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Piloting of Motivation and Engagement as a stand-alone intervention: findings from a small-scale qualitative study

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Summary

This report presents findings from a small-scale qualitative study exploring the use of Motivation and Engagement (M&E) as a stand-alone offending behaviour intervention with those showing 'personality disorder' characteristics accommodated in secure establishments.

M&E, which was developed by Her Majesty's Prison and Probation Services (HMPPS), aims to develop a therapeutic alliance between participants and staff, which in turn encourages participants to start to engage in rehabilitative treatment and activities. The intervention can be tailored to suit the participant's needs, support their personal goals and uses novel and stimulating techniques to keep individuals engaged. The intervention was originally designed as the first component of the wider prison-based offending behaviour programme called Chromis, which aimed to reduce violence in offenders with high levels of recorded psychopathic traits. Chromis was later extended to those with 'personality disorder' characteristics.

The M&E intervention was piloted in six sites (3 male high security prisons, 2 female establishments, 1 NHS medium secure hospital), four of which were Offender Personality Disorder (OPD) pathway units. M&E is delivered in either a one-to-one (one staff member to one participant) or two-to-one (two staff members to one participant) format. It covers four key programme elements; Conditions of Success, Genuine Interest, Good Lives Model, and Objectivity.

Methodological Approach and Interpreting findings

A qualitative approach was adopted. M&E participant interviews were conducted with 23 people (13 women and 10 men) and the majority of these were accommodated within OPD units. In total 29 staff who were involved in delivering M&E were either interviewed (14) or participated in five focus groups that were held across the sites. Detailed field notes were taken that were then analysed using thematic analysis.

The findings from this small-scale qualitative study are based on the feedback provided from the staff and participants who agreed to take part in the study. It is possible that those

participants who did not take part may have a different experience of M&E compared with those who did participate in the research. It is also important to note that the majority of programme participants interviewed were accommodated in OPD pathway units and, overall, this regime has similar aims to M&E and this needs to be considered when interpreting findings. While staff and participants were asked about their views about what happened after participants had completed M&E, it was not possible to empirically explore the impact of completing M&E on specific outcomes (due to relatively small programme completion volumes) such as institutional behaviour and proven re-offending.

Key findings

Overall, programme participants and staff interviewed were found to have positive perceptions of M&E. Findings suggest that M&E can be a useful tool in engaging those with 'personality disorder' characteristics into further rehabilitative work and the overall prison regime.

It appeared that most participants who undertook M&E had meaningfully engaged in the process, at least by the end of the intervention. Key elements of the intervention were identified including, rapport building with the facilitators, goal setting and work to enable participants to see a better future.

The importance of a whole-unit approach to M&E was evident. Ensuring approaches, such as the 'Conditions of Success', were normalised as part of the everyday regime of the units was perceived as crucial to the overall success of M&E. Conditions of Success are a set of principles, which set out expectations and rules for how M&E participants need to behave and engage with others, that contribute towards creating an environment in which individuals can work towards achieving their goals. Where everyone (both staff and participants) were aware of these expectations and signed up to them, it became normal practice. The Conditions of Success were found to be helpful to facilitate respectful behaviour within and outside of the programme sessions, as well as using them to encourage participants to take steps towards achieving their goals.

Some key areas for improvement of M&E were identified by both delivery staff and participants, who took part in this study, these included: simplifying the language used; providing staff with clarity regarding the flexibility of the intervention; increased information

about the intervention for participants prior to commencement; and, giving the intervention a clear ending.

Staff also felt that the training provided for M&E required some modification, particularly in the case of the uniformed staff (i.e. prison officers) who had not previously delivered interventions. The Core Skills training (designed to provide staff with the initial skills for delivering group-based offending behaviour interventions before receiving specific training for M&E) was not very well received by those who took part in the study. The majority of officers who found the Core Skills training challenging, failed the assessment, and their confidence was knocked before they had to attend the M&E specific training. Changes to the training have since been implemented by HMPPS programme developers.

Overall, M&E as a stand-alone intervention, was well received by both participants and staff who took part in this study. The findings suggest that M&E could be a useful tool to engage those with ‘personality disorder’ characteristics into further rehabilitative work and even the overall prison regime. In addition, as M&E appears to have merit in engaging problematic and complex individuals, like those with ‘personality disorder’ characteristics, it could also be a useful tool to assist encouraging and engaging other prisoners.

1. Introduction

The aim of the Motivation and Engagement (M&E) offending behaviour intervention is to motivate participants to constructively engage in their own treatment, and see personal relevance in their participation, in the hope that the individual will then choose to engage in further rehabilitative activities. M&E was originally designed to be the first component of Chromis, an offending behaviour programme delivered in prisons to those whose level or combination of psychopathic traits made engagement in rehabilitative work difficult.

The aim of Chromis, which was developed by Her Majesty's Prison and Probation Service (HMPPS), was to reduce violence in offenders with high levels of psychopathic traits.[1] Chromis had been delivered since 2005 in the Westgate unit in Her Majesty's Prison (HMP) Frankland (at the time of writing Chromis has been decommissioned,[2] but M&E as a standalone component has endured). Within the Westgate unit the delivery of Chromis was extended to individuals with wider 'personality disorder' traits, who have also been shown to find engaging with rehabilitative activities challenging (Tetley, Jinks, Huband, & Howells, 2011, McMurran, Huband, & Overton, 2010). The Primrose Unit at HMP Low Newton then began delivering the M&E component of Chromis only, to female service users with 'personality disorder' characteristics. As a result, it was decided to pilot the use of the M&E component of Chromis as a stand-alone intervention with individuals likely to have 'personality disorders' in other establishments.

Individuals in the prison population who are likely to have a severe 'personality disorder'[3] (including psychopathic traits) and who pose a high risk of harm to others, or a high risk of reoffending in a harmful way, may be eligible to enter the Offender Personality Disorder (OPD) pathway. The OPD pathway is co-commissioned and managed by NHS England

1 More information about Chromis and psychopathy/'personality disorder' traits can be found in Annex A.

2 Chromis stopped running at the Westgate Unit at HMP Frankland following a HMPPS review of their interventions and needs of the population. However, the approaches underpinning Chromis continue to inform the work of the Westgate unit, and the programme had received some positive findings from small-scale studies when it was running (Tew, Bennet & Dixon, 2015, Tew & Atkinson, 2013, Morris, 2010). M&E as a standalone component has continued to run in several establishments.

3 The screening tool used to identify individuals appropriate for the OPD pathway has not been validated as a stand-alone diagnosis tool, and therefore individuals selected for the OPD pathway are *likely* to have a severe 'personality disorder', but do not necessarily have a formal diagnosis.

and HMPPS and aims to provide a pathway of psychologically informed services for these individuals. M&E compliments the overall aims and ways of working of the OPD pathway (for example see NOMS and NHS England 2015).

The aim of this study is to explore whether M&E is a useful tool when used as a stand-alone intervention working with those who are likely to have a 'personality disorder', accommodated in secure establishments.

1.1 Motivation and Engagement intervention

M&E's aim is to begin the process of real collaboration between participants - a therapeutic alliance – which can help to encourage participants to start to engage in rehabilitative activities. It can be tailored to suit the participant's needs, support their personal goals and uses novel and stimulating techniques to keep individuals engaged.

M&E focuses on understanding what the participant really cares about and wants and uses these as possible hooks or drivers for motivating the individual to engage with treatment and ultimately to desist from offending behaviour. M&E is delivered either one-to-one (staff member to participant) or two-to-one (two members of staff to one participant). Where M&E is delivered two to one, the staff members comprise of one psychologist and one prison officer. When delivered one to one, it is delivered by a psychologist only.

M&E is comprised four programme elements (which are discussed in more detail below and in Annex B) and these are set out below.

- Employing the Strategy of Choices.
- Introducing the Good Lives Model.
- Demonstrating genuine interest in the individual.
- Introducing objectivity as a skill.

