CHAPTER THREE

Programme design: Getting it more right than wrong

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Designing the right programme for the right people at the right time is a challenge for developers of interventions for those who have offended. A well-thought-out programme provides a delivery mechanism to challenge pre-existing understandings and cognition around behaviour, while at the same time embedding new skills to manage high risk situations. For those of us who have spent a considerable amount of our lives trying to design the best programme to meet the diverse needs of those receiving and delivering it, there are important questions to address. These include issues of dosage, whether the intervention will be open or closed, content areas, matching consistent content delivery with the learning styles of the participants involved, what level of takeaway tasks should be included, how to platform or staircase learning and finally the structure of the design. In this chapter we explore the complexities that each of these areas pose for the developer of effective interventions aimed at lowering the propensity for someone to offend.

Different design traditions

The 1970s and '80s were renowned for what might be considered social skills training programmes. Throughout this period we saw a focus on communication skills, stress management and assertiveness training programmes. The basic premise that underpins these particular programmes was the notion that people have a skill deficit and by teaching relevant social skills lives could be enhanced. Based on psycho-education principles it was assumed that educating around particular ideas will result in a change in behaviour. What was lacking from many

social skills programmes at the time was the social context in which people lived their lives. For example, teaching assertiveness to a woman living in a situation of family violence ran the risk of increasing the danger she was in. Similarly, teaching communication skills to men with a propensity for violence without addressing issues of power, often enabled these men to become more skilled and articulate abusers.

There are three main traditions in programme design for assisting people to desist from offending behaviour. We loosely describe these three as social interventions, politically driven interventions, and finally therapeutically driven interventions. From the outset we want to state that these are not mutually exclusive, and what we are now seeing is a critical blend of each tradition into contemporary design.

In the 1990s, correctional programmes developed into three very different types of design. Traditional corrections programmes, heavily influenced by sex offender intervention, went down the route of relapse prevention in terms of design.[1] This also utilized a front loading of social skills and working with distortions and thinking associated with offending. Understanding patterns of offending behaviour generally relates to the latter part of programmes, which focused on safety planning and the skills necessary for preventing relapse. Around this same time we saw a burgeoning in community-based stopping violence programmes. These programmes were responsive to the socio-political second wave of feminism through the late '70s and '80s.[2] By the 1990s, supported by legislation change, police arrest policies and a much greater awareness of what took place behind closed doors, most areas were able to support and sustain group interventions of up to fifty hours targeting family violence. Most programmes were of an educational nature where men were taught about the nature of gendered power, with the assumption that once we educated around these notions, behaviour change would follow.

While the '90s will be remembered as a time of burgeoning development in terms of interventions for those who offend, recent design is focused on blending the best elements of relapse prevention, social location, including cultural alignment, and social skills, in a context of therapeutic process. Offence mapping, for example, now

1 Laws, Hudson & Ward 2000.
2 McMaster & Gregory 2003.

forms the core of most contemporary programme design. Offence maps, which clarify and reveal the habitual nature of pattern behaviour, provide the key information about the best intervention targets for an individual based on identifying criminogenic needs that support and maintain offending behaviour. In our view this provides a richer platform for group participants to actively identify the key factors that contribute to their own offending behaviour.

What makes for effective programme design

A number of authors have identified the key notions of what constitutes effective practice.[3] Andrews drew these together into eighteen criteria that programmes would need to meet to have the best chance of reducing offending behaviour.[4] Interventions should be based on psychological theory of offending behaviour. Andrews argued that, to maintain integrity of delivery, programmes require a clear manual that covers both the underlying approach and the practical therapies employed.[5] He also argued strongly that intervention needs to take account of personality types and social learning theory. While the former is difficult to change, behaviour, on the other hand, is changeable. In other words, if a behaviour can be learned it can be unlearned, or in psychological terms, new behaviours through reinforcement can be instituted and maintained.

Evidence clearly shows that intervention rather than punitive approaches to deterrence have shown better outcomes. McGuire noted that the corrections field has taken either a deterrence or constructive strategy to intervening with offending behaviour.[6] Deterrence strategies use sanctions to reduce undesirable behaviours. These include the obvious sanction of incarceration as well as fines, and restraints such as community detention and electronic monitoring. In addition, we have seen in recent times the redevelopment of boot camps and wilderness programmes. It does need to be noted that the current form of boot camps, particularly for youth offenders, has a strong intervention component along with structure, discipline and post-programme mentoring.

