The sequencing and delivery of interventions:

Stephenson, Zoe; Woodhams, Jessica; Harkins, Leigh

[Link to publication on Research at Birmingham portal](#)

THE SEQUENCING AND DELIVERY OF INTERVENTIONS: VIEWS OF

IMPRISONED FOR PUBLIC PROTECTION (IPP) PRISONERS IN THE UK

Dr Zoe Stephenson

Dr Jessica Woodhams

University of Birmingham

Dr Leigh Harkins

University of Ontario

Abstract

The need to be responsive to the individual needs of offenders in issues relating to programme delivery is noted by the Ministry of Justice as being of importance in the effective rehabilitation of offenders. The aim of the current research is to explore the views of offenders in the UK regarding issues relating to rehabilitative processes in prison such as the sequencing and timing of interventions. In addition, the research aimed to explore the range of internal and external factors which may impact upon programme efficacy. Structured interviews were conducted with twenty Imprisoned for Public Protection (IPP) offenders in prisons across the West Midlands (UK). Detailed notes were taken and analysed using Template Analysis.

Offenders expressed their opinions with reference to their personal experiences of the sequencing of interventions in which they have participated in relation to the process of behavioural change. Offenders highlighted difficulties they have experienced which they feel may have impacted upon the effectiveness of programmes, and suggestions were made regarding ways in which they feel programmes and programme delivery could be improved. Responses were largely indicative that offenders felt it would benefit them for interventions to be timed and sequenced in a manner consistent with their individual needs and readiness factors (e.g., level of motivation to change). Findings are discussed with reference to the need to be responsive to the needs of individual offenders in order to maximise the potential for programme efficacy.

Keywords: sequence, programme, prison, responsivity, rehabilitation

First author: Dr Zoe Stephenson; University of Birmingham, Department of Psychology, Edgbaston Campus, Birmingham, B15 2TT; Tel: 0121 414 4949; e-mail: z.m.e.stephenson@bham.ac.uk

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, Simmonds, & Wydall, 2004).

One model outlining potential contributing factors is the multifactor offender readiness model (MORM) (Ward, Day, Howells, & Birgden, 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 appliance 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 (Craissati, 2017; Miller & Rollnick, 2002). 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). In examining ways to improve treatment, external factors such as therapist characteristics should be an important consideration.

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 an offender will engage with a treatment programme. Yalom (2005) 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 et al. (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 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). Other prisoners have cited boredom and a need to fill their day as a reason for participating in programmes (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 the evidence base regarding internal and external factors relating to individual treatment programmes, the Ministry of Justice in the UK (MoJ; 2011) highlighted the potential impact of the sequencing of interventions on treatment effectiveness. In the National Standards for the Management of Offenders document set out by the MoJ in 2007, it was stated that "Interventions and activities should be sequenced as necessary in order to secure maximum compliance and co-operation, and to maximise the effectiveness of each" (p. 22). Furthermore, as stated in the MoJ Practice Framework (2015, p. 22) "The sequence of the objectives should form manageable steps for the offender and those working with them". 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). There is currently a lack of evidence on which to base such assertions, however, Stephenson, Harkins and Woodhams (2013) suggest that literature regarding behavioural change (e.g., The Transtheoretical Model

SEQUENCING AND DELIVERY OF INTERVENTIONS

(TTM) of behaviour change (Prochaska & DiClemente, 1983), the concept of *readiness* to

change (Ward et al., 2004), and the Good Lives Model (GLM; Maruna, 2001) can provide

practitioners with guidance as to the coherent sequencing of interventions for an individual

based on their specific needs.

In short, the TTM (Prochaska & DiClemente, 1983) proposes three constructs that

underlie behavioural change: Stages of change; Processes of change; and Decisional balance.

