CHALLENGE TO CHANGE

THEORY MANUAL

Version 1.0 Amended C Lewis, June 6, 2009, following CSAP comments.

Contents

Introduction

Begun in 1997, the Kainos 'challenge to change' process is a full time, twenty four week, therapeutic community based programme targeted at medium to high risk offenders with criminogenic needs that match those targeted by the programme. It utilises a hybrid model combining the best elements of multi-modal cognitive behavioural programmes provided through the formal delivery of four main modules, with in vivo learning supported through the therapeutic community (TC) 'milieu', partly facilitated by mentors who have already completed the programme.

The sessions in the core modules, which typically last for two hours, contain CBT elements such as skills training in conflict resolution, managing emotions, communication, problem-solving and relapse prevention. They also contain more cognitive elements such as attitudes to authority, perspective taking, boundaries, understanding beliefs and patterns of thinking, motivation, and moral reasoning discussions in the areas of coveting, lying, stealing, faithfulness, forgiveness, the sanctity of life, democracy, social welfare, anti-social behaviour and family relationships

The Kainos programmes are currently (mid-2009) being run in three prisons: HMP The Verne, where a three-year contract has just been awarded, Stocken and Swaleside.

This manual aims to describe the theory behind the 'Challenge to Change' Programme. It provides the rationale for each of the modules of the programme. It also shows how the programme theory supports other offending behaviour programmes used in the Prison Service.

Background

Risk factors targeted by the programme

Directly within Core Modules:

- Deficits in self management, decision making and problem solving
- Poor cognitive skills
- Poor pro-social interpersonal skills
- Cognitive support for offending

Indirectly through the 'community as method' TC approach:

- Anti-social attitudes and feelings
- Strong social ties and identification with anti-social/criminal models and impulsive anti-social lifestyle
- Weak social ties and identification with pro-social/non-criminal model

Rationale for the Hybrid Approach

- Formal skills learning within structured sessions
- Opportunity for practice and review within the TC
- Hypothesis that, because of the interaction between formal skills learning and opportunities for practice, cognitive and behavioural change could occur more rapidly within a mixed model
- Hypothesis supported by a variety of Kainos research

Evidence based for Kainos Challenge to Change treatment effectiveness

Behavioural changes whilst in prison

2001 Increase in prisoner morale
Increase in pro-social attitudes
Reduction in interpersonal anxiety
2007/8 Significant reductions in adjudications
2009 Reduction in offending attitudes from CrimePICSII

Recidivism rates following release

Significant reduction in rates of reconviction to comparison group
1999 – 3% reduction in one year reconviction rate
2002- 5-10% reduction in two year reconviction rate
2006- 10% reduction in two year reconviction rate

Targeting dynamic criminogenic risk and need

The debate has raged for some years as to the factors that can be directly correlated to increased risks of recidivism. Particular focus has been placed in the internal factors that may precipitate an increased risk of recidivism. Ross et al. (1985), for example, surveyed research comparing persistent offenders with less recidivistic groups and with non-offenders, focusing on the extent to which they possessed and used cognitive problem-solving skills. Their conclusion was that repeat offenders often lack such skills and further, that existence of 'cognitive deficits' was the most consistently evident difference between them and other groups.

McGuire's (2002) summary of meta-analytic reviews also concludes that offenders often have multiple problems and criminogenic needs, with those displaying a greater range of needs more likely to re-offend. Therefore, he suggests that interventions that tackle a range of problems should be more effective than those that target a single problem.

This has further been supported by Craissiti et al (2002), who suggest that for the treatment of offenders with complex needs to be successful, the reduction of these risk factors should be embedded within treatment of psychological and emotional disturbance, termed rehabilitative needs.

Within the four core structured modules, there are four key risk factors targeted, accepted by the accreditation panel, that underpin crimes committed by the majority, namely:

- **Deficits in self management, decision making and problem solving**
- **Poor cognitive skills**
- **Poor pro-social interpersonal skills**
- **Cognitive support for offending**

Although not targeted intensively within the core modules, in addition the Kainos 'Challenge to Change' programme aims to have a positive influence on the following additional dynamic, major and minor criminogenic risk factors through its 'community as method' TC approach:

- **Anti-social attitudes and feelings**
- **Strong social ties and identification with anti-social/criminal models and impulsive anti-social lifestyle**
- **Weak social ties and identification with pro-social/non-criminal model**

What works in reducing offending

Much has been written about the types of interventions used for working with offenders and the effect or non-effect they have on modifying behaviour patterns and reducing re-offending. Interventions have historically been based on psychotherapeutic theories and have included counselling, group work and various forms of psychotherapy. However research into the effectiveness of these interventions was inconclusive and an influential review of the evidence by Martinson (1974) led to the view that 'nothing works'.

Cognitive Behavioural Therapy (CBT)

In 1980 Platt, Perry and Metzger developed a structured programme of cognitive training for heroin users in a prison pre-release unit which was successful in reducing both heroin use and rates of recidivism. It was subsequently developed by Robert Ross, Elizabeth Fabino and their colleagues (1985) for use in prison and probation settings in Canada. This 'Reasoning and Rehabilitation' programme had reported reductions in recidivism of up to 30% (Robinson 1995).

Since this time meta-analytical reviews by Andrews & Bonta (1994, 1998) and Lipsey (1992) have concluded that the best treatment approach for reducing the risk of

reoffending appears to be cognitive behavioural, set within structured programmes, delivered in a variety of styles (multi-modal), and which maintains treatment integrity.

Therapeutic Communities (TC)

However, it has also been shown that when surrounded by peers who have come from a similar background, but who are now modelling pro-social behaviour through the development of new skills, these skills can be developed even in the absence of formal training (Steigerwald and Stone 1999, Finney et al 1996). This fits with social learning theory, which suggests that, just as criminal behaviours can be acquired through group learning processes, social skills can be unlearnt, or changed in a similar manner. As a result, others such as De Leon (2000), Rex et al (2000), Cullen et al (1997), and Genders and Player (1995) have highlighted the value of a TC environment in reducing offending. Genders and Player (1995), for example, cite how within a TC:

'The TC regime incorporates a strong behavioural component, whereby an individual's actions are examined with surgical precision and commented upon by the whole community… Therapy is goal oriented and is geared towards the achievement of insight and a greater level of self-awareness…This, it is believed, frees the individual from automatically and largely unconsciously, following entrenched modes of thought and action, and enables him to make choices about his future conduct so the ineffective or problematic patterns of behaviour can be avoided and an alternative and more satisfying lifestyle adopted. Equally importantly, however, engaging in therapeutic activities as a member of a therapeutic community also involves participation in mutual and reciprocal relationships with other members. Hence, in addition to furnishing a vivid setting in which problems may be explored and treated, the community also affords a climate in which feelings of isolation and alienation can be dissipated and a sense of belonging engendered'.

Thus, whilst cognitive behavioural programmes focus only on learning specific skills within a formal setting linked to criminogenic risk factors, the TC model offers an holistic treatment approach addressing a broad range of needs, which may not necessarily be simply criminogenic, but are also focused on treatment interfering factors. These may include mental health, social wellbeing, self esteem and personality issues.

Rationale for the development of the Hybrid Kainos Challenge to Change programme

It was concluded by the Kainos team that both pure approaches noted above were likely to have their limitations. It was hypothesised that highly structured CBT programmes might reduce their ability to respond to the unique needs of individual group members. This 'treatment responsivity', was already noted in the 'What works' literature (Andrews 1995), to be an important predictor of programme success. It was also hypothesised that a pure TC approach, which relied on spontaneous events might not have enough structure for offenders to have the opportunity to learn consistently skills related directly to risk factors for future offending. This assumption was somewhat supported by the non-significant changes in offence rates indicated by research in the therapeutic community at Grendon Prison (eg Marshall 1997, Taylor 2000)

The Kainos 'Challenge to Change Programme' was thus developed to attempt to combine the best of the two approaches, with the aim of creating a standardised, cognitive behavioural core programme, which provided opportunities for learning key cognitive and behavioural social and problem solving skills, which could then be practiced, monitored, reviewed and changed within the 'real world' of a supportive, TC environment.

One clear benefit of this hybrid model was deemed to be that it provided the offender with a structured and developmental learning environment, where skills development could occur in advance. These skills could then be tested out within the TC, mediated through practice and review of behavioural targets for change. Within this process it was hypothesised that the offender could actively test out these new beliefs and behaviours, and reflect upon the consequences, irrespective of whether a spontaneous event occurred.

Although still requiring further research, since its inception in 1997, this hybrid model, as detailed below, does appear to have resulted in significant reductions in rates of offending for programme completers, as well as positive changes in anti-social attitudes and behaviours whilst in prison.

Evidence of programme effectiveness

This is detailed more fully in the Evaluation Manual, but briefly, the following research would suggest that, although further study is needed, the Kainos Challenge to Change programme is having a treatment effect in the desired direction:

Behavioural changes whilst in prison

Burneside et al 2001

In 2001 Burnside et al undertook an evaluation of the Kainos community programme, at the time being run at HMP Swaleside, Highpoint and the Verne. Using a combination of psychometric measures and semi structured questionnaires, the research found that participation on the programme yielded the following changes whilst offenders remained in prison, compared to those not on the programme:

- An improvement in prisoner morale
- An increase in anti-offending attitudes
- A reduction in anxiety
- More positive attitudes towards Christianity
- More positive attitudes between offenders and staff
- A reduction in rates of adjudications

Levels of adjudications have been compared one year prior to treatment and one after treatment for residents attending the programme in 2006 at Swaleside (N=13) and the Verne (N= 29).

The average level of adjudications for Swaleside graduates one year prior to entry into the programme was 3.7, as compared to an average level of adjudications up to one year post programme completion of 0.3.

The average level of adjudications for graduates from The Verne one year prior to entry into the programme was 1.2. This compared to an average level of 0.1 during the first year after programme completion.

The adjudication rates for the each prison did not vary significantly during this time.

Crime-PICsII 2009 data

The latest information from collation of the Crime-PICsII pre and post measures (N=20) indicated a reduction in all post measures, as follows:

	Pre	Post
G- General attitude to offending	1.35	0.8
A- Anticipation of reoffending	2	1.4
V- Victim hurt denial	4.35	1.5
E- Evaluation of crimes as worthwhile	1.65	0.8
P- Perception of life problems	3.5	2.5

Using the Wilcoxon signed rank test, it would appear that despite the small sample size, V, E and P show significant reductions ($P<0.05$).

Rates of recidivism following release

Burneside et al (2001)

Burneside et al (2001) also followed up on reconviction rates for 84 participants released prior to 1999. Their one year reconviction rate was 23%, 3% less that than for a comparison group of 14,000 prisoners that had been released at a similar time, with similar sentences, who had not been on the programme. Whilst not statistically significant due to the relatively small sample size and the lack of a rigorous comparison of the two groups predicted reconviction rates, this trend was seen to be in the desired direction.

Rose (2002)

In 2002 further research was conducted by Rose. In this research, focusing on 56 cases released from HMP the Verne, the two year reconviction rate was 41%, compared to a predicted rate according to their OGRS score of 46%. 28 cases were also followed up from HMP Highpoint, who had a predicted rate of offending of 38%, but an actual rate of offending of 28.6%. Again, whilst not significantly different due to the small sample sizes and lacking a comparison group, the reconviction rates were in the desired direction.

Portsmouth University

In 2006 117 cases were followed up from HMP the Verne. In this research, by Portsmouth University, *Ellis and Shalev (2008)*it was noted that the actual rates of reconviction had fallen to 36%, which was a significant reduction compared to the 2002 predicted rate of 46%, although no predicted rate as available for the 117 cases, reducing the significance of the result.

The latest independent research (Ellis and Shalev 2008), again undertaken by Portsmouth University, has highlighted that the Kainos programme appears to be particularly successful with medium to high risk offenders. Of the 224 offenders released with an OGRS3 score of 30 or more, 42.8% were reconvicted within a two year period, a significant reduction compared to a predicted national rate of 63.1%. The two year reconviction rates to prison for those having been released between 1997 and 2003 (N=312) were 13% as compared to a predicted level of 35%.

Overall, although all the above studies have substantial methodological limitations, taken together they provide a body of indicative evidence that Kainos has had a positive effect on reconviction rates.

Return rates monitored by Kainos to end of 2008

Routine evaluation takes place of return rates to prison following a procedure validated by an external researcher. The most recent figures relate to over 250 graduates from the Verne and Swaleside and show that only 12% of these were recommitted to prison within 2 years. Within this figure the reconviction rate for the 50 Challenge to Change graduates from Swaleside was only 4%. These results are very encouraging and compare favourably with the published E & W figure of around 35% of all adult prisoners who were recommitted to prison within 2 years of release.

Principles underpinning the programme

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TC Principles
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Cognitive behavioural principles

Detailed below are the cognitive behavioural principles that underpin key elements of the modules and community living processes delivered within the Kainos 'Challenge to Change' programme. The elements within the formal modules of the programme attempt to address these issues using several modalities, including formal skills training, moral reasoning discussions, role play, setting up behavioural experiments to test within the TC setting through identifying behavioural 'targets for change (TFCs)', and use of Socratic dialogue to draw out, challenge and reframe anti-social belief systems through building cognitive dissonance. These processes are detailed more fully below, and also in the Core Module guides.

Rational Choice

Ostapiuk (1982) stated that interventions must inhibit offending behaviours whilst enhancing acceptable behaviours, while Clarke (1987) from the Limited Rational Choice theory of crime approach considered that criminal activity is a choice an individual makes in a given set of circumstances. Clarke acknowledged that people are not very efficient in making choices as they don't use all the information that is available and make decisions too quickly, and whether a person decides to react criminally will depend on the individual's perception of the situation. Therefore a willingness to offend can be

seen as a decision reached in a particular set of circumstances rather than as a generalised behavioural disposition. It is therefore considered that if offenders were able to improve their decision-making then they would be less likely to make the choice to offend in the future.

Within the "Challenge to Change' programme, the core modules aim to firstly help group members develop insight into their current lack of clear rational thinking due to thinking errors, secondly, motivate them to consider that change is of value, and thirdly, to provide practical strategies to enhance their abilities to think rationally and problem solve effectively even in potentially high arousal situations.

Automatic v controlled processing

James McGuire (2000) stated that in considering the relationships between thought, feelings and behaviour, it is important to remember that the focus of most of this activity is in the human brain. Cognitive psychology has identified the key distinction between automatic and controlled processing of information and of sequences of action. For example a large proportion of the things we do each day come under the term automatic processing. Events such as waking, dressing, driving, eating require no conscious thought for their execution and a number can be run in parallel. In contrast controlled processing differs in that activities must be run serially, require a degree of awareness and require attention and effort. This type of cognitive activity needs to be used when we face novel situations, make decisions or solve problems. Izzo and Ross (1990) noted that the most effective programmes they reviewed were designed to have an impact on offenders thinking targeting problem solving, consequential thinking and means end reasoning.

Self-Regulation

Self-regulation consists of the internal and external processes that allow an individual to engage in goal-directed actions over time, and in different contexts (Baumeister & Heatherton, 1996; Karoly, 1993). This includes the monitoring, evaluation, selection, and modification of behaviour to accomplish one's goals in an optimal or satisfactory manner (Thompson, 1994).

Many offenders have difficulty in self regulation (Davey et al 2004); this may be demonstrated by difficulty in controlling anger, persistent drug taking, lack of empathy with people, setting of realistic goals etc.

Inherent to the 'Challenge to Change' programme is the recognition that for many participants self-regulatory processes have not been established as children, and that they require greater insight into their behaviours before being able to learn new self regulation and adaptive social skills.

Affective Schemas

An individual's mood and behaviour are largely determined by the way in which he or she construes or interprets the world, which can be distorted when experiencing a mental health disturbance such as depression, leading to an increase in impulsive and reactive behaviour (eg Kosterman et al 2007). Beck's (1976) cognitive approach of challenging and reframing negative internal and stable affective schema has been used with offenders

who commit offences when they are depressed. It has also been useful with those who have had maladaptive ways of dealing with stress and depression which involve the use of drugs, alcohol or resort to violence, thus leading to criminal behaviour (Unnithan 1998).

The Kainos 'Challenge to Change' programme addresses issues of emotional awareness and management within the Focus module, but also draws on how to manage one's mental health in reaction to life stressors following release in the Citizenship module.

Perspective Taking and Empathy

Up to approximately age seven, a child is only able to view situations from their own point of view or perspective (Baron-Cohen 1995). However as development unfolds children become less egocentric and develop the ability to see situations from points of view other than their own, sometimes called perspective taking, or developing a theory of mind (Charman and Cohen 1995). It is held that some offenders have difficulties in these areas, possibly as a result of environmental/developmental limitations or organic brain damage, and they may remain fairly egocentric and morally immature resulting in a lack of ability to reason over moral questions. Research shows that those who violate rules for no valid reason, or show little regard for others, can be, as a consequence, more prone to offend (Damasio et al 1990, Palmer 2005).

