

How do Psychologically Informed Planned Environments (PIPEs) contribute to the  
Integration of Desistance Narratives in Personality Disordered Offenders?

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## **Declaration**

I confirm that this is an original piece of work. I confirm that the literature review, research report and service evaluation contained within this thesis have not been submitted for any other degree or to any other institution.

This project was completed under the guidance and supervision of Dr Emma Palmer  
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Integration of Desistance Narratives in Personality Disordered Offenders?

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**Abstract**

Increasing attention is focussing on the role of environments in the rehabilitation of offenders, with a range of reported outcomes in the literature. Progression Psychologically Informed Planned Environments (PIPEs) are part of the Offender Personality Disorder (OPD) pathway, which follow specific environmental principles to enhance outcomes of risk reduction, promoting desistance and improving wellbeing for offenders with personality disorder, post intervention. The systematic literature review yielded 15 papers, that following appraisal, led to three themes emerging. 1) Factors required for successful environments included *purpose and shared identity, safety, relationships, autonomy*). 2) Factors that influence successful environments included *intrinsic or extrinsic motivation, staff roles, perception from within*, and 3) factors affected by successful environments including *skills consolidation, change and growth, belonging, identity, and treatment readiness / readiness to change*. The research project utilised Template Analysis (King, 2012) to examine participant narratives to explore the role that PIPE environments play in the reinforcement of narratives that relate to desistance in individuals with personality disorder diagnoses. Six themes emerged, allowing an insight into how an individuals' narrative developed over time, and how this has changed. The provisional identification of the mechanisms at play in the confirmation of such narratives, include enhancing motivation, optimism, safety, opportunity to practise, connectedness / belonging and shared goals. The service evaluation explored the experiences of individuals residing on a progression PIPE at the point of transition. Main themes identified were labelled as "Destination Known", "Making a Difference Together", "Culture Clash", "Desire to change" and "Lifting the Veil". Findings support the role of PIPEs in improvements to residents' wellbeing, health and behaviour, the development of positive relationships with each other, and confidence in staff and improved custodial behaviour.

### **Dedication**

I would like to dedicate this to Paul and the girls for supporting me along the way.

Also to my best friend Katie. I miss you every day.

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### Word Count

|                              | Word Count* |
|------------------------------|-------------|
| Systematic Literature review | 6637        |
| Research report              | 12,940      |
| Service evaluation           | 7215        |
| Critical Appraisal           | 2237        |
| Total                        | 28,796      |

\*Word count does not include quotations or tables

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## Section 1: Systematic Literature Review

*Exploring Forensic Environments. How do Environmental Factors Influence Individual Outcomes for Residents and Staff? A Systematic Review.*

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Greenacre, K. and Palmer, E. (2018). "Exploring forensic environments: how do environmental factors influence individual outcomes for residents and staff? A systematic review", *Mental Health and Social Inclusion*, Vol. 22 Issue: 4, pp.203-217,

## **Abstract**

### **Background**

Increasing attention is focussing on the role of environments in the rehabilitation of offenders, with a range of reported outcomes in the literature. This systematic review aims to explore forensic environments and the outcomes and changes that result, in order to assess the current knowledge in this area and to inform current and future practise.

### **Method**

Using a systematic review approach with an extensive literature search and robust application of appraisal methods, nine studies were identified. The studies included one mixed method study (n=1), qualitative methods (n= 4) that utilised Thematic Analysis, Interpretative Phenomenological Analysis (IPA) and Foucauldian Discourse Analysis (FDA) and quantitative methods (n = 4) that utilised the responses to psychometric measures including the EssenCES and CIES to assess the quality and outcomes associated with environments in forensic settings.

### **Findings**

Three superordinate themes were identified 1) Factors required for successful environments, 2) Factors that influence successful environments and 3) Factors affected by successful environments.

### **Implications for practice**

In addition to outcomes, this review found factors required for forensic environments that are consistent with previous literature within the field, and factors that might influence how successful environments can be. Further research would be beneficial around motivation, as it appears to influence the success of environments and be a potential outcome of environments. Further research might usefully explore the ideal time in service, for optimal outcomes in order to advise those currently commissioning services of this nature.

### **Keywords**

Enabling Environment, Therapeutic, Milieu, Forensic, Rehabilitation.

## **Introduction**

### **Background**

Environmental factors in forensic settings are receiving increasing levels of attention to help understand custodial behaviour and contribute towards a rehabilitative agenda for offenders both within custody and after release. “Where” rehabilitation work occurs, for example, prisons, hospitals etc., and the impact that it can have, is perhaps the least researched principle of models of rehabilitation that focus on “what works” and “how” (e.g. Risk, Need and Responsivity model: Andrews, Bonta & Hoge, 1990; Andrews & Bonta, 2010). By examining ‘where’ rehabilitation occurs, understanding the mechanisms at work and associated outcomes, we can contribute to the broader agenda of rehabilitation and risk reduction for offenders.

Research has identified a number of outcomes linked to modifiable factors within environments. In non-forensic settings, environmental distraction e.g. noise, was found to link to individuals making more extreme, stronger judgements about other people when they were exposed to noisy and distracting environments (when a more neutral judgement would be more appropriate) compared to individuals in quieter, less distracting environments (Siegel and Steele, 1980). In addition, Spreat, Lamina, Jefferys, Axelrod, Murphy, and McGuffin (1990) found that high noise levels suppressed the social interactions of patients with lower cognitive functioning. Baron (1990) found that participants exposed to positive stimuli (in this case, scent) set higher goals in a coding task and were more likely to adopt an efficient strategy for performing the task. Males also reported high self – efficacy, and set higher monetary goals and were more amenable during face-to-face negotiations. Finally, participants reported weaker preferences for handling future conflicts through avoidance and competition. Whilst not specifically focused on forensic settings, it is reasonable to assume that there would be similar effects of environments within forensic settings.

In forensic settings, research shows similar links between setting conditions and outcomes. For example, Ryan and Deci (2000) highlighted that if the individuals’ experience of autonomy, competence and relatedness are unsupported in the social environment, there would be a detrimental impact on motivation and engagement in

activities such as performance, persistence and creativity. McNeill (2012) comments that harsh prison environments impact on the rehabilitative function of prisons.

In order to establish what contributes to environments such as forensic environments, being successful, it is important to consider the variety of aims of such environments. These typically include increased health and/or well-being and rehabilitation from a range of difficulties. Haigh (2013) describes these difficulties as resulting from problems in early life and deficits in primary emotional development. Haigh (2013) discussed five components: attachment, containment, communication, inclusion and agency (See Table 1), which are necessary for primary emotional development. He suggests the implementation of these components in a therapeutic environment can facilitate secondary emotional development. Secondary emotional development can help to tackle the previously highlighted difficulties (such as the aims mentioned above). Therefore, if the environment can offer the conditions that meet these emotional needs, the desired outcomes (e.g. positive shift in health and wellbeing) are achievable. This provides the underlying rationale for the conception of Enabling Environments in the UK and the application of EE to prison rehabilitation.

Table 1

*Core Components for Primary Emotional Development, Adapted from Haigh (2013)*

|               |   |
|---------------|---|
| Attachment    | The first priority is attachment and this needs to happen in a culture where people feel like they belong. Attention should be paid to the process by which individuals join and leave.   |
| Containment   | This is the safety of knowing what is and is not possible and permitted achieved through the task of enforcing boundaries. Support systems are important in providing a way in which disturbance is tolerated and distress is held.   |
| Communication | In order for communication to be successful, then attachment and containment need to be in place securely, and then the intangible quality of safety needs to be present in the atmosphere so that people experience some certainty that the community will accept and digest what they have to say. The defining characteristic is the |

|           |   |
|-----------|---|
|           | expectation and demand that communication is more open, more profound and more honest than happens in everyday situations.  |
| Inclusion | Everything that happens in the community can be used to therapeutic effect. This goes beyond openness, in that it requires the sum of the experience of all the members all the time to bear in understanding ourselves in relation to the human environment. |
| Agency    | Authority is fluid and questionable, not fixed but negotiated. The culture is one in which responsibility for all that happens within specific limits is shared; members are empowered to take whatever action is decided.                                    |

A brief review of research exploring the five components described by Haigh (2013) follows, to enhance the understanding of the links between these components and environmental outcomes.

### **Attachment**

Rollinson (2012) found that certain features of leadership ensure the continuity of a healthy therapeutic environment, such as ensuring that beginnings and endings for those within the environment receive attention. Taxman and Ainsworth (2009) highlight the importance of the correctional environment in delivering rehabilitative programs and of directing efforts toward a milieu where therapeutic alliance and other positive relationships develop to achieve better outcomes. Factors that contribute to a positive therapeutic alliance include family involvement, collaboration, and the creation of a non-blaming environment (Church, 2008). Some outcomes from positive relationships could include those summarized by Hearty, Wincup, and Wright, (2016) from two process evaluations that investigated the role that prison Drug Recovery Wings (DRW)<sup>1</sup> play in supporting recovery. The findings relating to attachment are the crucial nature of the relationships between prisoners and staff in building recovery capital; participants reported a more relaxed environment with less bullying. Other outcomes

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<sup>1</sup> Drug Recovery Wings (DRW) adopt a similar focus on the environmental aspects to support recovery of offenders who have substance misuse problems in UK prisons.

as a result of positive attachments include increased intrinsic motivation found by Gendreau, Listwan, Kuhns, and Exum (2014), and the role that positive social environments play in supporting individuals to experience a shift in perspective regarding their confidence to cope and commitment to non-violence (Ellis and Bowen, 2017).

### **Containment**

Schalast, Redies, Collins, Stacey, and Howells (2008) have proposed that the key characteristics of a social climate in a forensic setting relate to the extent to which 1) the perception of the climate as supportive of therapy and therapeutic change, 2) whether mutual support is present, and 3) the level of tension and perceived threat of aggression and violence that exists. Rollinson (2012) linked the continuity that leadership provides, to similar findings. In relation to containment, this included 1) emotional containment and 'holding in mind', 2) "holding the line" and 3) tolerating uncertainty.

### **Communication**

Psychologically Informed Planned Environments (PIPEs) offer residents with complex needs such as personality disorder, a more contained, psychologically informed environment to support the progress made in prior interventions. Brown (2014) reports clinical observations that offenders who successfully engage in PIPE environments appear more able to talk about their feelings, address conflict and more appropriately seek help. Preston (2015) refers to the process of having a culture of enquiry within PIPEs, which helps staff to facilitate communication for residents, giving them the chance to explore what they are feeling when they "act out" to support them to get to the point where they can "talk out". An emphasis on openness within communication links to literature on the therapeutic alliance (Guthrie, Smillie, McKeown & Bainbridge, 2017) within therapeutic relationships (see attachment section).

### **Inclusion**

In relation to inclusion, Hearty et al (2016) found that staff and prisoners perceived the DRW as a community, there was an emphasis on support from prisoners and the

majority of prisoners felt that their peers were supportive and encouraging to a greater degree than they had experienced previously.

### **Agency**

Hartmann, Meterko, Rosen, Zhao, Shokeen, Singer, and Gaba (2009) report that when leaders create a strong entrepreneurial culture which promotes 1) initiative taking, 2) group learning and 3) innovative approaches to problem solving, this culture informs action in dealing with patient safety issues. Hasselrot and Fielding (2010) reinforced this, suggesting that the approach and attitudes of staff influences the culture of a forensic setting, in not allowing it to become destructive, and Senker (2015) who identified the importance of having choice to make decisions, and how this can help foster an encouraging environment.

Some of the identified problems associated with establishing and maintaining positive environments in forensic settings come from the conflicting aims that are associated with custodial environments. Taxman and Ainsworth (2009) highlight the conflicting goals (sentence vs. treatment) or operational goals (security vs. treatment) and the impact this can have on therapeutic work offered to offenders, and the negative effect this can have on support for rehabilitative efforts. For example, Ross (2008) points out how a therapist might encourage and foster a therapeutic and calm environment in the therapy room that can be undone out in the exercise yard in a single confrontation with a custodial officer. Hearty et al (2016) also suggested a disparity in the role wherein prison officers felt caught between the care and discipline aspects of their roles.

### **Enabling Environments (EE) in the UK**

Johnson and Haigh (2011) describe the development of the Enabling Environments initiative in the UK, which commenced when the Royal College of Psychiatrists identified a need to capture work that was occurring in environments not within the scope of existing frameworks such as those underpinning the work within Therapeutic Communities (Paget, Thorne & Das, 2015). The project developed to produce a set of comparable core principles and standards applicable in non-TC settings. The EE principles derived from the experiences of ordinary individuals on what it is that bind communities together, thus generating a series of considered principles for

environments. Enabling Environments in the UK, as defined by the Royal College of Psychiatrists (RCP, 2013) are:

- Places where positive relationships promote well-being for all participants.
- Places where people experience a sense of belonging.
- Places where all people involved contribute to the growth and well-being of others.
- Places where people can learn new ways of relating.
- Places that recognise and respect the contributions of all parties in helping relationships.

Ten core standards (see Table 2) were developed (See Appendix A for the complete framework) that work together to foster an Enabling Environment.

Table 2

*The Enabling Environment Standards*

| Standard      | Description   |
|---------------|---|
| Belonging     | The nature and quality of relationships are of primary importance             |
| Boundaries    | There are expectations of behaviour and processes to maintain and review them |
| Communication | It is recognised that people communicate in different ways                    |
| Development   | There are opportunities to be spontaneous and try new things                  |
| Involvement   | Everyone shares responsibility for the environment                            |
| Safety        | Support is available for everyone   |
| Structure     | Engagement and purposeful activity is actively encouraged                     |
| Empowerment   | Power and authority are open to discussion                                    |
| Leadership    | Leadership takes responsibility for the environment being enabling            |
| Openness      | External relationships are sought and valued                                  |

The Enabling Environments award in the UK arose from the idea that some agencies may wish to pursue and demonstrate service improvement by being objectively assessed leading to formal accreditation and an award of Enabling Environment status.



The award is based on a portfolio of evidence, assessment visit and discussions with service users, staff and stakeholders for external verification (Johnson & Haigh, 2011).

### **Aims of the Current Review**

The objective of this review is to identify the impact of enabling and/or therapeutic environments in forensic settings on well-being, desistance, mental health and relationships for patients and staff living and working with these environments.

## **Method**

### **Search Strategy and Terms**

The search strategy aimed to find both published and unpublished studies. Various databases and journals (PsychINFO, PsychEXTRA, Web of Science, Criminal Justice Abstracts and SCOPUS) were explored for relevant publications relating to environments in forensic settings. Search terms and combinations are depicted within Table 3.

Table 3

#### *Search terms*

|             |    |                                 |    |   |          |
|-------------|----|---------------------------------|----|---|----------|
| ENABLING    |    | OR                              |    | THERAPEUTIC   |          |
| AND         |    |                                 |    |   |          |
| ENVIRONMENT | OR | MILIEU                          | OR | CLIMATE   |          |
| AND         |    |                                 |    |   |          |
| FORENSIC    | OR | CORRECTION*                     | OR | CRIM*   | OR LEGAL |
|             |    | [CORRECTIONS /<br>CORRECTIONAL] |    | [CRIMINOGENIC/<br>CRIME/CRIMINAL<br>/CRIMINAL<br>JUSTICE] |          |

|          |    |                       |
|----------|----|-----------------------|
| AND      |    |                       |
| OFFENDER | OR | PRISON*               |
|          |    | [PRISONS / PRISONERS] |

### Inclusion and Exclusion Criteria

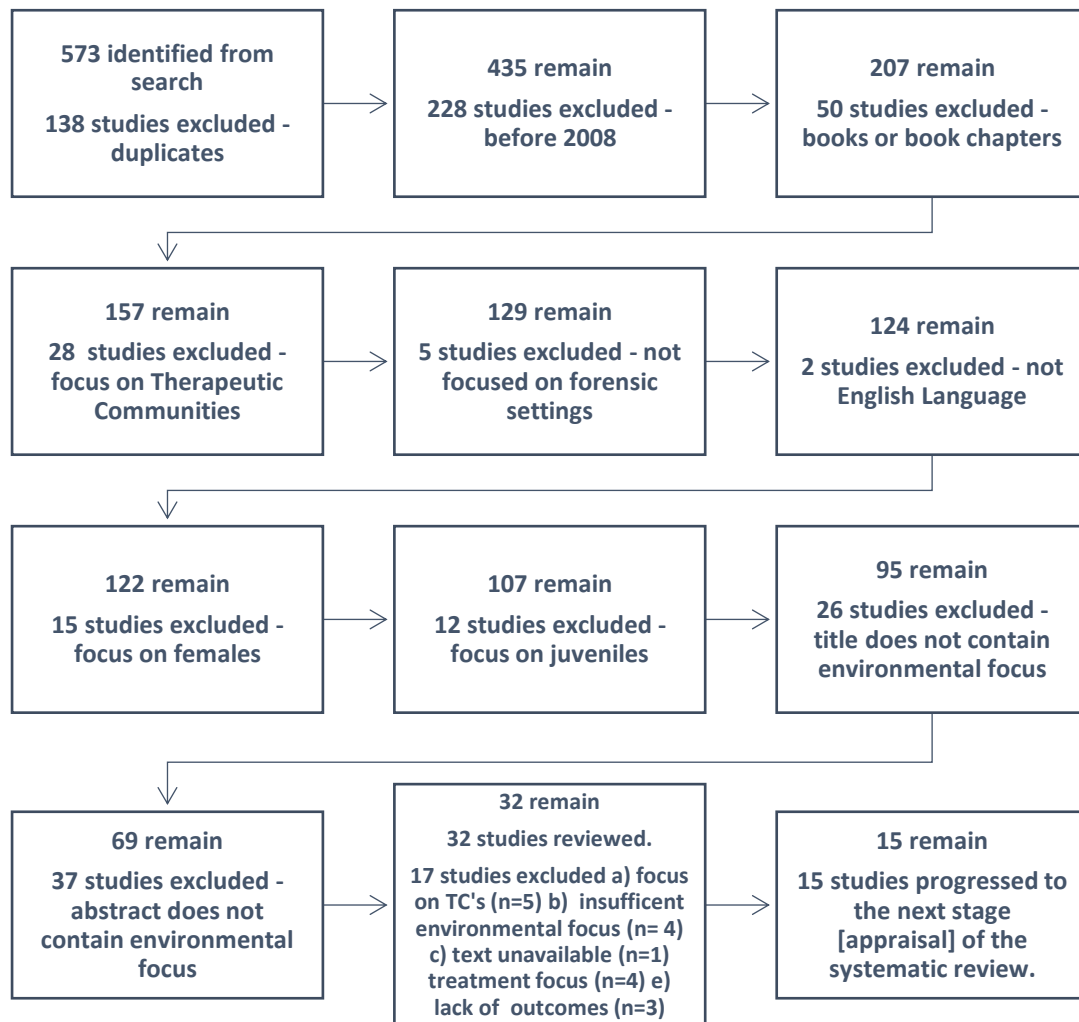
The inclusion and exclusion criteria were chosen to enable the researcher to capture and review the most relevant published empirical studies, focusing purely on factors relating to enabling and/or therapeutic environments within forensic settings. Inclusion criteria are:

- Studies exploring the experiences of residents within enabling/therapeutic environments.
- Outcome studies for improved relationships, wellbeing, mental health, or desistance linked to the therapeutic environment / climate.
- Studies using validated tools measuring therapeutic environments /climates.
- International studies included.
- Adult males over 18 years.
- Published after 2008.

Exclusion criteria are:

- Not English language.
- Not peer reviewed.
- Book chapters.
- Not a forensic setting.
- Focus on therapeutic communities.

Figure 1 presents a detailed flow diagram illustrating the search and screen-out pathway.



*Figure 2: Search and screen pathway.*

The remaining 15 studies were appraised using the following protocol. Qualitative studies were appraised using the National Centre for Social Research, Quality in Qualitative Evaluation framework (Spencer, Ritchie, Lewis and Dillon, 2008) see Appendix B). Eighteen quality indicators are considered and rated as present or absent<sup>2</sup>. Quantitative studies were appraised using the Effective Public Health Practice project quality assessment tool (EPHPP: see Appendix C). From applying the above, six studies were excluded based on weak ratings (Quantitative, n=5) or low number of quality

<sup>2</sup> No guidance is given to overall strength of the studies or categorising studies according to numbers of indicators, it was concluded that studies with the number of indicators as six or less would be considered weak and therefore excluded.

indicators (Qualitative, n=1). Nine studies remaining for inclusion in the systematic review.

### **Synthesis of Data**

To facilitate comparison and synthesis of data across studies, information was gathered using a data extraction tool (Jones, 2007) as shown in Appendix D, before being tabulated (see Appendix E and F). The nine papers were scrutinised to present general similarities and comparisons in order to present an overview. Key findings from each paper were consolidated into themes if they 1) supported or developed prior research knowledge and/or 2) were present across two or more studies.

## **Results**

### **Description of Studies**

#### **Methods breakdown.**

Four of the studies were quantitative and four were qualitative. One design was mixed methods. The qualitative methods utilised were:

- Thematic Analysis
- Interpretative Phenomenological Analysis (IPA)
- Foucauldian Discourse Analysis (FDA)
- Observational / field notes

The mixed method study utilised a Convergent mixed methods approach with Thematic Analysis for the qualitative component.

The quantitative study designs were:

- 2 x 2 between groups design (n=1)
- Case Control study (n=2)
- Cohort study (n=1, one group pre + post (before and after))

#### **Contextual information.**

Three of the qualitative studies focussed on Psychologically Informed Planned Environments (PIPEs) in UK custodial environments (Bennett, 2014; Bond & Gemmell, 2014; Preston, 2015). The remaining qualitative study took place in a UK prison where

the focus was on rehabilitation of sexual offenders (Collins & Nee, 2010). The quantitative studies took place in a variety of therapeutic and rehabilitative focussed establishments. These included establishments focussed on the needs of violent offenders (Casey, Day, & Reynolds, 2016; Day, Casey, Vess, & Huisy, 2012) sexual *and* violent offenders (Woessner & Schwedler, 2014) and offenders with substance abuse treatment needs (Kubiak, 2009). The mixed method study took place in an establishment focussed on the treatment of sexual offenders (Blagden, Winder, & Hames, 2016).

### **Geographical location and study focus.**

All qualitative studies took place within the UK. The three studies that occurred within Psychologically Informed Planned Environments (PIPEs) focussed on the experiences of staff (Bond & Gemmell, 2014) and the hopes / expectations / experiences of residents in these environments (Bennett, 2014; Preston, 2015). The remaining qualitative study focussed on the factors influencing change in sex offender treatment from the perspective of facilitators (Collins & Nee, 2010).

The quantitative studies were more internationally focussed, with studies occurring in Australia (Casey et al., 2016; Day et al., 2012), Germany (Woessner & Schwedler, 2014), and the US (Kubiak, 2009). The focus of the studies was on factors that could influence the quality of environments (e.g. incarceration length, protective custody status, treatment units vs. non-treatment units) and the influence of environments on other factors (e.g. risk of reoffending). The mixed method study (Blagden et al., 2016) took place in a prison in Europe and focussed on the experiences of prisoners and staff at a therapeutically orientated sexual offenders' prison to understand whether the prison environment was conducive to rehabilitation.

### **Participant characteristics.**

Six studies focussed exclusively on offender participants (Qualitative n=3; quantitative n=3). One study focussed exclusively on staff participants (qualitative n = 1). Two studies focussed on offender and staff participants (mixed method n=1; quantitative n=1). Offender participants within the studies were selected from a range of security

categories of prison (high to medium) and secure units. All offender participants were male, with the exception of a larger scale quantitative study that had a female participant group<sup>3</sup> (Kubiak, 2009). All offender participants within the studies had committed offences of a serious sexual or violent nature. Some offenders across the studies had completed treatment and some had not. Other demographic data consistently collected across the studies included details of sentence length, and age. Some variability was observed with data pertaining to treatment needs and personality factors.

Staff participants were mixed male and female. The roles captured within the staff participant categories (e.g. Blagden et al., 2016) ranged from discipline staff, psychological staff, senior managers and other grades (e.g. librarian). The majority of studies reported the length of time staff had been in post. All studies reported the age range of staff participants.

### Themes from the Review

From reviewing the papers, three superordinate themes were identified, with sub-themes within them, described in Table 4.

Table 4

#### *Themes from the review*

| <b>Factors required for successful environments</b>   | <b>Factors that impact successful environments</b>       | <b>Factors affected by successful environments</b> |
|---|--|--|
| Purpose and shared identity (Blagden et al, 2016).    | Intrinsic or extrinsic motivation (Bennett, 2014)        | Skills consolidation (Preston 2015; Bennett, 2014) |
| Safety (Blagden et al, 2016).                         | Staff roles (Bond & Gemmell, 2014; Collins & Nee, 2010). | Belonging (Bennett 2014).                          |
| Relationships (Blagden et al, 2016; Bond and Gemmell, |  |  |

<sup>3</sup> The specific findings for the female participant group were excluded from the themes from this review due to being an exclusion criterion.

|  |   |  |
|--|---|--|
| 2014; Preston, 2015; Day et al, 2012; Kubiak, 2009). | Perception from within (Casey et al, 2016). | Identity (Blagden et al, 2016).  |
| Autonomy (Wossner & Schwedler, 2014).                |   | Treatment readiness and readiness to change (Blagden et al, 2016; Day et al, 2012).  |
|  |   | Change and growth (Collins & Nee, 2010; Blagden et al, 2016; Bond & Gemmell, 2014; Wossner & Schwedler, 2014; Kubiak, 2009). |

### **Factors required for successful environments.**

This superordinate theme consists of themes of *purpose and shared identity*, *safety*, *relationships*, and *autonomy*. The theme reinforces previously identified factors that are necessary for environments to achieve their identified aims, within the specific context of forensic environments, and adds evidence for an additional component (purpose and shared identity) for consideration in the construction of therapeutic environments in forensic settings. Consistent within the studies examined was the necessity of these factors to the development of successful environments.

#### ***Purpose and shared identity.***

Blagden et al. (2016) highlight the importance of purpose and shared identity for those residing in enabling environments, but also for the establishment itself, suggesting that purpose and shared identity is an institutional consideration as well as an individual one. The interaction between the offender participants and the environment is important but not exclusively related to positive outcomes. Participants have to want to change or engage, meaning individual motivation is significant and the environment can help to encourage this desire to change. They discuss how the establishment where they conducted their study focussed on treatment of sexual offenders, which supported the development of the culture of rehabilitation as integrated into all aspects of the prison culture rather than viewing the treatment in isolation. It stands to reason therefore, that for better outcomes, establishments need to have a clearly defined purpose and set of

goals that are integrated and pervasive throughout the establishment and culture, to help to support those residing within it to develop their own purpose and identity which would ideally replicate that of the establishment, e.g. rehabilitation, desistance etc.

### ***Safety.***

Safety was found to be a core component in establishing a successful environment (Blagden et al., 2016) and furthermore, the attitudes of staff towards residents was linked to the perception of the environment as 'safe' by those residing within the environment, thus suggesting that the more positive the staff attitude the more safe residents felt.

### ***Relationships.***

Relationships between staff and residents within environments is identified in a number of the studies as a key requisite for environments to be perceived as positive and successful against their primary aims. Relationships consist of the attachments and connections that staff and residents make (Bond & Gemmell, 2014) and should be characterised by supportive, constructive, open and genuine interactions (Bladgen et al., 2016; Day et al., 2012). These relationships link to positive outcomes (Bond & Gemmell, 2014) which could include the ability of residents to set goals, recognise and express emotions (Preston, 2015).

Kubiak (2009) identified that a key difference in the ratings of environments (treatment vs. non-treatment) were residents' perceptions of the staff who worked within the units. Participants in enabling environments consistently rated discipline staff more positively than their counterparts in comparable units did, on characteristics associated with a therapeutic milieu (e.g., accepting, understanding).

### ***Autonomy.***

Wossner and Schwedler (2014) identified that perceptions of restrictions in autonomy are important to consider in positive environments. Lack of, or restriction of autonomy relates to the extent to which offenders feel patronized and restricted during imprisonment, which is arguably common in forensic environments. However, the authors do not comment on possible reasons for autonomy being important when



creating positive environments. Other literature in this area suggests that allowing choice and input into decisions, i.e. facilitating autonomy, helps to foster a positive, safe environment, although staff and establishments can be fearful of this approach particularly in custodial settings where there is a strong emphasis on hierarchy, rules, policies and control. Arguably, these aspects can inhibit a positive climate for safety due to fear of negative outcomes and blame for reporting safety-related problems (Hartmann et al., 2009; Senker, 2015).

### **Factors that impact on successful environments.**

The themes within this superordinate theme are *motivation*, *staff roles* and *perception from within*. This theme encapsulates concepts (that within the studies examined) appear to exist on a spectrum, with different degrees of influence on the success of forensic environments, depending on the position on the spectrum. Thus, the variability of the impact on successful environments described in the studies examined is a central feature of this theme.

#### ***Motivation.***

Bennett (2014) highlights the importance of considering motivation of clients when reviewing referrals to the PIPE service studied. The aim of Progression PIPEs is to consolidate and generalise learning, to contribute to the overall OPD pathway aim to reduce risk. However, some offender participants in the study focused more on the risk reduction aims of the service. Bennett hypothesises that outcomes could be different for an offender who was motivated intrinsically by the desire to generalise their skills and achieve pro-social goals, compared to an individual who is extrinsically motivated to reduce their risk. Although not mutually exclusive, it is not possible to identify whether the participants in this study were intrinsically motivated, extrinsically motivated, or a combination and therefore, whether there is an impact on the data. However, research (Clark, 2010) suggests that individuals who participate in qualitative research are likely to do so because of subjective interest, enjoyment, curiosity, introspective interest, social comparison, and therapeutic / material / economic interest. These characteristics could be more congruent with individuals motivated to engage generally for internal reasons (self-development) rather than external reasons

(perceptions of risk), which could mean the data is more reflective of outcomes specific for this group of individuals. In my opinion, if participants are intrinsically motivated they may be more likely to view their environments positively and derive the benefits they can from residing within them.

### ***Staff roles.***

Staff roles was highlighted by Bond and Gemmell (2014) who explored the experiences of prison officers working in a PIPE designed for Life sentence prisoners. The theme '*role conflict*' identified by Bond and Gemmell relates to the '*staff roles*' theme identified in this review and it explains the conflict between rehabilitation and punishment. Throughout the analysis, there is a sense of what it means to be a prison officer and how the type of work they are completing affects this; leading officers to development of a type of hybrid role working on a PIPE. The rejection of aspects of their past role can lead to peers rejecting the staff that have adopted this new way of working. In my opinion, this paper evidences a common process that appears to occur for PIPE staff. Specifically, the way they are learning about themselves, developing skills to understand others, viewing themselves, their identity and the work they are doing differently and adapting their behaviour according to the needs of the residents and the PIPE. This could equally influence the environment in a negative way if the staff do not adopt the appropriate balance.

Collins and Nee (2010) identified a similar theme in their research labelled '*operational conflict*'. Traditional prison culture and/or values view the security role as paramount, over and above any rehabilitative effort and is dominated by risk-avoidance emanating from political pressure to avoid making mistakes. Participants believe this cultural dynamic featured negatively in the interactions between non-treatment staff and group participants. For example, non-treatment staff undermining the rehabilitative effort made by individual offenders and potentially undermining any rehabilitative culture developed during treatment. Participants felt the behaviour by non-treatment staff affected the relationships with authority generally, and may affect the successfulness (or lack of) of the intervention in question.

### ***Perception from within.***

This theme reflects factors that can influence the participants' perception of the environment and may influence the success of environments. Casey et al. (2016) found that the longer individuals resided in a specific environment, the more positive their assessment of the environment was. In the same study, individuals who were located in protective custody rated the environment more positively than individuals' not in protective custody. The features felt to distinguish the environments (protective vs. non-protective<sup>4</sup>) from one another were the more positive, supportive relationships between residents and staff, and with each other. This theme links to the *relationships* theme identified within the Superordinate Theme: Factors Required for Successful Environments; perhaps in order to develop the relationships required for successful environments, there is a need to consider the length of time required in the facilitation of these relationships.

### **Factors affected by successful environments.**

This superordinate theme consists of the themes of *skills consolidation, belonging, identity, treatment readiness / readiness to change and change and growth*. The theme reflects the various outcomes reported in the studies examined, which can be linked to the environmental conditions of the forensic environment being studied.

### ***Skills consolidation.***

Preston's (2015) paper applies narrative identity theory (McAdams, 1994) to the experiences of men in a high security PIPE [HMP Frankland], using observational and anecdotal methods to try to make sense of the experiences and processes occurring. Preston highlights the perception of residents - they feel the environment is safe enough to try new skills and goes on to describe the process as a "pendulum swing" whereby residents try out different skills and behaviours, at times over or under compensating before achieving the appropriate balance of skill application. She also highlights the process of feedback as being central to the process of skill consolidation. Preston

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<sup>4</sup> Protective custody prisoners are separated from the mainstream prison population by either segregation or protection, within a rehabilitation-focused treatment facility. Non-protective custody prisoners were housed in small living units that focused on treatment for violence or substance misuse.

comments that the safe environment allows the participants to reconnect with their emotions, and identify and manage these in different, more contained ways. It is reasonable to assume that residents would not feel able to try their new skills in an environment that is not safe. This supports the previously identified sub-theme “*safety*” as an important factor in successful environments, and a possible causal link between the components of safety and skills consolidation.

Bennett (2014) explored the experiences of services users within a high security PIPE [HMP Frankland]. The study is small (n=5) and is limited to high security. As previously highlighted, the shared understanding of one function of Progression PIPEs is consolidation and generalisation. The theme ‘*progression*’ identified by Bennett, describes the interpretation of a process for consolidation and generalisation that could be occurring within PIPEs. The process illustrates the importance of residents identifying the skills they have developed and need to consolidate, actively consolidating their skills, recognising and being recognised by staff for skills generalisation, and ultimately progressing through their sentence. It is not clear from the data whether this process occurred with the residents sampled or if this was hoped/expected to occur but fits broadly with the hypothesis made by Preston (2015).

### ***Belonging.***

Bennett’s (2014) second theme “*being part of a community*” could link to the Enabling Environment process and is a conceptual argument for the process that residents may go through to achieve one of the core standards of “belonging”. It is hypothesised by Bennett that residents need to focus on “intrapersonal self-development which would enable participants to pro-socially interact with others on the PIPE” (p. 223) thus contributing to a sense of belonging. This contributes to positive environments by the value that residents derive from belonging to a community and the value the community gains by its residents’ increases in confidence, autonomy and participation. However, it is not clear from the analysis that the process reported occurs in the order described for the residents sampled.

### ***Identity.***

Blagden et al. (2016) highlights the role the environment plays in the identity of those within it, i.e. that residents can be themselves rather than portray an identity that could help them to “survive”. This is reflected in the safety participants felt in their environment. Similar thinking around the impact that environments have on identity is reported by Preston (2015) who suggests that residents feel safe to try new ways of being, which can lead to the identification and encouragement of narrative shifts between institutional and empowered narratives. The institutional narrative is characterised by themes of negativity, pessimism, disillusionment and blaming. The focus is often on the past, with little hope for the future. A preoccupation with a ‘system approach’ dominates; individuals have no agency over their own decision-making and that they exist as part of a system, rather than in their own right as an individual. The empowered narrative includes positivity, hope, motivational statements, and personal goals. It focuses on an individualised approach with responsibility taking being a thread that runs throughout. It includes recognition of choices and opportunities and is future focused. Ellis and Bowen (2017) suggest that positive social environments can contribute to internal shifts, perhaps reflecting the shifts identified above by Preston (2015) and this has important implications for desistance research.

### ***Treatment readiness / readiness to change.***

Blagden et al. (2016) found that prison climate predicted readiness for treatment and correlates with beliefs that offenders can change. The authors highlight that staff belief in the possibility of change in offenders contributes to the positive environment rating. Staff perception of the prisoners’ internal readiness to change also contributes to the positive environment, however, prisoners’ belief in the possibility of change does not contribute to the positive environment rating. It is unclear why there is this distinction but the authors suggest environments alone are not sufficient for change; individuals have to be motivated to change. This is consistent with the previously identified theme of motivation (Bennett, 2014).

Based on the data analysed, Day et al. (2012) reported that staff and prisoners in the specialist treatment prison, rated the social climate of the prison as more conducive to rehabilitation when compared to the mainstream prison comparison group, although the differences in the ratings of the environment were less pronounced for prisoners. The authors note that for those prisons that have adopted a specific treatment focus, it seems reasonable to suggest that social climates characterized by high level of social cohesion, mutual support, and safety are those that are likely to be successful in rehabilitating offenders which concurs with research previously discussed above (Blagden, 2016).

### ***Change and growth.***

Blagden et al. (2016) found the climate was rated positively and, in particular, participants had very high ratings of “experienced safety”, which appeared important for allowing individuals the space to deal with their problems, engage in treatment programmes and also grow and develop in personally meaningful ways, e.g. focussing on their offending behaviour, thinking about the self and future self.

Bond and Gemmell (2014) identified a theme from staff interviews entitled ‘*growth*’. Arguably similar to the residents’ experiences, this theme reflects the personal journey that staff take as they become more psychologically aware about themselves and the residents they are working with. It includes a deeper understanding of the residents they are working with, personal learning, and reflective skills.

