

Site implementation issues

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‘Courage!’ he said, and pointed toward the land,
‘This mounting wave will roll us shoreward soon.’

ALFRED, LORD TENNYSON
The Lotos-Eaters

Turning lives around from a criminal trajectory is an enduring concern for society and a momentous undertaking for individual offenders. The causes of crime are typically attributed to dysfunctions and inequalities of society, arguably in interaction with vulnerabilities or predispositions of the individual. Identifying the critical societal and individual factors that explain offending is a longstanding preoccupation of sociologists, psychologists and criminologists. When we examine theory and research on social, institutional and behavioural change, however, we are confronted by the conclusion that transformation does not arise simply from the amelioration of apparent causes, such as poverty or poor anger management. This literature suggests that attention to factors related to the context in which change occurs, such as a commitment to and positive expectation of change, the quality of working relationships and immediate social and physical circumstances, is at least as influential as the attempted elimination of various criminogenic stimulants and irritants. Clearly, we must attend to the dynamics of change, and its process and context, to enhance the likelihood of success. This chapter steps aside from considering the content, procedures and targets of intervention to investigate the context and conditions under which transformation is likely to occur. The implementation of programmes is considered then in terms of such factors as readiness, relationship

and circumstance, and the contribution of these factors to successful desistance from offending.

The process and context of change

If contemplating a hazardous ocean journey, we would of course want to ensure we had available the best design of sea vessel we could afford. Accurate navigational technology, such as charts and compasses, would be essential.

We would also hope to recruit a wise captain, experienced in seamanship, knowledgeable of the sea, and trained for the voyage ahead. We would carefully scrutinise our crew — those deemed most appropriate for the passage and adequately resourced to undertake it.

But this endeavour is not just about the craft, crew and equipment — it is substantially about the journey itself. At some point the vessel must enter the water and those aboard will be required to master it. While the charts, being based on previous voyages with other crews, may be helpful guides, they are not *this* journey and *this* crew. Those aboard will be called upon to deal with a host of contingencies: high seas, changeable weather and the unpredictable interpersonal dynamics of a crew under stress. Their commitment, not only to reaching the destination but also to their fellow crew members, will be tested. They have to manage these conditions. Yet the wind and sea are also, of course, the means of progress and need to be used to their best advantage.

When we invite an offender aboard our behaviour-change programme, and the offender takes up that offer, a threshold is crossed. To assume, however, that the participant will actively take his or her place among our crew, commit to the rules of the vessel — our *waka* — and purposefully take up necessary duties in its passage is another matter. There are many reasons, other than the prospect of an offence-free life, why an offender might take up this invitation.

Readiness

A number of writers have proposed and elaborated on the construct of ‘readiness’ to denote the necessary mutual preparedness and commitment of service provider and service consumer to the rehabilitative arrangement.¹ On the part of the provider this involves such factors as

1 e.g. Howells & Day 2007; Howells & Tennant 2007 and Ward, Day, Howells & Birgden

skills, resources, timing and adaptability. On the part of the offender this construct incorporates the degree of motivation, faith, preparation, attitude and resources to undertake the programme. That is to say, it is about the formation of a particular sort of relationship in the service of therapeutic engagement. The quality of the relationship is important. From meta-analytic reviews of outcome research in psychotherapy across a range of interventions, researchers attribute 30 percent of change to relationship factors — therapeutic alliance, partnership, and collaboration. Interestingly, an even higher attribution, 40 percent, concerns factors directly related to the client's resources that could enable them to change.² According to these reviews, a further 15 percent is due to the consumer's attitude of hopeful expectation surrounding the success of the therapeutic endeavour. The intervention itself, then, accounts for only about 15 percent of success in therapy. And yet offender programmes conventionally place a distinctive emphasis on theory and technical procedure, with little attention to the therapeutic resources of the client or relational dynamics in rehabilitation.

Therapeutic context

Understandably then, some theorists and researchers are now turning their attention to the process and context of offender change. Where there has been attention to the therapeutic relationship, however, it has tended to centre on the characteristics of the practitioners, than the clients.³ Where the dynamics of these relationships have been considered in the literature they have tended to be characterised in terms of the conventional notion of 'therapeutic alliance'.⁴ This construct is somewhat underdeveloped, as it implies a simple two-way connection between provider and consumer and therefore tends to neglect the networking and synergistic potential of therapeutic systems (such as therapeutic groups and communities) and to undervalue potentially therapeutic informal alliances (such as those involving fellow clients, whanau members and non-clinical staff). With recent contributions

2004.