It is theorised that within the model of empathy lie two interdependent processes, **affective empathy** which is the ability to sense another's feelings, given knowledge of his or her position and **cognitive empathy** which is the basic ability to imagine how the world may look from someone else's stance (Sherer 1984). Training in moral reasoning has nothing to do with imposing specific values on people or confronting them with their supposed inadequacies. It is a training process based on the links between cognitive and affective empathy in learning to take another's perspective.

Chandler (1973) trialled an intervention technique which involved clients role-playing a series of scenarios to give them an overall perspective. Groups that undertook this process showed significantly lower rates of recidivism after an eighteen month follow up. Cynthia MacDougall (1987) used role-playing to produce a change in the attitude of young offenders who had been convicted of football hooliganism. The imprisoned hooligans role-played innocent victims who were affected by their actions and the consequences of their behaviour.

These studies suggest that perspective taking is a problem for many offenders and that attempts to work with the offender can be successful under some circumstances.

Within the Kainos Challenge to Change Programme, both affective and cognitive empathy are identified and discussed in the Community Living and Focus modules, with the wider implications of perspective taking later discussed in the Citizenship module, aiming to enhance social skills both in the community and following release. This is done through moving from concrete to more abstract social constructs, as residents progress through the core modules.

General Reasoning

Yochelson and Samenow (1976) have also referred to the need to educate an offender's ability to reason. They were able to conclude through individual interviewing, group discussion and application of psychoanalytic methods that offenders' ways of thinking about the world differed vastly from other people. Examples of offenders' thinking includes:

- Blaming others
- Considering themselves as victims
- Inability to tolerate pain
- Sentimentality
- Chronically angry
- Pervasive sense of own uniqueness
- Believed they were always right and others always wrong
- Displayed concrete thinking and were unresponsive to abstract concepts
- Chronic liars

More recently, Palmer (2003, 2005) has reiterated the value of challenging anti-social and pro-violent beliefs through philosophical discussion and moral reasoning tasks. Thus within the Kainos Challenge to Change programme core modules, in addition to practical skills based sessions, residents are exposed to more philosophical and abstract social constructs within group discussions aimed at developing such reasoning skills.

Therapeutic Community Principles underpinning the programme

In cognitive-behavioural approaches both personal, intra-psychic variables, and situational, environmental variables, are viewed as important in determining how people behave (McGuire 2000). In fact, research studies have repeatedly stated that the best prediction of human behaviour comes not from information concerning either personal or situational factors but from the interaction of the complex interplay between these factors, an example of which are biosocial theories (See Lilly et al 2007 for an in depth review). Thus, it is not just learning key skills which are seen as important in facilitating change, but rather it is the interplay of how those internal changes are expressed in their social environment, and how the social environment responds to these changes. The TC methods used to monitor, challenge and change anti-social behaviours is detailed more fully below, but also in the TC programme manual.

The Community as Method

It is argued that the positive learning environment of the TC can help individuals learn to understand and manage their unhelpful thoughts and behaviours safely, not only reducing treatment interfering factors noted above, but also better supporting the internalisation of the knowledge and skills they are then more open to accepting.

De Leon (2000) has noted how:

'The essential dynamic in the TC is mutual self help. Thus, the day to day activities are conducted by the residents themselves. In their jobs, meetings, recreation, personal and

social time, it is the residents who continually transmit to each other the main messages and expectations of the community'.

Kennard (1998) has also highlighted how:

'Everything that happens between members of a TC in the course of living together, and in particular when a crisis occurs, is used as a learning opportunity'

Democratic and Hierarchical TC processes

The theoretical understanding of how TCs function was greatly enhanced by Rapoport's work at the Henderson (1960), which was termed a democratic TC process. Within this approach he identified four key principles:

1. ***Democratisation*** - Where responsibility for the running of the TC is, as much as is possible, managed by the community as a whole, but being a citizen of that community requires abidance by these mutually agreed rules. This is intended to model a pro-social society where there is group decision making and pro-social cooperation. The Kainos TC, in line with this philosophy, attempts as much as is possible to run the TC within democratic, rather than hierarchical TC model (Kennard et al 1998). However, due to power imbalances between staff and prisoners, when there are issues of security or safety, the management of such risks within the TC is always ultimately the final decision of staff.

2. ***Permissiveness -*** Where the individual is able to express characteristic patterns of behaviour that may mirror his risk factors, which as noted by Cullen et al (1997) 'might be distressing or seem deviant by ordinary standards' (p85), which can then be identified, challenged and changed through peer group feedback, rather than punishment through conventional prison means.

3. ***Reality confrontation -*** Where the consequences of behaviour can be identified, and the value of adaptive behaviour realised, within a constructive challenge framework. Cullen et al (1997) notes that the key message within this process is to 'the recall of past behaviour, criminal or not, and the responsibility for current behaviour must ultimately be challenged by observer's experiences of how they are affected by the accounts and by the effects or the behaviour on others (p87)'.

4. ***Communalism*** - Where individuals can develop supportive, pro-social relationships, perhaps for the first time in their lives, through the sharing of amenities, together with use of first names and free communication between all residents and staff working within the TC.

An alternative approach used within many American drug free therapeutic communities has been termed the 'hierarchical' TC process. This has been extensively described by De Leon (2000), wherein the central concept of change is the 'community as method' which stresses the 'purposive use of the peer community to facilitate social and psychological change in individuals' (De Leon 2000 p5). Within the hierarchical model, individuals are provided with an already established conceptual model of 'right living' to which they are expected to adhere, with this information provided through lectures and seminars. There

is also a rigid, hierarchical structure, where obedience to the rules and those in higher authority is required. This model thus stresses the following key principles:

1. ***Community -*** Living together in a group showing responsible concern and belonging is the main agent for therapeutic change and social learning

2. ***Hierarchy -*** Daily activities take place in a structured setting, where there are strict phases through which prisoners must pass, and in order to do so, they must convince the rest of the community that they are ready to move forward.

3. ***Confrontation -*** Prisoners are expected to 'act as if' they have no problems, but should they display negative behaviour, which interferes with community concepts, values and philosophy, this is immediately confronted. During confrontations in encounter groups all feelings, both positive and negative, can be freely and openly expressed by all group members.

4. ***Self help -*** The resident is the agent of his own treatment process. Other group members can only act as facilitators.

Vandevelde (2004) highlights the overlaps between these two approaches, and concludes that most UK TCs appear to have developed a mixed approach. He notes the following issues when attempting to adopt a pure approach within a prison setting:

Democracy V Hierarchy - It is more likely that a prison TC will have to work within a hierarchical framework, due to both prison processes, and the 'absolute' freedom of the staff compared to residents. However democratic processes of behavioural freedom and responsibility within the TC can still be encouraged, and residents are still able to freely choose to leave the programme at any time.

Communalism V community as method - Vandevelde (2004) highlights the difficulty of consistently rewarding positive behaviour with more privileges, due to the limitations of prison regimes and issues of security. Briggs (2000) stresses the importance of establishing borders, which cannot be crossed without endangering the therapeutic community. He recommends that whilst permissiveness is essential to allow natural risk behaviours to occur and be challenged, there must also be clear rules which need to be adhered to in order to maintain the safety of the community.

Reality testing V acting 'as if'- Vandevelde (2004) highlights the tension between a resident attempting to 'act as if' he hs no problems, whilst at the same time being given the freedom to be himself. He recommends reducing these tensions to allow positive personal growth without 'damaging personality structure' (p75), through identifying opportunities to practice pro-social behaviours, but with the acceptance that mistakes will occur.

In his conclusion, Vandevelde (2004) suggests that these two approaches, rather than being oppositional, could be seen as complementary.
The Kainos programme attempts to work within a strengths based model of promoting positive change without punitive confrontation, but equally encourages honest and respectful peer feedback regarding the personal consequences of anti-social behaviour within the community. This Kainos model also accepts that the hierarchical nature of

prisons sets realistic limitations as to the extent to which true democratic approaches can be employed within a prison setting. It is for these reasons that this mixed model has been adopted. Confrontational encounter groups are thus not a feature of this approach, but daily supportive and honest feedback groups in the form of spur meetings, are. The manner in which these groups are facilitated is detailed in the TC programme manual.

Within the Kainos mixed TC model, individuals have greater responsibilities in the community as their behaviour becomes more pro-social, and there is a strict hierarchy of mentor roles within the community, but within the spur and community meetings, all residents have the freedom to voice their views of the behaviour of other residents in a respectful and supportive manner.

Within the Kainos mixed TC model, reality testing is encouraged, but there are clear TC rules by which residents are expected to abide, and sanctions in place for repeated transgressions of those rules.

Although residents are encouraged to challenge and change their own value systems, the core modules do provide a clear framework of 'right living'.

Linking CBT to TC principles - The hybrid approach

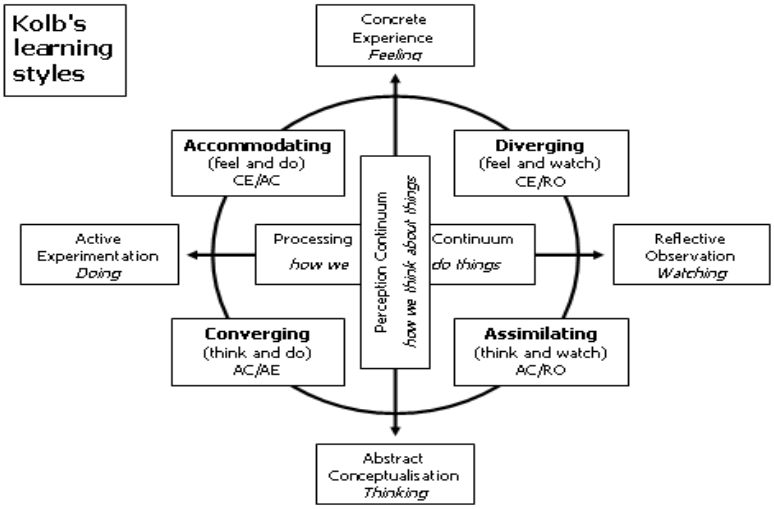
Within the hybrid model of the Kainos programme, it is not the extent to which offenders engage with the formal core module sessions that is seen as the key agent of change, but rather the manner in which these new skills are practised, evaluated and amended within the community, and how offenders support both themselves and others in achieving this process. Thus the Kainos programme might best be defined as a structured programme of learning and activity set inside a residential therapeutic unit, aimed at providing social learning opportunities to practice and reflect upon skills taught.

This is in line with other approaches. Cullen et al (1997) for example, in discussion of the Grendon TC, notes that within prisons 'therapy has developed into a multi-model model of the kind which research attests best serves a prison population'.

Models of skills learning

Adaptive to different learning styles

The hybrid model provides the widest ability to adapt to the whole a variety of different learning styles. According to Kolb (1984), there are four main learning styles, which work within a four stage cycle:



Unlike a standardised manual based programme or a solely TC environment, an advantage of the hybrid model is that the manner of learning, rehearsal and reflection can be tailored more precisely to each individual learning style.

For those who need to think and watch, they are more likely to respond to the teaching style within the more didactic elements of the modules.

For those who need to think and do, they are likely to benefit from reflective exercises within the modules and discussion groups, and practicing skills within the community.

For those how need to feel and do, the affective components within the community meetings and groups discussion are likely to be of benefit.

For those who need to feel and watch, they are more likely to acquire skills through observation of others within the community combined with reflection within discussion groups.

Continuity of learning

A central therapeutic component of the hybrid model is one of continuity of learning. Unlike a CBT programme run in a prison environment, where they must leave the sessions and return to non-therapeutic environments, which risk reinforcing anti-social beliefs and behaviours, within the Kainos Community prisoners are immersed within a positive and safe pro-social learning environment throughout their treatment.

Thus, the mixed model provides the advantage over structured CBT programmes of being responsive to the unique needs of each individual at any one time, through allowing unique and personal learning experiences to occur, which are identified, examined in detail and reflected upon, which the focus on developing more pro-social methods to deal with similar conflicts in future. Rapaport (1960) has termed this process 'reality confrontation'. In addition, in line with behavioural learning principles, the 'natural' milieu conflicts that arise allow immediate responses, thus linking behaviour to consequences in a manner that CBT programmes cannot.

Planned learning

The limitations of a purely TC based programme are that it risks relying on spontaneous incidents from which learning can be drawn. Whilst clear targets for change are usually identified, a TC risks not providing the offender with the formal practical knowledge and skills in advance of conflicts, such that they may only learn after an event, rather than being able to actively test out hypotheses and behaviours in advance.

The success of the Kainos 'Challenge to Change' programme rests with the constant re-enforcement of skills learnt in the modules that are then practiced within the community. Participants are provided with positive role models from graduate peers, staff and volunteers to enable them to experience how a community interacts, the consequences of behaviours and to look positively at how to re-integrate within society. The Kainos TC culture is determined by staff and participants and is re-enforced consistently within the full time programme, informally on a one to one basis, within weekly community and extended weekly spur meetings as well as daily spur meetings, in addition to within the intervention modules themselves. For pro-social modelling of peers to occur, it is imperative in this model that early in the programme there is exposure to individuals who have already changed their thinking and behaviour as a result of previous programmes. The use of mentors is thus a central component of this approach.

Mixed learning opportunities

The TC learning environment thus allows both planned and spontaneous methods of learning. The planned part includes opportunities for taking different roles and responsibilities within the TC, testing of behavioural targets for change within the safe TC environment, and regular community meetings where personal issues are discussed, challenged and resolved using assertive models of interaction. The unplanned part is the corrective emotional experience, where a maladaptive response produced in response to a spontaneous TC experience can be used as an immediate tool for learning either at that moment, or shortly after in a community meeting or session. The ultimate success of the TC element thus depends on the extent to which planned and spontaneous experiences occur. Unlike TC only approaches, the frequency and intensity of such experiences is deliberately encouraged through participation in the core modules, and taking on specific targets for change, which are then monitored and evaluated within spur meetings.

<u>Offence paralleling behaviour</u>

In the Kainos programme particular emphasis is placed upon conflict or interpersonal events which may mirror processes involved in the offender's offence cycle. Jones (1997) has termed this 'Offence Paralleling Behaviour' and describes it as 'any form of offence related behavioural (or fantasised) pattern that emerges at any point before or after the offence' (Jones 2003, p 38). He highlights the value of being able to monitor and challenge such behavioural patterns as a focus for intervention, through the introduction of alternative behaviours. He stresses that this method for intervention 'can only be developed through building a milieu culture where all behaviour, on and off groups and individual interventions, is seen as relevant to the change initiative'.

An example of such behaviour might be:

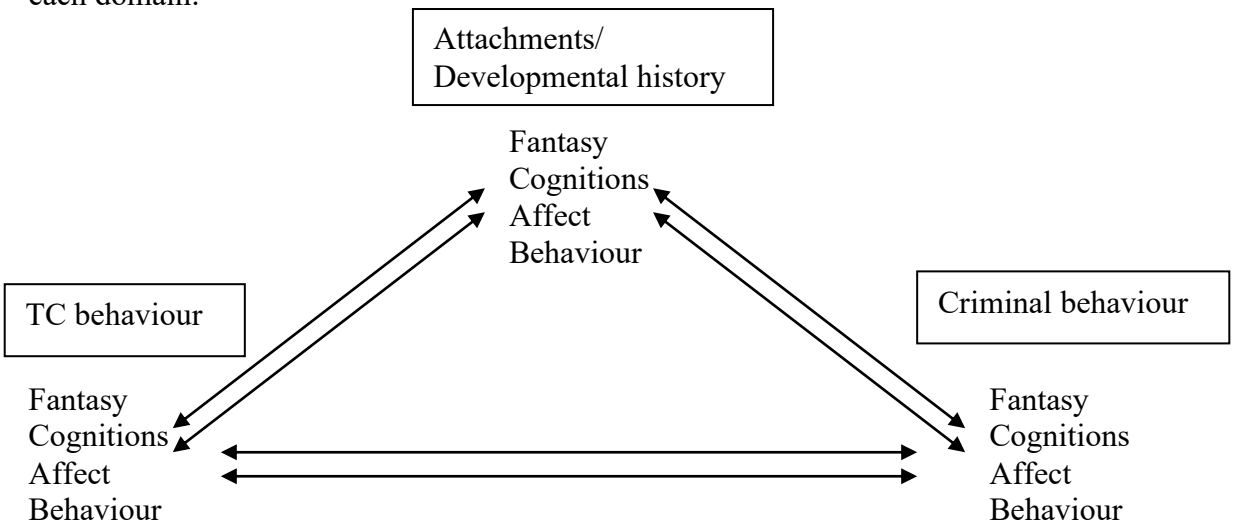
Offence
Rejection by female partner → Tension, anger, hostility → Violence to partner

Spur behaviour
Request denied by female staff → Tension, anger, hostility → Verbal abuse of staff

Within the Kainos Challenge to Change programme, prisoners are observed by staff within the four week induction period for such behavioural themes which appear to match the description in their records of previous offending.

