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Exploring the Treatment Integrity of Custodial Addiction Therapeutic Communities

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Service**

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Summary

The aims of the study were to explore current delivery in four prison addiction therapeutic communities (TCs) in England, to show that they are operating as they should and are conforming to the TC treatment model. TCs are an intense form of treatment where participants live together in a drug-free environment and the community itself is the key agent of change. The communities are hierarchical with treatment stages that reflect increasing levels of personal and social responsibility. While there is good international evidence that addiction TCs are effective in facilitating positive change in drug using offenders, there is limited evidence of their effectiveness in the UK. Concerns have also been raised over the difficulties of maintaining treatment integrity in such regimes. It is therefore important to establish whether communities are functioning as intended and adhering to their model of change.

A combined methodology was used for the study, which included:

- structured observation at all four communities operating across the prison estate;
- interviews with staff, residents, graduates and non-completers;
- analysis of data on TC participants including demographic, assessment and psychometric data;
- measures of therapeutic climate;
- review of previous TC audits.

Fieldwork was undertaken between January and May 2010.

Overall, the TC sites were seen to be functioning well and generally adhered to the model of an addiction TC. They were found to be safe, supportive and well-run environments.

Feedback from all those interviewed was positive. Even participants who failed to complete the programme spoke encouragingly about their experience, with many expressing a desire to return.

Key strengths of the programme included the open, supportive and relaxed relationships between staff and residents, the atmosphere of the community and the model and methods of the TC. Staff also considered the good working relationship among their colleagues and dedication to the programme to be a key strength.

The majority of current residents (83%) and graduates (92%) reported a positive change in their attitudes and behaviour as a result of being part of the community. Half of those who failed to complete the programme reported positive change. The areas where they noted improvements included self-esteem, greater understanding of their behaviour, being less impulsive, improved relationships, increased empathy towards the victims of crime and being less aggressive and reactionary. Many also noted finding it easier to remain abstinent from drugs; even several non-completers reported abstinence since leaving the TC and decreased desire to use drugs in the future.

Positive change was observed in the two psychometric questionnaires used to measure dynamic risk factors targeted by the programme, suggesting participants had achieved a greater level of personal responsibility and reported fewer pro-criminal and antisocial attitudes upon graduation. However, as there is no comparison group, findings from the psychometrics should be interpreted with some caution as it is not possible to conclude that programme completion was the main or only contributor to the observed improvements.

One of the main weaknesses highlighted by staff and residents was the low rate of referrals, especially from the wider prison population. Low referral rates meant that empty spaces were sometimes filled by other prisoners 'lodging' on the community, or staff feeling pressure to select participants to fill places. Staff believed there were many more potential participants than were being referred and expressed a need to promote TCs as a national resource.

The analysis of data also revealed that not all those who started on the communities were being correctly targeted. In fact, nearly a quarter failed to meet all the selection criteria for the programme. The target least likely to be met was length of time left to serve (set at 14 months), with a fifth failing to reach this. The most commonly met requirement was level of drug dependence (measure by a score of 7 or above on the Severity of Dependence Scale) which was missed by just three per cent.

Another issue noted by both staff and residents was the lack of trained TC staff covering evenings and weekends, when adherence to the regime may slip. Several staff also raised concerns over contingency planning to ensure staff continuity, and attrition targets keeping some offenders in the community when they should be deselected. Some residents noted that sanctions were sometimes used incorrectly and inconsistently.

Considering the length of the programme, attrition was relatively low when compared to community TCs, with 51% of those starting on the programme reaching graduation. Nearly a

third of non-completers left the TC within the four to six week induction period, mirroring research into other addiction TCs. The main reason for programme non-completion was deselection due to misconduct issues. Nearly a third left voluntarily. There was seen to be little difference between programme graduates and non-completers in terms of demographics, drug use and criminality. There were some differences on the risk of reconviction measures, suggesting those at higher risk are less likely to complete the programme.

The observation carried out as part of the study found adherence to the overall model to be good at most sites, with a safe, supportive, prosocial environment being fostered, and adherence to right-living principles, although one site was functioning at a considerably lower standard. A scoring system for the observations was devised, with a maximum score of 172 representing all essential features of a TC being met. The mean score for all four communities was 108, indicating that, on average, 63% of the requirements were being met. Scores varied considerably between sites from 83% of requirements being met to only 44%. The observation highlighted some issues that could be addressed to improve treatment integrity, including the sanctions system, which is critical to the treatment process, encounter groups, community groups and meetings, TC boards and decoration, and work and job functions.

Participants seemed to have a good understanding of why they were attending the programme and what they hoped to achieve, which broadly matched the core aims of the programme. They also had a good understanding of the model of change. Staff were also able to demonstrate a good understanding of the model and methods for addiction TCs. This was partly because of training they had received and knowledge learnt while delivering the programme. The majority of TC staff felt the training they had received prior to commencing on the programme was sufficient, although improvements such as more ongoing and programme specific training were suggested. They also felt they received good support from their peers and managers within the TC, but some were critical of the levels of support from prison staff and senior managers outside the TC.

As part of the study, the EssenCES (Essen Climate Evaluation Schema) questionnaire was used to measure whether the therapeutic needs of participants were being met and the atmosphere and environment of the community. Although interpretation of these scores is limited because, as yet, there are no normative values for addiction TCs, scores compare favourably to English high-security settings. There were no differences in scores between the

four TC sites or between staff and residents, suggesting that both staff and residents were equally satisfied with the atmosphere across all the TCs.

The communities were successfully passing the Interventions Unit audit, further suggesting they are operating as intended. However, many of the staff interviewed raised concerns over the audit system, questioning its ability to accurately assess the full range of their work and measure the TC atmosphere. Many suggested a Community of Communities approach may be more useful. It was generally felt that there were some benefits to audit, but that the system could be improved and tailored to reflect more closely the work of an addiction TC.

The recommendations from the study were as follows:

- The sanctions and reward systems should be continually reviewed. Improvements to community groups, meetings and TC environment would also increase integrity.
- All residents should be engaged in work, including keeping the community clean and tidy.
- Establishments should recruit and train identified officers to cover evenings and weekends to reduce the risk of regime slippage.
- More should be done to promote TCs as a national resource to increase referrals and further investigation into reasons for low referrals should be carried out.
- The feasibility of dedicating space on the TC exclusively to TC residents should be explored.
- The current audit system could be reviewed and tailored to cover the full work of the TC and reduce the burden of paperwork.
- An outcome study to explore the effectiveness of the programme could be designed and implemented.

1. Context

Addiction therapeutic communities are an intense form of treatment for substance misusers, with 24 hour, seven days a week, total immersion into treatment. TCs encourage residents to learn and develop skills and values necessary to live drug- and crime-free lifestyles. This is achieved by promoting a sense of community among TC participants, who support each other in developing pro-social values, attitudes and behaviours, by recognising and confronting negative values and behaviours (Taxman & Bouffard, 2002). Participants progress through stages of treatment that reflect increasing levels of personal and social responsibility. In addition, all residents are expected to undertake work that contributes to the community and progress through a hierarchy of job functions, mirroring 'movement up the occupational ladder in the real world' (De Leon, 2000). Another fundamental principle of addiction TCs is 'self-help', such that each individual is themselves the main contributor to the process of change (Smith, Gates & Foxcroft, 2006). Participants conform to the principles of 'right living' by abiding by community rules, participating in daily obligations, acting responsibly and displaying socialised behaviour (De Leon, 2000).

TCs are a popular intervention for substance misusing offenders, especially in the US, and there is a substantial body of evidence to support their value with this offender group. A number of authors have presented meta-analytical reviews demonstrating positive effects on recidivism and levels of substance misuse (Holloway, Bennett & Farrington, 2005; Mitchell, Wilson & MacKenzie, 2006; Pearson & Lipton, 1999; Perry *et al.*, 2006; Prendergast *et al.*, 2002). A Campbell systematic review of the effectiveness of incarceration-based drug treatment reviewed sixty-six methodologically robust evaluations (Mitchell *et al.*, 2006) and concluded that TCs produced the strongest evidence for effectiveness in reducing drug relapse and recidivism.

The length of time in treatment has been found to have an important influence on the effectiveness of drug treatment programmes (Gossop *et al.*, 1999; Simpson & Sells, 1982). This has also been found among TCs delivered in criminal justice settings. In a meta-analysis of correctional drug treatment programmes, recidivism rates between treated and untreated/treatment-as-usual groups were compared for thirty-five studies of TCs (Lipton *et al.*, 2002). The review found a small/average effect size for the TC treated samples that improved with increased time in treatment. Studies have also identified the importance of a community-based aftercare element in further reducing recidivism in TC programme completers (Aos, Miller & Drake, 2006; Inciardi *et al.*, 1997).