Strategy of Choices

The Strategy of Choices (Bush, 1995) is the approach used to set and maintain rules, not only during treatment, but within the wider therapeutic environment. It is recognised that persuading those with psychopathic traits, and/or likely 'personality disorders', to obey

rules can be counterproductive, resulting in greater resistance, avoidance of responsibility and attempts to manipulate. Instead, rules are termed as 'Conditions of Success' and described to participants as the conditions under which people come together and effectively work towards their goals. It is explained that participants are completely free to choose whether they adhere to these Conditions of Success and engage with the programme, but the consequences of their choice are also clearly explained, and therefore the participant decides whether to engage. This can provide participants with choice and control over their decision to engage with rehabilitation, both of which have been shown to be major motivational factors, particularly for individuals with psychopathic traits (Hemphill & Hart, 2002).

The Good Lives Model

The component also makes use of the Good Lives Model (GLM). The GLM sees humans as naturally goal-orientated who seek out a range of specific 'goods'[4] which emerge out of basic human needs. Ward (2002) argues that offending risk factors are obstacles to achieving these 'goods', and that rehabilitation should focus on providing individuals with the capabilities they need to achieve these 'goods' in a pro-social way. Within M&E, the GLM is used as a tool to elicit and explore information about what drives and motivates the participant, through the use of 'life and road maps' (see Annex B for further information).

Staff Demonstrating Genuine Interest

This process is further facilitated by the demonstration of 'genuine interest' by therapeutic staff. It is hoped that through staff exhibiting a level of interest in participants' lives, goals and motivations which is perceived by the individual as genuine, the therapeutic process is collaborative, and additionally builds a respectful and trusting working relationship between staff and participants. Throughout the component, participants then work with staff members to explore how much of what is important to them is present in their life, how they would usually achieve what they care about, and how often this has been successful. In theory, this also provides facilitators with rich information about what motivates the individual and what their typical strategies are, which they can then use to help the individual see more pro-social ways of achieving their goals.

[4] The 'goods' of the GLM are life, knowledge, excellence in play and work, excellence in agency, inner peace, relatedness, community, spirituality, happiness and creativity.

Objectivity

The fourth key element of the component is ‘objectivity’. Objectivity is the ability to reflect and report on thoughts, feelings and behaviour in a way that is free of judgement, censorship, exaggeration, justification or blame. It is introduced to encourage a respectful relationship between the participant and staff, and underpins the maintenance of an open channel of communication. It also allows for self-reflection which it is hoped will help participants to identify patterns that have previously led them to violent and antisocial behaviour to achieve their goals.

2. Background – the role of M&E and the first step to desistance

It is hoped that through M&E, individuals will take an initial step towards engaging in the rehabilitative process, moving towards a pro-social life, and ultimately desist from crime. The process of moving from persistent offending towards desistance is understood to be a complex interaction between subjective or internal factors (e.g. the individual's choices, goals, motivations etc.) and social or external factors (e.g. accommodation, marriage, employment, parenthood etc.). Interventions can assist with this process by promoting the internal mindsets important to desistance (Maguire & Raynor, 2006), and by developing relationships between participants and staff (Trotter & Evans, 2010).

The approaches underpinning M&E are designed to help increase the individual's motivation to change and therefore aid their path towards desistance. For example, the Good Lives Model (GLM) has a strong focus on the individual's strengths and goals, which research suggests, can help to increase the motivation of participants to engage with and complete rehabilitative activities (Willis & Ward, 2003). In addition, the therapeutic relationships between staff and participants are felt to be a key element of the programme. Through staff demonstrating interest in the individual, it is hoped that they will feel believed in, and will begin to feel that they may be able to take steps towards changing their life (McNeil, Batchelor, Burnett & Knox, 2005).

M&E also encourages the participant to make their own decisions about engaging with the sessions and consequently other rehabilitative activities. In empowering participants to have control and exert choice in their own lives, it is anticipated that their motivation for change and consequently their hope for being able to do so is increased. Previous research shows that those who desist from crime are very motivated to do so and are confident that they can make this change (Burnett & Maruna, 2004). The impact of this motivation has been found in longitudinal studies up to ten years after release from prison (LeBel, Burnett, Maruna & Bushway, 2008).

3. Approach

3.1 Pilot sites

M&E as a stand-alone intervention targeting those with likely 'personality disorder' characteristics was piloted in the following secure establishments with four out of the six sites being Offender Personality Disorder (OPD) units.

- Two OPD units within HMP Frankland (The Westgate Unit) and HMP Full Sutton (located in the Closed Supervision Centre[5]), as well as the Closed Supervision Centre at HMP Woodhill, all of which are high security prisons for adult male offenders.
- Two OPD units in the women's estate; the Primrose Unit at HMP Low Newton and the Rivendell unit at HMP New Hall, which provide specialist assessment and treatment to women with complex needs and mental health issues, including those with 'personality disorder' traits.
- One NHS medium secure hospital (Roseberry Park).[6]

Two well established sites included in the pilot; the Westgate Unit delivered the full Chromis programme as well as continuing to deliver M&E as a stand-alone intervention, and the Primrose Unit had been delivering the M&E intervention for some time. These two establishments also provided the new pilot sites with advice and guidance during the pilot phase. All sites that were trialling M&E during the pilot phase were included in the research to ensure that a full exploration was undertaken.

The reason for piloting M&E was different across pilot sites and reflected the aims of the various units and establishments. HMP Full Sutton and HMP Woodhill were using M&E

[5] CSC units have been in operation within the High Security Prison estate since 1998. The CSC provide a multi-disciplinary risk management approach to deal with highly disruptive and high-risk prisoners who have demonstrated, or evidenced a propensity to demonstrate, violent and/or highly disruptive behaviour. The system integrates existing prison processes with others, such as the Care Programme Approach, for prisoners requiring such co-ordinated management, and works in liaison with other partner agencies.

[6] HMP Frankland and HMP Low Newton Primrose Unit had been delivering M&E for longer than the pilot but were included in the pilot to obtain a range of staff and participant views as both sites delivered M&E as a stand-alone intervention as part of their business as usual intervention and assessment offer.

with prisoners in the Closed Supervision Centres as a means to help the prisoners move back into normal location (the CSC unit at HMP Full Sutton is an OPD unit). HMP Frankland were using M&E with prisoners in the Westgate[7] Unit (OPD unit). HMP Low Newton has a specialist OPD unit, the Primrose unit, and used M&E as part of their therapeutic unit funded and run by the NHS for female prisoners with complex needs and likely 'personality disorder'. HMP New Hall has the Rivendell Unit, another OPD prison unit for women with a similar regime to the Primrose Unit. Roseberry Park (an NHS medium secure hospital) were using M&E as part of their treatment approach within the medium secure unit.

3.2 Methodology

A qualitative approach was adopted for this small-scale research study. Semi-structured interviews were conducted with 23 M&E participants (13 women and 10 men) across the pilot locations between July 2016 and December 2017 (see Table 1). At the time of interview, most of the participants who agreed to take part in the interviews had completed M&E, two were three quarters of the way through the programme but were keen to take part in the study and provide their views and experience of the intervention.[8] Also, the majority of those interviewed were accommodated in units which were part of the OPD pathway.

All M&E participants were approached by the programme facilitators and asked if they would like to be interviewed. Only one person who completed M&E that the researchers are aware of, did not wish to take part in the interviews. At the time of data collection there was only one individual (the only non-completer the researchers were aware of at the time of the study) that had failed to complete the M&E intervention due to a relapse into drug use.[9] The flexibility of M&E allows for 'treatment breaks', so if a participant is struggling to stay engaged, the intervention delivery can be paused and the participant can return to it

7 The Westgate Unit is a 65-bed stand-alone OPD unit within HMP Frankland.

8 M&E has eleven tasks for participants to complete, which may take a varying number of sessions. Those who have greater problems with engagement will take longer to complete. The two individuals here had completed two-thirds of the tasks.

