealt with. Erm, I suppose 10 years ago when I first started, then it was almost, the prisoners were dealt with as a group all with the same sort of problems and so it's very much been a cultural shift to the prison service; a move away from everyone's the same, to that everyone's unique

with their own unique needs and their own unique care plans having to be brought into place and so it's getting there, but it's a slow process. (P2)

6.3.2. Theme 2 - Restraints

6.3.2.1. Resources

All participants outlined barriers to accessing interventions and the subsequent impact this has on coherent sequencing of interventions. Participants highlighted the restricted availability of programmes and subsequent long waiting lists resulting from a lack of resources/funding in each prison. For example "...some interventions, the demand far outweighs the supply. I mean the demand is there but the supply is just not there at all, which again causes problems..." (P3).

...we've got too many lads but not enough courses...there are restraints on us. We only have a set amount of lads that can go on particular programmes...this last year we've had a lot of courses cancelled and we've had a lot of courses that geared up and were scheduled to start but never did just purely because we haven't got the staff in place. (P4)

Eight participants went further to comment on the impact that lack of resources has upon prisoners. A decrease in motivation as a result of having to wait long periods of time (over three years in certain cases) was cited as a psychological response:

…when people are sent to prison they are supposed to have the facilities to address their offending behaviour, not just to stay in prison...I know for a fact, it doesn't matter how motivated he is, he's not gunna get on these courses...because of his release date...if he really regrets his crime when he first comes in, and he's highly motivated to make sure it never happens again, then the courses should be available to him, because he can get in with the wrong crowd and then when the time comes

for his course, he doesn't care, because he's lost interest, his motivation's gone and he's in with the wrong crowd, negative peer pressure. (P1)

A need to provide interventions at a time in which a prisoner feels ready to participate was identified as being necessary in order to increase the efficacy of programmes. All participants believed offender behaviour programmes to be effective for some prisoners in reducing the likelihood that they will re-offend upon release. They therefore expressed concern regarding the current lack of programmes running in prisons and the impact that this would have upon re-offending rates and expressed frustration at not being able to meet the needs of prisoners in their care:

...it's a mismatch between what we are able to provide and what does the prisoner actually need... at the end of the day it comes down to a combination of, you know, what's available and what's possible and how we can access those interventions at the right time...what we try to aim to do is to make sure the prisoner has had the opportunity to access interventions before he gets to his review. That isn't always the case, unfortunately, because we don't have enough interventions around the country for the prisoners that we've got...prisoners sometimes feel ready to do a programme but the programme isn't available or there is quite a waiting list to get on these things and they have to wait, um, a fair bit of time to be able to access it, and during that time, some of them do lose, obviously, the umph, the motivation to carry on with it. (P10)

...we are very much restricted by our role as an establishment by space availability across the estate and the availability of courses with spaces on them, where we could identify offending behaviour need, a very specific one, er, with some of the high risk offenders, we'll still not necessarily be able to get them into the most

relevant initial programme, er, in terms of sequencing, because either a) it's not

available at [names prison] or b) there's not space on, er, or in a prison where they

deliver a programme in another prison... (P7)

...an integral part really, is what is available is the waiting list because a lot of the

prisons are, er, well run by waiting lists for courses....so if you've got a short

sentence of general offenders that need TSP, if we've got a waiting list that's 6

months, er, and they're on a short sentence, the likelihood is that they're going to

be released, you know, untreated...Most prisons run waiting lists now for every

course, so it could be quite difficult, you know, to match their needs. (P9)

Two participants expressed concern regarding the effectiveness of certain

programmes and one highlighted a need for programme evaluation in order to improve

programme efficacy: "...as an establishment here, we are bereft of quality and offence

specific related courses" (P7); "...some of the offending behaviour programmes we deliver

actually haven't been properly evaluated and haven't been, there hasn't been a decent

needs analysis across the prison service for a long period of time and I think that's sadly

lacking" (P5).

All offender supervisors and managers felt that in order to offer prisoners treatment

programmes relevant to their needs and in a coherent sequence, it would be necessary to

have more courses running in each prison enabling prisoners to participate in programmes

without being made to wait.

6.3.2.2. Prison transfers

Where courses are not available at a certain prison, participants drew attention to

the need to transfer prisoners to establishments where a course is delivered. However,

difficulties in this process were identified:

...any individual prison is not able to provide the whole sort of gambit of, range of interventions that prisoners need, so we've invariably in the business of transferring prisoners across the estate to different prisons around the country, which you know, has logistics problems in itself. (P10)

Three participants mentioned a lack of knowledge as to what each prison offers as a barrier to transferring prisoners to an establishment at which they can receive the required programme. In addition, where certain criteria needs to be met by a prisoner in order to participate in a course, it was suggested that prisoners should be assessed prior to a transfer in order to make sure they will be able to participate on the recommended programme. A need to move prisoners seamlessly between prisons if the desired sequence of interventions is to be delivered was expressed:

...we may get some transferred in because other prisons don't know, or don't check up on our criteria before they send them to us, then, er we will endeavour as quickly as possible to get them to an establishment where there may behaviour courses will be delivered. (P2)

Comments were made regarding the length of time it takes to transfer prisoners and therefore how long it takes a prisoner to enrol on the relevant programme:

...the time scale involved from identifying prisoners who need to move to actually getting them moved can drag on to the point that by the time we get them to move, that motivation factor has decreased quite considerably. (P6)

6.3.2.3. Time restraints

Three offender supervisors commented that their workload was such that they were not able to spend sufficient time with each prisoner, and expressed concern as to the impact this would have upon prisoners:

The case loads are very high. Mine personally is over 30. It's very, very difficult to get around everyone, you know, some you don't get around to for quite a while. So there is the case of possibly people are missed. (P9)

