

WHAT WORKS IN THERAPEUTIC PRISONS

Evaluating Psychological
Change in Dovegate
Therapeutic Community

Jennifer Brown
Sarah Miller
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What Works in Therapeutic Prisons

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Foreword

Is research the observation that kills or saves Schrödinger's cat?

The seven-year research contract that was undertaken at HMP Dovegate Therapeutic Community (TC) by Jennifer Brown and her team from Surrey University is a landmark undertaking in the British prison system. The nature and the variety of approaches, coupled with the integration of the work into the fabric of the new TC, afforded a real opportunity to explore the nature of change within this unique form of therapy. Jennifer and her team have provided everyone interested in this work with new ideas and evidence about how men change in prison.

Within this book the authors are rigorous in their description and review of the research related to adult democratic TCs in the English prison system. The major reviews and descriptions of TCs and the research related to them are reviewed and referenced so that the reader is easily directed to the wealth of information that the researchers considered.

They paint a clear picture of the nature and intentions of prison-based TCs that is easily accessible to those who have not previously experienced them.

Alongside the reviews of previous literature, the researchers have woven into their account the way in which the changing landscape of Dovegate TC brought different views about what the research was dealing with. The change of Director of Therapy brought different perceptions and constructions of what the TC was about and what it should aspire to be. This was also true for the changing management of the prison of which the TC was part. Like most things, this research was a journey for all concerned, and this book reflects that process.

This foreword is a description of the way in which the research came into being and how the questions that should be asked came to be asked within the context of the time that HMP Dovegate TC was being planned and opened.

It is a strange and somewhat disconcerting experience to read within the chapters of this book the content of interviews given many years ago and to be reminded of the aspirations, anxieties and motivations that were held as Dovegate TC started out. Reading how those elements were received and interpreted in the thought behind the research was a strange experience, and reminded me that each of us is a construction in others' minds. What people choose to do with you in their own heads, and how that affects their own actions, is a process that most of the time is beyond knowing or control. It is

also true that people's constructions are written into histories. There are now accounts of the development of HMP Dovegate and its TC, along with commentary on the people involved, which are exemplars of how this constructive process works. Only if time is taken to check out the perceptions and carry out the process of receiving and giving feedback, can a clear picture emerge of who you are inside someone else's head. In many ways this process is a description of intimacy, but, more importantly, it is a description of how we construct our own universe, people it and then relate to it. In essence, this is what a TC does for its residents and staff. They are engaged in the search for meaning in their constructed universe and the way that their universe allows them to live alongside others in the world. Underpinning this, of course, is the constant search for meaning: both why they have constructed a universe and what it is for.

The TC provides a psychological environment designed to enable people to ask these questions. It is a psychosocial search engine for meaning in which people are actively looking to change. In prison the task goes beyond the intellectual. It is not about just constructing a new understanding and an adapted personal universe; it is about changing the way the person relates and behaves in the world in order to avoid conflict with the criminal justice system. The most important translation of this used by the staff and residents of the TC was: to live a life that does not create any more victims.

The question for the researchers is: "What questions best unlock this process for the people in it?"

I think most people are familiar with the problem posed by Schrödinger's cat: the possibility that a cat in a box in a certain set of circumstances can be thought of as being both dead and alive until observation confirms that it is either one or the other. People in therapy may be thought of as being both changed and unchanged at the same time. It is not until some form of observation is made that it is possible to state whether they have changed or not. However, as noted earlier, people construct their universe and the people in it, and for this reason it seems to me that the relational interpretation makes sense.

In the case of the cat in the box, if you make no fundamental distinction between the human experimenter, the cat and the apparatus, or between animate and inanimate systems, all are quantum systems governed by the same rules, and all may be considered "observers". The relational interpretation allows that different observers can give different accounts of the same series of events, depending on the information they have about the system. The cat can be considered an observer of the apparatus; meanwhile, the experimenter can be considered another observer of the system in the box (the cat plus the apparatus). Before the box is opened, the cat, by nature of its being alive or dead, has information about the state of the apparatus (things in the box have

either changed or not changed); but the experimenter does not have information about the state of the box contents. In this way, the two observers simultaneously have different accounts of the situation. To the cat, the state of the apparatus may have appeared to “collapse”; to the experimenter, the contents of the box appear to be in superposition (the cat possibly being and not being alive at the same time). Not until the box is opened, and both observers have the same information about what happened, do both system states appear to “collapse” into the same definite result, a cat that is either alive or dead.