Of particular relevance to the sequencing of interventions is the Stages of change (SOC)

construct. It is suggested that an individual will pass through five stages in order to achieve

behavioural change: precontemplation (an individual lacks awareness/recognition of an

aspect of behaviour they need to change); contemplation (the individual begins to consider

the need for change); preparation (the individual makes plans to change their behaviour in the

near future); action (the individual puts effort into changing their behaviour and observable

changes are seen); and maintenance (the individual has not displayed the unwanted behaviour

for more than six months). Prochaska, Norcross and DiClemente (1994) note that a key

feature of their model is that it provides practitioners with "a relatively unique means for

treatment matching" (p. 204). Matching an offender's SOC to their stage of treatment has

been found to be beneficial for child sex offenders (Kear-Colwell & Pollock, 1997) and male

prisoners (Polaschek, Anstiss, & Wilson, 2010). Stephenson et al. (2013) suggest that "In

accordance with the TTM…multiple interventions are sequenced in such a way as to first

motivate and individual to change, help them identify pros of changing their offending

behaviour, and then taking action to address their offending behaviour" (p. 436).

The MORM (like the TTM) also recognises the sequential nature of change.

McMurran and Ward (2010) believe that, through assessing internal and external factors (as

outlined above) it is possible to determine whether or not an offender is *ready* for a particular

programme; thereby informing decision making regarding the coherent sequencing of interventions based on the individual's specific needs.

Finally, it is suggested that the GLM principles can help inform decision making in sequencing interventions (Stephenson et al., 2013). In accordance with the GLM, an offender would take part in an intervention that helps them identify their primary goods (e.g., employment, relationships), prior to participating in interventions which would help to provide them with the secondary goods (e.g., motivation, literacy skills, control of aggression) necessary to meet their prosocial life goals.

The need to consider the process of behavioural change in offenders when devising the treatment pathway has been highlighted in working with offenders with personality disorders (Bennett, 2015) and with offenders in the community (Taxman & Caudy, 2015). In addition, recent research has demonstrated the benefits of offenders undergoing one to one therapy prior to group work in order to help them address internal barriers to change such as a lack of motivation or problematic/disruptive behaviours (O'Brien, Sullivan, & Daffern, 2016). Furthermore, 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).

Research has been conducted to assess the extent to which the sequencing of interventions is considered in prisons in the UK. Criminal Justice joint inspections (CJJI) looking at the implementation of offender management techniques in Her Majesty's Prison (HMP) establishments in the UK, found that only in approximately 47% of cases were interventions considered to be logically sequenced (CJJI, 2012; 2013) (with certain exceptions such as HMP Drake Hall). 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).

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).

Despite assertions of the need for coherent sequencing of interventions and for offenders to be involved in this process, no research has been conducted exploring the views of prisoners regarding these issues. To address this shortcoming, the current study explored the views of IPP prisoners towards interventions (e.g., internal and external factors which impact upon intervention effectiveness), the sequencing of their interventions, and the management of their treatment plan. More specifically, the research questions explored were:

1. What attitudes are held by prisoners regarding factors which impact upon the effectiveness of interventions?

2. What views are held regarding the sequencing of interventions?

3. Do prisoners feel there to be any issues which should be considered when sequencing interventions?

4. What are prisoner's experiences of sentence management?

Method

Participants

A 13% positive response rate yielded 20 Imprisoned for Public Protection (IPP) prisoners in the West Midlands who were willing to participate in the project in 2014. IPP sentences were a form of indeterminant sentence used in the UK from 2005 - 2012. Although offenders can no longer be given an IPP sentence, many IPP offenders who were sentenced prior to May 2012, remain in prison. In short, for an IPP sentence, an offender was given a minimum tariff rather than a specific sentence length by the judge. After completing their tariff, they could apply for release which the Parole Board can give if they feel the offender no longer poses a danger to society. The choice was made to use IPP prisoners as, due to the nature of their sentence, they are considered to be more likely that those with determinate sentences to have taken part in interventions. 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. In order to ensure participants would be able to comment on the sequencing of their interventions, part of the inclusion criteria was that all participants had participated in a minimum of two interventions whilst in prison.