...the problem is now that there's that much paper work involved with a lot of these offences that our goal is actually working with the prisoners, but that's being pushed more and more to one side to fulfil a lot of these paper work obligations...it's all work that's impacting upon the time that we'd spend with the prisoners because quite often, by building up a relationship with a prisoner, spending more time building up that relationship, you know you can have a far bigger impact on their thinking than basically saying 'if you don't do this, you don't do that, it's gunna affect your parole and you're not gunna get out. (P6)

6.3.2.4. Sentence length

Linked to the matter of course availability is the issue of the length of an offender's sentence. Participants commented that whether an offender can participate in a programme will be largely dependent on whether a space becomes available prior to their release. In response to this issue there is an attempt to prioritise prisoners who are near the end of their sentence; however, this results in other prisoners being placed further down the waiting lists:

...lads that have got a considerable length of time, say ten years or more, tend to get pushed to the bottom of the list because obviously it's, 'oh well, he's got ten years we don't have to look at him yet, we'll concentrate on lads that are going to be released earlier' so you can have somebody that's serving a lengthy period of time that can go many years with no interventions whatsoever, um because the belief is that their risks don't need to be addressed until they're nearer to release, whereas

they need to be addressed now, because obviously sometimes it effects their behaviour in the custodial setting. (P4)

One participant felt strongly that short sentences were ineffective due to difficulties in enabling prisoners to participate in potentially beneficial programmes:

...you need a prisoner who's serving a decent length of sentence in the first instance, so you know, the short sentences are really useless and I think that's generally accepted across the board and I would agree with that...there's no time to do any work, so all we're doing is warehousing them for that period of time. (P5)

"...we deal with a very large share of very short sentences, so sequencing becomes almost an impossible task with somebody serving as little as say 3 months" (P7).

6.3.2.5. Course criteria

A further barrier described by participants as impacting upon whether a prisoner will have the opportunity to participate in a programme was that of course criteria. Concerns were expressed regarding prisoners not receiving treatment if they did not meet criteria:

...obviously you've got lads that meet a need but they might not meet the criteria for that particular course, and especially at this establishment, we can't offer any one to one work with them, so if they don't fit in that neat little box and tick all the criteria needs then nothings done with them. (P4)

...a lot of the programmes we have now have quite strict criteria; programmes don't seem to be as readily available as they used to be. So for example with the thinking skills programme the criteria is very rigid and they have to have on individual sentence plans OGRS scores which is a risk of re-offending above 53, if their scores are not above 53 they won't be eligible for that programme... also with

things like alcohol programmes and things like that, if they've not got a number of offences that contribute to alcohol related violence for example, they won't be allowed on that programme either, it's quite restricted to be honest...it's very black and white, if they don't fit the criteria, they don't do the intervention. (P8)

6.3.3. Theme 3: Job role

6.3.3.1. Motivation

Participants commented on what they feel their role is as part of the process of rehabilitating offenders under their care. Motivating prisoners to participate in programmes and to change their behaviour was cited by the majority of participants as being one of their key roles: "...you're going to be 'Big Brother' to a prisoner, and you're going to motivate him to do whatever he can to reduce his risk..." (P1). One participant added that, where it was recognised that an offender would have a gap between intervention programmes, he would try to ensure an offender could participate in another intervention in the time gap in order to maintain levels of motivation:

> So, for instance, you know, when we're half way to completing an intervention, you may want to do some workplace training work or develop his educational skills or what have you, which, you know is all skills to put on their toolkit while they're waiting to go onto the next programme. (P10)

6.3.3.2. Cognitive change

In addition to increasing/maintaining levels of motivation and encouraging prisoners to participate in programmes, participants commented that part of their role is to do some one-to-one work with prisoners to try to change their views about their offence and address prisoner's pro-criminal thinking patterns: "...quite often, you can get them to start thinking of, about their behaviour, and sometimes the effects of what they've done on their victims which is basically a way of reducing their risk" (P6). "...we can offer sort of

136

1:1 work with offender supervisors like myself trying to engage them on a 1:1 basis, um, you know challenge their thoughts and behaviours to challenge them to education and things like that" (P8).

6.4 Discussion

There appeared to be unanimity amongst participants that coherent sequencing of interventions across the course of a prisoner's sentence would decrease the likelihood of re-offending following release. Furthermore, in accordance with the Offender Management Model (NOMS, 2006), participants highlighted the need to address the needs of an offender and risks they may pose to themselves or others (as assessed through the initial OASys assessment) in order to form a sentence plan for an offender involving potentially multiple interventions delivered in a coherent sequence. In accordance with readiness literature (Ward et al., 2004), some participants believed it is necessary to consider whether an offender is *ready* to participate in a particular programme; as such, knowledge of an offender's level of readiness would inform the sequencing of interventions.

Many participants highlighted the issue of motivation to change amongst offenders. The general consensus was that it is preferable for an offender to participate in an intervention when he or she feels motivated to do so. This view corresponds with previous studies which offer evidence for the importance of prioritising motivation to change (Beyko & Wong, 2005; Pelissier, 2007; Sellen et al., 2013). Participants felt that where necessary, a lack of motivation to change be addressed prior to participating in other offence related programmes; where offenders lacked motivation to change it was felt that offenders were less likely to engage with a programme. Again, this view is concurrent with the Offender Management Model (NOMS, 2006) which specifies that offender motivation be addressed at the beginning of an offender's sentence, and with previous

research in which staff highlighted the benefits of prisoners participating in programmes when they feel motivated to do so (Turley et al., 2011).

In accordance with the responsivity principle (Andrews & Bonta, 2010), the majority of participants highlighted the need to treat prisoners as individuals when devising a treatment plan and sequencing interventions. It was believed that the delivery of programmes should be tailored to the individual needs of a prisoner. As prisoners differ in terms of their needs and attitudes towards programmes, participants felt that individual differences need to be taken into account when devising treatment plans. A further readiness issue identified by participants and in previous literature (Ward et al., 2004) was prior experience of group work. Some participants highlighted the usefulness of experience in taking part in a general group programme (e.g., becoming accustomed to sharing feelings in front of others) prior to offence specific programmes. For example, some participants felt that participating in the thinking skills programme (TSP) prior to the offence specific Sex Offender Treatment Programme (SOTP) would be beneficial.