2 Duncan, Miller & Sparks 2004; McNeill, Batchelor, Burnett & Knox 2005.

3 e.g. Marshall & Serran 2004.

4 e.g. Ross, Polaschek & Ward 2008.

to the literature⁵ and, latterly, in New Zealand corrections practice,⁶ the milieux of these relationships are being seen as contexts of mutual assistance, collaborative endeavour and interpersonal cohesion. Where a kaupapa Maori tikanga is observed, this milieu is considered in the context of whanaungatanga⁷ (defined here as the qualitative and cohesive relationship engendered between members of a closely-knit group as a function of working together). Clearly, in the rehabilitation process, with its implication of (eventual) re-entry to the community, there is also a role for the active involvement of family and the wider community of the offender who indicates some intention to ‘go straight’.

Narrative identity, human rights and good lives

Other developments in the literature have identified the importance of the offender retaining an experience of personal agency and a sense of volition in developing a commitment to, and active involvement in, their own transformation to desistance from offending. Some writers have linked these qualities to narrative identity.⁸ Locating one’s own efforts in an emergent narrative of personal desistance from crime has been recognised through research as a key part in the evolution and maintenance of desistance.

While these writers have linked offender agency and volition to rehabilitative goals through the construct of identity, others have emphasised the critical relevance of human rights. Marie Connolly and Tony Ward argue that, to have the capacity to appreciate harm and to respond to the needs and experiences of others, offenders should not be deprived of the minimal conditions for leading lives of dignity and retaining self-esteem.⁹ Ward and others have referred to such conditions as providing the requirements for avoiding reoffending by living ‘good lives’.¹⁰ Their Good Lives Model (GLM) of rehabilitation presents the premise that, in offending, offenders are seeking to achieve certain culturally-shaped goals, which are ultimately linked with a set of

5 Frost, Ware & Boer 2009; Ware, Frost & Hoy, 2010.

6 New Zealand Department of Corrections 2008.

7 Gregory 2009.

8 Maruna 2001; Veysey, Christian & Martinez 2009; Ward & Marshall 2007.

9 Connolly & Ward 2008.

10 Ward 2002; Ward & Marshall 2004; Ward & Maruna 2007.

universal human goods. The implication of this is that these goals can be achieved by other alternative, and desirable, non-offending means.

I shall go on to consider programme implementation in this wider context and implications for the siting of programmes in community and institutional contexts.

Programme siting and context

Where will offenders do best in efforts to rehabilitate? In the West at least it has become policy fashion to champion de-institutionalisation. Even with regard to criminal offending, and the associated clamour for tougher sentences, there is recognition that growing prison statistics demand a more pragmatic approach to incarceration and its alternatives. This pressure has contributed to the promotion of community sentencing. The practicalities of implementation have proved to be complex, however. Community-based probation and rehabilitation facilities typically face opposition from the neighbours of proposed sites, often prompting a retreat by authorities to locations far away from 'the community', sometimes to become virtual annexes to prison facilities. This is especially problematic for the rehabilitation of youth offenders, for whom connectedness with family and proximity to non-institutional, community-normal environments is thought both helpful and humane. Even the rehabilitation of adult offenders benefits from ongoing or re-established relationships with whanau, relationships developed and shaped over time in the 'natural' community. Theoretical sources, such as attachment theory, and other theories more specifically relevant to rehabilitation, such as the GLM, support this sentiment. The obstacles to the implementation of this thinking, however, are both practical and logical. It is cogently argued that those informal networks closest to offenders are the most under-resourced and least equipped to supply the help required.¹¹ Poverty and the multiple and systemic difficulties that contribute to the genesis and perpetuation of criminal offending are endemic to the families and communities of programme clients.¹²

So two problems are apparent in effective programme siting: First, community resistance to the proximal siting of offender facilities.

11 Taxman, Young & Byrne 2004.

12 See e.g. Hsieh & Pugh 1993.

Second, even with better access to informal helping systems such as family, we cannot expect such systems to give the necessary support and monitoring. Yet given that re-entry is presumably the intended outcome of any rehabilitation programme, and a return to the offender's community is generally the likely and desired outcome, a resolution to these difficulties is particularly important.