3 Gendreau 1996; Holin 2006; Losel 1996.
4 Andrews *et al* 1990; Andrews & Bonta 2006.
5 See Wales & Tiller in this publication (p 33).
6 McGuire 2002.

Constructional strategies are another strong tradition emanating from an understanding that behaviour is socially learned. This approach focuses strongly on increasing a person's opportunities and capacity for pro-social interaction to offset the negative influence of particularly antisocial peer relationships. Most current interventions focus on cognitive restructuring, emotional regulation and skills development to manage high risk situations and reduce the risk of relapse. In addition, education and job skills increase social participation skills, while at the same time normalising structure and discipline in one's life.

Approach goals — directed towards a desirable outcome such as developing pro-social norms — have proven to be more effective in sustaining long-term change than avoidance goals, which are directed towards avoiding an undesirable outcome, such as being caught. It is thought that approach goals contribute positively to intrinsic motivation, whereas avoidance goals do not.[7] The site of intervention has also been deemed important, with better outcomes from community rather than custodial settings.[8] The thinking here is that a community-based setting provides the opportunity for better integration of skills and potentially less contamination (high risk offenders negatively influencing low risk offenders) than a custodial setting.

When we consider the issue of dosage, two factors need to be taken into account. The first is the optimum level of intervention contact that will bring about a reduction in offending behaviour. The second is the degree of dosage on a weekly sessional basis in relation to the intervention. This latter point creates a degree of challenge, particularly for programmes that are community-based, in that gaining commitment to several sessions over the course of a week can be highly disruptive, causing lifestyle balance issues. Prison-based interventions have had the advantage of an accessible population with generally fewer distractions that can affect attendance.

Clearly, over-treating may increase the risk of escalating offending behaviour. On the other hand, to under-treat those that require more intense intervention often means that the programme does not have enough time to rehearse and reinforce alternative skill sets. Additionally, thorough assessment is needed to identify the drivers of

7 McMurran 2004.
8 Andrews & Bonta 2006.

offending behaviour, or what are commonly described as criminogenic needs. The most effective interventions individualise and target each person's criminogenic needs and adjust the plan for their programme accordingly.

The risk, need and responsivity literature raise major concerns regarding over-treatment, particularly of those who are low risk offenders.[9] The research indicates that this can increase risk through contamination with those at the higher end of the risk spectrum. Therefore, the question remains, what is the sufficient dosage for an intervention? The answer is not so straightforward, as a number of factors have to be taken into account, such as age of onset of offending behaviour, the risk categorisation (low, medium, high), the complexity of criminogenic needs and other possible coexisting disorders in the areas of mental health and drug and alcohol abuse. It amazes us that in some areas of practice we continue to mix together people with different levels of risk. In family violence interventions it is not unusual to have low, medium and high risk offenders sitting in the same room. Rather than the high risk group members providing a deterrent impact, mixing low to high risk offenders can lead low risk participants to believe that their behaviour is somehow less problematic, less serious, and potentially more acceptable and understandable.

Coming back to the key question of how much intervention is enough, we need to revisit the idea of matching along a number of key continua. Gendreau argues that for high risk offenders around 300 hours of intervention time is required. New Zealand Department of Corrections has followed this research with medium intensity programmes of 135 hours of group time.[10] Unfortunately, community-based family violence programmes are bound by legislation, which allows a maximum of fifty hours intervention time in any one programme.[11] This obviously provides a glaring issue in relation to under-intervening for many participants presenting to these programmes.

The ability to respond to an intervention (responsivity) has been thoroughly dealt with in the literature and sits alongside risk and static and dynamic need as a key consideration. Responsivity relates to how participants engage with ideas (openness), how they learn best (learning

9 *Ibid.*
10 Gendreau 1996.
11 Domestic Violence Act 1995.

styles), along with barriers and enhancements to engaging in the work (such as mental health issues, alcohol and other drug issues, and existing family and community support systems). Additionally, responsivity is as much about the relationship or therapeutic alliance formed between the intervention worker and the person who has offended as it is about the unique issues of the offender.[12]

The idea of tailoring the intervention to the individual's needs is now accepted as best practice.[13] Gone are the days of delivering generalised interventions with the idea that 'something would get through.' Most modern designs use forms of offence mapping to identify the specific intervention targets that are most likely to obtain a positive result.