The juxtaposition between what was felt to be good practice in the sequencing of interventions and what is viable given certain practical issues was highlighted by all participants. In short it was felt that the sequence in which interventions are delivered should, in part, be guided by identifying and addressing barriers to participation in programmes (such as lack of experience of group work, low literacy levels, lack of motivation, and general cognitive deficits) prior to participating in offence specific programmes. However, all participants outlined a range of obstacles to enabling prisoners to participate in programmes in a coherent sequence as outlined at the treatment planning stage. The root cause of such difficulties was insufficient resources.

Despite the efforts and opinions of offender supervisors and managers, the lack of course availability, long waiting lists, and difficulties with transferring prisoners to

different establishments were highlighted as having a major impact upon the ability to coherently sequence interventions. All offender supervisors believed the sequence in which interventions are delivered was largely dictated by course availability; prisoners were allocated to a programme from their sentence plan when a space became available rather than at an appropriate time (e.g., when motivated or following the correct sequence). Participants felt that in order to allow a prisoner to participate in programmes in a coherent sequence a full range of courses needed to be available at each establishment, and said courses needed to run frequently to reduce time spent on waiting lists. However, all participants believed this to be an unrealistic prospect. The lack of opportunity for the coherent sequencing of interventions described by participants in the current study was concurrent with recent findings by the Criminal Justice Joint Inspection (MoJ, 2013) and the National Audit Office (2010).

Problems with course availability were compounded by some prisoners having short sentences. Where a prisoner has a short sentence their release comes before the opportunity to participate in a programme or set of programmes (an issue previously highlighted by the MoJ (2013)). One participant explained how prisoners with short sentences (who would otherwise leave prison without participating in any programmes) would be prioritised above those with longer sentences. He felt this led to prisoners who may have felt motivated to participate in a programme being denied access. The issue of short sentence length has been identified as problematic by the MoJ and a new system has been implemented whereby offenders who serve a sentence of less than one year will receive a minimum of twelve months supervision in the community to allow for participation in rehabilitative interventions (MoJ, 2013).

Some participants mentioned the impact of the lack of course availability and long waiting lists upon prisoners. It was felt that where prisoners may have been motivated to

participate, being forced to wait would lead to levels of motivation decreasing possibly due to feelings of abandonment by the prison service or prolonged exposure to other prisoners' negative attitudes towards programmes. As mentioned above, previous research would suggest lowered levels of motivation may decrease the likelihood that an offender will engage in a programme and that the programme will be effective for them (Beyko & Wong, 2005; Pelissier, 2007; Sellen et al., 2013).

A further issue participants felt had a negative impact on the prisoners was that of the time available to them to spend with prisoners under their supervision. The offender management model outlines a number of tasks to be carried out an offender supervisor: Forming and maintaining a trusting working relationship and model pro-social behaviour; motivating an offender, preparing them for programmes; coaching; and generally providing support to promote behavioural change (NOMS, 2006). In accordance with the model, participants believed their role involved motivating and supporting prisoners, however, as found in previous research (MoJ, 2011), some experienced a lack of available time for one-to-one contact with prisoners under their supervision and felt this negatively impacted on prisoners.

6.4.1 Limitations

The sample group comprised of offender managers and supervisors from the West Midlands area of the UK and, as such, can only be considered to reflect experiences in that region. However, the Offender Management Model (NOMS, 2006) is used in all HMP establishments across England and Wales; as such offender supervisors and managers in other establishments may experience similar issues. As no single prison in the UK offers a full range of interventions (MoJ, 2011) it is therefore likely that staff in other establishments will experience similar issues regarding a lack of course availability, waiting lists and subsequent difficulties in the coherent sequencing of interventions.

6.4.2 Conclusions

The findings of the current study are consistent with previous literature and research in terms of offender management guidelines and barriers to implementing guidelines. Participants recognised their role to include developing a positive relationship with prisoners including motivating them and offering support, however, in some cases, they felt they lacked time to carry out this part of their role to the best of their ability. In addition, all participants recognised the potential benefits of coherent sequencing of interventions, however all participants highlighted resource issues (e.g., lack of course availability) as being the greatest obstacle to coherent sequencing. The resource issues were felt to have a negative impact upon prisoners in terms of decreasing levels of motivation (a factor found to be instrumental in the successful outcome of programmes), and in the case of prisoners serving short sentences has led to prisoners being released without adequate rehabilitation. Having the ability to enrol a prisoner on a specific programme when it was felt by staff and the prisoner that they were *ready* to participate was cited as the ideal situation, however, beliefs that this was not achievable were evident.

The current study provided information and views regarding coherent sequencing from staff who are involved with the decision making process and the implementation of coherent sequencing. The findings offer support for the multifactor offender readiness model (MORM) (Ward et al., 2004); staff highlighted the need to consider the issue of offender readiness when sequencing interventions. The findings emphasise the need to strive to implement practices thought to be beneficial to prisoners in terms of increasing the efficacy of a set of interventions.. However, the study also highlights current difficulties in achieving coherent sequencing due to the issue of a lack of resources within correctional services. The suggestion is made that if additional funding was provided to correctional services, it may be possible to increase the availability of

interventions for offenders and make coherent sequencing a more achievable target.

Lastly, the findings highlight the need for further research into optimum sequencing of

interventions with offenders in order to inform practice in correctional services.

Chapter 7: Thesis conclusion

The aim of the thesis was to investigate the effectiveness of interventions with offenders whilst controlling for factors highlighted in previous research as impacting upon an offender's engagement with treatment such as level of risk and motivation to change (Howard et al., 2009; McMurran, 2009). Furthermore, the impact of programme implementation factors (e.g., the sequencing of interventions) and internal factors (e.g., motivation to change) upon programme effectiveness were explored through qualitative studies with offenders and staff alike.