Wossner and Schwedler (2014) found that treatment gains related to a more favourable rating of prison climate. They found medium-sized prosocial changes to the dynamic risk factors of pro-criminal attitudes and anxiety/neuroticism in all offenders, although antisocial personality patterns only decreased among violent offenders. With the exception of empathy, psychometric change correlated with ratings of prison climate, with prosocial changes relating to more positive climate ratings.

Kubiak (2009) found the long-term outcome evaluation of the Residential Substance Abuse Treatment (RSAT) programs studied have yielded findings that indicate less recidivism and relapse than matched comparison groups but it is unclear whether this

can be attributed to the environment, programme or a combination of both components.

### **Discussion and Conclusion**

This review has sought to identify the outcomes for residents and staff living and working in forensic environments. A trio of themes illustrates some factors required for successful environments, factors that can affect the success of these environments, and provisional outcomes attributed to the environments.

The focus of developing environments that empower and heal those that reside within them is not new, and the application within custodial settings is no different, with therapeutic environments being created as early as 1942 at the Northfield secure Military Hospital in Birmingham (Bridger, 1990), and HMP Grendon in 1962. The more recent developments in awareness within HMPPS of the importance of therapeutic environments more widely within custodial settings, illustrate a shift in thinking; that therapeutic environments do not have to be isolated from the rest of the establishment or system. They can and should be integrated into establishment / system ethos, to the enhancement of desired outcomes e.g. reduced levels of violence and self-harm. This is evident within theme one, emphasising the importance of such environments not being isolated from the whole, that the culture of an establishment requires a shared identity and focus. Also emphasised within this theme is the importance of the staff interactions. This highlights an ongoing conflict in the perception of the role of the prison officer between more traditional perspectives of a security and punishment focus to a more rehabilitative, psychologically informed focus (Guthrie, Smillie, McKeown & Bainbridge, 2017), a similar process to that which is occurring within the system as a whole. This is supported by subtheme 'staff roles' within Theme 2. Therefore, the expectation that staff should work in this more rehabilitative style has to occur in conjunction with similar overall cultural shifts, in order that staff feel supported and confident to work in this way, to contribute to successful environments and subsequent outcomes.

Theme 2 also identifies other factors that may influence how successful environments will be, which may have relevance to those currently working within such environments. This theme is perhaps the least understood within the literature given the challenges

associated with distinguishing what is underlying the factors identified. For example, Casey et al. (2016) indicate that length of time within an environment is related to perceptions of that environment, but a number of factors might be effected by time; for example, perceptions of safety, depth of relating to others, confidence etc. An individual offender's motivation is a factor that might influence the success of therapeutic environments, but can be an outcome of engagement in such environments (theme 3). Conceptually this is extremely challenging, as ultimately, *incarcerated* is not something that individuals are typically motivated to be. Conversely, they may be motivated to *not* be incarcerated, and view engagement in these environments as a means to achieve this goal. Therefore, considering motivation more generally and how to promote this in a population that is perhaps less inclined is an ongoing area for research.

Less research has focussed on the possible outcomes of environmental interventions, due partly to the difficulty in attributing change to environmental conditions or other interventions offered. This review has highlighted some provisional findings that could directly relate to the environment, which investigation through further research could develop. One such area might be in the area of insight. Within the majority of the subthemes identified, there is an element of personal insight noted, including 1) individual identification of need to focus on a particular area (Bennett, 2014; Preston, 2015), 2) recognition of personal identity (Blagden et al 2016) and 3) staff development and growth (Bond and Gemmell, 2014).

### **Strengths and Limitations of the Current Review**

The use of the systematic review method is a more robust way to review the specific question outlined, and the use of appraisal methods through classifying the quality and characteristics of studies against standardised criteria allows a more critical review of the studies and therefore prioritises empirical evidence over preconceived knowledge. However, the evaluation of qualitative studies is also more open to interpretation than quantitative studies. Within this review utilised the method developed by Spencer et al (2008). After assessing the presence of key indicators, the method does not provide an overall categorical way of deciding how methodologically robust a study is. I opted therefore to consider the higher number of present indicators being indicative of a



higher level of methodological quality for the purposes of categorising the studies within this review. Other methods could be to consider the indicators with a higher degree of priority (rather than just numbers) in relation to the research question, in order to assess the methodological strengths and weaknesses of the qualitative studies within this review. This may have influenced the outcome of the review in the inclusion / exclusion of studies that may or may not have had utility in answering the research question.

The inclusion and exclusion criteria may also influence the quality of this review. Restricting articles for inclusion to those written in English is a limitation because of potentially missing additional studies. There is some lack of generalisability of the review to female and young people (although some of the underlying principles may apply); and this is an area for further exploration. The year of publication also may have resulted in the exclusion of relevant studies; however, the importance of having up-to-date knowledge and evidence negates this somewhat.

### **Strengths and Weaknesses of the Studies**

The challenge of comparing studies within this review is the lack of consistent method to assess the presence or absence of key environmental factors. One area where comparisons are robust is through the application of a consistent set of standards, such as those described within the Enabling Environment framework, present within some studies in this review (Bennett, 2014; Bond & Gemmell, 2014; Preston, 2015). This adds a degree of consistency to comparisons between these studies, but not to international studies included in the review. Comparisons between therapeutic environments with different quality standards may therefore influence the outcomes of this review in emphasising the importance of some factors or not noticing factors that may be important. Completing distinct reviews wherein a criterion regarding the application of the accredited Enabling Environment's award or other standard measure of environments (e.g. Community of Communities) may yield relevant findings to further understanding of the factors associated with environments in forensic settings.

The way in which social climates are assessed within the studies in this review presents some points for discussion. Of the quantitative studies, three (Day et al, 2012; Blagden

et al, 2016; Casey et al, 2016) utilised the EssenCES, with one study (Kubiak, 2009) using the Correctional Institution Environment Scale (CIES, Moos, 1987) and one utilising an adapted measure (Woessner, & Schwedler, 2014) from the work of Ortmann (1987). The concepts assessed by these measures are similar but differ in some areas, and this can make meaningful comparisons of outcomes in a review of this nature challenging.

### **Implications for Practice and Future Research**

Understanding what might be an optimal length of time for individuals within supportive forensic environments is challenging and, at present, services do have minimum and maximum time limits, although how much this relates to outcomes as opposed to service requirements for spaces is unclear. The findings from this review suggest that a longer period may be beneficial, and further investigation into this issue might be of use.

The nature and type of motivation individuals have for engaging within supportive forensic environments is an area for further exploration. For current services, a more structured assessment of motivation might be a useful addition to assessment procedures, in order to understand and address individual's needs. Motivation was a factor thought to influence successful environments, but also as an outcome of successful environments. It may be useful therefore for further research to explore types of motivation and the impact on successful environments, and subsequent outcomes for individuals.

In conclusion, this review has sought to explore forensic environments, with focus on the outcomes attributable to the environment. This has been achieved, with additional findings supporting the requirements for successful environments and areas that may influence environments. Going forward, it is anticipated that supportive forensic environments is an area that will continue to expand and result in further research to continue to make improvements to environments and those within them.

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## Appendix A: Enabling Environment Standards

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### **Standard 1: Belonging**

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*The nature and quality of relationships are of primary importance*

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1.1 Rs and Ps support newcomers to get involved with others

1.2 There are opportunities for Rs and Ps to get to know each other

1.3 There are ways to mark people leaving

1.4 Rs and Ps are learning about building relationships

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### **Standard 2: Boundaries**

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*There are expectations of behaviour and processes to maintain and review them*

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2.1 Rs and Ps can describe the expectations and how they are maintained

2.2 There is a consistent approach to implementing these expectations

2.3 There is an open process to review expectations which includes Rs and Ps

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### **Standard 3: Communication**

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*It is recognised that people communicate in different ways*

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3.1 Rs and Ps are supported to communicate effectively

3.2 There are opportunities for Rs and Ps to discuss the feelings behind the way people act

3.3 Rs and Ps are encouraged to use a variety of ways to communicate

3.4 Ps recognise how the way people act is a form of communication

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### **Standard 4: Development**

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*There are opportunities to be spontaneous and try new things*

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4.1 There is management support for spontaneity

4.2 Rs and Ps are able to try new things

4.3 Rs and Ps are supported to understand risk and risky behaviour

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**Standard 5: Involvement**

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*Everyone shares responsibility for the environment*

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5.1 Rs and Ps take a variety of roles and responsibilities within the environment

5.2 Rs and Ps are involved in planning their own development

5.3 Rs and Ps are involved in contributing to the development of others

5.4 Rs and Ps are involved in making decisions about the environment

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**Standard 6: Safety**

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*Support is available for everyone*

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6.1 It is acceptable for anyone to feel vulnerable and receive the emotional support they need

6.2 Rs and Ps feel listened to and understood by others around them

6.3 Ps have regular reflective supervision with a consistent supervisor

6.4 Peer support is recognised valued and encouraged

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**Standard 7: Structure**

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*Engagement and purposeful activity is actively encouraged*

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7.1 There is a consistent structure or daily routine

7.2 There are regular meetings or groups that include significant numbers of both Rs and Ps

7.3 There are spontaneous activities that involve R and Ps

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**Standard 8: Empowerment**

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*Power and authority are open to discussion*

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8.1 Rs and Ps are able to challenge decisions and ask questions

8.2 Rs and Ps feel supported by those in authority

8.3 Rs and Ps are able to have their ideas implemented

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**Standard 9: Leadership**

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*Leadership takes responsibility for the environment being enabling*

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9.1 There are clear management structures which include opportunities for involvement from Rs and Ps

9.2 The leadership ensures that the environment is the right place for the people within it

9.3 People with a leadership role are active participants in the life of the community

9.4 There is continuity of staff

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**Standard 10: Openness**

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*External relationships are sought and valued*

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10.1 The environment is welcoming to visitors

10.2 Everyone is supported to participate in activities outside the environment

10.3 Everyone is open and responsive to evaluation and learning

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## Appendix B: Quality in qualitative evaluation framework

|          | <b>a) Appraisal questions</b>                                  | <b>b) Quality indicators (possible features for consideration)</b>   | <b>c) Notes on study being appraised</b> |
|----------|--|--|--|
| Findings | How credible are the findings?                                 | Findings/conclusions are supported by data/study evidence ( <i>i.e. the reader can see how the researcher arrived at his/her conclusions; the 'building blocks' of analysis and interpretation are evident</i> )             |  |
| 1        |  | Findings/conclusions 'make sense'/have a coherent logic  |  |
|          |  | Findings/conclusions are resonant with other knowledge and experience ( <i>this might include peer or member review</i> )  |  |
|          |  | Use of corroborating evidence to support or refine findings ( <i>i.e. other data sources have been used to examine phenomena; other research evidence has been evaluated: see also Q14</i> )                                 |  |
| Findings | How has knowledge/understanding been extended by the research? | Literature review (where appropriate) summarising knowledge to date/key issues raised by previous research   |  |
| 2        |  | Aims and design of study set in the context of existing knowledge/understanding; identifies new areas for investigation ( <i>for example, in relation to policy/practice/substantive theory</i> )                            |  |
|          |  | Credible/clear discussion of how findings have contributed to knowledge and understanding ( <i>e.g. of the policy, programme or theory being reviewed</i> ); might be applied to new policy developments, practice or theory |  |
|          |  | Findings presented or conceptualised in a way that offers new insights/alternative ways of thinking  |  |
|          |  | Discussion of limitations of evidence and what remains unknown/unclear or what further information/research is needed  |  |

|          | <b>a) Appraisal questions</b>                                       | <b>b) Quality indicators (possible features for consideration)</b>  | <b>c) Notes on study being appraised</b> |
|----------|---|---|--|
| Findings | How well does the evaluation address its original aims and purpose? | <p>Clear statement of study aims and objectives; reasons for any changes in objectives</p> <p>Findings clearly linked to the purposes of the study – and to the initiative or policy being studied</p> <p>Summary or conclusions directed towards aims of study</p> <p>Discussion of limitations of study in meeting aims (<i>e.g. are there limitations because of restricted access to study settings or participants, gaps in the sample coverage, missed or unresolved areas of questioning; incomplete analysis; time constraints?</i>)</p>  |  |
| 3        |   |   |  |
| Findings | Scope for drawing wider inference – how well is this explained?     | <p>Discussion of what can be generalised to wider population from which sample is drawn/case selection has been made</p> <p>Detailed description of the contexts in which the study was conducted to allow applicability to other settings/contextual generalities to be assessed</p> <p>Discussion of how hypotheses/propositions/findings may relate to wider theory; consideration of rival explanations</p> <p>Evidence supplied to support claims for wider inference (<i>either from study or from corroborating sources</i>)</p> <p>Discussion of limitations on drawing wider inference (<i>e.g. re-examination of sample and any missing constituencies: analysis of restrictions of study settings for drawing wider inference</i>)</p> |  |
| 4        |   |   |  |

|          | <b>a) Appraisal questions</b>   | <b>b) Quality indicators (possible features for consideration)</b>   | <b>c) Notes on study being appraised</b> |
|----------|---|--|--|
| Findings | How clear is the basis of evaluative appraisal?                             | <p>Discussion of how assessments of effectiveness/evaluative judgements have been reached (<i>i.e. whose judgements are they and on what basis have they been reached?</i>)</p> <p>Description of any formalised appraisal criteria used, when generated and how and by whom they have been applied</p> <p>Discussion of the nature and source of any divergence in evaluative appraisals</p> <p>Discussion of any unintended consequences of intervention, their impact and why they arose</p>  |  |
| Design   | How defensible is the research design?                                      | <p>Discussion of how overall research strategy was designed to meet aims of study</p> <p>Discussion of rationale for study design</p> <p>Convincing argument for different features of research design (<i>e.g. reasons given for different components or stages of research; purpose of particular methods or data sources, multiple methods, time frames etc.</i>)</p> <p>Use of different features of design/data sources evident in findings presented</p> <p>Discussion of limitations of research design and their implications for the study evidence</p> |  |
| Sample   | How well defended is the sample design/target selection of cases/documents? | <p>Description of study locations/areas and how and why chosen</p> <p>Description of population of interest and how sample selection relates to it (<i>e.g. typical, extreme case, diverse constituencies etc.</i>)</p> <p>Rationale for basis of selection of target sample/settings/documents (<i>e.g. characteristics/features of target sample/settings/documents, basis for inclusions and exclusions, discussion of sample size/number of cases/setting selected etc.</i>)</p>   |  |

|                 | a) Appraisal questions  | b) Quality indicators (possible features for consideration)  | c) Notes on study being appraised |
|-----------------|---|--|-----------------------------------|
|                 |   | Discussion of how sample/selections allowed required comparisons to be made  |                                   |
| Sample          | Sample composition/ case inclusion – how well is the eventual coverage described? | <p>Detailed profile of achieved sample/case coverage</p> <p>Maximising inclusion (<i>e.g. language matching or translation; specialised recruitment; organised transport for group attendance</i>)</p> <p>Discussion of any missing coverage in achieved samples/cases and implications for study evidence (<i>e.g. through comparison of target and achieved samples, comparison with population etc.</i>)</p> <p>Documentation of reasons for non-participation among sample approached/non-inclusion of selected cases/documents</p> <p>Discussion of access and methods of approach and how these might have affected participation/coverage</p>   |                                   |
| 8               |   |  |                                   |
| Data Collection | How well was the data collection carried out?                                     | <p>Discussion of:</p> <ul style="list-style-type: none"> <li>• who conducted data collection</li> <li>• procedures/documents used for collection/recording</li> <li>• checks on origin/status/authorship of documents</li> </ul> <p>Audio or video recording of interviews/discussions/conversations (<i>if not recorded, were justifiable reasons given?</i>)</p> <p>Description of conventions for taking Field notes (<i>e.g. to identify what form of observations were required/to distinguish description from researcher commentary/analysis</i>)</p> <p>Discussion of how fieldwork methods or settings may have influenced data collected</p> |                                   |
| 9               |   |  |                                   |

|                    | a) Appraisal questions  | b) Quality indicators (possible features for consideration)  | c) Notes on study being appraised |
|--------------------|---|--|-----------------------------------|
|                    |   | Demonstration, through portrayal and use of data, that depth, detail and richness were achieved in collection  |                                   |
| Analysis<br><br>10 | How well has the approach to, and formulation of, the analysis been conveyed? | <p>Description of form of original data (<i>e.g. use of verbatim transcripts, observation or interview notes, documents, etc.</i>)</p> <p>Clear rationale for choice of data management method/tool/package</p> <p>Evidence of how descriptive analytic categories, classes, labels etc. have been generated and used (<i>i.e. either through explicit discussion or portrayal in the commentary</i>)</p> <p>Discussion, with examples, of how any constructed analytic concepts/typologies etc. have been devised and applied</p> |                                   |
| Analysis<br><br>11 | Contexts of data sources – how well are they retained and portrayed?          | <p>Description of background or historical developments and social/organisational characteristics of study sites or settings</p> <p>Participants' perspectives/observations placed in personal context (<i>e.g. use of case studies/vignettes/individual profiles, textual extracts annotated with details of contributors</i>)</p> <p>Explanation of origins/history of written documents</p> <p>Use of data management methods that preserve context (<i>i.e. facilitate within case description and analysis</i>)</p>           |                                   |
| Analysis<br><br>12 | How well has diversity of perspective and content been explored?              | <p>Discussion of contribution of sample design/case selection in generating diversity</p> <p>Description and illumination of diversity/multiple perspectives/alternative positions in the evidence displayed</p> <p>Evidence of attention to negative cases, outliers or exceptions</p>  |                                   |

|                 | a) Appraisal questions   | b) Quality indicators (possible features for consideration)  | c) Notes on study being appraised |
|-----------------|--|--|-----------------------------------|
|                 |  | <p>Typologies/models of variation derived and discussed</p> <p>Examination of origins/influences on opposing or differing positions</p> <p>Identification of patterns of association/linkages with divergent positions/groups</p>  |                                   |
| Analysis<br>13  | How well has detail, depth and complexity (i.e. richness) of the data been conveyed?   | <p>Use and exploration of contributors' terms, concepts and meanings</p> <p>Unpacking and portrayal of nuance/subtlety/intricacy within data</p> <p>Discussion of explicit and implicit explanations</p> <p>Detection of underlying factors/influences</p> <p>Identification and discussion of patterns of association/conceptual linkages within data</p> <p>Presentation of illuminating textual extracts/observations</p>   |                                   |
| Reporting<br>14 | How clear are the links between data, interpretation and conclusions – i.e. how well can the route to any conclusions be seen? | <p>Clear conceptual links between analytic commentary and presentations of original data (<i>i.e. commentary and cited data relate; there is an analytic context to cited data, not simply repeated description</i>)</p> <p>Discussion of how/why particular interpretation/significance is assigned to specific aspects of data – with illustrative extracts of original data</p> <p>Discussion of how explanations/theories/conclusions were derived – and how they relate to interpretations and content of original data (<i>i.e. how warranted</i>); whether alternative explanations explored</p> <p>Display of negative cases and how they lie outside main proposition/theory/hypothesis</p> |                                   |

|                                      | a) Appraisal questions  | b) Quality indicators (possible features for consideration)  | c) Notes on study being appraised |
|--------------------------------------|---|--|-----------------------------------|
|                                      |   | etc.; or how proposition etc. revised to include them  |                                   |
| Reporting<br><br>15                  | How clear and coherent is the reporting?  | <p>Demonstrates link to aims of study/research questions</p> <p>Provides a narrative/story or clearly constructed thematic account</p> <p>Has structure and signposting that usefully guide reader through the commentary</p> <p>Provides accessible information for intended target audience(s)</p> <p>Key messages highlighted or summarised</p>   |                                   |
| Reflexivity and neutrality<br><br>16 | How clear are the assumptions/theoretical perspectives/values that have shaped the form and output of the evaluation? | <p>Discussion/evidence of the main assumptions/hypotheses/theoretical ideas on which the evaluation was based and how these affected the form, coverage or output of the evaluation (<i>the assumption here is that no research is undertaken without some underlying assumptions or theoretical ideas</i>)</p> <p>Discussion/evidence of the ideological perspectives/values/philosophies of research team and their impact on the methodological or substantive content of the evaluation (<i>again, may not be explicitly stated</i>)</p> <p>Evidence of openness to new/alternative ways of viewing subject/theories/assumptions (<i>e.g. discussion of learning/concepts/ constructions that have emerged from the data; refinement</i></p> <p><i>restatement of hypotheses/theories in light of emergent findings; evidence that alternative claims have been examined</i>)</p> <p>Discussion of how error or bias may have arisen in design/data collection/analysis and how addressed, if at all</p> |                                   |



|    | <b>a) Appraisal questions</b>   | <b>b) Quality indicators (possible features for consideration)</b>   | <b>c) Notes on study being appraised</b> |
|----|---|--|--|
|    |   | Reflections on the impact of the researcher on the research process  |  |
| 17 | Ethics<br><br>What evidence is there of attention to ethical issues?  | <p>Evidence of thoughtfulness/sensitivity about research contexts and participants</p> <p>Documentation of how research was presented in study settings/to participants (<i>including, where relevant, any possible consequences of taking part</i>)</p> <p>Documentation of consent procedures and information provided to participants</p> <p>Discussion of confidentiality of data and procedures for protecting</p> <p>Discussion of how anonymity of participants/sources was protected</p> <p>Discussion of any measures to offer information/advice/services etc. at end of study (<i>i.e. where participation exposed the need for these</i>)</p> <p>Discussion of potential harm or difficulty through participation, and how avoided</p> |  |
| 18 | Audit<br><br>How adequately has the research process been documented? | <p>Discussion of strengths and weaknesses of data sources and methods</p> <p>Documentation of changes made to design and reasons; implications for study coverage</p> <p>Documentation and reasons for changes in sample coverage/data collection/analytic approach; implications</p> <p>Reproduction of main study documents (<i>e.g. letters of approach, topic guides, observation templates, data management frameworks etc.</i>)</p>  |  |



## COMPONENT RATINGS

### A) SELECTION BIAS

**(Q1) Are the individuals selected to participate in the study likely to be representative of the target population?**

- Very likely
- Somewhat likely
- Not likely
- Can't tell

**(Q2) What percentage of selected individuals agreed to participate?**

- 80 - 100% agreement
- 60 – 79% agreement
- less than 60% agreement
- Not applicable
- Can't tell

| RATE THIS SECTION | STRONG | MODERATE | WEAK |
|-------------------|--------|----------|------|
| See dictionary    | 1      | 2        | 3    |

### B) STUDY DESIGN

**Indicate the study design**

- Randomized controlled trial
- Controlled clinical trial
- Cohort analytic (two group pre + post)
- Case-control
- Cohort (one group pre + post (before and after))
- Interrupted time series

Other specify \_\_\_\_\_

Can't tell

**Was the study described as randomized? If NO, go to Component C.**

No      Yes

**If Yes, was the method of randomization described? (See dictionary)**

No      Yes

**If Yes, was the method appropriate? (See dictionary)**

| RATE THIS SECTION | STRONG | MODERATE | WEAK |
|-------------------|--------|----------|------|
| See dictionary    | 1      | 2        | 3    |

### **C) CONFOUNDERS**

**(Q1) Were there important differences between groups prior to the intervention?**

Yes

No

Can't tell

**The following are examples of confounders:**

Race

Sex

Marital status/family

Age

SES (income or class)

Education

Health status

Pre-intervention score on outcome measure

**(Q2) If yes, indicate the percentage of relevant confounders that were controlled (either in the design (e.g. stratification, matching) or analysis)?**

80 – 100% (most)

60 – 79% (some)

Less than 60% (few or none)

Can't Tell

| RATE THIS SECTION | STRONG | MODERATE | WEAK |
|-------------------|--------|----------|------|
| See dictionary    | 1      | 2        | 3    |

#### D) BLINDING

**(Q1) Was (were) the outcome assessor(s) aware of the intervention or exposure status of participants?**

Yes

No

Can't tell

**(Q2) Were the study participants aware of the research question?**

Yes

No

Can't tell

| RATE THIS SECTION | STRONG | MODERATE | WEAK |
|-------------------|--------|----------|------|
| See dictionary    | 1      | 2        | 3    |

#### E) DATA COLLECTION METHODS

**(Q1) Were data collection tools shown to be valid?**

Yes

No

Can't tell

**(Q2) Were data collection tools shown to be reliable?**

Yes

No

Can't tell

| RATE THIS SECTION | STRONG | MODERATE | WEAK |
|-------------------|--------|----------|------|
| See dictionary    | 1      | 2        | 3    |

## **F) WITHDRAWALS AND DROP-OUTS**

**(Q1) Were withdrawals and dropouts reported in terms of numbers and/or reasons per group?**

Yes

No

Can't tell

Not Applicable (i.e. one time surveys or interviews)

**(Q2) Indicate the percentage of participants completing the study. (If the percentage differs by groups, record the lowest).**

80 -100%

60 - 79%

less than 60%

Can't tell

Not Applicable (i.e. Retrospective case-control)

| <b>RATE THIS<br/>SECTION</b> | <b>STRONG</b> | <b>MODERATE</b> | <b>WEAK</b> |                |
|------------------------------|---------------|-----------------|-------------|----------------|
| <b>See dictionary</b>        | 1             | 2               | 3           | Not Applicable |

## **G) INTERVENTION INTEGRITY**

**(Q1) What percentage of participants received the allocated intervention or exposure of interest?**

80 -100%

60 - 79%

less than 60%

Can't tell

**(Q2) Was the consistency of the intervention measured?**

Yes

No

Can't tell

**(Q3) Is it likely that subjects received an unintended intervention (contamination or co-intervention) that may influence the results?**

Yes

No

Can't tell

## H) ANALYSES

**(Q1) Indicate the unit of allocation (circle one)**

Community      organization/institution      practice/office      individual

**(Q2) Indicate the unit of analysis (circle one)**

Community      organization/institution      practice/office      individual

**(Q3) Are the statistical methods appropriate for the study design?**

Yes

No

Can't tell

**(Q4) Is the analysis performed by intervention allocation status (i.e. intention to treat) rather than the actual intervention received?**

Yes

No

Can't tell

## GLOBAL RATING

**COMPONENT RATINGS** Please transcribe the information from the grey boxes on pages 1-4 onto this page. See dictionary on how to rate this section.

| A SELECTION BIAS | STRONG | MODERATE | WEAK |
|------------------|--------|----------|------|
|                  | 1      | 2        | 3    |
| B STUDY DESIGN   | STRONG | MODERATE | WEAK |
|                  | 1      | 2        | 3    |
| C CONFOUNDERS    | STRONG | MODERATE | WEAK |

|                                   |               |                 |             |                   |
|-----------------------------------|---------------|-----------------|-------------|-------------------|
|                                   | 1             | 2               | 3           |                   |
| <b>D BLINDING</b>                 | <b>STRONG</b> | <b>MODERATE</b> | <b>WEAK</b> |                   |
|                                   | 1             | 2               | 3           |                   |
| <b>E DATA COLLECTION METHOD</b>   | <b>STRONG</b> | <b>MODERATE</b> | <b>WEAK</b> |                   |
|                                   | 1             | 2               | 3           |                   |
| <b>F WITHDRAWALS AND DROPOUTS</b> | <b>STRONG</b> | <b>MODERATE</b> | <b>WEAK</b> |                   |
|                                   | 1             | 2               | 3           | Not<br>Applicable |

**GLOBAL RATING FOR THIS PAPER (circle one):**

1 STRONG (no WEAK ratings)

2 MODERATE (one WEAK rating)

3 WEAK (two or more WEAK ratings)

With both reviewers discussing the ratings:

Is there a discrepancy between the two reviewers with respect to the component (A-F) ratings?

No      Yes

If yes, indicate the reason for the discrepancy

1 Oversight

2 Differences in interpretation of criteria

3 Differences in interpretation of study

**Final decision of both reviewers (circle one):**

**1 STRONG**

**2 MODERATE**

**3 WEAK**

## Appendix D: Data Extraction Tool (Jones, 2007)

|  |                   |        |
|--|-------------------|--------|
| Article Number:                            | Review Date:      |        |
| Title:                                     |                   |        |
|  |                   |        |
| Author(s):                                 | Publication Date: |        |
|  |                   |        |
| Journal:                                   |                   |        |
|  |                   |        |
| Volume:                                    | Number:           | Pages: |
|  |                   |        |
| Keywords/definitions:                      |                   |        |
|  |                   |        |
| Aims/design/method:                        |                   |        |
|  |                   |        |
| Sampling/participants/analysis             |                   |        |
|  |                   |        |
| Controls/reliability/validity/conclusions: |                   |        |
|  |                   |        |
| Notes                                      |                   |        |
|  |                   |        |



Appendix E Table 1: Qualitative studies

| Number | Reference  | Study design, study method and tools utilised   | Participant / context information  | Outcomes / key findings   | Limitations   | Appraisal rating |
|--------|--|---|--|---|---|------------------|
| 1      | Bennett, A. L. (2014). Service users' initial hopes, expectations and experiences of a high security psychologically informed planned environment (PIPE) <i>Journal of Forensic Practice</i> , 16(3), 216-227. | Qualitative: Semi Structured Interviews explored the hopes and expectations of participants. Transcripts were transcribed and Thematic Analysis was utilised. | Five male category A life sentence prisoners located on a High-secure PIPE unit. (aged between 29 and 63, mean 42.40 years).<br><br>Four serving life sentences and one serving an Indeterminate Sentence for Public Protection.<br><br>Tariff lengths between six and 17 years (m= 12.20 years).<br><br>Index offences included both violent and sexual convictions. Treatment completed varied and included programmes | Themes entitled 'progression' and 'being part of a community' were identified.<br><br><u>Progression</u><br><br>Describes the interpretation of a process for consolidation and generalisation that could be occurring within PIPEs.<br><br><u>Being part of a community</u><br><br>Devises a conceptual argument for the process that residents may go through to achieve "belonging". It is hypothesised that residents need to focus on "intrapersonal self-development which would enable participants to pro-socially interact | The study is small (n=5) and is limited to high security.<br><br>It is not clear from the data whether the process of consolidation and generalisation occurred with the residents sampled or if this were what they hoped/expected would occur.<br><br>It is not clear from the analysis that the process to become part of a community reported occurs in the order described for the residents sampled.<br><br>This is suggestive of a limitation to the model, if | 8/18             |

| Number | Reference | Study design, study method and tools utilised | Participant / context information   | Outcomes / key findings  | Limitations  | Appraisal rating |
|--------|-----------|---|---|--|--|------------------|
|        |           |   | targeting thinking skills, sexual offending, anger management and the DSPD programme.<br><br>Opportunity sampling was used.<br><br>Participants were selected on the basis that they had been located on the PIPE unit for less than four weeks.<br><br>. | with others on the PIPE" thus contributing to a sense of belonging.<br><br><u>Risk reduction</u><br><br>The author links the data to the intended PIPE model outcomes and identifies an incongruent aim that residents have regarding the PIPES' ability to reduce risk.<br><br><u>Motivation</u><br><br>The author highlights the importance of considering motivation when reviewing referrals to the PIPE due to differences in motivation. For example, outcomes could be different for someone motivated intrinsically by the desire to generalise their skills and achieve pro-social goals, to an individual who is extrinsically motivated to reduce their risk. | residents believe risk reduction to be a core feature of PIPES.<br><br>It is not possible to identify whether the participants within this study were intrinsically or extrinsically motivated and therefore whether there is an impact on the data. |                  |

| Number | Reference   | Study design, study method and tools utilised   | Participant / context information   | Outcomes / key findings   | Limitations   | Appraisal rating |
|--------|---|---|---|---|---|------------------|
| 2      | Blagden, N., Winder, B., & Hames, C. (2016). "They treat us like human beings" experiencing a therapeutic sex offender's prison: Impact on prisoners and staff and implications for treatment. <i>International Journal of Offender Therapy and Comparative Criminology</i> , | Mixed Method: Qualitative Semi-structured interviews were conducted focused on the following areas:<br>• Purpose of the prison, experience of prison life, relationships in the prison, and the regime;<br>• Rehabilitative ideals/orientation of the prison; and<br>• Opportunities for personal | This study was conducted at one of Europe's largest sex offender treatment prisons. The site was chosen for this research due to its focus on rehabilitative programmes, its specialisation in sex offender treatment, and because the prison only accommodates sexual offenders.<br><br>31 interviews including prisoner ( $n = 15$ containing untreated $n = 6$ and treated $n = 9$ sex offenders) and staff ( $n = 16$ ) interviews. | Reported themes<br><br>Superordinate<br><br>Purpose and purposefulness<br><b>[rehabilitation/change]</b><br><br>- Purpose and meaning in prison.<br><br>- Facilitating change<br><br><i>Reflecting the purpose and shared identity of the prison and prisoners located there, namely rehabilitation and shared direction towards desistance.</i><br><br>Positive, constructive and safe <b>environment</b><br><br>- Friendly relaxed, relief<br><br>- Headspace and 'being'<br><br>- Experienced safety | There is no reference in the paper whether location at this establishment is mandated or voluntary and the possible effect this might have on the outcome or themes identified.<br><br>The use of snowball sampling could be reflecting a more motivated and engaged population and neglecting others.<br><br>Population is exclusively sexual offenders and the nature / dynamic of this population could be argued to be very different to other offence types e.g. perception of sexual offenders being more compliant, less hostile | 11/18            |

| Number | Reference       | Study design, study method and tools utilised   | Participant / context information   | Outcomes / key findings   | Limitations  | Appraisal rating |
|--------|-----------------|---|---|---|--|------------------|
|        | 60(4), 371-396. | development and access to constructive outlets for prisoners. Data were analysed using thematic analysis and second coded to add inter-rater reliability. | The final staff sample included senior management ( $n = 3$ ), prison psychologist ( $n = 3$ ), prison officer ( $n = 5$ ), group therapist/trainee psychologist ( $n = 4$ ), and prison librarian ( $n = 1$ ). Purposeful sampling was utilised for staff and snowball sampling for prisoners. | <p><i>Reflecting the role the environment plays in the identity of those within it. I.e. that residents can be themselves rather than portray an identity that could help them to "survive". This is reflected in the safety participants felt in their environment.</i></p> <p>Constructive and meaningful <b>relationships</b></p> <ul style="list-style-type: none"> <li>- Supportive and constructive relationships</li> <li>- Honesty</li> <li>- Trusting and respectful relationships</li> </ul> <p><i>Reflecting the role that relationships play. The importance of staff being genuine in their interactions, and constructive. Research relating to the way that pro-social identity can be</i></p> | and hold less anti-authority attitudes, thus contributing to the environment and the relationships – ultimately lacks the generalisability to non-sexual offender populations. There is also a lack of control group to compare the experiences. |                  |

| Number | Reference | Study design, study method and tools utilised | Participant / context information | Outcomes / key findings  | Limitations | Appraisal rating |
|--------|-----------|---|-----------------------------------|--|-------------|------------------|
|        |           |   |                                   | <p><i>reflected from those the residents interact with and how this relates to desistance.</i></p> <p>Components felt to support change in offenders were:</p> <p><u>Relationships</u></p> <p>The qualitative analysis revealed positive prisoner views toward staff relationships, with most participants articulating that the prison and its staff had contributed to positive change in prisoners.</p> <p><u>Environment</u></p> <p>The environment was perceived as safe and allowed prisoners “headspace” to work through problems and contemplate change.</p> |             |                  |

| Number | Reference | Study design, study method and tools utilised  | Participant / context information  | Outcomes / key findings  | Limitations   | Appraisal rating |
|--------|-----------|--|--|--|---|------------------|
|        |           | Mixed Method: Quantitative Measures including: *Essences *Attitude Towards Sex offenders (ATS) *Individual Theories of Offending Behaviour (Self and Other)*Corrections Victoria Treatment Readiness Scale (CVTRS) | Total of 400 questionnaires were distributed to prisoners around the different wings of the prison and 112 were returned (28% response rate).<br><br>The final sample comprised prisoners ( $n = 112$ ) and prison staff ( $n = 48$ ).<br><br>The final sample comprised prisoners ( $n = 112$ ) and prison staff ( $n = 48$ ). Prison staff and prisoners had to have a minimum of 6 months of being at the prison. The mean age for prisoners was 48.87 ( $SD = 14.15$ , | <u>Environment</u><br><br>The climate was rated positively and, in particular, participants had very high ratings of “experienced safety”, which appeared important for allowing individuals the headspace to deal with their problems, engage in treatment programmes and also grow and develop in personally meaningful ways.<br><br>The results suggested that staff felt the environment was more positive than offenders (however both results were suggestive of positive views on this).<br><br>The results found that prison climate predicted readiness for treatment and was correlated with beliefs that offenders can change. Prison climate | Lack of control group to compare the outcomes.<br><br>The age of offenders is in a specific range that limits generalisability to younger offenders.<br><br>It is unclear whether staff were selected for this role within the establishment and whether they had any specific training or screening prior to working in this environment.<br><br>No method was given to ascertain the reliability of reporting. Staff reporting reliably that they hold a negative view towards sex offenders could have extreme consequences. Whilst anonymity was given, there | Moderate         |

| Number | Reference | Study design, study method and tools utilised | Participant / context information  | Outcomes / key findings   | Limitations  | Appraisal rating |
|--------|-----------|---|--|---|--|------------------|
|        |           |   | <p>range = 23-80) and the mean age for prison staff was 39.77 (<i>SD</i> = 12.02, range = 24-58).</p> <p>All participants had to have been at the prison for more than 6 months; the range of years at the prison was 2 to 18 years.</p> | <p>helps to foster treatment readiness and readiness to change.</p> <p><u>Attitudes</u></p> <p>Staff had significantly less positive attitudes towards sex offenders than the offenders did, although the scores were still suggestive of mainly positive attitudes and high beliefs that offenders could change. Results suggesting a link between the attitude of staff and the experienced safety of the residents.</p> <p><u>Motivation</u></p> <p>Both staff and prisoners experience this prison as positive and it appeared that the prison helped to foster readiness for treatment and change, if not influence personal change.</p> | <p>may still be a socially desirable responding issue.</p> |                  |