Not until the people who constitute the TC and the researchers have the same information will it be possible to establish whether change has taken place and what the possible mechanisms for that change might be.

The challenge was, therefore, to conduct research that enabled all the people involved in the TC and the research team access to the same information and for them to be able to recognise change and, if possible, the mechanisms of change.

As the first Director of Therapy for Dovegate TC, it fell to me to draw up the tender documents for the research project that had been written into the contract under which Premier Prisons had won the right to design, construct, manage and finance the new 600-bed prison in Staffordshire. It had been agreed at the very early stages of the Prison Service deciding to include a TC in the new prison that an independent research project should be imbedded in the contract. This had been influenced by the publication of the study of HMP Grendon by Genders and Player in 1995, and the fact that one of the authors had been an advisor to the Prison Service in drawing up the tender specification for the contract. There was also a growing body of research from prison TCs, mostly HMP Grendon, that was showing a reduction in reconviction rates for those men who had completed therapy in a TC. There had been early indications in 1971 and 1973, when George and Newton had reported reductions; however, Cullen’s findings in 1993 started a fresh interest in reconviction, with papers by Newton and Thornton in 1994, Cullen in 1994, Marshall in 1997 and Jones in 1988, all indicating reduction in reconviction for TC residents. Against this background, it had been argued that continuing research was required and that a new purpose-built TC would provide an ideal opportunity to test the model and any modifications that were to be made.

TCs had become a focus for some of the wider discussions about research methods for psychosocial interventions, in particular the relevance of randomised controlled trials (RCTs). In 2005, in his Maxwell Jones Memorial Lecture, Nick Manning noted the continuing difficulties that the methodological debates created for TCs and also demonstrated that the social and political context into which evidence is put affects whether or not evidence is accepted. In part, this echoes Tom Main’s classic paper of 1966 (“Knowledge, learning and freedom from thought”), republished as Main (1990), in which he argues

that as knowledge becomes integrated into our personal universe it acquires emotional attachment. The acceptance of new knowledge can, therefore, be problematic, or, as Main puts it, "The reception of new knowledge thus often involves loving or aggressive impulses, feelings as well as intellect."

So, in making the decision to include an independent research contract as part of the creation of Dovegate TC, what had been opened were the research agendas of those involved and the processes by which they might conflict.

The initial view was that there was a good opportunity to replicate the Grendon study, in part to confirm the previous studies and in part to look for similar social processes. My own inclination was to avoid this and to think anew about what opportunities a new TC with all its innovations and published rationale could offer. This was also a golden moment when research could become truly integrated into the living system that was to be the TC.

Prisons, historically, were not good at tolerating the intrusion of researchers and the questions they asked. Researchers were apt to be seen as liabilities that would cause problems operationally and were likely to come up with uncomfortable conclusions. The disappearance of one or some of the research population due to a whole range of prison-related issues did not only make it difficult for researchers to plan and complete data collection; it often raised more interesting questions about the culture and the norms of prison life. There is a cultural paranoia and distrust in prisons of almost anyone who comes into the prison with a research brief. This, I would suggest, has diminished over the years due to the influence of modernising the Prison Service and the changing cultural and legal environment that has evolved from the mid-1970s. Reading through various publications, such as Cohen and Taylor's *Prison Secrets* (1976), Fitzgerald and Sim's *British Prisons* (1979), Liebling and Price's *The Prison Officer* (2001) and Crawley's *Doing Prison Work* (2004), it is clear that prison work has become more accessible during this time and more carefully considered. This is especially true of the emotional components of prison life for both staff and residents, as more emphasis is placed on the nature of the containment relationship than the punishment and maintenance of power.

There is, though, still a wariness of research, as it implies access to areas that were either physically or emotionally out of bounds to anyone other than staff.

The task, as I saw it, was to integrate the research into the life of the TC, and that this should be done as early as possible. The key word had to be "openness". In order for the researchers to do their work properly and to apply their skills to maximum effect, it was going to be necessary to allow them open access and ensure that everything that we did in the TC should be transparent and open to question. If we were confident that we had designed a TC based on the best evidence that we had at the time, and had written a detailed theory and practice manual, then we should be confident enough and eager for people to examine our work and help us understand and illuminate the things

that worked well and those that did not. Like the men who came to Dovegate willing to change, we too had the obligation to learn and grow.