7.1 Risk factors for offending

The findings from chapter 2 demonstrated the validity of the several risk of re-offending measures commonly used in the UK (i.e., OGRS3, OGR and OVR scores), thus contributing to the body of research validating these measures (Howard et al., 2009; Howard & Dixon, 2012). Additionally, significant associations between the majority of dynamic risk areas and reconviction offered support for the criminogenic nature of these areas (Andrews & Bonta, 2010). Exceptions were found in the areas of emotional regulation and relationships, providing support for previous studies in which there was a lack of an association between these areas and reconviction (MoJ, 2013; Niven & Stewart, 2003). As found in previous research, static risk factors of age and previous convictions (as included in the OGRS3 score), were greater predictors of recidivism than dynamic risk factors (Gudjonsson & Young, 2011). Identification of effective risk measures and dynamic risk areas are important components of ensuring that the appropriate areas are targeted within treatment.

7.2 Targeting and availability of interventions

The results in chapter 2 were promising in terms of the targeting of interventions in accordance with the risk principle (Andrews & Bonta, 2010). Although differences were

not significant, percentage of completion of programmes was higher among medium and high risk offenders than their low risk counterparts. The most notable exception was in the percentage of completion of the SOTP among medium and high risk offenders which was lower than the other risk groups. The study highlights the need for further research into how programme completion can be increased for higher risk sex offenders.

The availability of interventions for offenders was commented on by both offenders (see chapter 4) and staff (see chapters 5 and 6). The majority of offenders expressed frustration at the lack of availability of programmes which they felt may be beneficial and/or were necessary for them to complete in order to be granted a parole hearing. The majority of staff expressed concern at the lack of availability of programmes and subsequent long waiting lists for programmes. Both prisoners and staff felt there should be more programmes running in order to meet offender needs, although, as found in previous research (Clarke et al., 2004), there was recognition that a lack of resources is the main barrier to increased programme availability. However, as I will outline below, it is worth investing resources in improving treatment effectiveness to reduce future offending.

7.3 Effectiveness of treatment programmes

In chapter 2, the issue of treatment effectiveness was investigated for programmes which addressed a wide range of risk factors for sexual offenders. Research has demonstrated the criminal versatility of sexual offenders (Andrews & Bonta, 2010) and that there is an overlap between areas of criminogenic needs for sexual and general offenders (Andrews & Bonta, 2010; Hanson & Morton-Bourgon, 2005). As such, all criminogenic needs and all treatment programmes included in the OASys data were investigated.

As discussed in chapter 1, methodological flaws in rehabilitation research have led to mixed results regarding the effectiveness of treatment programmes. The issue of an

offender's level of motivation to change has been cited as having an impact upon an offender's engagement with a programme (McMurran, 2009; McMurran & Ward, 2010; Prochaska et al., 1992). With the data available in this chapter, it was possible to include a measure of an offender's perceived level of motivation to change thereby addressing previous concerns of the omission of this factor in rehabilitation studies. In addition, it was possible to control static risk factors which have been found to impact upon recidivism levels (Howard et al., 2009). In addition, as highlighted in the introduction, there is a paucity of research into the effectiveness of practical interventions (e.g., employment, education and accommodation). With the data available, it was possible to look at these interventions. The findings did not offer support for the effectiveness of these interventions. However, given previous findings of the effectiveness of programmes for general offending (Friendship et al., 2003; Gobbett & Sellen, 2013; Henning & Fruch, 1996; Hollin et al., 2008; Sadlier, 2010), violent offending (Hatcher et al., 2008) and sexual offending (Beech et al., 2001), it is conceivable that methodological limitations had an impact on the results. For example, the necessity to distinguish between non-completers and non-starters has been identified in previous studies (Hollin et al., 2008; McMurran & Theodosi, 2007); however, it was not possible to distinguish between those offenders who failed to complete an intervention and those who did not start in this study. In addition, it is unknown as to whether all offenders who were identified as having a need in an area were referred to a particular programme which may have led to inaccuracies in findings of programme effectiveness.

As mentioned in chapter 1, there is a need for qualitative research in order to gain a fuller understanding of reasons underlying the effectiveness of treatment programmes. Chapter 4 reported the findings of structured interviews with offenders which aimed to explore their views on programme implementation and effectiveness. In the majority of

cases, offenders felt that treatment programmes could be effective in terms of providing them with the strategies and skills needed in order to desist from crime. Furthermore, in chapter 5, staff commented that they had observed a positive impact of participation in treatment programmes upon offenders. However, both offenders and staff further commented that there are additional factors which impact upon the potential effectiveness of treatment programmes which will be outlined below.

7.4 Readiness factors

The need to address *readiness* factors when considering an offender's level of engagement with a programme (and subsequent likelihood of behavioural change) has been well established (Ward et al., 2004). Chapter 3 provided a narrative review of literature on the topic of the process of behavioural change. It is argued that this knowledge can be used to inform current practice as to how interventions can be coherently sequenced based on an individual's specific needs. The responsivity principle (Andrews & Bonta, 2010) suggests that treatment programmes should be delivered in such a way as to meet the individual needs of an offender. It is therefore argued that the issue of sequencing of interventions be included as part of this principle. A lack of any research regarding the issue of sequencing of interventions has been identified by the MoJ. As such chapters 4, 5 and 6 explored the experiences and views of staff and prisoners on the topic of coherent sequencing of interventions.

7.4.1 Sequencing of interventions

The views of offenders regarding the sequence in which interventions should be sequenced varied; over half felt that *optimum sequencing* did exist, either commenting that they would change the sequence in which they participated in interventions or that they had benefitted from participating in interventions in a particular sequence. Examples were given by offenders of particular sequences of interventions they found beneficial such as

seeing a psychologist prior to a programme, or participating in a programme involving group work (i.e., gaining experience of participating in a programme in a group context rather than on a 1:1 basis) prior to an offence specific group programme; a factor previously highlighted as being beneficial (Yalom, 2005). The issue of a lack of availability of programmes (resulting in long waiting lists) was cited by the majority as being the main factor impacting upon the sequence in which interventions were delivered (Criminal Justice Joint Inspection, 2012). No offenders reported having been given any indication as to the sequence in which interventions would take place beyond being provided with a list of what they needed to do and being placed on waiting lists.