Once identified, the pattern and functionality of the behaviours observed are discussed with the prisoner within their individual sessions, as are possible pro-social alternatives. This discussion and observation then informs the collaborative development of that prisoner's Individual Learning Plan (ILP), which forms the basis of their targets for change (see below) taken into the core programme.

Once on the core programme, such themes are then observed and commented upon within daily and weekly spur meetings by the group, with the facilitator mindful of supporting exploration in following domains, and working at four different levels within each domain:



Targets for change

As a result of the induction observation, and based on a shared understanding of the offence paralleling behaviours being exhibited, behavioural targets for change are identified within the prisoners ILP, to be practised within the core programme.

Targets for Change (TFCs) are observable behaviours, which if practiced are deemed likely to reduce the risk of that person acting in an anti-social manner within the TC and are thought to be linked to their offending cycle. For example, a target for change arising from the above example might be 'I will talk politely to female staff, even if denied a request'.

Targets for Change are also identified in relation to each core module session. For example, a target for change arising from a session on boundaries might be 'I will maintain appropriate personal space to others', for an individual who invades other people's personal space, causing interpersonal conflict. Within the weekly Spur meetings, each resident is helped by the rest of the group to identify the most important target for change they will be practicing for the following week, which they then voice to the whole community at the community meeting. All identified TFCs are entered into the resident's case file.

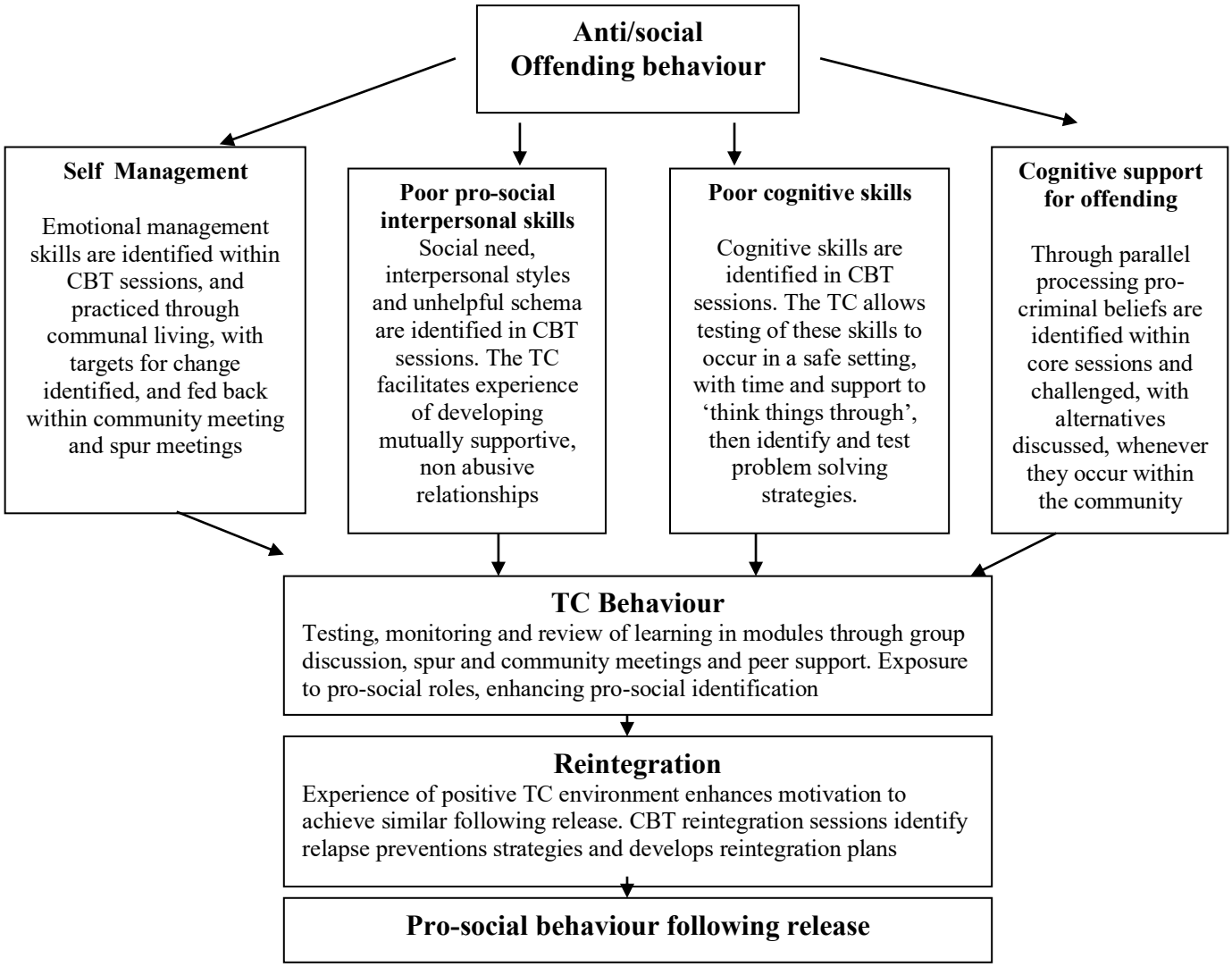
The extent to which individuals are practicing and succeeding with these TFCs is then discussed in the daily and extended weekly spur meetings, and also time is available at the beginning of each structured session to discuss any difficulties arising from trying to practice these TFCs in the community.

The TFCs and links to offence paralleling behaviour then form the basis for the individual sessions that residents have with their case worker within the core modules.

The model and process of change

Summary

The theoretical overview of the Kainos 'Challenge to Change' hybrid treatment model can be conceptualised as follows:



The model of change

Due to the theoretical assumptions noted above, the central models of change within the Kainos Challenge to Change programme are drawn from social learning theory and cognitive behavioural theory. Within the social learning model, Bandura (1977) highlights how as behaviours can be learned through the observation and modelling of others, changes in behaviour can be relearned in a similar way, from observation of pro-social peers and figures of authority.

As De Leon (2000) notes:

'*Learning to change a lifestyle can only occur in a social context….Recovery depends not only on what has been learned, but how, with whom and when that learning occurs'.*

Targets for change

As noted above, the key targets for change within the core modules are to:

- **Enhance self management** through the development of emotional awareness and management skills.
- **Improve cognitive skills** through the development of problem solving skills and flexible thinking.
- **Improve pro-social interpersonal skills** through the development of insight into interpersonal processes, and practise of pro-social skills within the community.
- **Challenge cognitive support for offending** through the development of perspective taking experiences of pro-social citizenship.

The treatment targets within the TC overlap substantially with the core modules, but also contain additional 'therapy interfering', or responsivity elements:

- Increasing rational thinking processes within conflict situations
- Enhancing social attachment and developing stable relationships
- Increasing emotional expression tolerance within conflict situations
- Enhancing expression of internal conflict
- Enhancing emotional management skills
- Developing assertive conflict resolution skills
- Developing social perspective taking
- Developing social problem solving skills
- Increasing adherence to rules
- Developing pro-social community values
- Taking responsibility for their behaviour

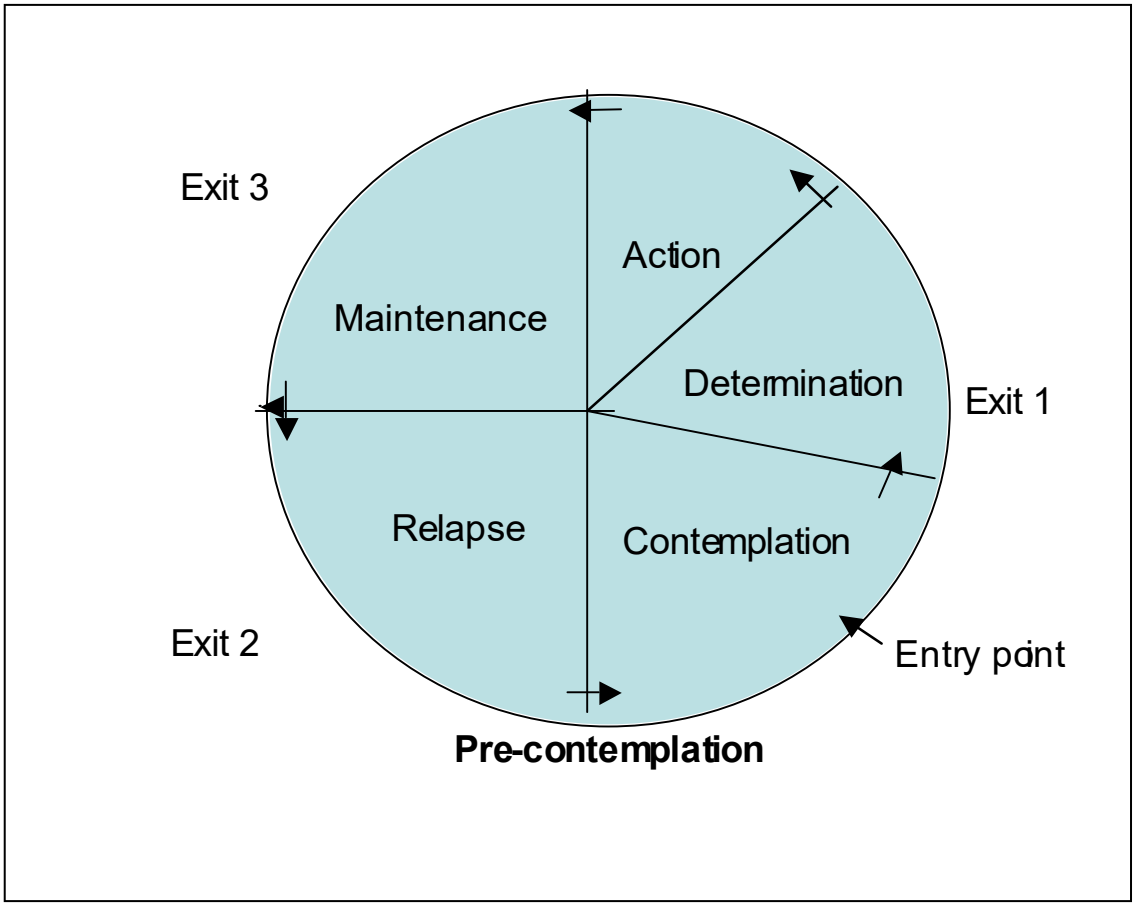
With these as the TC focus, pro-social ties and attitudes are supported in being developed within the community.

The process of change within the core modules

In order for such change to occur, Prochaska and DiClementi (1984) have highlighted how individuals tend to go through various stages of change, as noted within their 'cycle of change'. Their concepts were originally formulated for work they were doing with people trying to stop smoking. They have since been extended and applied to alcohol and drug abuse, as well as to other repetitive/compulsive behaviours such as habitual gambling, and to offending. Proschaska and Di Clemente have claimed that their model is 'trans-theoretical', i.e. applicable across many different types of therapy regardless of the theoretical basis of these therapies.

The model is presented as a 'revolving wheel' with an entry point and three exit-points

(Figure 1):



Pre-contemplation stage - those who have only limited awareness of their problems, or refuse to recognise them and see no reason to change.

Intervention: In order for change to happen, it is suggested that individuals within this stage may benefit from developing positive relationships with others, where they may feel safe enough to discuss issues in more detail.

It is assumed that when individuals initially attend the Kainos programme, they may find it difficult due to their previous learning environment to live within the community in a pro-social manner. Thus the primary initial focus of the programme is in supporting individuals in understanding the ethos and process of the community, and helping them to develop skills to live with others in a collaborative and mutually supportive way. This is undertaken in the Induction phase, and particularly in the Community Living module.

Contemplation stage - persons who have recognised some problems, but do not feel concerned enough about the problems to initiate change.

Intervention: In order for change to happen, it is suggested that individuals within this stage may benefit from consideration of the benefits and costs associated with no change in more detail, in order to build cognitive dissonance.

Within the Kainos 'Challenge to Change' model of change it is thus assumed that individuals attending the programme at first may have little insight into their own criminogenic risk factors, such as their pro-criminal attitudes and beliefs, poor social skills and impulsivity. Recognition of these risk factors, and the consequences for the offender and others, occurs within the early stages of the core Kainos programme, most notably within the Community Living module.

Determination stage - Those who have made their minds on some course of action, but who require assistance to make definite choice from amongst a range.

Intervention: For those within this stage, it is suggested that the fear of change and making the 'wrong choice' are factors that need to be addressed, through greater consideration of what options might be available and what consequences each option might provide. This occurs within the Focus module and Interpersonal Relationships module in relation to living within the Kainos community, and within the Citizenship module in relation to release or moving prison.

Action stage - those who have embarked on a course of change and need help to get through the most difficult phase of early progress and establishment of a new pattern of behaviour

Intervention: For individuals in the action stage, it is suggested that they may benefit from identifying how best to put strategies for change into action, in a manner that is most likely to be realistically achieved. Within the programme, it is assumed that only once individuals have experienced the benefits of such pro-social living within the community that they would be more willing to consider the broader positive implications for behavioural change following release. This process occurs primarily within the Focus module in relation to living within the community, and within the Interpersonal Relationships module in relation to release or moving prison.

Maintenance Stage - individuals who have achieved some progress, but not yet free of their problems, still experience a day-to-day struggle, and need support to prevent relapse

Intervention: For individuals in this state, it is suggested they may benefit from formal relapse prevention strategies, and also consider broader lifestyle issues which may support ongoing change. Within the Kainos programme maintenance of change is supported through individuals remaining within the community following programme completion for a minimum of six months in total, and acting as mentors for individuals on the main core of the programme.

Relapse Stage - It is highly predictable that for any ingrained or strongly reinforcing behaviour, individuals may at times be seen to 'relapse' and revert back to these previous patterns of behaviour.

Intervention: For individuals who experience such a 'slip' it is suggested they may benefit from a reframing of this event, and support in identifying this as a learning experience from which they can recover. Within the Kainos programme, lapses are seen as likely to occur more often in the early stages of the programme for behaviours linked to community living, but may reappear when considering behavioural changes following

programme completion. It is a core feature of the Kainos programme that individuals are expected to lapse in behaviour at times, but these lapses are supported in being reframed as learning experiences through challenging and management of the behaviours by the TC processes.

The Process of Change within the TC Elements

This CBT process fits with the five stage TC treatment development model for offenders at Grendon TC, highlighted by Genders and Player (1995):

1. Recognition - The offender recognises that he has a problem and can define at least some of its elements
2. Motivation - Having a desire to change
3. Understanding - The beginning of therapeutic activity, with the acquisition of some understanding of how problems have arisen and how they are connected with other aspects of life
4. Insight - An awareness of what has to be done to change to bring about resolution of problems
5. Testing - Trying out new and alternative ways of coping

The overall TC process of change can thus be conceptualised to:

- Encourage the exploration of beliefs and attitudes using a cognitive 'guided learning' approach
- Identify, challenge and change maladaptive core beliefs or schemas
- Effect behavioural change through observation of pro-social modelling, and behavioural modification techniques

The process by which this occurs is detailed more fully in the TC programme manual, but includes the following:

Shared living

Pro-social skills development is enhanced within the TC milieu by residents learning to share the TC with others. TC residents work, learn, and heal in group settings such as meetings, classes, work teams and recreational activities.

Individuals are required to make a range of decisions about the day to day running of the TC. This supports problem solving, consequential thinking and accountability. Shared living also provides frequent opportunities to practice negotiation and compromise in collaboration with others, with pro-social behaviour modelled by longer established residents, mentors and staff. In addition, residents are encouraged to learn how to manage themselves within clear boundaries, through adherence to the TC regime. By setting clear boundaries along with clear sanctions, the individual is encouraged to adopt these for themselves, and also to experience the safety of these boundaries initially by testing them.

Reality confrontation

Reality confrontation means reflecting back the implications and consequences of someone's behaviour so they can think about it and change it. The TC offers many group and individual opportunities for residents to challenge each other in this manner and to express emotions in a safe setting, without resorting to usual avoidance strategies. Living with discomfort without negative consequences then can allow individuals to become desensitised to the triggers with caused the feelings in the first place. By seeing others also tolerate emotional discomfort, this also allows members to reframe catastrophic beliefs about emotional expression. As it is uncomfortable, it also means the triggering behaviour may be less likely to be repeated. However, the mixed Kainos TC model assumes that this must be undertaken carefully, as if the feedback is seen as too confrontational or punitive, then this would be more likely to elicit a defensive and closing response, rather than one of acceptance and change.

Planning

Throughout the programme group members are required to identify targets for change, and consider how they are going to implement them, the community is then able to judge how effective they are being, and can support them in considering alternative strategies if required.