9 As a non-accredited intervention, sites delivering M&E were not obliged to provide numbers of participants receiving this intervention and therefore no reliable figures are available for the total numbers of completers and non-completers of M&E at the time of data collection.

when they feel able. Whilst some participants may have taken longer than others to complete the intervention, it appears the majority who start, go on to complete it.

In addition, a mixture of staff interviews (14) and focus groups (5) were also conducted across the pilot locations. In total, 29 staff took part in interviews or focus groups (see Table 1). These were across a range of officers (17) and psychology/clinical team staff (12) who were all involved in delivering M&E at the pilot sites who had delivered at least one M&E intervention. These were a mixture of experienced staff who had delivered programmes previously and had experience with working with prisoners with complex needs and 'personality disorder' traits, as well as officers who were new to delivering interventions and working with those with 'personality disorder' characteristics. All delivery staff who were available on the day of the researchers visit were included in the interviews and focus groups. To minimise disruption to the everyday operation of the units and prison, focus groups were offered. Interviews were conducted if this was feasible operationally.

The participant and staff interviews and staff focus groups were conducted in private locations at each site. The interview schedules and focus group topic guides were specifically designed for the study and developed following consultation with the M&E clinical lead in HMPPS to ensure that all topics of interest could be captured. Informed consent was obtained from each participant and staff member prior to the commencement of the interview or focus group. Two researchers were present at both the interviews and focus groups, one conducting the interview or moderating the group and the other taking extensive fieldnotes. The interviews and focus groups were not electronically recorded due to them being conducted in highly secure settings, where use of such devices are not permitted.

Table 1: Number of M&E staff and participants interviewed at each of the six pilot sites.

Site	Number of participants	Number of staff members
HMP Frankland (Westgate Unit)	5	7
HMP Full Sutton	1	4
HMP Low Newton (Primrose Unit)	8	4
HMP New Hall (Rivendell Unit)	5	3
Roseberry Park (medium secure hospital)	2	5
HMP Woodhill	2 (ongoing participants)	6
Total	**23**	**29**

The fieldnotes taken during the focus groups and interviews were subjected to thematic analysis (Braun & Clarke, 2006), allowing for both inductive and deductive development of the key themes. Due to the nature of some of the questions asked some themes naturally arose covering these topics specifically e.g. staff training and elements of the intervention. Other themes such as collaborative relationships were derived from the data itself. The findings discussed in the report draws on both the staff and participant views in equal measure, allowing for triangulation of the themes.

3.3 Interpreting findings

There were a number of methodological limitations to the study, which should be considered when interpreting the findings. The findings from this small-scale study are based on the feedback provided by the staff and participants who agreed to take part in the study and the number of study participants varied across the pilot sites (see Table 1). It is therefore necessary to bear this in mind when considering the findings. It is possible that those participants who did not take part may have a different experience of M&E.

This study explored the opinions of staff and participants and therefore did not include any analysis of the impact of M&E. While staff and participants were asked about what happened after M&E for the participants, it was not possible to empirically explore the impact of completing M&E on specific outcomes such as institutional behaviour and re-offending.

No specific gender differences were noted in the analysis and therefore there is no theme to discuss this. This may be a finding specific to this sample of M&E participants and staff, or it may be that M&E can be considered a gender-neutral intervention.

Only four of the intervention participants that took part in the study were from a non-OPD site and given the aims of M&E intervention are similar to those of the OPD this should be considered when interpreting findings. Also, it is important to note that individuals who are accepted onto OPD units should display a level of motivation to engage with treatment, and therefore may already be motivated to work on some of their complex needs. Due to the sample size it was not possible to explore any differences between OPD and non-OPD sites.

Finally, due to security restrictions it was not possible to record the interviews/focus groups with study participants and transcribe these verbatim. Steps were taken to increase the accuracy of the collected information e.g. the presence of two experienced researchers, taking detailed field notes and ensuring researcher debriefs took place, however it is possible that not all information was captured.

4. Results

Several themes were identified across the participant and staff interviews and focus groups, and these are set out below.

- Training
- M&E intervention content
  - Conditions of Success
  - Good Lives Model
  - Objectivity
  - Life and Road Maps
- "It's a good place to start"
- Collaborative relationships
- Suggestions for Improvement
- "The work we did made the difference" (Next Steps)

The following sections of the report set out findings for each of these key themes.

4.1 Training

Feedback on the training for M&E was provided by the staff member interviews and focus groups. The M&E intervention is delivered by both forensic psychologists and prison officers, requiring training to be provided for different disciplines of staff. At the time of data collection, the training for staff delivering the intervention consisted of a series of training events including 'Working with Psychopathic Traits' (2 days) and 'M&E facilitator training' (3 days). Some staff i.e. those who had not previously delivered programmes, such as

prison officers, also attended Core Skills training[10] which is designed to give staff the basic skills needed for delivering offending behaviour programmes to participants.

The feedback from staff, who engaged with this study, on the training was varied. The Core Skills training in particular was not very well received by the uniformed staff (i.e. prison officers at the prison sites). The majority of officers commented that they found the training very difficult and as a result felt their confidence was knocked. Core Skills requires an assessment to be completed at the end, and the training event is either passed or failed. Many of the officers did not pass the assessment which they found demoralising, reduced their confidence, and meant they were overwhelmed before they had to attend the M&E specific training.

> "Some of the discipline staff don't have the confidence to apply themselves. I think the officers got freaked out by the training. Those that did pass the training lacked the confidence to deliver" *Site 1 staff interview 1*
>
> It definitely needs to be adapted for an officer compared to training for a psychologist…. We definitely needed longer training. I only knew certain bits when I came back so I wasn't completely prepared." *Site 2 staff interview 1*

There were some staff that enjoyed Core Skills, and considered it helpful for providing uniformed staff with the basic skills for facilitation. However, it is important to note that Core Skills is specifically aimed at delivering offending behaviour programmes in a group format, rather than the one/two-to-one format of M&E. As a result, most staff interviewed felt that it was the specific M&E training that was more relevant for delivering M&E, as Core Skills did not help to prepare them for working with challenging individuals or deliver on a one/two-to-one basis.

[10] Core Skills is the entry level training for delivering accredited offending behaviour programmes provided by HMPPS. Core Skills gives programme facilitators the basic knowledge and skills to deliver programmes including, the theories and models underpinning programmes, effective facilitation skills and skills practice. More details about accredited offender programmes can be found here: https://www.gov.uk/guidance/offending-behaviour-programmes-and-interventions

> "It would be nice to know how we can work with challenging people. I did core skills first. That was enjoyable. I learnt a lot about delivery but it didn't give me skills about dealing with challenging people. How do we cater for that, and those people who are lower level?" *Site 2 staff interview 4*

Since the study was completed changes to the staff training have been made by the HMPPS programme developers, including removing the assessments, and making Core Skills optional for prison officers to attend. This is discussed in more detail in the discussion section of this report.

4.2 M&E Content

This theme covers the feedback from staff and participants on different aspects of the content of M&E. For ease this is split into four programme sub-themes; Conditions of Success, Good Lives Model, Objectivity, and Life and Road Maps. More information on the content of M&E can be found in Annex B, which provides an outline of the intervention.

M&E Content: Conditions of Success

When beginning M&E, participants are asked to agree to the 'Conditions of Success'. These are a set of principles, a kind of contract, designed to create an environment in which individuals can work towards achieving their goals. Everyone is expected to adhere to the Conditions of Success, including staff, and they are most effective when they are applied throughout the unit, not just during the intervention sessions. The Conditions of Success are; keep an open channel of communication, be respectful (all the time, no matter what), and participate constructively in treatment and the unit.

Staff in particular felt the Conditions of Success were an important aspect to M&E and the wider rehabilitative culture of the units. They felt that these were helpful to enforce respectful behaviour both in and outside of the sessions, as well as utilising them to encourage participants to take steps towards achieving their goals.