As noted in previous research (Clarke et al., 2004; Criminal Justice Joint Inspection, 2012; Turley et al., 2011), the issue of a lack of resources leading to difficulties when attempting to coherently sequence interventions, was also highlighted by offender supervisors, offender managers and treatment facilitators, as reported in chapters 5 and 6. An additional resource issue identified by staff in chapter 6 was a high workload leading to the inability to spend the desired amount of time one to one with offenders under their supervision/management. Offenders also noted this issue and expressed sympathy towards staff regarding their workload, although they also expressed frustration at a lack of time spent with their offender supervisor.

In terms of sequencing, but also accordance with *readiness* factors (Ward et al., 2004) and the concept of *barriers* to change (Burrowes & Needs, 2009), staff in chapters 5 and 6 highlighted the need to stabilise an offender prior to acceptance onto an offender behaviour programme. For example, mental health issues and substance misuse would need to be prioritised (NOMS, 2006; NOMS, 2012; MoJ, 2010; Turley et al., 2011). In addition, as supported by previous research (Birgden, 2004; Marshall & Moulden, 2006; McMurran & Ward, 2010; Ward et al., 2004), the need to address the issue of motivation

to change prior to further interventions was noted by staff. Lastly, the benefits of gaining experience of participation in group work in a general offender behaviour programme prior to an offence specific programme was highlighted by staff.

In summary, staff identified various factors which should be addressed prior to offender behaviour programmes such as literacy difficulties, stabilising an offender (i.e., addressing issues such as substance misuse and mental health issues), experience of participation in group work, and a lack of motivation to change. As previously noted (Stephenson et al., 2013), being responsive to the needs of the individual offender when sequencing interventions was identified as being of great importance by the majority of staff.

The implications for practice of the research reported in chapters 4, 5 and 6 is apparent; facilitate prisoner access to programmes when he or she is considered *ready*. However, a lack of resources in correctional services is noted as being an obstacle to the implementation of such suggestions. The recognition by prisoners and staff alike of the negative impact of incoherent sequencing of interventions is suggestive of the need to increase the availability of programmes and focus on meeting the individual needs of an offender. The extent of the impact of incoherent sequencing is unknown, however, preliminary support is offered from the well established model of *readiness* to change (Ward et al., 2004), research specifically into motivation to change (McMurran, 2002; 2009), and though the qualitative research reported in this thesis. Further research using quantitative methods could be used to ascertain the extent to which incoherent sequencing was predictive of recidivism. However, difficulties may exist in attempting to carry out such research due to difficulties in obtaining a dataset containing sufficient detail regarding the sequencing of interventions and due to the need to control for a number of internal and external variables as mentioned below.

7.4.2 Motivation to change

In line with research into the impact of motivation to change upon programme effectiveness (McMurran, 2009; McMurran & Ward, 2010), offenders (see chapter 4) commented that programmes may be effective in terms of reducing the risk of re-offending but only if the individual wants to make a change and is willing to make an effort. The vast majority cited motivation to change as being intrinsic to behavioural change in themselves and others. Where there was an existing desire to change, the majority felt that programmes could be useful in helping them develop the skills necessary to desist from offending on release. Staff also commented that motivation to change has an impact upon the likelihood an offender will engage with a programme (see chapters 5 and 6). However, the lack of association between motivation and recidivism found in chapter 2 points to the need to investigate further internal (e.g., negative expectations of programmes, difficulty in controlling emotions, lack of belief in their ability to change) and external (e.g., support system, time gaps between interventions, coercion to participate) *readiness to change* factors (Ward et al., 2004). Both offenders and staff note that issues such as being placed on long waiting lists can have a negative impact upon motivation to change.

7.4.3 Group work and therapeutic alliance

In accordance with previous research (Yalom, 2005), offenders (see chapter 4) commented that a negative group environment (e.g., the inclusion of disruptive group members) impacted upon their ability to benefit from the programme. In addition, in support of previous research (Kozar, 2012; Marshall et al., 2003), offenders identified the relationship between themselves and the treatment facilitator as being important to their engagement with a programme; where they lacked respect for the facilitator, they experienced difficulties in engaging with the programme. In addition, in some cases, offenders commented that they had difficulties in expressing their feelings and experiences

in a group treatment programme; it was felt that the ability to participate in group work was something that was acquired through experience.

7.5 Research limitations and recommendations for future research

In addition to methodological flaws of research conducted in chapter 2, such as the small sample size of high risk sex offenders and lack of distinctions between types of sex offender (see chapter 2 for further detail), the use of actuarial risk assessments tools (such as OASys used in chapter 2) for assessing offender needs has recently been criticised. The data analysed in chapter 2 was taken solely from the OASys assessment which provides details of dynamic risk factors (criminogenic needs) as recorded by a member of staff. Despite previous assertions of the accuracy of actuarial measures over clinical judgement (Hanson & Morton-Bourgon, 2009), attention has recently been drawn to the over-reliance on structured actuarial risk assessments and the need to re-address current perceptions of dynamic risk factors has been highlighted (Ward & Beech, 2014, in press). Ward and Beech state "From our perspective the marked discrepancy between the quality and quantity of research on risk assessment compared to that on the aetiology and nature of risk is puzzling and unfortunate" (2014, in press, p. 4). The authors argue that criminogenic needs have a functional relationship with offending but are not causal, i.e., dynamic risk factors as they appear in risk assessment have been over-simplified and lack explanatory power. The findings reported in chapter 2 of an association between criminogenic needs and reconviction, but a lack of predictive ability, offers support for this view. Based on this view, Ward and Beech (2014, in press) suggest the need to utilise the expertise of psychologists in assessing offenders and making treatment recommendations rather than focusing on what can be viewed as surface problems as identified in actuarial risk assessments. They conclude that changing views of dynamic risk factors "has potentially far-reaching research and practice implications" (p. 27). The conception that

the current view of *criminogenic needs* is, in fact, flawed, suggests a need for research into the dynamic factors which are predictive of offending. This would require a move beyond conducting research using current actuarial measures as a data source.