One possible solution lies in matching the attention we currently allocate to conventional rehabilitation concerns, such as the content and procedural rigour of programmes, with a similar level of commitment to legitimate client-centred concerns and to associated community resources, such as supportive whanau. The recent research and theory referred to above helps direct this attention. The literature concerned with narrative identity and its role in rehabilitative transformation starts with the GLM premise that preparing offenders for release by identifying and treating a set of deficiencies is, on its own, insufficient. According to this argument, it is also necessary to consider the offender in relation to life-affirming goals and the contexts in which those goals are likely to be appropriately met. Furthermore, the meaningful act of engaging in this process has considerable rehabilitative significance in itself. Research from this perspective suggests that it is not so much the *kind* of assistance that an offender's family offers during rehabilitation, but the *meaningfulness* of the helping act itself to giver and receiver.¹³ The personal reciprocity of a helping transaction appears to have a quality that engages and cements elements of a narrative that speaks to relatedness and honourable intention — a narrative that might have had little opportunity to take root in the family previously. The transaction takes place in a family-cultural context that is likely to have a high level of significance to all. This transaction, in turn, has the potential to become socially 'embedded' in an alternative story of the offender, one that reflects the commitment and qualitative support to go straight. Maruna's research study, comparing career offenders who persisted in a life of crime with those who succeeded on a path of desistance, found that the latter group had an intention to desist that was a conscious and shared part of their life story.¹⁴

13 e.g. Taxman *et al* 2004.

14 Maruna 2001.

Conducive conditions

What implications do the Good Lives and related literature have for the implementation of programmes for offenders? Data from studies such as Martinez & Christian's suggest that family support, as defined by successful participants in rehabilitation programmes, is important.¹⁵ From this we can infer that policy advocates and criminal justice practitioners should support the active inclusion of the offender's whanau and local community in rehabilitative efforts from the outset. More broadly, this literature, which is concerned more with the personal meaningfulness of social support than the presumed impact on risk factors, implies that we should focus on the qualities and strengths of offenders pursuing a non-criminal future. Furthermore, it suggests that we attend to the quality of social relationships that are supportive of that aspiration. Indicators such as these are consistent with those suggested by the 'transtheoretical' research (described earlier in this chapter) to be largely responsible for success in general psychotherapy outcomes.

We might consider then that in implementing offender programmes, we pay attention to those aspirations and commitments of clients directed toward pro-social means of achieving their goals, as much as we attend to the avoidance of factors assessed as having 'caused' the offending. Moreover, we should look to foster the interpersonal circumstances that will support these means. Such as:

- relationships of personal and cultural significance to the client that are as much about their quality as the behaviour they target
- services that are sensitive to the readiness of their clients, and alert to their own efficiency
- interventions that are provided in a cohesive, collaborative, and confrontative, setting.

The challenge is to incorporate these factors into a criminal justice system that arguably places more emphasis on — and therefore allocates more resources to — punishment than rehabilitation. Separation and isolation are key components of a regime with this emphasis. These components are not compatible with the Good Lives philosophy of

15 Martinez & Christian 2009.

rehabilitation, nor I would argue, to any criminal justice process that has re-entry as its ultimate aim.

Institutional facilities

Offender rehabilitation programmes are regularly done in either secure or 'halfway-house' facilities. The most restrictive of these environments are prisons. Society requires that as well as being places of secure containment, prisons are punitive environments that are designed to deter and, as a result, tend toward the minimally acceptable in terms of facilities for their residents. For example, an annual ritual of the New Zealand media is to scrutinise the Christmas menu provided to prison inmates for evidence of largesse. Furthermore, the very culture of prison services, with their paramilitary hierarchy, suggests an order based on command and compliance. More especially, mainstream prison inmate culture¹⁶ is based on principles, such as collusion, concealment, and intimidation, that are antithetical to the tenets of rehabilitation.

It might seem then that facilities such as prisons are unsuitable settings for conducting rehabilitation programmes. Nevertheless, they offer potentially beneficial qualities. Long-term incarceration, with its protracted, 24-hour-a-day intensity, offers considerable opportunity for therapeutic immersion, singleness of purpose and freedom from distraction. Such qualities are less easily obtained in the general community. The prison environment can also be equipped to provide many of the components conducive to personal transformation, such as responsive social conditions and a disciplined daily routine in a bounded physical environment.¹⁷ The problems with establishing effective interventions in facilities such as prisons, however, include how to neutralise the unhelpful cultural components of institutional life, such as inimical norms and obstacles to autonomy, and how to compensate for the participant's isolation from family and natural community.

The therapeutic community

The New Zealand Department of Corrections has recently established prison-based special treatment units organised and structured according

¹⁶ The 'inmate code', see Cordilia 1983.