However, most of the evaluations of TCs have been North American and the evidence base for addiction TCs in the UK is much less developed. When developing guidance for work with substance misusers, National Institute for Health and Clinical Excellence (NICE, 2008) concluded that there is a lack of research assessing the effectiveness of TCs in the UK, so it is not possible to identify whether one type of TC is superior to another. Although the TC approach is one of the most promising, there is a need for more research to establish its effectiveness as applied in the prison system in England and Wales.

The difficulties in maintaining treatment integrity in TCs and the challenges in adhering to the core principles have been noted by several authors (Rawlings, 2001; Taxman and Bouffard, 2002). Taxman and Bouffard (2002) found that programmes were not always delivered 'with fidelity to the intended TC design', and highlighted the difficulties in implementing TCs. A study by Mason, Mason and Brookes (2001) of three English prison TCs identified a number of factors affecting the purity of delivery of the regime. For example, the threat of empty beds being filled by prisoners not taking part in the programme encouraged TCs to retain participants who should have been deselected, or to lower the selection criteria to ensure the TC remained full. They also experienced problems with a lack of staff continuity, with trained officers being moved elsewhere and inexperienced officers being placed on the TC. The lack of full segregation from the main prison also meant residents could be exposed to drugs.

Before the authors can address the effectiveness of prison addiction TC regimes in reducing reoffending, it is first necessary to establish that these communities are functioning as intended and adhere in their treatment delivery to the model of change underlying this treatment approach. The authors have conducted a process study to explore current delivery in order to establish levels of treatment integrity. Starting from the model of change for addiction therapeutic communities, the study aimed to evidence that the TCs are operating as they should and conform to the TC treatment model.

1.1 Description of HMPS Addiction TCs

There are four establishments delivering accredited therapeutic communities for drug users in the prison estate of England and Wales:

- Channings Wood (an adult male, category C training prison);
- Garth (an adult male, category B training prison);
- Holme House (an adult male, category B local prison);
- Wymott (an adult male, category C training prison).

The TCs offer a voluntary, 12-month programme where average capacities of 65 participants live in a separate wing of the establishment. Referrals may be received via CARATs (Counselling, Assessment, Referral, Advice and Throughcare service) teams from across the prison estate or from other staff. To be considered eligible for the programme, participants are required to meet established risk and need criteria, and have sufficient time left to serve to complete the programme.

The programme is a hierarchical TC where residents pass through the following phases of treatment, along with pre-treatment preparation:

- **induction** – during the first few weeks;
- **primary** – typically lasting for 5 to 6 months;
- **re-entry** – usually lasting for 4 to 5 months.

The programme addresses the following dynamic risk factors:

- poor cognitive skills;
- antisocial attitudes and feelings;
- strong ties to and identification with antisocial/criminal models;
- poor prosocial interpersonal skills;
- dependency on drugs;
- difficulty with self-management;
- lacking employment skills;
- external locus of control.

Key Features of a Hierarchical TC for Substance Misuse

Both the literature on hierarchical addiction therapeutic communities and HM Prison programme manuals identify a number of essential features that should be present in a well functioning TC (De Leon, 1995, 2000, 2001; Rehabilitation Services Group, 2008). The features that are commonly reported in both the literature and the HMPS programme manuals are as follows.

- The physical environment should:
 - be a supportive environment;
 - be isolated from the general prison population;
 - have facilities suitable for running a TC, including communal space;
 - have a living space which is clean, well ordered, decorated, in accordance with right living;

- have signs present on the walls to promote the TC philosophy and messages of right living;
- have the presence of TC structure/thought for the day boards.
- Programme structure (e.g. hierarchical structure, a structured day).
- Use of work as therapy and education (e.g. job functions and residents being responsible for the daily management of the facility).
- The use of encounter groups.
- Use of positive and negative feedback and members acting as role models through prosocial behaviour, and the use of privileges and sanctions.
- Collective learning through education, training and community groups.
- Community meetings, conducted in an appropriate manner to promote a culture of change and open communication.
- Structure and systems, including job functions, chores and systems of privileges and sanctions to maintain order and safety, and promote learning.

1.2 Aims of Research

One of the challenges for addiction TCs is maintaining treatment integrity and continued adherence to the core principles of these communities. The central aim of this study was to identify whether the four English prison addiction TCs are operating according to the hierarchical addiction therapeutic community model of change and addressed the following specific research questions:

i. Targeting

Is the programme targeted as directed in the programme manuals?

Do residents understand why they are engaging with the TC and do they understand the model of change and regime?

ii. Treatment Integrity

Is there evidence that the key features of a TC are present and operating as intended?

How are the relationships between residents and programme staff?

What are the strengths and weaknesses of each TC?

Can one capture indices of how a TC regime is working through the current audit system?

iii. Staff

Do TC staff receive adequate training and ongoing support?

Do staff understand the TC model and their role within the TC?

iv. Change

Do participants report change from engaging with the TC?

Are there indications of positive psychometric change?

v. Attrition

At what point do non-completers leave the TC?

What can we learn about TC attrition by comparing the characteristics of completers and non-completers?

vi. Therapeutic Environment

Does a good therapeutic, social climate exist at each of the TCs?

2. Implications

The four addiction TCs in the study were functioning well, providing a safe, supportive and therapeutic environment. In addition, they were generally adhering to the prescribed TC model of change. Staff, working in both the community itself and in the wider prison establishment, spoke positively about the TCs, noting the successful delivery of the programme by dedicated staff. Psychometric questionnaires also highlighted positive change in graduates over the course of the programme. Current residents and graduates also commented on improvements in their attitudes and behaviour as a result of being part of the community. Even those who failed to complete the programme were mostly positive about their experience on the TC, with many reporting attitudinal and behavioural change after being on the programme. Many of the non-completers interviewed also expressed a desire to return to the TC.

Attrition was lower than expected considering the length of the programme and previously reported completion rates for other TCs. Over half of those starting on the programme reached graduation compared to the 20 – 35% completion rates reported by De Leon (2001) for community TCs, although lower attrition would be expected for custody programmes. Retaining participants in treatment is especially important as a considerable body of research has shown the relationship between time spent in drug treatment and successful outcomes (De Leon, 2001). In the study, nearly a third of non-completers left the TC within the induction period, mirroring other drug treatment TCs (De Leon and Schwartz, 1984). This may be improved by further pre-programme preparation focusing on the nature of the TC and expectations to ensure those starting have a good understanding of the regime. Ensuring targeting criteria are followed may also help reduce attrition, so that those who are likely to benefit most from the programme are being selected.

The successful running of an addiction TC is dependent upon all those involved having a good knowledge of the overall ethos and model of change, and how this is implemented. The study found that staff and residents had a good understanding of the TC model and methods, and their role within the community. Appropriate staff training and support are considered to be essential for all those working in communities, to maintain focus and avoid 'burnout', especially as interaction between staff and residents can be almost constant (Woodhams, 2001). The study highlighted a number of ways that training could be improved. While the majority of TC staff thought their introductory training had been adequate, half of those interviewed suggested improvements, such as more ongoing and programme-specific training. They also felt they received good support from their peers and managers within the

TC, although less so from other prison staff and senior managers outside the TC. Raising awareness among non-TC managers could help to improve this.

The structured observation explored in more detail the extent to which the communities were implementing the programme consistent with the model of change. Overall, adherence to the model was good, although improvements could be made to treatment integrity across all sites, and at one site in particular where some deviance from the programme manuals was observed. It has been suggested that the TC model is:

'not always a consistently achievable fact, given the difficulties presented by this client group. However, a core process in the TC is for its shortcomings to be repeatedly identified and addressed in the day-to-day work of the community, as part of the therapeutic endeavour'. (Rawlings, 2011).

With this in mind, the conclusion from this study might be that the TCs are being delivered with sufficient and reasonable treatment integrity and that a study to explore the effectiveness of the programmes could be implemented. However, any such outcome study would be dependent upon the design of a robust methodology and identification of a suitable comparison group.

The study identified a number of areas that would benefit from further consideration.