| Number | Reference  | Study design, study method and tools utilised   | Participant / context information   | Outcomes / key findings   | Limitations  | Appraisal rating |
|--------|--|---|---|---|--|------------------|
|        |  |   |   | Staff belief in the possibility of change in offenders contributes to the positive environment rating. Internal readiness to change from prisoners also contributes to the positive environment. Prisoner's belief in the possibility of change does not contribute to the positive environment rating.   |  |                  |
| 3      | Bond, N., & Gemmell, L. (2014). Experiences of prison officers on a lifer psychologically informed planned environment. <i>Therapeutic</i> | Qualitative: Semi structured interviews were conducted and results analysed using Interpretative Phenomenological Analysis (IPA). | The context is a 60 bed PIPE situated in a large Lifer prison with an operational capacity of 707. The PIPE had been open for two years at the time of the research. Residents are Life sentenced prisoners, the majority of which have | The themes identified were labelled:<br>- 'role conflict' [staff characteristics]<br><i>Reflecting what it means to be a prison officer and how this is affected by the type of work they are completing [rehabilitation vs. punishment] and thus developing a type of hybrid role working on a PIPE.</i><br>- 'growth' [rehabilitation / change] | Limitations include the small number of participants, limited focus of the researchers, both Forensic Psychologists, and the uniqueness of the context, a Lifer prison.<br><br>No information is given as to the status of the PIPE at the time of the research in terms of environment, and whether | 9/18             |



| Number | Reference                         | Study design, study method and tools utilised | Participant / context information  | Outcomes / key findings   | Limitations  | Appraisal rating |
|--------|-----------------------------------|---|--|---|--|------------------|
|        | <i>Communities, 35(3), 84-94.</i> |   | <p>been convicted of murder or violent offences.</p> <p>Residents have self-referred after completion of offending behaviour programmes aimed to reduce their risk of violent re-offending with a view to receive continued support and consolidate progress made.</p> <p>Five prison officers working on a PIPE in a Lifer prison were selected for participation in the research. All 12 PIPE officers were provided with a research information leaflet and asked to volunteer. The</p> | <p><i>Arguably similar to the experience that residents may go through; this theme reflects the personal journey that staff take as they become more psychologically aware about themselves and the residents they are working with.</i></p> <p>- 'relationships'</p> <p><i>This theme is about the connection the officers achieve with PIPE residents and each other and the outcome of those connections. It includes the rewards that come from developing relationships and being able to help, dealing with the occasions where their help is not recognised, and being a secure base from which the residents can try their new skills, receive feedback and observe development of the resident's strengths for the future.</i></p> | <p>the PIPE is awarded the EE status.</p> <p>More information about the background of the participants would have offered insight into their specific pathway to PIPE, training and experiences and thus offered some insight into their answers within context.</p> |                  |

| Number | Reference  | Study design, study method and tools utilised                             | Participant / context information  | Outcomes / key findings   | Limitations   | Appraisal rating |
|--------|--|---|--|---|---|------------------|
|        |  |   | <p>first five officers available from the seven who volunteered were selected.</p> <p>Participants were aged between 33 and 53 years old, were two females and three males with between 4 to 12½ years of prison service experience. All had been part of the PIPE team for two years since it opened in 2011, aside one who joined the team eight weeks into the project.</p> | <p>- 'Impact'.</p> <p><i>This theme captures how PIPE officers are psychologically connected and affected by each other and the work and what they find supportive. It highlights the concept of the collective mood of the PIPE and how staff can observe this. Psychological impact was also highlighted as the work is seen as more demanding emotionally. There is also a reflection of the work having an impact on the home lives of staff.</i></p> |   |                  |
| 4      | Collins, S., & Nee, C. (2010). Factors influencing | Qualitative: Semi Structured interviews were completed and analysed using | Opportunity sample<br><br>Two male and two female therapists who had had current experience in facilitating SOTPs within   | <p>The themes were:</p> <p>- the sex offender identity;</p>   | There is a clear difference in the occupational roles and gender split within the sample. | 7/18             |

| Number | Reference  | Study design, study method and tools utilised | Participant / context information  | Outcomes / key findings  | Limitations   | Appraisal rating |
|--------|--|---|--|--|---|------------------|
|        | the process of change in sex offender interventions: Therapists' experiences and perceptions.<br><i>Journal of Sexual Aggression</i> , 16(3), 311-331. | Foucauldian Discourse Analysis (FDA)          | prison (an average of 5.75 years' experience, range 4-7 years).<br><br>Ages ranged from 25 to 44 years.<br><br>Both the male participants were serving prison officers.<br><br>The two female participants were prison-based forensic Psychologists in training. | <i>Two themes arose under this category, which explored the heterogeneity of sexual offenders and the identity they present, both of which appeared to influence the change process within Treatment.</i><br><br>- Therapists role [staff characteristics]<br><br><i>This section explores the role of the therapist working as a facilitator of change; as a collaborator within a therapeutic group-work setting; and as a social controller.</i><br><br>- Situational moderators of change [environment]<br><br><i>Here the influence of situational variables as moderators of change is</i> | The sample is small and therefore the four therapists who participated in this research may not be representative of the majority of therapists who work in the Prison Service.<br><br>The operational conflict is talking more about the role of the staff within the context and how their differing approaches to offenders can impact on treatment rather than the way the environment supports or doesn't the treatment. |                  |

| Number | Reference | Study design, study method and tools utilised | Participant / context information | Outcomes / key findings  | Limitations | Appraisal rating |
|--------|-----------|---|-----------------------------------|--|-------------|------------------|
|        |           |   |                                   | <p><i>explored comprising operational conflict, conditional attendance of SOTP and that prison is a testing environment.</i></p> <p>One participant reflects that the prison environment generally is a safe place for them to practice their skills and rehearse new learned behaviours prior to release, but she does recognise this to be a false environment.</p> <p>The influence of the prison environment was seen as constraining change; inevitably, the external setting will become integrated into therapeutic milieu (Jones, 2007a).</p> <ul style="list-style-type: none"> <li>- The process of change [rehabilitation]</li> </ul> |             |                  |

| Number | Reference  | Study design, study method and tools utilised  | Participant / context information   | Outcomes / key findings  | Limitations   | Appraisal rating |
|--------|--|--|---|--|---|------------------|
|        |  |  |   | <p><i>Considers the process of change and its impact on clients and the therapists themselves.</i></p> <p>Whilst it seems that change is always likely to be significantly more effective and enduring if the situational and support factors are in place to support it further research is needed to define accurately the processes involved within change.</p> |   |                  |
| 5      | Preston, N. (2015).<br>Psychologically informed planned environments (PIPEs): Empowering the institutionalis | Qualitative: Observational / field notes recorded during weekly sessions. The comments are clustered within three themes, described by | The unit at HMP Frankland is specifically for Category A prisoners that have completed some form of intensive offence focused work and need to be supported through a period of consolidation. to support and enhance treatment gains | <u>Rehabilitation</u><br>Focusing on the desistance of crime is helping to positively empower a historically Institutionalised and disillusioned offender group. Concept that the “traits” of the participants remain the same, it is the targeting of “goals and strategies” and “self-narratives” that allows  | Limited attention is given to the method of analysing the data offered by the participants, or the manner in which it is recorded and subsequently analysed.<br><br>It is not possible to discern what the participants initial narrative was and how or if this changed for them | 9/18             |

| Number | Reference                                       | Study design, study method and tools utilised                               | Participant / context information          | Outcomes / key findings   | Limitations   | Appraisal rating |
|--------|---|---|--|---|---|------------------|
|        | ed<br>prisoner <i>Forensic Update</i> , 117, 8. | McAdams (personality traits, goals and strategies, and narrative identity). | 16 offenders participated in the research. | <p>participants to stabilise residents to support them to move forward.</p> <p>The institutional narrative appears to include negativity, pessimism, disillusionment and blaming themes. It is often focused on the past, with little hope for the future. It is also dominated by a preoccupation with a 'system approach'; that the individual has no agency over their own decision-making and that they exist as part of as system, rather than exist in their own right as an individual.</p> <p>The empowered narrative includes positivity, hope, motivational statements, and personal goals. It is focused on an individualised approach with responsibility taking being a thread that runs throughout. The narrative includes recognition of</p> | <p>individually, rather the focus is on collective shifts.</p> <p>The hypothesis is that the focus on goals and strategies is a key component of this shift which remains untested</p> <p>There is a lack of environmental evaluation to ascertain what the participants view is of this.</p> |                  |

| Number | Reference | Study design, study method and tools utilised | Participant / context information | Outcomes / key findings   | Limitations | Appraisal rating |
|--------|-----------|---|-----------------------------------|---|-------------|------------------|
|        |           |   |                                   | <p>choices and opportunities and is future focused.</p> <p><u>Environment</u></p> <p>One observation has been noted with the skills consolidation process; prisoners report that the unit is 'safe', and, therefore, 'safe enough' to try out new skills, and new ways of being.</p> <p><u>Relationships</u></p> <p>An additional observation relates to the development of strategies that are congruent with reattaching to a range of feelings, and expressing difficult or intense emotional experiences to others. Setting and achieving goals in understanding emotions, and developing personal strategies relating to expressing emotions with others, appears to be related to the</p> |             |                  |

| Number | Reference | Study design, study method and tools utilised | Participant / context information | Outcomes / key findings   | Limitations | Appraisal rating |
|--------|-----------|---|-----------------------------------|---|-------------|------------------|
|        |           |   |                                   | relationship the prisoners have with staff on the unit and the supportive 'coaching' environment. |             |                  |

Table 2: Quantitative studies

| Number | Reference   | Study design, study method and tools utilised  | Participant / context information  | Outcomes / key findings  | Limitations  | Appraisal rating |
|--------|---|--|--|--|--|------------------|
| 6      | Casey, S., Day, A., & Reynolds, J. (2016). The influence of incarceration length and protection status on perceptions of prison | Quantitative: 2 (incarceration length) x 2 (custody type) between groups design. The first aim is to examine whether differences in perceived social | Participants in the study were 76 male, volunteer, medium security prisoners of whom 49 were housed in non-protective custody facilities and 27 housed in protective custody in a rehabilitation-focused treatment facility. | <u>Environment</u><br><br>The overall interaction shows that <i>short-term</i> protective custody prisoners perceive the social climate to be significantly poorer than all other groups (protective custody long-term prisoners scored the social climate most positively).<br><br>Incarceration length was found to be associated with higher ratings on the | The stated philosophy of the establishment is to create an environment that is characterized by shared decision-making, the provision of clear boundaries, and a sense of belonging, and reflects the rights and responsibilities in | Moderate         |



| Number | Reference   | Study design, study method and tools utilised  | Participant / context information   | Outcomes / key findings   | Limitations  | Appraisal rating |
|--------|---|--|---|---|--|------------------|
|        | social climate.<br><i>Criminal Justice and Behavior</i> , 43(2), 285-296. | climate exist between protective custody and non-protective custody prisoners.<br><br>Second, whether incarceration length systematically influences perceptions of the social climate.<br><br>Measures utilised: - EssenCES | The total sample ranged in age from 21 to 66 years ( $M = 5.17$ ; $SD = 9.45$ ).<br>Mean length of incarceration was 289.84 days ( $SD = 276.62$ ) and ranged from 28 days to 1,680 days. | EssenCES measure, irrespective of security level. Regardless of where inmates were housed, these data suggest that those who have been imprisoned for a period longer than 6 months rate the overall social climate significantly more positively than those who have been imprisoned for a shorter period.<br><br><u>Relationships</u><br><br><i>Short-term</i> protective custody prisoners reported lower levels of social cohesion between inmates (again, protective custody long-term prisoners rated this as particularly high).<br><br>By contrast, those who had been in prison longer rated levels of | the broader community as much as possible.<br><br>Accordingly, all staff are expected to work toward creating an environment in which prisoners feel that there is concern for their welfare and dignity, and that personal issues are dealt with. Therefore, how surprising is it that the findings were congruent with this?<br><br>While there were no direct benefits to those who participated, the opinions of those who responded to the survey may not represent all prisoners or, indeed, those |                  |

| Number | Reference                                 | Study design,<br>study method<br>and tools utilised | Participant / context<br>information  | Outcomes / key findings  | Limitations   | Appraisal<br>rating |
|--------|---|---|---|--|---|---------------------|
|        |   |   |   | therapeutic support as significantly higher than all other groups.   | housed in other prisons in other jurisdictions.   |                     |
|        |   |   |   | Long-term inmates in protective custody report that staff display interest in and support for inmates (Hold and Support), and there is a level of support and caring between prisoners (Social Cohesion and Mutual Support). | Another limitation is the small sample size. In addition, the decision to compare groups with less than or more than 6 months incarceration was made on pragmatic grounds and is, therefore, somewhat arbitrary. This highlights a need to examine whether these findings also hold for those serving longer sentences. |                     |
|        |   |   |   | Irrespective of custody rating, participants serving more than 6 months reported experiencing a greater level of support and caring between prisoners than those serving shorter sentences                                   |   |                     |
| 7      | Day, A., Casey, S., Vess, J., & Huisy, G. | Quantitative:<br>This study examined perceptions of | Ratings of social climate were compared between a specialist treatment prison that provides intensive | <u>Environment</u><br>When prisoner and prison staff views are considered together, the social climate of the therapeutic prison was   | The self-selecting nature of the sample. It may be that those who volunteered to take part had different  | Moderate            |

| Number | Reference   | Study design, study method and tools utilised  | Participant / context information  | Outcomes / key findings  | Limitations   | Appraisal rating |
|--------|---|--|--|--|---|------------------|
|        | (2012).<br>Assessing<br>the<br>therapeutic<br>climate of<br>prisons.<br><i>Criminal<br/>Justice and<br/>Behavior</i> ,<br>39(2), 156-<br>168. | the prison social<br>climate in two<br>Australian prisons<br>from the<br>perspective of<br>both prison staff<br>and prisoners.<br><br>EssenCES was<br>administered to<br>all participants. | rehabilitation programs to<br>violent, sexual, and<br>substance-using offenders<br>and a mainstream prison<br>that does not specialize in<br>offender rehabilitation.<br><br>Participants in the study<br>were drawn from two<br>correctional settings based<br>in one Australian state.<br>Participation was<br>voluntary, and a total of<br>144 prisoners and 109<br>staff members from both<br>prisons participated in the<br>research.<br>Both prisons house only<br>male prisoners. | not rated as safer, more supportive, or<br>more therapeutic than that of the<br>mainstream prison. The moderate<br>effect size reported above does<br>represent a trend for prisoners in the<br>rehabilitation prison to report a more<br>positive social climate than their<br>mainstream counterparts.<br>The therapeutic prison staff rated the<br>overall prison social climate<br>significantly more positively than their<br>counterparts from the mainstream<br>prison did.<br><br><u>Relationships</u><br>Significant between-group differences<br>were observed on two of the three<br>EssenCES subscales; staff at the<br>therapeutic prison rated both the level<br>of staff interest and support for<br>inmates and level of support and | experiences or perceptions<br>of the prison environment<br>than those who did not.<br><br>No attempt was made to<br>control for socially desirable<br>responding, and although<br>there were no benefits to<br>taking part in the research,<br>some participants may have<br>provided ratings that did not<br>reflect their real views.<br>Some variety between<br>groups had to be controlled<br>for during analysis.<br>Offender participants from<br>the mainstream prison had<br>access to rehabilitative<br>courses. The percentage of<br>respondents involved with<br>these courses was not |                  |

| Number | Reference | Study design,<br>study method<br>and tools utilised | Participant / context<br>information | Outcomes / key findings  | Limitations   | Appraisal<br>rating |
|--------|-----------|---|--------------------------------------|--|---|---------------------|
|        |           |   |                                      | <p>caring between prisoners as significantly higher than did staff at the mainstream prison. These staff ratings suggest that the social climate of the therapeutic prison was perceived as more conducive to rehabilitative needs than that of a mainstream prison.</p> <p><u>Rehabilitation</u></p> <p>The results suggested that staff and prisoners at the specialist treatment prison rated the social climate as more conducive to rehabilitation, although the differences were less pronounced for prisoners.</p> <p>For those prisons that have adopted a specific treatment focus, it seems reasonable to suggest that social climates characterized by high level of social cohesion, mutual support, and</p> | <p>reported or controlled. The effect of their engagement in these courses is therefore not accounted for when assessing the environment, their experiences may be different to those in the mainstream who have not engaged in such rehabilitative work.</p> |                     |

| Number | Reference  | Study design,<br>study method<br>and tools utilised  | Participant / context<br>information   | Outcomes / key findings  | Limitations   | Appraisal<br>rating |
|--------|--|--|--|--|---|---------------------|
|        |  |  |  | safety are those that are likely to be successful in rehabilitating offenders.   |   |                     |
| 8      | Kubiak, S. P. (2009).<br>Assessing the therapeutic environment in hybrid models of treatment: Prisoner perceptions of staff.<br><i>Journal of Offender Rehabilitation</i> , 48(2), 85-100. | Quantitative:<br><br>The primary questions are:<br><br>1) are there therapeutic attributes within hybrid models<br><br>2) Do these attributes indicate that the hybrid strategy is a promising approach for practice within correctional settings? | Residential Substance Abuse Treatment (RSAT) programs were developed in three prisons within one state. During the first year, prisoners at each prison treatment site were asked to assess the living unit and the staff on that unit. Simultaneously, inmates within the same Facility in a physically identical unit that was not a treatment unit were asked to complete the same survey. Over 1000 (N=1030) prisoners completed the survey from three | <u>Environment</u><br><br>Inmates in therapeutic units had significantly more positive perceptions of the environment, as well as both staff groups, than inmates within the same prison in non-therapeutic units.<br><br>Results reveal that prisoners did perceive the treatment units, as well as corrections staff, significantly different from the non-treatment units across all three facilities.<br><br>Across the three prisons, that residents living in RSAT units felt much more positive about their living environments than those in non-treatment units within the same prison did. Since all other features in the | Another limitation may be the instrument used to assess the therapeutic climate. Researchers have obtained differing number of factors when analysing the CIES and it has been criticized for its ability to measure environmental climate (Wright & Boudouris, 1982).<br><br>While the creation of the continuous rating scale on the CIES items improved the variance within this sample, it precluded the authors from comparing the findings from the RSAT units with | Strong              |

| Number | Reference | Study design, study method and tools utilised  | Participant / context information  | Outcomes / key findings  | Limitations  | Appraisal rating |
|--------|-----------|--|--|--|--|------------------|
|        |           | To assess whether combining the two divergent staff groups within a prison setting created a therapeutic hybrid, the author assessed perceptions of the environment and staff, comparing treatment and non-treatment units, using a measure of environmental climate and an index of staff | different prisons – two male (n=830) and one female (n=200).<br><br>Prisoners voluntarily engaged in the RSAT program (n=701) if they met eligibility criteria: minimum-security status, substance dependence (as demonstrated by the Substance Abuse Subtle Screening Inventory [Miller, 1997] and/or a clinical interview), and within 18 months of their earliest prison release date.<br><br>Non-RSAT participants (n=329) had access to | comparison units were constant (e.g., setting, architecture, budget, corrections policy and procedures, etc.), the catalyst for the dissimilarity in responses can be attributed to the influx of treatment staff and the therapeutic milieu.<br><br><u>Staff characteristics</u><br><br>Regression analyses suggest specific staff characteristics are associated with these positive feelings and are different for each staff group.<br><br>Prisoners perceived the treatment staff as significantly different from corrections staff on the treatment units, thereby differentiating staff roles while retaining a positive perception of the treatment environment. | other published reports on the CIES. In other words, while treatment and non-treatment units significantly differed within this particular prison system, the modification precludes comparison to other studies of prison-based programs to further assess the therapeutic environment.<br><br>Finally, variability across programs, facility and staff may have contributed to differences that were unable to test. For example, assessing staff educational levels, gender, time on the job, etc., may have made |                  |

| Number | Reference | Study design,<br>study method<br>and tools utilised   | Participant / context<br>information   | Outcomes / key findings  | Limitations                          | Appraisal<br>rating |
|--------|-----------|---|--|--|--------------------------------------|---------------------|
|        |           | <p>personality characteristic.</p> <p>Measures used:</p> <p>Correctional Institution Environment Scale (CIES)</p> <p>Characteristic Checklist</p> <p>Descriptive statistics and independent samples t-tests were used to analyse between group differences (RSAT vs. non-treatment units) within each</p> | <p>other substance abuse treatment modalities within the prison (education and therapeutic or support groups).</p> | <p>However, there were specific characteristics of each staff group that were more predictive of these positive feelings about the treatment unit.</p> <p>Corrections staff involvement with RSAT did not diminish their authoritative standing with prisoners. Ratings between treatment and non-treatment units did not differ on characteristics that suggest control (e.g., powerful). However, RSAT participants consistently rated corrections staff more positively than their counterparts in comparable units on characteristics associated with a therapeutic milieu (e.g., accepting, understanding).</p> <p>Treatment staff was rated higher than corrections staff – in all three programs – on characteristics</p> | <p>our comparisons more precise.</p> |                     |

| Number | Reference | Study design,<br>study method<br>and tools utilised  | Participant / context<br>information | Outcomes / key findings   | Limitations | Appraisal<br>rating |
|--------|-----------|--|--------------------------------------|---|-------------|---------------------|
|        |           | institution, and to<br>compare<br>treatment and<br>corrections staff<br>within treatment<br>units. Linear<br>regression was<br>used to examine<br>how staff<br>characteristics<br>may contribute to<br>environmental<br>perceptions. |                                      | <p>associated with therapeutic interventions.</p> <p>The characteristics most predictive of how positive the participant feels about the unit may be a characteristic not often associated with the particular role of the staff group. For instance, while 'kindness' is usually not associated with corrections staff it was valued by treatment participants of both genders.</p> <p>Similarly, 'hard' may not frequently be associated with descriptors of treatment staff, but may reflect the prisoners desire for help, and as such, a desire not to be able to manipulate or 'con' treatment staff.</p> <p>Rehabilitation</p> |             |                     |



| Number | Reference   | Study design, study method and tools utilised   | Participant / context information   | Outcomes / key findings  | Limitations  | Appraisal rating |
|--------|---|---|---|--|--|------------------|
|        |   |   |   | Although the anonymity of the survey limited the ability to test the relationship between individual change and environmental perceptions, the long-term outcome evaluation of these RSAT programs have yielded findings that indicate less recidivism and relapse than matched comparison groups (See Boyd et al., 2003). |  |                  |
| 9      | Woessner, G., & Schwedler, A. (2014). Correctional treatment of sexual and violent offenders: Therapeutic | Quantitative:<br><br>The aim was to examine the relationship between perceived prison climate and changes in psychometrically measured risk | In Germany, correctional treatment primarily takes place in social-therapeutic facilities. These are either structurally independent prison units or separate wards inside a mainstream prison.<br><br>Social-therapeutic treatment is an integrative | Rehabilitation<br><br>Treatment gains were substantially related to a more favourable rating of prison climate. This supports the notion that effective treatment can only take place in a safe and supportive environment (Schalast et al., 2008)).   | Despite this accordance with other results, we should be cautious about interpreting this relationship causally in the way that a positive prison climate leads to more prosocial treatment gain. A general negative response bias might have affected both prison climate | Strong           |

| Number | Reference  | Study design, study method and tools utilised   | Participant / context information  | Outcomes / key findings   | Limitations  | Appraisal rating |
|--------|--|---|--|---|--|------------------|
|        | change, prison climate, and recidivism. <i>Criminal Justice and Behavior</i> , 41(7), 862-879. | factors, as well as the relationship between those within-treatment changes and recidivism in a sample of treated violent and sexual offenders.<br><br>Participants completed psychometric tests on dynamic risk factors (pro-criminal attitudes, antisocial personality patterns, empathy, | treatment approach that encompasses vocational and educational training, as well as work opportunities inside prison, leisure therapy, psychotherapy, social work, and milieu therapy that is comparable with a therapeutic community. A crucial aspect of the treatment rationale is that the social-therapeutic facility is to ensure a supportive climate that encourages prosocial behaviour and the transfer of treatment gains to the day-to-day interpersonal | Medium-sized prosocial changes to the dynamic risk factors of pro-criminal attitudes and anxiety/neuroticism in all offenders were found, while antisocial personality patterns only decreased among violent offenders.<br><br>Positive ratings of different aspects of prison climate significantly correlated with prosocial changes in all dynamic risk factors except empathy.<br><br>Environment<br><br>In addition to the three scales (fear of inmates, hostile attitude against prison staff, and non-supportive prison climate) that are comparable with the prison climate dimensions defined by Schalast et al. (2008), the research also showed that perceived autonomy restrictions are of similar importance. | ratings and psychometric measures and thus could, at least partially, account for these associations.<br><br>Query regarding the categorisation of offenders with concurrent convictions for violent and sexual offences as “sexual offenders” and the rationale for this.<br><br>Differences in offence specific changes could be accounted for at least partly, by the voluntary placement of violent offenders and the mandatory placement of sexual offenders. |                  |

| Number | Reference | Study design, study method and tools utilised   | Participant / context information  | Outcomes / key findings   | Limitations  | Appraisal rating |
|--------|-----------|---|--|---|--|------------------|
|        |           | <p>anxiety/neuroticism) and perceived prison climate before and after correctional treatment (length: <math>M = 32</math> months) in a social-therapeutic facility.</p> <p>Recidivism data were available for 92 participants with a follow-up of <math>M = 4</math> years.</p> <p><i>Prison climate</i></p> <p>The social-therapeutic treatment facility was assessed with</p> | <p>relations in the social-therapeutic milieu.</p> <p>The sample consisted of 185 male sexual and violent offenders who completed institutional treatment in two correctional treatment facilities in Germany between 2004 and 2012.</p> <p>Sixty-one subjects (33%) were convicted of a violent offense (homicide, aggravated assault, bodily harm, robbery), 45 subjects (24%) were convicted of rape, and 79 subjects (43%) were convicted of sexual abuse of children.</p> | <p>Psychometric change was, again except for empathy, consistently correlated to ratings of prison climate, with prosocial changes relating to more positive climate ratings.</p> | <p>Critique offered as to why changes in risk factors did not relate to recidivism, including methodological issues.</p> <p>The scales to measure prison climate and pro-criminal attitudes have not been validated so far, although they have been used in different studies.</p> <p>The dropout rate at the second time of data collection was quite high and data on recidivism were only available for a smaller subsample, thus restricting them from analysing</p> |                  |

| Number | Reference | Study design,<br>study method<br>and tools utilised                  | Participant / context<br>information   | Outcomes / key findings | Limitations                             | Appraisal<br>rating |
|--------|-----------|--|--|-------------------------|---|---------------------|
|        |           | four scales from<br>an instrument<br>developed by<br>Ortmann (1987). | Offenders with a<br>concurrent conviction of a<br>violent and a sexual<br>offense were categorized<br>as sexual offenders. |                         | different offender types<br>separately. |                     |

## Section 2: Qualitative Research project

*How do Psychologically Informed Planned Environments (PIPEs) contribute to the  
Integration of Desistance Narratives in Personality Disordered Offenders?*

## **Abstract**

### **Background**

Psychologically Informed Planned Environments (PIPEs) are part of the Offender Personality Disorder (OPD) pathway. Through the examination of participant narratives, this research aims to explore the role that PIPE environments play in the reinforcement of narratives that relate to desistance in individuals with personality disorder diagnoses who 1) have committed serious offences 2) have completed high intensity intervention, 3) are currently desisting<sup>5</sup> and 4) are residing in a PIPE. The overarching research question is: how do Psychologically Informed Planned Environments (PIPEs) contribute to the Integration of Desistance Narratives in Personality Disordered Offenders?

### **Method**

Template Analysis (King, 2012) was used to analyse interview transcripts from 10 PIPE residents located within a Category C prison. Central to this technique is the development of a coding template, (usually based on a subset of the data), which is applied to further data, revised and then reapplied. A-priori themes, (based on key concepts identified in prior research) were utilised and developed over the duration of the research.

### **Findings**

Seven themes were identified, 1) 'Origins, experience and impact of living with Personality Disorder', 2) 'Personality related offending', 3) 'Identity transcends personality', 4) 'Environments matter', 5) 'How I changed', 6) 'Progression PIPES: Consolidation and Generalisation' and 7) 'Future self'. The qualitative method offers a full and thorough account of the experiences of residents within service. Findings support the distinction between personality disorder and identity, and the disassociation between the individual's sense of self, and their actions (i.e. offending). Findings also emphasise the importance of environmental conditions being conducive to change and within the process of affirming personal identity and consolidating skills within a PIPE. All of which builds a picture of the role that step-down environments such as PIPEs can support desistance in residents.

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<sup>5</sup> Measured by formal incidences of serious offending or infraction within custody

**Limitations**

The subjective nature of experience is considered; it would be beneficial for the findings to be validated using quantitative methods. Further follow up of participants to ascertain whether their desistance within custody continued after discharge into the community would be of value.

**Implications for practice**

Experience of trauma runs through a number of main themes, supporting the development of trauma informed care for offenders with personality disorder. Environmental conditions are consistently important in the development of maladaptive traits and later offending. Implications for the development of custodial environments to support change more effectively are discussed.

**Keywords**

Psychologically Informed Planned Environment, Forensic, Personality Disorder, Desistance, Identity.

## Introduction

### Defining Desistance

Definitions of desistance consider the *event* of desistance and the *process* of desistance. The event considers the move from committing crime to not committing crime, “the moment a criminal career ends” (Farrall & Bowling, 1999, p. 253). The problem with definitions of desistance as an event is the assumption of an absolute ending, that stopping all types of offending behaviour is required. Whilst this is the ideal, it may not be realistic or achievable, nor does it account for subtleties of change or the variety of behaviour exhibited. Maruna (2001) defines desistance as “the long-term abstinence from crime among individuals who had previously engaged in persistent patterns of criminal offending” (p. 26). This definition accounts for the challenges in measuring absolute desistance by broadening the definition slightly. Shover (1996) included reference to the severity of behaviour: “the voluntary termination of serious criminal participation” (p. 121). This definition does not necessarily assume an absolute ending, as it refers to the cessation of “serious” offending but does raise the question of what constitutes “serious”. The challenges with the above definitions make the understanding and promotion of desistance extremely difficult, because it is not clear what the expectation is nor how to go about measuring it.

The *process* of desistance is viewed differently; Fagan (1989) defined it as the “process of reduction in the frequency and severity of (family) violence, leading to its eventual end when ‘true desistance’ or ‘quitting’ occurs” (p. 380). Laub and Sampson (2001) view termination of offending as an outcome of the desistance process. Other conceptualisations of desistance separate the timeframe being measured into short term lulls known as primary desistance and secondary desistance, “a process by which individuals often assume a role of non-offender ‘reformed person’ (Farrell & Calverley, 2006, p. 2). The difficulty with definitions of desistance as a process is how to capture and measure this process, and whether this explicitly links to the outcome of ceasing criminal behaviour. To add to the complexity of the debate on desistance is to consider there may be value in specificity regarding the *type* of offending behaviour that has ceased, as highlighted in some definitions regarding severity of offending (Shover, 1996).



To summarise thus far, having a viable definition of desistance is necessary for researchers to measure and for practitioners to promote, and whether it is an event, a process, or a combination of both, requires further exploration of the evidence base, beginning with theories of desistance.

### **Desistance Theories**

Competing arguments in theories of desistance centre on whether behaviour is structurally induced (e.g. through social status) or agentic (e.g. the person chooses his/her behaviour) or a combination. Laub and Sampson (1993) utilise social control theory to suggest that individuals desist when they develop social bonds to conventional society. McNeill and Weaver (2015) emphasise the influence of social relations on desistance, specifically how such relations either facilitate or inhibit behaviours. Other structural contributors are employment (Farrall, 2002; Uggen & Kruttschnitt 1998); marriage / significant life partnerships (Shover, 1983); becoming a parent (Uggen & Kruttschnitt, 1998) and break up of peer group (Knight & West, 1975) to name a few. Arguably, the structure position links to the view of desistance as an event.

Agentic arguments perhaps link more to desistance as a process. It is generally agreed within the literature that the process of desistance involves a shift in perspective (Ellis & Bowen, 2017), a change in perception of identity (Farrell & Caverley, 2006) and/or sense of self (Paternoster & Bushway, 2009). Broadly speaking, these internal changes are similar, and relate to “a reorganisation on the part of the desister of ‘who’ they are and the sort of person they now wish to be” (Farrell, Godfrey, & Cox, 2009, p. 81). This is a more complex notion of self-identity when compared to the structural arguments above, which requires further breakdown of the concept and how it relates to desistance. Paternoster and Bushway (2009) note that identity motivates and directs behaviour. They suggest that self-identity is expressed through actions and that individuals behave in ways that are consistent with who the person believes themselves to be. With other people, individuals project an identity of who they are, and their behaviour is the mechanism to communicate this. Linking to desistance, Shover (1996) states that desistance is attributable partly to changes in “identity, self-concept and the framework employed to judge oneself and others” (p.208). This is suggesting that if an individual’s actions relate to their identity, then it makes sense that to alter an

individual's actions i.e. for them to desist; then change needs to occur within the individual's identity. Support for this perspective is in research exploring the connections between an individual's identity, their view of the world and desistance. Specifically, Burnett (1994) distinguished three groups (confident, optimistic and pessimistic). Those within the "confident" group were more likely to desist. Farrell and Caverley (2006) explored these findings and suggested that solving obstacles is related to desistance and motivation influences the extent to which obstacles were both faced and overcome. Bottoms, Shapland, Costello, Holmes, and Muir (2004) suggest that the level of social capital available compared to obstacles to desistance is also an influencing factor. Statistical support for the relationship between identity and desistance was found by Rocque, Posick, and Paternoster (2016); indicating that pro-social identity increases over time and is a robust predictor of criminal behaviour over the life course. Maruna (2004) suggests that persisting offenders view negative events in their lives in terms of internal, stable and global forces, while desisting offenders see them more in terms of external, unstable and specific causes. LeBel, Burnett, Maruna, and Bushway (2008) found that hope and stigma significantly relate to reconviction and marginally related to re-imprisonment. Whilst only a snapshot of studies, it is reasonable to assume the way an individual views obstacles within their world relates to desistance.

Thus far, we have explored identity and desistance. A key feature of identity formation is in the narratives and accounts that individuals give about who they are and what they have done, in the past, present and future. A narrative is an account of connected events, and Maruna (2001) explores the idea of narratives in relation to desistance in the Liverpool Desistance Study (LDS). Maruna (2001) related identity and desistance through the exploration of narratives. He hypothesised that to desist from crime, ex-offenders need to develop a coherent, pro-social identity. They need to account for and understand their criminal pasts, why and what they did, and they need to understand why they are now "not like that anymore" (p. 7). This suggests that the way a person sees themselves and what they have done in the past, is part of their identity and therefore links to the process of desisting. Maruna (2001) conceptualised that desisters hold a redemption script, whereby individuals make sense of their offending past as something that their "old self" has done and they had established a coherent and

forgiving narrative. Redemption scripts include three components 1) a core self (a “normal” self), 2) generative motivations (sense of fulfilment, perceiving one’s existence as meaningful), and 3) a sense of agency (the capability of individuals to act independently and to make their own choices within the social structure). The desisters in the LDS had established a coherent and forgiving narrative, which made sense of their offending past and presented a believable ‘prototypical reform story’. Furthermore, the desisters portrayed their former offending self as a false identity, either by ‘knifing off’ their criminal past by denying that it was ever the ‘real me’, or by positively reinterpreting their past into ‘redemption’ and ‘generative’ scripts. Other research supports these findings, for example, Maruna, Lebel, Mitchell, and Naples (2004) highlight that a component of maintaining desistance might involve the negotiation of a reformed identity through a process of prosocial labelling. Other aspects of the narrative are having positive and concrete goals for the future, seeing self as changed, and feeling a sense of control or autonomy (Ginnekin, 2015). In contrast, persisters hold a condemnation script, which identify that individuals feel perpetually defeated by their personal failing and the barriers to rehabilitation; they engaged in "negative phrasing" and did not view themselves as having control over their lives. Ward and Marshall (2007) observed that offenders who have personal narratives that they are “bad people” with no hope of change, are more likely to offend than those who have some sense of being able to create new ways of relating to themselves and others. Liem and Richardson (2014) summarised the distinguishing factor between those who desist and persist, is agency (or a lack thereof), stating “agentic” action is defined as voluntary action that can be modified by the actor on request” ((p.694). For further discussion, please refer to Laub & Sampson, (2003) and Bottoms et al, (2004)).