¹⁷ See Ware *et al.*, 2010.

to what it has called 'communities of change'.¹⁸ This arrangement is an example of what is generally described in the literature as a therapeutic community. The therapeutic community is an intervention modality capable, in concept at least, of bridging the divide between the therapeutic promise of a bounded, disciplined environment and the challenges of life outside the prison. Defined as 'a consciously designed social environment and program ... in which the social and group process is harnessed with therapeutic intent',¹⁹ the aim of the therapeutic community is to employ the context and processes that provide the setting of the programme as key components of the therapeutic efforts. Therapeutic communities have been established and researched in numerous prison settings and across a range of offender populations, with promising outcomes.²⁰

While there are a wide variety of arrangements that claim the title of therapeutic community, one factor shared by all is the purposeful use of all components toward a therapeutic intention. Within a prison therapeutic community for instance, in addition to the resident inmates and programme providers, there are a number of staff groups that make up the community. These include custodial, medical and educational teams. The point of the therapeutic community is that these elements, both separately and together, form an intentional community, the common focus of which is therapeutic change. All encounters provide an opportunity to promote pro-social conduct. This includes meetings within and between staff teams, as well as encounters with inmates. Typically, a range of regular and routine encounters occur, where community principles can be espoused, challenges can be issued and positive expectation can be expressed. The community meeting is a classical example of such an encounter in the therapeutic community paradigm. Here, members of all groups and teams are invited, and expected, to attend a regular gathering. These meetings symbolise the commitment of the community to the aims and principles of the programme. The chairing of such meetings by programme clients represents a conscious aim of 'democratic' therapeutic communities²¹ to devolve accountability and develop the autonomy of clients in

18 Department of Corrections 2008.

19 Lees, Manning & Rawlings 1999, p 1.

20 Inciardi 1996; Lipton 1998.

21 See Kennard 1983.

their commitment to responsible transformation. These intentions are consistent with the research mentioned earlier that has associated purpose, dignity and meaningful narrative identity with the transition to a non-criminal lifestyle.²² This structured interdependence has a functionality that, ideally, characterises all arrangements in the therapeutic community.

There is empirical support for such a liberal approach to prison management. A study by Frost & Connolly²³ looked at the interpersonal behavioural patterns of prison inmates in Kia Marama,²⁴ a special treatment unit for sexual offenders and a prototype for the Department's communities of change. The researchers found that these men were voluntarily inclined to seek the company of each other between group therapy sessions to share their treatment experiences. They also concluded that these interactions tended to result in enhanced therapeutic engagement in group work.

Group work

The majority of offender programmes employ a group format. Such arrangements have long been seen to have advantages, not just by virtue of their efficiency and economy, but also with respect to providing a forum for mutual challenge among group participants that is not dependent solely on the efforts of the clinician. Fellow offenders are considered to provide a more plausible source of confronting the individual's cognitive strategies that are seen to contribute to offending, such as 'denial' and 'justification'.

Some writers, however, have argued for complementing this offence-focused use of groups with a process-focused approach.²⁵ Psychotherapeutic group work has long recognised the capacity of the well-functioning group to contribute to interpersonal support and personal growth among its individual members. Such an approach, based on carefully established norms of trust and openness, provides the platform for authentic 'here-and-now' interpersonal encounters. This provides the opportunity to progress beyond merely confronting offence-supportive thinking to promoting personal capability for

22 Maruna 2001; Veysey *et al* 2009; Ward & Marshall 2007.

23 Frost & Connolly 2004.

24 Hudson, Wales & Ward 1998.

25 Frost, Ware & Boer 2009; Jennings & Sawyer 2003; Ward 1998.

meeting interpersonal goals linked to important attributes such as intimacy and competence. For instance, the therapeutic group provides its members with interpersonal feedback. Feedback is the communicative mechanism at the core of 'dynamic interpersonal learning', a process described by Leszcz as promoting personal growth through frank and open exchange between group members about their experience of one another.²⁶ To illustrate, let us suppose that Joe, following a period of sustained challenge from other group members about his persistent failure to acknowledge accountability for his abusive behaviour toward his wife, explodes into an angry outburst. Let us also suppose that Max, a group member who Joe has known as a fellow inmate for some time, is prepared to interrupt this outburst to share with Joe its impact, which is that he experiences it as dismissive and discounting. Let us say that Joe, in these unique circumstances, is moved to register the destructive impact of his behaviour on a relationship that he values. When other members echo Max's sentiment, Joe is inclined to interpret this as a common response to his aggression. As a result, he is moved to confront and, eventually, to modify the pattern of his abuse and its effect on his capacity to form enduring relationships.