- As the use of sanctions, pull-up and reward systems are critical to the success of the TC model, systematic review and refinement of these aspects of delivery would be worthwhile. Improvements to community groups and meetings, and to community environment, would boost treatment integrity at some sites.
- Ensure all sites are engaging residents in work, where available. Although the opportunity to offer varied work may be limited, all sites can instruct residents to help keep the community clean and in good order.
- As concerns were raised over the continuity of the regime when dedicated TC staff were not working, prison establishments should recruit and train identified officers to cover evenings and weekends to reduce the risk of regime slippage during these periods.
- Low levels of referrals were a cause for concern, especially those from other establishments, suggesting more should be done to promote TCs as a national resource.

- The feasibility of dedicating space on the TC exclusively to TC residents should be explored. This would reduce pressure to accept 'lodgers' or those who are not suitable, and allow communities to deselect residents, where necessary.
- The current audit system was described as not reflecting the full range of activities within the TC regime or the community atmosphere. Concerns were also raised over the levels of associated paperwork. The audit process could be reviewed and tailored to better suit the TC regime and reduce the paperwork burden. The utility of adopting the Community of Communities audit should be explored. Consideration could be given to implementing a measure, such as EssenCES, to assess therapeutic climate. Consistency in audit staff across all sites may also increase levels of satisfaction with the audit process.
- As the TCs are operating with sufficient treatment integrity, an outcome study to explore the effectiveness of the programme in reducing drug use and reoffending could be considered. This would require feasibility work to ensure a suitable methodology could be developed, but would be a useful addition to the limited literature on the effectiveness of addiction TCs in English prisons.

3. Approach

Data collection took place between January and May 2010. A combined evaluation methodology was employed, which included the following elements.

3.1 Observation

Structured observation was carried out at each TC site. This approach has been described as the optimal methodology for determining whether therapeutic communities are actually implementing the programme consistently with the model of change (Taxman & Bouffard, 2002). Observation took place at each TC for three to four consecutive days by two observers. Both observers have good experience and knowledge of TC theory and application. An observation instrument was designed for the study which included the essential treatment components of a well-run, successful prison TC. This was generated by consulting programme developers and experts in TC theory, examining TC literature and programme manuals. Observers used the instrument to record the extent to which the components were present at each TC (see Appendix 2 for a copy of the observation instrument).

3.2 Interviews

Observation was supported by semi-structured interviews with residents and staff. Face-to-face interviews were conducted with a sample of current TC residents, successful graduates and non-completers. Treatment managers at each site were asked to nominate a sample of current residents, graduates and non-completers to interview. In total, 71 current residents were interviewed which represented 30% of TC participants at the time of interviewing. Current residents were sampled by the different stages they were at in the TC with at least a quarter of residents from each stage being interviewed (see Appendix 1 for a full breakdown of interviews for each site). In addition 43 graduates and 29 programme non-completers were interviewed.

The response rate was generally high among current residents and graduates, but less so for non-completers. Difficulties were experienced in following-up non-completers, as many had been discharged or transferred. This, and the lower response rate, impacted on the number of non-completers who were successfully interviewed and meant the resulting sample was based upon those who were contactable and willing to be interviewed. Therefore the sample of non-completers is not wholly representative of all those who failed to complete the programme. In addition, as residential respondents were identified by TC managers, we

cannot be certain that this sample was selected randomly and is therefore fully representative.

Telephone interviews were conducted with a sample of 20 TC staff members (five from each site). Staff were sampled to represent the different grades, length of service and experience within the TC and the prison service as a whole. Appendix 1 has a summary of demographics of the sample.

Telephone interviews were conducted with a sample of 20 non-programme staff (see Appendix 1 for summary). One staff member per site from each of the following disciplines was interviewed:

- governor;
- residential staff;
- personal officer;
- offender supervisor;
- CARATs team.

The staff and resident interviews were analysed using content analysis. A coding frame was developed to capture responses on key issues that addressed the research questions. Interviews were then analysed and responses categorised to fit within the coding frame. Coding was carried out by one member of the research team to maintain consistency, with 10% of interviews also being coded by another rater to assess inter-rater reliability which was found to be good.

3.3 EssenCES Questionnaire

Previous research has shown that social climate is related to clients' wellbeing and treatment outcomes in both prisons and mental health units (Beech & Hamilton-Giachritsis, 2005; Melle *et al.*, 1996).

For this study, The Essen Climate Evaluation Schema instrument (Schalast, 2008) was used to measure the therapeutic environment. The measure has been validated in Germany (Schalast, 2008; Schalast *et al.*, 2008) and is currently being validated in English forensic psychiatric wards (Howells *et al.*, 2009). It is a 15-item, self-completion instrument designed to measure the following features.

- Therapeutic hold – the extent to which the climate is perceived as supportive of the patients' therapeutic needs.

- Patients' cohesion and mutual support – whether mutual support and cohesion is present among clients.
- Experienced safety – the level of perceived tension and threat of aggression and violence.

The questionnaire was completed by all 171 staff and residents who were either resident or working at the TCs between April and May 2010.

3.4 Routine TC Data Sources

Data were collated for those who had joined a TC between April 2008 and December 2009. This included demographic, criminal history and drug use data, risk, need and programme completion data, and psychometric data.

A battery of psychometric questionnaires are routinely administered to all TC participants at pre-course, after induction, after primary and after re-entry stages. They are selected to measure improvements in specific criminogenic needs that the programme targets:

- **Locus of Control (LOC)** (Craig, Franklin & Andrews, 1984) is a 17-item scale which assesses the extent to which individuals believe that external factors control their life. For a fuller description see Appendix 4. For this study completed LOC questionnaires were available for 88 programme participants (85% of those who had completed the programme).
- **Criminal Sentiments Scale – Modified (CSS-M)** (Simourd, 1997) is a 41-item scale that measures antisocial attitudes, values and beliefs directly related to criminal activity. It has three subscales: attitudes to the law, courts and police (LCP), tolerance for law violations (TLV), and identification with criminal others (ICO). See Appendix 4 for a fuller description. Complete CSS-M data for all three subscales were available for 61 programme completers (59% of those who had completed the programme).

3.5 Review of Current Audit System

In order to attain and retain accreditation, programmes need to demonstrate clear and effective management, appropriate training and support for staff, and a commitment by all to deliver high quality treatment. In addition, programmes should be able to demonstrate that systems are in place for offender selection and preparation and that programme integrity is maintained. Interventions Unit undertakes an annual audit of all accredited prison drug

treatment programmes to measure the extent that programmes are complying with these requirements. The audit reports provide information about areas where improvements need to be made, as well as identifying and acknowledging best practice. This research was informed by audit scores from 2004/05 to 2009/10.

4. Results

4.1 Programme Participants and Targeting

Demographic Profile of Participants

Between April 2008 and December 2009, 202 offenders joined one of the four TCs. The mean age of starters was 31 years (range 21–56) and the majority of starters described their ethnic origin as 'white' (95%), with only 11 being from any other ethnic group.

Drug use

Heroin was most frequently reported as the main substance of use among the 202 TC starters, followed by crack cocaine. Sixty per cent (n=121) reported having used opiates and 70% either crack cocaine, cocaine or both regularly. See Appendix 3 for summary of main substances of use.

Severity of Dependence Scale (SDS) scores were calculated for the sample. SDS is a 5-item measure of drug dependence (Gossop *et al.*, 1995), producing a dependence score between nil and 15, with higher scores representing greater levels of dependence. The mean SDS score was 10.8 (range one – fifteen) which indicates high levels of dependence.

Previous treatment

Nearly half of the programme starters (47%; n=94) reported having engaged with another prison drug treatment programme and 39% (n=78) with a probation drug treatment programme prior to assessment for the TC. 36% (n=72) had previously engaged with a non-criminal justice, community drug treatment programme prior to custody.

Targeting

In order to be suitable for joining the TC, participants are required to meet the following criteria.

- Risk: at least one of the risk measure scores should be met:
 - Offender Group Reconviction Scale 2 (OGRS2) score of 25 plus;
 - Offender Group Reconviction Scale 3 (OGRS3) score of 50 plus;
 - Offender Assessment System (OASys) score of 71 plus.
- Need: a score of seven or above on the SDS.
- At least 14 months left to serve at the point of joining a TC.

Twenty-three per cent (47/202) of the programme starters were not correctly targeted to the programme on at least one selection criterion. They were least likely to be correctly targeted according to time left to serve, with 81% meeting this criterion. Eighty-seven per cent were correctly targeted according to their risk of reconviction, 97% according to need. All participants met at least one of the selection criteria.