Procedure

Ethical approval for the study was granted by the National Offender Management Service (NOMS) and the University of Birmingham Ethical Review Committee. Approximately 160 IPP prisoners were identified and provided with an information sheet about the study by prison staff. Prisoners who were willing to participate, informed a member of staff and the researcher was informed of this. The time and location of interviews were arranged by prison staff. The questionnaires (delivered in a structured interview format) were administered by the researcher on a one to one basis following the completion of a

consent form. Prison staff were not present during the interviews to ensure that participants

were able to speak freely. Participants could choose to complete the questionnaire

themselves or to have the questionnaire read for them by the researcher and to dictate

responses. All participants chose the latter option therefore the questionnaire was delivered in

a structured interview format. Participants had a 40 minute time slot with the researcher

available to them although the time spent with the participants varied between 15 and 35

minutes. Following the interview, participants were provided with a debriefing sheet

thanking them for their participation and providing further information about the project.

Measure

A questionnaire was developed consisting of ten statements relating to interventions

and the sequencing of interventions. Prior to the administration of the questionnaire,

participants 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. Each statement in the questionnaire 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.

Qualitative 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 appropriate for use on a wide range of

textual data and is flexible in terms of the epistemological position adopted by researchers

(Brooks & King, 2012); as such, it was deemed suitable to use this method to analyse detailed notes taken from a structured interview taking a 'subtle realist' approach. In addition, 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 sentence management. Coding of data took place following the first four interviews. Where appropriate, codes were placed into *a-priori* themes. Further emergent themes were identified based on initial coding of data. An initial template of themes and sub-themes was devised and applied when analysing subsequent interview responses. The template was further developed in accordance with additional codes emerging from analysis of the remaining 16 interviews (see Table 2 for final themes and subthemes).

Descriptive statistics for Likert scale responses were analysed using the Statistical Package for Social Sciences (SPSS version 19). Cross tabulation analyses were also conducted to look at the association between responses. Gathering descriptive data through Likert scale responses in addition to the qualitative element was felt to be appropriate given that "Template analysis does not insist on an explicit distinction between descriptive and interpretive themes" (Brooks & King, 2012, p. 4). It was felt the descriptive information gathered was able to compliment qualitative findings.

The number of participants who provided a response which fell into a particular theme/sub-theme was reported. Despite some controversy around the inclusion of numbers in qualitative research, Maxwell (2010, p. 478) posits that numbers "are a legitimate and important sort of data for qualitative researchers…numbers can't replace the actual description of evidence but can provide a supplementary type of support for the conclusions when it's impossible to present all of this evidence".

Results

Likert scale analyses

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 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 provided a neutral response (i.e., neither agree nor disagree) 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 thought went into the order in which I will be taking part in interventions	9	9	2	--	--

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 disagreed with the statement that they knew why they were taking part in interventions in a particular order, again, with five being neutral, and three stating that they were aware of why they were taking part in interventions in a particular order. Furthermore, 18 prisoners did not think that a lot of thought went into the order in which they took part in interventions, with the remaining two being neutral.

With reference to interventions they had personally participated in, seven were neutral regarding being glad about the order 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 were neutral regarding whether 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.

Template analysis

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).

Theme 1: Sequencing

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.

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. Making changes	2.1. Desire to changes	3.1. Programme efficacy
	1.2. Benefits of coherent sequencing	2.2. Motivation and effort	3.2. Coercion
	1.3. Planning and procedure	2.3. To whom can we attribute change?	3.3. Criticisms
			3.4. The real world
	1.4. Communication		
	1.5. Individual differences		

1.1. Making changes to intervention sequence

Of the ten prisoners who stated that the sequence in which interventions had been delivered was important, 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 [Enhanced Thinking Skills] 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).

As regards those who felt that the order was not of importance, typically participants stated that they 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).