> "I'm a massive fan of it. We use it here. It's easy to use in treatment. It's quite useful to use on the wings as well. Sometimes you can see them thinking something and maybe pull back. They realise that attending a session is their choice" *Site 3 staff*

However, an important issue was raised by staff at one establishment where M&E has been introduced to individuals in their Closed Supervision unit. Staff felt that the Conditions of Success are much more effective when they are embedded in the whole unit and all service users are signed up to them. This was not the case at this establishment and staff felt that this was somewhat detrimental to their delivery of M&E, highlighting the importance of the whole-unit approach.

> "The ethos here is different to at the unit where lots of them are doing it and they're all signed up to the conditions of success. Here you'll have one person signed up so when they go back to their cell it can just as easily be undone…. It would work well here, it just needs a whole wing approach. You can get them to agree in the meeting but then it changes when they go behind the door" Site 4 *staff interview 1*

M&E Content: Good Lives Model

The Good Lives Model (GLM; Ward, 2002) is used within M&E as a tool to explore with participants what they really care about and want in their life. This can then be used as the starting point in the process of enabling participants to develop new pro-social ways of living which are meaningful and rewarding for them. The 'goods' of the GLM are; life (physical health and staying alive), knowledge (learning and knowing), excellence in play and work (striving for mastery in work, hobbies or leisure activities), excellence in agency (seeking independence and autonomy), inner peace (freedom from emotional turmoil and stress), relatedness (sharing close and mutual bonds with other people), community (belonging to a group with common interests and values), spirituality (having meaning and purpose in life), happiness, (the desire to experience happiness and pleasure), and creativity (the desire to create something and try new things).

Overall, the participants interviewed were positive about the GLM aspect of the intervention. They mentioned how the GLM had provided insight and understanding into

what was important to them, something that some of them had never done before. The participants spoke about how the GLM had provided the means for them to set goals for their future.

> "The good lives themes, I particularly liked those. They gave me insight into me and what I want to achieve" Site 5 *participant 2*
>
> "The good lives component, it wasn't something I had considered before now. It really opened my eyes to that kind of thinking" *Site 3 participant 2*

While participants were positive about the GLM overall, some participants stated that they had struggled with this part of the intervention. The main reason given were that they were not honest enough with themselves.

> "I struggled with the Good Lives Model. I wasn't completely honest with myself" *Site 5 participant 3*

Staff were also generally positive about the GLM. Staff themselves commented on getting a lot out of the GLM as it allowed them to see what the participants wanted and assisted them to make links with the participants. They also stated that the GLM can open up the options that the participants have which is positive. However, staff felt that some participants struggled to come up with good things to focus on as they had not had particularly good experiences throughout their lives and that they had to persevere to get something for them to focus on.

> "The good lives model is helpful as it introduces their options. It widens their perspective" *Site 1 staff interview 1*
>
> "Sometimes they struggle to come up with good things…. it's useful once you get them thinking about things that have personal relevance. You need something to make the links" *Site 3 staff interview 3*

Staff also consistently mentioned the spirituality[11] element of the GLM as an issue with delivery. It seemed that the participants struggled with this part of the programme and that staff found it difficult to deliver due to participants' perception that this meant religion. Some staff came up with ways of getting this element across to the participants such as saying that this will be different for everyone and even giving their own examples of what this meant to them in order to assist the participants.

> "The spirituality part of it is always a difficult one. Most people think of it as religion and therefore it can be difficult. Sometimes we give them time to go away and think what it means for them. Sometimes we tell them what it means to us and that this could be different for someone else" *Site 5 staff focus group*

M&E Content: Objectivity

M&E introduces participants to the concept of objectivity with the aim of enhancing constructive, open and respectful engagement in interventions and increasing the chances of both participants and staff understanding the participants' true experiences. Objectivity is felt to be a key element of M&E. This is for three reasons. Firstly, objectivity is a core skill that underpins open channels of communication. It aims to encourage participants to look at situations honestly and constructively. Secondly, in theory, learning the skill of objectivity enables participants to have a better understanding of their lives and past experiences by self-reflection which also assists them to identify their own patterns of thinking and behaviour and areas for change. Thirdly, by introducing the skill of objectivity and practising this skill throughout M&E, it is hoped the participants are encouraged to engage in other aspects of the intervention such as the Conditions of Success (discussed above) and open communication with facilitators as well as future endeavours. Objectivity is introduced to the participants by facilitators using sample scenarios to demonstrate objective and un-objective thinking. They then help the participant relate this to their own life.

[11] In the GLM spirituality refers to finding meaning and purpose in life, this can be as part of religious activities, or in the broader sense of feeling life has value.

Overall, participants were positive about the objectivity sessions, with most stating that the skill of objectivity was the key part of M&E that they remembered and continued to use since completion of the intervention. Participants liked the fact that they were able to look at things without the obstacle of denial and justifications getting in the way and were now able to be honest about the situations they found themselves in.

> "The one thing that stands out for me about M&E is objectivity…I've been un-objective throughout myself and it's got me into trouble and causes problems. Being objective benefits me through having a happy and better life by being honest to myself and others around me" Site 5 *participant 3*

Even though participants were positive about objectivity, many did comment on the skill being difficult to grasp initially but that once they did understand the concept, they saw the benefit of it. Some also suggested that the way objectivity was introduced could be communicated differently to facilitate better understanding.

Staff were less positive about objectivity. Staff stated that some participants struggled to grasp the concept and that they had to adapt the wording in the delivery manual to get the message across. Staff felt that for lower functioning participants the actual word was too abstract and for all participants they needed to put in a lot of work to keep the participants engaged as well as continually go back to the concept to ensure that they understood.

> "A lot of them are anything but high functioning. It's not a helpful word for about 70%... I rephrase it as 'telling it as it is' rather than objectivity." *Site 3 staff interview 1*
>
> "I struggle a lot personally with objectivity, it's not as interesting for them because it's not about them and it feels a bit disjointed going into that after getting to know them. I struggle to keep them engaged in it" *Site 6 staff focus group*

Some staff felt that the objectivity sessions were less engaging than the rest of the intervention and were less sure about where it is placed in the running order of the intervention. They felt they were getting to know the participants and then they had to look at a more abstract concept like objectivity which did not flow. Another element that

received mixed reviews was the main example used in the session to help the participants understand the term objectivity. Some staff said that the participants did not like this example,[12] whereas other staff said the example helped the participants to recall the skill. Staff that found the example less helpful had adapted the material to make it more relevant to the participant and their own experiences which assisted with the participants' understanding overall.

Some staff stated that they themselves struggled with understanding the objectivity session and didn't feel confident in facilitating this session due to their own confusion in what they needed to get across. However, even though staff stated that participants, and in some instances, they themselves, struggled with the objectivity sessions, they did still think it was needed and could see the benefits of teaching it to participants as a skill.

> "Getting them to understand objectivity was also a bit difficult. We stuck to the exercise in the manual, but one participant found it quite patronising. It is useful for our individuals, so it should remain in, it's just how you deliver it"
> *Site 4 staff interview 2*
>
> "I like the idea of it as a skill. You can have conversations about lying etc. It can be broadened, it covers many things." *Site 3 staff interview 3*

M&E Content: Life and Road Maps

The 'life map' element of M&E uses mind mapping to help the participant apply the Good Lives Model (GLM – see detailed discussion above) to their own life; identifying how the GLM themes are present in their life and the importance that they assign to them. The technique is designed to be novel and creative to keep participants engaged, giving them control over the information they provide about themselves and making the process personally relevant. It also provides facilitators with more opportunity to show 'genuine

[12] Within the objectivity element of M&E is the Bob exercise. This exercise is an example of someone being objective and not being objective to help participants understanding of the concept. The example involves an individual called Bob being on a diet but justifying eating high calorie food such as a burger.

interest' in the individual, as well as utilising the skill of objectivity learnt earlier in the programme.

Having created their life map, the participants go on to use the 'road map' to look at the themes in more detail. This allows exploration of the behaviours the participant uses to obtain their goals, helps them identify their strengths, and look at ways in which these strengths can be used to promote pro-social living. It also helps the participant to start making links between their behaviour and the consequences of their behaviour.