Pro-social modelling through use of mentors and volunteers

Peer pro-social modelling is at the heart of the Kainos TC change method; what TC residents see in their peers they perceive as possible within themselves. Having TC residents as role models guarantees that 24-hour social learning takes place. Through consistent role modelling, senior TC residents teach new TC residents to show respect for authority and to accept constructive criticism, feedback and guidance. As role models, TC residents experience personal growth and increased status in the peer community.

TC residents adopt principles of recovery and right living and gradually aspire to become role models for others. As they progress through the programme, TC residents provide feedback to others about what the others need to change about themselves and serve as examples of such change.

It is for this reason that peer mentors are used throughout the TC elements of the programme. There are usually two mentors on each wing spur, providing two mentors for fourteen men. Any issues that arise out of formal sessions are managed initially by the mentors and fed back to staff facilitators on a daily basis (For selection, training and support of these mentors please see the training and management manuals).

A mentor behaves according to Kainos TC expectations of living the change and sets a positive example for TC residents to follow. Senior TC residents and mentors are expected to demonstrate the desired behaviour's, reflect the values and teachings of the community. They serve as role models for new and junior TC residents. Positive peer role models are expected to:

· Show others how to change
· Talk about benefits gained from right living and the positive influences of the TC
· Provide feedback to others
· Demonstrate the concepts of "act as if," "responsible concern," and "seek and assume."

In relation to authority figures, offenders on the programme have often remarked that seeing the facilitators act in a pro-social manner is 'to be expected because that is their job'. However, in the ten years since the Kainos project was first implemented, community volunteers have been used to show that people can act in a pro-social manner, and help others due to choice, and because it adds value to their lives, and the end of programme feedback by graduates during this time has shown that such commitment from community volunteers is greatly valued and respected. The value of incorporating the support volunteers can provide in offender programmes is highlighted in the National Offender Management Service consultation document (2007).

How pro-social volunteers are managed is detailed in the Management manual

Hierarchical work structure and communication system

TC residents gradually become integral residents of the community by acting in a variety of work and community roles and contributing to all the activities of daily life in the TC. The hierarchical work structure and more democratic communication systems teach residents to be responsible and to work, following organisational rules and procedures. TC residents become people on whom others can depend, by adhering to procedures, accepting and respecting supervision, and behaving as responsible residents of the TC. The system of sanctions and privileges guides TC residents' learning as they experience the positive and negative consequences of their actions. It is designed to teach TC residents the skills and behaviours they will need to be successful outside the TC.

Developing a day to day therapeutic alliance with a staff group enables the TC member to experience stable and positive pro-social attachments, enhancing the likely internalisation of pro-social values and behaviours.

Internalization of the TC culture and language

TC residents gradually adopt and internalise the language used in the TC. This is a sign of their assimilation into the culture of the TC change process and of the progress they are making. Use of 'TC language' is seen by De Leon (2000) as evidence of this internalisation of TC processes and values.

Open communication and 'no secrets'

TC residents gradually engage in open communication and personal disclosure when they feel that the TC is a safe environment. TC residents eventually learn how to communicate with others and to reveal their inner thoughts, which help them build self-esteem, develop trust, build relationships with others, heal, become self-aware and grow. This process begins initially with staff residents and then in group settings with peers. Sharing feelings in public is an important part of the self- help recovery process. Sharing feelings is part of the mutual self-help recovery process as well because as TC residents realize that they are not alone and that other people experience the same feelings. No secrets exist in the TC. No confidences can remain in separate groups. When rules are broken, the infraction is discussed publicly to ensure that everyone feels safe and to maintain the integrity of the community.

Structure of the Core Programme

Summary

- Twenty four week structured programme

- Multi-model delivery style, with emphasis on maintaining interactive sessions through Socratic questioning, role play and group discussions

- Four week Induction Phase - To promote basic skills to support TC living
  Induction - Eight structured sessions of one hour covering:
  Cycle of change
  Basic stress management strategies
  Listening skills
  Basic problem solving

- Seventeen week core module phase - To gradually develop further pro-social skills and pro-social beliefs
- Morning module groups 2 hours, usually four times per week. Each module lasts 16 sessions(32 hours):
  1. Community Living
     Skills for TC living
  2. Focus
     Skills to become more self aware
     Skills to become more motivated for change
  3. Interpersonal Relationships
     Skills to improve future interpersonal relationships
  4. Citizenship
     Skills to become positive role models
- Extensive homework through implementation of 'Targets For Change'

- Three week evaluation/review phase
- No structured modules during last three weeks of the programme
- Focus on developing realistic relapse prevention plan

Twenty four week structure

The current twenty four week process is outlined below. The full programme is in the appendix.

Week	Start/Finish	Sessions	Sessions	Sessions	Sessions	Phase
	Induction	**Community Living**	**Focus**	**Interpersonal Relationships**	**Citizenship**	
1	1-2					**Phase 1**
2	3-4					**Phase 1**
3	5-6					**Phase 1**
4	7-8					**Phase 1**
5		1-4				**Phase 2**
6		5-8				**Phase 2**
7		9-12				**Phase 2**
8		13-14				**Phase 2**
9		15-16				**Phase 2**
10			1-4			**Phase 2**
11			5-8			**Phase 2**
12			9-12			**Phase 2**
13			13-16			**Phase 2**
14				1-4		**Phase 2**
15				5 – 9		**Phase 2**
16				10-13		**Phase 2**
17				14 -16		**Phase 2**
18					1-4	**Phase 2**
19					5-8	**Phase 2**
20					9-12	**Phase 2**
21					13-16	**Phase 2**
22	Evaluations					**Phase 3**
23	Evaluations					**Phase 3**
24	Evaluations					**Phase 3**
TOTAL 2HR sessions	**8**	**16**	**16**	**16**	**16**	**72**
TOTAL HRS	**16**	***32***	***32***	***32***	***32***	***148***

Induction Phase

In the Induction phase, individuals are located within the community, but do not take part in any of the TC or core module processes. Within this phase, they are worked with daily by facilitators on a one to one basis, using motivational interviewing, with the aim being to introduce them broadly to the concepts and rules of the programme, but also to help them identify their own goals for how they wish the programme to help them, as well as to provide an opportunity for formal psychometric assessment.

Graduate peers are also assigned to support these individuals on an informal basis, through discussion of their own experiences on the programme, answering any concerns the individual may have, and attempting to build a positive relationship with them.

Individuals are given a 'taster' of what the core programme may be like, with some gentle and short groupwork sessions, focusing on what to expect within the core programme, and overview of listening skills and how to manage stress that may arise within the core modules.

If individuals fulfil the criteria required for selection (see below) they are then moved on to the core programme.

The core programme

Delivery methods

All facilitators are trained in delivering the structured elements of the programme using a motivational interviewing style and use of Socratic questioning to draw information from the group.

Within the core programme, individuals are involved in all parts of the TC processes (see below) as well as attending two hour sessions that form four main learning modules: Community Living; Focus; Interpersonal Relationships and Citizenship. These are delivered using a variety of methods, including didactic presentation, group discussion, role play, thought showering and pairs work.

The rationale for each module is detailed below (see the programme manual for the content of each module):

Community Living

The purpose of the Community Living module is to introduce the participants to the ethos and processes of the Challenge to Change Community. Each session considers a core concept around living as part of the community. Participants have the opportunity to try new ways of behaving and should be mutually supporting other members to achieve the change that is implicit in the title of the programme. It is expected that initially individuals may find it difficult to fit within these processes, and as such they are supported in developing these community living skills by identifying targets for change within the sessions, which are monitored, reinforced and if necessary challenged within the TC processes (see below). According to the model of change noted above, it is

assumed that at this stage individuals lack mindfulness or insight into their actions, and as such targets set are predominantly concrete, observable, and behavioural, and are only targeted on community living skills.

The Community Living module targets the following areas:

Challenging attitudes to authority within the community
Citizenship within the community
Managing conflict
Understanding and challenging personal boundaries
Taking responsibility for interpersonal behaviour
Communication with others

Focus Module

Participants learn through the course that being aware of their own thinking, self-talk and comfort zones they can positively motivate themselves forward. Participants learn to set goals to keep them thinking forward in a positive direction rather than dwelling on what they don't want. Underlying the whole course is the conscious appraisal of oneself. Participants learn the importance of gaining insight and understanding about themselves, which in turn encourages them to think ahead and move forward. The Focus module provides the participants with a 'mental tool kit' designed to help them not only to live within the community, but learn skills on how to plan, and self manage.

The Focus module is a progressive course, starting with a look at individuals' beliefs and how they affect their behaviour, addressing individuals' comfort walls and motivations that have manifested in the (criminal) choices made in the past. By helping participants to understand how they regulate their behaviour according to their beliefs gives a starting point for each individual to, consider where they came from and, work on to decide where they are going. Participants also develop knowledge of how their own thinking and 'self-talk' keeps either anti-social or pro-social behaviour going. Knowing how to develop the confidence to think forward hopefully, rather than think back negatively, enhances optimism and commitment to change. Within this module individuals are supported in starting the process of goal setting (or planning) for both daily living within the TC, and a life outside prison, with the main aim at this stage of giving the participants an opportunity to discuss their personal fears and concerns about putting such change into practice.

The Focus module targets the following areas:

Thinking skills
Self awareness
Learning to forgive
Personal challenge to change
Enhancing Motivation to change
Identifying personal choices

Interpersonal Relationships

At this stage of the programme participants will be established members of the community having completed the Community Living and Focus modules. Community members who have reached this point in the programme will be proving their commitment and maturity through taking greater responsibilities within the community, whilst others may have taken time out, or been removed.

Participants will already have a good understanding of basic community concepts and through completing previous modules will have gained background knowledge of the concepts to be developed during this module. Having the core community knowledge and being more aware of potentially negative or limited thinking through the Focus material clients should be ready to develop previously introduced ideas.

Each session identifies elements which directly relate to the participant's relationships with others both inside and outside of prison. With an emphasis upon interpersonal skills the sessions require participants to consider previous their motivations for offending, and the consequences of these for themselves and their relationships with others. With an increased awareness of the personal value of developing more stable and meaningful relationships is established, participants are supported in identifying interpersonal and self management skills which will enhance this process.

The interpersonal relationships module targets the following areas:

Motivations for offending and manipulation
Negotiation skills – to further develop empathy, conflict resolution, listening skills
Perspective taking – this was introduced in the Community Living intervention and is further reinforced here.
Victim awareness - defining a victim and consider self victimisation, the effects of crime from a victims perspective
Emotional awareness - looking at emotional reactions and how to manage these appropriately
Social skills - how to develop these further within the Kainos community
Communications skills - again re-affirmed from previous modules and moving onto look at different 'states' of communication

Childhood experiences often leave offenders with a distorted view of relationships. Working alongside this module, the Kainos community allows participants to experience a positive environment to enable them to practice the learning of these new skills, and use them to build new, more stable and more pro-social relationships.

Citizenship

By the time of the final Citizenship module, it is assumed that participants have become more aware of the need for them as senior residents of the Challenge to Change community to be active *'positive role-models'.* This module then is an opportunity to link this responsibility into pro-social re-integration within society as an active theme. Thus generalisation of skills learnt within the programme is seen as a key target of change in this module.

The theme of the Citizenship module for participants therefore has two viewpoints, *inside* the Kainos community/Prison and *outside* in the wider community. It is assumed that consideration of scenarios both inside the prison in their new roles of responsibility and linking these to scenarios outside of prison can help to develop thinking skills through challenging preconceived ideas and judgments through peer group influence. Involvement of ideas and judgments of other group members is therefore essential through these sessions with tutors recapping and reflecting upon the appropriate raised learning points and ongoing targets for change following release of move on from the community.

Thus, whilst the purpose and processes of the Citizenship module are consistent throughout every programme delivery, the actual content of the sessions are often developed through identifying the ongoing attitudes, beliefs and behaviour that continue to put each group member at risk of future offending.

Sessions in this module include democracy, social welfare, moral reasoning and managing life stressors.

Finally a session is included which introduces to group members the challenge of re-integration to society. This is designed as an introductory session offering basic information. Whilst Kainos staff can assist in community members in such areas it is important in this model that participants take responsibility for their own pre-release plans and liaise with the appropriate departments. Thus, whilst staff introduce this process, and support community members in accessing appropriate support both within and outside of the prison, a formal relapse prevention plan is not undertaken. (see programme manual for more detail on how the programme links in to other agencies).

Review phase

Within the last three weeks of the programme, individuals no longer take part in the formal modules, but still take an active part in leading the processes of the therapeutic community. Their role at this stage is threefold: Firstly to support other TC members in developing pro-social skills within the community, both within community meetings and on a one-to-one basis; secondly to continue to practice and internalise the skills learnt on the programme in the safe TC setting; and thirdly to consider how to generalise these skills in more detail following discharge from the TC, including developing personal relapse prevention plans and how to manage any ongoing needs and linking in to relevant professionals. However, again as stated above, whilst individuals are supported and encouraged in using their time within this final phase in the above manner, this review phase is seen as a time of handing over responsibility for ongoing change from the community to the individual, and thus no formalisation of this process occurs.

Ongoing TC living

Programme completers are encouraged to remain within the TC environment for at least six months in total, and are allowed to remain there up to eighteen months, should places be available. However it should be noted that due to prison regime limitations, only limited numbers of places are available for graduates. Whilst all efforts are made to keep prisoners requiring further treatment where possible, due to these limits those wishing to be mentors are usually prioritised. Where possible, the purpose of encouraging continued living within the TC is to continue this 'handing over' of responsibility in a graded manner, by allowing individuals to continue to act as pro-social peers to those on the programme, but also by allowing them greater freedom and responsibility to choose to continue to behave in the pro-social manner developed within the programme.

Structured TC processes

Summary

Groups and meetings
Daily spur meetings
Weekly extended spur meetings
Weekly community meetings
Weekly discussion group

Work/mentoring opportunities

Individual sessions

Complementary activities
Free association
Evenings/weekends

Additional elements
Family Daynd

Good Neighbour Weeke

Structured daily routines

De Leon (2000) highlights the importance of allowing offenders to learn to live within regular routines, as this is seen as critical in developing a strong work ethic, which is linked to reductions in offending. He also stresses the important of learning to live within clear structures, which they have responsibility to maintain, as this not only allows for practice of pro-social skills, but also allows internalisation of TC value systems and personal responsibility.

Each day has a formal schedule of therapeutic and educational activities with prescribed formats, fixed times and routine procedures. Order, routine activities and a rigid schedule counter the characteristically disordered lives of TC residents and leave little time for negative thinking and boredom, factors that often contribute to relapse.

The value of the structured day is that it teaches the benefits of:

Being productive - For residents who lack structure in their lives, the TC teaches goal setting, how to establish productive routines, the completion of chores and time management.

Consistent performance - For residents who have trouble achieving long-term goals, the TC routine teaches that goal attainment occurs one step at a time and rewards consistent performance.

Filling free time - The full schedule provides certainty and reduces anxiety associated

with free time that typically triggered offending behaviour in the past.

Minimizing self-defeating thoughts- For residents who may be withdrawn, the structured day lessens their preoccupation with self-defeating thoughts.

Thus, in addition to the core modules which are run by staff, the additional TC elements are run by residents wherever possible. The details of how these structured elements are delivered are detailed in the TC programme, manual.

An example week of how these elements fit in with the core modules is provided below:

Date	**Morning Group 1**	**Morning Group 2**	**Morning Group 3**	**Afternoon Group 1**	**Afternoon Group 2**	**Afternoon Group 3**	Evening
Mon	Citizenship - 1 *TV Room 1* *Roger*	Citizenship - 1 *TV Room3* *Jenny*	Cleaning & Community Activities	2.30pm Mentors Meeting-TV room 1 3.00pm Spur meeting 4.15pm Community Meeting Community Activities			Bible study (optional) Led by Chaplaincy
Tues	Cleaning & Community Activities	Citizenship - 2 *TV Room3* *Jenny*	Citizenship - 1 *TV Room1* *Steve*	Spur meeting Gym and One to One's Therapeutic duties/Work			
Wed	Citizenship - 2 *TV Room2* *Roger*	Citizenship - 3 *TV Room3* *Jenny*	Citizenship – 2 *TV Room 1* *Steve*	Ancillary Period Spur Meeting Therapeutic duties/work			
Thurs	Citizenship – 3 *TV Room2* *Roger*	Cleaning & Community Activities	Citizenship – 3 *TV Room1* *Steve*	Therapeutic duties/work Spur meeting Gym and One to One's			Social Development Evening *with volunteers*
Fri	Quiz *Community Room* *Roger*			Free Association Spur meeting Community Activities Therapeutic duties/work			

Meetings

Community Meetings

The community meetings are held once per week, and involve all offenders and staff involved in the programme. Overseen by staff, the meeting is usually chaired by a mentor, who is either a graduate of the programme, or an individual in the later stages of the programme.

The function of the community meetings are to help community members develop the skills to highlight areas of conflict in a pro-social manner, and to develop the social and conflict resolution skills necessary to address such situations. It is assumed that those early in the programme will find this process harder than those who have experienced the process for longer, and thus gradually decreasing allowances are made in this regard as the programme progresses.