### **Context of Desistance**

Thus far, the discussion has neglected any reference to the context in which desistance processes occur, i.e. what are the circumstances in which an individual might enter into the process of desistance? Assuming that an individual makes an active choice (Giordano, Cernovich, & Rudolph, 2002), Kiecolt (1994) argues that intentional self-change is unlikely to be successful without what she calls "structural supports" for change. These supports "provide individuals with means and opportunities for effecting

self-change" (p. 56) and include self-help groups, and professional 'changers' such as psychiatrists and social workers. Most commentaries that focus on desistance do so in relation to the behaviour of an individual within the community, perhaps because of the opportunities to persist or desist being more likely in the community, or perhaps because of the lack of "normality" within custodial settings that may mean attempts to explore desistance is more challenging and less generalizable. However, Ellis and Bowen (2017) did explore desistance from violence in custody. Their conclusion is that desistance from violence within custody is related to pro-social attitudes, agency and resilience. The study relies on recorded levels of violence to distinguish persisters and desisters and as such cannot conclusively state that individuals were desisting from violence. Despite this, desisters were characterised by greater pro-social attitudes, high levels of agency, and higher resilience, consistent with findings from community samples. The authors discuss that an internal shift in perspective was important for desistance and hypothesise that the social environment can support this, drawing on literature that suggests individuals are more likely to desist when they have social bonds to a community or society.

Within custody, there are a number of interventions offered to support rehabilitative efforts for offenders. The aim of offender rehabilitation programmes is to help the offender develop a narrative of himself that can incorporate and integrate all the component parts of the identity, which supports his identity as an agent who makes choices that he can own and respect, and that offers some reflection of how he relates to others (Adshead, Ferrito, & Bose (2015). One intervention approach is Therapeutic Communities (TC). Offender rehabilitation involves a process of reconstruction of identity and narrative reframing; so that a 'new' and 'better' person emerges, for whom long term desistance is a viable and desirable achievement (Stevens, 2012). Stevens suggests that changing of self and remaking of narratives occurs because residents live within a community that encourages them to imagine and understand their history and develop a replacement self. She highlights that the environment (which is culturally different to other prisons), influences the process of desistance. She highlights the importance of engagement in activities designed to develop and demonstrate attributes and identities not normally associated with offenders, or perhaps within themselves.

Stevens concludes that TCs support residents to recognise their old selves as a bridge not a barrier, to their new selves, but highlights the challenges of maintaining the newly developed desistance narratives in residents who leave. Therefore, these residents create a new identity within custodial settings and desistance commences within secure settings.

To summarise, the desistance process occurs for individuals who have made an active choice to explore their own identity resulting in an internal shift towards an identity incompatible with offending (Farall & Calverley, 2006). The evidence suggests that this should occur within a supportive environment where an individual can create bonds and connections, to facilitate the process. This is suggesting that professionals should consider both structure and agentic components when promoting desistance within custodial environments.

### **Personality, Identity and Desistance**

It has been proposed that individual characteristics may have some bearing on desistance processes, with supporting evidence for factors such as age (Farrington, Piquero, & Jennings, 2013) gender (Jamieson, McIvor, & Murray, 1999) and intelligence (Ttofi, Farrington, Piquero, Losel, DeLisi, & Murray, 2016). Another relevant characteristic is personality (Gottfredson & Hirschi, 1990; McAdams, 1994; Wilson & Herrnstein, 1985). Personality refers to “regularities and consistencies in behaviour and forms of experience. These enduring features are usually described in terms of traits that vary across individuals” (Tennant & Howells, 2010, p. 153). Personality traits are distinguishing qualities or characteristics that are the embodiment of an individual. They are habitual patterns of behaviour, temperament and emotion. In some individuals, personality traits are disordered and pathological, and in some combinations, referred to as personality disorder. The International Classification of Mental and Behavioural Disorders (ICD-10: World Health Organisation, 1992) defines personality disorder as “a severe disturbance in the characterological condition and behavioural tendencies of the individual, usually involving several areas of the personality, and nearly always associated with considerable personal and social disruption” (p. 202). The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV: American Psychiatric Association,

1994) defines a personality disorder as “an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment” (p. 654).

Considering how personality disorder relates to the desistance process requires us to consider the nature of personality disorder traits in relation to identity and self-concept. Rocque, Posick and Paternoster (2016) discuss identity and self-concept in detail, suggesting it is generally accepted that the self is an overarching internal view of the person while identities are more diffuse assessments, often tied to particular roles (Burke & Stets, 2011). Individuals have multiple identities—“a sense of who one is” (Paternoster & Bushway, 2009, p. 1111)—which together comprise the larger “self” (Stryker & Serpe, 1982). Some literature suggests that personality traits on the other hand, are relatively stable over time (Caspi, 2000; Caspi, Roberts, & Shiner, 2005; McCrae, Costa, Ostendorf, Angleitner, Hrebickova, Avia, Sanz, Sanchez-Bernardos, Ersin, Woodfield, Saunders, & Smith 2000). For example, the stability of basic personality traits like extroversion or aggressiveness over time and across contexts is one of the most robust findings in personality psychology (Costa, et al., 1983), and therefore, personality traits are distinct from concepts of self and identity. For example, Toombs, (1993) discussed the identity of a patient as a person living with a disorder, which does not define them in terms of his identity, in the same way that a person living with an illness or disability is not defined by the disease process or resulting incapacity.

However, not all evidence supports the view of personality traits being distinct from identity and concepts of self. For example, the biopsychosocial model (Engel, 1977) and Attachment Theory (Bowlby, 1969) suggest that one factor in the development of problematic personality traits is that early problems with attachment to care givers (e.g. via 1) adverse family environments and 2) experience of abuse, (Herman, Perry, van der Kolk, 1989; Bernstein, Stein & Handelsman 1998)) can be cemented or altered in adolescence. In adolescence, young people have the ability to change their understanding of themselves, their parents and the world generally, experimenting with alternative ideas and behaviours (Blos, 1979). Those individuals who do not or cannot

do this can then go on to have problems as adults (Lapsley & Stey, 2010). Their sense of self and attachment to others are more likely to become self-perpetuating; this is due to the tendency for individuals to both select and create environments that confirm their existing beliefs (NOMS/DOH, 2015). This explanation broadly coincides with arguments regarding the formation of self / identity. In summary, Erikson (1950) postulated that identity formation occurs over eight distinct stages of development, depicted in Table 1.

Table 1

*Erikson's Eight Stages of Psychosocial Development*

| Stage           | Psychosocial Crisis            | Approx. Age           | Important Event       | Description  |
|-----------------|--------------------------------|-----------------------|-----------------------|--|
| Infancy         | Basic trust vs. basic mistrust | Birth to 12-18 months | Feeding               | The infant must form a first loving, trusting relationship with the caregiver or develop a sense of mistrust.                        |
| Early Childhood | Autonomy vs. shame/doubt       | 18 months to 3 years  | Toilet training       | The child's energies are directed towards the development of physical skills including walking, grasping, controlling the sphincter. |
| Play Age        | Initiative vs. guilt           | 3 – to 6 years        | Independence          | The child learns control but may develop shame and doubt if not handled well.  |
| School Age      | Industry vs. Inferiority       | 6 to 12 years         | School                | The child continues to become more assertive and to take more initiative but may be too forceful which can lead to guilt feelings    |
| Adolescence     | Identity vs. role confusion    | Adolescence           | Peer relationships    | The child must deal with demands to learn new skills or risk a sense of inferiority, failure and incompetence.                       |
| Young Adult     | Intimacy vs. isolation         | Young adulthood       | Love relationships    | The teenager must achieve identity in occupation, gender roles, politics and religion.   |
| Adulthood       | Generativity vs. stagnation    | Middle adulthood      | Parenting / mentoring | The young adult must develop intimate relationships or suffer isolation. Each adult must   |

|             |                           |                |  |  |
|-------------|---------------------------|----------------|--|--|
|             |                           |                |  | find some way to satisfy and support the next generation.                                |
| Mature Love | Ego integrity vs. despair | Late adulthood | Reflection on and acceptance of one's life | The culmination is a sense of acceptance of oneself as one is and a sense of fulfilment. |

*Note: 1 adapted from Lester, A Lefton, Psychology, 7th ed. Boston: Allyn and Bacon, 1999.*

The goals of the first four stages—trust, autonomy, initiative, and industry—create the foundation for the successful negotiation of the fifth stage, in which the adolescent must form a stable identity and achieve a sense of self. While social issues such as "fitting in with the group" are important at this point, Erikson emphasizes the importance of achieving an individual identity based on self-knowledge and continuity of experience. Failure to resolve the conflicts of this stage results in identity or role confusion and affects the experiences of the three adult stages that follow.

Offending behaviour is a problem that can relate to an individual's diagnosis of personality disorder, and can significantly contribute to offending and risk related behaviours, and research shows that there is a link between personality disorder traits and offending behaviour (Yang, Wong & Coid, 2010; Kennealy, Skeem, Walters, & Camp, 2010; Miller, Zeichner, & Wilson, 2012). Approximately two-thirds of offenders in England and Wales meet the criteria for at least one type of personality disorder (Singleton, Meltzer & Gatward, 1998; Stewart, 2008). The precise link between personality disorder and offending behaviour varies greatly, depending in part, on the type of diagnosis (Roberts & Coid, 2009). There is a commonly recognised relationship between individuals with a diagnosis of anti-social personality disorder and criminal activity (Coid, 1998). Other findings have alluded to associations between specific disorders and specific criminal acts. Roberts and Coid (2009) found significant associations between Paranoid personality disorder and robbery/blackmail; Avoidant profiles were significantly associated with criminal damage and Narcissistic personality profiles were associated with fraud and forgery. It may be more useful to consider global definitions of desistance, and in some circumstances, (e.g. clinically) consider desistance definitions that can account for specific offending typologies or personality profiles.



Prevalence estimates within custody for different disorders vary. What is consistent across studies is that prevalence within custody is higher than prevalence within community. Table 2 describes the most prevalent personality disorders in UK male offenders within custody.

Table 2

Personality Disorder Prevalence in Offenders within Custody in England and Wales

| Diagnosis   | Prevalence estimate   | Reference  |
|-------------|---|--|
| Anti-Social | Prevalence among prisoners is reported as slightly less than 50%    | The National Institute for Health and Clinical Excellence, NICE (2013)       |
| Borderline  | 23% among male remand prisoners, 14% among sentenced male prisoners | The National Institute for Health and Clinical Excellence, NICE (2007)       |
| Paranoid    | 1% among male prisoners   | Bebbington, Jakobowitz, McKenzie, Killaspy, Iverson, Duffield, & Kerr (2016) |

Returning to the discussion of the link between personality traits and concepts of self and identity, the DSM-IV criteria describe pathological personality traits that relate to the individual's concept of self in some personality disorders, for example:

- Avoidant: Views self as socially inept, personally unappealing, or inferior to others.
- Borderline: Identity disturbance, markedly and persistently unstable self-image or sense of self.
- Narcissistic: Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).

If an individuals' sense of self/identity links to their personality (disorder) traits, and their personality (disorder) traits link to their offending, then in order to help the person to desist from offending a shift needs to occur in the way they understand aspects of both identity and personality, regardless of whether these are distinct. However, due variations in cognitive, emotional and behavioural presentation for individuals with

personality disorder traits and related offending behaviour, it is difficult to specify exactly what desistance would look like for an individual whose personality disorder relates to their offending, because of the wide range of offending behaviour that can functionally link.

Exploring the link between personality traits and desistance, Walker, Bowen, Brown and Sleath (2015) compared the psychopathology of men who have stopped using Intimate Partner Violence (IPV), those who continue to use IPV, and those who have never used IPV, and assessed if there were differences in personality characteristics between these three groups based on MCMI-III subscales and profiles. The findings confirmed that personality pathology is significantly associated with using violence in a relationship. However, it is also potentially related to desistance, or primary desistance (conceptualized in the study as the suspension of physical violence for 1 year), and persistence of IPV. The authors conclude that personality pathology differentiates violent men who suspend the use of violence against their partners (desisters), from persisters and non-violent controls. In addition to the limitations reported within the study, this research highlights the difficulty with definitions of desistance and the complexity of offending behaviour. The authors defined desistance as the absence of physical violence for 1 year, and do not comment on other types of IPV that are commonly perpetrated within abusive relationships, e.g. emotional, psychological, financial or sexual abuse. Further research might usefully include a broader assessment of the nature and type of IPV that perpetrators engaged in to further the understanding of the relationship between personality characteristics and IPV more widely, i.e. are certain types of personality characteristics more associated with certain types of abusive behaviour. However, this research cannot give in depth insight into the process that has occurred for the desisting individuals with personality difficulties due to the quantitative nature of the study. This is similar in other prominent research (e.g. Maruna, 2001) into the process of desistance, which does not specifically highlight the impact of mental health disorders such as personality disorder, that may be causal or linked to offending behaviour, and what, if any, effect this has on the process of desistance.

Ferrito, Vetere, Adshead, and Moore (2012) conducted a study that focussed on patients with a history of mental disorder, including participants with personality disorder who had committed murder. They explored accounts of recovery and redemption from the perspective of offenders, the majority of which suffered from schizophrenic disorders, with co-morbid psychopathic or borderline personality disorder, with one participant's primary diagnosis being personality disorder. The findings illustrated themes relevant to recovery: 1) *the role of previous experience and its impact on their personal development*; 2) *Periods of loss of grip on reality*; 3) *The reframing of events in their life via therapeutic interventions and internal integration*, and 4) *roadblocks to the process of recovery*. These themes illustrate a possible process that occurs with the participants' understanding of what they did. Most participants described a wish to find a sense of purpose in their existence as a way of coping. They talked about how they focused on the positive aspects of their experiences and were 'grateful' for being given a 'second chance in life'. Some expressed a desire to pursue ways of making amends and paying back as somehow assuaging the impact of the loss, and possibly managing guilt and shame.

Ferrito et al. (2012) also highlighted that participants require time to recover or discover a post-homicide identity. The implications of the findings includes the need to improve patients' confidence and elaboration of life stories including offending. The incorporation of the idea of 'redemption' in therapy provides an opportunity for patients to be able to talk about their recovery despite the consequences of their actions, and promote reparation and understanding by sharing. Thus, the study suggests what may be occurring during interventions designed to reduce reoffending and promote recovery for individuals who had an identified link between their disorder and offending and what this means for their recovery. The findings from the study are similar to other studies exploring desistance narratives, including the importance of agency and striving for a sense of purpose in life. An added dimension to this study is the theme exploring the perpetrator characteristics (i.e. mental illness) to the perpetration of an offence, highlighting that participants felt "their mental state as being intertwined with powerlessness and felt that they acted almost against their will" (p. 334). From the data,

there is a sense that this made it easier for participants to come to terms with their actions to move forward.

Other articles that include a focus on personality disorder and recovery include Adshead, Ferrito, and Bose (2015), who explored the meaning of recovery for a group of patients who committed Murder, whilst mentally ill. Patients had diagnoses of severe mental illnesses, such as paranoid schizophrenia and/or severe personality disorder, usually of an antisocial or borderline category and were residing in a secure hospital. Using Thematic Analysis, Adshead et al, (2015) reviewed 41 datasets taken from 10 years of psychotherapeutic intervention. The focus of the analysis was on exploring the experience of personal identity, or reflection on change, in sense of self. This was purposeful, in order to focus on the link with recovery. Adshead et al, (2015) found three themes 1) *coming to terms with having offended: identity change*, 2) *Abnormal Mental states and identity* and 3) *Therapist role in facilitating narrative change*.

*Coming to terms with having offended: identity change* reflects on the individual having to not only accept the illness they suffer from, but also the homicide they have perpetrated, as a defining moment within their lives. They viewed themselves as “normal” before committing the offence and afterwards, are no longer so. Further reflections of instability in identity after the perpetration of such offences were apparent within the narrative of some patients, who reportedly did not recognise themselves.

The second theme, *Abnormal Mental states and identity*, raises questions regarding the perception of responsibility taking, where patients seem to go through a process towards accepting their actions, which is compounded by the legal definitions of diminished responsibility that suggests that participants within the sample were not legally responsible due to their mental illness. This perhaps could relate more widely to perceptions of society that deem some individuals “mad” , locates them in hospital and perceives them as less culpable, compared to others that are “bad”, located within prison and are viewed perhaps more negatively. Integration of identity is an important reflection within the article conducted by Adshead et al, (2015). The emphasis on

building an identity that can account for the offence that has been committed is seen as important both to patients and to those working with them in the future after discharge. Adshead et al (2015) do not distinguish between the mental illnesses of patients and therefore, understanding differences in the narratives of patients with different disorders is harder to pinpoint. Also of interest to the current study is whether perceptions of perpetrators are different if they are completing their therapy work in prison rather than hospital.

To summarise, personality disorder is a complex area to understand, but despite this, there is evidence to suggest that personality disorder can relate to offending behaviour. A feature of desistance is the importance of identity shifts for offenders and there is evidence to suggest a relationship between identity and personality traits although the precise nature of this is unclear. Some studies have included personality disorder as a distinguishing feature of perpetrators to explore their experiences of identity shifts in relation to offending and found differences to samples that have not focussed specifically on perpetrator characteristics. To set the scene for the context of the current research is to understand the background to the development of services within custodial settings for individuals with Personality Disorder.

### **Psychologically Informed Planned Environments (PIPEs) and Desistance**

In 2010, the Department of Health (DH) and the National Offender Management Service (NOMS), in consultation with a team of clinicians, jointly developed a new initiative known as Psychologically Informed Planned Environments (PIPEs). PIPEs within the Criminal Justice System aim to support the progression of offenders with complex needs and personality related difficulties (National Offender Management Service & National Health Service England PIPE Guide, 2013). Turner and Bolger (2015) highlight the need for PIPEs as part of the Offender Personality Disorder pathway (For a detailed review of the OPD pathway, please refer to Joseph & Benefield, 2012) owing to the challenges that transition can pose for individuals with difficulties with attachment, in particular individuals with a Personality Disorder diagnosis. This is in addition to research highlighting the importance of a strengths focused approach (e.g. the Good Lives Model; GLM; Ward & Gannon, 2006), the need for step-down environments to support the

consolidation and generalisation of learning (Genders & Player, 1995; Manning & Rawlings, 1999; Stevens, 2012) and to prolong the impact of intervention (Harrison & Martin, 2001). The expected outcomes of PIPE illustrate a link with desistance including:

- A reduction in repeat serious sexual and/or violent offending (men); or a reduction in repeat offending of relevant offences for female offenders (women),
- A reduction in number and severity of incidents of general and violent misconduct.
- A reduction in number and severity of incidents of self-destructive behaviour and
- Less disruptive, settled prison or Approved Premises (AP) environments with reduced incidents/adjudications.

The link with desistance is also evident within the environmental underpinnings of PIPEs, as they assume a biopsychosocial understanding of the relationship between the environment, the individuals within it, and between the individuals themselves. Specifically how these relationships can support risk reduction and improvement in pro-social behaviours. The environmental hypothesis is:

If the environment through which offenders/patients progress is considered holistically as a setting in which organisation, behaviour, decisions, actions and culture can be informed and planned on the basis of psychological thinking, it will create better social conditions for relating and will improve psychological, social and justice outcomes. It will support “intra-and inter-” psychological stability, emotional and social development (Bolger & Turner 2013, p. 21).

The environmental hypothesis links to the incorporation of the Enabling Environments (EE) framework developed by the Royal College of Psychiatry (2013) as an underpinning feature of PIPEs<sup>6</sup>. EEs are places where a) positive relationships promote well-being, b) people experience a sense of belonging, c) people contribute to the growth and well-

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<sup>6</sup> See Johnson and Haigh (2010; 2011) for information on the development of the Enabling Environments standards and award, and Appendix 1 for standards.

being of others, d) people can learn new ways of relating and e) the contributions of all parties is recognised and respected.

Drawing together the contextual information described, the environmental underpinnings of PIPE could support the structural arguments of desistance, as PIPE encourages individuals to make connections to a society and emphasises the importance of social connections (Laub & Sampson, 1993; McNeill & Weaver, 2015). Specifically, PIPEs endeavour to make the environment as normal as possible in an environment that is not normal, and encourages individuals to develop relationships and social bonds with others within a community that have a shared set of values. In relation to the process of desistance, research suggests that it is necessary for individuals to have protected space to consolidate and generalise their skills and to cement their learning (Harrison & Martin, 2001; Stevens, 2012), including that related to the reinforcement of a pro-social, non-offending identity, which is linked to desistance. Crewe (2014) suggests that offenders will take on different identities within different contexts, hence the choice to maintain a violent identity under certain conditions and not under others.

The relationship between PIPEs and desistance is a largely unexplored area due in part to the newness of PIPEs and the difficulty in the agreement on a definition of desistance that would equate to a success criterion, i.e. if someone desists for 2 years is this a positive or negative outcome and can it be linked to PIPE? If someone breaches his or her licence by committing an arguably lower level offence, is this conceptualised as persistence or desistance? Inherently challenging within the evaluation of desistance is that there is no way to determine what would have happened for that individual had they not engaged in PIPE and a matched sample study would be challenging (although not impossible) to obtain.

Exploring desistance within custody is a way to attempt to explore the relationship between PIPEs and desistance, specifically, the narratives that individuals have developed and the role PIPEs play in the individuals' desistance. One study that links the PIPE model with desistance narratives is Preston (2015). This paper applies narrative identity theory (McAdams, 1994) to the experiences of men in a high security PIPE [HMP

Frankland], using observational methods to try to make sense of the experiences and processes. The paper links the theory posed by McAdams, and the Enabling Environment as evidence to support a subjective-social approach to desistance, that is, desistance from crime "involves an interplay between agency and the socio-structural context within which the individual lives" (King, 2012, p. 319).

In summary, through the examination of participant narratives, this research aims to explore the role that PIPE environments play in the reinforcement of narratives that relate to desistance in individuals with personality disorder diagnoses who 1) have committed serious offences 2) have completed high intensity intervention, 3) are currently desisting<sup>7</sup> and 4) are residing in a PIPE. The overarching research question is; how do Psychologically Informed Planned Environments (PIPEs) contribute to the Integration of Desistance Narratives in Personality Disordered Offenders?

In order to answer this question, four areas will be explored in the past, present and future. 1) participants' understanding and experience of being diagnosed with a personality disorder, 2) their reflections on the relationship between their diagnosis and offending behaviour, 3) their accounts of intervention and learning undertaken to date, with reference to sense of identity and 4) the nature and quality of the role that PIPE has played within their journey.

## **Method**

### **Participants**

The participants were 10 male, category C offenders residing in a progression PIPE. In order to reside in a Progression PIPE, the following criteria are required:

- Completion of moderate-high intensity intervention.
- Must demonstrate gains from interventions and areas to consolidate and generalise.
- Not have an unmanaged enduring mental illness.
- Able to engage with non-adapted interventions.

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<sup>7</sup> Measured by formal incidences of serious offending or infraction within custody



The following additional suitability criteria were required to participate in the research:

- Completion of high intensity intervention
- Diagnosed with a Personality Disorder via structured diagnostic assessment (e.g. International Personality Disorder Examination, Loranger, 1999),
- Evidence of desistance from serious violence, using an objective measure (adjudication history).

Data screening (see procedure) identified participants who met criteria. In total, 13 individuals had invitations to participate and 10 agreed. Those who did not take part had the option to explain their decision, of which one did: stating he “preferred to focus on the future not the past”. Appendix A describes the demographic information of participants. The average age of participants was 45.2 years (SD = 11.09 years). The average length of stay within service is 15.5 months (SD = 6.43 months). All participants were serving life sentences (Mandatory: 30%, Discretionary: 20%, Indeterminate for Public Protection: 50%). The offences are categorised according to the index offence (Murder: 20%, other Violence: 40%, Sexual violence: 20% and Arson: 20%).

Desistance is defined in this context (as far as possible with the limitations discussed within the introduction) as an absence of the perpetration of serious violent (or other) behaviour in the 12 months preceding the individual being approached to participate, as measured by formal record of adjudication history (see Appendix A). ‘Serious’ is defined as behaviour that has the potential to cause physical or serious psychological harm to another person or persons.

## **Materials**

The research required audio recording and transcription equipment. The interview utilised a semi-structured approach, developed through consideration of prior research. The interview (Appendix B) is in three sections (past, present and future). Questions include 1) how the participant sees themselves, 2) what they think about the crimes they have committed, 3) their experience of being diagnosed with personality disorder and participating in intervention for personality disorder / violence and 4) their experience of taking part in and living on the PIPE.

## **Ethical considerations**

Approval to conduct research activities within HMPPS and NHS services was agreed through the East Psychology Service Research Board and the Health Research Authority (HRA) respectively. Ethical approval was agreed through the Research Ethics Committee (REC) and the University of Leicester. Final approval was granted through Norfolk and Suffolk Foundation Trust (See Appendix C).

The assessment of capacity<sup>8</sup> to consent took place at each stage of the research, to ensure participants were able to give informed consent. If participants gave consent to engage in the research, responsibility for their care within service was transferred to a qualified member of staff, not directly involved in the research, to ensure no ill effect on their care because of involvement in research.

Participants' initial meetings were with staff not directly involved in their current care, and they were given time between meetings to consider their decision. This safeguarded against the possibility that participants felt obligated or coerced. Additionally, at each stage, participants had the option to opt out either by not attending or declining. Participants were able to withdraw their data up to two weeks after their interview. After this point, participants were unable to withdraw due to ongoing data analysis.

## **Procedure**

At the point of admission, residents are invited to participate in research and/or service evaluation. If they chose not to participate, their data was not screened for suitability. The information utilised for screening purposes is diagnosis, adjudication history and OPD status. Screening occurred at the point of entry to the service, or for existing residents, at the outset of the research.

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<sup>8</sup> Capacity is assessed using a specifically designed template for research purposes based on the MCA, (2005)

At approximately 3 months prior to departure from the service, suitable participants received invitations to attend a meeting to discuss the research and whether they would be interested to participate (Appendix D). At this meeting, staff discuss the full purpose, aims and methods of the research and participants were asked if they were interested. Those who agreed received written information (Appendix E) and asked to consider this information for 48 hours. At a further meeting, potential participants gave signed consent (Appendix F) and the research interview arranged to take place no later than two months prior to departure. Interviews took place in a neutral interview room and were audio recorded. Each interview lasted between 60 to 120 minutes. Participants received a debriefing document (Appendix G) following the conclusion of the interviews.

### **Data analysis**

Audio tapes were transcribed, and analysed by the lead researcher and second coded by another researcher, for consistency. The data was analysed using template analysis (King, 2012). Central to this technique is the development of a coding template (see Appendix H), usually based on a subset of the data, which is applied to further data, revised and then reapplied. The final template is located in appendix J. Template analysis allows some themes to be defined in advance (a-priori themes). The a-priori themes identified are located in Appendix I and include key concepts identified in prior research. A-priori themes are utilised with the understanding that they may need to be redefined or discarded

### **Reflexivity**

A reflective diary was kept as recommended by Shaw (2010) to ensure transparency to demonstrate how the raw data progresses to interpretation and to illustrate the quality of data, and the trustworthiness of the conclusions (Smith, Flowers, & Larkin, 2009).

### **Findings**

In order to understand the role that PIPEs play in the integration of desistance narratives, firstly, we need to explore the participants' journey prior to their arrival on the PIPE, to capture the narrative that participants held. This enables exploration of the effect that residing on a PIPE can have on the participants' present desistance narrative.

Due to the volume and richness of the data collected, the findings presented must, out of necessity, be selective. Selecting the themes required careful consideration of the relevance of each theme in relation research question. I will discuss key findings from within six themes relevant to the above, with the completed final template located within Appendix J.

### **Origins, experience and impact of living with Personality Disorder**

The sub-theme '**origins**' describes the environments that participants grew up within, with evidence of abuse, trauma and adverse experiences. Coded as primary caring style and this is where it started, this sub-theme reflects aspects of parenting style and early environmental experiences that can contribute to the development of adaptive or maladaptive personality traits. The extracts below encapsulate the experiences.

When I was younger in my life I was abused as a kid myself, when I was with my mother and that I was. I think my main area for getting away from my mother was the abuse, I was getting physically abused as well as sexually abused by my father. Beaten and kicked from pillar to post and battered left, right and centre, black eyes, fat lips, things like that. But not just by my father, by friends of my father, friends of my mother, people like that. And that's the sort of life that I had (Jason).

Like with my dad, saying if "if anyone messes about with you, you get half a brick and smash it in their face". That's the only bit of advice my dad's ever gonna give me, I was only about 8, 9. And then my mum's sister, my Auntie [name of aunt], she was married to a policeman, Uncle [name of uncle], so sometimes we'd go to their house and they'd come to our house... I wanted my dad to see the brick in my pocket 'cause I was doing what he said. And, er, my mam says "what's that in your pocket?" ... I said "it's half a brick, I'm gonna smash it in [name of person]'s face after my dinner". And my dad sort of like, went off his head and all that and hit me and "get it out, throw it out" in front of Uncle [name of uncle]. ... I got a clout round the head, right, for doing something that he's said to do (Rob).

She kicked the fuck out of me, she kicked the fuck out of my little half-brother, you know, that's it innit [sic]? It's life (Chris).

Participants were able to recognise key points in their lives where the development of maladaptive personality traits could have occurred, which would later influence their offending behaviour.

I always believed there was something wrong even from a very young age. It's just not natural to walk round the streets hitting people and attacking people for no reason. Following the upbringing I started out with so I knew it wasn't a natural thing to have, so there was definitely something wrong there (Jason).

Like growing up I thought "fucking hell". Went through a bit of trauma, traumatic times, multiple occasions, I overcome that, then when you get older it starts to affect you and then I start reaching for other little things, and experienced more trauma at school, and then from that day I thought "this ain't happening to me no more [sic]" (Oliver).

'Cause of my childhood it's kind of been one children's home to another, one foster home to another or private school to another, you know, so it's literally, you could wake up having said goodbye to some of the staff at the children's home that you really get on with the night before and you might not ever see 'em again. So I used to be quite closed off (Chris).

The data supports the biopsychosocial model of personality disorder development (Engel, 1977). It was unsurprising to hear that few of the participants had opportunities to explore and process their experiences of trauma, outside of specific therapeutic services. Whilst the number of participants within this sample is relatively small (n=10), the experience of trauma in the development of personality disorder is widely accepted (Bernstein et al., 1998; Herman et al., 1989). As such, specific provision for individuals with trauma related needs may be an area for further consideration by service commissioners and practitioners working with to treat individuals with personality disorder.

The second subtheme, '**Labelling,**' explores the experiences of participants receiving a personality disorder diagnosis, and reflects a wide range of responses to the diagnosis. Participants reflect on the stigma they felt from others, because of their diagnosis. Responses to the label included, 1) Fear: Jason explains: "when I was diagnosed with personality disorder I was actually quite scared ... It was the fear of the unknown 'cause at the end of the day who knew about personality disorder in the 80s? Nobody", 2) Excitement: Jack explains: "I think they're great, they're fantastic, narcissistic is a fantastic word" 3) Confusion: Rob explains, "I didn't really know what it, what it meant you know? ... I thought it fitted in with the things that I'd done in my life and my index offence so it didn't, it wasn't a shock, I just wasn't, I didn't know what it entailed and

what it meant”, 4) Denial: Clive explains: “I refused to believe it. ... I refused to accept, to be sold as some classic psychopath” and 5) Acceptance: Kevin explains: “the diagnosis itself is easy for me to swallow because it’s not going to dominate my life, you know, am I anti-social? Yeah, but I was anti-social before ... I’m not scared of it...I’ve embraced it”.

Participants spoke of realising the effect that the label of personality disorder could or may have. There was widespread recognition of the negative stereotypes of personality disorder that those with less knowledge hold, and the impact this can have.

What I was saying about these early stages everything was criminal, dangerous, CSC, you know everything was, like, dysfunctional you know? Distorted, dangerous, you know, every label. They kind of make you, like, animalistic more, you know? Like everybody highlights that fear and stuff and then you yourself, you become that as well you know (Jamie).

Well they say you can’t change. See a psychopath has, a label of a psychopath, what is a psychopath? It’s a person that runs around with, Americans portray them don’t they in films, Texas Chainsaw Massacre and things like that, and serial killers and that sort of thing, their thing is you can’t change (Jason).

The challenges of having a label of personality disorder affected a range of areas and participants openly wondered about future challenges around employment, interpersonal relationships, finances, and education to name a few.

It’s just like other things, how other people perceive me, if I’m technically mentally ill. Or I have a mental illness or, you know, is this gonna affect me the rest of my life? Or, you know, will it get better, will it get worse? You know. Am I able to claim mental health benefits because of it, you know? Will it affect my work? Will it affect my education? If I speak to people about it will they understand what I’m going on about”? (Chris).

The experience of labelling and associated stigma that individuals with mental health difficulties experience is not new (Angermeyer & Matshinger (2003); MIND, 2016). There continues to be a perspective within some fields of health, prison and social care, which supports negative stereotypes of personality disorder, e.g. *personality disorder is untreatable* (Silk, 2008). In addition to this label, individuals within this sample experienced labelling and associated stigma in relation to their offending behaviour, Jamie described “there was a lot of fear around me ... I was, um, basically very feared

and stuff... it was deemed I was too dangerous for the wings". 'Negativity bias' (Skowronski & Carlson, 1989), can occur because of a single deviant event or episode, and this alone can be enough to stigmatize a person indefinitely as an "offender" or "deviant." An individual with persistent offending behaviour, with a diagnosis that implies criminal behaviour (i.e. Anti-social personality disorder) may experience this as insurmountable. As described by Maruna et al. (2004), scepticism toward ex-offenders' claims to reformation might exacerbate the lack of success (i.e. produce high recidivism rates) by contributing to a self-fulfilling prophecy, findings supported by LeBel et al. (2008) who found that hope and stigma are significantly related to reconviction and marginally related to re-imprisonment. LeBel et al. (2008) suggest that desistance may be best facilitated when the desisting person's change in behaviour is recognized by others and reflected back to them in a "delabeling process" (Trice & Roman, 1970). Therapeutic environments may be the most likely environments where this process could occur, given the different ethos that underpin such environments in comparison to more security focused ones (e.g. prison). However, wider change in ethos can only occur through cultural development, working with staff and wider communities to assist in breaking down stereotypes and supporting individuals to work towards desistance.

### **Personality related offending**

The key findings relate to sub-themes termed '**offences express trauma**', and '**blurred responsibility**'. Across participants, there was clear evidence of offending being, at least partly, related to the individuals meeting their needs, through maladaptive routes. This included a range of offence types (arson, burglary, theft, violence).

It's all about power and control and all this at this stage, now, er, yeah it just got worse and worse in terms of me being punitive towards him ... I'd be physically abusive towards him and then I'd feel bad about it and I'd go out and go and get us some dope or whatever, a few cans or a takeaway and we'd sit there alright (rob).

Now I look back at it and I just think about all the dumb shit that I've done through it all in that, in my offence of robbery when the guy as well, you know, just hurting people just for drugs or just to get a little rep within the gang (Lewis).

I used to gain favour from people by doing things for them, acts of random violence, or not so random violence, you know? Because I wanted the friendship, I used to buy my friends (Lee).

The theme provides support for the application of the Good Lives Model of offender rehabilitation (Ward & Gannon, 2006) within interventions and throughout the OPD pathway. The data suggests this to be an approach that individuals with personality disorder diagnoses can relate to, regardless of offence types. This supports the idea that rehabilitative efforts should focus on a strength-based approach, which facilitates individual understanding of the core needs that offending is attempting to address, to find pro-social methods of achieving the same need. For example, when asked if he would offend in the future, Rob stated, “Why would I? There’s nothing that I need, what do I need? I don’t need anything. I don’t, I don’t need anything materially, I don’t need anything sort of like, emotionally.”

The quotations above illustrate examples of the participants’ current understanding of their offences and the needs they achieve through offending. Past manifesting now, suggests that offending is, to some extent, a current manifestation of the past trauma that participants experienced.

I think a lot of it was down, what came out of that day on him was pure anger, of everything that had happened in my life prior to that, the sexual abuse I received and the injuries I had in life, the beatings and stuff, and then ‘cause I didn’t just do that to him I pushed the bed out the way and I beat the life out of him, I battered him. He was a mess (Jason).

Even though what he was doing to me I wanted him dead, I suppose it wasn’t just him I wanted dead I wanted the rest of my family dead sort of thing. I sort of like, taken it out on him but they were the target sort of thing. So they were the problem but I was just taking it out on him and he is the one that caused all this but vice versa (Jason).

He went “bastard” like that. Now he didn’t know that but that’s exactly how my mam [sic] used to say it, she used to draw it out like that, and I was in quite an angry mood at the time and when I heard that it sort of, it was weird ‘cause it stopped me, and “oh bastard?” I said “we’ll see who’s a bastard in the morning (Rob).

I misdirected rage at everything. Really I was trying to stab my step-dad, not him. Really, but I was so terrified of my step-dad that I would never have had



the bottle. A few times I did try put me dukes up at him he kicked the granny out of me (Lee).

As soon as people put hands on me like that I don't see them, I see my mum kicking the fuck out of me... So I'm not swinging punches at them, even though I am, in my head I'm swinging punches at my mum. And basically telling them "why are you hurting me?", you know, "f-off, get away from me, leave me alone, stop hurting me (Chris).

Research suggests that childhood trauma and adverse experiences are associated with offending behaviour (Macinnes, Macpherson, Austin, & Schwannauer, 2016). The data presented in the current study supports literature suggesting that Post Traumatic Stress Disorder (PTSD) in offenders may cause individuals to engage in greater risk taking behaviour or in seeking out dangerous and sensational situations as an attempt to heal unresolved traumatisation through re-enactments of their early experiences of violence (Yoder, 2005). Ardino (2012) summarises key literature in this area and supports the implementation of trauma-informed care in prison populations (Miller & Najavits, 2012), to help manage triggers, stabilise offenders, and by introducing trauma-orientated therapy with goals of ensuring public safety, safety of inmates in custody, rehabilitation and staff, and institutional security. Such recommendations are consistent with the prior discussion regarding treatment of trauma for men with personality disorder, within custodial environments.