Participants Engaging with the TC

For a TC to function well it is necessary for all those participating to have a good awareness of why they are engaging with the treatment programme. Participants in this study seemed to have a good understanding of why they were attending the programme and what they hoped to achieve, which broadly matched with the core aims of the programme. Over three-quarters (76%) of the programme completers said they had joined the TC in order to change and learn, as did 73% of current residents and 63% of non-completers. Specifically, they had joined the programme to address their drug use and offending, live a prosocial life and improve their health, employment opportunities and relationships with their family. Interviewees also expressed a wish to learn skills that would help them to address their problems, including relapse prevention, communication, thinking and coping skills.

Another motivation reported by 27% of TC residents was to be in a 'clean' environment away from drugs in order to better tackle their addiction.

Participants' Understanding of the TC

One of the aims of the research was to identify whether the TC participants have a good understanding of the TC regime and the model of change on which the programme is based. In order for the TC to function as it should, it is important that all those taking part understand how the programme brings about change and the role that they and other residents have within the programme. Residents, graduates and non-completers had a good understanding of the TC model. Interviewees stated how the TC was *"Meant to turn them more prosocial... teach them life skills"* and *"meant to take you out of your chaotic lifestyle"*.

Many also highlighted how the TC provides a daily structure and mirrors life in normal society. One resident stated *"each job hierarchy imitates life out there"*. Another respondent noted how attending the TC could provide *"a better understanding upon release how to co-ordinate yourself as a law abiding citizen."*

4.2 Treatment Integrity

A key aim of the research was to identify whether the essential features of a TC were present and operating as intended at each site. This was mainly assessed through the structured observation of the four TC sites. Below is a summary of the main findings from the observations.

- A supportive, positive peer culture was observed at all TC sites, with communities observed as safe, well-run environments, which was further evidenced by interviews with staff and residents.
- Most of the TCs were isolated from the main prison, but facilities could be improved.
- Living spaces were generally clean and in accordance with right living, although cleanliness levels could be improved at one site in particular.
- Three of the TCs had produced a homely environment, but observers noted that, in some cases, this could be further improved.
- A lot of empty space was noted on the walls of all but one TC and thought for day and structure boards were not always fully addressing TC requirements.
- A work hierarchy was in place at all TCs. Some had a good range of job functions, but others were more limited. Work was generally well managed.
- Most of the communities had little or no scope to give increased privileges with advancement, which limits their ability to function as intended.
- Pull-ups and sanctions were of a high standard at two establishments, but it was felt that improvements could be made elsewhere. Positive pull-ups were sometimes given too readily for behaviour that observers thought should be expected as the norm.
- Encounter groups were well planned and conducted, although the delivery of some deviated from the manual. Many residents were not attending the required number of encounter groups.
- The quality of community groups varied. Peer groups and seminars could be run more frequently. Structured groups were generally well delivered and adhered to the programme manual.
- Some of the observed community meetings were not fully achieving their aims. One site was running light-hearted, uplifting and motivating morning meetings, but the remainder were very business-like. However, attendance was good and the TC philosophy, thought for day and positive pull-ups were all stated.

In order to quantify the observations, a basic scoring system was devised to measure the extent to which each establishment was operating in accordance with the manuals and model of change. Each of the 86 items in the observation checklist was scored between zero and two (zero: not met; one: partially met; two: fully met), creating a maximum score of 172. Observations were scored by two raters, summed and averaged to produce an overall rating. The mean score across all communities was 108, indicating that, on average, 63% of TC requirements were being met. Scores ranged considerably at each site, from 76 (44% being met) to 143 (83% being met),

Relationships between Participants and Programme Staff

During the interview process, respondents were questioned on their views of staff-resident relationships, as good, open relationships help to promote an environment conducive for change. Nearly all TC staff (95%) thought that there was a good relationship between themselves and the TC residents. A variety of reasons were given, including observations that the ‘*them and us*’ culture does not exist and that “*there’s almost a blurred line; we are all one*”. Several staff members noted that where problems arise they can be addressed more easily where relationships are good.

Residents and graduates were also positive about resident-staff relationships. This was even noted among programme non-completers, with nearly half (43%) describing the relationship as being good.

“I get on with all of them. That’s an improvement because before I wouldn’t talk to an officer.”

“Brilliant, really nice. Even the prison officers get to be called by their first names. Feels more like they’re people and not just people in uniform and authority.”

Strengths and Weaknesses of the TCs

All staff and participants were asked to identify the main strengths and weaknesses of the TCs. Their opinions contribute to our awareness of whether and why the communities are running well and whether there are any underlying issues that hinder the programme from operating as it should. The comments of all staff and participants are summarised below.

Key Strengths – Staff Perspective

Relationship Between Residents and Staff. Overall, TC and non-TC staff thought that the greatest strength of the community was the relationship between the staff and residents, as described above.

The TC Ethos. For just over half the TC and non-TC staff, the ethos of the programme was viewed as a strength. The TC rules, using the community to enable change, the challenging of behaviour and promoting right living were all noted by staff. One non-TC staff member noted: *“gives them a sense of belonging and not just being dumped in prison and left”*. In addition, an environment that is not only safe and supportive, but somewhat removed from a typical prison wing, was considered important by both TC and non-TC staff who were interviewed.

The Staff Team. Another strength of the TC was the working relationship among the staff, especially the way they support and motivate each other. Part of this success was considered to be the mix of both civilian and uniformed staff. Non-TC staff also commented that staff working on the TCs were very motivated and dedicated to the programme. One respondent noted: *“The facilitators are very committed. There’s a real feeling of them believing in what they do.”*

TC staff were described by all staff as good role models who worked hard to develop good relationships with the prisoners.

Key Strengths - Participant Perspective

Residents, graduates and non-completers were questioned on their views of the strengths of the TC. Their views, overall, were very positive, citing many strengths. In fact, many of the non-completers (who were successfully interviewed) regretted leaving the TC and expressed a wish to return. Three main themes emerged.

TC Components. The methods used to facilitate change on the TC were considered to be key strengths of the programme by approximately two-thirds of current residents (65%) and graduates (68%) and over half (57%) of non-completers. These included the following:

- group work;
- key work;
- meetings;
- pull-ups;
- hierarchy and work.

Staff and Peer Support. Over a third of residents and graduates (34%) and of non-completers (37%) described the level of support from TC staff and residents as a main

strength. Respondents noted how fellow peers acted as good role models and demonstrated how to behave in the community.

“I’ve know him at his lowest. See him now, what an inspiration...when he gets up and talks, I really listen...Individuals that stand up and talk sense and give inspiration – staff or inmates.”

“If I didn’t have my peer support and duty staff, light bulbs would have never gone on – never had encouragement before – built belief from day one.”

Atmosphere. The conducive atmosphere of the TC was also highlighted. One resident described it as *“better than a normal wing, more relaxing and more prosocial”*. There was also a sense of camaraderie, with comments such as *“All the lads in the same boat”*. Other residents also commented that the TC is a safe environment that allows residents to *“express how other people’s behaviours may affect me on a day-to-day basis”*.

Key Weaknesses – Perspective of all Staff

Referrals. Of all the weaknesses recorded by TC staff, low referral numbers drew the most attention, with nearly half the staff (45%) highlighting this as a concern. Two sites in particular noted that there was no waiting list and CARATs teams were not referring enough offenders although there were many suitable potential participants even within their own prison. This resulted in staff feeling pressure to accept anyone who was interested in attending, despite their eligibility. One staff member commented *“...our referrals are at an all time low...”*. In addition, the impact of the Integrated Drug Treatment System (IDTS) upon referral rates was raised, with staff feeling that offenders were maintained on prescription treatment, precluding them from attending the TC. Some staff also noted that most referrals came from their own establishment and raised concerns about the lack of referrals from other prisons and the difficulties in transferring offenders. One staff member concluded, *“I’m not convinced we’re getting people identified and we’re not joined up enough”*.

Some staff noted that because of the attrition target, the TCs were more likely to keep someone in the community, rather than deselect them, even if their behaviour warranted deselection. However, if more referrals were available, residents would be challenged more often.

The issue of referrals was also raised by many non-TC staff interviewees. One staff member summed up the comments by stating that *“people are put on there to maintain numbers and not necessarily because they are good candidates. Those people can end up being deselected”*.

KPTs and Audit. Another major concern for TC staff was that of KPTs (key performance targets) and the current audit system. Many felt that in order to meet completion rate targets, combined with the lack of referrals, some residents were kept on the community when they should be deselected.

“I understand the need for performance, but chasing it means keeping offenders on a programme I know should’ve been deselected”

Audit and the burden of the associated paperwork was also a concern expressed by many TC staff, as described in the audit section below.