1.2. 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 [Controlling Anger and Learning to Manage it] 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 [Sex Offender
> Treatment Programme]. 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)

1.3. 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)

1.4. 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).

1.5. 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).

Theme 2: The process of change

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).

Furthermore, 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)

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). 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).

 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.

 Theme 3: Programmes

 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).

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.

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. Furthermore, 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.

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.

Discussion

Participants provided detailed responses on a range of issues relating to the effectiveness of interventions, their sentence management, and their views on the sequencing of interventions. More specifically, comments related to the research questions as outlined above.

> *What attitudes are held by prisoners regarding factors which impact upon the*
> *effectiveness of interventions?*

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. Furthermore, 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 recent assertions made regarding the benefits of motivational interviewing (Prescott, 2017) and for the MORM (Ward et al., 2004) which purports that internal factors will impact upon how likely it is that an offender will change. In addition, responses given support claims made by Miller and Rollnick (2002) 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.

What views are held regarding the sequencing of interventions and what issues should be considered when sequencing interventions?

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 (a cognitive skills programme which addresses the way offenders think) prior to other programmes such as CALM (an emotional management programme which addresses anger and aggression) and SOTP (a specialised sexual offending programme) 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.

Of particular note were comments made by participants regarding the need to consider individual differences when sequencing interventions. It was felt that a number of issues (e.g., emotional state, substance misuse, and desire/motivation to change) should be taken into account when making sequencing decisions rather than taking a *one size fits all* approach. Such comments offer support for the suggestion that an individual's process of behavioural change needs to be considered when sequencing interventions; where possible it is beneficial to tailor the sequence of interventions to the stage they are in their process. It is

suggested that an individual would only begin an intervention if they are deemed *ready* to

engage (e.g., where a barrier such as drug misuse or lack of motivation has been addressed in

a previous intervention) (O'Brien et al., 2016; Stephenson et al., 2013).

What are prisoner's experiences of sentence management?

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, 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. Furthermore, 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. Furthermore, although it was made clear to each participant that the responses given would be confidential, 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).

SEQUENCING AND DELIVERY OF INTERVENTIONS

      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.

      Participants comments were 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 included a lack of communication with offender supervisors, long waiting lists for certain treatment programmes, and related lack of coherent sequencing of programmes. Although best practice guidelines highlight the need to sequence interventions coherently, it was apparent that, from the perspective of the individuals interviewed, guidelines may not always be implemented and/or prisoners may not be made aware of sequencing decisions.

      Participants highlighted the importance of coherent sequencing of interventions; reasoning provided by participants offered support for existing literature regarding readiness to change (Ward et al., 2004) and participants also noted the benefits (in terms of intervention efficacy) of considering an individual's stage of change (Prochaska & DiClemente, 1983) and barriers to change (Burrowes & Needs, 2009) when sequencing interventions. Participant responses also highlighted the importance of correctional services being responsive to the

needs of the individual, in accordance with the responsivity principle (Andrews & Bonta, 2010).

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 and offers support for the assertion that the issue of sequencing should be considered a priority in offender sentence planning (Stephenson et al., 2013). 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.

References

Andrews, D., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). New

Providence, NJ: LexisNexis

Bennett, A. (2015). The Westgate service and related referral, assessment, and treatment

processes. *The International Journal of Offender Therapy and Comparative

Criminology, 59,* 1580-1604. doi:10.1177/0306624X14538395

Brooks, J., & King, N. (2012). *Qualitative psychology in the real world: The utility of

template analysis*. In: 2012 British Psychological Society Annual Conference,

London: UK. (Unpublished). Retrieved from

http://eprints.hud.ac.uk/13656/1/Brooks__King_QMiP_2012_Final.pdf

Burrowes, N., & Needs, A. (2009). Time to contemplate change? A framework for assessing

readiness to change with offenders. *Journal of Aggressive and Violent Behavior, 14*,

39–49. doi:org/10.1016/j.avb.2008.08.003

Cavadino, M., & Dignan, J. (2007). *The penal system: An introduction* (4th ed.). London,

England: Sage Publications.