Increasingly, interventions need to be seen as more wide-reaching than the more commonly accepted idea of a group programme. When we think about programmes we often think of a group intervention, where the work is done to address the presenting risk issues that the person poses to others. We know that for some people one-on-one work can be the preferred method of intervention, particularly where responsivity barriers make it difficult to function well in a larger group.

When we work from the premise that an intervention needs to target and match the needs of the person (identified through thorough assessment), this opens the way for viewing an intervention as incorporating a range of diverse elements. In addition to the traditional group work (which is still seen to be most effective in providing an opportunity to practice skills in situ[14]), these diverse elements can include individual sessions, couple or family/whanau work, and potentially wider accountability, or what we call system review meetings. Involvement in these latter strategies provides a wider context for intervention. An intervention therefore becomes a multi-layered method of not only creating accountability for change but also creating an audience that will still exist once intervention staff have ceased to be involved.

12 Hubble, Duncan & Miller 1999; Ward & Colley 2008.
13 Taxman, Shepardson & Byrne 2004.
14 Yalom 2005.

Theoretical approaches that underpin contemporary intervention programme design

There is little doubt that programmes are increasingly more complex in terms of the range of theoretical traditions that they draw upon. As noted earlier, there has been a move from psycho-educational programmes to programmes with a greater therapeutic edge, which allows the group room to provide the setting for skill development and enhancement. Working in the here and now, along with viewing the dynamics in the room as a microcosm of attitudes, emotions and behaviours of the outside world, provides a rich tapestry in which to explore change. The following range of interventions are now seen as standard approaches and while the discussion is not exhaustive, it does give a flavour to the challenge of programme designers to blend and work materials together in such a manner as to give consistency and flow.

Cognitive Behaviour Therapy (CBT)

Cognitive Behaviour Therapy has been the cornerstone approach of programmes designed to turn offending behaviour around. In its basic form, its aim is to reduce psychological distress and maladaptive behaviour by assisting people to alter cognitive processes. CBT is based on the theory that affect (feelings) and behaviour are a product of cognitions (thinking) and that cognitive and behavioural interventions can help people to bring about changes in thinking, feeling and behaviour. CBT therefore focuses on the relationship between cognitions, affect and behaviour. CBT of course has multiple traditions and pathways in it, all of which inform programme design in useful ways. From Pavlov's reinforcement theory, to Skinner's operant conditioning approach that highlighted the role of environmental influences on behaviour, to Bandura principles of social learning theory, cognitive processes are seen as mediating factors between the stimulus and the response (i.e. behaviours).[15]

Albert Ellis in the 1960s foreshadowed some key ideas of CBT by drawing attention to the link between cognitions and emotions, a key insight from which Rational Emotive Behaviour Therapy (REBT) has developed. REBT is based on the observation that people often explain their abusive behaviour as a spontaneous emotional reaction

15 Stallard 2002.

to a perceived state of affairs. The problem being that these people leave unquestioned the truth (or rationality) of their belief about the situation that gave rise to their emotion and subsequent choice of action. Ellis proposed that emotions and behaviours occur as a consequence of the way in which events are interpreted, rather than the event itself. Activating events are assessed against beliefs that result in emotional consequences (often anger and rage), and this leads to a person's choice of actions. Because beliefs may be either rational or irrational, identifying certain triggering beliefs as irrational is the key to interrupting the arousal of negative emotional states and preventing the ensuing inappropriate actions. Typical irrational beliefs are: predicting an outcome before it has happened (prophesying); believing you know what someone is thinking (mind-reading); exaggerating a difficulty (catastrophising); and maintaining rigid views of what others ought to do ('shoulding' and 'musting').

Beck further developed the role of maladaptive and distorted cognitions in the development and maintenance of depression. Beck's model proposes that maladaptive thought about the self, the world and the future (called the cognitive triad) result in cognitive distortions, which create negative feelings. Beck's model pays special attention to core assumptions or schemas. These are the fixed beliefs that are developed in childhood and against which events are interpreted and assessed. Once they are activated, a person's beliefs produce a range of automatic thoughts, which become the focus of a range of distortions or logical errors, with more negative thoughts being associated with depressed mood.