Several participants identified the life and road maps as useful tools that they had used on M&E and that these enabled them to see where their actions had led them to where they are now.

> "It makes you see certain points in your life where you went wrong because of the decisions you've made. When I wrote it all down, I could see the junctions which led me to being here. I still think about it now, it's really useful to have these tools in your box." *Site 3* p*articipant 3*

Equally several participants recognised that completing their life and road maps had been a difficult experience for them, which at times they found overwhelming.

> "Writing it all down, that was quite overwhelming. Trying to go through it all was quite draining…There's conflict as well, you might identify positive areas but it's not always as black and white as all that, there could be negative aspects to things, so you have to readjust your memory of it" *Site 3 participant 1*

Like the M&E participants, the delivery staff also recognised the value of using the life and road maps as tools to help the participants to work towards their goals and move them forward and praised the creative nature of these.

> "I love the road map. It's so easy for them to use as they're involved in it. 'Why did it stop? Where did you go next?' It helps them reflect on their life" Site 2 s*taff interview 4*

Some staff also recognised that participants often struggled with the maps, as it was hard for them to talk about some aspects of their life and devise goals to work towards. It was also suggested that the tools can be an abstract concept to the participants, and therefore more examples of them would be helpful.

4.3 "It's a good place to start"

Most participants seemed to really enjoy M&E and spoke about M&E being the first step in their engagement. They discussed at length about how participating in M&E had helped them to set goals and think about the future.

> "It's a good place to start. It gets you motivated and puts you in the right frame of mind to do other treatment programmes which can be more daunting if you're not more prepared…. M&E has definitely helped me to set goals" *Site 3 participant 2*

All the staff also spoke about how M&E had encouraged the participants to plan for their future, even with some participants who were very fixed in where they were. Staff highlighted the fact that M&E is not confrontational as a key element to its success. The focus was on the participant which was really engaging and motivational and aided the participants to think about what they want and set realistic goals for the future.

Staff also spoke about the benefits of undertaking M&E at different points of an individual's sentence and how M&E can assist with both the staff getting a better insight into the individual and motivating the individual into engaging in specific interventions and regimes. Staff felt that M&E is a good starting point of the participant's therapeutic journey.

> "I think M&E is a good thing. The prisoners can get stagnant and insular. M&E encourages them to move forward, that they can still be working towards something even if they are a lifer" Site 4 *staff interview 3*
>
> "Sometimes their emotions are out of control and M&E allows them to vocalise what their experiences are and map them out. It's the therapeutic journey"
> *Site 1 staff interview 1*

4.4 Collaborative relationships

A striking finding from the participant interviews was around their relationship with staff and the fact that most participants disclosed how attending M&E had contributed to them having a strong positive relationship with staff and trusting the facilitators. For a few of the participants this was the first time they felt they could trust members of staff and saw them as human beings. A few participants spoke of it taking time to build up the trust, but it did eventually happen. Trust is clearly critical for a number of the participants and this relationship building and development of trust was clearly a driver in helping to motivate the participants.

> "It helped me to build trust. I've really worked on that. It helped me with trust and just talking. Before I wouldn't have a conversation with an officer, now I will"
> *Site 5 participant 1*

The building of trust appeared to have allowed the participants to be more open to engaging with M&E and a number of participants also spoke about feeling that the facilitators were genuinely interested in them and helping them, which allowed for an overall positive experience of M&E. The participants spoke about staff making sure they were okay and knowing when they were having a bad day which they really appreciated. Overall, the participants could not speak highly enough of the facilitators.

> "I've got good relationships with the facilitators, they're really great…it's good when they talk to me about their stuff as well, it's an eye opener because they talk about their problems and the outside" *Site 4 participant 1*
>
> "The facilitators were very helpful. It gave me a chance to get to know them and build a trusting relationship. They are very interested, you can see that. They do want to make a change and help people" *Site 5 participant 2*

A minority of participants, however, did not manage to build a trusting and positive relationship with the facilitators. In these instances, the participants did not feel that the facilitators were interested in them and there were some clashes reported. It seems that

the building of trust is critical to a positive relationship between participants and staff and an overall positive experience of M&E.

While the majority of participants disclosed having positive relationships with staff, a few participants reported that having an officer help to deliver the sessions was quite daunting, at least initially. This opinion did seem to change for some of the participants where they found having (prison) officers in the room helped to shift their view over the course of M&E. Participants also stated that they liked the fact that M&E was delivered either one to one or two to one as they felt more comfortable discussing things in this way rather than undertaking group work.

> "It's hard with an officer in the room, it's difficult to trust them. It's not always the same officer either and that makes it more uncomfortable because you have to keep going over stuff" *Site 1 participant 2*
>
> "It's quite different working two to one rather than in a group. I preferred M&E, just working with the facilitators rather than within a group" *Site 3 participant 2*

Staff also spoke of the relationship and rapport building being a key strength of M&E. The staff genuinely seemed to enjoy delivering M&E and particularly liked the way that it enabled insight of the participants and broke down barriers. This was particularly the case with uniform staff.

> "We had a good rapport, I just showed genuine interest in him…I did see a different side to him. He started offering up his past experiences and that was encouraging" *Site 4 staff interview 3*
>
> "One of the key things I like about M&E, is that we can sit down and have a conversation and reflect and then can give them feedback and reinforce positives. That can help them reflect on what they love. It builds up relationships" *Site 2 staff interview 4*

4.5 Suggestions for Improvement

Overall, the participants interviewed were positive about M&E and seemed to appreciate the intervention but were still able to identify some areas for improvement and adaptations.

One suggestion was to provide feedback either in writing or from individuals who had previously engaged with M&E so that participants could see what the benefits would be for them as well as identify the progress they have made themselves.

> "I think it would be useful to have a feedback sheet. It's difficult to see the benefits of doing the programme without one, if you have one then you can easily reflect on the progress you've made…If you get positive feedback straight away, and you've got that feedback to hold on to, it helps you to stay motivated." *Site 3 participant 4*
>
> "The other thing I think would be helpful is to have feedback from other people who have done it…If you have that and can see how they've progressed and moved on you can see what the process is. It would be more motivating" *Site 3 participant 4*

Another area of improvement suggested by the participants was to provide more information on M&E prior to commencement. Participants suggested that this could ease any anxiety they may have felt about what they were going into as well as assist them to identify what would be expected of them. Some participants felt that what they had been provided with was below par and therefore did not provide them with the necessary information they required such as the aims and purpose.

Some participants felt that M&E was too short and should be longer to facilitate the required learning, particularly due to some of the areas covered and the fact that some of the participants have complex needs. One participant suggested extended sessions to cover the core material.

Another area of improvement identified by the participants was the language used. Participants suggested that the language was changed to make it simpler and aid understanding.

> "I struggle a bit with understanding stuff…I find some of the words a bit difficult" *Site 4 participant 2*
>
> "It's better kept simple, I think some of the language needs to change, it needs to be simpler" *Site 4 participant 3*

Changing the language was also an area for improvement identified by the staff who participated in the study. M&E was initially designed for high functioning individuals, but this did not reflect the participants undertaking M&E as part of the pilot and therefore the language was not thought to be appropriate for everyone. Additionally, staff spoke about how to cater for those with specific learning abilities who needed something like M&E but would not be able to understand and grasp the concepts due to the language.

> "Some of the language. Some of it can be too heavy. We have to change it to what they can understand…There are times when you have to spend 10-15 minutes making sure that they have understood it" *Site 3 staff interview 1*

Linked to the issue of the language used, staff spoke about adapting the objectivity exercises. Some suggested a different example(s), especially with some individuals where the concept of dieting may be an issue due to the presence of eating disorders. Some staff also questioned whether covering objectivity was appropriate for all participants and whether consideration could be made on a case by case basis due to the complexity around delivering this skill.