Clarke, A., & Simmonds, R., & Wydall, S. (2004). *Delivering cognitive skills programmes in

prison: A qualitative study*. Institute for Social Research, University of Surrey. Home

Office.

Craissati, J. (2017). Offender Treatment. In D. Boer (Ed.), *The Wiley Handbook on the

Theories, Assessment and Treatment of Sexual Offending* (pp. 421 – 432). Sussex,

UK: John Wiley and Sons.

Criminal Justice Joint Inspection (2012). *Second aggregate report on offender management

in prisons: Findings from a Series of Joint Inspections by HM Inspectorate of

Probation and HM Inspectorate of Prisons*. United Kingdom. Retrieved from

http://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2014/05/omi2-aggregate-report.pdf

Criminal Justice Joint Inspection (2013). *Third aggregate report on offender management in prisons: Findings from a Series of Joint Inspections by HM Inspectorate of Probation and HM Inspectorate of Prisons*. United Kingdom. Retrieved from https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2013/12/offender-management-in-prisons.pdf

Day, A., Howells, K., Casey, S., Ward, T., Chambers, J., & Birgden, A. (2009). Assessing treatment readiness in violent offenders. *Journal of Interpersonal Violence, 24*, 18-35. doi:10.1177/0886260508317200

Day, A., Tucker, K., & Howells, K. (2004). Coerced offender rehabilitation – a defensible practice? *Psychology, Crime & Law, 10*, 259-269. doi:10.1080/10683160410001662753

Friendship, C., & Debidin, M. (2006). Probation and prison interventions. In A. Perry, C. McDougall, & D. Farrington (Eds.), *Reducing crime: The effectiveness of criminal justice interventions* (pp. 73-94). Sussex, UK: John Wiley and Sons.

Giorgi, A., & Girogi, B. (2003). Phenomenology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 25-50). London, UK: Sage.

Harper, G., & Chitty, C. (2005). *The impact of correction on re-offending: A review of 'what works'* (3rd ed.). Home Office Research Study 291. London: Home Office. Retrieved from http://prb.sagepub.com/content/52/3/301.full.pdf+html

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counselling Psychology, 38*, 139-149. doi:10.1037//0022-0167.38.2.139

Howells, K., & Day, A. (2007). Readiness for treatment in high risk offenders with

   personality disorders. *Psychology, Crime & Law, 13*, 47-56. doi:

   10.1080/10683160600869767

Hudson*, K. (2005). Offending identities. Sex offenders' perspectives on their treatment and

   management*. Devon, UK: Willan Publishing.

Kear-Colwell, J., & Pollock, P. (1997). Motivation or confrontation: Which approach to the

   child offender? *Criminal Justice and Behavior, 24*, 20–33.

   doi:10.1177/0093854897024001002

King, N. (2004). Using templates in the thematic analysis of text. In C. Cassell, & G. Symon

   (Eds.). *Essential guide to qualitative research in organizational research* (pp. 256-

   270). London, UK: Sage Publications.

Marshall, W.L. (2005). Therapist style in sexual offender treatment: Influence on indices of

   change. *Sexual Abuse: A Journal of Research and Treatment,17*, 109-116.

   doi:10.1007/s11194-005-4598-6

Martin, D., Garske, J., & Davis, K. (2000). Relation of the therapeutic alliance with outcome

   and other variables: A meta-analytic review. *Journal of Consulting and Clinical

   Psychology, 68*, 438-450. doi:10.1037//0022-006X.68.3.438

Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*.

   Washington, US: American Psychological Society.