Learning opportunities within this element of the TC includes:

- Taking responsibility for oneself
- Developing decision making skills
- Developing ethical thinking skills/social perspective taking
- Enhancing conflict resolution skills
- Encouraging the management of emotions
- Supporting assertiveness
- Managing large group dynamics

Spur Meetings (Daily)

These are held on a daily basis, with all the spurs meeting at the same time. Additional meetings can be called at by any member of that spur in agreement with the mentor if there is an issue on that spur of concern to the 'residents'.

These are scheduled to last 30 minutes although there is scope to allow some extra time when needed. The prime purpose is to ensure that daily issues can be resolved, or anything that has arisen overnight to cause the residents concern. Such issues might be residents displaying behaviour that goes against their targets for change, as well as daily conflict issues, such as the use of radios disturbing others, cups left unwashed, rumours that have been heard etc. Minutes are taken by the duty mentor and are read at the weekly Spur meeting and issues also brought to the attention to all residents at the Community Meeting

Spur Meetings (Weekly)

Initially in the first few weeks these sessions may be devoted more to practical problem solving of Spur Issues, but by mid way through the Community Living Module the residents of that spur will spend the majority of their time looking at issues that each resident brings, how they are evidencing change through practice of their targets for change, and the extent to which they are becoming part of the community. A visual example of residents participation is enforced by the use of 'The Wheel'

A KC staff member or prison officer will also be present.

Issues examined within these sessions include:

- Feelings of alienation from the Community
- How individuals feel they are placed (Fit in) within the Community and Spur

- Issues that revolve around relationships in the spur
- Issues around evidencing targets for change
- An opportunity for Encouragement and Pull ups

Groups

Discussion group

A discussion group focusing on particular topics linked to offending is arranged once per week. The aim is to helping them to develop greater insight into linking their social and cognitive skills deficits in these areas to their offending. Such a topic area might be 'harm done to others as a result of offending'.

Social Development evening

One evening every week a regular group of volunteers meet with the course participants for a 'Social Development' evening. Discussions take place of a general social nature, including current affairs and where participants might discuss family matters. The purpose of this evening is to give participants insight into the 'world outside' and to mix with residents of the community whom they might not otherwise have had contact and so broaden their social skills and understanding. (See appendix for structure)

Individual sessions

Residents are seen on four occasions during each module. The aims of this are to:

- Assess the level of learning arising from the groupwork
- To discuss targets for change arising from the groupwork
- To discuss any offence paralleling behaviour observed within the TC
- To identify and resolve any difficulties within the groupwork
- To encourage motivation to engage with both group and TC processes

The method is to use a Motivational Interviewing style, and collaborative enquiry. Sessions usually take one hour, and the outcome of the session is to identify any treatment interfering factors which may require clear targets for change which need to be added to their ILP.

Additional Activities

Weekends

Whilst there is no formal structure to the rest of the evenings or weekends within the programme, during these times it is the responsibility of the Mentors to support those earlier in the programme to develop insight and coping mechanisms to better help them manage life within the community. Mentors are supported in this process on a daily basis by staff involved in the programme and issues are brought up and discussed further both in the community meetings and in the discussion groups.

Ancillary periods/free association

Free sessions are built in to every week, to allow flexibility to address any difficulties that either a particular member might have at that time in a group setting, or to allow further discussion on how to resolve any community issues directly with those involved. If such a period is not needed, then the session becomes one of free association, where TC residents socialise, but are always encouraged and monitored by wing staff to continue to practice the skills learnt in the modules.

There is also at least one period in this time each week where a DVD chosen by a member of staff will be shown, followed by an informal discussion. The DVD is usually one that provides an opportunity for discussion of community 'right living' issues, via the use of films that usually have a 'moral dilemma'. This engages the residents in a more informal social activity that still allows for group discussion and learning of skills needed to live pro-socially.

For many it is also an exercise in concentration over a concerted period of time. However for others the subject matter is something that may or may not be of interest to them personally, but it allows them to take the perspective of others.

Gym activities

Although not part of the formal programme, as physical health is known to influence mental health (eg Makell et al 2005), and as exercise is known to reduce symptoms of anxiety and depression (McDonald and Hodgeson 1991), healthy living and aerobic group exercise is provided by the prison gym instructors, and incorporated into the weekly activities undergone by TC members.

An example of a full week is detailed below:

Therapeutic/work duties

In line with De Leon's (2000) recommendations for best practice within TCs, it is the responsibility of the community members to maintain the living accommodation, and as such all participants have their own daily duties to undertake. They are deemed to be therapeutic, as it provides experience of developing and maintaining structured daily routines that are of benefit to others, not just themselves, as well as supporting the ability to manage routine (and perhaps boring) activities, which can have a positive impact on reducing impulsivity and hedonistic motivations.

Within the Kainos community three groups are run concurrently, each group has a turn in a to do therapeutic duties in the morning while the other groups undertaking structured sessions. The individuals that are in group that is doing the therapeutic duties for that day are assigned specific duties, however it is the group's responsibility to see that the tasks are completed.

There are 10 people to a group.

The activities last from 9:00am till 12:00 every morning 3 days a week for each specific group. There is opportunity each afternoon for community members to do community

activities as a community every afternoon when they are not participating in meetings, doing one to one sessions etc.

The duties that need are divided up by the group are:

Keeping the wings clean (wash & polish floors),

Keep the community area clean (dust,wash & polish floors)

Keep fish tank clean,

Keep book library tidy & clean),

Keep shower areas clean and tidy,

Clean classrooms in the afternoon.

increase a resident's sense of affiliation with the community.
· TC residents are challenged continually to change by being put in job situations with increasing Work is important for TC residents to engage in as:

· TC residents can practice work skills in a controlled and structured setting.
· TC residents are in an environment where it is safe to act out, discuss their feelings and increase their self-awareness of pro V anti-work attitudes and behaviours.
· The work hierarchy and the fact that TC residents are responsible for the functioning of the TC performance demands and expectations.
· The TC work hierarchy approximates the real world of work; moving up in the TC work hierarchy requires skills similar to those needed to advance in a job or career in the outside world.

The use of Mentors

As noted above in the discussion of the theory underpinning TC's, it is assumed that pro-social modelling of peers can facilitate the process of change, as well as enhancing the commitment for change for individuals given that responsibility. It is for this reason that peer mentors are used throughout the TC elements of the programme. There are usually two mentors on each wing spur, providing two mentors for fourteen men. Any issues that arise out of formal sessions are managed initially by the mentors, and fed back to staff facilitators on a daily basis (For selection, training and support of these mentors please see the training and management manuals).

The management of peer supports is detailed within the TC manual, but an overview of the peer hierarchy is provided below.

Mentor hierarchy

Participants names, seniority and Job functions are posted on the Community Bulletin Board, so that all may be aware of the structural hierarchy of the Community.

The Kainos TC provides an orderly and rational process for TC members to progress through the peer work structure and hierarchy, as follows:

· *Peer group member:* When TC members first enter the community, they are assigned to a specific spur. They are asked to perform simple tasks and are assessed to determine their attitudes, personal and work habits, and basic self- management skills, such as following directions and accepting supervisor's authority.

· *Peer supporter: (MENTOR)* When TC members have shown initiative and the willingness to take on more responsibility, they may be assigned to be probationary mentors and given responsibility for supporting other TC members. Probationary mentors focus on improving work relations and self management, while promoting a strong work ethic.

· *Advanced peer leadership:* TC members who have performed well as probationary mentors may advance to more responsible positions such as full mentor or senior mentor/community President. In these positions, TC members are responsible for maintaining the safety and healing environment of the TC by making sure rules are followed and systems are maintained. Also to make sure that new prisoners are fully inducted into the programme and to liaise with Kainos and Wing staff. They are considered peer leaders who are role models for right living.

Targeting of criminogenic risk factors and programme sequencing

Summary

- TC residents require learning from the INDUCTION module to aid settlement into the core module.
- TC members require support in the COMMUNITY LIVING module to understand basic skills required to live within the TC rules and processes,
- The value and processes of these skills are then discussed and practiced within the FOCUS module.
- The INTERPERSONAL RELATIONSHIPS module links positive TC changes to value of developing pro-social interpersonal relationships following release.
- The CITIZENSHIP module, supports TC members in generalising the skills learnt within the community to the role as a citizen within their own community following release.
- Responsibility for change is gradually handed over from the programme to the individual as the programme progresses, with time to practice this responsibility made available through structured and unstructured TC processes and taking on roles as mentors

As has been noted above, the core modules aim specifically to address four main criminogenic risk factors, namely poor cognitive skills, cognitive support for offending, deficits in self management, decision making and problem solving, and poor pro-social interpersonal skills.

The manner in which these are addressed is undertaken in two ways, firstly through formal sessions where individuals are supported in learning the concepts and processes of such skills, and through in vivo practice, feedback and review of these skills within the TC environment, initially with consider able support from mentors, peers and staff, but as the programme progresses with greater personal choice and responsibility.

In addition, also as noted above, supporting the development of pro-social ties and attitudes in discussed briefly within the CBT sessions, but the main intervention occurs within the TC processes.

How each criminogenic risk factor is managed is outlined below, with a more detailed link to the module sessions provided in the appendix:

The multi modal nature of the delivery can be found within the programme manual.

Self management, decision making and problem solving difficulties

It is assumed that when individuals initially become members of the therapeutic community they will be prone to reacting impulsively, and find it difficult at first to resolve community conflicts without an impulsive, emotionally driven response. Thus, whilst in the initial assessment phase they will be provided with the ethos and rules of the TC and programme, it is anticipated that at first their behaviour will need to be closely monitored and challenged within community meetings and discussion groups.

In order to be able to remain within the community, at first only practical and concrete methods to manage and resolve conflict, such as using the community meetings, talking to mentors etc are discussed within the community living module, with targets for change and feedback identified both in these sessions and in the group discussions.

Once individuals feel more settled within the community, it is assumed they will feel more open to gaining insight and understanding into the role of self management skills in resolving interpersonal difficulties and the influence their previous lack of self management and problem solving has had on others (including consequences of offending), with the aim of building cognitive dissonance and enhancing commitment to change. Individuals are also taught self regulation and emotional management strategies, This occurs within the Focus and Interpersonal Relationships module, from which behavioural targets for change are identified and monitored.

The value of maintaining rational choice through emotional control within the wider community following discharge from the programme is then discussed and reinforced within the Citizenship module.

Throughout the programme, evidence of deploying self management strategies to avoid impulsive behaviour, either through external or internal processes, is monitored by staff, mentors and peers, and brought to community meetings and discussion groups in order to highlight and resolve, with responsibility for this processes falling more with the individual as they progress through the programme.

Poor pro-social interpersonal skills

In order to manage within the community, practical social skills along with self management are seen as a keen initial target for change. Initially it is assumed that in order to avoid impulsive acts, community members will also need support in improving their ability to communicate and manage their needs within the social framework of the TC. Practical social skills are thus included within the first Community Living module. The broader implications of these skills, and the cognitive changes required to support the broader use of these skills are then incorporated into the Focus and Relationships modules, with the implications of using these skills following discharge examined within the citizenship module.

Initially in the programme community members are provided with clear social behaviours to be seen to engage in, with an understanding that at first they may not see the true value of these behaviours, and are supported in using practical conflict resolution and negotiation skills in community meetings, discussion groups and within free association.

As they progress through the programme, and these concrete skills develop, they are then supported within the community in taking greater responsibility for pro-actively managing social situations, not just to resolve conflict, but also to lead groups, and mentor other community members, with the aim that this promotes a sense of value associated with maintaining these behaviours, not just within the TC, but also following discharge.

Poor cognitive skills

It is assumed within this model that individuals will present initially within the community with difficulties in problem solving, consequential thinking and reasoning, but as noted above, until they are better able to manage their affective state and hence impulsivity, may find it difficult to have enough self control to develop their cognitive skills.

It is for this reason that although thoughts affecting behaviour within the community are discussed briefly in the Community Living module, thinking skills are not formally introduced until the Focus module, when the cognitive influences on behaviour are discussed in more detail, including perspective taking, understanding thinking, and linking how thinking relates to behaviour.

Once insight into how changing thoughts can influence behaviour has been gained within TC situations, and the benefits of such changes have been experienced, how thinking may determine behaviour following discharge from the programme is examined within the Citizenship module, with an aim of enhancing commitment to using cognitive skills learnt on the programme following discharge.

Cognitive support for offending

It is assumed that initially TC members may feel a degree of resistance towards considering their anti-social attitudes until they feel more socially settled within the community and have already experienced some positive practical changes from being part of the programme, such as being exposed to less violence than the rest of the prison.

In the Community Living module, it is thus only the attitudes to authority session which begins the process of gently challenging anti- authority beliefs, and then only in relation to prison authority figures.

Once they have experienced positive changes in their thinking skills, it is then assumed they are gradually more likely to be open to accepting challenges to their belief systems that increase the risk of their offending. This gentle challenging of attitudes is thus then followed through in the Focus and Interpersonal Relationships modules, where how their attitudes influence anti-social acts is discussed in more detail, and then their attitude to victims is considered, using a motivational interviewing style to get group members to identify any false beliefs they may hold.

Finally, in the Citizenship module, when individuals are assumed to have greater thinking and social skills, the sessions then focus on challenging their anti-social beliefs more

directly, considering anti-social behaviour specifically, and using moral reasoning approaches to encourage change in these beliefs.

Supporting the development of pro-social ties and identification with pro-social models

Through the successful resolution of TC issues, involving the modelling of pro-social behaviours from graduate peers, volunteers, facilitators and staff, newer TC members can test and compare anti-social to pro-social interpersonal processes. As personal stability within the TC is usually facilitated through adopting pro-socially modelled norms, such group members experience positive reinforcement when behaving pro-socially, and become more likely to adopt that behaviour.

The manner in which the process may be applied to an individual within the programme is detailed in the case study of Mr A, found in the appendix.

Selection and deselection of offenders

Summary

Referral criteria

All offenders within the prison are eligible to self refer, or be referred on to the assessment phase of the programme if they:

- Have an OGRS score of 30 or more
- Have more than 7 months left to serve

Initial selection

Selected onto the induction phase of the programme by:

- Presence of at least two of the four dynamic criminogenic risk factors, assessed by:
  - Crime-PICsII
  - Barratt Impulsivity Scale (BIS-II)
  - Semi-structured questionnaire
- Drug free during four week induction phase
- Agrees to the programme contracts

Induction phase assessment

- Behavioural monitoring
- Drug testing
- EPQ-R
- Development of Individual Learning Plan (ILP)
- Initial targets for change (TFC)

De-selected/excluded from the programme if:

- A literacy age of below 10 years
- Score more than 25 on the Hare Psychopathy Checklist (though with a clinical override for those scoring 25-29)
- Untreated sexual offending
- Break the daily rules of the unit
- Refusal/fail to identify and/or practice targets for change

Referral and selection process

Initial selection

More detail can be found in the Management manual, but briefly, any individual within the prison may refer themselves, or be referred by another staff member, on to the programme, as long as their OGRS score is more than 30.

The main criteria for selection for the programme is demonstrable evidence that the offender has cognitive deficits in the areas targeted by the programme. These are assessed by the appropriate psychometric tests detailed below, together with a semi-structured interview. This occurs prior to admission into the induction phase of the programme.

As a combined measure of assessing the risk factors of behavioural self management, and effective problem solving, the Barratt Impulsivity Scale- BIS-II (Barratt 1994) is used, both for assessment and as a measure of self reported change in impulsivity.

As a standardised measure to assess the level of attitudes supporting of offending, the Crime Pics II is used (Michael & Associates 1994)

These tools are administered by facilitators, but their marking and interpretation are undertaken by prison psychologists with the appropriate training.

In addition potential TC members undertake the semi-structured interview, where they are asked to consider several social situations to assess their ability to consider consequences of behaviours, to assess their thinking skills, and also in their ability to employ appropriate social skills in these situations. This is used to assess their knowledge of pro-social interpersonal skills and experience of using problem solving strategies.

As noted above, the meta-analytical review by Mc Guire (2002) indicated offenders with multiple needs were more at risk of offending, and suggested that interventions that tackle a range of problems should be more effective than those that target a single problem. It is for this reason that should an offender be assessed as having only one target area for treatment, they are deemed less likely to benefit from the programme, and preference is provided for those with more than one risk factors assessed as being present. However, it should be noted that this process is open to clinical override, should the treatment manager consider that the potential TC member may still reduce his risk of offending through effective targeting of this single area.

However, in the main, should individuals display any two of either high levels of impulsivity (a score of more than 60 on the BIS-II), pro criminal thinking patterns (a G score of 6 or more), poor social skills and/or poor thinking skills (as assessed using clinical judgement from the semi-structured interview and soft skills checklist), they are then selected to continue on to the main part of the programme.