So, like many things about the start of Dovegate, it was relatively easy to establish the principles of the research. The researchers, whoever they were, would have a central office with the resources they needed and they would have keys like other staff. They would have access to the communities and they would have access to staff and residents. The research team would have the opportunity to have input into the assessment process of new residents to enable them to track people through the whole process, and they would have the opportunity to suggest amendments to our procedures once they started to gather data.

What was also clear was that, by the nature of the TC, the research team would recognise the need to do the work collaboratively with the men. In modern parlance, the service users needed to be involved in the process of design and delivery of the research project. These men were to become experts by experience and had a lot to offer the process. This also reflects the TC ethos that things happen by consensus and democratic process, not by enforcement of a rigid set of rules.

In thinking about these issues whilst drafting the tender documents, we began to get an idea of what criteria we might look for in the research proposals that would be submitted. We would certainly be looking for teams that were proposing high levels of resident participation and collaboration.

This still left us with the issue of what the questions should be.

The Grendon study by Genders and Player (1995) had concentrated on the social processes of the TC and the outcomes as reflected by the psychometric testing that had been part of the Grendon process for some time. The use of participant observation was a major method used, amongst others, to draw data from the day-to-day functioning of the community. What was achieved was a detailed description of the social processes of the community and the construction of a model of change based on the research observations. There were also some indications of what psychometric measures appeared to change as a result of time being spent in the TC. All of the outcomes and the suggested processes were useful in focusing attention on the development model of cognition and the phases of engagement with the TC.

I was confident that the Dovegate TC would contain the same, or very similar, social processes, as the core components of the therapy would be the same as Grendon's and other TCs before them. It seemed to me that, as the same underlying rationale and framework of the group therapy would also be using Yalom's (1995) model of group therapy, there was a need to look beyond a social explanation. As a psychologist, I was interested in how each of the men came to the point where they understood what it meant to change and how that could occur.

It had been a common observation amongst TC workers that people appeared to suddenly “get it”. There were times when there appeared to be dramatic shifts in people’s comprehension of the process that they were in and their understanding of the world. In essence, the universe that they had built, lived in and related to changed, and changed dramatically. It was also a common observation that this “getting it” was unpredictable, in that it could occur at almost any time in a person’s stay in a TC. Furthermore, it appeared to happen in response to a bewildering number of events, interactions or stimuli, such that it seemed to take the person and those around them by surprise. This shift in the way in which the person changed their construction of the world seemed to be a crucial element of change. It is true that not everyone in a TC had this experience as a sudden revelation; many people changed gradually as they assimilated more and more information about possible alternative explanations for why things happened the way they did. However, there appeared to be a point at which there was a distinctive shift, almost like a Kuhnian paradigm shift. It seemed to me that this observed phenomenon needed to be investigated, first to confirm that it actually happened and was not a psychological urban myth, and second, assuming it did exist, to understand what was actually happening.

Focusing on this element of experience brought the individual’s experience to the forefront of the research and meant that what was important for the individual to change became a primary focus.

It is true that the work by Cullen (1993) and others on the reconviction rates at HMP Grendon had added weight to the argument to build a new purpose-built TC prison. It is also my belief that one of the first questions to be asked would be “What difference to the reconviction rate will it make?” If sending people to prison is meant to stop them reoffending, then what effect will going to a TC have? Tax-payers are entitled to ask whether their money is being spent well, and in the case of prison that means less crime by those who are released from prison. The effect of the TC on reconviction had to be in the research contract. There are real problems with the concept of reconviction as an outcome measure for TCs in prison. There is the argument that reconviction is a crude all-or-nothing measure and takes little or no account of the severity of any new convictions. Nor can it take into account crimes committed that are not detected. It is also difficult to determine how much of an effect being in a TC may have alongside all the other experiences that a person may have during a prison sentence, including other offender courses. Despite these difficulties, there is evidence that reconviction rates can be ascertained and that variables such as the time spent in therapy can be shown to affect reconviction. Lawrence Jones’s work demonstrating the relationship between therapy time and reconviction rates is a good example of how this work can be done. The challenge, therefore, was for whoever won the

contract to explore this element and be able to follow people up once they left Dovegate TC.