Staffing. Nearly a third of TC staff raised concerns about staffing. It was noted that contingency planning was not always in place should a member of staff leave the team. Also, prison staff within the community may be called away for other duties, which can be problematic when trying to run a successful TC: *“When there’s pressure of work and staff shortages, then all the other things on the TC don’t work so well”*.

Several TC respondents also raised concerns with having non-TC trained staff on the TC wing during evenings and weekends, *“...as they haven’t got the same level of prosocial modelling”*.

Paperwork. In addition to paperwork specifically relating to KPTs and the audit process, TC staff also commented on levels of paperwork more generally, which was felt to be excessive and diverting their efforts away from direct resident contact.

“Paperwork: we’ve got too much and we get bogged down in session plans, logs, when we should really be interacting with the residents. We spend a lot of time in the office.”

Several of the non-TC staff also noted the large amount of paperwork required of TC staff, decreasing time available for therapeutic work with residents and for overseeing the operation of the TC.

Discipline. Discipline was an area of concern for some non-TC staff. The general feeling was that residents were shown more leniency for misdemeanours than prisoners within the rest of the establishment. One respondent noted how *“Discipline could do with being tightened up. They are given too many chances”*.

Key Weaknesses – Participant Perspective

Overall, three main areas of weakness were identified by residents, graduates and non-completers.

Sanctions. About a quarter of current residents (27%) and graduates (23%), and half of non-completers reported the main weakness of the TC was the implementation of the confrontation and sanctions systems. Many of those who expressed a concern thought that systems such as pull-ups were not used correctly, but given on a *“tit-for-tat”* basis. Respondents noted, *“it gets used for the wrong reasons. People hold grudges with each other”*.

Staff. The approach of some TC staff was highlighted as a weakness by a fifth of residents and graduates, and 37% of non-completers. There were complaints of staff being inconsistent, with staff *“saying one thing and doing another.”* Another interviewee echoed the concerns of some: *“There’s one rule for one and one rule for another. If you’re a golden boy, you get a bit of a telling off. Another person will get removed.”*

A lack of TC trained staff covering the evenings and weekends was also a concern among residents. Respondents stated how *“during the core day, whilst TC staff are on, things run smoothly. When they go, it’s like other wings.”* Another explained how residents did not like *“Staff that are not TC. Their attitudes are so different...at weekends... it takes until the Tuesday to pull yourself up again.”* Many expressed a desire to have TC staff for 24 hours a day, to uphold the TC regime.

Referrals. A fifth of residents, graduates and non-completers expressed concerns that prisoners who are not fully committed to the programme were being referred. Complaints were made that *“people come on here for an easy life”* and that the TC was *“being used as a way of hiding off other wings”*, especially among those who had previous altercations with other prisoners. It was thought that these prisoners were a disruptive influence on the community. One resident noted that *“It’s difficult to interact as we’re not on the same wavelength”*. Concerns were also expressed that participants were being selected in order to fill spaces on the TC, rather than because they were suitable. As a result, an interviewee noted that *“people who are not really motivated take the fight out of you”*. They thought greater attention should be paid to the way prisoners were selected, suggesting that the *“screening system needs changing so it’s a more in-depth assessment and it’s only people who really need the course”*.

4.3 Audit Process

One of the key research questions was to identify whether the current audit system captures whether a TC is operating well.

In both 2008/09 and 2009/10, all four of the TCs passed their audit, indicating that the TCs are now operating as intended and are meeting audit requirements. However, concerns were raised over the ability of the current audit to measure the full TC process. To further explore this, staff were asked their views of the audit and how this could be improved.

TC Staff Views of the Audit Process

The requirement to complete documentation for the audit, although deemed to be important, was viewed as dominating working time by many TC staff: *“The paper trail has taken over working with the lads themselves.”* Another interviewee stated, *“Staff don’t feel they are coming in to change people’s lives like they used to. They are coming in to satisfy audit.”*

Staff were asked how well they thought their respective TCs were assessed by the audit process. The following significant themes arose from the answers.

Consistency, Stringency and Accuracy. Half of the interviewees raised consistency, stringency and accuracy issues. Some interviewees expressed concerns with the scoring system. Others requested more consistency with the other TC sites, with one auditor covering all the TCs. Concerns were also raised that the audit regime had *“too much emphasis on why the ‘t’ is not crossed”*. Another interviewee wanted *“a level playing field... if audited by our peers, that may be better.”*

Reflect TC Approach. Many respondents commented on how the audit process could reflect more closely the TC model. One staff member stated the *“Need to identify the key things of the TC model and audit needs to reflect that”*. Another stated that the audit process needs to recognise that TCs are *“far more than a cognitive-behavioural programme. I’d like them to be recognised for the richness and value they bring.”* They expressed a desire for the audit system to assess the overall atmosphere of the community, rather than just hard targets.

Paperwork and Processes. Nearly half the staff interviewed (45%) expressed concern over the levels of paperwork and its impact on the running of the TC: *“Somebody needs to look at the amount of paperwork as constantly catching up is the problem.”* One interviewee stated

that *“I know there needs to be traceability, but the focus is too much on paperwork, but we’re dealing with people.”* Also mentioned was the need to examine aspects of the TC that are not on paper *“because that is where the TC comes in to its own – the learning on the landing and the community away from groups.”*

Overall Impressions of Audit. Despite the many negative comments towards the current audit system, over a third of those interviewed (35%) did consider it to be useful because *“it measures exactly what doing and when doing it”* and *“it keeps us on track and don’t start drifting away.”* Many of those interviewed also noted that auditors were able to offer support and guidance. However, the majority of respondents did not think the current audit was useful and many suggested adopting a system more closely aligned to the “Community of Communities” audit, which has an annual cycle of self and peer review.

4.4 Staff

TC Staff Training and Support

An important aspect of ensuring good treatment integrity within the TCs is a well-trained workforce that has a good understanding of TC delivery. In order to determine this, TC staff were questioned on their views of both the training they had received to prepare them for working in a TC and ongoing support and training.

Nearly all those interviewed (95%) were happy with the support they received. The sources of support included treatment managers, programme managers, line management and fellow members of staff within the TC. Generally, support was perceived to come from within the TC itself rather than outside, with one respondent noting that *“Higher up the chain, the TC is only remembered when visitors come in.”* Support provided by Interventions Unit was also criticised by a minority of respondents which can be summed-up with the following statement: *“We were e-mailed the manuals and told to implement them now, with no guidance. It broke our backs to do it.”*

Overall, three-quarters of TC staff felt that the training they had received was adequate, but did suggest some improvements to training and support which included:

- provision of more ongoing top-up training while in post;
- dedicated programme-specific training rather than generic training;
- improved support from senior management within establishments (many staff reported that the TC can be overlooked by the establishment);

- greater support from Interventions Unit when implementing revised TC programme manuals.

Understanding the Model and Role within the TC

In a well-functioning addiction TC, staff would have a good knowledge of the theory of the model of change and understand the part that they play in the TC. During the interviews, staff were asked to explain the TC model and their role within the community.

Overall, the TC staff had a good understanding of the TC model, with 95% of staff citing the importance of community practices and the community as the method of change. Staff also had a good understanding of their role within the TC. They generally noted that TC staff should promote an environment that is safe and supportive in which to facilitate abstinence and social learning. They also noted the importance of offering support and guidance as well as being a good role model. Non-TC staff had a good understanding of the basic principles of the TC, with nearly all respondents (90%) stating that the community offered a structured and safe environment that can facilitate change.

4.5 Change

Self-reported Change

Current residents, graduates and non-completers were asked whether they had changed as a result of being part of a TC. The majority of current residents (83%) and graduates (92%) stated that they had changed in a positive direction. Half of those who failed to complete the programme reported that they had experienced positive change as a result of being part of a community.

In terms of attitude, TC participants who reported change said they were more positive and confident, with improved self-esteem, a greater understanding of their feelings and behaviour and lower impulsivity. Most of those interviewed reported improved relationships with their family and with prison staff, no longer feeling the need to promote an *“us and them”* culture. Many reported no longer glorifying past criminal behaviour and having an increased empathy towards the victims of crime. Many interviewees also noted that they now found it easier to maintain being drug-free. Several of those who had failed to complete the programme reported abstinence from drugs since leaving the TC and decreased desire to use them in the future. TC staff also observed change in community members. For example one member of staff noted:

“Their whole outlook changes.... from resistant in groups to getting involved in education, looking forward, more positive. We get good feedback from family, CARATs, probation. Some don’t recognise them.”