> "With some people I wonder if it's worth considering if it might not be appropriate to go onto objectivity. Those it seems to be working ok with are the ones that are less complex…The main thing is about engaging with them so I wonder if it would be better if we had that flexibility to focus on doing that rather than trying to get them to understand objectivity" *Site 6 staff focus group*

Staff highlighted that some of the M&E programme seemed quite repetitive and that this repetition could be reduced. Additionally, they suggested that the manuals need to be

more explicit on the flexible approach to delivery. Some staff were unclear on what they could and could not do and felt that the manuals and materials provided could assist with this if this element was clearly documented. Staff consistently spoke about having to adapt the material for the individual they were working with and additional examples would be helpful.

> "There's not enough documented about how flexible it can be… There's no real right and wrong. It should be more explicit in the manual that it can be flexible"
> *Site 3 staff interview 2*

Staff commented on the need for aftercare or some top-up sessions. They felt that they invest this time on working with the individual and cover a lot and then it is all over and the participants are on their own. Where M&E was delivered in specific units where M&E was a pre-cursor to a package of rehabilitative intervention and assessment, they still received input and interaction with staff. However, in some settings they just finished M&E and did not necessarily know what the next stage was in their journey. Staff felt that these participants would benefit from some additional work. Staff also felt that the intervention seemed to finish without a clear ending. Suggestions were made for M&E certificates, so the participants had something tangible for all their hard work and a fitting conclusion.

> "For me it's you've done it and then its bang, you're done, goodbye. It's very final. If you knew what they're going onto next then it would help as you could get into things a bit deeper" *Site 3 staff interview 1*

Staff also commented on more awareness of the intervention on the wings and wards so that staff in these locations could add value to the intervention and be aware of what the participants were working on.

There were mixed views from staff on the engagement of participants in some parts of M&E. Some staff felt that parts of the intervention were slow and not engaging for the participants and some sessions were difficult to deliver, particularly objectivity (see above). In addition, some staff stated that they liked the fact that M&E allowed for creativity which engaged the participants, but when you had a participant who was not very creative, those

participants would struggle so it was important to know your participant and what worked for them.

4.6 "The work we did made the difference" (Next steps)

Some of the most powerful feedback from the participants was the difference they felt M&E had made to their lives, with most individuals being able to provide examples of how their life had changed for the better since completing M&E. Many individuals had completed M&E and then progressed off specialist units, on to further interventions, or engaged in pro-social activities.

> "It helped me get ready for the next course, and that prepares you for the next one, each one is like a stepping stone" *Site 3 participant 3*
>
> "Since M&E I've won awards. I've changed jobs. I do gardening, chapel, pipes, clean, I'm a welfare rep, I'm enhanced. I wouldn't be alive without it. For the first time I wasn't invisible. People wanted to listen to me and be there. I felt worthwhile" *Site 5 participant 4*

Even if participants had not completed M&E or physically progressed from their unit at the point of interview, they were still able to identify areas of growth and development in themselves, which they attributed to the work they did or were still doing on M&E.

> "My confidence is increasing. I'm challenging myself. I'm building relationships with other inmates and officers, I never thought I'd do that. I've started opening up. It's an eye opener, I've enjoyed all the challenges I've been set" *Site 4 participant 1*
>
> "When I came in I couldn't trust people and then I started trusting people and liking myself. The time and the work we did made the difference" *Site 5 Participant 1*

The staff delivering the programme also commented on the progression of the participants and how M&E had helped them to begin the process of engaging pro-socially.

"All of the women have gone on to do other things. They are maybe engaging quicker than they would have without M&E" *Site 5 staff focus group*

5. Discussion

The aim of this small-scale qualitative study was to explore the delivery of M&E as a stand-alone intervention to those with likely 'personality disorder' and accommodated in a range of secure establishments.

Overall, the participants and staff interviewed had positive perceptions of M&E with the findings suggesting that it can be a useful stand-alone tool in engaging those with likely 'personality disorders' into further rehabilitative work and even the overall prison regime.

One of the key strengths of M&E, identified by the participants and staff in this study, was the collaborative relationships between staff and participants. Participants felt they could trust the facilitators, and felt the facilitators had genuine interest in them as an individual. Staff felt that M&E allowed rapport building as well as an opportunity for them to identify and understand what was important to the participant. If this rapport building and development of trust is a key outcome of M&E, then it may have wider utility and could assist with the huge issue of attrition across accredited offending behaviour programmes (McMurran & McCulloch, 2004; McMurran & Theodossi, 2004; Wormith & Oliver, 2002). Evidence shows (Meissner, 1996; Polaschek & Ross, 2010; Safran & Muran, 2000) that the therapeutic alliance is critical to effective delivery of interventions and as it appears that M&E can enable the development of collaborative relationships and assist participants to develop trust with staff, then this could have a positive outcome in terms of programme retention.

Research into treatment readiness, motivation and responsivity has provided practitioners with a means in which to ensure that participants get the most out of any interventions provided (McMurran & Ward, 2010) by ensuring that only those who are motivated and ready to engage are provided treatment while putting things in place to support and facilitate readiness and motivation. Ward, Howells and Birgden (2004) developed the Multifactor Offender Readiness Model (MORM) which proposes that individuals who are ready for treatment will possess a number of core features that will enable them to successfully engage in treatment at any particular time. The model suggests that barriers

to treatment readiness can come from both internal and external factors. The model proposes that internal readiness factors can be grouped into the following five areas: thoughts; emotions; goals; behaviours and identity. M&E focuses on these five areas through the key programme elements and consequently can enable participants to be open and motivated to improving and engaging with other rehabilitative interventions or moving to mainstream locations. What was evident from the participants in this study is that even though the outcomes varied, all individuals who participated in the research reported an increased motivation to engage in further treatment in some capacity, whether this was engaging in the unit regime, moving into mainstream location or the uptake of other interventions. This highlights a potential for M&E to be used with the wider prison population as a tool to get service users ready and motivated to engage with rehabilitative endeavours.

There are indications that many of the participants who undertook M&E appeared to meaningfully engage in the process, at least by the end of the intervention. Key elements of the intervention were identified by participants, including; the rapport building with the facilitators, the apparent genuine interest and the personal focus on them, goal setting and seeing a better future. Staff identified some participants who seemed to be undertaking the intervention to tick a box, but they did feel that all the participants got something positive out of the process. It seems apparent that by undertaking M&E, participants are provided the means to look at themselves, identify what they want out of life, set realistic and achievable goals and start planning for how they can achieve these and start the journey of change.

The importance of a whole-unit approach to M&E was evident from this study. Areas such as the Conditions of Success being normalised as part of the everyday regime of the units within this study appeared to be crucial to the overall success of M&E. Where everyone (both staff and participants) were aware of these expectations and rules and signed up to them, it was reported to become normal practice and this was viewed to be helpful to enforce respectful behaviour within the sessions themselves and outside of sessions, as well as using them to encourage participants to take steps towards achieving their goals. M&E could be incorporated into the prison regime and be part of the rehabilitative culture.

In particular, the focus on goal setting and rapport building between staff and participants would be a key ingredient in promoting a rehabilitative culture within the establishments.

One further observation to note is the lack of any specific comments regarding M&E and participant gender. While Chromis (and therefore M&E) was originally written for male participants, this study did not find any gender differences in the response to the intervention. A small point was made by one staff member at one site regarding the objectivity exercise, and how it may be problematic with female participants due to its focus on dieting, however it was latterly acknowledged that this could also impact on male participants, and therefore was not viewed as a gender-specific problem. The lack of any gender differences found in this study may suggest that M&E could be considered a gender-neutral intervention.

5.1 Recommendations and Future Directions

Although the response to M&E from both staff and participants from this small-scale qualitative study was overall largely positive, suggestions for improvements to the intervention were also made, and therefore there are several recommendations put forward by this report.