The sub-theme '**blurred responsibility**', evidences the co-existence of two concepts: accepting and minimising responsibility. Clive (who had committed a number of offences of arson endangering life) stated,

Well I've never harmed anybody. Know what I mean? Never have. Mind you, I've gone through all my previous and not one on there, physical violence towards anyone. There's nothing for drunk and disorderly, nothing for breaching the peace, affray, nothing like that. It's all sort of, minor things, you know what I mean? Nothing violent.

The example above illustrates Clive minimising past offending behaviour through detachment from his actions, and minimising the physical impact on victims. Some participants recognised the process of minimising as being protective:

Because of my offence, because of my shame, because of like my, low self-worth and stuff, that's why it was easy to like be aggressive and angry and intimidating because if I could be angry, intimidating and aggressive then I didn't have to attach to my shame, or think that I'd done my offence and stuff and what I'd done. So, the anger was easier to select, very easy to select and, you know, to attach to shame was ten times worse (Jamie).

Some participants continued to minimise or deny aspects of their offences, but had developed their understanding of the contextual factors that led to the offence situation. For example, Lewis stated: *"I see it with a different view, I see it as I knew I was doing wrong by selling drugs, I knew everything, but I still stand my ground as being innocent of what I've been accused of,"* reflecting some shift in responsibility, but not to the same degree as other participants within the sample.

Some participants demonstrated a development towards more active responsibility taking, that is, not using their personality disorder diagnosis as a justification for their actions past or present. Individuals were taking responsibility for past offence related actions, reflected by the absence of justification and the presence of active language. For example, Jamie reflected:

I'd never, you know, just, I was always "[name of victim]'s lied" you know, 'cause I didn't force her or nothing, I never, ever, looked at it from the context of "[name of victim] was petrified" you know? And how I was with people, and that's how I was and that's who I was and stuff and it's kind of like, it was powerful (Jamie).

Dimensions of accepting responsibility included the above, and understanding risks associated with their personality disorder and related offending behaviour. For example, participants recognising that aspects of their personality can influence their motivations and behaviour, and this knowledge can help them to manage such behaviour.

[Understanding] what a personality disorder is, 'cause it helped me understand my behaviours and my patterns and why I'm doing the things in life that I was doing, 'cause it then gives me the opportunity to take control and stop myself from doing them things (Jason).

I can see the changes I've made and the stronger person now that either will say, not like the [inaudible 00:37:56] "actually I need help, I don't know how

to deal with this so I'll talk to you about it, even though I know you've then got to go and tell the authorities about it (Jack).

Attempting to understand the mechanisms at work within the sample with respect to accepting or minimising responsibility is outside the scope of this paper. However, literature suggests that part of the process of desistance involves people having to account for and understand what they have done (Maruna, 2001). A number of participants in the sample have achieved this; however, for others within the sample it is not as clear-cut. For participants that were taking active responsibility, accounting for what they had done and demonstrating understanding of it, there were still elements of minimising or justifying. Whilst it is possible that within the sample the categorisation of the participants as desisting is not as straightforward (see discussion), another explanation could be in relation to the perception of the acts perpetrated by society / others. For example, individuals located within prisons are seen as 'bad', and therefore in the eyes of the world, accepting responsibility would confirm this perception, rather than within hospital where perceptions might be more forgiving (Adshead et al., 2015).

### **Identity transcends personality**

The key findings relate to sub-themes of **'where I came from', 'aspects of self' and 'transitions of self'**. Participants reflected on their experiences shaping identity, and the distinction between this identity and their personality traits, observed within the subtle way that participants distinguish between their personality disorder and who they see themselves. The data supports the individual's identity developing through exposure to adaptive and/or maladaptive behaviours, similarly to personality disorder, but how they interpret the meaning of these experiences is what seems to distinguish between personality traits and their identity.

When I was younger, 'cause it was always sort of like "him, him, him, him, the brat" and that's how I was referred to in life as "him, the brat, him the trouble maker, and him, stay away from him" you know? Like I'm the devil and everyone's not the devil (Jason).

She's criminalised me from very very young, even when we used to go to me Auntie [name of aunt]'s we used to pass Strangeways and she'd say "you're gonna end up in there one day. You'll end up in there one day"... Well, "she knows what she's talking about, yeah I am going to end up in there one day". But when you're

like, 13, 14, why's she saying that, based on what? Based on me robbing? (Rob). Yeah because before, it was like "huh, here comes [name of participant] the rug-rat" you know, "he ain't gonna do no good, he's always gonna be bad, in trouble" all that, you know? And that's the kind of thing that I always got (Lewis).

Identity nurturance is the importance of caring for, and developing, personal identity. Participants recognised that the more focus and emphasis placed on the identity, from the individual, others, or the environment, the stronger and more reinforced it becomes, either positive or negative.

By people looking at me like that I'd respond to it. I'd think "well if you treat me like an animal I'll respond like an animal" and that's how I became (Jason).

My way was aggression, intimidation, and stuff, and I kind of like, the more I was told how dangerous I am I guess the more that became my identity, of the most feared, of the strongest, of everything else so, that was my dominant identity if you like (Jamie).

I would have said that my innate nature is one of goodness and kindness, big heartedness, but it was never, it wasn't encouraged, and it wasn't nurtured (Rob).

This process was taking place within a range of environments with different people (e.g. family, gangs, and prison groups) across time, and highlights an important process related to identity change/development and sustaining change.

If you want a prosocial identity then you have to nurture it much more than ever, because, again, because your peers are like, a lot of antisocial views and stuff and like a lot of respect comes from antisocial ways in prison you have to have a lot of inner strength to build your prosocial identity, so you have to seize upon opportunities as well to further develop yourself. Same way as like you did in criminality, you know, you seize on opportunities "oh, he's a drug dealer, I'll tax him" or "I'll have this and that" you know, "I'll wear all this nonsense big Rolex and this and that" yeah? 'cause it's all like a coat you know, like that, so if you want a prosocial coat, and you want to strengthen that identity, then you have to take all the baby steps to like, you know like you have to nurture, you know like you have to keep building it so in these places you have to find it as well (Jamie).

The data supports recent initiatives within custodial environments regarding the development of positive environments, including those within the OPD pathway, measured by the Enabling Environments award (RCP, 2013). Literature supports the

importance of environments in reinforcing narrative shifts (Adshead et al., 2015; Stevens, 2012). Wider application of such principles has been supported for other types of therapeutic interventions that do not necessarily take place in contained environments, to reinforce treatment gain and support desistance (Ellis & Bowen, 2017), adding support for establishments as a whole to consider wider cultural change, to aid the development of desistance narratives. It also fits with the recent drive for a rehabilitative culture within prisons (Needs, 2016).

The **'Aspects of self'** sub-theme reflects that participants recognise they have different sides (positive and negative) to who they are. For example, Jamie said; "I wasn't proud of being one of the most scary guys in the system and stuff... I wanted to be [Jamie], you know, but I just didn't know how, I didn't know how to be that, I just knew the other way." When someone else displays the characteristics that the individual dislikes about himself, it can reflect their changes back to them. For example, Jack said, "it's looking back into an old mirror when I talk to this other person and I can see the changes I've made". Jack goes on to explain that this can be uncomfortable, "it's like looking back into a mirror some 20 or 30 odd years ago, and um, and seeing how I used to be and the confused and mixed up feelings that I carried then".

Participants recognised a negative sense of self in the past, particularly in relation to their offending behaviour. I was unnatural reflects this across individuals with a range of diagnoses.

The things that I'd done in my life, you know, I didn't know whether I was mad or not. It was either, in them days it was either you was [sic] mad or you was [sic] bad. There was no, grey area, so, er, I didn't feel as if I was crazy or mad or anything...Yeah, I felt more, more like that [bad] than crazy (Rob).

I was a dangerous person, there was [sic] innocent people walking past me who were victims, you know? Total strangers who'd done nothing to me apart from be gay really, become victims to me (Lee).

I was a monster. You have to be to do something like that. You have to be (Chris).

Evidence of some participants developing a different view of themselves was coded I am worth knowing. This reflects a distinction in identity; the majority of participants

differentiated their past offending selves as described above, as different to their current, non-offending selves.

I know I'm a good person, I learnt that before, and I suppose like, and then I had to remind myself, I am a good person, I can do good things (Jason).

I still liked the idea that I can be the real me and people laugh. Or I can be the real me and people sit and listen and understand 'cause I actually have a voice of things to say that might help (Jack).

I see myself as a good man that done bad things. And that's, like, it's a world of difference, it's a world of difference (Jamie).

It's about them [staff] caring about that I do well, and better myself. Maybe they do like me a little bit for the person I could be, or have shown occasionally. But they want me to be that person for a long time onwards. And that gives me a little bit of pride but also fear (Lee).

The data supports the identity development stages proposed by Erikson (1950), particularly highlighting the importance of trust (stage 1) and autonomy (stage 2), and the problems the participants experienced across the life course. Further investigation of identity development and identity disturbance within personality disorder would be of value in developing understanding of identity integration for individuals with such difficulties. Finally, the data supports a distinction in identity between the historical and present narrative. I discuss this further, with reference to the identity change process, within later exploration of change.

Participants recognised the use of protective masks. This relates to protecting the core identity from the individual themselves or from others. The protection worked to show the type of identity that others wanted to see, positive in the example given by Jamie, or negative, in the example given by Lewis.

So you was [sic] this big hard man on the streets, had all these big gold chains, your Rolex blah blah, but every time you went in your gran's you became this little boy that washed up and everything and you didn't want her to see what you call 'the bad man' who you was [sic], you wanted to be little good boy for gran (Jamie).

I understand that the people that I was affecting, that it was hurting around me, not only was it hurting the people that I was hurting, you know it was hurting my family, you know hurting me but I just didn't want to admit to it. You know, I wanted to play the tough soldier... in the gangs that's kicked out of

you basically, you don't play the weakness you gotta play tough, and, I didn't want to be seen as, uh, it's getting to me so I just needed, now and then prove a point by fighting, getting caught with drugs or whatever (Lewis).

Protection from the individual themselves appears to serve the function of individuals being unable to accept what they are doing or have done, and what this means about them as individuals. The creation of an alternative identity makes it possible to continue with such actions.

My cognitive distortion was I was only like that [intimidating] when I needed to be. You know, I didn't accept that that was what I radiated. My, my, I guess my mindset in a way was a bit like a, I guess I seen [sic] myself as a bit of a Robin Hood kind of character, you know? "oh, it's only them", you know, like, some kind of like, justifying my violence and my aggression and my intimidation, but there was no, I didn't accept that I was that highly dangerous (Jamie).

Wider discussion surrounding the concept of protective masks is outside the scope of this paper. However, literature does support the notion that in order to facilitate change or the evolution of identity, an individual makes an active choice (Giordano, Cernovich, & Rudolph, 2002). Consideration of what masks an individual may be using, the function they may be serving, and how to work with such barriers, may be helpful areas for professionals to consider when working with individuals that appear highly defended in order to support individuals with considering their choices, i.e. whether to desist.

The final sub-theme is **"transitions of self"**. This broadly reflects the participants' view that they are not the same as they used to be, and they can accept themselves. Part of this acceptance means recognising a distinction between who they are and what their diagnosis is.

That who I was before is not the person that I am... A guy that has changed a lot, a guy that has seen sense now. That's trusted in people. That wants to live life on the outside (Lewis).

I don't think I'm that person any more, I think I'm very aware of myself, more aware than most people would be of themselves. You know, my character defects, my flaws, good points, bad points, I think I'm more spiritually in touch with myself as well (Lee).

The quotations illustrate that individuals believe themselves to be different, because their behaviour, motivations, and insights are different. The following quotations illustrate how participants view their personality disorder as distinct from whom they are, and past negative behaviours are attributable to the personality disorder, almost against the will of the individual. This raises the notion that not only do individuals with offending histories need to disassociate from their actions, but some are disassociating from core features of their personality (that may or may not relate to this behaviour) in order to continue to function.

Lot of people say “stop and think before you do what you did, you do”, a lot of the time I did stop and think, but would go ahead and do it anyway. ‘Cause that’s my personality taking over, and getting the better of me (Jason).

I still felt as if there was something there. And I had to stop the demons, you know?... So it felt as if, I felt, I don’t know, it just felt as if I, that’s what I needed to do, I needed to get this thing, whatever it was, out of me, and also symbolically kill them off and get rid of them somehow (Rob).

That diagnosis isn’t going to take over my life, you know, because, as I said before, it’s just a diagnosis, it’s not me (Kevin).

I wanted to demonstrate that, you know, what I am is real. You know, when I am empathic or whatever, emotional, it’s not fake, that I’ve been told it would be because I’m a psychopath and I don’t have these emotions. You know? I wanted to show people that I’m not a psychopath, that I can be empathic, perceptive, whatever, you know? I wanted to demonstrate that my behaviour wasn’t just a one-off, clinical lie (Lee).

The findings support research that suggests the identity of a patient ‘as a person living with a disorder’, which does not define them in terms of his identity, in the same way that a person living with an illness or disability is not defined by the disease process or resulting incapacity (Toombs, 1993). Furthermore, the data is consistent with findings from Ferrito et al. (2012), that participants felt “their mental state as being intertwined with powerlessness and felt that they acted almost against their will” (p. 334). This raises an interesting point; perhaps individuals with personality disorder diagnoses view their diagnosis as akin to other types of mental disorders, a hypothesis that is at odds with wider perceptions of personality disorder. Alternatively, this account may make it easier for participants to accept and come to terms with their past actions.



## How I changed

The key findings relate to a sub-theme of ‘**intervention**’. Prior to intervention occurring, it is important to overcome barriers. Coded as lack of problem identification and identifying the way forward, the evidence suggests that individuals initially need to be able to recognise their difficulties in order to consider how they, and those working with them, can address such difficulties.

There’s no point just living in the past all the time. ‘cause if you’re dwelling in the past there’s no future. And then you get stuck in the past. Many people who are genuinely just stuck in the past, they can’t move forward (Jason).

I wasn’t admitting to any problems. So, you don’t admit to a problem they can’t help you deal with the problem. So they kicked me out after about a year there (Lee).

Individuals were involved with identifying the way forward, along with professionals. For some, this related to receiving a diagnosis and the associated treatment plan (e.g. Cognitive Self-Change Programme) they had completed during their time in custody. The data offers support for the current systems around sentence planning generally and within the OPD pathway, and the emphasis on early identification and the planning elements of the pathway (Joseph & Benefield, 2012).

When she started to break it down, it became more interesting, and I thought “Mm, ok, personality disorder, great, now I know what it is”. I started to think a bit more clearly. So I actually said “what do I do about this? Can it be treated? And is it something I’ll always have or something that’ll be treated and then go away?” and they went “No it’s something you’ll live with for the rest of your natural life, but by coming to the DSPD we’ll then teach you how to work with your personality disorder, find out what the triggers are that cause you to do things that you wouldn’t normally do, but then finding ways to how you could identify something and work with it (Jason).

PIPE was the route forward for all participants, being referred by professionals or self-referring. The understanding of what PIPE is, varied across participants, with some having little knowledge of the function of PIPE (Lee), while others (Clive and Jack) demonstrate more knowledge.

I’d never heard of it before, I was at HMP X and I was being risk assessed, it seemed to be going OK, people were recommending release, I cocked up, er, I

got shipped out of HMP X to HMP Y and for some reason my risk sort of changed, so I sat on the parole board, it was recommended that I go on PIPE before anything else happens. That was the first I heard of it (Lee).

They wanted me to do RAPt; I said, "I don't think so". Said "I don't take drugs, I'm not a heavy drinker", 'cause I'm not you know what I mean? Said 'I ain't doing that'. So, they put me on PIPE. Said you could be more beneficial to me. You know, problem solving, good behaviour (Clive).

I'm a life sentence prisoner, been out and on recall three or four times, and that, I suppose caused the care professionals to want another intervention, not another course 'cause I've done the courses, do well on the courses, learn it all, but what could I do to enhance all of that learning and put it into place? And I think as PIPE tells us it's not a course, it's like a living practice, and it's about practicing all of those bits that we've learnt throughout prison career (Jack).

The process of change relates to the theme "identity transcends personality". Throughout the transcripts, there was evidence of change being less about developing a new identity, although this did feature on occasion, and more about re-discovering, or finding an existing, hidden identity. This process began with participants exposing the truth, about their own vulnerabilities and honest self-appraisal.

Like that was the easy way, that was the comforting way because to me to be like, vulnerable, and those things were all weaknesses you know, before therapy, sadness, vulnerability, and all them things were all weakness, I didn't see them as being more rounded and stuff, that was my distortions (Jamie).

By being honest with myself. You know? It's not nice sometimes, sometimes honesty about yourself isn't nice, it's like looking honestly at yourself isn't a nice thing. You can look in a mirror and still fool yourself. But once you look yourself in the eyes you've got to be honest haven't you? (Lee).

Finding who I was takes this process to the next stage, where participants identify the dissonance between who they were at that point, and what they were looking for, i.e. the 'real,' hidden version of themselves, this being how they identify in the present.

I knew there was another side to me, and it was finding that. And even though deep down inside I knew that I wanted to be that person again, it's getting there that was the hardest point (Jason).

That antisocial, sort of like, behaviour is not dictating anything anymore, it's that I'm trying to get in touch with what I'm really, what I know I'm really like, you know? I'm sensitive and I'm kind, I'm artistic, I'm intelligent, innately

intelligent, and even with my education being disrupted, my innate intelligence still shone through (Rob).

There's more to life than what I was doing. Yeah, it's just, basically I lost myself basically innit [sic], and by coming to jail it took me about five years to find myself (Lewis).

They sat down and explained it to me and stuff like that, slowly but surely when I basically went to the wing and I left the spice alone then I started to find myself again and be more calm and reflective and that, all of a sudden, from hardly anything there, I'd practically gave [sic] up (Kevin).

I needed to, um, find the real me back into it, I know we use this "new me" phrase in our work but I don't like that, I think finding the real person that's hidden behind the masks and the barriers and the cloaks of bravado that we all wear (Jack).

The findings suggest that participants perceive the process of change as less about developing a 'new' identity as suggested in previous research (Adshead et al., 2015; Stevens, 2012) and more about finding a part of themselves that was fundamentally present, but hidden. This supports the research by Maruna (2001) that suggests that the former offending self is a false identity, which individuals suggest was never the real person. This argument is further complicated by the role of personality disorder and offending behaviour, and may suggest that individuals are more likely to associate their personality disorder, which has obvious negative connotations, with their offending behaviour, another aspect of themselves they wish to distance themselves from.

The '**Methods of change**' sub-theme reflects some of the concrete ways that participants' feel they changed. The key finding within this sub-theme was in the way that participants were processing past actions. This related not only to processing their own offending behaviour, but also to wider actions perpetrated against them, including childhood abuse, neglect and trauma. This is consistent with previously discussed findings relating to the need to consider trauma informed services for offenders, in addition to other services designed to develop insight and understanding into criminogenic factors related to offending.

Three stages [of understanding], tackling my childhood abuse traumas, um, making sense of that, developing more empathy and compassion for myself as a victim of childhood abuse, and then being able to look at me as an offender,

and, you know, the impact I had on everybody else and stuff and how I was, which was hard. Um, and then just developing my other identities (Jamie).

I've married it [fire setting] to wanting to spend cathartic times with people talking about crap and the issues going on in my head. As a child it was wanting that time with my dad, and that's, the time spent with my dad was doing practical stuff, which was great, but no emotional stuff (Jack).

When I was discussing a draft thinking report for the group or to the group I would often minimise, maximise or even blame others for my actions. "Well if he hadn't hit me I wouldn't have done this" or "if he hadn't have looked at me funny I wouldn't have done this", that sort of thing. I learnt to look at it more objectively by, I would imagine I was a camera watching or observing the event, and that's why I started putting things into perspective a lot more (Kevin).

Thus far, the narrative held by participants highlights important experiences and insight into such experiences, which can relate to the development of maladaptive personality traits. A number of participants demonstrate similar insight into how their personality may relate to their offences, either directly, via the specific symptoms that are displayed that relate to individual personality traits, or indirectly as a manifestation of prior abuse they themselves suffered. Minimising and accepting responsibility were interchangeable within the accounts of offending behaviour, serving a range of functions.

In summary, participants clearly distinguish between their identity and their personality disorder, and appear to go through a process of identity separation, where they associate negative behaviours they have perpetrated with their personality disorder, and view this as separate from who they are as individuals.

### **Progression PIPES: Consolidation and Generalisation**

Entering a progression PIPE, the key sub-theme relates to **"the self"**. Divided into self-growth and self-management, participants' narratives continue to develop and evolve. To facilitate self-growth, participants describe the importance of trying new things, including meeting new people and engaging with them, of taking positive risks, and pushing themselves out of their comfort zone.

There's ten of us in that group. And I'm doing it [group] with strangers, people I'd never met before, being able to open up to them and share my

experiences in life with people I don't even know. Before that, trust me, I would never have even dreamed of doing that (Jason).

I think it's done is put me in an uncomfortable situation, which I've had to learn to deal with and adapt to. Which is gonna [sic] be making it slightly easier for me when I get out and I get put in uncomfortable situations. Obviously different situations but same feeling of uncomfortableness (Chris).

Participants talk about the opportunity that PIPE gives them to make sense of what is happening either at the present time, or of the past.

What I wanted to achieve was a making sense of everything, 'cause, you know, I'm a fairly, as my partner, ex-partner will tell you, I'm a fairly intelligent person that keeps making stupid mistakes...And so, for me the coming to PIPE was about finding a meaning, a sense to everything that had gone on I think (Jack).

My way of thinking, know what I mean? I've learned a lot more than I've done in most other prisons since I've been here, you know what I mean? I understand myself better, that's the most interesting one for me, that. Understanding our own self. How you work (Clive).

My anxiety, my anger, that goes back to like, my childhood, and, I never really dealt with it, you know? Coming back here in HMP W, I've kinda dealt with it (Lewis).

The PIPE offered participants the opportunity for affirming who I am. As the majority of participants within the sample had a sense of their identity and how this may have changed, developed or been discovered over time, the PIPE environment was seen to offer them the chance to reinforce this identity, to be who they want to be for their own gain. Furthermore, it offered them a safe environment in which to achieve this aim.

It helped me identify, I wouldn't say it's so much a sense of identity I picked up, after treatment in HMP A and in HMP Y, I swear it just helped me keep in check I suppose. Just continue to live with it and so I know who I am, I know I'm a good person, I learnt that before, and I suppose like, and then I had to remind myself (Jason).

[On PIPE] he becomes a person acknowledged for being that person, although he has a prison number, on the PIPE. That's huge. That you've accepted that person to be that person (Jack).

It's given me a platform to, um, 'cause like I said earlier on the identity is still kind of fragile when you come here, especially from there, you can go either

way you know, it's whatever way you want to go, so support is there if you need it (Jamie).

I think it's influenced on the end of my journey. I think talking, a lot of talking, coalesces. It sometimes it puts that little full-stop or a little mark that underlines certain things that you already knew about yourself but wasn't [sic] sure about (Lee).

I owe a lot to PIPE really, but I feel as a person, I feel I have grown in a sense that, you know, I've shown that I've shown that I can, what's the word I'm looking for? I can't put it into a word. Sustain, you know, a steady level of behaviour (Kevin).

The reinforcement of a positive, non-offending identity is a consistent focus within desistance literature (Stevens, 2012; Trice & Roman, 1970) and literature regarding treatment sustainability (Harrison & Martin, 2001), therefore providing evidence in favour of progression PIPEs supporting this function. In addition, the data supports that this is relevant to individuals with personality disorder diagnoses.

From a more practical perspective, PIPE offers participants the opportunity to use skills day-to-day and to manage their traits. Success in such areas is likely to reinforce the affirmation of identity previously mentioned, and has a more concrete link to desistance, i.e. improved use of skills to manage risk situations. Participants identified their traits manifesting, perhaps being triggered by situations or events within the environment. These situations offered them opportunities to practice managing their traits, specifically via the internal processes that they have previously learnt, e.g. rationalising, normalising, shared learning and motivation.

I walked into, yesterday morning, went to work, walked into the room, got a little area where we all sit, cosy little room, heater, radio on, I walked in everyone stops talking. In the past that would have bugged me something chronic "what are they talking about when I walk in?", now, I walk in they stop talking I don't care, it doesn't bother me no more, 'cause I know they're not talking about me (Jason).

To like know the difference between being low and just feeling flat like everybody else does, so I know, I guess I know now what's normal, you know? And that's been a lot on here as well, to know what's normal, because again, in the last place [Therapy wing] it's just pure diagnosis and it's pure, you can't be flat, if you're flat you're going towards a low you know? There's no middle ground, and PIPE gives you that middle ground as well (Jamie).

If you do know yourself, or your personality disorder it allows you to just fix what's amiss on that day, you've got insight into yourself and other people you know? So PIPE is an opportunity to interact with those what [sic] are diagnosed and untreated, um, manage confrontations by a lot of time by people that are undiagnosed and untreated. So it's kind of like a, what can I describe, it's kind of like a coming together of like, you know some people from therapy, some people from courses and that so, it kind of like um, pushed together so it just, kind of like a, classroom if that makes sense, you know from different, everybody's at different levels and stuff, yeah? But you're all coming together and you've all got a common goal you know like, you're at different levels and stuff but you're, you help each other (Jamie).

Being here, on PIPE, I'm still kind of in control of that 'cause I said I'd come here and I'm doing this, doing that. I'm not in control of these other things that are going wrong, and I'm, slowly but surely I'm starting to realise that not everything's gonna go your way but you just got to keep putting the graft in, you know what I mean? It's when you stop putting the effort in, it's when you stop caring, like, I used to so many times, that's when I'm in trouble (Kevin).

The skills that participants report utilising are consistent with prior learning from a range of interventions. These include internal strategies such as perspective taking. For example, Lee said *"I find it very hard to argue with people sometimes. 'Cause I'm always taking their side in my argument, I'm try to put myself in their shoes."* Thinking of consequences to themselves was a well-used strategy, for example:

In the past I'd have stuck two fingers up and said "bollocks", but...Well, first of all, it don't [sic] look good if I'm EE rep and I'm rolling on the floor. Secondly it don't [sic] look good if I'm here saying "look, I'm ready to progress" and stuff like that, I want to work with people, if I'm doing that it don't [sic] look good (Kevin).

Other strategies discussed within the transcripts were meditation and mindfulness. Clive explained that when he is annoyed he uses "meditation. I imagine myself in just a meadow, just me... Nobody else there, just, the whole meadow, just me. And I can, not think about nothing [sic] at all in my mind, so, blank, except for in that field" and this helps him to calm down. Strategies that are more external included taking a time out like Lewis "My problem was going on for a little while it's just getting to a point where it's biting at me, and then I just had to put myself behind my door to calm myself down,

and within five minutes I was out". For others, using insight to implement reminder techniques helped to manage difficult emotions:

Like if the low continues then I start doing a mood diary. I go back to the old strategies, mood diary, I put sticky things around the wall and stuff like "I need to drink" "I need to care for myself" "I need to clean out my cell" because there's a lot of things that can make it spiral so it's just being aware, being super aware and stuff (Jamie).

Perhaps the most commonly mentioned strategy by participants when managing situations, emotions, problems and so on, was talking to others. This includes staff of different disciplines, other residents and wider support networks such as family.

If a problem arose speak to staff, which I've been doing since I've been here. I think I've done pretty good job of (Jason).

When I go and seek help, I go talk to someone about it and seek help, then it just re-confirms that, I am surrounded by people who care about me (Rob).

People have upset me and I've started to stutter I actually walk away now, and go back, or I go into a person's cell I trust and vent. Like that [name of PIPE resident] for example. I've been to his cell, I've been in tears of rage, absolutely raging, but yet I've felt safe to vent with [name of PIPE resident] (Lee).

When considering the objectives of the OPD pathway, and PIPEs specifically, the above offers evidence for the skills that individuals are utilising that may relate to overall objectives regarding reduced incidences and more settled environments. Assessment of this via objective measures would add to this finding (e.g. formal adjudications). This evidence compliments prior research conducted by Preston (2015) who explored how participants practiced using their skills to achieve successful application of said skills. The data also supports core features of the PIPE model such as the relational components and key working and the "structural supports" (Kiecolt, 1994).

### **Future self**

Three sub-themes relate to the participants' future beliefs about desistance '**ongoing generalisation**', '**from here to there**', and '**community safety net**'. Participants highlighted they would never stop learning. This related to the types of situations they may experience upon progression and their learning about themselves.



I made the transition from A to C, it's, I'll make the transition from C to D very easy, and I will just tap into whatever resources are available in that prison whether it be courses to develop self, you know, I look forward to like home leave and ROTLs and stuff (Jamie).

I am a bit more switched on than I think, in terms of learning. I've soaked up a lot of knowledge over the years from RAPt and things like that, from courses here that I've done, but I also know there's still a lot to do as well (Oliver).

I think there's still work to kind of be done, but that's more within myself and kind of stuff that can't be done in a jail setting, (Chris).

Participants recognised the need to manage risk and avoid complacency. Participants were able to forecast the types of risks that might occur, based on their understanding of problems from the past and consider strategies to manage risk and vulnerabilities, recognising the need to avoid becoming complacent. Participants used the possibility of returning to old ways as a motivator to be different in the future.

I like to think it's changed my life, really for the better in truth, 'cause like, you can't change the past, but I can use my past and work with it to change my future, and that's what I look at the most (Jason).

If I do [re-offend] that'll be my choice, fucking hell. But I don't want to. I want to be able to control the situation that allows me to be open, be honest, be transparent about everything in relationships which has been difficult, in professional relationships which have been difficult. So whereas in the past I would have answered that a "no", if I do that's my fault (Jack).

You should always remember your past as well, you need to remember what you've done as well because from you do feel shame about things and, you know, guilt, remorse and stuff, you're not going to do them again, because how you was [sic] able to do them was by not feeling, you know, so I think it's still important to feel them, still important. They're not nice, but you should be ashamed You should feel guilty, you should still feel remorseful, so they're important as well to know that you've done bad things and that and not forget them, because it keeps you, um, keeps you more aware I think, I think so. To know what you've done and what you was [sic] capable of (Jamie).

It's just learning to go "listen, I can't do that no more [sic]". I can't get into fights, I've had fights on this sentence but I've had to, I've also walked away from certain things and said "listen I can't get involved let's talk something out", 'cause it only takes one bad event for me and I'm in trouble. So yeah, it's, you always know you, I've gotta be conscious of the kind of roads I take (Oliver).

Stable enough I think's the best word, stable enough to just give it a shot without worrying about anything else you know. Without being influenced by

peer pressure and that garbage, you know what I mean? I feel I'm a lot stronger like that now. But I won't know until I'm tested (Kevin)

A distinct focus for participants was the recognition of the need to manage personality traits. Understanding diagnosis aids future coping shows the recognition of traits that could be problematic or lead to risk related / offending situations, and the importance of managing such traits.

My main one for me is paranoia, at the moment more than anything. That's the one thing that I'm always going to struggle with, not in a massive way, the massive way I like to think I've put to bed. It could come up again, don't get me wrong, it could come up at any time but I like to think I deal with it better (Jason).

When I was outside before I didn't know what personality disorder was so I didn't know what to expect or what would come up or what would cause me to do this. If I'm outside now and I get that urge to go shoplift or steal something, I know what's causing it. Whereas before I didn't know, so now I can challenge it and think "no, I'm not doing that", know what I mean? (Jason).

It's not the label, it's "ok, that's what it might be, let's have a look how we deal with that and keep the right side of offending and compliancy issues". Doesn't matter if you call it, I don't know, any, doesn't need to be a name just needs to be an issue that I have that gets dealt with (Jack).

I don't think it will, like anti-social, I ain't gonna be naughty, I ain't gonna be doing nothing [sic] that gets myself into trouble and then, paranoia, if I feel like there's gonna be an issue with my paranoia I'll go ask for help on the outside, talk to, if I get a keyworker and that or whatever it is, I'll talk to someone you know what I'm saying? And my, if my temper does explode I've got coping mechanisms that I can go to and, you know, just calm myself down (Lewis).

**'From here to there'** reflects a distinction between participants. Some felt they were on a never-ending journey, characterised by pessimism (illustrated by Rob), concerns about future disclosure (illustrated by Jack) and an uncertainty about how they might manage in the future (illustrated by Oliver).

Just panicking and getting fearful, like what's the point? What's the point? You know? Even if I get to Cat D, you know, people just through curiosity "oh how long have you done?" "oh I've done 18 years now", "what's your name? Oh murder?" and then just through that enquiry, if they've got a phone can bring up all sorts of things (Rob).

I've got to be open, honest, transparent, but where does that transparency lead? Round what level of transparency needs to be seen? My boss needs to know about my past, if he asks he needs to know about my convictions. My work colleagues don't necessarily need to know about my criminal convictions, but they do need to know about my past to know who I am (Jack).

I need yeah to get some help with that as well. Gonna be hard though. 13 years and you ain't seen none [sic] of your mates and then you're like "fucking hell", they're like "come and have a drink" oh my god. What do you do? (Oliver).

Within the examples, participants have concerns about how others may define them, because of what they have done. Conversely, some participants felt they could see the light after the tunnel, and were more optimistic (illustrated by Jamie), with stable goals (illustrated by Lee) and conscious of not missing life's opportunities (illustrated by Kevin).

I'm quite proud of myself now you know, I'm proud of the journey I've taken in the sense of like what I've done, turning it around and that, because a lot of the time I just wanted to be dead you know, like a, I guess when I used to go to sleep I used to pray sometimes that I don't wake up. I don't feel like that no more [sic], I wanna wake up. I got so much to live for, yeah...I'm a man with a career, I'm happy, got my first house, proud, still single, um, yeah, just happy, yeah, happy, definitely happy (Jamie).

I wanted to work when I get out, but I won't be. Because I realised, this is other people talking but I take it on board that I've done too long to go out and start working. I need to work on myself first rather than think about materialistic things like money. Or I'll do a little bit of charity work. I'd like to work with the homeless, something like that (Lee).

I've got responsibilities, if I get out there now I wouldn't want to come back into prison, not just 'cause of me [sic] grandma and that, I honestly feel she's getting really old now, me [sic] mam [sic] she's getting really old, she helped bring me up me [sic] grandma, I honestly feel that if I could get out I've come back in guarantee I wouldn't see her again. Do you know what I mean? Stuff like that, it's powerful, you know what I mean? I'm putting them all in place with me [sic] mam [sic] getting lupus and stuff like that, she can still live with that but she's 65 years old, you know what I mean? She buried her husband and stuff so it's things like that, I just think of things now with a lot more clarity than I used to (Kevin).

A subset of the sample had mixed views about the future. Chris expressed concerns about how he might manage in the future, but also expressed positive, stable goals, thus illustrating that the outlook for the future is not clear-cut.

[I'm] crapping myself because I've pretty much been in institutions all my life, since I was four years old, and I've never really looked after myself, or kind of fended for myself. And I'm going out into the big, scary world (Chris).

The one thing that kind of spurs me on to be a normal person in society. To have a normal job, to have a family, to have a house, I don't wanna [sic] be rich, I don't wanna [sic] be famous. I just want enough so I'm comfortable and everybody that I love's comfortable (Chris).

The final sub-theme relates to the need for a '**community safety net**'. Participants recognised the need for ongoing professional support, particularly with more complex aspects of their diagnosis or past behaviours. For example, Lee reflects on the number of professionals in his support network and Chris refers to the help on offer through the community OPD pathway team, specifically collaboration between probation and psychology:

I'm willing to speak to people, I think I'm less inclined, that I wouldn't go, as I say I don't want to paint everything pink and rosy, and fluffy clouds, it's not gonna be, I'm gonna struggle some days to get out of bed even. That's why I have a GP to speak to, that's why I have an NA, that's why I have psychologists and I have two probation officers (Lee).

If I'm upset or I'm distressed, rather than just thinking it's me being a prick and them recalling me she'd discuss with the doctor and then the doctor will tell her the best way to kind of speak to me, deal with it properly (Chris).

A number of participants spoke about the need for them to have continued support in the same or similar ethos of the PIPE model. Replicating PIPE conditions for some participants was those going to a PIPE approved Premises after release, and for others, they sought out similar supportive environments (for example, Jason).

I found a community, they don't call them residents they call them, what do they call them? Companions, right? They're classed as companions not residents, and the company's called, *Name removed*. And it's like a housing thing. And what you do is you move into a community and you're not allowed benefits of any kind apart from the housing benefit and that's the benefit that

pays your rent, everything else is covered for you, your food's covered for you, your clothing's covered for you, your congregation's there, and you can live there for as short a time as you want or as long a time as you want, it's up to you basically (Jason).

Currently there are a number of progression (and other) PIPEs across categories of prison, with the exception of Category D establishments. This leaves a gap within the OPD pathway, connecting individuals that are required to progress through low security prior to the community. The implied criticism of this gap is that individuals within a treatment or therapeutic setting, who are required to transfer to low security, may not benefit from the same opportunities for consolidation, generalisation and identity affirmation as others that follow a different path (e.g. Category C PIPE, community PIPE). This may potentially risk undermining the gains made in treatment (Harrison & Martin, 2001). When individuals are progressed to less secure conditions without the support of the OPD pathway services, they are taken out of the environment that is supporting them and placed in an environment where they do not have the same level of support or understanding that they require. This is at odds with core aims of the pathway, to support individuals with personality disorder who may find transitions difficult. Consequently, there is a risk of causing harm to individuals and the potential to undermine the value of the pathway.