As suggested in previous research (Clarke et al., 2004), a need exists for further qualitative research in order to gain a fuller understanding of *what works* in reducing re-offending. As highlighted throughout this thesis, the need to consider responsivity factors (Andrews & Bonta, 2010) when treating offenders is important in improving offender rehabilitation; as such, conducting further individual level research may benefit treatment practice.

7.6 Implications for practice

Given the recognition by staff and offenders alike of the need to consider the issue of sequencing of interventions, it is recommended that more attention be paid to the issue of coherent sequencing of interventions in current practice in correctional services. It is suggested that the range of readiness issues identified in previous literature and by staff and offenders in the studies presented above (e.g., motivation to change, group work experience, and substance misuse issues) be taken into account when making decisions regarding the types of interventions for an offender and the suggested sequence in which they can be delivered. As noted by both staff and offenders, coherent sequencing is not always a viable option given a lack of availability of interventions for offenders. Where provision of interventions for offenders could be increased, it may be viable for staff to allocate offenders to interventions when they, and the offender, feel they are *ready* to participate, thus potentially increasing the likelihood that an offender will engage with and benefit from rehabilitative interventions.

7.7 Conclusion

This thesis offers new insights into the views of prisoners and staff on a range of *readiness to change* factors, and in so doing highlights the need to go beyond a focus on motivation to consider additional internal and external factors which may impact on behavioural change and which therefore have important implications for practice. This thesis highlights the need to go beyond merely considering the impact of an individual treatment programme on an offender, to instead focus on the offender's entire rehabilitative journey.

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Appendix A

Intervention re-coding details

Intervention	OASys code	Re-coded category
Accommodation:		**1**
Accommodation advocacy	340	
Employment:		**2**
Employment advocacy	350	
Vocational skills	640	
Problem solving at work	2430	
Guided skills learning	2410	
Lifeskills	590	
Education:		**3**
Basic skills	570	
Finance:		**4**
Finance advocacy	360	
Budgetary/financial management	580	
Debt counselling	420	
Lifeskills	590	
Relationships:		**5**
Family issues advocacy	390	
Relationship counselling	460	
Family counselling	470	
Community integration advocacy	400	**6**
Drug misuse:		**7**
ASRO	110	
CARATS	1960	
RAPt	210	
OSAP	1720	
P-ASRO	1780	
Action on drugs	1830	
Drugs advocacy	1870	
Drug counselling	1900	
Substance misuse	280	
Substance abuse advocacy	370	
Addiction counselling	430	
Drug treatment	550	
Short duration programme	2030	

Alcohol misuse: **8**
    OSAP 1720
    Alcohol advocacy 1860
    Alcohol treatment 1950
    Alcohol counselling 1890

Emotional well-being: **9**
    Psychiatric 500
    Mental health 520
    Psychological interventions 510

Cognitive behavioural (Thinking and **10**
behaviour/attitudes):
    Enhanced thinking skills 160
    Thinking skills programme 600
    CSCP 130
    Think First 300
    Thinking skills-cognitive behavioural 600
    Cognitive skills booster 1700

Counselling 1:1: **11**
    Case management 1 to 1 counselling 1920
    One to one programme 180, 190
    Prosocial modelling 2420
    Motivational work counselling 1930
    Victim awareness counselling 440
    Offender centred counselling 450

Health: **12**
    Health advocacy 380

Violence (risk of harm to others - OVP): **13**
    ART 100
    CALM 120
    Thinking skills – violence 620
    PRISM 200
    Chromis 2020

Domestic violence: **14**
    IDAP 1730
    CDVP 1740

Sex offending: **15**
    SOTP 250
    TV-SOGP 290

C-SOGP	310
SOTP rolling	270
Thinking skills – sexual	610
Becoming new me (adapted SOTP)	1770
N-SOGP	1690
Healthy sexual functioning	1990
Sex offender relapse prevention	240
Sex offender booster	230

Appendix B

Prisoner Likert scale statements:

1. I am glad I am taking part in interventions

2. There are things about my behaviour I would like to change

3. I had been told the order in which I am going to take part in interventions

4. I think that the order in which I take part/have taken part in them is important

5. I know why I am taking part in interventions in this particular order

6. I think that a lot of thought went into the order in which I will be taking part in interventions

7. I'm glad that I did _____ before _____

8. I would change the order in which I had the interventions if I could

9. Participating in interventions is a waste of time

10. I think that the interventions will be/are helpful

Appendix C

Survey Monkey Questions asked of Treatment Facilitators:

1. How many treatment programmes have you facilitated?

2. Which treatment programmes have you facilitated?

3. Name of treatment programme currently facilitated by you

4. Length of programme

5. What other programmes have group members commonly attended prior to your treatment programme?

6. Do you believe that there are certain programmes that it are beneficial for a prisoner to have attended prior to attending your programme? Why?

7. Which treatment programmes would you suggest a prisoner should attend after your programme rather than before it? Why?

8. Do you believe that the sequence in which treatment programmes are delivered has an impact on how effective the programmes are as a collective?

9. Do you think it is important to consider the time gaps between separate treatment programmes?

10. Why do you think it is important to consider the length of time between treatment programmes?

11. What are your views on the optimum time gaps between treatment programmes?

12. Any other comments

Appendix D

Offender Supervisor/Manager semi-structured interview questions:

1.   How much control do you have over what interventions a prisoner is requested to participate in?

2.   How are decisions currently made as to the sequence in which interventions will be delivered to prisoners?

3.   Do any problems arise when you are making these decisions regarding sequencing?

4.   (If yes) Can you outline these problems?