Genders, in her 2002 paper “Legitimacy, accountability and private prisons”, examines the issues around outcome measures as accountability measures, but also notes in passing that, due to the contractual nature of the private prison, money ring-fenced for research cannot be hived off for other things, which meant that the Dovegate research was likely to be more secure and therefore have time to overcome some of the problems inherent in this type of research.

Finally, I was clear that I wanted to leave space for innovation. In designing the TC we had departed from the Grendon model and the traditional prison model that split clinicians and discipline staff into two distinct groups. At Dovegate TC we all wore uniform and we all trained as prison custody officers. There was no resident “work” beyond maintaining the environment, but there was work-related education. Clinical staff had operational responsibility and discipline staff had equal therapy roles. These kinds of differences would throw up unexpected dynamics, and I wanted a research team that could pick these up and be able to incorporate them into their research programme. Any team that was going to come in to the TC was going to be creative and flexible.

The tender process was something new to me, and I was very grateful for the expert assistance that Ron Blackburn provided throughout the whole process. The rigours of receiving and reviewing non-identifiable bids were a long and demanding task. As always, there were some really good and exciting ideas mixed in with other notions that seemed not to be relevant. Eventually we invited a number of the bidders to present their proposals.

It is a strange experience to be presented to by previous colleagues and to try and keep an objective focus on the content of what is being proposed. At the end of the process, Jennifer Brown and her team were awarded the contract. For my part, I was thrilled at the board’s choice, as it seemed to me that there was a real commitment to involving the residents and staff. The fact that they had thought about how they could integrate into the community process and were open to the residents and staff generating ideas gave a strong message that they had a clear idea of what it meant to work transparently and co-operatively.

The team came in and gently but assuredly built close and productive relationships with the staff team and the residents, recruiting them into the process of research and feeding back to them the results as they became available. Each quarter the team provided me with a report so that I could update the company’s managers. It took very little time for the research team to become part of the community, accepted across the board and respected for their work.

I left before the research came to a conclusion, so this book provides for me a view of something that I helped create and that I could never have had without them. It is for me a valuable source of information with which to adjust my own construction of Dovegate TC and the work that it did.

Did observation kill or save Schrödinger's cat? It would appear, as in so many situations with humans trying to understand and change, that some did, some did not and for some it is difficult to tell.

For those interested in how individuals' constructions of the world and people affect the work they do and the stances they take, I offer this as my view, according to which I worked in creating Dovegate TC and the research programme that was undertaken. As Jean-Paul Sartre said: "Man simply is. Not that he is simply what he conceives himself to be but he is what he wills, and as he conceives himself after already existing – as he wills to be after that leap into existence. Man is nothing else but that which he makes of himself".

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The responsibility for the contents of the book and any of its shortcomings remains with us, the authors.

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1

Aims and Overview

Introduction

If I was in mainstream prison I'd be in a workshop but here basically I'm doing an NVQ in catering, so I'm working towards being a chef and this was something different to try, but I got the bug, it makes me wish I was 25 year younger, but I'm not, but at the end of the day I've got to congratulate them because they've come here, they haven't gone "Oh my god, prisoners", they've treated me as equals they've coached me when I've been struggling. They've given me encouragement; they are a nice set of people to work with.

Primarily this book is about the residents of the Therapeutic Community (TC) in Her Majesty's Prison (HMP) Dovegate. We wanted the first, and last, words to be those of a TC resident. There are several reasons for this. First, politically, it rather pins our colours to the mast by privileging the residents as the most important people in both the therapeutic enterprise and the research that we are reporting. Second, it highlights the importance of our attentiveness to what the TC residents had to say and the insights they had to offer about their own experiences of therapy. Third, embedded within the extract is a clue about the difference between mainstream prison and a therapeutic community, and it offers some tantalising hints about the TC Dovegate ethos, which will be explained in full later. It is also suggestive about the outcomes for this resident. Ultimately interventions within prisons, particularly TCs, are about changing lives. A strong theme of this book is "change" and the role that the TC played in bringing about changes, what they are, whether they are sustainable and what they mean to individual residents.

In this Introduction we provide some background to what we, as researchers, set out to do. We thought it useful to look briefly at the work of HMP Grendon, in terms of both its TC and also some of its associated research activity, not only to show how the Dovegate TC and its research evaluation learnt from

these but also to explain some similarities to and differences from the Grendon experience. As Roland Woodward, the first director of therapy at Dovegate, was very keen that the Dovegate TC “was not a replica of Grendon” (Woodward chapter in Cullen and MacKenzie, 2011, p. 129), it seemed helpful to provide some comparison.