Psychometric Change

Psychometric measures can provide a useful indication that programmes are successfully addressing the dynamic risk factors they target. Improvements in pre- to post-programme scores could be expected in a programme that is being effectively delivered. Many studies have used psychometrics as an indication of offender programmes success (Dekel, Benbenishty & Amram, 2004; Friendship, Falshaw & Beech, 2003; Hunter, 1994; McDougall *et al.*, 2009; Raynor, 1998). However, as there is no comparison data from a group who have not experienced the TC, then changes cannot be attributed to the programme alone.

The analysis of scores for the psychometric tests at pre, during and post programme indicates improvements in the dynamic risk factors of locus of control and criminal sentiments over the course of treatment. There were no significant differences on either of the psychometric measures between the four TC establishments, with all showing similar levels of improvement.

Locus of Control. The locus of control measures the extent to which subjects perceive responsibility for their personal problem behaviour. A lower score indicates the individual’s belief that he/she, and not external events, have greater control over their behaviour.

Overall, there was a significant improvement in internality of locus of control from the start of the programme to graduation ($F(3) = 145.03$ $p < 0.001$), indicating that programme completers have a significantly greater feeling of being in control of their behaviour and life at the end of their residence on the TC.

A dip in internal locus of control was observed between pre-programme and programme commencement. This could be expected because the TC model supports individuals to relinquish some power and control over their lives, substance misuse and offending in order to live in a hierarchical, co-operative way. Programme starters are challenged about their behaviours, often for the first time. The therapeutic process then works to build up the individual’s self-control over the course of the intervention, requiring them to become responsible for their own recovery and change.

Criminal Sentiments Scale – Modified. The CSS-M measures antisocial attitudes, values and beliefs directly related to criminal activity. Analysis of scores found a significant difference from programme start to completion ($F(3) = 53.57, p < 0.001$) using a general linear model, indicating that participants have a significant reduction in pro-criminal attitudes from the start to the end of the programme. See Appendix 4 for a summary of the CSS-M sub-scale scores.

4.6 Attrition

Levels of Attrition

Retaining participants in treatment is especially important as a considerable body of research has demonstrated the relationship between time spent in drug treatment and successful outcomes (De Leon, 2001; Gossop *et al.*, 1999; Lipton *et al.*, 2002; National Consensus Development Panel, 1998). Treatment completion has also been associated with better outcomes such as reductions in drug use and recidivism (McLellan *et al.*, 1997; Moos *et al.*, 1990; Messina *et al.*, 2000).

A completion rate of 51% was observed in this study which compares favourably to research that has found retention rates in community drug treatment TCs of between 20% and 35% after one year of the programme (De Leon, 2001).

Over half of the non-completers left the TC during the primary phase and nearly a third left during the induction phase. This is in accordance with other research into drug treatment TCs that have shown dropout rates to be highest in the first 30 days of residency (De Leon & Schwartz, 1984).

Reasons for Non-completion

Over half of those who failed to complete the TC were deselected due to misconduct issues. Nearly a third of non-completers left the TC voluntarily.

During interviews, the programme non-completers were asked the reason for leaving the TC. These included:

- altercations with other residents;
- using or distributing drugs while in the TC;
- the lenient treatment of wrongdoing by staff;
- the infiltration and use of drugs on the unit;
- lack of motivation;

- boredom;
- failure to produce a voluntary drug test;
- being unable to cope with the TC regime.

Differences between Completers and Non-completers

Differences were explored between TC graduates and non-completers on a range of variables to help inform whether targeting is set appropriately for the programme or whether improvements could be made to reduce attrition.

The only significant difference that was observed on a series of independent t-tests were higher OGRS3 and OASys scores among non-completers, suggesting that offenders who are at higher risk of reoffending are less likely to complete the programme. Table 4.1 summarises the significant and non-significant differences between programme completers and non-completers.

Table 4.1: Differences between TC completers and non-completers

	Completers mean (N=104)	Non-completers mean (N=98)	Significant difference
Age	31.2	31.0	NS
Number of pre. cons	5.9	7.5	NS
Age first convicted	16.7	15.3	NS
SDS	10.7	10.9	NS
OGRS3	59.4	69.1	P<0.05
OASys	49.5	75.9	P<0.001
LOC	30.8	31.8	NS
CSS-M	31.2	30.7	NS

Base = All 202 offenders who joined one of the four TCs between April 2008 and December 2009

Other research studies of addiction therapeutic communities have been unable to identify reliable client characteristics that predict attrition from TCs other than severe criminality or severe psychopathology (De Leon, 2001). However, factors such as motivation and readiness to change have been found to be predictors of retention, with greater motivation to engage in treatment being linked to higher levels of completion (Condelli & De Leon, 1993; De Leon *et al.*, 1994; Joe, Simpson & Broome, 1998). It may be worth considering the introduction of a treatment readiness scale to the selection process to help identify those who may need extra support in staying on the programme.

4.7 Therapeutic Environment

Providing a genuinely therapeutic environment in prison has been recognised as particularly challenging (Howells *et al.*, 2009). However, in order for an addiction TC to function appropriately and effectively, this is essential as a good therapeutic and social climate have been linked to treatment engagement and positive outcomes in custodial settings (Beech & Hamilton-Giachritsis, 2005). One of the aims of this study was to explore whether the four communities provide a good therapeutic and social environment.

In order to quantify the therapeutic and social climate at each TC, the EssenCES instrument was used (Schalast, 2008). The measure was administered to all current staff and residents at each of the TCs (n=171). The total mean EssenCES score was 30.7, with a range of 16 to 47. There were no significant differences between establishments or staff and residents on total scores. Again, when looking at the three sub-scales for EssenCES (patient cohesion, experienced safety and therapeutic hold), there were no differences between establishments or staff and residents. See Appendix 5 for a full breakdown of scores.

As yet there are no normative values for custody addiction TCs, so interpreting scores for this client group is problematic. Howells *et al.* (2009) have developed norms for English high-security hospital settings and scores for the TCs generally compare favourably with this sample (see Appendix 5). However, comparisons with this study have to be treated with caution as the client groups are very different.

Normative values could be developed for this population which would allow better interpretation of findings. Consideration could also be given to exploring the use of the measure as part of the audit process. This may be especially useful given the concerns expressed by TC staff over the limitations of the current audit to measure therapeutic climate. However, norms would need to be established, and the measure piloted, prior to implementation. A pilot study could also determine sensitivity of the measure to detect differences, especially important as the current study was unable to identify any differences between establishments, staff and residents.

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Glossary

Accreditation: an accreditation process exists to ensure offending behaviour programmes in custody and the community are based on sound theory and design. This will involve liaising with the Correctional Services Accreditation Panel and developing programme manuals and materials that demonstrate the programme properly meets the accreditation criteria arising from the evidence of what works to reduce reoffending.

Audit: accredited programmes are audited by National Offender Management Service (NOMS) Interventions Unit to ensure delivery teams are delivering the programme content as intended and that the programme is being managed effectively and appropriately.

CARATs: Counselling, Assessment, Referral, Advice and Throughcare service provide assessment and low intensity, low threshold, multi-disciplinary, drug misuse intervention services to prisoners who wish to engage with the service.

Cognitive Behavioural Therapy: a form of psychotherapy combining cognitive and behavioural therapy. It is goal-focused, problem-solving therapy which aims to change attitudes and behaviour.

Graduates: those prisoners who successfully complete the TC programme by progressing through and completing the induction, primary and re-entry phases of the therapeutic community programme.

IDTS: Integrated Drug Treatment System. IDTS seeks to ensure that problem drug users in prisons have access to the same quality of treatment as those in the community, and the same chance to rebuild their lives. IDTS offers the use of opiate substitute maintenance prescribing with detoxification conducted over individually assessed periods of time, structured CARATs intervention during the first 28 days of clinical intervention, closer integration of drug treatment services with a particular emphasis on clinical/CARATs, and strong links to community services, such as primary care trusts, drug treatment providers, and so on.

KPT: Key Performance Target. An agreed target/level of performance that is meant to be achieved by an organisation, in this case, the Prison Service. For example, the number of prisoners who should complete a drug treatment programme.

Locus of Control: in social psychology, locus of control refers to the extent to which individuals believe whether external factors or they themselves control their life.

OASys: Offender Assessment System. Used to assess offending-related needs, the likelihood of reconviction and risk of serious harm. Offenders are assessed at the pre-sentence stage, at the beginning of their community/custodial sentence and regularly throughout the sentence. OASys allows for case management and aids the targeting of interventions in order to reduce reconviction.

OGRS: Offender Group Reconviction Scale. A measure that predicts the likelihood, or risk of, reoffending at one year and two years post-sentence, based on age at sentence, gender, the number of previous sanctions, age at first sanction and current offence.