Once communicative norms such as those described above are established in the group, mutual self-disclosure becomes commonplace and this is seen to contribute to the increasing strength of the group's therapeutic alliance. Such alliance at a group level represents not just members' attachment to each other, but each member's attachment to the group as a whole. Referred to by Yalom as 'cohesiveness', this quality is considered a key ingredient of the effectiveness of the group as a therapeutic modality.²⁷ When the group achieves genuine cohesiveness, its members have less need to engage in the interpersonal jockeying that characterises the earlier stages and are therefore freed up to attend more authentically to rehabilitation goals.

Of significance to the broader and longer-term aims of rehabilitation, the sense of belonging, opportunities to experience the gratification of both giving and receiving, and benefits of mutual support are factors synonymous with human goods and values, such as might be provided by family. These experiences are also consistent with what Maruna and

²⁶ Leszcz 1992.

²⁷ Yalom 1985.

LeBel refer to as ‘generativity’²⁸ and ‘redemption’,²⁹ being components of a desistance narrative, and are also empirically identified by Martinez & Christian as contributing to transformative experience.³⁰

Alongside the key quality of cohesiveness, and among other therapeutic factors in group psychotherapy originally identified by Yalom, is the ‘installation of hope’.³¹ As described earlier in this chapter, the ‘placebo’ factor of shared positive expectation is also considered to account for some 15 percent of change in general psychotherapy. This ingredient is an element of effective interventions, which I will now return to as I consider the moral context of programme implementation.

Moral qualities of therapeutic communities

Let us again consider the events involving Joe and Max portrayed above. The circumstances necessary to support the level of trust and sophistication implicit in such exchanges requires practitioner expertise that goes beyond a grasp of criminogenics and good questioning technique. The competent group worker needs a conceptual understanding of group dynamics and the technical skill to unlock the potential synergy of the group.

Furthermore, a purposeful and humane context is required to support and sustain group work of this order. Erving Goffman has described how the ‘total institution’, even with benign intentions, by virtue of its structure and organisation tends toward a degree of dehumanisation.³² Among other functions, correctional facilities are designed to provide seclusion and contribute to deterrence. They are populated largely by persons who are members of a criminal fraternity from backgrounds of abuse and neglect. How in such circumstances do we prevent further brutalisation, let alone promote transformational change?

In part this is about the recruitment and admittance of appropriate ‘non-residents’ to the programme environment. Whether these are programme providers, custodial officers, educators, medical staff or visiting groups and organisations, it is clearly helpful that in establishing a therapeutic community those persons who are inducted possess, in

28 Maruna & LeBel 2003.

29 Maruna 2001.

30 Martinez & Christian 2009.

31 Yalom 1985.

32 Goffman 1962.

addition to competence in their principal functions, a confidence in and a commitment to rehabilitative aims and ideals. This in turn requires a similar level of commitment and will from management, as well as organisation in resourcing and in providing pastoral care and support to its staff in what is a complex and difficult role.

However, beyond the incorporation of persons with attitudes conducive to transformational change is the active generation and promotion of a sub-culture that supports change and refuses to collude with the practices that support abusive conduct. Such practices typically include scapegoating, silencing and standovers, as well as more direct forms of intimidation. Apart from direct injunction and punishment (which could conceivably but paradoxically contribute to an anti-therapeutic environment), one way to counter practices that are 'toxic' to a therapeutic community is to actively promote their opposites. These might include openness, responsibility, respect and collaboration. This can provide a foundation of safety for authenticity and confidence in the programme and its principles, but also a medium in which anti-abusive attitudes might flourish.

Arguably, all criminal conduct is predicated on the failure to take into account the needs, rights and feelings of others. Traditionally, the inmate code supports the practices that maintain this deficit. Compliance with this code, however, is a poor provider of human goods for the majority of inmates.³³ Nevertheless, the majority of inmates tend to comply, probably out of fear of consequences from those inmates who do benefit. Like abuse in general, however, it survives in the medium of a culture of silence around it and blindness to it. Clearly, a culture of openness and candour, where standovers and the like are identified and named, is poisonous to abuse. A potential solution then lies in counteracting abusive practices in the prison through the concerted expression of anti-abusive sentiment; the 'public' witnessing of abusive practices being challenged and discredited; and respectful practices being highlighted and celebrated. Therapeutic community forums provide the arena for such promulgation. Community meetings, for instance, because they are attended by all community members and are visibly seen to have the support and positive sanction by all components of the community, are perhaps the principal means of this. Moreover, all encounters and

33 See Ware *et al.*, 2010.

interactions in the community provide opportunities for the expression of the community's principles, and therefore potentially contribute to a culture of respect and accommodation over domination and exploitation.