5.   (If yes) Do these problems impact upon the recommendations you are able to make regarding sequencing?

6.   (If yes) What impact do these problems have on the ability to put your sequencing recommendations into practice?

7.   Do you feel that the sequence in which interventions are delivered could impact upon how effective the interventions as a collective will be?

8.   How much control do you have over the sequence in which interventions are delivered to prisoners?

9.   Do you believe there to be an optimum sequence in which interventions are delivered to prisoners?

10.   (If yes) What do you believe this optimum sequence to be?

11.   What factors do you think it is important to consider when making decisions as to optimum sequencing?

12.   Do you believe that it is necessary to tailor the sequence of interventions to the individual needs of a prisoner?

13.   (If yes) Why do you believe it to be necessary?

14. (If yes) What individual needs do you believe should be considered?

15. Do you feel that currently the sequence in which interventions are delivered to prisoners is tailored to the individual needs of the prisoners'?

16. (If yes) To what extent do you believe interventions are tailored to the individual needs of prisoners?

17. (If no) Why do you believe this to be the case?

18. Do you have any further comments to make regarding the sequencing of interventions?

Appendix E

Brief description of accredited programmes in England and Wales

Accredited Programme	Description
Addressing Substance Related Offending (ASRO)	A group drug intervention programme consisting of 20 two hour sessions delivered over six week. It aims to motivate offenders to change their substance use behaviour. Facilitators assist offenders in developing self-control and provide offenders with strategies to avoid substance misuse relapse and encourage a general life-style change in order to decrease the likelihood of a re-offence occurring.
Rehabilitation of Addicted Prisoners Trust (RAPt)	The trust provides programmes for offenders with drug and/or alcohol misuse issues. The aim is to improve their self-control and increase their motivation to change.
Offender Substance Abuse Pre-release Programme (OSAP)	The programme is aimed at medium and high risk offenders with drug and/or alcohol issues. It consists of 26 three hour group sessions and three one to one counselling sessions. It aims to change offender's attitudes and behaviour to reduce the change of relapse and re-offending.
Programme Reducing Individual Substance Misuse (PRISM)	A cognitive behavioural programme for higher risk offenders involving 20 two hour one to one sessions. The aim is to alter attitudes towards drugs, improve social skills and encourage a healthier lifestyle.
Short Duration Programme (SDP)	A cognitive behavioural programme delivered over the course of four weeks. It involves improving offender awareness of substance misuse issues and the cycle of change. Offenders are given the skills necessary to prevent relapse such as coping with craving and problem solving skills.
Sex Offender Treatment Programme (SOTP)	The SOTP comprises of a family of cognitive behavioural programmes for sexual offenders in the UK. The Core SOTP aims to increase an offender's motivation to change

	offending behaviour, identify and modify attitudes and beliefs held, and to provide strategies to reduce the risk of re-offending for medium to high risk sex offenders. The programme involves 86 group sessions delivered over a period of approximately six months. The extended SOTP, aimed at high to very high risk sex offenders whose needs go beyond those addressed in core SOTP. The rolling SOPT, aimed at lower risk sex offenders, allows offenders to come off or on the course on a rolling basis at different times. The aim is to help offenders explore attachment styles and relationships (Ireland & Worthington, 2009).
Control of Anger and Learning to Manage it (CALM)	An accredited group programme consisting of 24 hours at 2 hours per session, approximately twice a week. The programme aims to help offenders in managing emotions by providing them with skills necessary to avoid conflict and control their tempers. Treatment facilitators will help offenders to indentify and understand individual triggers which lead to aggressive behaviour.
Control of Violence and Anger in Impulsive Drinkers (COVAID)	A cognitive behavioural programme aimed at offenders where alcohol has been a factor in their aggressive or violent behaviour. It consists of ten, two hour sessions delivered over anything between three to ten weeks, the aim of which is to help offenders identify the role alcohol plays in their offending and addresses issues such as impulsivity and anger in order to reduce the likelihood of re-offending.
Thinking Skills Programme (TSP)	A cognitive skills programme which helps the offenders to develop problem solving skills, manage their emotions, develop positive relationships, set positive goals and help offenders make plans to achieve their goals through non-criminal means. The programme involves four one to one sessions and 15 group sessions, with each session lasting two and a half hours.

Think First	A cognitive behavioural programme involving 22 two hour sessions over a period of 11 weeks. It is aimed at medium-high risk offenders. Offender's pro-criminal thinking styles/patterns are addressed and issues such as a lack of self-control and problem solving skills are addressed. Offenders are encouraged to analyse their offence and offenders are trained in self-management and social skills.
Enhanced Thinking Skills (ETS)	Now replaced by the Thinking Skills Programme (TSP), ETS programme consisted of 20 two hours sessions. It focused on interpersonal problem solving, moral reasoning, social skills and pro-social attitudes.
Cognitive Self Change Programme (CSCP)	The programme is aimed at higher risk violent offenders on an open/rolling group basis to allow offenders to work at their own pace. It aims to help offenders identify patterns of thought that lead to offending and then help them identify alternative thinking patterns to reduce the likelihood of re-offending.
Aggression Replacement Training (ART)	The programme uses a multi-modal approach to address offender needs. It consists of 18 two hour sessions and aims to equip offenders with the necessary social skills, impulse and anger control, and enhance their moral reasoning skills.