### **Discussion**

In order to answer the question; how do Psychologically Informed Planned Environments contribute to the integration of desistance narratives in personality disordered offenders?, the findings follow the journey of individuals through their early lives into adulthood (origins, experience and impact of living with Personality Disorder) and offending behaviour (personality related offending).

The findings then move on to the exploration of participants intervention history (How I changed), culminating at the point at which they were interviewed, living on a PIPE (progression PIPES: consolidation and generalisation), desisting, and approaching progression (future self). Throughout the findings are reflections on personal identity (identity transcends personality) and how this relates to each of the themes described.

The findings allow us to gain an insight into how an individuals' narrative developed over time, thus allowing the individuals to reflect on how this has changed, recognising the role that PIPE plays in the confirmation of such narratives. The mechanisms by which PIPE can support the integration of desistance narratives include:

1. Enhancing motivation: The participants spoke of reasons why their current behaviour is different to their past behaviour. Internal motivation included considering the consequences of their actions to themselves and others, and their perception of who they are being different to who they were. External motivation was reported by a number of participants who spoke about the relationships they had built on the PIPE with their keyworker, or significant peer, as being motivation to continue to desist, e.g. not wanting to let others down, wanting others to be proud of them.
2. Optimism: The PIPE environment, with its focus on positive future self and a fulfilling life away from offending (e.g. GLM; Ward & Gannon, 2006), creates the conditions that are required for an individual to nurture a new, potentially fragile identity, directed towards desistance, that may have only existed for a relatively short time, and supports participants to feel that this is achievable for them.
3. Safety: A number of participants recognised the value of having a safe space to be the new version of themselves, where they were not required to present a front or façade in order to survive the prison environment, which is often drastically different to the environments where their new identity developed, e.g. Therapeutic Community.
4. Reflection: Participants spoke of PIPE giving them space to reflect on the past and consider how they want their future to be, considering what might assist them along the way. Participants felt the opportunity for introspection was more likely to occur on PIPE, due to the relatively stable environment and predictable structure, compared to other locations within the prison. When combined with other positive features of the environment, they were more likely to consider their future through the eyes of someone who wants to continue to desist.
5. Connectedness / belonging: As part of the OPD pathway, PIPEs offer the opportunity for individuals to be with others that have similar diagnoses, who are (in theory) in

a similar position, i.e. need support with the implementation of skills, require support to manage manifestations of their personality traits in helpful ways etc. These experiences offered some participants a sense of belonging and connectedness, to know that they are not alone in their experience of trying to continue to change aspects of themselves.

6. Shared goals: The importance of ensuring that those within the environment have similar goals and share a similar perspective on change was important to participants. Individuals who may not have experienced identity change to the same degree as others had a pronounced effect on participants, with some describing how it can undermine their progress and cause them to regress to pre-intervention identity or behaviours. This emphasises the importance of ensuring that appropriate individuals are assessed as suitable for PIPE in order to ensure that desistance narratives can be reinforced rather than undermined.
7. Opportunities to practise: PIPEs emphasise the importance of consolidation and generalisation. For example, the PIPE offers ongoing opportunities through the activities and relationships, for participants to practice pro-social skills that in turn, confirm their positive sense of self-identity. Participants spoke of the importance of the opportunities to practice “being who they are” and using new and different skills that confirm this perception, eventually leading to this process becomes almost automatic.

### **Strengths**

A strength of this research is the application of prior research around desistance and identity, to a specific sub-group of offenders. This sub-group of offenders is not known to have been the sole focus of similar studies, thus the current research has yielded results that both support prior research and provide recommendations for continued treatment and support for individuals with similar needs.

The methodology utilised allows the explicit incorporation of previous knowledge in the area, via the development of a-priori themes, thus allowing for a higher number of participants (n=10) to be included, adding to the value of the findings. The methodology allows flexibility however, to ensure that the template can evolve with the data, using the evidence base as its initial framework.

The research also offers a starting point for evaluation of specialist environments and the impact of these on identity development, change, and integration. Owing to the need to explore the participants' experience of change prior to engaging in PIPE services, there is some evidence of the experiences participants have of high intensity interventions, which have been helpful in their journey of change. Consideration of such experiences in further depth may support newer services that are considering what may be of benefit for supporting change for this client group. Finally, the findings offer an initial evaluation of elements of the OPD pathway, specifically progression PIPes, highlighting the importance of this stage of the pathway, from which further research can build.

### **Limitations**

This research aimed to assess the narratives of male offenders with a diagnosis of personality disorder, judged to be desisting from serious offending, based on a formal measure of behaviour (adjudications). A clear limitation of the research is that it is not possible to be 100% confident that participants were not involved in illegal activities. This research gives insight into participants "desisting" in custody. Therefore, at the time of writing, we do not know whether the individuals will go on to desist in the community. Follow up of the participants in relation to their ongoing desistance into the community (or otherwise) via measures such as recall to custody or reoffending would offer an interesting perspective on the findings. This may potentially allow differentiation of the group, in relation to whether they continue to desist, and if there is any evidence of difference in the narratives.

Sections of the data have not been included in this analysis. This was necessary due to the extensive amount of data obtained. However, it is possible that further insights will have been missed or overlooked. This limitation will be addressed via further exploration and reporting of the data outside of this thesis.

### **Practical Implications**

For those individuals that have passed the point of early intervention, there may be value in services aimed at offenders with personality disorder in secure settings, to consider specific interventions for the treatment of trauma. Additional treatment implications for individuals with personality disorder may include the exploration of



identity development and identity disturbance within personality disorder to develop further understanding of identity integration for individuals with such difficulties, as an additional treatment strategy for individuals with such diagnoses.

Currently, specifically designed environments that can support desistance and rehabilitation are generally limited to specialist services, although some recent developments have occurred with some establishments implementing “whole prison” Enabling Environments. In order to maximise the effects of interventions and to support individuals to make and sustain changes to their identity, cultural developments such as those described within PIPE services and enabling environments need to be universal.

The findings support the value of progression PIPEs in affirming identity, with specific relevance to the target population i.e. individuals with personality disorder diagnoses. The findings are likely to be of value to the overall evaluation of the OPD pathway. The findings may support the importance of the expansion of the pathway, and specific consideration to the implementation of services in Category D conditions, to ensure that transition between categories of prison can be seamless, particularly for those that have a diagnosis who may be prone to difficulties with transition, as highlighted by some participants.

### **Future Research**

There are a number of future directions for research within this area.

Research might usefully focus more on the role that environments play in the rehabilitation of offenders. This may contribute further to the development of custodial environments to achieve this aim. Specific evaluation of PIPEs and other specialist services would continue to develop our understanding of the way environments designed for specific populations can be developed and possibly adapted for other specific groups, e.g. offenders with learning needs.

This research focused on understanding how residing on a progression PIPE can support individuals who are desisting, to reinforce such narratives. Follow up of this population would yield further information regarding any distinguishing characteristics between those who continued to desist post transition and those who did not, offering insight into what may contribute to this narrative being too fragile to sustain.

There is scope for further exploration of the relationship between identity and personality disorder, particularly in relation to interventions and post intervention support for offenders with a diagnosis of personality disorder, via longitudinal studies that incorporate reconviction data.

### **Summary**

This research has offered insight into the development of personal identity from the perspective of individuals with a personality disorder. The process of identity change and the internal narrative supportive of desistance, which accompanies such change, is captured through the participants' account of treatment. The experience of how residing on a PIPE relates to the reinforcement of the participants identity and internal narrative is important in the continued development of post intervention services for offenders with a personality disorder. The themes that emerged and the accounts of individuals add to the evidence base around identity development and integration, the importance of positive environments and overall desistance for offenders.

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# Appendix A: Participant Demographic Data

| Pseudonym of Participant | Age (years) | Offence type   | Sentence           | Length of time on PIPE (months) | Last proven adjudication                                   | Primary Diagnosis  | Secondary Diagnosis |
|--------------------------|-------------|--|--------------------|---------------------------------|--|--|---------------------|
| Jason                    | 54          | Murder   | Life               | 21 months                       | None recorded.   | Paranoid, Borderline and Anti-social personality disorder                                  |                     |
| Jack                     | 50          | Arson  | Discretionary Life | 24 months                       | 24/05/2016: theft of stock                                 | Anti-social personality disorder with Narcissistic and Avoidant personality traits         |                     |
| Jamie                    | 42          | Rape   | Discretionary Life | 16 months                       | 2012: Assault on another offender                          | Anti-Social personality disorder with Narcissistic personality traits                      |                     |
| Rob                      | 57          | Murder   | Life               | 20 months                       | 07/02/2018: Threatening behaviour                          | Anti-social, Narcissistic, Borderline, paranoid personality disorder                       |                     |
| Lewis                    | 29          | Sexual assault x 2<br>Robbery x 2<br>Attempted Robbery | IPP                | 23 months                       | 14/04/2016: fighting                                       | Anti-social personality disorder with Paranoid and Borderline personality traits           |                     |
| Oliver                   | 34          | GBH  | IPP                | 8 months                        | 01/11/2017: failed MDT                                     | Anti-social and Borderline personality disorder  | PTSD, ADHD          |
| Clive                    | 63          | Arson  | IPP                | 14 months                       | 04/03/2016: failed alcohol breath test on return from ROTL | Anti-social and Paranoid personality disorder with Schizoid personality traits             | Alcohol dependency  |
| Lee                      | 49          | Robbery<br>Escape<br>Attempted Robbery                 | Life               | 15 months                       | 05.01.16: possession of unauthorised item                  | Anti-social personality disorder   |                     |
| Kevin                    | 45          | Robbery  | IPP                | 11 months                       | 03/05/2017: climbing up bars                               | Anti-social personality disorder   |                     |
| Chris                    | 29          | Wounding   | IPP                | 3 months                        | 19/04/2018: Used threatening language                      | Antisocial and Borderline personality disorder and probable avoidant personality disorder. | PTSD and OCD.       |

## Appendix B: Interview Schedule

### **INTERVIEW SCHEDULE**

Demographic details:

Participant number:

Age of participant:

Diagnosis:

Introduction:

The interview is semi-structured, and includes three sections focussed on the past, present and future. Within these sections will be questions around how you see yourself (your identity), your personality disorder and the offending, specifically the index offence. There are no 'right' or 'wrong' answers: this is an exploration of the experiences you have gained about yourself, over the recent years.

### **INTRODUCTION QUESTIONS**

*Personal therapy journey*

Firstly, it would be helpful if you can explain to me how you came to be residing on PIPE. What was your pathway?

What did you learn about yourself?

---

*Possible prompts:*

*What courses did you complete?*

*How did you find the work you completed?*

---

### *PIPE journey*

When you arrived on PIPE, what were your goals?

---

*Possible prompts:*

*Check the participants recorded goals from admission and use to prompt.*

*What did you wish to focus on / learn?*

*What did you think PIPE would offer?*

---

You are nearing the end of your time on PIPE, how well have you met your goals?

What other effects have you noted since being on PIPE?

## **PAST**

### *Diagnosis*

Thinking about the past, what can you tell me about your diagnosis of personality disorder?

---

*Possible prompts*

*What was your diagnosis?*

*When were you first diagnosed?*

*What did you feel about your diagnosis?*

*What have you learnt about your diagnosis during therapy?*

---

How does your personality disorder link to your offending? *If participant feels it does not link, query why not.*

How does your personality disorder relate to who you were?

*Identity*

Please describe for me as completely and as fully as you can your thoughts, feelings, and experiences about yourself as a person. How might you describe yourself in the past?

---

*Possible prompts:*

*How did you see yourself?*

*What type of person were you?*

*How did you feel about yourself?*

*Are there any particular qualities related to you?*

---

How do you feel your personality disorder related to your identity?

*Index offence*

What can you tell me about the index offence,? (I.e. what was your understanding of why it happened at the time?)

What role did your personality disorder have on your previous / index offences?

What can you tell me about the feelings and thoughts you experienced immediately after the index offence?

What did you think of yourself after you had committed the index offence?

### **PRESENT**

#### *Diagnosis*

Thinking about the present, what can you tell me about your diagnosis of personality disorder?

---

*Possible prompts:*

*What does this diagnosis mean to you?*

*How do you feel about your diagnosis?*

*How does your personality disorder manifest currently?*

*How do you manage your traits?*

---

What impact does your personality disorder have on you, your life, others?

What helps you to cope with the impact of your personality disorder?

What do you think is the most important thing you have learnt about your diagnosis?

PIPES are designed as part of the OPD pathway, for individuals with personality disorder diagnoses. What can you tell me about the role that PIPE has played for you?

---

*Possible prompts:*

*What positives / negatives have residing on PIPE had on your understanding of your personality disorder diagnosis?*

*What positives / negatives have residing on PIPE had on your management of your personality disorder?*

---

### *Identity*

Please describe for me as completely and as fully as you can your thoughts, feelings, and experiences about yourself as a person. How might you describe yourself now?

---

*Possible prompts:*

*How do you see yourself?*

*What type of person are you?*

*How do you feel about yourself?*

*Are there any particular qualities related to you?*

---

Are you the same person that you were? If so, why? Why not?

To what extent do you feel your personality disorder is a part of your identity?

How does your personality disorder diagnosis influence the way you see yourself?

To what extent do you feel residing on a PIPE has benefited your exploration of your identity?

### *Index offence*

What (if any) personal changes you have experienced following your index offence?



What can you tell me about how you view yourself now in relation to your index offence?

---

*Possible prompts*

*Has your index offence impacted on the way you describe yourself? If so, how?*

*Are you any different since your index offence happened? If so, how?*

*How has time affected your view of the index offence?*

*How has your index offence influenced your experience of yourself?*

---

What is your understanding now of the role that your personality disorder had within your index offence?

*PIPE*

What can you tell me about how you feel about living in prison progression PIPE?

As an individual with a diagnosis, what do you see as the benefits of residing on a PIPE?

As an individual with a diagnosis, what do you see as the drawbacks of residing on a PIPE?

What effect does living on a PIPE have on your identity?

---

*Possible prompts*

*What does it mean to you to be residing in a progression PIPE?*

---

The PIPE model emphasises the role of the environment. As a resident, what is important to you about the environment you are living in?

What role does the environment play for you as an individual with a diagnosis?

## **FUTURE**

What is the next stage of your journey?

How are you feeling about the future?

### *Diagnosis*

Thinking about the future, what can you tell me about how your diagnosis of personality disorder will impact on you?

---

### *Possible prompts*

*How do you intend to manage your personality traits in the future?*

*How do you do you imagine you will cope in the future?*

*What support will you need?*

---

### *Index offence / offending*

What will you say to people about your index offence in the future?

Do you think you will offend in the future? If so why? Why not? / What intent do you have around offending in the future? Why / why not?

Based on what we have discussed, it is possible that your offending links to your personality. How do you intend to manage your personality so to avoid offending in the future?

### *Identity*

Please describe for me as completely and as fully as you can your thoughts, feelings, and experiences about yourself as a person – how do you see yourself in the future?

What characteristics / labels will you use to identify yourself? E.g. offender? Father?

How will you explain who you are to someone who has never met you before?

---

#### *Possible prompts:*

*How do you see yourself in the future?*

*What type of person do you hope to be?*

*Are there any particular qualities related to you?*

---

### *PIPE*

When you leave the PIPE, what do you hope will have changed in your time here?

How has PIPE influenced your journey?

How will your time on PIPE help or hinder you in the future?

Is there anything else you would like to say or add?

## Appendix C: Ethical Approval

10 July 2017

Dear

### Letter of HRA Approval

**Study title:** How do Psychologically informed Planned environments (PIPEs) contribute to the integration of desistance narratives in personality disordered offenders?  
**IRAS project ID:** 217860  
**Protocol number:** N/A  
**REC reference:** 17/NE/0171  
**Sponsor** Norfolk and Suffolk Foundation Trust

I am pleased to confirm that HRA Approval has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications noted in this letter.

#### Participation of NHS Organisations in England

The sponsor should now provide a copy of this letter to all participating NHS organisations in England.

*Appendix B* provides important information for sponsors and participating NHS organisations in England for arranging and confirming capacity and capability. **Please read *Appendix B* carefully**, in particular the following sections:

- *Participating NHS organisations in England* – this clarifies the types of participating organisations in the study and whether or not all organisations will be undertaking the same activities
- *Confirmation of capacity and capability* - this confirms whether or not each type of participating NHS organisation in England is expected to give formal confirmation of capacity and capability. Where formal confirmation is not expected, the section also provides details on the time limit given to participating organisations to opt out of the study, or request additional time, before their participation is assumed.
- *Allocation of responsibilities and rights are agreed and documented (4.1 of HRA assessment criteria)* - this provides detail on the form of agreement to be used in the study to confirm capacity and capability, where applicable.

Further information on funding, HR processes, and compliance with HRA criteria and standards is also provided.

|                 |        |
|-----------------|--------|
| IRAS project ID | 217860 |
|-----------------|--------|

It is critical that you involve both the research management function (e.g. R&D office) supporting each organisation and the local research team (where there is one) in setting up your study. Contact details and further information about working with the research management function for each organisation can be accessed from [www.hra.nhs.uk/hra-approval](http://www.hra.nhs.uk/hra-approval).

#### Appendices

The HRA Approval letter contains the following appendices:

- A – List of documents reviewed during HRA assessment
- B – Summary of HRA assessment

### After HRA Approval

The document “*After Ethical Review – guidance for sponsors and investigators*”, issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

In addition to the guidance in the above, please note the following:

- HRA Approval applies for the duration of your REC favourable opinion, unless otherwise notified in writing by the HRA.
- Substantial amendments should be submitted directly to the Research Ethics Committee, as detailed in the *After Ethical Review* document. Non-substantial amendments should be submitted for review by the HRA using the form provided on the [HRA website](http://www.hra.nhs.uk), and emailed to [hra.amendments@nhs.net](mailto:hra.amendments@nhs.net).
- The HRA will categorise amendments (substantial and non-substantial) and issue confirmation of continued HRA Approval. Further details can be found on the [HRA website](http://www.hra.nhs.uk).

### Scope

HRA Approval provides an approval for research involving patients or staff in NHS organisations in England.

If your study involves NHS organisations in other countries in the UK, please contact the relevant national coordinating functions for support and advice. Further information can be found at <http://www.hra.nhs.uk/resources/applying-for-reviews/nhs-hsc-rd-review/>.

If there are participating non-NHS organisations, local agreement should be obtained in accordance with the procedures of the local participating non-NHS organisation.

### User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website: <http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/>.

|                 |        |
|-----------------|--------|
| IRAS project ID | 217860 |
|-----------------|--------|

### HRA Training

We are pleased to welcome researchers and research management staff at our training days – see details at <http://www.hra.nhs.uk/hra-training/>

Your IRAS project ID is **217860**. Please quote this on all correspondence.

Yours sincerely

Isobel Lyle | Senior Assessor  
**Health Research Authority**  
Room 002, TEDCO Business Centre, Rolling Mill Rd, Jarrow NE32 3DT  
T: 0207 972 2496  
[Hra.approval@nhs.net](mailto:Hra.approval@nhs.net) or [Isobel.lyle@nhs.net](mailto:Isobel.lyle@nhs.net)  
[www.hra.nhs.uk](http://www.hra.nhs.uk)

**Date: 29/06/17**

Research application for consideration for only.

**Research Title:** How do Psychologically Informed Planned environments (PIPEs) contribute to the integration of desistance narratives in personality disordered offenders?

**Researcher:** Karine Greenacre

**Ref:** 2017-126

**Reviewed:** Psychology Service Research Board, HMPPS.

Dear Ms Greenacre,

Thank you for the updated information you submitted in relation to the above research in NOMS. The Board are able to grant **approval** for your research.

This approval is subject to compliance with the conditions outlined below:

- Compliance with all security requirements.
- Compliance with local regulations regarding specific research equipment, e.g. recording equipment, electronic equipment.
- Compliance with the requirements of the Data Protection Act 1998.
- Informing and updating the approving body promptly of any changes to the planned methodology.
- It being made clear to participants verbally and in writing they may withdraw from the research at any point, the mechanism by which to do this and that this will not have adverse impact on them.
- The approving body receiving an electronic copy of any research report submitted with an attached executive summary of the product of the research.
- The approving body receiving an electronic copy of any papers submitted for publication based on this research at the time of submission and at least one month in advance of the publication.
- The approving body receiving information relating to the date and location the research will be published.
- Researchers are under a duty to disclose certain information to NOMS. For applicants wishing to conduct Research in Prisons this includes behaviour that is against prison rules and can be adjudicated against (see Section 51 of the Prison Rules 1999), illegal acts, and behaviour that is harmful to the research participant (e.g. intention to self-harm or complete suicide). Researchers should make research participants aware of this requirement.
- A research summary (approximately three pages; maximum of five pages) must be prepared which (i) summarises the research aims and approach, (ii) highlights the key findings, and (iii) sets out the implications for NOMS decision-makers. It must

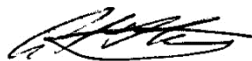
be submitted to the [NRC](#) alongside the NRC project review form (which covers lessons learnt and asks for ratings on key questions). Provision of the research summary and project review form is essential if the research is to be of real use to NOMS. The report must use language that a lay person would understand. It must be concise, well organised and self-contained. The conclusions must be impartial and adequately supported by the research findings. Further guidance on the format of the report is available on request.

Once the research is completed and received by the approving body, it will be lodged at the NOMS Library at Prison Service College Newbold Revel and with the Research Board, NOMS Psychology Service: The East.

You are reminded that permission to access establishments for the purpose of conducting research whether with offenders and/or staff remains at the discretion of the Governor, regardless of Board approval.

May we take this opportunity to wish you luck with your research.

Yours sincerely



Dr Giles McCathie CPsychol CSci AFBPsS  
HCPC Registered Forensic Psychologist  
Psychologist



Sharon Durrant CPsychol  
HCPC Registered Forensic

Dear Karine,

1<sup>st</sup> February 2017

**Re: How do Psychologically informed Planned environments (PIPEs) contribute to the integration of desistance narratives in personality disordered offenders?**

Thank you for submitting the above project for local research peer review. The Committee reviewed the application on the meeting of the 26<sup>th</sup> January 2017 and has made the following comments:

Overall the application was thought to be a worthwhile piece of research and seemed feasible to be undertaken in local NHS services.

**Background and rationale**

- The committee felt the background and rationale needed to be expanded upon. The protocol states that there are gaps in the literature but it would be useful to include what the current knowledge is regarding PIPEs/offender identities with references to this.
- The committee suggested expanding on the purpose of PIPEs and the meaning of 'desistance narratives'.

**Research design/methodology (including analysis)**

- The committee felt further clarification needed to be provided regarding the aim of the study. What impact of PIPEs is being explored e.g. the impacts of PIPEs on sense of identity? Whether PIPEs will reduce reoffending?
- The committee suggested removing the line "*The interview is a chance for the researcher to get to know you*" from the 'Information about the interview' section of the information sheet as this is not an aim of the study.
- The committee suggested reviewing the interview schedule to make sure all questions are useful, are open enough to provide a richness of data, and meet the aims of the research.



#### Identification and informed consent

- The committee suggested stating the justification of excluding women and the less serious offenders.
- The committee suggested having a separate member of the direct clinical team to first approach participants for the study.
- The committee felt that further clarification is required in the participant documentation that what participants say in the interview will otherwise remain between the researchers and interviewee, and not impact on their care.
- The committee queried whether details of the research should be included in the participant's progress reports.
- The committee suggested adding a statement in the information sheet that if any participant discloses any risk issues then confidentiality may need to be broken.

#### Feasibility and delivery.

- The committee suggested expanding on the interview process. E.g. where interviews will take place, who will be present etc.

#### Participant safety, respect and confidentiality

- The committee suggested making it explicit in the participant documentation that the lead researcher is also a member of the clinical team. A clear and concise process to reduce negative consequences would be beneficial to minimise the potential of bias for the study.
- The committee queried how much impact there would be on the participants care with the research being mixed with clinical intervention. For example, it is stated that information will be included in progress reports which is not usual practice in research (apart from clinically-significant findings). Stating that "Participants will have the opportunity to engage with in depth interviews which may have the benefit of offering them additional support which they would not have received" may be seen as presumptive.
- The committee suggested providing a written justification why participants will be unable to withdraw after analysis. E.g. the data will already be anonymised and the researchers will be unable to identify which information was the participants.
- The committee advised that giving participants an option to speak to someone independent, needs to be explicitly stated e.g. "if you have concerns and would like to talk to someone about this research who is not involved in your care/the research team, please contact ...."

#### Dissemination and use of results

- The committee suggested giving participants the option to have access to the study findings.

#### Outcome

- The committee advised the researcher to consider the suggested changes stated above, then re-submit the study for peer review with the updated documentation and completed IRAS form. The committee will then be able to review this outside of the committee meetings.

If you have any queries regarding this or any other project, please contact, Tom Rhodes, Senior Research Facilitator, at the above address.

**Please note that no study activities including promotion or recruitment can be undertaken until HRA approval has been received and the Trust has provided confirmation of capacity and capability.**

Yours sincerely,



**Dr Bonnie Teague**  
Research Manager

## Appendix D: Invitation to participate

Working Together  
Delivering Choice  
Transforming Lives

# Progression PIPE

---

Dear Mr X

As you know, part of the development of the PIPE service is to evaluate how things are going and conduct research into the service with residents, and I am writing to you to let you know of a research project that is taking place for which you would be suitable<sup>9</sup> to join in, if you were interested.

The research is exploring how PIPE helps residents with a personality disorder diagnosis to stop engaging in behaviours that are unhelpful / damaging / offence related, and does so by exploring how residents think about themselves.

This would be explored during an interview of approximately one hour. If this sounds like it might be of interest to you, I would like to invite you to attend a meeting with a member of the research team to discuss the aims and objectives in more detail. If you are interested in hearing more, but would not be interested in a meeting at this stage I will provide you with some further information to consider.

Please note that your attendance at this meeting is completely voluntary, and there will be no further contact regarding this research should you decide not to attend. If you decide to attend this meeting, the research team member will discuss with you the aims and objectives of the research. You do not have to make any decisions about joining in with the research at the meeting.

Please complete the attached slip below to indicate whether you are interested to find out more about this research.

Thank you for reading,

Karine Greenacre, Clinical Lead Psychologist

---

<sup>9</sup> You are suitable to join in with this research if you have a diagnosis of personality disorder and you have completed high intensity treatment.

---

Name:

Number:

I am / am not\* interested to hear more about the research but do not want to attend a meeting at this stage

I am / am not\* interested to attend a research meeting to discuss the research further

Signed.....

Please return to Karine Greenacre, PIPE office.

Working Together  
Delivering Choice  
Transforming Lives

## Progression PIPE

### Participant Information Sheet

*Name:*

*Number:*

*PIN:*

*Date issued:*

#### Study title.

How do Psychologically Informed Planned Environments (PIPEs) contribute to the integration of desistance narratives in offenders with personality disorder?

#### Summary.

The study is being organised through NHS Foundation Trust (NSFT). It looks at how living in a PIPE can help people with a personality disorder to stop offending and practice what they have learnt. The study will talk to people about how they see their past and future and what role (if any) the PIPE has in helping them. The lead researcher in this study is Ms. Karine Greenacre. Ms. Greenacre is a Registered Psychologist and the Clinical Lead for the PIPE.

#### Background.

Research shows there is a difference between the thinking of people who continue to offend and those who have stopped offending. In general, people who wish to stop offending need a pro-social identity. They need to explain and understand their past, why and what they did, and they need to understand why they are “not like that anymore” (Maruna, 2011). There is research like this with offenders but there is little with offenders who have personality disorder diagnosis. The research shows that people who continue to offend:

- Feel defeated
- See themselves as failures
- See barriers to recovery
- Have a negative view
- Feel they lack control of their lives

People who stop offending feel:

- a sense of achievement
- their lives have meaning
- able to act on their own
- able to make their own choices

Research shows that during therapy, some offenders develop this pro-social identity where not offending is a real possibility (Stevens 2012). However, there are problems with how supported these people are when they leave therapy. PIPEs are a less intense place for people who might need support to carry on the work they have started.

We hope this study will help us understand:

- 1) What people with personality disorder think about their offending and non-offending identity.
- 2) What people with personality disorder think PIPEs do to help them with their identity.
- 3) Whether PIPEs help people with personality disorder who have offended to continue to work towards their goals to not offend in the future.

#### Before the study.

You are suitable to take part in this study if you wish to, because you:

- 1) Have a diagnosis of personality disorder,
- 2) Have completed high intensity work (e.g. therapy) and
- 3) Are suitable to reside / currently reside on a PIPE

You have been given a letter inviting you take part in this meeting to discuss the study. At this meeting, we will explain the aims and goals of the study. You will be given this form and asked to take part. You will be invited to a consent interview where you will have another chance to ask questions and give consent.

#### *What we are asking you to do.*

We are asking you to take part in an interview, which will last for about 1 hour. The interview is a chance for the researcher to find out what you think about your life and past offences. The interview is divided into three parts (past, present and future). It has questions about 1) how you see yourself 2) what you think about the crimes you have committed 3) your personality disorder and 4) your experience of taking part in and living on PIPE.

*Benefits and disadvantages to consider before deciding to take part.*

There are benefits and disadvantages of taking part in the study, which are describe below.

*What are the possible benefits of taking part?*

- You will have the chance to take part in an interview. This will give you extra time to talk about your personal history and goals.
- It may offer you extra support.
- You will have the chance to think in detail about yourself.
- You may be helping to improve PIPEs for others.

*What are the possible disadvantages of taking part?*

- The questions will ask you to talk about your past and offending behaviour, which could cause you to feel upset. It is important that you know that you do not have to answer a question if you do not wish to. Support is available for you both during and after interview from staff not involved.
- The relationship between you and the person interviewing you may change. Any worries you have because you are taking part in the study will mean your role in the study will be stopped. A discussion with a member of staff who is not involved in the study will take place to address any worries you have.

During the study

If you chose to take part, decisions about your care will be transferred from the lead researcher to an independent member of staff. This is to ensure that what you say during the interview does not affect the care you receive.

*Timescales*

The interview takes place once during your stay on the PIPE (2 months prior to departure). It is extra to any normal care you will get whilst living on the PIPE. Interviews will be transcribed within two weeks and analysed.

*Information about the interview*

The interviews will take place in a quiet room on the unit with you and the researcher. The interview will be audio recorded to make sure that what you say is exact. You do not have to answer the questions asked and you can chose to stop the interview at any time.

*If you withdraw consent for the study*

You are able to withdraw from the study until the point of analysis. Analysis takes place two weeks following the interview. Before this time, if you decide not to continue with the study then your information will be removed. Analysis involves your interview being included with other participants' interviews, so after the point of analysis, interviews cannot be removed.

### *Participant confidentiality*

Information discussed during the interview is confidential and will not be shared with anyone who is not involved with the study. The exceptions to this are:

- 1) If you share a risk to yourself.
- 2) If you share risk to others.
- 3) If you share a threat to the security and safety of the establishment.

During interview, if you begin to share an area related to the above, the researcher will tell you that they need to share this information. If information has to be shared, the researcher will try to talk about this with you before it occurs or as soon as possible afterwards.

### *New information*

If any new information becomes available, the researcher will write to all participants to tell you of any changes and what this means for you.

### After the interview

#### *Reviewing the interviews*

All information that can identify you will be removed when the interviews are reviewed. This will mean you will be given a false name and any background detail will be changed. The audio record will be stored securely on site for the length of the study (approximately 12 months), and then archived within NSFT secure electronic archive. Your interview will be combined with other participants' interviews to help to answer the study's questions. Written material from the study is kept on site for the length of the study (approximately 12 months) and then kept for 10 years by NSFT in a secure archive.

### After the study is completed

#### *Giving out the results*

The results of the study will be written into a research paper. There are two outcomes for the paper. The paper will be submitted to the University of Leicester as part of the Doctorate in Psychology qualification. The results will also be shared with the services supporting the PIPE (namely NOMS and the NHS). The study outcome will also be

available through the NSFT website at  
<http://www.nsft.nhs.uk/research/Pages/default.aspx>.

### Further supporting information

#### *External review*

This study has been reviewed by the University of Leicester and NHS Research and Development Department. Research approval has been obtained from NOMS. All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by North-East: York Research Ethics Committee.

#### *Further information and contact details*

For further information about the research, please contact Karine Greenacre

If you wish to speak to someone who is not involved in the research, please contact Jennifer Cottam

If you wish to speak to someone about the research who is not involved in your care, please contact Tom Rhodes at Research and Development office

If you wish to make a complaint, or register a concern about the researcher, you can contact:

#### **The British Psychological Society Member Rules and Standards Officer**

St Andrews House  
48 Princess Road East  
LEICESTER  
LE1 7DR

Phone: +44 (0)116 252 9919

Email: [conduct@bps.org.uk](mailto:conduct@bps.org.uk)

Website: [www.bps.org.uk](http://www.bps.org.uk)

#### **The Health and Care Professions Council**

Fitness to Practise Department  
The Health and Care Professions  
Council  
Park House  
184 Kennington Park Road  
London  
SE11 4BU

Phone: +44 (0)20 7840 9814

Freephone (in the UK): 0800 328 4218

Email: [ftp@hcpc-uk.org](mailto:ftp@hcpc-uk.org)

Website: [www.hcpc-uk.org](http://www.hcpc-uk.org)



## Appendix F: Consent form

**Working Together**  
**Delivering Choice**  
**Transforming Lives**

**Progression**  
**PIPE**

### Participant consent form

Principal Investigator: Karine Greenacre

Participant ID:

#### Initial Box

1. I confirm that I read, understood and accept the information in the Information Sheet for this study (version 4: 12.06.17), and that any questions have been answered.
2. I confirm that the method for the study and the time involved have been explained to me, including any possible risks and benefits.
3. I understand that taking part is voluntary. I am free to withdraw without giving any reason, and without my medical care or legal rights being effected now or in the future.
4. I understand that my anonymous information will be stored securely on site for the duration of the study (approx. 12 months) and may be accessed by researchers for this study only.
5. I understand that after the study is completed, all materials will be retained by NSFT Research and Development department, securely archived for 10 years.
6. I understand that my involvement is confidential. I understand the limits to confidentiality are if there is a 1) threat to harm self, 2) threat to harm others or 3) threat to security of the establishment. I understand that any such disclosures may be reported to prison staff / security.
7. I understand that the interview will be audio recorded and transcribed.
8. I understand that I have the right to withdraw from the study at any stage prior to my data being analysed. I understand that data analysis places two weeks after the completion of my interview.
9. I agree to take part in the research.

☐☐☐☐☐☐☐☐☐

.....

.....

.....

Name of Participant

Date

Signature

(Please print)

.....

.....

.....

Name of Research member

Date

Signature

(Please print)

***All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by North-East York Research Ethics Committee.***

**For more information, contact the team:**

Karine Greenacre (Principal Investigator)

Phone:

Via Application to:

**Or the NHS Foundation Trust Research and Development office:**

Phone:

Address: Research and Development office

**To make a complaint, contact:**

Karine Greenacre (Principal Investigator)

Karl Williams (Service Lead)

Via Application to:

**To contact PALS (Patient Advice and Liaison Service):**

Phone: 01603421191 or BT Freephone: 08002797257

Address: PALS Office, Hellesdon Hospital, Drayton High Road, Norwich, NR6 5BE

## Appendix G: Debrief form

**Working Together**  
**Delivering Choice**  
**Transforming Lives**

**Progression**  
**PIPE**

---

*Name:*

*Number:*

*PIN:*

*Date issued:*

Dear Mr X

Thank you for taking part in the research interview. The anonymous interviews will be used to explore how PIPE helps residents with a personality disorder diagnosis to stop offending.

Please get in touch using the address below<sup>10</sup> if:

- You think of additional questions that you would like to ask.
- You decide you do not want your information to be included in the study.
- You think of important information that you would like to tell us.
- You have any concerns or issues you would like to discuss.

If you feel that you need support with any of the areas raised, please speak to any member of the research team (Karine Greenacre, Andrea Pailing or Harriet Stubbs) or any member of the PIPE team. We would suggest your keyworker in the first instance.

If you wish to speak to someone who is not involved in the research, please contact Jennifer Cottam

If you wish to speak to someone about the research who is not involved in your care, please contact Tom Rhodes at Research and Development office

---

<sup>10</sup> Karine Greenacre

If you require support with any of the issues raised during the interview and you do not wish to speak to those listed above, we encourage you to contact any of the following departments / services:

- The Chaplaincy department
- The Listeners service
- The Samaritans

It is likely that the research paper will not be complete before you leave the service. The study outcome will be available through the Norfolk and Suffolk Foundation Trust website at <http://www.nsft.nhs.uk/research/Pages/default.aspx>.

Thank you again for taking part,

Karine Greenacre, Lead Researcher.