- Staff training was not very well received in most cases, particularly by prison officers. The Core Skills training was not felt to adequately prepare individuals for delivering M&E (one/two-to-one delivery format, and challenging individuals), and attending this prior to the specific training knocked the majority of prison officers' confidence to deliver. There was quite a high failure rate for the assessments which put staff under pressure and undermined their self-esteem. The training therefore should be adapted to minimise this pressure, and effectively prepare staff to deliver M&E. Staff working at specific OPD sites should also complete the Knowledge and Understanding Framework (KUF) training.[13]
- Objectivity was a challenging element of the intervention for many of the delivery staff and participants. Alternative examples to explain objectivity, and simpler

[13] https://kufpersonalitydisorder.org.uk/

terminology may aid delivery and help participants to grasp what was considered to be quite an abstract concept.

- Other aspects of the intervention (i.e. life and road maps) were also sometimes felt to be quite abstract for some participants to understand, and staff suggested more examples to aid delivery of these.
- Staff also requested that the guidance provided was clearer regarding the flexibility of delivery. In some cases, staff mentioned they needed more sessions to deliver M&E but were concerned that they may be penalised for being flexible or in some instances were unsure what they could and could not do.
- The spirituality element of the Good Lives Model was also highlighted by staff as being difficult to deliver as it was often misinterpreted by participants as religion. This is another area that would benefit for having additional guidance for staff to help them deliver effectively.
- Staff also felt that M&E would benefit from having a clear ending, as the end of the intervention felt a bit abrupt, so a clear conclusion would be helpful. Additionally, staff felt that top-up sessions, or further treatment plans for participants would help support their rehabilitative journey.
- Finally, it was suggested by participants that more information about the intervention could be provided prior to commencement to ease any anxiety. Additionally, participants felt it might also be helpful to have feedback from others who had completed M&E previously.

Since this pilot study was completed, the findings have been shared with the programme developers who have made several adjustments based on the feedback obtained in this study. One example of this is the change to the training received by staff delivering the intervention. Those delivering M&E now commit to the 3-day M&E training only. There is no assessment involved in this training, which is hoped will alleviate some of the pressure experienced by uniformed staff. Core Skills training is optional for those with no previous experience delivering interventions i.e. prison officers, and there is no assessment for these staff members. Additionally, completion certificates are now provided as well as information leaflets and advertising materials on M&E.

Given the findings of this small-scale qualitative study, as well as the previous research into the Chromis programme, there appears to be value to using M&E as a stand-alone intervention to work with those with likely 'personality disorders' and psychopathic traits. Since the completion of this study, the potential for using M&E in a wider rehabilitative context has been suggested and as such the intervention has now been rolled out across the Long-Term High Security Estate (LTHSE) and Women's Estate, as a means to motivate and engage individuals to begin their rehabilitative journey.

5.2 Conclusion

The findings from this small-scale qualitative study should be considered in light of the methodological limitations set out earlier in this report. Findings indicate that M&E, delivered as a stand-alone intervention to individuals with likely 'personality disorder' characteristics, overall was well received by both participants and staff interviewed. Findings also suggest that M&E could be a useful tool to engage those with likely 'personality disorder' into further rehabilitative work and even the overall prison regime. In addition, as M&E appears to have merit in engaging problematic and complex individuals, like those with 'personality disorder' traits, it could also be a useful tool to assist encouraging and engaging other prisoners.

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Annex A

Psychopathy, 'personality disorder' and the Chromis offending behaviour programme

Psychopathy is not currently clinically defined as a 'personality disorder' by the DSM-V (Diagnostic and Statistical Manual of Mental Disorders, version five), but is considered to be an extreme and co-morbid expression of antisocial and narcissistic 'personality disorders'. Psychopathy can therefore be considered as complex interplay of many interpersonal, emotional and behavioural characteristics. Individuals who have high levels of psychopathic traits are often manipulative, impulsive, sensation-seeking, emotionally-detached, grandiose and lacking in genuine empathy, remorse and guilt. They can also be callous and view others with contempt, whilst being highly charming and skilled at getting what they want from a situation (NOMS & NHS England, 2015). Whilst psychopathy is only thought to be found in 0.75-1% of the general population, around 7% of UK prisoners are thought to have high psychopathic traits, and as such psychopathy can be a significant problem for the criminal justice system (NOMS & NHS England, 2015). High levels of psychopathic traits are associated with an increased risk of re-offending (Yang, Wong & Cold, 2010), lower compliance with rules (Leistico, Salekin, DeCoster & Rogers, 2008), and earlier starts to criminal careers (Hemphill, Templeman, Wong & Hare, 1998). These associations with criminality may be explained by certain psychopathic traits; for example, a need for high status can be fulfilled through respect from criminal peers, and a lack of empathy and guilt may lead to disinhibition for violent behaviour (Cooke & Michie, 2010).

Those with high psychopathic traits can also present challenges regarding treatment, including being disruptive (Hobson, Shine & Roberts, 2000), seeing treatment as a means of manipulating staff (Ogloff, Wong & Greenwood, 1990) or having problems understanding emotions (Serin, 1995). Two reviews of the literature found that those with higher levels of psychopathy do not do as well in treatment as those with lower psychopathy, and individual response to treatment varies considerably (D'Silva, Duggan, & McCarthy, 2004, Thornton & Blud, 2007). Again, the response to treatment shown by these individuals is not surprising when the complexity of psychopathic traits is considered; those with a grandiose self-worth may not see any need for treatment, those who have a

need for stimulation may become easily bored and those with high levels of impulsivity may struggle to adhere to the rules of treatment. Wong & Hare (2009) in fact argue that it is not treatment which makes those with psychopathic traits worse, but the wrong treatment that makes them worse. With this in mind, the National Offender Management Service (NOMS, now known as Her Majesty's Prison and Probation Service, HMPPS) developed Chromis, a specialised violence programme for individuals in prison with high levels of psychopathic traits.

Chromis was developed over a five-year period by Interventions Services in NOMS (now HMPPS), in collaboration with a panel of experts, reviews of the literature, and interviews with service users with psychopathic traits, therapeutic and custodial staff. It incorporates the 'what works' literature (McGuire, 1995), risk, need and responsivity principles (Andrews and Bonta, 2010) and the Good Lives approach (Ward and Brown, 2004). Chromis was designed to be delivered to service users whose level or combination of psychopathic traits makes it difficult for them to engage in rehabilitative work. By teaching them specific skills on the programme, Chromis aims to give participants more control over their own lives and achieve their goals without using violent means. The programme is specifically designed with the responsivity issues created by psychopathic traits in mind. Compliance with the rules is not strongly emphasised, rather, initially Chromis just aims to genuinely motivate and constructively engage the participants by identifying what they care about and how they can achieve their goals in a pro-social way. Skills which have been shown to be lacking in those with high psychopathic traits, such as thinking, problem solving and interpersonal skills, are taught to the participants using tasks which are challenging, stimulating and relevant to them. The delivery order of the sessions of Chromis can be flexible, with breaks in-between allowed to consolidate learning. Participants are not required to be motivated to change, only motivated to learn new skills which provide them with a pro-social means of self-management.

Chromis had been delivered since 2005 in the Westgate unit, a 65-bed stand-alone 'personality disorder' treatment service based in HMP Frankland, a high security prison in the North East of England. Following a review of their interventions and needs of the population, HMPPS has recently ceased delivery of Chromis in the Westgate unit. Research into the effectiveness of Chromis and its approach however remains relevant as

its approaches continue to inform the work of the Westgate unit and has informed the development of subsequent interventions that are still run by HMPPS. Previous small-scale studies have found positive responses of participants undertaking Chromis and of staff delivering the programme. A process study carried out by NOMS in 2009 found that in terms of risk, need and responsivity, the right individuals were accessing Chromis, and that the quality of delivery was high and continuously improving. The completion rate was between 82% and 98% suggesting that while participants may temporarily deselect themselves from the programme, they do go back and complete once they have started. Staff feedback was that participants were felt to be less resistant, more engaged and had more positive relationships, including being more trusting of staff (Tew & Atkinson, 2013). Positive changes in psychometric assessments of attitudes, thinking styles and emotional regulation were also found following completion of the cognitive skills components (Morris, 2010). A qualitative study analysed the feedback from four participants who had completed Chromis. These participants recognised that completing Chromis had been challenging for them but also worthwhile. They felt that it was their decision whether they chose to engage with the programme, but that engagement was also positively and negatively influenced by staff, other prisoners and their environment. All participants were able to describe changes that they had made as a result of participating in the programme and recognised longer term benefits of engagement such as progressing with their sentence and building a better life on release (Tew, Bennett & Dixon, 2015).