Cohesiveness and hope: Meta-qualities of a therapeutic milieu

The quality of cohesiveness and the experience of hope are overarching qualities of a therapeutic community. As stated above, the element of positive expectation is seen from research to account for some 15 percent of the effectiveness in general psychotherapy.³⁴ A prison climate characterised by hopelessness will likely breed demoralisation and a host of anti-therapeutic and other harmful side effects for both staff and inmates.³⁵ Conversely, where community members, regardless of role or status, hold a belief that individually and together they contribute to a better prison community climate, they tend to generate a more therapeutic environment.³⁶

A considerable amount of research also suggests that the 'installation of hope' is a therapeutic factor in the process of group psychotherapy.³⁷ Alongside the installation of hope, several other therapeutic factors have been identified in this research, one of which is 'cohesiveness'. As described above, cohesiveness refers to the quality of group therapeutic alliance. There is every reason to believe that this quality, like the installation of hope, applies similarly to the next systemic level up; that is, at the level of the (therapeutic) community. As also remarked earlier, cohesiveness is seen to be promoted through mutual self-disclosure. As self-disclosure is a primary requirement of participants in most rehabilitation programmes, it should be promoted in wider forums such as the community meeting to maximise its integrating influence.

Conclusions and implications for practice

The implementation of programmes for offending populations takes place within an agenda of rehabilitation. Rehabilitation, in turn, implies the notion of re-entry and therefore relocation in a

34 McNeill *et al* 2005.

35 Cordilia 1983; Dhami, Ayton & Loewenstein 2007; Sapsford 1978; Vuolo & Kruttschnitt 2008.

36 De Leon 1995; Melnick *et al* 2001.

37 Scheidlinger 1997; Yalom 1985.

community. Whereas attention to the content and conceptual integrity of programmes has been critical to the recent renaissance of criminal justice interventions, such efforts require a complementary attention to the context and process of their administration. This in turn requires that we suspend our preoccupation with explanatory factors — those seen to be driving, triggering and maintaining offending — and attend also to the journey of change itself. This re-focusing might be helpful in forcing us to address the kind of goals that are characterised by moving toward a valued outcome ('approach goals'), rather than those that are motivated by a need to steer away from risk ('avoidance goals').

In New Zealand, the Correction Department's Integrated Offender Management project is intended to support the rehabilitation of convicted offenders from sentencing through to beyond release. An integrated approach to offender management requires having regard to a particular case, involving a particular community at a particular time. But it also requires attention to the plot of this narrative as it unfolds during the rehabilitation efforts and having regard to the narrative's meaningfulness to the actors in their context. Employing an integrated approach also involves transferring responsibility for change to those actors. To use the words of the anthropologist Clifford Geertz, it is as much about attaching 'action to its sense' as 'behaviour to its determinants'.³⁸ To optimise rehabilitation, at the point of implementation, reliance on the delivery of well-researched and clearly articulated programme content should be accompanied by the active and meaningful involvement of all those involved.

In practical terms, programme implementation should have reference to the important factors of readiness, personal agency and context. These factors are described as follows:

- *Readiness*: in terms of issuing a timely and attractive invitation to those who are subject to the criminal justice system; an invitation that is relevant to achieving their overarching goals.
- *Personal agency*: in terms of appeals to a sense of personal accountability and efficacy — of not being 'done to', but of having a sense of contributing to a personal narrative of desistance.

38 Geertz 1983.

- *Context*: is concerned with the qualitative functioning of the community at the site of intervention. A community will likely comprise not just the informal community, whanau/family, supporters and geographic community of the offender, but the formal community (professionals, paraprofessionals and fellow offenders), all of whom play a part in providing a pathway to achieving life goals by non-offending means.

We must attend to the personal significance of the day-to-day experiences of the offender undertaking a rehabilitation programme, Programme content must move beyond the mechanics of the treatment manual to incorporate the flexibility to be relevant to the person's real-life concerns around such matters as reconciliation with family, finding work or coping with loss. In short, the offender's experience of intervention should be congruent with, and of profound relevance to, his or her own community and trajectory of change.

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