## Appendix H: Template version 1

### **Personality related offending**

- It could have been different
- Need for excitement
- Minimising the past
- Detached account
- Post offence reasoning
- Past manifesting now
- Acute symptoms showing
- Why do I do these things?
- Accepting responsibility
- Past influences future
- Understanding risk
- Decision making
- This is when it started
- Maladaptive routes to securing need

### **Identity matters**

- Seeing my negative self in others
- Experience shapes the person
- Defining experience
- Rediscovery of self
- Fear the label
- Diagnosis means no future
- Labels lack meaning
- It's always there
- Hidden self
- I am safe
- I am not my disorder
- Rediscovery of self
- Understanding of diagnosis
- Uncertain sense of self
- I am a good person
- I am worth knowing
- Self-acceptance
- Being who I am
- Accepting past self
- Need to belong
- The out-group
- Dislike of criminal self
- Being a likeable person
- Perception of others
- I was unnatural
- Being who I am
- I am not the same
- I am moral

### **Other people's views**

- View of failure

- I have to prove myself
- Belief of others
- Wrong inside
- Stigma
- People do not trust the diagnosed

### **Environmental conditions**

- Shared objectives with others
- Relationships and connections
- The real world
- Responsive to need
- Being institutionalised
- Getting my needs met
- Environmental boundaries
- Normality
- Restriction

### **How I changed**

- Getting unstuck
- Desire to change
- Mechanisms for change
- The value in change
- Self-belief
- Active choice
- Change of perception of diagnosis
- Taking ownership of past actions
- Lack of problem identification
- Identifying the way forward
- Finding who I was: my true self
- Exposing the truth
- Naming
- Where I went wrong
- Incentive to change
- Genuine helpers needed
- Shared learning
- Professional help to change
- Need to take time
- Like minded others
- Giving something back
- Self-reliance
- Need for negative consequences
- Different environments

### **Consolidation and generalisation**

- Pathway planning
- Safety
- Exposure
- Value of key working

- Choice
- Learning every day
- Success despite challenge
- Self-management
- Reality checks
- Acceptance
- Responsibility for self
- Shared experience
- Maintaining change
- Application of skill
- What works?
- Try new things
- Being welcomed
- Coping with day to day living
- Affirming who I am
- Effect of others
- Feedback
- PIPE-worthiness
- Shared goals

#### **Future self**

- Being self-sufficient
- Never stop learning
- Understanding of diagnosis aids future coping
- Coping strategies
- Use the past to change the future
- Future professional support
- Confidence to succeed
- Stability of goals
- Consequential thinking
- Managing risks and vulnerabilities
- Choice
- Ongoing use of skills
- Optimism
- Future disclosure
- Complacency

## Appendix I: A-priori themes

| A-priori theme                          | Description   |
|---|---|
| Identity matters                        | Includes any references to the individuals identity as criminal, non-criminal, identity changes, projected future identity (e.g. who will I be?)  |
| Personality related offending           | Includes any reference to the link between personality or self to offences, relationship between who you are to what you have done, any reference to who you are being a risk for offending, insight into offending identity                                |
| How I changed                           | Includes any reference to how the individual feels they changed themselves, their behaviour, their beliefs, reference to having to change aspects of self, personality traits, vulnerabilities, making amends, optimism / hope, role of PIPE within change, |
| Other people's views                    | Includes any reference to how others view the individual and their behaviour, changes to behaviour and what this means to the individual  |
| Consolidation and generalisation        | Includes any reference to the process of consolidation and generalisation, PIPEs,   |
| Being who I am                          | Includes any reference individuals being enabled to be who they are because of where they are residing, the opportunities they have had to demonstrate who they are, why this matters   |
| How will you be yourself in the future? | Any reference to who you are or what makes up your personality being the biggest risk for future offending, managing future vulnerabilities, coping with intrinsic risk factors, any reference to future accounts of the past,                              |
| Environmental conditions                | Any reference to the effect that environments can have on individuals, either self or others, both positive and negative. What is felt to work within environments, what can be done to improve environments.   |



## Appendix J: Final template

### **1. Origins, experience and impact of living with Personality Disorder**

#### 1.1. Origins

- 1.1.1. Primary Carer Style
- 1.1.2. This is where it started

#### 1.2. My Reality

- 1.2.1. Needs go unheard
- 1.2.2. Internal experience of traits
  - 1.2.2.1. Information processing and decision making
- 1.2.3. Acute behavioural symptoms
- 1.2.4. Recognition of impact
  - 1.2.4.1. Its always there
  - 1.2.4.2. Understanding diagnosis

#### 1.3. Labelling

- 1.3.1. Response to the label
- 1.3.2. Stigmatised
  - 1.3.2.1. Negative stereotypes
  - 1.3.2.2. Label means ongoing challenges

### **2. Personality related offending**

#### 2.1. Offences express trauma

- 2.1.1. Maladaptive Routes to securing needs
- 2.1.2. Past manifesting now
- 2.1.3. What have I done?

#### 2.2. Blurred responsibility

- 2.2.1. Degrees of awareness
  - 2.2.1.1. Minimising the past
    - 2.2.1.1.1. Why do I do these things?
  - 2.2.1.2. Accepting responsibility
  - 2.2.1.3. Understanding risk
  - 2.2.1.4. Perception of extreme consequence

### **3. Identity transcends personality**

#### 3.1. Where I came from

- 3.1.1. Experience shapes the person
  - 3.1.1.1. Rules I live by
- 3.1.2. Identity nurturance
- 3.1.3. Need to belong

#### 3.2. Aspects of self

- 3.2.1. Uncertainty
- 3.2.2. Protective masks
- 3.2.3. I am worth knowing
  - 3.2.3.1. They see me really
- 3.2.4. I was unnatural
  - 3.2.4.1. Others see me as wrong inside

### 3.3. Transitions of self

- 3.3.1. I am not my disorder
- 3.3.2. Accepting who I am
- 3.3.3. I am not the same

## 4. Environments matter

### 4.1. Systemic impact

- 4.1.1. Control and Restrict
- 4.1.2. Destabilising environs
- 4.1.3. Being institutionalised

### 4.2. Relationships and connections

## 5. How I changed

### 5.1. Motivation

- 5.1.1. Desire to change
- 5.1.2. Choice
- 5.1.3. Incentive to change

### 5.2. Intervention

- 5.2.1. Overcoming barriers
  - 5.2.1.1. Lack of problem identification
  - 5.2.1.2. Identifying the way forward
- 5.2.2. Exposing the truth
- 5.2.3. Finding who I was
- 5.2.4. Methods of change
  - 5.2.4.1. Scale of severity
  - 5.2.4.2. Seeking answers
  - 5.2.4.3. Processing past actions

### 5.3. Not alone in this

- 5.3.1. In this together
- 5.3.2. Genuine help of others
- 5.3.3. I need to prove myself

## 6. Progression PIPES: Consolidation and Generalisation

### 6.1. Self

- 6.1.1. Autonomy
  - 6.1.1.1. How I compromised
  - 6.1.1.2. Self-responsibility
  - 6.1.1.3. Choice
- 6.1.2. Management
  - 6.1.2.1. Managing traits
  - 6.1.2.2. Using skills day to day
- 6.1.3. Self-growth
  - 6.1.3.1. Trying new things
  - 6.1.3.2. Sense making
  - 6.1.3.3. My success
  - 6.1.3.4. Affirming who I am

### 6.2. Others

- 6.2.1. Connecting
  - 6.2.1.1. Valuable interpersonal relationships

- 6.2.1.2. Shared experiences
    - 6.2.1.3. Moderating effect on others
    - 6.2.1.4. Shared goals
  - 6.2.2. Disconnecting
    - 6.2.2.1. Effect of others
- 6.3. Environment
  - 6.3.1. Exposure
  - 6.3.2. Safety
    - 6.3.2.1. Relationships are enabled
  - 6.3.3. Ordinariness
- 7. Future self**
  - 7.1. Ongoing generalisation
    - 7.1.1. Never stop learning
    - 7.1.2. Managing risk, avoiding complacency
      - 7.1.2.1. Consequential thinking
    - 7.1.3. Understanding diagnoses aids future coping
  - 7.2. From here to there
    - 7.2.1. Never ending journey
      - 7.2.1.1. Concern about disclosure
      - 7.2.1.2. Pessimism
      - 7.2.1.3. How do I do this?
    - 7.2.2. After the tunnel
      - 7.2.2.1. Optimism
      - 7.2.2.2. Stability of goals
      - 7.2.2.3. No more missed opportunities
  - 7.3. Community safety net
    - 7.3.1. Future Professional support
    - 7.3.2. Replicating PIPE conditions

### Section 3: Service Evaluation

*Experiences of Residents' at the Point of Transition, in a Psychologically Informed Planned Environment (PIPE) in a Category C Prison Establishment: An Evaluation of Exit Interview Data.*

## **Abstract**

### **Background**

Psychologically Informed Planned Environments (PIPEs) are part of the Offender Personality Disorder (OPD) pathway. Progression PIPEs offer residents with complex needs such as personality disorder, a more contained, psychologically informed environment to support progress made in prior interventions. This paper explores residents' experiences of residing on a Progression PIPE at the point of transition.

### **Method**

Thematic Analysis was used to analyse exit interview transcripts from 15 residents located within a Category C prison establishment, at the point of transition.

### **Findings**

Main themes were "Destination Known", "Making a Difference Together", "Culture Clash", "Desire to change" and "Lifting the Veil". The qualitative method offered a thorough account of the experiences of residents within service. Findings support the role of PIPEs in improvements to residents' wellbeing, health and behaviour, the development of positive relationships with each other, confidence in staff and improved custodial behaviour.

### **Limitations**

These include the restriction of participants who transitioned positively from service, meaning their experiences and outcomes may be more likely to be positive. Staff working on PIPE completed the exit interviews; therefore, independence within the process of interview cannot be guaranteed. The subjective nature of experience is also considered; it would be beneficial for the findings to be validated using quantitative methods.

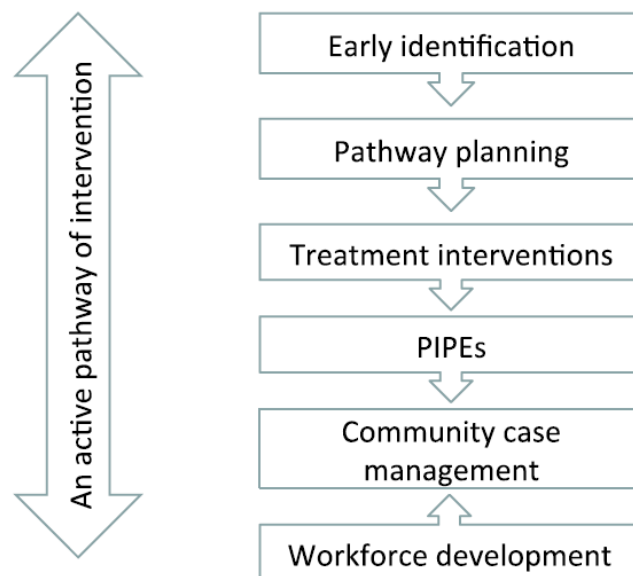
### **Implications for practice**

The importance of PIPEs being integrated into the institution and supported by the organisation is paramount. Additional focus could be on the effect of motivation on outcomes for both the individual and community.

### **Keywords**

Psychologically Informed Planned Environment, Enabling Environment, Forensic, Personality Disorder, Offender Personality Disorder (OPD) Pathway.

Psychologically Informed Planned Environments (PIPES) are an initiative developed in England as part of the Offender Personality Disorder (OPD) pathway (Figure 1).



*Figure 1: The Offender Personality Disorder pathway.*

Included within the pathway are treatment interventions such as specialist treatment units and Therapeutic Communities (TC). Research identifies that individuals face challenges following treatment completion, supporting the need for step down environments such as PIPES. Genders and Player (1995) found that offenders who returned to other prisons following engagement in HMP Grendon TC had difficulties getting used to new routines and practices, and coming to terms with prisons not running as a TC. For example, it not being in their interests to discuss their problems, or advise others about aspects of their behaviour they thought required modification. Manning, Lees, and Rawlings (1999) found that returning to the 'real world' of conventional prison emphasised their confinement and frustration, and they had to adjust to manage the demands of conventional prison culture. Stevens (2012) found that TCs support participants to recognise their old selves as a bridge not a barrier to their new selves, but maintaining newly developed narratives in participants who leave therapy is challenging. Harrison and Martin (2001) suggest that to prolong treatment impact, offenders should reside in separate housing areas and not return to general

population. In constructing the PIPE model, Bolger and Turner (2013) state the importance of attending to the transition between services, because of challenges that transition can pose for individuals with attachment difficulties, particularly those with Personality Disorder diagnosis.

The PIPE model developed in parallel with the Psychologically Informed Environments (PIEs: Johnson & Haigh, 2010). PIPEs are distinct from PIEs because of the emphasis on planning. Planning in PIPEs is necessary for the higher security requirements of prisons. Planning also relates to the model's six core components (Figure 2), with a clearly defined psychological rationale that contributes to the development of the resident and service. In addition, planning involves the intentional consideration of the needs of the clients (e.g. personality disorder) by staff, in their responses to residents' behaviour, i.e. to move from thinking, "what is wrong with you?" to 'what has happened to you?'" PIPEs are "specifically designed, contained environments where staff members have additional training to develop an increased psychological understanding of their work" (Bolger & Turner, 2013, p. 6). Four types<sup>11</sup> of PIPE exist within the pathway; this evaluation focuses on a Prison Progression PIPE.

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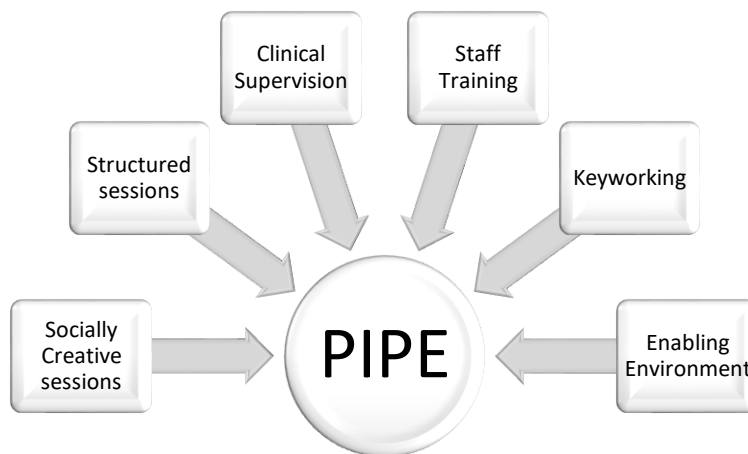
<sup>11</sup> **Preparation PIPE:** A (prison) residential pre-treatment service focussing on treatment readiness (responsivity), motivation, engagement and exploration of barriers to treatment.

**Provision PIPE:** A (prison) residential service which provides an appropriate and supportive environment for those undertaking treatment in a different setting (e.g., for those in a day treatment service). A provision PIPE provides the core environmental conditions of a PIPE, whilst supporting participants to consider skills and learning being explored through treatment.

**Progression PIPE:** A (prison) residential post-treatment service that supports participants in consolidating and generalising their treatment gains, putting new skills into practice and demonstrating improvements in behaviour. Participants will have successfully completed a treatment programme (usually one of high intensity).

**Approved Premises PIPE:** A whole-premises approach, focussing on a psychosocial understanding of participants, and supporting effective community re-integration and resettlement. PIPE Approved Premises will integrate model requirements into the core functions of the premises and aim to provide new experiences and pro-social opportunities for its participants. The population will include a range of offenders at different stages of the pathway, for example a mix of those who have completed interventions and those who have not (Turner & Bolger, 2015).





*Figure 2: The PIPE model.*

The PIPE model holds a number of core theoretical concepts. It assumes a biopsychosocial understanding of the relationship between 1) the environment 2) the individuals within it, and 3) between the individuals themselves. Specifically, how these relationships can support risk reduction and improve pro-social behaviours. The environmental hypothesis is:

If the environment through which offenders/patients progress is considered holistically as a setting in which organisation, behaviour, decisions, actions and culture can be informed and planned on the basis of psychological thinking, it will create better social conditions for relating and will improve psychological, social and justice outcomes. It will support ‘intra-and inter-’ psychological stability, emotional and social development (Benefield 2013, cited in Bolger & Turner 2013, p.21).

The environmental hypothesis incorporates the Enabling Environments (EE) framework developed by the Royal College of Psychiatry (2013)<sup>12</sup>. EE’s are places where a) positive relationships promote well-being, b) people experience a sense of belonging, c) people involved contribute to the growth and well-being of others, d) people can learn new ways of relating and e) the contributions of all parties is recognised and respected.

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<sup>12</sup> See Johnson and Haigh (2010; 2011) for information on the development of the Enabling Environments standards and award.

PIPEs incorporate the Good Lives Model of offender rehabilitation (GLM; Ward & Gannon, 2006). The GLM is a strengths based approach that encourages participants to develop autonomy and take responsibility for change. The GLM promotes offenders' goals alongside managing their risk (Ward & Steward, 2003) and PIPEs offer a safe and supportive environment so residents can learn to equip themselves with skills to plan for an offence free future (NOMS & DH, 2012). The PIPE intended outcomes explored in this service evaluation are listed in Table 1.

Table 5

*PIPE Intended Outcomes (Turner & Bolger, 2015)*

| Primary Outcomes  | Intermediate Outcomes  |
|---|--|
| ✓ Improved psychological health of offenders  | ✓ Improve offenders' access and progression through services; and ensure effective risk management.        |
| ✓ Improve psychological health, wellbeing, pro social behaviour and relational outcomes | ✓ Improve staff and offenders understanding of behaviour, risk factors and effective management strategies |
| ✓ Improvements in offenders' quality of relationships and relationship skills           | ✓ Improve the quality of the relational environment in OPD Services  |
| ✓ Improved (or sustained improved) institutional behaviour                              | ✓ Increased ability of offenders to communicate their internal experiences to others                       |
|   | ✓ Improved confidence and optimism in staff, offenders and management                                      |

Given the developmental stage of PIPEs, evaluation studies are relatively small in number. One of two national evaluations conducted by Shearman, Bainbridge, and Kini (2012) used the Essen Climate Evaluation Schema (EssenCES) to assess the social climate of PIPEs, across six prisons (n=4) and approved premises (n=2). Participants were PIPE staff, as well as PIPE 'offenders' and PIPE 'residents'. Control group data was collected in prisons<sup>13</sup> prior to introducing PIPE. The findings showed significant differences in *Experienced Safety* (an environment where there is little or no violence or aggression),

<sup>13</sup> Did not include data from approved premises

and *Hold and Support* (the experience of positive and supportive therapeutic relationships) between the offender experimental group and the control group, suggesting that there were significant improvements on these subscales for offenders when a PIPE was introduced. *Offender cohesion* (a cooperative and cohesive group climate) within custody was not significantly different between the offender experimental group and the control group suggesting that PIPEs offer an environment that feels safer, with positive relationships, but cohesion required development.

The second national study conducted by Turley, Payne, and Webster (2013) purposively selected three pilot PIPE sites<sup>14</sup> to establish features that are important to effective delivery. Findings include:

- Safe and supportive relationships between staff and offenders.
- Staff Respect and availability.
- Collaboration
- Support for offenders including one-to-one sessions, structured groups, creative sessions and informal activities.
- PIPE staff having an understanding of, and complying with, the PIPE way of working.
- The Clinical Lead's role in supporting and developing staff to avoid inconsistency and variable commitment that can undermine helpful interactions.
- Recruiting skilled staff.
- Strategic leadership within establishments and understanding across frontline staff.
- Non-PIPE lodgers in prison units can undermine the potential impact of PIPE

Bennett (2014) explored the experiences of five service users within a high security PIPE<sup>15</sup>. The themes are termed *progression* and *being part of a community*. The findings showed the shared understanding of the function of progression PIPEs as consolidation and generalisation. The theme *progression* describes the interpretation of a process for consolidation and generalisation that could be occurring. However, it is not clear

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<sup>14</sup> 1) A sexual offenders' wing in a male prison, 2) an AP accommodating men convicted of violent offences (though not exclusively) and 3) a unit in a female prison.

<sup>15</sup> HMP Frankland

whether this process occurred with the participants sampled or if this were what the authors hoped/expected would occur. The second theme, *being part of a community*, links to EE and is a conceptual argument for the process that participants may go through to achieve the core standard of belonging. It is hypothesised that for participants' to feel they belong, they need to focus on "intrapersonal self-development which would enable participants to pro-socially interact with others on the PIPE" (p. 223), although it is not clear that the process reported occurs in the order described for the participants sampled.

Bennett (2014) links the data to PIPE intended outcomes, and identifies an incongruent aim, that PIPEs reduce risk. Reduced risk is an aim of the OPD Pathway, and it can be argued that engagement in PIPE contributes to this aim, although it is not explicitly an outcome of PIPE. Bennett highlights the importance of considering participants motivation to engage. For example, outcomes could be different for someone motivated by the desire to generalise their skills and achieve goals, to an individual motivated to reduce their risk or others' perception of their risk. It is not possible to identify the participants' motives, and if there is an impact on the data. However, research (Clarke, 2010) suggests that individuals who participate in qualitative research are likely to do so because of subjective interest, enjoyment, curiosity, introspective interest, social comparison, and therapeutic / material / economic interest. These characteristics could be more congruent with individuals motivated to engage for internal reasons (self-development) rather than external reasons (perceptions of risk), which could mean the data is more reflective of outcomes specific for this group. A final critique is the small-scale nature of the study (n=5) and it being limited to high security, although arguably, the findings can be linked to other PIPEs by the common underpinning model.

Healey (2015) explored participants' perceptions of how their experience of PIPE affected their transition into the community. Seven participants were interviewed and emerging themes *relationships*, *ordinariness*, *environment* and *progression* were reported. Despite the intended aims, the data focuses on the participants' retrospective experiences of PIPE and less on how PIPE prepared them (or not) for their transition. A critique of the OPD pathway is evident, by some participants being recalled to custody. This may reflect challenges within community services having lower specialist PIPE

services available, and other environments being unable to provide the same level of support or understanding received within custodial PIPEs.

The literature summarised includes participants experiences of joining a PIPE, what it is like residing on PIPE and how the experiences of PIPE affects them after leaving. Accounts of participants who are currently in service and approaching the end of their time are lacking. The key question of this evaluation is:

**What are the experiences of participants involved with PIPE? An exploration at the point of transition.**

## **Method**

### **Exclusion criteria**

Exit interviews are offered to all participants leaving the service. To date, the total number of exit interviews completed since opening (June 2014) is 45. Data (n=14) was excluded if the individual's transition predated the Enabling Environment award (December 2015). Individuals transition from PIPE in a number of ways 1) progressive move, 2) pathway move, 3) Transition (self) and 4) deselection (staff)<sup>16</sup>.

Any resident deselected by staff (n=2) was excluded as outside the evaluation's scope. Six interviews were missing due to being declined (n=2) or not offered due to short notice of transfer (n=4). After applying the exclusions, 23 potential candidates remained. The sample deemed sufficient for this analysis<sup>17</sup> was 10 – 15 transcripts. Transcripts were allocated a number and using a random number sequence, 15 transcripts were selected.

### **Location**

The PIPE is a jointly managed service between the NHS and prison services. It has 96 beds, 48 beds dedicated to the progression PIPE and 48 beds dedicated to an

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<sup>16</sup> 1) progressive move: Includes transfer to less secure / enhanced wing in category C conditions, Progression to category D, and Release to community

2) Pathway move: Includes progression into treatment.

3) Transition (self): Either the resident feels they have met their aims, goals and objectives and staff agree or the resident feels they have met their aims, goals and objectives and staff do not agree.

4) Deselection (staff): The participant's behaviour has not conformed to the required standards and staff have deselected the individual.

<sup>17</sup> As recommended by Clarke, et al. (2015)

Assessment and Treatment service. The two services are distinct with separate environments.

### **Participants**

All participants were residing in a male category C progression PIPE. The criteria are:

- Completion of moderate-high intensity treatment.
- Demonstrate treatment gain and areas to consolidate and generalise.
- Not have an unmanaged enduring mental illness.
- Able to engage with non-adapted interventions.

Eighty seven percent of participants were transitioning for a progressive move and 13 percent were transitioning for deselection: self (staff in agreement). Twenty percent of participants were serving a determinate sentence and 80 percent were serving an Indeterminate Sentence.<sup>18</sup> Demographic and index offence data are described in Table 2 and 3 respectively.

Table 2

#### *Demographic Information*

|  | <b>Average</b> | <b>Range</b> |
|--|----------------|--------------|
| <b>Age (years)</b>                     | 44             | 28-56        |
| <b>Length of stay on PIPE (months)</b> | 15             | 5-24         |

Table 3

#### *Index Offences*

| <b>Index offence category</b>  | <b>N</b> | <b>Percentage</b> |
|--------------------------------|----------|-------------------|
| <b>Murder/Attempted Murder</b> | 6        | 40                |
| <b>Manslaughter</b>            | 1        | 6                 |
| <b>Robbery</b>                 | 4        | 27                |
| <b>Other violence</b>          | 4        | 27                |

<sup>18</sup> Including Life sentence and Indeterminate for Public Protection sentence

## **Procedure**

Prior to leaving the service, residents are offered an exit interview (see materials). Exit interviews took place in a quiet location away from the PIPE. The interview takes approximately 30 minutes with a trained staff member, who makes contemporaneous notes. Following completion, participants are issued with a debrief statement. Notes are transcribed and all identifying features are removed. Notes are stored securely for analysis.

## **Materials**

The exit interview was developed from an existing template used at HMP Grendon TC (Sullivan, 2010). The template was adapted to suit the needs of the PIPE. Its function is to evaluate the service from the participants' perspective.

## **Ethical considerations**

The ethics panel of the local NHS trust approved this service evaluation. Participants' engagement in the service is not conditional on their engagement in service evaluations. Participants give informed consent prior to engaging and they are advised they can withdraw their data at any point prior to their transition. Information disclosed during the interview is confidential, except in circumstances of (a) intent to harm self, (b) intent to harm others, or (c) threats to the security of the establishment.

## **Data analysis**

Data was analysed using theoretical<sup>19</sup> thematic analysis<sup>20</sup>. The underpinning approach is within a constructionist framework to explore and theorize the sociocultural contexts and structural conditions that enable the individual accounts provided. Clarke, Braun, and Hayfield (2015) recommended the approach used. The key findings are applied to evaluate the intended outcomes and to structure recommendations.

## **Reflexivity**

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<sup>19</sup> 'Theoretical' thematic analysis tends to be driven by the researcher's theoretical or analytic interest in the area, and is thus more explicitly analyst driven.

<sup>20</sup> Thematic analysis is a method for identifying, analysing and reporting patterns (themes) within data. It minimally organizes and describes a data set in (rich) detail.

A reflective diary was kept as recommended by Shaw (2010) to ensure transparency, to demonstrate how the raw data progressed to interpretation, and to illustrate the quality of data and trustworthiness of the conclusions (Smith, Flowers, & Larkin, 2009).



## Results and Discussion

Figure 3 illustrates the thematic map of the data.

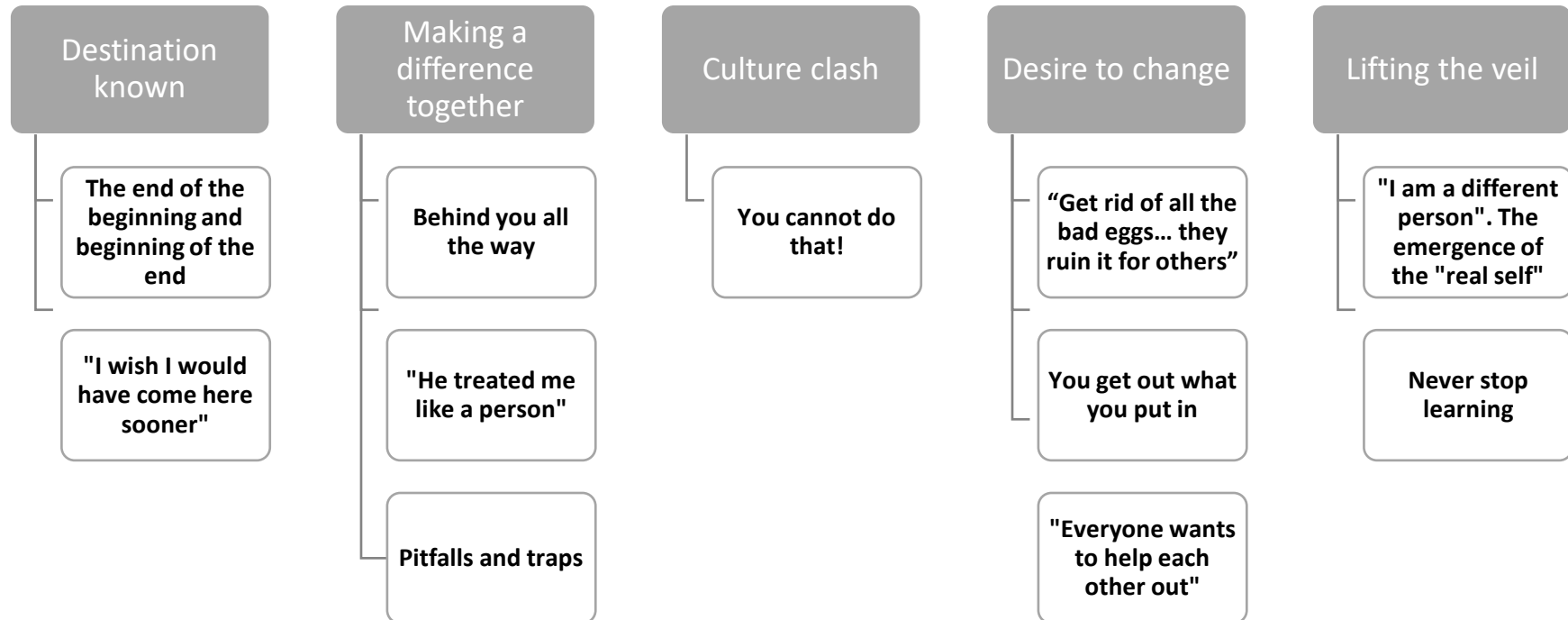


Figure 3: Thematic map.

## **Destination known**

Within this theme are two sub-themes. *The end of the beginning and beginning of the end*, reflecting challenges with transition and overcoming such challenges. “*I wish I would have come here sooner,*” reflects the way the service and the relationships within it, help participants to achieve their goals.

### **The end of the beginning and beginning of the end.**

At the beginning of PIPE, participants had variable understanding of what PIPE is. The importance of new participants having clear expectations was evident, Lenny said, “I knew the environment was better and I thought why not? It’s what I thought it was going to be like, I had a realistic view of it and I thought the PIPE would be easier”. Others reported more concerns, such as Patrick:

I was initially a bit sceptical due to too much psychological input. I might have felt like I was in a big fish bowl or under the telescope but it didn’t feel like that it was actually very helpful...I found it a bit rough at the start, my first impressions were different to reality.

Some participants had to overcome barriers in order to engage. Being able to overcome these barriers had a positive impact on their experience. For example, Charles said:

You’re treated with a bit of dignity, now staff talk to you, I can now sit down with a member of staff. A uniform creates barriers but now I can talk to J and other members of staff. I didn’t like staff, now I know if I need help I can go to staff. Staff are willing to help us move on.

Participants recognised that change is difficult. Tim explains, “moving on to category D, [feel] up and down. I want to go but then I think I want to stay where I am comfortable and I’m known...progress is better, but it’s nice being where you are known.” Some participants recognised the attachment they hold to the service being a part of what makes this transition difficult, Thomas says “I have finished my two years, otherwise I wouldn’t [be moving]...I was a bit gutted because it’s like a community and then you have to leave.” This emphasises the importance of ensuring participants have a proper ending.

Transition into or from environments is a key feature of PIPEs (Bolger & Turner, 2015). It is important upon entering PIPE that participants have clear expectations and staff

focusing on overcoming the resident's barriers to engagement is important for positive outcomes. The importance of attending to the end of relationships within services and to the service is an important additional dimension to endings.

**"I wish I would have come here sooner".**

The recovery journey illustrates the challenges of other environments. The data suggests that residing on PIPE has a positive impact on participants' behaviour compared to other environments. Charles said, "if I was still on A wing I probably would have been in a lot of trouble". Participants recognise that PIPE can offer an alternative environment that helps them focus on positive future goals. The focus on the future is an important feature of PIPEs and the GLM. The data suggests that PIPE can help offenders' progress, which is an intended outcome. Adam describes, "I wish I would have come here sooner, my parole was being pushed back. If I would have come earlier, it would have been beneficial and I might have been out by now. "Patrick also experienced this:

It helped me achieve my Cat D... I wanted to use my skills and I had learnt from the CALM course. On the Served, I was meeting and greeting people. It would have been more difficult if I wasn't on the PIPE. If I was nervous, the staff would support me and stand by me. The PIPE made me more pro-social as I was an introvert.

Residing on the PIPE had benefits for their relationships, behaviour and achievements in comparison. For example, Sam said, "If I came to E wing earlier I think I would have got my Cat D earlier. On K wing ... I think the officers got annoyed with me because I was always there and I got negative entries for petty things that really frustrated me."

### **Making a Difference Together**

This theme has three sub-themes. Firstly, *"he treated me like a person"* illustrating factors that can help to develop positive relationships. Secondly, *behind you all the way*, depicting the positive outcomes resulting from such relationships. Finally, *"pitfalls and traps"* demonstrates the impact that negative relational experiences can have on residents.

**"He treated me like a person".**

Relationships between staff and residents was paramount. Participants felt there was an interpersonal style that helped relationships, Patrick identified reliability and being treated equally:

You soon find out which staff say that they will do something and follow this through and who won't. Ms B was good with photocopying and Ms A was very helpful, officer H is a nice guy as a keyworker, he treated me like a person or like a friend. People get called by their first names.

Sam identified fairness and honesty as important "staff are completely different to the rest of the prison. I have never got along with staff ... here staff are fairer. If you ask for something they will tell you straight away if they can do it or not." Staff understanding of behaviour was valued. James described, "when I was venting, he [keyworker] didn't perceive me as aggressive; he saw it for what it was". Nick identified that staff engaging with social activities helped break down barriers "the PIPE gym session, that gets everyone involved and it's a different mind-set, it continues to break barriers." Some specific techniques that participants valued were 1) being thought of; "Staff got me a birthday card which was touching" (Patrick), 2) being prioritised; "when I first came the TV was broken, the chair was broken and the mattress was bad; it got sorted out the next day, I felt like they prioritised me." (Sam) and 3) Accounting for, and acting on participants' ideas "it's nice to know people value my opinion." (George).

### **Behind you all the way.**

When relationships are positive they aid participants to achieve positive outcomes. Sam said, "staff are more patient here and everything seems to go to plan. When a problem occurs and it is raised it gets sorted out." Theo highlighted the support for positive coping "If I am struggling there are many staff that I can go to talk to, that is one of my coping mechanisms, staff now understand me as a person and are able to support me,". Lenny felt staff supported him with the difficulties he was experiencing in the community. "When I was trying to chase my D Cat, my partner had breast cancer ... the staff have been helping me do this, if I had a question in the morning they would have an answer for me by the evening." The support offered by staff contributed to positive

outcomes in relational skills. Charles said, “I can communicate better, I don’t swear as much and I think I am less intimidating, people thought I was.”

### **Pitfalls and Traps.**

Some participants described negative experiences within their relationships with staff. Marty said, “certain officers can just palm you off and it gives me the hump and then I go to another officer and they think I am undermining them and it is frustrating.” Participants highlighted common traps that contributed to a less positive experience, specifically, deficits in openness, transparency and clear expectations. Malcom said:

When I got my dossier, an officer wrote that I spoke inappropriately to a female officer and no one told me about it. It was that uncertainty because I didn’t know who said it and I was scared to talk to people. It would have been better if they pulled you aside.

The PIPE model specifies the types of skills staff should possess as listening, reflecting, being supportive and containing. Staff work within recognised frameworks of EE and GLM, to respond to the individuals’ needs (Bolger & Turner, 2015). The evidence suggests that other skills are important including genuineness, honesty and reliability. Also important are transparency, and consistency, which participants felt was missing within some relationships. Group supervision aims to help staff to develop these skills, to enhance their understanding of why these skills are important. The findings may illustrate a need to ensure staff are aware of, and attend to the specific skills that can contribute to positive outcomes. When relationships work effectively, the data supports the achievement of several intended outcomes of PIPEs, namely the improved quality of relationships and relationship skills.

### **Culture Clash**

This theme consists of one sub-theme *you cannot do that* emphasising the importance of the host organisation recognising and adhering to underlying service principles.

The participants’ perception is that the ethos of the host organisation and different departments within the organisation, affect their experience of PIPE. For example, when those who are not directly involved with the service, make decisions that affect the environment. Lenny said, “Security can stop things that are positive for no need, they

are not flexible. There could be so much more going on". Malcolm explained, "they (staff) were going to put a TV up in a communal area, having a place we can all come together ... Health and Safety said we couldn't hang anything." The importance of communication between the host and the service is crucial to ensure the understanding of those within the environment, and foster positive relationships with other areas of the organisation.

Some participants believe they should be exempt from the aspects of security and containment inherent in prisons due to their perception that PIPE is different and special, Adam said "Give us keys to our cells ... to make us feel a bit more trusted ... leave us open until 9pm to associate. I think we should get more rewards for being here." When restrictions were implemented, there was a tendency from participants to blame the system, "security are always putting their nose in, there are walls and they come up and you can't go anywhere" (Marty). The importance of the service encouraging residents to understand the role of the host organisation is important for wider relationships within the custodial setting.