Appendix 1

Interview Samples

TC Resident Interviews

The researchers aimed to interview up to 20 current residents, 15 graduates and 15 non-completers. The actual number of interviews successfully achieved is summarised in Table A1 below.

Table A1: Interviews completed with residents

Participant	HMP Channings Wood	HMP Garth	HMP Holme House	HMP Wymott
Induction	3	4	4	4
Primary	8	10	12	8
Re-entry	4	4	3	3
Co-ordinator	1	1	1	1
Graduate	10	13	10	10
Non-completer	10	9	6	4

Non-completers were selected by reason for non-completion (i.e. drug use (VDT and MDT); misconduct (security reasons, disruption in group etc.); transfer; voluntary (lack of engagement, programme not suitable etc.); discharge; deselected (lack of engagement, programme not suitable etc.).

Table A2: Demographics of TC staff interviewed

Gender:	Male: 12 Female: 8
Grade:	Facilitator: 12 Senior Manager: 2 Administrator: 1 Treatment Manager/Deputy Treatment Manager: 5
Age:	Maximum: 65 Minimum: 24 Average: 43.5
Service:	Phoenix Futures: 8 Prison Service: 12
Ethnicity	White British: 20 Other Ethnicity: 0
Time worked in TC:	Minimum: 2 months Maximum: 14 years Average: 5.3 years (63.7 months)

Table A3: Demographics of non-TC staff interviewed

Gender	Male: 17 Female: 3
Age	Maximum: 60 Minimum: 26 Average: 46.2
Ethnicity	White British: 19 Black British: 1

Of these respondents, three were female and 17 were male. The average age was 46.2 years (minimum, 26 years, and maximum, 60 years). One person described their ethnicity as Black British and the remainder as White British.

Appendix 2 Observation Instrument

Physical Environment

TC Space	
TC space isolated from general prison population.	
Facilities available for:	
<ul style="list-style-type: none"> • provision of one-to-one sessions; • delivery of up to two group sessions at any one time; • office space for TC managers and staff; • equipment to run the programme (OHPs, flip charts, pens, comfortable chairs). 	
Space available for community activities.	
Space allows community to interact.	
Residents keeping living space clean, well ordered.	
Residents sleeping areas consistent with perspectives/values of right living.	
Signs	
Signs on walls, promoting TC philosophy, messages of right living and recovery, TC teachings, rules.	
On walls, covering as much space as possible.	
Various styles: collages, words, etc.	
Largest and most decorative: TC philosophy.	
Decoration	
Transforms environment in to home-like surroundings.	
Display of artwork, poems, etc.	
Decoration defines culture of TC.	
Promotes self-esteem of residents.	
TC Structure Board	
Organisational chart, with residents listed by name, role, phase currently in and work dept. currently in.	
Identifies staff by name, their role(s), their availability.	
Displays timetable for the day, identifying positioning in community at any given time.	
Displays names of new resident arrivals.	
Displays appointments.	
Displays announcements.	
Displays other news.	
'Thought for the Day' Board	
Thought for the day written on board.	
Can be seen by all of community throughout the day.	
Pull-up Box	
Box available for submission of pull-up/encounter requests.	

Morning Meeting

Run every morning, following breakfast, prior to work / TC activities.	
All residents in attendance.	
All available staff in attendance.	

Chaired by Head Co-ordinator/ their assistant.	
Attendance check between Assistance Co-ordinator and Department Heads.	
Attendance/absence noted by Entertainment/Meetings Co-ordinator.	
Whole community reads aloud TC philosophy.	
Resident asked to give thought for the day.	
Thought for day written on appropriate board.	
Structure of day clarified, e.g. who is running groups, which groups running, etc.	
Announcement by others: requests made through appropriate channel.	
Weather report for day is announced.	
Horoscopes are read.	
Positive pull-ups are announced.	
Newspaper article is read out.	
Morning meeting run in accordance with prescribed rules, thereby ensuring:	
<ul style="list-style-type: none"> • no one is offended, discriminated against by meeting's content; • meeting runs smoothly, encourages responsibility, promotes pro-social values and behaviour. 	
Morning meeting has achieved goals of:	
<ul style="list-style-type: none"> • starting day in positive and light-hearted manner; • being uplifting; • making people alert; • making people ready and motivated for day ahead. 	

Other Groups

Afternoon/Evening Meeting	
Meeting typically run by Head Co-ordinator.	
Is the 'business' meeting.	
Includes announcements on:	
<ul style="list-style-type: none"> • pull-ups; • sanctions; • community pull-ups; • job changes: residents receive new work positions and application feedback. 	

General Meeting	
Meeting of entire community: all residents/staff.	
Convened to address community wide issues which threaten its safety/integrity.	
Meeting should highlight and rectify the issue.	
Can also be used to: reaffirm strengths, offer support, help residents learn TC values.	
Also used to congratulate community as a whole for something positive.	
Meeting conducted in serious tone, orderly fashion, to maintain safety.	
Meeting carefully planned by staff.	
Meeting conducted according to rules.	
Order of meeting:	
<ul style="list-style-type: none"> • initial phase clarifies the issues; • next phase – conversation with community on observed actions/behaviour; • individuals own up to involvement; • individuals disclose interlinked issues; • finally, community teachings and ethos reaffirmed. 	

Department Meeting	
Held as/when required.	
Held where:	
<ul style="list-style-type: none"> • issues within a work crew that affects the team's running; • changes are to be made to how department run. 	

Department Heads' Meeting	
Scheduled:	
<ul style="list-style-type: none"> • on a weekly basis • prior to or following clinical meeting. 	
Attendance:	
<ul style="list-style-type: none"> • all dept. heads should attend (or deputy if head unable to attend). • staff member responsible for running clinical meeting that very day. 	
Convened to discuss:	
<ul style="list-style-type: none"> • running of respective departments; • interrelated issues between departments, crew members, vacant positions, etc. 	

Clinical Meeting (Job Changes)	
Scheduled on a weekly basis.	
Attended by staff and department heads.	
All job applications read out and discussed.	
Progress of individuals discussed.	
For new entrants – job position allocated by Floor Worker according to dept. size/needs, not based on treatment needs.	
Residents progress through structure once they have spent one month in the TC.	
Resident may receive a change in job or given a job which they did not apply for if Key-Worker or clinical meeting attendees feel this would benefit them.	

Seminars	
Scheduled at least twice a week.	
Lasts on average for one hour.	
All residents and available staff in attendance.	
Educational format for both individual delivering and audience.	
Addresses deficits in residents of TC:	
<ul style="list-style-type: none"> • for individual delivering, should build self-esteem; • for audience, should improve attention and learning skills. 	
Seminar rules adhered to.	

Structured Groups	
Delivered by:	
<ul style="list-style-type: none"> • staff; • senior residents; • TC graduates. 	
Staff-led sessions: mandatory attendance of all residents.	
Session scheduling planned by TM:	
<ul style="list-style-type: none"> • towards end of week for forthcoming week; • TM reviews workers' handover book, facilitators' session debriefs, matters from team meetings, supervision sessions. 	

Scheduling of structured group: <ul style="list-style-type: none"> • if issues/themes apparent or number of residents would benefit from particular group, the group should be scheduled; • if no issues/themes, next session from the manual should be allocated. 	
Session planning/delivery: <ul style="list-style-type: none"> • in planning, facilitators should use session plans to highlight creative elements to be used; • facilitators encouraged to be creative in planning to enhance session delivery; • all session aims, objectives, key learning points and information should be covered within session. 	
Session delivered with adherence to group rules.	

Peer Groups	
Scheduling: <ul style="list-style-type: none"> • at least twice per week; • one session preferably held during weekend. 	
Peer groups run by residents: resident facilitator should have received facilitation training from staff.	
Peer group: <ul style="list-style-type: none"> • allows discussion on range of topics decided by group; • residents should be able to openly discuss feelings, fears, treatment; • offers means of seeking/giving support to residents. 	
Peer group delivered with adherence to group rules.	
Following closure of group: <ul style="list-style-type: none"> • resident facilitator gives feedback to floor worker regarding session; • feedback should ensure floor worker is made aware of what was discussed and issues of concern. 	