Young, in his schema-based approach, further explored the connection between beliefs and the development and maintenance of psychological problems. Young proposed that maladaptive cognitive beliefs that are formed in childhood lead to self-defeating patterns of behaviour that are repeated throughout life. Maladaptive beliefs are associated with certain parenting styles and they develop if the basic emotional needs of the child are not met.

Add to this the seminal work of Meichenbaum, who developed a four stage developmental model. He concluded that instructional training involves a four stage process: the client observing someone else undertaking a task, another person talking the offender through

the same task, the client then talking him/herself through the task out loud, and in the final stage the client whispering instructions or talking silently to him/herself. It is interesting to note here the links to narrative therapy, which places importance on how we become trapped in dominant narratives that govern our lives.

Motivational interviewing (MI)

Motivational interviewing, or MI as it is generally referred to, arose in the 1980s from alcohol counselling research. MI is a person-centered method of fostering change by helping a person explore and resolve ambivalence.[16] Rather than using external pressure, MI looks for ways to access internal motivation for change. It borrows from client-centered counselling in its emphasis on empathy, optimism and respect for client choice. MI also draws from self-perception theory, which says that a person becomes more or less committed to an action based on the verbal stance he or she takes.[17] Thus, an offender who talks about the benefits of change is more likely to make that change, whereas someone who argues and defends the status quo is more likely to continue his or her present behaviour.

In our conversations about those who offend we can all too often use language such as 'unmotivated, in denial, or hardened', to describe the difficulties we have in engaging those people in purposeful work. These very descriptions invite us to personalise the problem of lack of interest and motivation to that of a trait in the person. This can further invite us to become punitive in our interactions and use confrontational approaches during interventions to create a sense of movement. Resistance to change is not unusual, and if we explore other areas of practice, for example addictions, mental health, physical health (obesity, diet) and so forth, we find that the lack of motivation or interest in change probably matches that of those who offend.

Confrontational approaches have been shown to be less effective and can encourage the offender to position him or herself as the victim of the criminal justice system. These approaches also tend to rely on avoidance motivation,[18] where offenders seek to minimise or avoid the

16 Miller & Rollnick 2005.
17 See Bem 1972.
18 Mann *et al* 2002.

consequences of their behaviour rather than position themselves in relation to how they want to be in the world (approach motivation).

There are a number of key ideas for programme design,[19] deriving from MI, which include the following:

- Motivation is not fixed — it can increase or decrease based on principles of human behaviour such as reinforcement theory.
- Motivation is also a matter of probabilities — under what conditions is an offender likely to persist with change and truly deal with offending behaviours?
- Motivation is an interpersonal phenomenon — it occurs in the context of human relationships.
- Motivation is generally specific to a course of action — a person may be unmotivated to one type of change, but quite ready for another. For example, they may be prepared to attend a programme to explore abusive behaviour, but unwilling to work on drinking or drug-taking behaviour, even if this is indicated as an aspect of an abusive pattern.
- Intrinsic motivation is stronger than extrinsic — we know that if we make the decision to change, then it has a better chance of being successful, than if others decide for us. As highly motivated offenders do not often access programmes, one of the initial challenges is to work with extrinsic motivation to generate intrinsic motivation to bring about real change, as opposed to more manipulative intentions, such attending programmes to appear more favourably before the parole board.
- Intrinsic motivation is more readily achieved by eliciting it rather than asking for it. Self-talk can help, as we believe what we hear ourselves saying. Inviting offenders to change their narrative about 'having to attend' programmes to 'approach motivation', where they argue for themselves the benefits of change, can start to create movement in the direction of change.

19 Viets, Walker & Miller 2002.

Dialectical Behaviour Theory (DBT)

Dialectical Behaviour Therapy skills are being included in more contemporary programme design. This is not surprising given the high rates of mental unwellness in the prison population. What was surprising in a large New Zealand study was the high rates of borderline personality disorder.[20] Females on remand had a rate of 20 percent, whereas men on remand had a rate of 25.7 percent. The rate for those who had offended and been sentenced was 17 percent. Personality disorders, which are commonly evident by adolescence, are pervasive patterns of thinking, feeling, interacting or behaving that are fixed and inflexible and result in an impairment in the person's ability to function in one or more key aspects of their life.