As part of the context, we set out some of the dilemmas and tensions inherent in undertaking a complicated piece of research in a complex setting. This includes some discussion of the competing demands and sometimes conflicting aims of conducting therapy in a private prison and the challenges in undertaking research. We also describe the philosophy underpinning the research and sketch out the key theoretical constructs. A recently published joint inspection by HMI Prison and HMI Probation Services not only provides a timely reminder of why working therapeutically with prisoners is so important but also strengthens the rationale for evaluating the gains to be had from such an intervention (Criminal Justice Joint Inspection, 2013). The inspection team noted (p. 7):

prisoners were able to drift through their sentence without being challenged... Offending behaviour work done in closed prisons was not always consolidated on arrival in open conditions. Transfer from closed to open conditions was a key transitional phase of the life sentence, but prisoners were often poorly prepared for this move; as a result, many suffered a “culture shock” on their arrival in open prison... The quality of assessments and plans completed in prison to manage risk of harm to others was insufficient, with many lacking thorough analysis of the motivation and triggers for the original offending.

This assessment indicates the continuing difficulties in getting assessments and interventions right and supporting the rehabilitative ideals of incarceration. TCs within prisons challenge and address motivation for offending in order to reduce risk of harm to others. We will be describing how this was done within the Dovegate TC and what it achieved. We found evidence of culture shock on re-entry into mainstream prison, and we discuss how ex-TC residents attempted to consolidate the progress they had made when transferring.

From the outset we want to record that we were fully supported in conducting the research by the management of Dovegate and the TC staff. The research that the four of us are reporting was a collaborative effort of many hands, and we endeavour to indicate where a particular set of findings was the work of one of our collaborators. But, above all, we were not only heartened by the generosity of our TC resident research participants but also struck by their insights, and hope that, in the pages that follow, we do these justice.

In the beginning

Setting up Dovegate

Dovegate Therapeutic Community Prison opened in November 2001. Premier Prison won the competitive bid to build a modern purpose-built prison with a TC (Cullen and Miller, 2010). There were four communities, A, B, C and D, later renamed Avalon, Camelot, Genesis and Endeavour, holding up to 60 residents in each within an 800-bedded category B mainstream prison. The TC complex was built around a “market square” which had a decorative fountain and garden with no inner boundary fences. Roland Woodward, the original first director of therapy, was anxious to create a physical environment that supported the TC lifestyle that he and Eric Cullen (who was the lead consultant in the successful bid to operate the Dovegate TC) were to design (Woodward chapter in Cullen and MacKenzie, 2011). The space was important in several regards. It had to accommodate the activities that were to take place and also needed to reflect the openness of the therapeutic model that Roland Woodward wished to create. Part of that openness involved work that Roland did with the local communities living near Uttoxeter, where the prison was to be built, by finding out what it might mean for residents of the two nearby villages to have a prison close by.

There were several other distinctive features that reflected Roland’s inimitable imprint on the genesis of Dovegate. One was his approach to the training of people who were to staff the TCs, and the other was his organising principles for his management team, which became known as the Senate, and its informal shadow, “the fluffy” (more of which shortly). In order to reflect his egalitarian principles, he insisted on a round table to seat the 15 or so members of the Senate, even though this meant building the table in the room that was to house it. His logic was clear. If TC residents were to sit in circles for group therapy, so too were the members of the Senate. This was one tangible attempt to break down the “us and them” barriers. From the outset, both discipline staff and therapy staff wore uniform as a symbolic way to fuse the therapeutic and security functions and also to inhibit some informal hierarchy of professional staff vs. “screws” building up. This fusing was consolidated by the therapy managers being responsible for both functions.

The invention of “the fluffy” was a Roland inspiration, coined after a Harry Potter character (Fluffy was the name of a three-headed dog guarding the “Philosopher’s Stone”). Roland describes the origin of the naming as follows: “It was obvious that our sensitivity meeting that was meant to deal with our unconscious material could only be called one thing. What could be more obvious than the three-headed monster that guards the lower level of our being? Hence, Fluffy” (Woodward chapter in Cullen and MacKenzie, 2011, p. 141).

“The fluffy” was really what members of the Senate wanted it to be – a place to express irritations and frustrations, work through rivalries and jealousies – essentially, Roland created an environment for his staff to allow them to do for themselves what the residents were being asked to do.