Chromis was originally written for and delivered to participants with high levels of psychopathic traits. Within the Westgate unit its delivery was then extended out to individuals with likely ‘personality disorder’, who have also been shown to find engaging with rehabilitative activities challenging (Tetley, Jinks, Huband, & Howells, 2011, McMurran, Huband, & Overton, 2010). The DSM-V (Diagnostic and Statistical Manual of Mental Disorders, version five) defines ten different ‘personality disorders’ (PDs), grouped into three clusters (i.e. Clusters A, B and C) according to their primary traits and characteristics. As with psychopathy, there is a higher proportion of individuals with a diagnosed ‘personality disorder’ in forensic populations compared to the general population (50% vs 5-10%; NOMS, 2015), and these disorders have varying associations with criminality. Cluster A, characterised by odd or disordered symptoms, includes paranoid, schizoid and schizotypal ‘personality disorders’. These are generally less

associated with crime than Cluster B ‘PDs’, however schizoid ‘PD’ has been shown to have a modest but significant association with risk of violence. Cluster B, known as the dramatic and erratic disorders, includes borderline, narcissistic and anti-social ‘PDs’. Cluster B disorders are the most related to both general and violent criminal behaviour, particularly anti-social ‘PD’, which is thought to be present in around 50% of UK prisoners. Finally, Cluster C, known as the anxious and fearful disorders, include avoidant, dependent and obsessive-compulsive ‘PDs’. These disorders are the least likely to be associated with offending, however dependent ‘PD’ is often associated with domestic violence, and dependent and avoidant ‘PDs’ are the most commonly found ‘personality disorders’ in child sex offenders (Esbec & Echeburua, 2010, NOMS, 2015).

Like those with psychopathic traits individuals who suffer with ‘personality disorders’ often find engaging with therapeutic services and treatment to be difficult. As such there are often high levels of treatment non-completion associated with this group (McMurran, Huband, & Overton, 2010), that is if engagement occurs in the first instance. Other problems with engagement include sporadic attendance at sessions, minimal participation in tasks, and difficulties forming a good therapeutic relationship with staff (Tetley, Jinks, Huband, & Howells, 2011), suggesting that engagement is not always meaningful when it does occur.

Annex B
An Outline of M&E

Session 1 – Introduction to the philosophy and conditions of treatment
Provides a clear introduction to the component and explains the conditions that the participant is required to work within. This helps to set the boundaries of respectful and constructive working. The session is highly transparent and establishes from the outset clear expectations about appropriate conduct and the consequences of choosing to follow or not to follow these expectations. These expectations are termed 'Conditions of Success' rather than 'rules' and are the conditions set so that participants in the unit and programme can exist alongside each other and achieve their goals. Participants are completely free to choose whether they adhere to the conditions of success or not, and facilitators fully respect a participant's right to choose their own pathway. The choice they make, however, comes with a set of consequences, which are fully explained to participants, allowing them to make a fully informed decision about whether they choose to adhere to the conditions of success. This is the strategy of choices.

The aim of this session is that the individual leaves the session well informed and can choose either to work within the Conditions of Success or opt out of them and to accept the consequences of doing so.

Session 2 – Genuine interest: What does the participant really care about and want?
In this session staff facilitate a discussion about what the individual really cares about in the world, what their life is like, and how they would like it to be. This session begins the process of rapport building and collaborative working, through staff demonstrating a genuine interest in the views and experiences of the participant. The emphasis is on the process rather than the content of the interactions between participant and facilitator, although ideally the content should be meaningful as it will help to inform later sessions. The session is also future focused to make it more of a motivational experience for the individual.

Sessions 3 and 4 – Introduction to the Good Lives Model

In these sessions' facilitators continue to establish what is important to the individual, whilst also exploring their underlying motivators and view of themselves and the world. The idea of the Good Lives Model is introduced and facilitates work with the participant to consider how the things the individual has identified as important to them, relate to the various life themes the model describes. The GLM suggests that all human beings strive to achieve certain elements in their lives as these are linked to levels of well-being. Seeking to attain these goals in our lives is normal. The approach is therefore non-judgemental, and the programme supports participants in achieving the goals that are important to them and does not ask that they change these.

Sessions 5 and 6 – Introduction to Objectivity

In these sessions the concept of objectivity is introduced. This is the ability to reflect and report on your thoughts, feelings and behaviour in a way that is free of judgement, censorship, exaggeration, justification or blame. Traits commonly displayed in individuals high in psychopathy include several features that are likely to undermine objectivity such as glibness, grandiosity, pathological lying, manipulation, impulsivity, failure to accept responsibility and lack of remorse or empathy. Introducing objectivity is important because firstly it is one of the skills underpinning the maintenance of an open channel of communication, and secondly by learning the skill, participants can better reflect on their lives, and past experiences. Self-reflection allows participants to accurately identify patterns that led them away from pro-social goals and towards violent and anti-social behaviour. In order to introduce objectivity, facilitators use sample scenarios to demonstrate objective versus un-objective thinking and descriptions of events. They then move on to look at how this relates to the individual's own life.

Sessions 7 and 8 – Identification of Personal Themes and Motivators

These sessions build on previous work focussing on understanding what the participant really cares about and what drives and motivates them. Facilitators establish what motivational themes the individual thinks are present in their life and how important they are. This is an important stepping stone in the project as it enables staff to work collaboratively with the offender to establish how other treatments and opportunities within the unit could be personally meaningful and relevant to them. It also provides an

opportunity for participants to see which themes are not currently met in their life. This allows facilitators to explore whether leisure, educational or employment opportunities available on the units could provide participants with a chance to 'try out' some activities linked with these themes. Facilitators use a mind mapping exercise to create a visual representation of how the participant thinks the life themes feature in their lives and the importance of each area to them. Mind mapping is used to create an engaging, novel and creative technique within which they can describe complex relationships and significance in a way which is meaningful to them. Facilitators are again given the opportunity to demonstrate genuine interest in areas that the participant identifies as being of personal importance to them. The approach remains one of identifying important areas that a participant wants to retain/enhance in their life, rather than the emphasis being on stopping/removing behaviours.

Sessions 9 and 10 – Getting what you care about

Facilitators work with the participant to establish some of the ways they have typically attempted to achieve their goals in the past. The aim is to begin to understand how they tend to think and behave when trying to achieve things that are important to them. These sessions provide an opportunity to learn about this and to begin to identify how some of their actions and ways of thinking may be successful in achieving some important aspects in their life. Importantly, they can also begin to identify behaviours and thinking which may be unsuccessful or lead to problems in other areas of life. These sessions provide an opportunity for facilitators to identify and acknowledge the participant's strengths, and once identified, how these strengths could be built upon to promote pro-social living. It also helps participants to start making links between their behaviour and the consequences of this behaviour and help to reinforce how pro-social behaviours can be linked with their vested self-interest.

Session 11 – Good Times

This session focuses on the strengths and positive aspects of participants' lives. It continues the process of showing genuine interest in and trying to understand what the participant really cares about and values. Participants are asked to make a simple plot of their life and identify times when they thought things were going well for them. The component is drawn to close on a positive note which builds on the strengths-based

approach of the intervention. By looking at what was good about ‘the good times’ participants should be able to make links back to their important themes, which should help reinforce them and be motivational in the process. It provides facilitators with another opportunity to gain insight into what the participant values and therefore what might motivate them to engage with and remain in treatment.