According to Biosocial Theory, which DBT is based on, an 'invalidating environment' produces emotional dysregulation, which is one of the hallmarks of personality disorder. An invalidating environment is especially damaging to the emotionally vulnerable child. The theory proposes that the emotionally vulnerable person perceives invalidation from an environment that could have otherwise been supportive.[21] An invalidating environment has a number of characteristics, including caregivers who respond erratically and inappropriately to private experiences (such as beliefs, thoughts, feelings and sensations). Invalidating environments also tend to foster extreme responses (for example, to over-react or under-react) to private experiences.

Mindfulness skills, which are central to DBT, involve working with people to identify and manage three primary states of mind — Reasonable Mind, Emotional Mind and Wise Mind. Reasonable Mind refers to approaching knowledge intellectually/rationally, with logical thought, attention to facts, planned behaviour and a 'cool' approach to problems. Emotional Mind refers to thinking and behaviour that are controlled by the current emotional state. In Emotional Mind, cognitions are 'hot'; logical thinking is hard; and facts may be amplified or distorted to be consistent with current emotions. Wise Mind is the integration of Reasonable Mind and Emotional Mind. DBT is called a 'dialectical' therapy because polarised positions or tendencies are resolved in a new, creative synthesis.

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20 Simpson, Brinded, Laidlaw, Fairley & Malcolm 1999.

21 Linehan 1993.

The mindfulness skills central to DBT are intended to balance Emotional Mind and Reasonable Mind to achieve Wise Mind. Mindfulness includes three 'what' skills (observing, describing and participating) and three 'how' skills (taking a non-judgemental stance, focusing on one thing in the moment, and being effective — but doing what is right). The goal is to develop a lifestyle of doing things with awareness. The assumption in DBT is that doing things without awareness underlies impulsive and mood dependent behaviours.[22] This theory is very helpful for those whose offence pathways are related to emotional dysregulation.[23]

Relapse prevention

As Marlatt states:

> Relapse prevention (RP) is best described as a self-management approach to behaviour change. Therapists who are presenting RP to clients sometimes describe it as similar to a driver-training programme. Driving is a unique behaviour in that it involves both personal freedom and responsibility. One is free to explore the open road, but one must do so in a responsible manner. No matter what happens on the trip, the driver is always ultimately responsible for his or her actions. This model of auto regulation fits well with the stages-of-change model that posits various components of the journey of behaviour change.[24]

As noted, Prochaska and Diclemente's work on the process of change has underpinned much of this development. Of interest to those who work with those who offend is that once a position of responsibility and accountability for behaviour is established, then the challenge is to prevent lapsing into old behaviour (for example, ignoring the need for vigilance, engaging in high risk activities, managing mood states inappropriately). Once a person lapses, it is easy to fall back on prior behaviours. This is ultimately a cognitive process. For example, a client who has managed to stay away from his partner due to having a Police Safety Order (PSO) in place, decides to go for a drive with no clear destination in mind. The client may be thinking about how much he is missing his partner. This seemingly irrelevant decision (SID) puts him at high risk of driving past the partner's house and breaching the PSO.

22 *Ibid*.

23 See Holtzworth-Munroe & Stuart 1994 for a discussion of this in relation to those who engage in interpersonal violence.

24 Marlatt 2000, p xi.

One way to construct relapse prevention ideas is to identify a step-down process to estimate the probabilities of someone reoffending. A lack of opportunity to engage with change would indicate that unless there are developmental processes in place to mitigate reoffending behaviour the person's risk remains the same. Risk of reoffending lowers at the point where the right programme is available for the right person at the right time. Behaviour mapping or offence mapping are now core constructs used in most contemporary designs to ensure that the intervention targets are identified and addressed. The reasoning behind this is that when a person understands their process of offending it can make a difference to risk, as mindfulness of when one is entering the process of offending can generate dissonance and hence restrain behaviour. While this may not stop the behaviour, it can slow the process and mitigate expression of inner thoughts and emotions. If we can identify as part of the behaviour mapping process the criminogenic needs being met by the offending and target these through intervention, then we can undermine habitual patterns of behaviour.