Induction assessment

Within the Induction phase of the programme, individuals are then observed interacting with other TC members and a staff member fills in a 'soft skills' checklist, identifying observed examples of the presence or absence of any social skills. The EPQ-R is also administered to assist in identification of personality styles which may inform treatment. These combined measures helps to inform the development of the prisoner's initial Independent Learning Plan (ILP) which is drawn up in collaboration with the offender during individual sessions within the induction phase.

Exclusion Criteria

If the offender is assessed as not having the required risk factors, the information from the psychometrics and semi-structured questionnaire is fed back to them. The information is then sent to their case officer, with a recommendation that, as their OGRS score indicates a medium to high risk of reoffending, they be assessed for alternative interventions.

Selection Criteria

Age and gender

Although earlier versions of the programmes were delivered to female adult offenders at High Point about 4 years ago, all recent experience with the programme has been with male adults. Experience with young offenders has been very limited. The current programme thus is targeted for males above the age of 21. However, it is proposed that in future adapted versions of the programme may be submitted for accreditation aimed at addressing the specific needs of female and young offenders.

Risk

Due to the high intensity nature of the main programme and time made available to remain within the TC environment to continue learning (six months up to eighteen months) the programme is targeted at medium to high risk offenders, with an OGRS score of 30 or more.

Time left to serve

As the core programme is for a minimum of six months, including processing time for referrals, prisoners are required to have at least seven months left to serve.

Offence type

As noted above, the four main criminogenic risk factors targeted are self management deficits, poor pro-social interpersonal skills, poor cognitive skills and cognitive support for offending. As these criminogenic risk factors underpin many reactive crimes, the programme is generic and thus not targeted at any particular offence group. This is in line with previous recommendations such as Ross and Fabiano (1985) for selection within other offender programmes. As individuals with one or less of these deficits would not be

selected for the programme, this would thus be likely to preclude certain types of crime where considerable planning and social skills may be required, such as large scale drug dealing, or highly planned instrumental crimes such as fraud.

Due to the specific needs of sex offenders, sex offenders who have not already completed appropriate sex offender programmes would not be deemed to be suitable for this programme. However, should treated sex offenders continue to exhibit two or more of the risk areas targeted by the programme, then they could be considered for the programme at this point.

Psychopathy

Treatment of individuals who fulfil the criteria for psychopathy is currently a contentious issue. Whilst Harris et al (1991) concluded that group TC treatment was not effective for those who fulfil the criteria for psychopathy according to Hare's Psychopathy Checklist (PCL-R, Hare 1985), further work has suggested that a combined structured, but flexible, treatment approach may be the treatment of choice for this group (Reiss 1996, Wexler 1997, Losel 1998). However, Gray et al (2002) found, for example, that medium scoring psychopaths dropped out of treatment earlier than high scoring ones. This suggests that psychopaths may not be a homogenous group. It is also difficult to assert that **all** psychopaths are likely to be unresponsive to treatment.

However, in line with the recommendations made by the CSAP panel, an offender would not normally be selected for the programme if they scored 25 or more on the PCL-R, although a clinical override may be used for scores of between 25-29.

As with all TC members, should an individual with a score of 25-29 be selected for the programme, if their behaviour became unmanageable within the TC or group setting, such as by excessive intimidation, bulling or duping of TC members or staff, or if they were responding in a highly irresponsible manner, then they would be removed from the programme.

Drug use

Although no- free one is excluded from the programme based on past levels of illicit drug use, in order to progress through to the main part of the programme, all prospective TC members must be illicit drug.

Literacy

Many of the sessions of the Challenge to Change programme require the ability to read and write English to a level equivalent to an average ten year old. This means that candidates for Challenge to Change who do not possess such skills will need to attain them before starting a course.

However, it should be noted that this is assessed on a case by case basis. As the programme is set within a TC environment and participants see each other outside the actual programme itself, it has been frequently observed that those on the programme who may start with poor command of written English, and there have been many such participants, particularly at HMP The Verne, they are often assisted in their reading and

writing in connection with the programme by more able participants, which assists with the pro-social modelling process.

Cultural differences

Due to the expectation within the programme that TC members learn to develop perspective taking, and acceptance of alternative views, the inclusion of individuals with different cultural and religious beliefs and backgrounds is positively encouraged. Wherever possible, the programme aims to have a mixture of ethnicities within the programme, as this can provide useful opportunities to develop the above skills. All specific cultural requirements such prayer times can be accommodated within the programme. Any initial discomfort that an individual may feel regarding the manner in which their ethnicity may be treated within the programme is addressed within the Community Living module and within community meetings, as within the TC model, all TC members are treated as unique individuals, and no labels are attached.

Deselection processes

Full details may be found in the Management manual, but briefly individuals may be deselected from the programme on the following grounds:

Drug use

During the four week Induction phase prospective TC members are tested twice per week to assess whether they are using illicit drugs. Anyone found positive for illicit drugs would have an initially warning and a one to one session with a staff member. A second illicit positive drugs test would cause that individual to be deselected from the programme. Once on the main part of the programme, individuals may again follow the above procedure, and would be deselected from the programme following a positive illicit drugs test. Any positive illicit drug tests whilst individuals remain on the TC wing following programme completion would result in immediate removal.

Non compliance with TC rules and boundaries

Although, especially in the early phases of treatment, offence paralleling behaviours are anticipated, physical aggression is not tolerated within the community. Depending on the severity of the assault, an individual may be given one warning, with a second violent incident resulting in removal from the programme, or may be removed immediately.

As noted above, it is assumed that at first TC members will find it difficult to adhere strictly to the social boundaries imposed by the programme, and thus breaking of rules as long it does not cause physical harm to others is allowed to occur within the first ten weeks of the programme without formal warnings. However, any rules broken are discussed in the community meetings and discussion groups, with a view to supporting the individual to develop appropriate skills to reduce the risk of future rule breaking.

After ten weeks, should an individual continue to break any TC rules, whilst still supported in attempting to develop adaptive coping mechanisms, they are provided with three graded warnings, and are removed from the programme after any infringement following the third warning.

Treatment intensity and duration

Summary

- Duration in line with minimum recommendations for a TC
- Duration in excess of minimum recommendations for CBT programmes
- Hybrid model manages treatment responsivity issues
- Research support for the efficacy of a 24 week hybrid programme

TC duration

Taylor (2000) found that at Grendon a stay of 18 months or more appeared related to a significant drop in offending rates compared to those who spent less than 18 months.

However, research by the Ley Community (Small 2001), identified that engagement for six months resulted in the best reduction rates in offending, with engagement of more six months showing significantly lower rates of offending than less than six months. This research also showed that as individuals remained in the community for eighteen months, offending rates again reduced significantly.

For this reason the TC element of the programme for any individual is run for a minimum of 24 weeks, but where possible individuals are encouraged remain within the TC for up to eighteen months where possible.

CBT intervention intensity

The 'what works' literature suggests that for cognitive behaviour programmes, a minimum of 40 hours is required for programmes to show any significant reductions in rates of offending, but this may vary according to risk (Eck 1997). The Reasoning and Rehabilitation programme (Ross and Fabiano 1988) was seventy two hours in duration, the Enhanced Thinking Skills Programme developed in the United Kingdom prison service was forty.

The Kainos Challenge to Change programme core modules consist of 64 two hour sessions, which classes this as a high intensity programme.

repeat the core modules from the next cycle.

Meeting treatment responsivity issues

As noted above according to the 'what works' literature, a key component of successful programmes are those that are responsive to the needs of the individual group members.

Within the Kainos Challenge to Change programme treatment responsivity is managed in three ways. Firstly, should an individual appear to be requiring information provided later in the core modules, a peer graduate is encouraged to discuss this information with TC member concerned. Should they require even more support, then this information would

be discussed further in their one to one work with the facilitator. Secondly any difficulties or needs not met directly by the formal modules may be discussed, with targets for change and methods to achieve these changes identified, either in the community meetings, discussion groups, or on a one to one basis. This process is also supported informally by the peer supporters, who feedback their own observations to facilitators during the peer supporter meeting once per week. Thirdly, should an individual be deemed to still be struggling by the end of the any module, they have the opportunity to repeat the parts necessary to catch up.

As individuals develop their social and cognitive skills within the community, the extent to which TC responsibilities are given to that individual will depend on the rate of this development. Their progress is also discussed in the self evaluation sessions, with any additional specific targets for change noted.

Research support for 24 week programme

It was initially hypothesised that a hybrid model might require less time to effect change than a pure TC model, but would still require a significant period of treatment as defined by CBT programmes for medium to high risk offenders. This hypothesis, in combination with the limitations imposed by the prison regime where the programme was to be operated resulted in the 24 week programme being developed as described.

As noted above in the section on treatment effectiveness, the research conducted to date on the Kainos programme delivered with its current levels of intensity and duration would suggest, especially with the more recent data, clear reductions in targeted attitudes and behaviour, compared to prisoners within the same risk scales who have not attended the programme.

Although clearly more research is needed, this would suggest that the current intensity and duration of the programme is having a treatment effect.

Monitoring and Evaluation

Summary

Maintaining treatment integrity

- All staff are selected, trained and monitored according to clear criteria laid out in the management/training manuals
- All programme elements are monitored and supervised by the treatment manager as laid out in the management/evaluation manuals
- All changes to the programme must undergo a clear assessment process before being incorporated as detailed in the management manual

Assessing programme effectiveness in prison

- Residents behaviour is monitored within session and within spurs by both residents and other staff
- Reports are written for each resident at the end of each module and at the end of the programme, identifying progress made and remaining areas of need
- Pre and post measures compared on psychometrics, and responses to consequential and problem solving questions within the semi-structured questionnaire.

Maintaining treatment integrity

According to the 'what works' literature eg Nathan and Gorman (1998), Losel (1995), it is imperative that any programme developed from evidence based practice should maintain the content and process suggested by that evidence.

In the first few years of development, it was not clear from the evidence precisely which approaches might yield the best outcomes. As a result, the programme was run using both full time and part time TC models, and the content of the sessions, whilst set for each programme, were monitored in several ways for internal and external validity. Firstly, at the end of each session, participants were asked to fill in a session assessment form, rating their own self reported knowledge acquisition and perceived value of the session. These were then compared to facilitator appraisals, to assess which elements of programme delivery appeared to be internalised the quickest. Secondly, individuals were then observed within the TC environment to see to what extent any internalisation of knowledge was being acted upon. Thirdly, at the end of each programme, the rate of progression of each group member was assessed by staff in relation to programme delivery. After three revolutions of the programme, the staff and TC member perceived

efficacy of the programme was rated, and changes were made to the content of the sessions according to those observations, and then run and assess for a further three revolutions.

In addition, as noted above the rates of offending were assessed using external researchers, and compared to the internal ratings of treatment efficacy. In light of the poor results noted in the 2001 study, changes to the programme were made according to the principles noted above.

Since 2005, following the more positive research results noted above, this process has now ceased. All programme modules are delivered in the same way and are monitored for treatment integrity in the following manner (full details are available in the monitoring and evaluation manual):

Facilitator training

In order for programme facilitators to be able to deliver the programme in this clear and consistent manner, it has been imperative to ensure that they are trained appropriately from the outset. Facilitator training within the programme is comprehensive, intensive and ongoing. Whilst the full details are available with the training manual, but briefly, after a selection process where the presence of interpersonal, cognitive and presentation skills are assessed, each staff facilitator undergoes the following training programme:

Week one: Formal training

Monday Week 1	09.30 Start 17.00 Finish	• *Introduction to Programme* • Understanding Cognitive Behavioural Theory **(**CBT) • CBT within the prison service • Deficits targeted by CBT Programmes • Theory of Therapeutic Communities • TC Processes • Kainos Community model • Kainos overview / Kainos structure & treatment aims • Encouraging behaviour change / cycle of change • Motivational interviewing techniques
Tuesday Week 1	09:00 Start 17.00 Finish	• Style of delivery / Socratic style • Using motivational interview techniques • Listening skills / exercise • Managing difficult group members • Introduction to TC groupwork skills • Responsivity and diversity in group work • TC staff responsibilities
Weds Week 1	09.00 Start 17.00 Finish	• Familiarisation of Programme / Intervention and Programme materials • Modelling of formal groupwork skills • Overview and aims of Community Living • Preparation to deliver Community Living module • Delivery of Community Living module • Feedback • Overview and aims of Focus • Preparation to deliver Focus module

Thur Week 1	09.00 Start 17.00 Finish	• Delivery of Focus module • Feedback • Overview and aims of Interpersonal Relationships • Preparation to deliver Interpersonal Relationships module • Delivery of Interpersonal Relationships module • Feedback
Fri	09:00 Start	• Overview and aims of Citizenship • Preparation to deliver Citizenship module • Delivery of Citizenship module • Feedback • Overview of meetings / spur / community • Facilitation of a meeting • Feedback • Debrief with Training Manager

Week Two to Six: Opportunity to observe experienced tutors, and then co-facilitate sessions at different prisons, with the more experienced facilitator leading the groups
Week Seven: Trainees lead formal groups with a more experienced facilitator observing. They also spend two hours per day with the treatment manager, going through the theory and practice of TC facilitator processes, prior to running TC groups themselves
Week Eight: Undertake administrative tasks supporting the programme and co- facilitate community meetings, in addition to co-facilitation of TC groups and leading of core module sessions
Weeks Nine to Twelve: Taking the lead in co-facilitating all formal sessions and community groups with treatment manager observation and review

The Induction process lasts three months. The process is gradual and is overseen by their line manager through continuous assessment. At the end of the induction phase, the facilitator's observed skills are matched to the core competencies. Should it be deemed appropriate, at this stage the facilitator would move from a trainee to full facilitator role.

Should they be deemed to still require further training in certain areas, this would be organised through further co-facilitation and review, with a formal review date arranged, prior to the end of the staff member's probationary period of six months. Should they be deemed not to have reached competency by this stage, the probationary period may be reviewed, or their employment could be terminated.

Prison staff training

In addition to facilitators, wing staff play a central role in providing opportunities for pro-social modelling. All wing staff employed on the TC wings are provided with a one day TC awareness programme, which highlights the aims of the programme, and how these aims are met by the content and processes of both the CBT and TC elements.

Wing staff are then provided with a further one day follow up training per year, with the aim of identifying their views on the running of the wing in line with TC ethos, and managing any concerns they may have. (See the training manual for further details).

Mentor monitoring and support

The mentors are also monitored. This is detailed in the management manual, but briefly follows the process noted below:

Every week there is a mentors meeting, facilitated by a member of staff, where mentors can raise any concerns, and discuss collectively any methods by which they feel they might be able to address these issues. Using a motivational interviewing style, the staff member facilitates the decision making process, and it is the role of that facilitator to then support the mentors in implementing their proposed solution. In addition mentors are required to write down each morning how the TC processes were adhered to, or not, during the night before. Any TC issues are then brought to the community meeting to be discussed as a group, with facilitators helping to support to the group in using these TC processes more effectively.

Should any mentors be having difficulties, or be seen to be acting themselves in a manner at variance to the ethos of the programme, they are then offered one to one time to discuss this more fully with a facilitator. If they continue to act in such a manner, they are given one warning, and if this behaviour continues for more than one day, they are then relieved of their mentor status (see the management manual).

Should mentors require it, as noted above, they are also able to discuss with any staff member concerns they might have about non adherence to TC processes at any time, on an informal basis, but these concerns are then written down by that staff member and brought to staff group supervision meetings.

Maintaining Treatment Integrity within the core modules

In addition to appropriate trained and selected staff, treatment integrity within the programme is maintained through:

- Selection of offenders according to the standard criteria
- Ensuring facilitator debriefing sessions occur on a daily basis.
- Ensuring mentor debriefing occurs on a daily basis
- The attendance of the treatment manager on 10% of all sessions run
- Fortnightly individual facilitator supervision sessions
- Tutor performance being regularly monitored against a set of standard competencies, with any outstanding issues highlight and monitored for improvement
- Weekly reviews of participant progress to ensure responsivity to individual needs
- Programme/participant notes to ensure continuity between different facilitators
- Structured and clearly outlined programme plans detailed in the programme manual for how each session should be delivered - This must be adhered to without changing, adding or deleting elements of the programme as laid out in the manual.
- Yearly audit of the programme according to clearly laid out criteria
- Staff and participant attendance monitored throughout the programme
- Volunteers are monitored in the delivery of their elements within the programme, using the same session monitoring regime as the facilitators, noted above.

The treatment manager randomly sits in on, an average of three sessions for each module. Adherence to the session plan is assessed, as are the Socratic processes employed within the session. These are then fed back to the facilitators immediately following that session. Any issues remaining unresolved are then taken to supervision with that facilitator.

Should any particular facilitator appear to be regularly deviating from the programme manual, they will be observed more regularly in their programme delivery, and if this continues may either receive further training, or they may lose their facilitator role.