Maxwell, J. (2010). Using numbers in qualitative research. *Qualitative Inquiry, 16*, 475 –

   482. doi:10.1177/1077800410364740

McDougall, C., Clarbour, J., Perry, A., & Bowles, R. (2009). *Evaluation of HM Prison

   Service Enhanced Thinking Skills Programme: Report on the implementation of a

   randomised controlled trial*. Ministry of Justice. Retrieved from

http://www.justice.gov.uk/downloads/publications/research-and-analysis/moj-research/eval-enhanced-thinking-skills-prog.pdf

McMurran, M., & Ward, T. (2010). Treatment readiness, treatment engagement and behavior change. *Criminal Behavior and Mental Health, 20*, 75–85. doi:10.1002/cbm.762

Miller, W., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). London, UK: The Guilford Press.

Ministry of Justice (2007). *National standards for the management of offenders: Standards and implementation guidance*. Retrieved from http://webarchive.nationalarchives.gov.uk/20100105030830/http:/www.probation.homeoffice.gov.uk/files/pdf/OM%20National%20Standards%202007.pdf

Ministry of Justice (2015). *Practice framework: National standards for the management of offenders for England and Wales*. National Offender Management Service (NOMS). Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/454668/National_Standards_Practice_Framework_August_2015.pdf

National Offender Management Service. (2006). *The NOMS offender management model*. Retrieved from http://www.swmprobation.gov.uk/wp-content/uploads/2010/05/offender_management_model_1.pdf

O'Brien, K., Sullivan, D., & Daffern, M. (2016). Integrating individual and group-based offence-focussed psychological treatments: Towards a model for best practice. *Psychiatry, Psychology and Law, 23*, 746-764. doi: 10.1080/13218719.2016.1150143

Polaschek, D., Anstiss, B., & Wilson, M. (2010). The assessment of offending related stage of change in offenders: Psychometric validation of the URICA with male prisoners. *Psychology, Crime, and Law, 16*, 305–325. doi:10.1080/10683160802698766

Prescott, D. S. (2017). At Our Best: Motivation and motivational interviewing. In D. Boer

(Ed.), *The Wiley Handbook on the Theories, Assessment and Treatment of Sexual*

Offending (pp. 1455–1468). Sussex, UK: John Wiley and Sons.

Prochaska, J., & DiClemente, C. (1983). Stages and processes of self-change of smoking:

Toward an integrative model of change. *Journal of Consulting and Clinical*

Psychology, 51, 390-395. doi:10.1037//0022-006X.51.3.390

Prochaska, J., Norcross, J., & DiClemente. (1994). *Changing for good: A revolutionary six-*

stage program for overcoming bad habits and moving your life forward. New York,

NY: Avon Books.

Robinson, G., & Crow, I. (2009). *Offender rehabilitation: Theory, research and practice*.

London, UK: Sage Publications.

Stephenson, Z., 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.

Taxman, F., & Caudy, M. (2015). Risk tells us who, but not what or how: Empirical

assessment of the complexity of criminogenic needs to inform correctional

programming. *Criminology and Public Policy, 14*, 72 − 103. doi:10.1111/1745-

9133.12116

Tetley, A., Jinks, M., Huband, N., Howells., & McMurran, M. (2012). Barriers to and

facilitators of treatment engagement for clients with personality disorder: A Delphi

survey. *Personality and Mental Health*, *6*, 97-110. doi:10.1002/pmh.1176

Vennard, J., Sugg, D., & Hedderman, C. (1997). *Changing offender's attitudes and*

behaviour: What works? Home Office Research Findings 61. Home Office: London.

Retrieved from http://w3.unisa.edu.au/hawkeinstitute/sprg/documents/what-works.pdf

SEQUENCING AND DELIVERY OF INTERVENTIONS

Ward, T., Day, A., Howells, K., & Birgden, A. (2004). The multifactor offender readiness

model. *Aggression and Violent Behavior, 9*, 645-673. doi:10.1016/j.avb.2003.08.001

Yalom, I. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York,

USA: Basic Books.