Appendix F

Facilitator questionnaire coding table/template:

Theme	Sub-theme	Codes
Sequencing	Importance	Coherent sequence unimportant; Coherent sequence importance; Generic in-depth; Across custody and release; Resettlement; Coherent general suggestions
	Specific sequences	Specific sequence suggestions regarding: TSP, SOTP, COVAID, PASRO,CALM, SDP, Alcohol awareness
	Sequencing rationale	Sequencing explanations; Address substance first; Rationale effectiveness; Change progression; Group work experience
	Impact	Benefit of coherent sequence; Increase motivation; Maintain motivation; Engagement
	Individualising	Tailoring; Individual differences; Specific issues; Individual priorities; Generalisations
Timing	Timing rationale	Overloading; Time gaps; Gap benefits; Gap negative; Skills practice; Demanding
	Specific duration	Precise gaps; duration and motivation; Depends on individual
	Individualising	Responsivity; Readiness to change; Motivation; Sentence length

Appendix G

Offender supervisor interview coding table:

Theme	Sub-theme	Codes
Sequencing	Decision making/current practice	Examples; Decisions; Misunderstandings; Prioritising; Waiting lists/availability impact; Sentence plans; Targets/goals; Sympathy for prisoners; Assessment; Policy and procedure;'Jump through hoops'
	Readiness to change	Readiness factors; Risk level; Education; Motivation; Impact fellow prisoners; Denial; Progression
	Coherent sequencing suggestions	Suggestions; Prioritising suggestions; Vocational work; Educational work; Prepare for release; Time to practice skills; Realistic goals; Incentives; Group work; Logical progression
	Ideal world	Suggestions of ideal sequencing; Availability; Range; Time; Help reduce re-offending; Supermarket shelf ideal
	Individual differences	Prisoner perspective; Individual differences; 'For example'; Risk level; Vulnerability; Offender differences; Lost causes; Prisoner attitude
Restraints	Resources	Practicalities; Limitations; 'it's not good enough'; Scratching the surface; Waiting lists; Technology issues; Hitting a brick wall; Government; Money; 'at the end of the day'
	Prison transfers	Communication between prisons; Assessment differences; Transfers; Liaison difficulties; Differences between establishments; Transfer process
	Time restraints	Internal communication issues; Workload; Paper work; lack 1:1 time
	Sentence length	Release dates impact participation; Waiting lists; Short sentence issue; Length of programmes; Time gaps
	Course criteria	Programme suitability; Treatment criteria; Restrictions
Job role	Motivation	Increasing motivation to participate; Increasing motivation to change; Relationship with prisoners; Compliance
	Cognitive change	Aims of prison – rehabilitation; Role with prisoners; 'Doing what's best'; Cognitive deficits to address; Skilled staff; Changing attitudes

Appendix H

Prisoner structured interview coding table/template:

Theme	Sub-theme	Codes
Sequencing	Does it make a difference?	Changes not necessary; Sequence makes no difference; Speed of completion; Issues to be addressed; Get it over with
	Making changes	Thinking first; Skills; Impulsivity; Sequence of issues; 'Stepping stone'; Change progression
	Benefits of coherent sequencing	Change progression; Psychologist help; Effort; Group work experience; Victim awareness; Knowledge of programme process
	Planning and procedure	Tariff; Parole issue; Waiting lists; Spaces on programmes; Lack knowledge procedure
	Communication	Don't know why; They don't care; More time with staff needed; More information needed; Doesn't exist; Want to know
	Individual differences	Depends on the person; individualised; individual needs; tailoring needed; Motivation; Drugs; Emotions
Process of change	Desire to change	Want to help yourself; Willingness; Readiness issue; Want to change behaviour; Desire to change necessary
	Motivation and effort	Seriousness; Beyond desire; Taking action; No motivation equal no change; Get out what put in; Changes in levels; Making effort
	To whom can we attribute change	Attributing change; Prison helps; Joint responsibility
Programmes	Programme efficacy	Changing attitudes; Skills; Benefits; What helped; Aspects of programmes; Types of programmes; Programmes help
	Coercion	Lack choice; Ultimatums; Parole requirements; Tick box
	Criticisms	Group member issues; Content lack usefulness; Treatment facilitator issues; Repetition; No choice
	The real world	Practical skills; Real world; Release; Programme applicability

Appendix I

Offender Assessment System (OASys) items:

Section 3: Accommodation

- No fixed abode
- Suitability accommodation
- Permanence accommodation
- Location

Section 4: Education, training and employability

- Employment status
- Planned employment
- Employment history
- Work skills
- Attitude to employment
- School attendance
- Reading
- Writing
- Numeracy
- Learning difficulties
- Qualification
- Attitude to education

Section 5: Financial management and income

- Main income source
- Financial situation
- Financial management
- Illegal income
- Over-reliance on others for income
- Budgeting impediment

Section 6: Relationships

- Current relationships with family/friends
- Close family member has criminal record
- Experience of childhood (i.e. abuse)
- Current relationship with partner
- Current partner has criminal record
- Previous experience of close relationships
- Evidence of domestic violence/partner abuse

Section 7: Lifestyle and associates

- Community integration
- Regular activities encourage offending
- Easily influenced by criminal associates
- Manipulative/predatory lifestyle
- Recklessness and risk-taking behaviour

Section 8: Drug misuse

- Current drug noted
- Level of use of main drug
- Ever injected drugs
- Violent behaviour related to drug use
- Motivation to tackle drug misuse
- Drug use and obtaining drugs a major activity/occupation

Section 9: Alcohol misuse

- Current use a problem
- Frequency of consumption
- Binge drinking or excessive use of alcohol in the last 6 months
- Frequency and level of alcohol misuse in the past
- Violent behaviour linked to alcohol use
- Motivation to tackle alcohol misuse

Section 10: Emotional well-being

- Difficulty coping
- Current psychological problems/depression
- Social isolation
- Offender's attitudes to themselves
- Self-harm, attempted suicide, suicidal thoughts or feelings
- Current psychiatric problems
- Childhood problems
- Head injuries
- Psychiatric treatment

Section 11: Thinking and behaviour

- Level of interpersonal skills
- Impulsivity
- Aggressive/controlling behaviour
- Temper control
- Ability to recognise problems
- Problem solving skills
- Awareness of consequences
- Achieve goals
- Understands other people's views
- Concrete/abstract thinking

Section 12: Attitudes

- Pro-criminal attitudes
- Discriminatory attitudes/behaviour
- Attitude towards staff
- Attitude towards supervision/licence
- Attitude to community/society
- Does the offender understand their motivation for offending