Encounter Session	
Encounter requested using encounter slip that has been posted in pull-up box.	
Session planning: <ul style="list-style-type: none"> • carefully planned by staff; • encounter slips reviewed by staff; • seating planned as part of process; • seating plan ensures confronter and confronted face each other within circle; • allocated time of 90 minutes; should be kept to as close as possible. 	
Attendance: <ul style="list-style-type: none"> • between 10 to 13 residents (all residents if population is small). • typically 5 encountered residents, 5 other residents, 2 senior residents, resident facilitator and member of staff. 	
Environment: <ul style="list-style-type: none"> • a circle of chairs; • chairs not too comfortable to allow for tension; • all can be seen and able to communicate without obstruction. 	
Encounter Process: <ul style="list-style-type: none"> • group rules are stated. Facilitator asks group members in order to state one of the rules. • facilitator official opens the session, stating 'The encounter is now open.' 	

<p>Confrontation:</p> <ul style="list-style-type: none"> • encounter is directed at a resident's current/recent behaviour and how it affected the confronter, rather than directed at the person; • confrontation presented by resident who submitted encounter slip; resident reads encounter noted on the slip; • resident provides observation and experience of confronted resident's attitude/behaviour; • once initial confrontation is given, other residents contribute their views in support of the challenge; • challenged resident made aware of inappropriate behaviour and why; • challenged resident encouraged to reply. 	
<p>Conversation Phase:</p> <ul style="list-style-type: none"> • exchange/conversation between group members; • confronted resident has right of reply, either accepting/rejecting confrontation; • if confrontation not accepted, other residents encourage individual to focus on behaviour/attitudes of the confrontation, <i>not other issues</i>, and relate honestly by talking of own thoughts/feelings. 	
<p>Closing the Encounter:</p> <ul style="list-style-type: none"> • encountered resident demonstrates level of understand and acceptance of attitude/behaviour; • other residents offer support: feedback, suggestions for making change regarding confronted issue; • confronted resident encouraged to offer commitment to change; • however, where confrontation has not been accepted, other residents of group offer commitment for confronted resident; • commitment must be appropriate to confronted attitude/behaviour; • group ends by offering positive message(s) to confronted resident; • following this, the encounter is formally closed by the facilitator. 	
<p>Socialisation:</p> <ul style="list-style-type: none"> • follows closure of the encounter. • allows residents to socialise following encounter to reaffirm bonds. • no discussion of encounter, other than offering messages of support. 	

Work	
Is a work hierarchy in place?	
Is there a Department Head and assist for all areas?	
Do all residents attend work departments at all times during the core day when not in group or other sessions?	
Are there clear lines of responsibility in place?	
Are the lines of direction followed?	
The Head Co-ordinator only should have direct access to the floor worker.	

General Observations

- Is a positive peer-culture encouraged?
- How much are clients themselves incorporated into the delivery of the intervention? E.g. the extent that members give each other feedback, use of confrontation, and the use of open communication.
- Do staff members (and residents) confront unacceptable behaviour outside of structured sessions and praise/reward good behaviour?
- Are clients encouraged to express feelings more openly and appropriately?
- Are activities that maintain the safety of the environment, including privileges, disciplinary sanctions and house surveillance, used appropriately?
- Are activities that help individuals feel comfortable in the community (e.g. community-wide meetings, ceremonies or rituals for birthdays, deaths, progress landmarks and graduations) used regularly and appropriately?
- Are pull-ups (used to confront inappropriate behaviours) used in the appropriate manner and monitored correctly? Is all inappropriate behaviour sanctioned by pull-ups?
- Are unplanned sessions, that are informally initiated by group members, used routinely and encouraged by staff and senior residents?
- Do residents get increased privileges as they advance?
- Do listening-post activities take place? (Activities in which a client or group are singled out and confronted about their behaviours in the TC). Are the confronted clients made to listen to their peers without responding?
- Do staged presentations occur routinely? (Where a client presents some information to the group, e.g. their life-story).
- Are individual friendships with peers and staff downplayed, with focus being upon the community and involvement with the whole group?

Appendix 3

Main Substance of Use for TC Participants

Table A4: Main Substance of Use for TC Participants

Main Substance	Number	Per cent of sample
Heroin	121	59.7
Crack Cocaine	89	44.3
Cocaine	58	28.9
Cannabis	43	21.4
Alcohol	18	9.0
Amphetamines	16	8.0
Benzodiazepines	13	6.5
Ecstasy	13	6.5

NB: Of the 202 residents, 201 had at least one main substance of use listed and 170 had two listed. The table displays the frequencies of reporting for the total 371 main substances of use and percentage is based on sample of 201.

Appendix 4

Properties of Psychometrics and Subscale Scores

Locus of Control (LOC) (Craig, Franklin & Andrews, 1984) is a 17-item scale which assesses the extent to which individuals believe that external factors control their life. Participants respond to items such as “A great deal of what happens to me is just a matter of chance” using a six-point scale from strongly disagree (zero) to strongly agree (five). Some items are reversed scored and the total score can range from zero to 85. High scores indicate that an individual believes external factors affect behaviour and control their lives (external locus of control). Low scores indicate someone that believes they have control over their own problem behaviour and can influence what happens to them (internal locus of control). The internal consistency of the scale in an offender population was 0.71. For this study completed LOC questionnaires were available for 88 programme participants (85% of those who had completed the programme).

Criminal Sentiments Scale – Modified (CSS-M) (Simourd, 1997) is a 41 item scale which uses a 3-point scale of agree, unsure or disagree, with higher scores indicating pro-criminal attitudes. The CSS-M measures antisocial attitudes, values and beliefs directly related to criminal activity. It has three subscales: attitudes to the law, courts and police (LCP), tolerance for law violations (TLV), and identification with criminal others (ICO). The validity of test-retest scores was strong enough to recommend use in general research studies, programme evaluation and clinical assessment. Levels of reliability were significant, with LCP subscale $r = .67$, TLV subscale $r = .72$, and ICO subscale $r = .53$ (Andrews & Wormith, 1984). For this study complete CSS-M data was available for 61 participants (59% of those who had completed the programme).

CSS-M Subscale Scores

Table A5: Tolerance for Law Violations (TLV) subscale – 80 participants

Phase	Mean	SD
Pre	7.76	4.42
Post-induction	5.41	3.64
Post-primary	4.04	3.26
Post-re-entry	3.69	3.11

Significant difference across phases was observed.

Table A6: Law Courts and Police (LCP) subscale – 66 participants

Phase	Mean	SD
Pre	18.29	8.55
Post-induction	13.97	7.78
Post-primary	8.74	6.48
Post-re-entry	8.11	5.78

Significance at $p < 0.000$ between every level except primary to re-entry which was not significant.

Table A7: Identification with Criminal Others (ICO) subscale – 76 participants

Phase	Mean	SD
Pre	4.39	2.46
Post-induction	3.72	2.25
Post-primary	3.16	1.84
Post-re-entry	2.89	1.86

Significant difference across phases was observed.

Appendix 5 EssenCES Scores

Table A8: Staff and Residents

	N	Min	Max	Mean	SD
Staff	21	26	36	32.0	2.8
Residents	138	16	47	30.4	6.0
Total	159	16	47	30.7	5.7

NB. 12 questionnaires were submitted without identifying whether they were staff or residents, so could not be included in this analysis

Table A9: Subscales Scores for Staff and Residents

	Subscale	N	Min	Max	Mean	SD	Norms*
Overall	Patients' Cohesion	171	0	20	13.15	4.01	8.67
	Experienced Safety	171	0	18	5.42	4.19	8.62
	Therapeutic Hold	171	4	20	12.18	2.91	13.13
Staff	Patients' Cohesion	21	8	17	13.33	2.44	8.05
	Experienced Safety	21	0	11	4.76	2.61	8.53
	Therapeutic Hold	21	9	16	13.95	1.86	14.17
Residents	Patients' Cohesion	138	0	20	13.09	4.24	9.32
	Experienced Safety	138	0	18	5.44	4.48	8.89
	Therapeutic Hold	138	4	20	11.87	2.98	9.81

* Based on a study by Howells et al. (2009) of English forensic high-security wards.

NB. Higher scores indicate a good therapeutic environment.

Ministry of Justice Research Series 9/12

Exploring the Treatment Integrity of Custodial Addiction Therapeutic Communities

The study explores treatment delivery in four prison addiction therapeutic communities (TCs) to evidence that they are operating as intended and conforming to the TC treatment model. The methodology included structured observation, interviews with staff and residents and analysis of data on TC participants including demographic, assessment and psychometric data. The study found that the TCs were safe, supportive, well-run environments and generally adhered to the treatment model. Feedback from staff and participants was good and positive change was observed in pre, during and post programme psychometric measures. The study made a number of recommendations to further improve treatment integrity and functioning of TCs.

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