“Educom” was a creative mixture of education and commerce designed for the TC residents. Roland was keen that the Dovegate TC was not going to have the light industrial processes of other prisons; rather, he wanted to widen the learning skills and possibilities made available to TC residents through peer tutors as an operationalisation of the “learning from others” principle.

Staff were drawn from newly recruited prison custody officers, many of whom had no prior prison experience, and professionals from psychology, psychiatry and counselling backgrounds. Roland and Eric Cullen prepared a training programme for the new staff. In Chapter 2 we chart the historical origins of the TC movement, and in Chapter 3 we describe in more detail the founding principles and the structuring of the Dovegate TC regime.

Some context

Our research at Dovegate began a decade or so after Elaine Genders and Elaine Player published their ground-breaking study of HMP Grendon TC (Genders and Player, 1995). The background to that study was the climate of despair within the prison system in general, and the therapy community in particular, because of the demise of the rehabilitative ideals of the early 1970s. What came to be labelled “nothing works”, emanating from the Martinson (1974) research, was a critical appraisal of the apparent ineffectualness of prison interventions which painted a bleak picture of the intractability of offending behaviour. In the next chapter, we present an overview of the “nothing works” debate and the development of a rather more optimistic “what works” approach. We also show where the TCs fit, as well as providing an account of TC policies and practices.

The sense of crisis was also being played out through the industrial action taken by prison officers in the 1990s. Prison buildings were in a sad state of neglect, and in 1990 prisoners at HMP Strangeways rioted for 25 days, during which the prison was virtually destroyed, one prisoner died and almost 200 officers and prisoners were injured. The subsequent Woolf report (25 February 1991) was a high water mark of pessimism, noting that the prison system itself, impoverished regimes and poor staff–inmate relationships had contributed to the rioting.

Lord Woolf found a sorry picture when he conducted his review of the prison system. In the ten-year anniversary debate of Lord Woolf’s report in the House of Commons (Hansard, 2001) it was noted that “[i]n 1989–90, the 40-odd local prisons and remand centres were overcrowded by an average of 37 per cent. Some were overcrowded 100 per cent, holding double the number of prisoners

that should have been held.” The effects of the overcrowding meant that often there were three prisoners held in a cell without sanitation or washing facilities and there was a lack of “purposeful activity for prisoners”. The rising prison population exacerbated an already pressurised system.

Genders and Player suggest that, in the aftermath of Woolf, Grendon, which had opened in 1962 to provide treatment for offenders whose mental disorders were insufficient to warrant transfer to hospital, was recognised as an antidote to the dreadful conditions and punitive regimes that were the precursor to the prison riots of 1991. As they indicate, the main aim of therapy at Grendon, when they were undertaking their research, was to facilitate and promote the welfare and well-being of each individual inmate; it was not seen as the apparatus of crime control. Whilst they observed that prevention of crime was an ambition of the Grendon regime, it was not the primary one.

There were other indicators that attention to the rehabilitative aims of prison was restirring. Just when we were beginning our research at Dovegate, The House of Commons Home Affairs Committee, in its investigation into the rehabilitation of offenders, offered a strikingly upbeat note:

We endorse the view of the Prison Service that HMP Grendon is a model of good prison practice and a leader in the treatment of severe personality-disordered offenders. Although by its nature this model of treatment will only be suitable for a minority of offenders, we consider it important that the work done at Grendon should continue. We recommend that the Government should commit itself to maintain and if possible increase the present level of resourcing of Grendon and other therapeutic units.

(House of Commons, Home Affairs Committee, 2004, para. 240)

Government reports such as Corston in 2007 and Bradley in 2009 were more sympathetic to the rehabilitative ideals of prison. The Carter review of prisons seemed, however, to counterbalance this by recommending large-scale, state-of-the-art Titan prisons and focused on the modernisation of the prison estate and better strategic management as the means to manage the ever-increasing prison population (Carter, 2007).