This process is detailed more fully in the Management and Evaluation manuals

Maintaining treatment integrity of TC processes

Due to the flexible nature of managing social change within a therapeutic milieu noted by De Leon (2000), the content of the TC elements are not monitored in detail. However, the processes that occur within the TC are monitored closely.

The manner in which facilitators manage the community meeting and facilitate group discussions is monitored by random attendance by the treatment manager at community meetings, discussion groups, and observation of informal processes undertaken by facilitators when in the TC but not in sessions. These are noted by the treatment manager and fed back to the facilitators during their weekly supervision session, with targets for change noted, and discussed at the next supervision session.

In addition, the staff team meet as a group once per week to assess the social dynamics of TC members within the TC, in order to develop a management plan for any issues of concern. Within this meeting the prison staff dynamics are also reviewed, with any potential difficulties with wing staff identified. If there is a difficulty with one individual, then it is the role of the treatment manager to discuss any concerns with that individual. Should difficulties persist, these concerns are then discussed in the tripartite meetings, with the programme manager then given the responsibility for managing these concerns. Full details of this process can be seen in the Management manual.

Assessing treatment effectiveness

Assessing behaviour changes whilst in prison

Routine behavioural records are kept of all those on the programme, which includes the following:

- Targets for change developed at the end of each session
- Examples of targets for change occurring (or not) through the soft skills assessment checklist
- Attendance and participation in sessions
- Attendance and participation in TC elements
- Any adjudications

Each prison establishment produces a bi-monthly report covering programme completion rates, assaults, adjudications, additional days, voluntary and mandatory drug tests for those on the Kainos Challenge to Change programme, and is compared to the prison as a whole.

Once per month, wing staff are asked to fill in a TC satisfaction questionnaire, to assess the extent to which they feel resident's behaviour within the TC spurs is working within TC principles. Any wing staff concerns are accepted at any time, and are noted with the TC processes notes by the treatment manager, to be brought up at the next community meeting, with actions taken also noted.

At the end of each module, a module report is written for each graduate and discussed with them, identifying progress made within their targets for change arising from their ILP and from that module.

At the end of each programme, a final programme report is written for each graduate, noting initial risk factors identified for that offender, and evidence of their cognitive and behavioural changes observed within the TC. Also included in this report are ongoing areas of need, which are discussed with the graduate, with strategies for management of these needs identified and written down. This graduate report is then given to the graduate, and a copy is placed within their prison file.

At the end of each programme, graduates are asked to complete the psychometric measures for impulsivity and criminal thinking styles, and the social and cognitive skills interview, to assess to what extent their scores have changed on these measures. Although not undertaken to date, it is then envisaged that reconviction data (see below) will be compared to these measures, to ascertain the extent to which these measures correlate with any changes in offending rates.

In addition, it has been proposed that an independent researcher, Dr Gillian Ragsdell of Loughborough University, undertake research specifically into the efficacy of the TC as a pro-social process within prison, which she terms the 'social capital' of the community. It is the aim of this research to assess the extent to which longer established communities achieve higher levels of 'social capital' and whether this has any influence upon behavioural disturbance within the community. It is also envisaged that this research with attempt to ascertain the 'active ingredients' of the programme, in order to consider reviewing the programme session elements to enhance best practice.

Monitoring treatment effectiveness following release

As noted above, it has been a central aim of the Kainos team to provide independent evidence regarding the influence of the Challenge to Change programme on offending rates.

As such, independent research has been undertaken in 2001, 2004 and 2006, and is ongoing with the current research by Portsmouth University. Whilst initial results were disappointing, as can be seen from the above, recent results appear more promising.

It is the intention of the Kainos team to fund further research into the offending rates of graduates of the programme on a repeating eighteen month basis, in a similar manner to that having been undertaken to date (see monitoring and evaluation manual for more details).

Monitoring Costs of Kainos programmes

Costs are monitored from time to time. 2004 figures show around 150 completions at an average cost of just over £1100. It is difficult to compare costs but published costs of other prison programme show that accredited cognitive skills programmes cost over £2,000 for each completion. It should also be recalled that Kainos works on a full time basis in contrast to most programmes that are a few hours a week at most.

Continuity and resettlement processes

Summary

- Active involvement of family and significant others by letter and family day
- End of programme report sent to appropriate prison agencies, eg CARAT team, Sentence Planning Officer etc
- Facilitation of referrals to other programmes where appropriate
- Facilitation of contact with appropriate outside agencies
- Contact made before programme completion with prison probation

Family/ significant other involvement

One key criminogenic risk factor noted by the accreditation panel is the influence of social networks on offending. It is for this reason that not only are professional services involved in supporting TC members towards the end of their programme (see below), but family members and significant others are involved in the process.

Once per month, with the consent of the TC member, a letter is sent out, written by both the TC member and a facilitator, to family members and significant others detailing the progress made by that TC member within the programme. Whilst undergoing the Citizenship module, these significant others are invited for a 'Family Day', which provides opportunities for the following (for more detail see the programme manual):

- For family members, if they can, to portray to the TC member precisely how their offending has impacted upon their family network to date.
- For the TC member to highlight the changes that have occurred for them within the programme, and how family members can support them in maintaining these changes through the rest of their prison sentence and following release.
- For family members to highlight any concerns they may have regarding relapse of the TC member following release, and a problem solving session to identify how to minimise these risks.
- An opportunity for TC members to thank friends and family for any future support they may be able to offer.

It has been noted in the ten years since the programme has been run that these are often rewarding, but emotionally draining days for both TC members and the family. TC members have often remarked anecdotally how beneficial they have found these days in motivating them to maintain changes following programme completion, but these emotions must be handled in sensitive manner for both TC members and their family (see programme manual).

Prison Systems

Following completion of the formal sections of the module, TC members undergo a Graduation Ceremony, where their achievements are noted, and also their ongoing targets for change. On a one to one basis, an end of programme report is discussed with the TC member (see Management manual). This end of programme report is sent with the offender if they then move on to another prison, along with their usual prison records. Within this report ongoing needs are identified, and practical strategies for management of these needs are discussed, with the TC member given the responsibility (with support from facilitators where necessary) to access appropriate prison or community based services.

Such areas of need can be for fears of returning to drug use, employment skills, developing social support networks in the community, attending education etc. Where needed the facilitator will initiate contact with such either prison or community based services, and arrange an initial meeting between such a professional and the TC member, before they are discharged from the community. Professionals in this instance may be facilitators from other programmes, drugs workers, education staff, chaplaincy etc.

The facilitator's role is then to support the TC member in following through with any outcomes from these meetings, but at this stage takes no further responsibility in ensuring any ongoing contact is made. However, should it be noted that the TC member is not making use of these services, it is the role of the facilitator at this point, using a motivational interviewing style, to help the TC member identify and resolve any areas of resistances, whilst still leaving the choice and responsibility for engagement with that TC member.

During the post programme phase, all TC members are supported in making contact with probation services for one-to-one work aimed at either maintaining change following a move to another prison, or managing areas of ongoing need following release, such as housing, employment, education and finances.

Support is also offered on release through the newly piloted Kainos in the Community Programme (see Management Manual).

Summary

The Challenge to Change programme recognises the validity of the 'What Works principles' and practices the principles of effective case management as cited by Partridge (2004). This approach is delivered utilising a hybrid model of structured core modules combining CBT principles with social reasoning discussion, set within a mixed democratic and hierarchical TC environment.

As seen in the consensus from researchers such as Andrews, Gendreau, McGuire and others, interventions which have a greater success rate in reducing re-offending have the following characteristics:

- Effective programmes are clearly conceptualised, theoretically driven, empirically based and likely to involve cognitive behavioural models
- They incorporate a risk assessment of re-offending
- They focus on individual life characteristics that are conducive or supportive of offending; e.g. skill deficits, anti-social attitudes
- In these interventions the interaction between staff and offenders is designed to reflect the learning styles of the majority of offenders
- Effective programmes are delivered by trained staff that are enthusiastic, empathetic and adhere to pre-decided methodological principles

The Challenge to Change programme incorporates all of these elements and is delivered by enthusiastic, empathic staff that are trained and supervised to adhere to the methodological principles that are backed by the theory.

The **Community Living** module provides the foundation block for the Challenge to Change interventions. The success of Challenge to Change rests with the constant re-enforcement that takes place within the community. Participants are provided with positive role models from peers, staff and volunteers to enable them to experience how a community interacts, the consequences of behaviours and to look positively at how to re-integrate within society.

In the **Interpersonal Relationships** module offenders' perspectives are further challenged and a victim perspective is brought into the frame. This use of role play throughout the programme enables behaviours and attributes to be considered within a supportive environment whereby constructive feedback is given immediately and participants are provided with the opportunity to discuss their thoughts and feelings.

The **Focus** module provides the participants with a 'mental tool kit' designed to help them not only to live within the community, but learn skills on how to plan, and self manage.

The **Citizenship** module then is an opportunity to link developing skills and insights learnt in the previous modules into pro-social re-integration within society, seen as a key target of change in this module.

The concept of perspective taking runs throughout the Challenge to Change programme. Kainos communities work with offenders on the concepts of considering a different and often an alien perspective to situations. Offenders often have pre-conceived ideas of how 'the world' is, 'Challenge to Change' seeks to change that view through constantly re-enforcing that perspectives do not have to be fixed and providing the opportunity for individuals to work as a group to identify different behaviours in a community setting.

The opportunity for practice, challenge, review and change of skills to reduce **self management deficits, poor cognitive skills, cognitive support for offending** and **poor pro-social skills** is provided by the consistent re-enforcement of the theories learnt in the modules within the therapeutic environment, through identification, monitoring and review of **Targets for Change** in daily and weekly spur meetings, and weekly community meetings. In addition the TC environment allows for the development, testing and monitoring of **pro-social ties and models,** through shared living, reality testing, pro-social modelling of mentors, other residents and staff, and developing structured daily routines including work**.**

This then is the basis for the success of Challenge to Change programme, which has shown promising results in reducing re-offending and has already been shown to provide a stable, calm environment for offenders in prison, with significant reductions in adjudications and assaults.

Appendix A: Dynamic Risk Factors factors targeted by the Challenge to Change programme

Treatment Methods used in delivering the programme

Tutor = T
Large Group Discussion / Exercise (4 +) = LGD
Small Group Discussion / Exercise (2 to 4) = SGD
Experiential exercise=E
Role Play = RP
Individual Attention = I
Video = V

a. Self management, decision making and problem solving

Induction

- Session 5 Problem solving (T, LGD)
- Session 7 and 8 Dealing with stress (T, LGD, V)

Community Living

- Session 2 Functioning in Community (T, LGD)
- Session 6 Conflict resolution (T , SGD)
- Session 7-12- Personal boundaries (T, LGD, SGD, RP, V)
- Session 15 Communication Skills (T, LGD)

Focus

- Session 7 Comfort Walls (T, LGD,)
- Session 9 Motivation & Choices (T, SGD)
- Session 10 Choices (T, LGD, I)
- Session 14 How can I change (T, LGD,)
- Session 16 Keeping focused (T, LGD, SGD, RP,)

Interpersonal Relationships

- Session 8 Negotiation skills (T, LGD, SGD, E, R)
- Session 13 Temperance (T, LGD,)

Citizenship

- Session 5 Moral Reasoning (T, LGD,)
- Session 6-9 Managing life stresses (T, LGD, SGD, RP)

b. Poor pro-social interpersonal skills

Induction

- Session 4 Listening skills

Community Living

- Session 4 Functioning in Community (T, LGD)
- Session 5Attitude to authority (T, LGD, SGD, RP)
- Session 6 Conflict resolution (T , SGD)
- Session 15 Communication Skills (T, LGD)
- Session 16 Accountability & Responsibility (T, LGD, V)

Focus

- Session 3 Exploring our behaviour (T, LGD, I)
- Session 5 Motivation & Choices (T, SGD)

Interpersonal Relationships

- Session 6 Negotiation Skills (T, LGD,)
- Session 11-15 Emotional awareness (T, LGD, SGD, E)
- Session 16 Social Skills (T, LGD, SGD, RP,)

c. Poor cognitive skills

Induction

- Problem solving

Community Living

- Session 13 Perspective taking (T, LGD)
- Session 14 Mr Perfect/Imperfect (T, LGD)
- Session 16 Accountability & Responsibility (T, LGD, V)

Focus

- Session 1 Understanding our Thinking (T, LGD,)
- Session 2-3 Knowing Yourself (T, SGD, LGD, V)
- Session 5 Johari's window (T, LGD, I)
- Session 6 Looking at ourselves (T, SGD)
- Session 8 Exploring how our thoughts affect our actions (T, LGD, I)
- Session 11 The cycle of change (T, LGD, I)
- Session 12 The challenge to change (T,LGD, I)

Interpersonal Relationships

- Session 9 Perspective Taking (T, LGD, RP,)

Citizenship

- Session 1 Understanding the Democratic process (T, LGD,)
- Session 2 Social Welfare & responsibility for the wider community (T, LGD,)
- Session 3 Social Obligation (T, LGD,)
- Session 4 Anti Social Behaviour (T, LGD, SGD,)
- Session 5 Moral Reasoning (T, LGD,)
- Session 6 Action plan to reintegrate into society (T, LGD,)

d. Cognitive support for offending

Community Living

- Session 5 Attitude to authority (T, LGD, SGD, RP)

Focus

- Session 5 Motivation & Choices (T, SGD)

Interpersonal Relationships

- Session 1Moral reasoning (T, LGD, SGD)
- Session 2 Coveting (T, LGD, SGD, E)
- Session 3 Lying (T, LGD, SGD, E)
- Session 4 Stealing (T,LGD, SGD, E)
- Session 5 Faithfulness (T, LGD, SGD, E)
- Session 6 Sanctity of life (T, LGD, SGD, E)
- Session 7 Respect (T, LGD, SGD, E)

- Session 9 Perspective Taking (T, LGD, RP,)
- Session 10 Victim awareness (T, LGD,)

Citizenship

- Session 1 Understanding the Democratic process (T, LGD,)
- Session 2 Social Welfare & responsibility for the wider community (T, LGD,)
- Session 3 Social Obligation (T, LGD,)
- Session 4 Anti Social Behaviour (T, LGD, SGD,)
- Session 5 Moral Reasoning (T, LGD,)
- Session 6 Action plan to reintegrate into society (T, LGD,)