The traditional perception of prison as punitive and commonly held belief that there should be minimal positives in an environment designed to punish, continues to hold true despite efforts towards cultural change across the estate (Guthrie, Smillie, McKeown & Bainbridge, 2017). This perception seems to emphasise the differences of PIPEs, despite national initiatives around improvements in environmental conditions. PIPEs intend to be different, without being special, and do so by modelling ordinariness of life. However, there is a sense from some participants that PIPEs are "special", rather than different. Whilst PIPEs and the related ethos are less common, it is perhaps not surprising that some participants have this belief. With wider cultural shifts occurring within the prison estate linked to the new Offender Management model, it is possible that this perception will subside. In the interim, it is recommended that careful consideration be given to the way PIPEs and differences to other parts of establishments are explained.

## Desire to Change

This theme has three sub-themes, firstly, *“everyone wants to help each other out,”* which describes how supportive team-orientated engagement contributes to positive experiences. Secondly, *you get out what you put in;* suggesting that resident involvement contributes to positive environments and the benefits received from this involvement increases willingness to contribute. Finally, *“get rid of all the bad eggs... they ruin it for others,”* suggesting a perception of negative impact is caused by other participants’ decreased motivation and poor behaviour.

### **“Everyone wants to help each other out”.**

A shared ethos exists that relates to supporting and helping others and this contributes to positive experiences. Tim explained “when I got assaulted, people would go out of their way to speak to me, G was really supportive...the best thing is that everyone wants to help each other out”. Lenny explains “you can’t force it, its organic, as long as you are aware of who is who and who needs help, it cannot be manufactured”, suggesting that when residents support each other, this is genuine.

There was frustration from some participants when they were unable to support others, which links to the perception of others’ motivation and the systemic impact on PIPE. “There were two people I would have liked to have helped but it didn’t work, I couldn’t get things done” (Charles). An extension to the perception of being unable to help was an occasion when a community member harmed himself. The consequences are felt by all, with blame directed towards staff perhaps to account for a perception of helplessness “when another resident cut up it happened at the same time, same place and I felt staff could do more about it, it affected the other participants” (James).

The above theme is congruent with the PIPE being an enabling environment. This theme suggests other factors that might affect the development and maintenance of an EE, namely the motivation of others and the impact of wider culture, emphasising the importance of embedding the EE and PIPE ethos within host organisations. The data gives a sense of the expectations from participants on staff as being correspondingly high and not always achievable.

### **You get out what you put in.**

The establishment of a positive culture on PIPE involves everyone within it. Within the data, there was a sense that participants perceived a difference within the PIPE culture compared to other prison environments. Charles said, "I went to A wing and my behaviour slid. I hit the fuck it button. It's more relaxed on PIPE, you can leave your door open and go to work. People respect one another and it's a friendlier environment". Nick said, "It's [PIPE] a bit more informal with officers and staff and it really helps here. Other wings is just like the complete opposite. It is so quick and hectic on other wings it's all go go go, which created an atmosphere". Nick reflects on the outcome for him because of the positive environment on PIPE:

Straight away the environment [was good], which enabled me to relax and so does everyone else so then others can all join groups...People act differently and it breaks down those barriers. ... It has certainly given me the time to think and plan what I want to do, it has been helpful, I wouldn't have been able to do that on another wing.

In order for participants to gain from the environment, there is a recognition of the need for them to compromise and contribute. This was not always something that participants were keen to do, for example, Patrick said, "The full PIPE meeting overlapped with association time, I disapproved and thought that this was wrong." If participants are able to engage and contribute, then positives occur in a range of areas linked to service outcomes, including improved wellbeing. Lenny said, "I have benefited from the regime here, it's really good, mentally I am not as stressed for being in prison. This is a much better environment, I am calm and positive." A number of participants felt their relationships were improved, for example Malcolm said, "being on a wing which has a calm environment... Having the officers, having a better working relationship, you are on the same level, and you can call people by their first names which breaks down barriers" Patrick highlighted improved problem solving "I also think that my problem solving skills have improved."

The data suggests that when participants recognise the environment and culture are positive, different to their previous experiences and recognise personal benefits, they are more likely to contribute to the environment and this links to improved behaviour. What is less clear is whether participants recognise how this reinforces the culture. This



supports the importance of ensuring that those within the community hold similar values, consistent with prior research around the impact of lodgers (Turley et al. 2013). It also supports the importance of role models within environments, who can lead by example.

**“Get rid of all the bad eggs... they ruin it for others”.**

Some participants felt other residents were not engaging genuinely. For example, Nick said, “I hope some staff are switched on and realise that some cons are not what they seem.” This perception had a negative impact on their experience, by devaluing the efforts made by those who were felt to be genuine. For example, Charles said, “sometimes people are there for themselves and give ‘2 fingers’ to people. People are there for different reasons.” There is a clear desire from participants who see *themselves* as genuine, to have staff resolve these issues. To “get rid of all the bad eggs, there is not many, only a few and they ruin it for others” (George), suggesting that residents feel severe punishment should be given for any violations “if you are caught taking food then you [should] get kicked off” (Marty).

Previous research has touched upon the importance of motivation for individuals entering PIPE (Bennett, 2014). The current evaluation suggests the perception of genuine motivation is an important factor in positive outcomes for all participants, and the impact of someone who is not motivated could have a negative effect. The desire from participants to see infractions punished seems extreme, and rather than focussing on the implementation of proportionate, logical consequences for violations, it seems driven by an emotional reaction to the infraction. This could be understood from literature into research from staff experiences that suggests staff feel let down by behavioural infractions from participants they have invested time and effort into helping (Bond & Gemmell, 2014) and this is perhaps not dissimilar to how participants feel.

**Lifting the Veil**

This theme has two sub-themes “*I am a different person*” *the emergence of the ‘real self’*, illustrating the role the environment has on participants’ feeling able to be themselves rather than present a façade. The second sub-theme, *Never Stop Learning* illustrates that personal development on PIPE is a process.

### **"I am a different person". The emergence of the 'Real self'.**

Some participants recognised they have felt the need to hide who they are. They feel PIPE has given them the opportunity to remove the façade and be true to themselves, such as Marty "I have seen a better side of me, there is only a few people on the wing that I have it with". Similarly, Charles identified:

I am more articulate with my language and how I present myself and my body language. I have taken a good hard look at myself from SCP and PIPE. PIPE has helped me to do this, staff ... can see that I am a different person. People tell me that this is the real me, like I was putting on a front, being in jail can make you put on a front, but this is me.

Participants reflected on the positive changes that they have made *for* themselves; "It has helped me to reinforce my skills for the future. Showed me what I am doing is right, the decisions I make are the right ones, it has given me more hope for the future and more confident that I will succeed." (George) or *about* themselves "before PIPE I wouldn't talk to staff or be honest with myself, this is what I have learnt" (Marty). Finally, the data illustrates that participants have the choice as to how much they engage and how they make changes. Lenny said, "I have not felt pressured or interrogated to take part, it's like you can be on the PIPE and experience it individually."

The primary task of Progression PIPEs is to consolidate and generalise learning. The data suggests before this, a process of change occurs, which involves the distancing of the self away from the past in order to take forward their new self. This is consistent with research highlighting that supportive, step-down environments that allow individuals the space to do this, are necessary (Stevens, 2012).

### **Never stop learning.**

This theme describes how PIPE residents continue to learn and develop. Some residents felt there was more to PIPEs than consolidation and generalisation. Trying something new taught them new skills, Charles said, "creative writing, it was something different, I was putting feelings and emotions into things that I hadn't done before". Consistent with the primary task was the importance of practising and reinforcing skills, Nick said, "you have other participants going through things, you learn from each other, I think that it is a healthy way of learning and it reinforces everything." Malcolm said, "I was

very competitive [during gym], and I would get frustrated. I would have to challenge my negative thoughts. Over time all that gradually moved to one side and I enjoyed the game.”

Individuals learn through feedback and reflection. Feedback about areas to develop came from staff, “[Mr W] would talk through things with me, always supportive and if he didn’t agree with something he would tell me” (Tim) and other residents “people give you honest feedback that will help you, people don’t sugar coat things” (Sam). Positive reinforcement was an important part of the feedback process, “being praised by the staff makes you feel good, it lets you know you are going in the right direction” (George).

Participants talked about having time to think about things and focus on themselves “the PIPE has allowed me to re-evaluate myself. For me it was how I was in front of people. I wanted people to feel relaxed around me, I just wanted to come across well. PIPE gave me a chance to pick myself up again” (Nick), implying that individuals would not be able to have the same degree of introspection outside of PIPE. Finally, residents describe occasions where they have implemented their skills, for example, Charles said:

I am more approachable, I don’t stereotype people, I can perspective take and put myself in other people’s shoes. I am more rationale in my thinking, I can communicate better, I don’t swear as much and I think I am less intimidating.

The above is consistent with previous research completed by Bennett (2014), which hypothesizes a skills consolidation process through which participants’ progress. It is also consistent with observed skill consolidation within Preston’s (2015) paper, depicting skills consolidation as a pendulum linked to the perceived positive outcomes that participants derive from different behaviours that they attempt.

### **Strengths and limitations**

The focus on a previously unexplored time point in the PIPE journey, at the point of transition is a strength. The point of transition brings an added degree of robustness, that residents are perhaps more likely to be honest about their experiences as they are moving on. In terms of methodology, the decision to select participants that resided in service after the EE award gives an external framework for the quality of the

environment that should be consistent for all participants. This also contributes to the evaluation of the PIPE model, wherein EE status is a condition, therefore offering some reassurance that the PIPE model is being evaluated fully.

The limitations are that the sample did not include individuals that were deselected by staff. As deselection is typically for reasons of misconduct or security, the data reported has the potential to be positively skewed. This links to the subjective nature of experience, and whilst it is possible that someone may have had a positive experience and be deselected and vice versa, it is not possible to confidently assert this. The method adds a further limitation. Due to security restrictions, recording participant interviews was not possible. Notes were made contemporaneously, however, these may not fully capture the essence of what the participant is saying and how, and may add an element of researcher bias. To mitigate this, all staff conducting exit interviews received training in proper note taking, but an effect remains possible.

Whilst the number of transcripts analysed is relatively high for a qualitative piece of work, it is still relatively small in comparison to the numbers of individuals engaging with PIPEs nationally, and therefore challenging to generalise. Having said this, as the underpinning model is consistent across PIPEs; it is likely that the emerging themes could be similar. Further research would usefully explore the experiences of individuals that do not transition positively, to ascertain their experiences and compare. This will offer insights into whether there are specific aspects of PIPES that are not working as effectively for some participants, and how services might improve.

### **Recommendations**

Recommendations are structured around the intended outcomes outlined in Table 1.

#### **Improved Psychological Health of Offenders, Wellbeing, Pro-social Behaviour and Relational Outcomes**

The data supports that participants recognise an improvement in their wellbeing, health and behaviour, attributed to the impact of the environment and the relationships with staff and residents. However, it is difficult to draw conclusions due to the subjective

experience of wellbeing, health and behaviour, which may be different for different residents. Further quantitative research may be useful to validate this finding.

### **Improvements in Offenders' Quality of Relationships and Relationship Skills**

The evidence suggests that PIPEs can assist offenders to develop positive relationships with each other and staff. The skills relevant within relationships are genuineness and reliability. Some skills [honesty, transparency, and consistency] were felt to be missing, which may illustrate a training need to ensure staff are aware of, and attend to the specific skills that can contribute to positive outcomes. It might also usefully inform recruitment processes for management to consider these skills when recruiting.

### **Improved (or Sustained Improved) Institutional Behaviour**

The data supports that residents feel their behaviour improved because of residing on PIPE. Underpinning factors relate to the calm environment, and opportunities for residents to express their feelings and gain support with managing situations. As this is a subjective finding, it would be useful to explore this outcome via the integration of measures such as adjudication rates and behavioural warnings before, during and after PIPE. The data supports offenders' progression through services, (an expected finding) as participants were at the point of transition. It would be useful to explore the experiences of residents who have not transitioned positively (i.e., been deselected) to ascertain further evidence around what works for some residents and not for others.

### **Improve Staff and Offenders Understanding of Behaviour, Risk Factors and Effective Management Strategies**

There is evidence that residents recognise the role that the PIPE plays in understanding their own, and others behaviour, and adds further information to the way skill consolidation occurs within PIPEs. Further attention could focus on increasing understanding of this process for staff and offenders, via staff training and resident meetings, to ensure opportunities to consolidate are identified and acted upon in meaningful ways, including wider engagement with other departments within the establishment where opportunities for consolidation and generalisation take place, e.g. workplace.

### **Improve the Quality of the Relational Environment in OPD Pathway Services**

The data reinforces the importance of attending to the start and end of relationships. Ensuring that potential residents have a clear understanding of PIPE is required, and further consideration to any barriers to meaningful engagement could be beneficial for the individual, and the community. A review of the joining processes where expectations are discussed would be helpful, as would formalising the inclusion of the perspectives of existing residents and what they feel new residents 'need to know'.

The data emphasises the importance of wider embedding of the EE and PIPE ethos within host organisations to minimise systemic impact on PIPE. It is difficult to draw conclusions from the data about the systemic impact that may or may not be occurring, due to possible participants' biases. However, embedding the underpinning ethos through staff training, involvement in open days, and building links with other departments, e.g., Security, is likely to be helpful regardless.

The current evaluation suggests that a perception of genuine motivation is an important factor in positive outcomes for all participants, and the impact of someone who is not internally motivated could have a negative effect. This raises a number of questions regarding the concept of what motivation is, and at what point does a lack of motivation become problematic? Whilst motivation to engage is a criterion for acceptance onto PIPE, it is important to note that motivation to engage can increase because of being in the environment. A careful balance is required when considering the impact of decreased motivation on the community, against the likelihood of internal motivation developing over time.

### **Increased Ability of Offenders to Communicate their Internal Experiences to Others**

There is evidence that PIPEs help residents to process their experiences and communicate these experiences to others. Preliminary evidence suggests that some residents go through a process of distancing their internal "self" away from the past in order to take forward their new self. This is consistent with previous research that considers the importance of step-down environments.

### **Improved Confidence and Optimism in Staff, Offenders and Management**

Residents' report increased confidence in staff, and they observed staff positively develop their attitudes, working style and understanding of residents during their time on PIPE. Translating this into relationships with other professionals is perhaps more challenging. Further developing specific points of contact within other departments to aid the development of relationships with other disciplines, e.g., OMU / security may be helpful.

### **Conclusion**

This service evaluation explored the experiences of male offenders leaving a Category C PIPE. Findings are consistent with previous research into the importance of institutional support, relationships and underlying frameworks such as Enabling Environments and the Good Lives Model. Further nuanced findings are evidenced around the importance of motivation and offender identity. Recommendations are made for the specific site sampled and for PIPEs generally.

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Working Together  
Delivering Choice  
Transforming Lives

## Progression PIPE



Name \_\_\_\_\_

Prison number \_\_\_\_\_

1. I am willing to participate in the PIPE.
2. I understand that participation means that I should be an **active** member of the PIPE on a regular basis and that I will contribute something positive to the PIPE.
3. I will attend a structured group once a week, I will select and participate in a creative activity once a week and I will spend time with my key worker on a one to one basis, once every two weeks<sup>21</sup>.
4. I will participate in any community events.
5. I give consent for information to be shared with the PIPE service to assist with my referral and effective engagement with the unit. This includes information held by psychological services, mental health services, programmes departments, and OMU departments (i.e. sharing information with my offender supervisor/offender manager and the parole board about my progress (e.g. PIPE report). This information will only be accessed on needs to know basis and only accessed in cases where this information is relevant to my engagement and progression.
6. I give permission for my anonymised information to be used for local service evaluations / research to assist in the ongoing development and improvement of the service.
7. I understand that I may be 'de-selected', either on a permanent or temporary basis if;

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<sup>21</sup> The exception to this is as follows: Residents who are new to PIPE and engaging in education are permitted one session off per week for PIPE activities.

- I am placed on Basic for a long period
- I become a threat or risk to anyone on W Unit
- I am no longer gaining anything from the PIPE
- I have been on the PIPE for two years
- I no longer wish to be involved in the PIPE
- I have completed all of my work and I'm ready to go to open conditions or home.

I understand that should I not comply with the expectations in my compact, this may lead to de-selection from the PIPE and re-location to another unit or establishment.

Signature:.....

Current Location: .....

Date:.....

## Appendix B: Debrief statement

**Working Together**

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### **Progression PIPE**

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Participant debrief form

Thank you for taking part in your exit interview from PIPE. The information you have provided will be used anonymously in conjunction with other residents' exit interviews to explore:

- The experiences of residents involved with PIPE. An exploration at the point of transition.
- To describe the practice that occurs within PIPEs from the perspective of service users in conjunction with the Enabling Environment and PIPE models

If you have any questions about the interview or how the information you have provided will be used, please speak to or submit an application to Karine Greenacre or write to her at:

Addressed Removed

## Appendix C: Interview schedule

### Moving on: Exit interviews from PIPE

*The following interview schedule is for residents leaving the wing. Before asking the questions, the interviewer should explain the reason behind the interview (service evaluation, mark residents leaving, research purposes). It is important that the interviewer clearly explain the interview process and the use of data collected during interview. This will include how interviewee's answers will be recorded during interview (i.e. written notes or recorded), how this information will be stored post interview (raw data locked away in filing cabinet held by clinical team, typed up information/transcribed information held password protected in private folder), and who will access this data (clinical team). After the interview, distribute the debrief form associated with this interview.*

1. Can you remember what you thought HMP W PIPE was going to be like when you first applied?

#### Prompts

- How accurate were your first impressions of the unit?
- Explain to me what your actual experience has been like?

2. What is the primary reason for you leaving PIPE at this point in your pathway?

#### Prompts

- How do you feel about leaving?
- Have you gained any benefits from your time on PIPE?
- Do you feel that you have lost out on anything by engaging on PIPE?

3. I am going to ask you what is good and bad about our PIPE.

3a. First, looking back over your time on PIPE, what would you rate most highly about the unit (i.e. what has been good)?

3b. Now looking back over your time on PIPE, what would you rate lowest about the unit (i.e. what has been bad)?

#### Prompts

- Why was this important to you?

4. Looking back over your time as a PIPE resident, do you feel that you were listened to and understood by those around you?

4a. As a PIPE resident did you feel supported by those in a position of authority?

4b. Do you feel that peer support was recognised, valued and encouraged during your time on PIPE?

#### Prompts

- If no, can you tell me a little more about this?

- What do you feel if anything could be done to encourage peer support?
- 4c. As a PIPE resident, do you feel that you have been able to implement any ideas you have had?
- 4d. What if anything, do you feel could be done to improve implementation of PIPE resident's ideas?
- 5. I am going to ask you to think back to your initial goals when you came onto PIPE. Do you feel your time on PIPE has helped you achieve any of these goals?
- 6. I am going to ask you to think about what is good and bad about in HMP W overall and any impact you feel this had to your time on PIPE.
  - 6a. Looking back over your experience on PIPE in HMP W, what would you rate most highly about HMP W?
  - 6b. Looking back over your experience on PIPE in HMP W, what would you rate the lowest about HMP W?

Prompts

- Why is this issue important to you?
- In what ways, if any, has this impacted your PIPE experience?
- 7. How has your experience on E-Wing pipe compared to your experiences on other wings?
- 8. What if anything would you like to change about the PIPE?
- 9. Do you have any other comments to make?
- 10. As we are developing this exit interview, are there any questions you think should be added?

## Appendix D: Ethical approval

**Re: Experiences of service users in a Psychologically Informed Planned Environment (PIPE) in a category C prison establishment: An evaluation of exit interview data.**

Thank you for submitting the above project for Service Evaluation Registration. I am happy to confirm that the Evaluation has been reviewed and given permission to be undertaken in the following organisation:

- **Norfolk & Suffolk NHS Foundation Trust**

Please note that this authorisation is only valid for the specific submitted project, and does not include any future or additional projects in the same team.

If you have any queries regarding this or any other project, please do not hesitate to contact me at the above address.

Yours sincerely,



**Tom Rhodes**  
**Senior Research Facilitator**



Chair: Gary E Page  
Chief Executive: Michael Scott  
Trust Headquarters: Hellesdon Hospital,  
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Appendix E: Thematic analysis guidance, adapted from Clarke et al (2015)

| Phase                                     | Description  |
|---|--|
| Phase one:<br>Familiarisation             | Reading and rereading transcripts, making notes of any initial analytic observations – helps the researcher to move the analysis beyond a focus on the obvious meanings.   |
| Phase two: Coding                         | A systematic process of identifying and labelling relevant features of the data. Coding is the first step in the process of identifying patterns in the data because it groups together similar data segments.   |
| Phase three: ‘Searching’<br>for themes    | The ‘search’ for themes is not simply one of ‘discovery’; the themes are not in the data waiting to be uncovered by an intrepid researcher. Rather the researcher clusters together codes to create a plausible mapping of key patterns in the data.   |
| Phase four: Reviewing<br>themes           | The researcher pauses the process of theme generation to check whether the candidate themes exhibit a good fit with the coded data and with the entire data set, and each has a clear, distinct ‘essence’ – or central organising concept. Reviewing may lead to no or few changes, or to discarding the candidate themes and restarting the previous phase. |
| Phase five: Defining and<br>naming themes | Writing theme definitions (a brief summary of each theme) and selecting a theme name ensures the conceptual clarity of each theme and provide a road map for the final write up.   |
| Phase six: Writing the<br>report          | The researcher weaves together their analytic narrative and vivid, compelling data extracts. Themes provide the organising framework for the analysis, but analytic conclusions are drawn across themes.   |

## Appendix F: Enabling Environment Standards

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### **Standard 1: Belonging**

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*The nature and quality of relationships are of primary importance*

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- 1.1 Rs and Ps support newcomers to get involved with others
  - 1.2 There are opportunities for Rs and Ps to get to know each other
  - 1.3 There are ways to mark people leaving
  - 1.4 Rs and Ps are learning about building relationships
- 

### **Standard 2: Boundaries**

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*There are expectations of behaviour and processes to maintain and review them*

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- 2.1 Rs and Ps can describe the expectations and how they are maintained
  - 2.2 There is a consistent approach to implementing these expectations
  - 2.3 There is an open process to review expectations which includes Rs and Ps
- 

### **Standard 3: Communication**

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*It is recognised that people communicate in different ways*

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- 3.1 Rs and Ps are supported to communicate effectively
  - 3.2 There are opportunities for Rs and Ps to discuss the feelings behind the way people act
  - 3.3 Rs and Ps are encouraged to use a variety of ways to communicate
  - 3.4 Ps recognise how the way people act is a form of communication
- 

### **Standard 4: Development**

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*There are opportunities to be spontaneous and try new things*

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- 4.1 There is management support for spontaneity
  - 4.2 Rs and Ps are able to try new things
  - 4.3 Rs and Ps are supported to understand risk and risky behaviour
- 

### **Standard 5: Involvement**

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*Everyone shares responsibility for the environment*

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- 5.1 Rs and Ps take a variety of roles and responsibilities within the environment
  - 5.2 Rs and Ps are involved in planning their own development
  - 5.3 Rs and Ps are involved in contributing to the development of others
  - 5.4 Rs and Ps are involved in making decisions about the environment
-

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**Standard 6: Safety**

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*Support is available for everyone*

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6.1 It is acceptable for anyone to feel vulnerable and receive the emotional support they need

6.2 Rs and Ps feel listened to and understood by others around them

6.3 Ps have regular reflective supervision with a consistent supervisor

6.4 Peer support is recognised valued and encouraged

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**Standard 7: Structure**

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*Engagement and purposeful activity is actively encouraged*

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7.1 There is a consistent structure or daily routine

7.2 There are regular meetings or groups that include significant numbers of both Rs and Ps

7.3 There are spontaneous activities that involve R and Ps

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**Standard 8: Empowerment**

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*Power and authority are open to discussion*

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8.1 Rs and Ps are able to challenge decisions and ask questions

8.2 Rs and Ps feel supported by those in authority

8.3 Rs and Ps are able to have their ideas implemented

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**Standard 9: Leadership**

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*Leadership takes responsibility for the environment being enabling*

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9.1 There are clear management structures which include opportunities for involvement from Rs and Ps

9.2 The leadership ensures that the environment is the right place for the people within it

9.3 People with a leadership role are active participants in the life of the community

9.4 There is continuity of staff

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**Standard 10: Openness**

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*External relationships are sought and valued*

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10.1 The environment is welcoming to visitors

10.2 Everyone is supported to participate in activities outside the environment

10.3 Everyone is open and responsive to evaluation and learning

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#### *Section 4: Critical Appraisal*

This section of the submission contains my learning about the process of conducting research for the Doctorate in Forensic Psychology, and reflections on my personal experience and professional development as a result.

### **Choice of project**

I initially became interested in the idea of step-down environments some 12 years ago, when I was undertaking my forensic training. I had many conversations with offenders that had experienced challenges when moving from Therapeutic Communities to mainstream prison. These included feeling isolated from other offenders because they did not ascribe to the same values following their experiences in TC, having to present a façade to others to fit in and not feeling able to express themselves openly to staff for fear of consequences. I examined literature in the area and discovered an existing understanding of such experiences, although no solution seemed forthcoming. At that time, I did not feel able to contribute further to the discussion, with my relative inexperience and limited knowledge. Five years ago, I undertook a new role within the NHS as the Clinical Lead for a Psychologically Informed Planned Environment (PIPE) and the idea of investigating the role of step-down environments resurfaced with a clear need for evaluation of such services. Whilst working with residents on the PIPE, I felt I experienced the way the environment could affect an individual's identity and their desire to desist. What made this idea distinct was the unique environment in which the participants were residing (i.e. within a custodial PIPE) and the decision to focus on individuals with specific diagnoses. This had the potential to offer new insights into identity development / change / integration, and the relationship to desistance.

### **Choice of methodology and design**

The majority of research projects within PIPEs to date were qualitative in design, and prior recommendations from such research were for a mixed methods approach, to include an environmental measure alongside a qualitative exploration of experiences. It became clear however, that this method would pose significant challenges, for example, being able to determine how outcomes on a psychometric measure may relate to the experiences that participants reported.

The decision I made was to focus entirely on qualitative methods. I briefly considered the idea of a comparative qualitative study, to explore participants' experiences of residing on a PIPE over time; however, this had a number of issues surrounding the clinical care of residents in service. I conceived of a single interview with a number of residents as the best approach to answer the question I had developed, as was the most ethical and likely to yield results of value.

I then considered the approach that I may take in analysing the data. I initially considered the use of Interpretive Phenomenological Analysis (IPA), to offer an in depth analysis of the experiences of participants. However, through discussions with my supervisor, we recognised that there was a substantial amount of similar work about such experiences, albeit with different participants and in different conditions. My research question was a development of such work with a different population. The suggestion of template analysis (King, 2012), which can be utilised from a range of epistemological positions, has the advantage of being able to integrate this prior knowledge to inform the development of a-priori themes, and an initial coding template developed from the first interview. Template analysis is flexible enough however, to allow for revision of the template according to each new set of data, to account for any data that does not relate to previous research.

### **Conducting the research**

The research occurred within my work place, with residents that I had come to know. I discussed this with the Research Ethics Committee (REC) as a potential conflict for me and as such, I implemented safeguards, to ensure that participants did not feel coerced or pressured into taking part. I sent letters inviting participants to consider taking part and offering them the opportunity to attend an initial meeting with an Assistant Psychologist, familiar with the research but not involved. This transpired to be a crucial stage in the process, as a number of potential participants had indicated a willingness to engage following the receipt of their letter, who went on to decline to participate when they attended the initial meeting.

My key learning when conducting interviews was twofold. Firstly, the difference between interviewing for the purposes of research, and interviewing for other functions

in my work, e.g. risk assessment. I implemented the techniques I had learnt from workshops undertaken to assist in my development of research style and I found my style of interviewing developed and improved over time. In itself there is an implied critique of this aspect of the research, as to whether data from earlier transcripts is as meaningful as data from later interviews.

Secondly, the importance of detailed preparation for each research interview was emphasised early on in the process. I had initially felt that preparing too much would potentially compromise the integrity of the questions, i.e. that prompts would be tailored towards the information gleaned from preparation, rather than being generated by the participants. I came to realise that preparation was vital in helping to support participants during their interview, e.g. if they could not remember key facts, and the emphasis was on me, as the researcher, to manage the interview to minimise any risk of leading participants based on prior knowledge of their circumstances.

### **Analysis**

The process of analysis involved my working closely with a colleague, selected for her knowledge and experience within research methods. We developed a process of analysis that evolved over time, which followed the following steps, as recommended in the template analysis method:

- 1) Independent coding of each transcript using the template as a guide
- 2) Meeting to discuss each code given. Discussion about areas of agreement and disagreement.
- 3) Agreed modification of the template
- 4) Lead researcher reanalyses prior transcripts using modified template. Any changes to previous coding is discussed with second coder and ratified
- 5) Final template discussed and developed jointly.

At times, this process was intensely frustrating, particularly when differences of opinion were challenging to resolve. However, over time, the increase in inter-rater reliability was encouraging to the point where it was also intensely satisfying when we agreed on

the specific interpretation of the data. Putting together the final template was daunting, given its size and the volume of the results. The concern at this stage was whether anything we had produced was offering new insights. This felt particularly important because the use of template analysis meant that much of what we identified was consistent with prior research, as may be expected with the use of a-priori themes. I feel reassured having explored the data in greater depth that this is not the case; the findings offer a unique evaluation of desistance narratives with a specific population, and offer initial evaluation of PIPE environments. I feel excited about the possibility that this research may contribute to a wider discussion about the care of offenders within custody.

### **Write Up**

Out of necessity, I omitted a substantial section of the template from the formal submission write up. This was due to the importance of making sure I focus on the key data that would answer the research question. It has been an important process for me to hold in mind the research question and be selective about what I include as a result, rather than including everything! I fully intend however, to review the areas of the template that I omitted to present the results at a later stage.

My writing style has improved vastly over the duration of this course, both academically and for publication<sup>22</sup>. This has included adapting my writing style to account for the needs of others, both within the research and when communicating the findings. I have been fortunate enough to present the findings from my research to a panel of Psychologists who were able to offer me their insights and evaluation points. I fully intend to continue to develop in this area via the submission of other components of this thesis for publication.

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<sup>22</sup> Greenacre, K., & Palmer, E. (2018). Exploring forensic environments: how do environmental factors influence individual outcomes for residents and staff? A systematic review", *Mental Health and Social Inclusion*, Vol. 22 Issue: 4, pp.203-217.



## **Reflections on personal and professional development**

My knowledge has increased across a number of domains, not only within the research, but also across the entirety of the project, which I will now discuss.

Literature review: Owing to an administrative error, I commenced this piece of work with the view to conducting a critical review as directed. When this error was identified, I was required to restructure my work to adhere to the requirements of a systematic review. My initial reaction to this was of dismay and frustration, given the extensive amount of work I had already completed. Upon reflection, I am able to recognise that the systematic review methodology is more robust. The method reduces researcher and selection bias by utilising the strict criteria, it helps to condense a large amount of literature down to a more focused sample of research and therefore, conclusions are evidence-based. The critical review method does not afford the same degree of objectivity and scientific method. Whilst conducting the systematic review, I developed my skills in the appraisal and critique of research using appropriate guidance (EPHP, 1998; Spencer et al, 2008). This helped me develop my knowledge of other types of methods (e.g. quantitative) in addition to the qualitative methods I have utilised.

Service evaluation: I was fortunate enough to present the findings of this evaluation to the national service commissioners and other clinical leads for PIPEs. This process offered me the opportunity to discuss my findings and to request feedback from other professionals. This was bracing (to say the least), and helped me to develop a thick skin when it comes to professional criticism. This process allowed me the opportunity to see my findings how others may see them, offered me the opportunity to make adjustments accordingly, and gave me practice in delivering my research findings to other professionals and commissioners.

The service evaluation also afforded me the opportunity to be more creative in the style of writing that I used, including a more relaxed, conversational style of writing, that was at odds with the formal style I have used to date. The annual review panel suggested that my writing style was at times not being explicit about the point, particularly findings

that analyzed an aspect of the service or organisation. This generated an interesting dynamic with the host organisation, given some of the more critical findings, and prompted me to reflect on my role within the organisation simultaneously working for and researching within it.

Research: There are a number of key personal and professional developments within research. Firstly, my experience of the extensive process for securing ethical approval, and the need to consider the ethical issues involved with conducting research where I was also working. This was both in terms of considering the dynamics that potential participants may feel when asked to participate (e.g. pressure, coercion) and of interviewing participants for whom I had been clinically responsible. Minimising these issues involved transferring parts of the recruitment process to other clinicians, and the overall clinical responsibility for the care of participants to another staff member. This was not ideal; participants may have had other reasons for participating (e.g. to help the researcher). Conducting research where these pre-existing relationships do not exist would help to reduce, if not eliminate, such concerns.

Secondly, I have developed knowledge of the core subject matter, design, implementation and evaluation of research using a new technique (template analysis). Utilising a new approach to analysis and interpretation was daunting at first. I believe it felt this way because in prior qualitative work I have completed, there is an emphasis on recognising the biases that, as a researcher, you may possess, so you can understand how such processes may influence your interpretation of the data and seek to minimise such an impact. With template analysis, a-priori themes based on prior knowledge are developed, essentially highlighting what the researcher believes is important, before analysing the data even commences. The approach stresses the importance of allowing for flexibility in the approach, developing the template based on the data, allowing the themes to evolve. The benefit of this approach is that a higher number of participants can be included, and this is a key strength of the research. Managing the amount of data generated by ten participants also meant I needed to utilise my organisational and logistical skills to the maximum.

The three components of this portfolio constitute a journey, starting with the understanding of the principles underpinning successful forensic environments. The journey continues with an analysis of the key benefits that successful environments can offer, for a specific population (men with a diagnosis of personality disorder) who are desisting from serious criminal acts. The journey concludes with a retrospective exploration of the individuals perspectives on what helped them along their way, at the point they depart. I outline the original findings for each aspect of the portfolio below.

The literature review consolidates our understanding of the underpinning features of successful environments, confirming previous findings of the importance of safety, relationships and autonomy in constructing environments conducive to change. The review extrapolates the key outcomes that research attributes to the effect of the environmental conditions. The review applies this understanding to forensic settings, offering a unique perspective on the development of such environments within custodial settings and areas for further consideration.

The empirical research is a unique exploration of how environments can support individuals with personality disorder diagnosis to integrate a personal narrative reflective of desistance. The study identifies:

- The experience of participants in receiving and understanding the diagnosis of personality disorder and how this relates to their past and future
- That offending behaviour was understood by participants to represent their own experience of trauma, supporting the notion of trauma informed care within custodial settings
- The aspects of custodial based interventions that were important to them within their personal change
- Participants viewed their identity and personality disorder as distinct, suggesting a new direction for interventions with individuals with such diagnoses
- The importance of considering the context in which desistance occurs; participants desisting within custody are able to offer perspectives on how they

have achieved this in challenging environments within prison, offering insight into how this can be replicated

- An initial evaluation of the effectiveness of PIPE services for the specific target population (individuals with personality disorder diagnosis)
- Areas for consideration for through care for individuals with personality disorder diagnoses.

Finally, the service evaluation confirms previous research highlighting the importance of institutional support and shared outlook between the service and host organisation, to achieve successful outcomes including the importance of the dialogue between the key stakeholders. This evaluation identifies further areas for local and national PIPE services to consider, including:

- Recruitment processes to ensure staff are suited to the nature and requirements of working within a PIPE, i.e. specifically selected rather than allocated.
- The importance of engaging with other departments in the establishment via training and support, in the identification of opportunities for residents to practice skills outside the PIPE environment to support consolidation and generalisation.
- Further exploration of the reasons why some individuals do not achieve their desired outcomes (e.g. are deselected) in order to develop future practise.

### **Conclusion**

I have conducted this submission whilst working full time and this has required sacrifices for me and those close to me. I compressed my working hours to allow dedicated time and still found I was working most weekends. I eventually got into a routine, and noticed a pattern of love-hate with the various aspects of the submission.

I found distance learning daunting because of the need to be self-directed and organised and there being less in the way of support from peers. On the other hand, being actively involved in research has put me in contact with other practitioners conducting research and this shared experience has been invaluable. It has also helped me hugely within my

work, both my own understanding of research and in supporting others conducting research.

## References

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- King, S. (2012). Transformative agency and desistance from crime. *Criminology and Criminal Justice*, vol. 13 (1) pp. 317-335.
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## **Other Appendices**

### **Appendix A**

#### **Statement of Epistemological Position**

As described within my reflective critique, I have been interested in how environmental conditions relates to the rehabilitation of offenders for some time, and this was a key consideration for accepting the role of Clinical lead within the Psychologically Informed Planned Environment (PIPE), and developing the topics for the components within this portfolio. The participants within this study were residing in the same environment that I was working within, and therefore there were pre-existing relationships with the participants. As such, the author's standpoint can be described as "subtle realist" approach (Hammersley, 1992), which acknowledges that the researcher's perspective is inevitably influenced by their inability to truly stand outside the social world, own position in the social world, but nonetheless retains a belief in phenomena that are independent of the researcher and knowable through the research process. Use of template analysis as a method is flexible enough to allow for such distinctions.

## **Appendix B**

### **Chronology of research process**

**December 2016 – June 2017:** Research protocol development

**February 2017:** Full ethical approval granted from local NHS trust (subject to HRA approval)

**June 2017:** Submission for NHS NW REC ethical approval

**July 2017:** HRA Ethical approval given

**September 2017:** Interviews and data analysis commenced

**June 2018:** Final interview completed

**June 2018 – September 2018:** Data analysis

**October 2018 – December 2018:** Writing up results and discussion

**January 2019:** Submission