A resurgence of academic interest was also evident. Since the late 1980s, a movement that came to be known as therapeutic jurisprudence (Petrucci et al., 2003) had been evolving. The aim was to bring mental health insights into the legal arena and counter anti-therapeutic outcomes by improving the emotional well-being of prisoners. Work by Prochaska and DiClemente (1983) on smoking cessation had developed a model of change which, during the intervening years, had progressively evolved and been adapted to measuring change in a range of treatment contexts. Change was said to be a process and took place as a series of stages: precontemplation, when the person is unaware of

or unconcerned about problem behaviour; contemplation, when there is an acknowledgement of but ambivalence about changing; action, when there is an attempt to change; and maintenance, during which change is consolidated. These ideas about readiness to change and the role of affective as well as cognitive elements, together with the means to measure these, were increasingly being used to assess progress in treatment and demonstrate changes in behaviours. Egan (2010) discusses a renewed interest in the concept of personality and an integration into models of offending, notably the work on cognitive schemas and their role in antisocial behaviour and maladaptive responses to challenging life events. Concurrently, psychometric measures were being devised and published, for example, the Psychological Inventory of Critical Thinking Styles (PICTS, Walters, 2002), which tried to capture aspects of thoughtlessness and callousness. As Egan describes, thoughtlessness is implicated in impulsivity, which is a core feature observed in offenders, and increasingly intervention programmes tried to inculcate greater self-insight and self-control and thus less inclination to offend. This is an area we address in our research, and we spend Chapter 5 discussing personality disorder (PD), its implications for offending and propensity for change within the TC, and problems in measuring it.

By the 1990s there was a growing response to the “nothing works” critique. Better statistical techniques and new conceptual thinking drew attention to models of change (McMurrin, 2010). Andrews and Bonta (1990) developed the risk-need-responsivity (RNR) model. The risk principle states that criminal behaviour can be reliably predicted and that treatment should focus on high-risk offenders. The need principle argues that treatment interventions should focus on issues that relate to criminal behaviour, that is, criminogenic needs. The responsivity principle looks to maximise the offender’s motivation and ability to engage in treatment and behaviour change. We incorporated these principles within our research design. We describe our approaches to measuring change in Chapter 4 and present our results in chapters 6–10, dividing these according to the primary research method, which to some extent also corresponds to the chronological sequence of the prisoners’ progression through Dovegate, back into mainstream prison and into the outside world.

Countering the “nothing works” argument was an impetus to develop more and better evaluations of prison-based treatment interventions. Another was the drive to have accredited interventions, and a third was to demonstrate value for money, spawned in the wake of the New Public Sector Management initiatives (Wakeling and Travers, 2010). The government wanted to ensure that interventions were reducing recidivism and warranted the investment of public money in programmes, and defined reduction in reoffending as one of its main objectives. In 2002, the Home Office had set a Public Service Agreement Target

of reducing the predicted rate of reoffending by 5% by April 2004, and again by 5% by April 2006. The Prison Service stated that “reducing re-offending by released prisoners is central to reducing crime and is therefore part of the Prison Service’s core business of protecting the public” (House of Commons Home Affairs Committee, 2005). A further identifiable trend has been the recognition that the service users’ perspective should be incorporated into programme evaluations (Glasby et al., 2003).

The implications from these trends are twofold. First, they confront the question of what constitutes outcomes, and, second, they provoke the issue of how to measure these, or, more broadly, what research methods to employ. We describe more fully the way we went about conducting the research and its more technical aspects in Chapter 4. Here we wanted to lay out our approach and present some of the conundrums and our solutions to these before we explain the detail.

Evolving our approach to the research

As mentioned above, Genders and Player (1995) alluded to the goals of the Grendon TC being wider than the crime control and desistance from offending desired by the authorities, and this had an impact on their research questions and methods. So it was with our research. The research brief set by Roland Woodward encouraged those bidding for the research contract to consider (a) the extent and process of psychological and behavioural change within Dovegate TC; (b) TC residents’ behaviour and experiences after transfer to another prison; and (c) TC residents’ behaviour and experiences after release into the community. Roland Woodward did not want just a replication of a study of TC social processes that had characterised the Grendon research at that time. As well as having a post-Dovegate element to the research design, he was keen to explore the therapeutic process “as it related to individuals reaching a point of psychological change readiness” (Woodward’s chapter in Cullen and MacKenzie, 2011, p. 148). Roland described his notion of change and the centrality of meaning in his conception of the Dovegate TC in a study undertaken by a Counselling and Psychotherapy doctoral student, Amelie Bobsien, in 2004. In answer to Amelie’s question of what the Dovegate TC was all about, Roland said:

It’s about making meaning. It’s about how each individual makes a new meaning of their lives and how they make sense of their universe and their place in it . . . so it’s really about enabling people to change their basic schema and acquire the skills to be able to live that new understanding and that new meaning.