Appendix b: Sessional content

Course/ Session	Induction	Community Living	Focus	Interpersonal Relationships	Citizenship	Evenings	GNW
1	**Social Development Evenings** Exploring interaction the wider community. Developing social skills	**Introduction to programme,** courses and the history of Kainos	**Understanding our thinking.** Exploring the way we think the way we do	**Introduction.** Why Moral Reasoning? Relevance in today's society.	**Democracy.** Democratic process. Forms of government. Democracy & authority	**Introduction.** The amazing body. The Amazing brain. How we think	**Talk One: Why be a good Neighbour** Treat others as I would like to be treated – The golden rule
2	**The Cycle of change.** The circle. Entry into changed behaviour.	**Community meetings** Solving real life problems. Healthy interaction with peers	**Knowing yourself**. Where we get our self beliefs from. Past conditioning	**Coveting.** Wanting what is not mine. Shopping Material things. Envy, greed etc.	**Social welfare** responsibility in the community. Multi-culture. Considering others	**Cleanliness.** Ancient and 'modern' diseases. General hygiene	**Talk two: Love** What is real love.
3	**Maslow's hierarchy of** needs. Behavioural messages .	**The wall.** Being aware of the mask we wear. Seeing our own faults. Being willing to let others help us	**Knowing yourself.** There is good in you. Who am I?	**Lying.** Why do we lie? Types of lies (propaganda etc). Gossip. A healthy alternative	**Social obligation.** Where am I in society? Progress in society	**AIDS.** Info. Avoidance and treatment	**Talk three: To love myself** Dealing with failure, regrets. Forgiving myself
4	**Listening skills** Principles of listening	**Citizenship within a community**. Considering re-integration into society	**Forgiveness.** The concept of forgiveness. Stories of forgiveness. Can I forgive? Can I forgive myself?	**Stealing.** Forms of stealing (copyright etc.). Finding things. Is our conscience telling us something?	**Anti-social behaviour.** What is A.S.B. ASBO's. Addressing A.S.B.	**STD's.** Symptoms, avoidance and treatment. Faithfulness is healthy	**Talk four: Who is my Neighbour?** The person next door to the people in other countries. The cost being a good neighbour
5	**Problem Solving** Developing thinking skills. Team building	**Attitude to authority.** Considering the need and attitude towards authority	**Johari's Window.** The open, the blind, the hidden the unknown	**Faithfulness.** Adultery, sex marriage. Five ways to keep a faithful relationship	**Moral reasoning.** Understanding Moral reasoning, right/ wrong. Choosing right.	**Men's problems.** Three men's cancers	**Talk Five: Can I do it on my own?** To change we need help. No man is an island. Accepting help
6	**Topic discusions** Developing thinking skills. How I view the world	**Dealing with conflict.** Identifying types of conflict. How to deal with it	**Looking at ourselves.**. Exploring behaviour patterns. Self image	**Sanctity of life.** Murder. Forms of killing. Forgiveness	Managing life stress		**Talk six: Everybody needs good neighbours.** The ripple effect. Taking responsibility for my neighbours
7	**Induction**	**What are Boundaries?** Case study. Examples of boundaries	**Comfort walls.** Looking at how people protect themselves	**Respect.** Respect in families, society and relationships. Five things we can learn from a dysfunctional example	Managing life stress		
8	**Stress.** History. Facts and identifying stress	**What are my boundaries?.** Case study Identifying boundaries	**Where do I want to go?** Exploring how our thinking steers our actions	**Negotiation skills**. Listening skills. Conflict resolution. Empathy. Mediation	Managing life stress		
9	**Dealing with stress.** Lifestyle, eating, exercise etc.	**What's within my boundaries? (1)** Case study Feelings, attitudes, behaviour, choices and values	**Motivation and choices.** Discovering ways we can find and motivate ourselves	**Perspective taking.** Development of and putting Perspective taking skills into practice	Managing life stress		
10	Previous learning. Self awareness. Understanding different 'states' of communication	**What's within my boundaries? (2)** Setting limits, talents, thoughts, desires and love	**Choices.** Consequences of choices and actions. Making better choices	**Victim Awareness.** Defining a 'victim'. Considering victims. Effects of Crime/ my crime. Self victimisation	**Re-integration into society.** Awareness of issues. Action **plan & goals. resources**		
11	**Communication skills.**	**Poor Boundaries** Controllers Compliants Avoidants Non-responsives Saying "No"	**The Cycle of change 2**. The circle. Entry into changed behaviour. Escape/ relapse. Choosing right behaviour	**Emotional Awareness.** Unhelpful emotional reactions. Managing them. Where do emotions come from?	Relapse prevention		
12	**Quiz** Team building. Healthy competition	**Ten rules of boundaries.** Rebuilding boundaries. Taking responsibility	**Challenge to change**. Taking hold of life/ the Kainos challenge	**Emotional Awareness. Looking at Anger** Identifying anger triggers	Relapse prevention		
13		**Perspective taking.** Preconceived ideas. Stereotyping. Developing an open mind	**Temperance.** Self control in eating and drinking. Dangers of smoking Motivation for change Decisional balance	**Emotional Awareness.** Understanding Anger. Arousal	Relapse prevention		
14		**Mr Perfect/ Mr imperfect.** Disclosing problems inside us	**How can I change?** Personal affirmations	**Emotional Awareness and Anger.** Four outcomes of anger	Relapse prevention		
15		**Communication skills.** Understanding Levels and types of communication	**Keeping focused.** Different ways of setting realistic goals for the future	**Emotional Awareness and Anger.** Consequences of anger	Relapse prevention		
16		**Accountability & responsibility**. Being aware that actions have consequences to self and others	**Focus**	**Social skills.** Understanding and developing social skills.	Moving on ceremony		

Appendix c: Case study of Mr A

An understanding of the process and sequencing of the hybrid programme may be enhanced through the provision of a case study.

Outlined below is an example of an offender progressing through the programme, moving initially from using awareness derived from sessions to testing behavioural changes in the TC, to increasing motivation to use these new skills to change behaviours within his own community following release.

Induction phase experience

Mr A has been selected for the programme due to his reactive violence, difficulties with emotional management, pro-criminal beliefs and poor thinking skills. His OGRS score indicates he has a high risk of re-offending. He is motivated to attend but presents in the Induction phase as suspicious, sceptical that the programme will really help, and distrustful of staff.

Within the Induction phase, graduate peers actively spend informal time with Mr A, highlighting personal change they have noted in themselves from the programme, and normalising his initial reaction to being within the TC. It is noted by peers that Mr A appears to find it difficult to trust, and the topic of trust is discussed within his one to one sessions with his case facilitator, using a motivational interviewing style. He identifies that trust has caused difficulties in relationships in the past, which he is unhappy with.

It is noted by wing staff that Mr A's behaviour on the wing is one of isolation and avoidance, which is observed within the spur meetings. This is also discussed with Mr A within his one to one sessions, using a similar style. He identifies that this is also due to lack of trust, but he has had past experiences of being let down by people. He notes that these feelings preceded several of his offences. It is discussed with Mr A how he might choose to begin to test this belief within the community once he is on the core programme. This is incorporated into his initial ILP, by identifying several targets for change, including asking people for assistance, listening to the views of others, and being open and honest with his feelings.

The sessions within the Induction phase allow Mr A to experience groupwork processes without an expectation that he will engage actively, and for the first few sessions Mr A chooses not to participate. However, within the last two sessions, Mr A is noted to be identifying with difficulties in managing stress.

The issues of emotional management are discussed within his one to one session, and again this is linked to difficulties in trusting others and 'always seeing the worst'. Through MI Mr A identifies that he does not like to think like this, and already has evidence that bad things don't always happen to him. He notes that challenging his negative thinking is also identified as a core programme target for change.

With his agreement, peer supporters are informed of Mr A's targets for change, and they take responsibility for helping Mr A to become mindful of when he appears to be experiencing suspicion and distrust, and discussing the evidence for these beliefs.

Identified process of change

Mr A presents initially with issues of lack of trust, which preceded several offences. MI techniques from facilitators and pro-social modelling from peers allowed Mr A to express his resentments, test boundaries and gain a value from the programme immediately through developing insights and desirable targets for change.

Risk areas targeted:
None

Responsivity areas targeted:
Treatment compliance
Testing boundaries
Trust

Community Living module experience

Within the attitude to authority session Mr A identifies that he has a negative attitude to authority, as he expects to be let down or punished by them. It is discovered by wing staff that Mr A is hiding prohibited goods in his cell. Within the spur meetings, this behaviour is noted by other peers, and through discussion in daily spur meetings he realises he is setting up a self fulfilling prophecy of his beliefs. The punishment is discussed within the community meeting with Mr A, and docked privileges is the mutually accepted consequence.

Within the dealing within conflict session, Mr A identifies that setting up self fulfilling prophecies is a pattern of behaviour which he has exhibited for some time, including within his offending, causing considerable conflict between himself and others. He identifies an additional target for change to be - to gather more information about situations before making assumptions in order to reduce the likelihood of conflict occurring for him within the TC. It is noted within the spur meetings that Mr A is asking more questions.

Within the boundaries sessions Mr A identifies that he shuts people out as he does not want to have to deal with emotions. He notes he is avoidant in his coping style, which has caused him to react with violence to others when they attempt to enter within his comfort wall. Within spur meetings it is noted that if Mr A perceives a criticism has been made about him, he will 'kick off first and ask questions later'. Mr A notes that although he is now aware of this process, he can still jump to conclusions before asking helpful questions. His weekly target for change, discussed within the weekly spur meeting, remains to ask more questions.

The Mr Imperfect/Mr Perfect session provides particular resonance for Mr A, who notes that if he can't do a perfect job, he will often not try at all. He feels this influenced his decision not to complete his TC duty. He also notes that he is intolerant of others, when they do not do things 'as they should'. He notes that to expect everything to be perfect is unrealistic for himself, or others, and has been another cause of conflict for him in the past. A target for change, identified in the session, but to be observed in the TC is

identified to accept when TC processes are 'not running perfectly'. It is noted in the spur meeting later that when a particular video was not available that Mr A wanted to watch, he was able to ask politely for another. This was fed back to Mr A in the daily spur meeting, and he was able to observe this was an improvement for him.

Identified process of change

The sessions supported the development of further insight into coping styles and beliefs that maintained his impulsivity and mood management difficulties. The TC processes allowed opportunities to test the validity of this new awareness, and to attempt pro-social alternatives, with self affirming success.

Risk areas targeted:
Poor cognitive skills
Deficits in self management, decision making and problem solving

Responsivity areas targeted:
Interpersonal conflict
Testing boundaries
Treatment compliance
Locus of control

FOCUS MODULE EXPERIENCE

From the knowing yourself sessions Mr A realises that he has been putting himself down for many years as 'not good enough', because he was rejected by his family and sent to live with his Aunt and Uncle, who were often negative towards him.

He realises that he has internalised this negative self attitude. Within the session he is able to generate some positive self beliefs too. He identifies a target to change to be able to accept a compliment if it occurs, rather than to reject it with a defence. With his agreement, wing graduate leaders are informed of this target for change, and are encouraged to provide Mr A with some opportunities for acceptance of positive feedback.

Within the motivations and choices session Mr A identifies that he doesn't 'have to' react instantly to perceived criticisms from others, and also does not want to. However, he also notes that this behaviour is still difficult for him to manage differently. With his agreement, graduate peers leaders are encouraged to discuss with him informally some of the content of the emotional awareness sessions within the Interpersonal Relationships module, to assist with his insight into mood management skills.

Within the next choices session, Mr A reports feeling that, with more planning, and knowing what his triggers are, he can create more behavioural choices for himself. He identifies his target for change to be to listen to observations about himself from others without judgement. This is tested within the spur meeting, and brought to the community meeting, when he has a disagreement with another TC member, who feels he is 'not working the programme'. He agrees to discuss this at the community meeting, as he feels he was not listened to properly within the spur meeting. Before the meeting he is

reminded of his targets for change, and it is discussed with him how he plans to respond to this observation when in the meeting. This is role played within his one to one session.

In the community meeting the evidence for this lack of engagement is provided (doing a poor cleaning job, and getting angry when this was noted). Mr A appears angry, but nods and accepts that the cups were not put away as they should have been. The mutually agreed consequence is that this role will be temporarily be given to another TC member, who has been showing greater responsibility, but could be given back to Mr A once he feels able to complete the job as specified on a daily basis.

Within the keeping focused session Mr A notes that he has set himself up to fail in the past through setting unrealistic targets, due to his need for perfection. He identifies that the TC targets he has set to date have been realistic, and he has achieved more by setting targets in this way. He identifies he needs to continue to identify small targets for change that he can control, that he has as high chance of succeeding in. It is identified in one of the daily spur meetings that Mr A appears to be discussing his expectations with other residents, showing increased signs of trust, and use checking with others to test the reality of his expectations. Mr A appears pleased within this meeting that this change in behaviour has been observed.

Identified process of change

Mr A has developed insight into the origins of some of his negative, all or nothing thinking patterns, which have caused both internal and external conflicts to occur. This has created cognitive dissonance increasing further motivation to change his attitudes and behaviour towards others. The TC duty provided evidence of this process. The targets for change that were successfully practiced provided evidence of more effective alternatives, confirmed by the keeping focused session.

Risk areas targeted:
Poor cognitive skills
Deficits in self management, decision making and problem solving

Responsivity areas targeted:
Treatment compliance
Testing boundaries
Interpersonal conflict

Interpersonal Relations module experience

Mr A identifies within the coveting, lying, stealing and respect sessions that he has taken goods from others by force due to feeling negative about himself, and wanting to boost his feelings through power and control over others. He notes having engaged in similar behaviours early on in the programme, but feels this has been less evident within recent weeks. In session this observation is supported by other group members. He notes that the possessions he acquired in the past did little to satisfy his needs. He identifies that he has treated others with disrespect as he had little respect for himself, and felt in the past he could not change. Within the perspective taking and victim sessions he notes that he

chose not to consider others, as this reduced any feelings of guilt. He identifies several important family members who he has hurt both physically and emotionally in the past.

Wing staff note that Mr A's behaviour towards others on the wing is more considerate, and he appears to be listening to the views of others without reacting with anger. This is fed back to Mr A within the weekly spur meeting, who again appears pleased this change has been observed. Within the one to one session he notes that he has started to develop 'real' friendships with some other TC members, as he now sees that to listen to their view allows him to understand people better. He notes feeling guilt about the failure and violence of past relationships due to his inability to tolerate the views of others, and a desire to build stable mutually supportive relationships in future. This is discussed in the next daily spur meeting, and several other group members support Mr A's self report of increased levels of attachment to others.

Within the mood management sessions Mr A confirms that some of the strategies he has attempted up to this point have been working for him. He is open to hearing about other strategies he can learn. He identifies another target for change to keep a diary about his mood changes, and monitor the recurring negative thoughts which he needs to challenge. He provides evidence that he is completing this diary.

Identified process of change

Mr A has experienced success within TC relationships, resulting from behavioural change. He is now able to experience and accept guilt associated with past assaultive behaviour towards significant others, providing further motivation to change this behaviour in future. He is testing his new social skills with some success within the community, but now also beginning to generalise some of this learning to planning for developing relationships following release.

Risk areas targeted:
Self management deficits
Poor pro-social interpersonal skills
Poor cognitive skills
Cognitive support for offending

Responsivity areas targeted:
Perspective taking
Motivation for change
Emotional tolerance

Citizenship module experience

It is noted by wing staff that Mr A is in more frequent contact with his family, and Mr A states he is starting to build up those links again.

Mr A is now taking more responsibility in the community. He has chosen to become a peer supporter and is helping particularly those in the induction phase. He is able to recall his own behaviour at this time, and feels this is now useful for him to gain a perspective on how new members may be feeling.

Mr A nearly loses this role, when he is thought to have stolen from an inductee's cell. In the next daily spur meeting, Mr A is angry that he is being challenged. He explains there was a misunderstanding, as he thought the inductee had leant him the tobacco. However, he also notes that he may not have gathered all the facts, and was responsible at least in part for the situation. This is brought to the next community meeting, where the inductee also admits a conversation had taken place, but he did not think he gave Mr A permission to take the tobacco. Mr A apologises to the inductee and returns the tobacco. The community meeting decides that Mr A may continue his role, but must lose privileges for one week.

Within the next weekly spur meeting, Mr A's processing of this situation is examined. He identifies, how his initial reaction was to revert to old blaming behaviours, but was able to realise it was his own behaviour and lack of information gathering which had caused the problem. His target for change is once again to ask for more information.

Within the democracy and social responsibility sessions Mr A identifies how his past egocentric thinking caused him not to be able to consider, or care about, larger community issues. He is able within the sessions to link how individual responsibility within society is what allows society to function, and that if everyone behaved as he used to, society would fall apart. He notes that he still 'gets hot headed' when he feels the system is not 'right' but now is aware that all socials systems will have difficulties, which need challenging through appropriate channels.

Within the managing life stressors sessions, Mr A identifies that he 'still has a long way to go' as he still tends to revert to old thoughts when under pressure, but identifies that much of this pressure is self induced. Within the relapse preventions sessions he identifies triggers both in the TC, and following release, which he feels may get in the way of him building and maintaining stable relationships, and wishing to remain a pro-social citizen within the community. These are lack of money, lack of status and lack of support. He creates written plans for developing employment skills whilst inside, developing satisfying hobbies, and maintaining positive relationships. He also notes that his need for status through possessions, and power and control over others, are factors which, although feeling less compulsive, could continue to put him at risk of further offending. He identifies these as targets for change during the remainder of his stay within the TC.

Identified process of change

Mr A takes more responsibility for his behaviour, placing himself a valued member of a community. The TC incident allows him to practice learning to tolerate, discuss and learn from making mistakes. Group sessions support the identification of plans for future self management. The TC provides opportunities for developing deeper relationships. Mr A's positive TC relationships are encouraging him to build upon community support. He expresses insight into his ongoing risk factors without cognitive distortion, and is developing plans to combat these in the longer term. He is able to take and accept the perspectives of others, including a whole community perspective.

Risk areas targeted
Cognitive support for offending

Deficits in self management
Poor pro-social interpersonal skills
Building ties with pro-social models

Responsivity areas targeted
Reactions to authority/rules
Testing boundaries
Identification with group/societal norms

Graduate phase experience

Mr A spends a further six months as a graduate within the TC. He become the community president, and takes an active role in supporting other peer supporters.

Within daily spur meetings it is identified by other TC members that Mr A is well liked and well respected. Mr A is able to accept the compliment, and reports feeling that he has got the type of respect he always wanted.

Within one to one sessions Mr A notes that he feels more satisfied with his personal relationships, and notes that he is now able to accept any criticism as a learning experience. He continues to develop his own reintegration plans, including going on a business management course, learning cabinet making skills and developing contacts with faith support groups.

He remains mindful of his need for power and control over others, and as a result decides to step down from his community president position. He continues as a peer supporter, supporting those on the induction phase, and notes feeling great satisfaction with this.

Identified process of change

The TC allows Mr A to hold a position of authority, which he does not abuse. The spur meetings allow Mr A to experience positive feedback. Continuance within the pro-social milieu allows Mr A to maintain positive commitment to long term change, as evidenced by ongoing reintegration behaviours and mindfulness.

Risk areas targeted
Cognitive support for offending
Self management
Poor pro-social interpersonal skills
Building ties with pro-social models

Responsivity areas targeted
Continued mindfulness
Motivation
Locus of control

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