Amelie then asked: "if you had to describe the TC what words or image comes to mind?" Roland's answer was:

A moving garden. A place in which people have the opportunity to grow and develop with the recognition that some people don't actually grow or develop, some grow and blossom and move on and some actually don't grow and just wither. But that garden in itself is actually moving and changing all the time, providing different environments in which people sort of grow.

He went on to explain that his fundamental interest was in how people change. This was very much the steer in his demand for the research, and responded to his intellectual curiosity and the culture of enquiry that infused the Dovegate TC.

We were extremely fortunate in having two clinical consultants, Sean Hammond and Yvonne Shell, and three external advisors, Derek Perkins, Adrian Needs and Fiona Warren, to assist the research team. Their experience incorporated treatment of offenders in special hospitals (Yvonne and Derek) and prisons (Adrian). Fiona, with colleagues (Warren et al., 2003), had undertaken a systematic review of treatment modalities that had included TCs, and Sean was highly proficient in statistical analyses. It was Sean who pointed us in the direction of idiographic approaches. He explains these as follows:

[T]here are situations in psychological research where focus is upon the individual respondent . . . where the researcher wishes to follow a patient over a course of psychotherapy and attempt to measure change in their psychological state. In this case the respondent may be asked to complete some form of questionnaire on a number of occasions and the changes over time serve as the focus of interest. This approach is known as idiographic since it focuses on the individual respondent in isolation . . . [and is] of great value when the focus of interest is upon the dynamic processes within individuals.

(Hammond, 2000, p. 181)

Sean and Yvonne between them suggested a number of psychometric tests that would chart, for example, TC residents' self-esteem, thinking styles, impulsivity and sense of alienation, which could be repeated at set time intervals. Some of the measures were part of the battery of Dovegate TC's assessment inventory (in keeping with other democratic prison TCs) and others were chosen for specific research purposes.

Often these types of questionnaires are collectively analysed and presented by way of group-level changes between various points in time. This shows general trends, but could not achieve the more detailed levels of analysis we were striving for; hence we used the reliable change index (RCI). Using

inferential statistics and comparing group average scores ignores variability in treatment. For example, some people may actually be deteriorating after completing the treatment (Ogles et al., 2001). Furthermore, there may be a statistically significant improvement following treatment, but this does not necessarily help us to assess whether change is clinically significant. Jacobson and Traux (1991) developed the RCI to generate three percentages, of people who have improved, deteriorated or stayed the same against a yardstick of normal functioning.

Thus, part of our research strategy was to track TC residents through time both within and beyond Dovegate by building up a composite picture of their cognitive functioning and affective states and being able to demonstrate clinically significant improvement, deterioration or no progression. Chapter 6 presents analyses of our psychometric data.

Our statistical advisor Sean had suggested that the repertory grid arising from Kelly's Personal Construct Theory was another appropriate idiographic method. However, this is a rather laborious method and we wondered whether residents would enjoy taking part. We elected instead to use a card-sorting procedure which represented a simplified version of the more elaborate repertory grid (Canter et al., 1985). This allows individuals to "map out" the ways in which they thought or felt about significant people, places or events, and we drew on attachment theory to try to demonstrate changes over time. The story of this means of gathering responses and the insights it revealed are fully described in Chapter 8.

We also wanted personal accounts that would truly give voice to the residents, and opted for semi-structured interviews and focus groups. We conducted a series of focus groups with TC residents to gain a sense of their progress and also to gauge the climate and atmosphere of various stages in the therapy. This was particularly helpful when we wanted to follow our Dovegate residents into their next destination after their residency, and our account of this part of our study can be found in Chapter 9.

So now we had a mixture of "hard-nosed" quantitative measurement in the form of psychometric questionnaires and "softer" data generated through our focus groups, card sorts and interviews. In addition, we decided to use Blackburn's CIRCLE, which is an assessment of residents behaviour undertaken by staff, enabling us to monitor changes over time.

This range of methods raised some uncomfortable issues about epistemology. Stated simply, this has to do with ways of knowing, that is, the kind of assumptions researchers make when setting out on a research inquiry (Creswell, 2003). Qualitative and quantitative methods tend to have different starting positions. The latter are often associated with the "scientific" method, whereby knowledge has some objective reality and the researcher's task is simply to find it. The former assume that knowledge about the world and how it works is rather more