Blending the factors that emerge from the offence map and identifying the criminogenic needs into a relapse prevention plan provides a clear focus for longer-term desistance to offending behaviour. Of course this is of little value unless the strategies are tested and the skills practiced in simulated situations and then cemented into everyday life. We know the power of social influence on our lived behaviour. Andrews and Bonta identified the role of peer relationships in maintaining antisocial or pro-criminal behaviour.[25] To have the best chance of success, the person's community lifestyle (including social supports, living circumstances, leisure activities and work) needs to be supportive enough to allow him or her to keep to their personal relapse prevention plan. If all the above were to occur, then the possibility of building a resilient desistance to offending behaviour is highly attainable.

Acceptance Commitment Therapy (ACT)

Acceptance Commitment Therapy is closely related to Mindfulness and also has links with Buddhist meditation practices.[26] Research suggests that anger (along with certain other negative emotions including fear,

25 Andrews & Bonta 2006.
26 See Eifert, McKay & Forsyth 2006.

shame and inadequacy) is a method of avoiding certain experiences. Therefore, training in the awareness and acceptance of distressing feelings can be helpful. Acceptance includes being aware of what is avoided or feared, rather than backing away or reacting automatically to smother the painful feeling. In this therapeutic approach, anger and other emotions are allowed to be felt, and are observed rather than suppressed.

The second key part of ACT is commitment to live according to a person's conscious aspirations. People can learn to observe dispassionately their painful feelings without derailing their chosen identity, values and goals, as negative feelings do not necessarily drive what a person does. It is proposed that the actions people take move that person's life in the direction they want to go. As feeling anger does not entail taking any particular action, if they have made a prior *commitment* to non-violence and acting respectfully towards others, then the person can observe their feelings and resentful thoughts without taking the actions that seem to be urged by those thoughts and feelings. ACT is 'allowing yourself to feel what hurts while doing what works and is important to you.'[27]

Skills focus

A focus on safety from the beginning is essential in designing an effective programme. That is, from the first day of a programme actively practising the social skills that enable people to contain and tolerate high levels of arousal without taking harmful action. This emphasis then needs to progress steadily throughout the programme, in line with the complexity and difficulty of what is being taught and practiced. Social skills are cumulative and should be arranged in a programme so that they contribute first of all to safety. Then, through the middle phase of a programme, there should be a steadily increasing emphasis on the ability to listen and reflect back what is heard (both in terms of content and feeling). Towards the end of a programme, participants should be able to negotiate fairly and problem-solve cooperatively at a reasonably high level of ability. These are all skills that lend themselves well to practice in a group setting, using content from the participants' weekly experiences and their interactions in the room.

27 *Ibid*, p.4.

The first skill commonly taught in programmes is appropriately oriented towards safety and involves taking 'time out', or self-removal from the situation of danger. However, this is a skill fraught with problems. Unless there is vigilance and repeated checking of what offenders actually said and did in attempting to take a time out, it is all too easy for them to substitute for a genuine time out a manipulative and abusive tactic aptly called a 'walk out'. A walk out increases fear, uncertainty and the escalation of tension. It has to be stressed repeatedly that a time out is negotiated, and its purpose is to take care of one's own aroused state to create safety for everyone concerned. It has to be clear where the person is going, what they will be doing, and when they will come back, and that maintaining sobriety and refraining from driving are essential aspects of this intention to create safety. As difficult as it is to ensure that time out is being genuinely practiced, it remains a worthwhile and arguably essential part of good programme design. It can be presented as a highly significant first step for anyone who is serious about taking responsibility for their dangerousness to others.

However, in comparison with the skills that need to be developed subsequently to ensure ongoing development in a person's ability to relate safely and respectfully, time out is only a first aid or 'band-aid' approach. Our experience is that there are real benefits in training the skills of listening and reflecting. These are especially easy to practice in group settings because reporting back the difficulties and challenges group members have faced during the week provides ideal material to use for training in listening and reflecting. People learn quickly from their experience in the room what detracts from good listening and what augments it, in terms of body-language, facial expression, verbal encouragement and reflecting back what has been heard. In turn, this listening practice becomes the foundation for the skill of assertiveness in making requests, as distinct from demands, for one's needs to be recognised ('use the mouth, not the fist'). Success and failure in using listening and assertiveness skills can be tracked in group members' week-to-week reporting back of incidents and from their log of times when they became abusive or violent.

The higher level social skills learned towards the end of a programme are negotiation and cooperative problem solving. These rely on the prior development of listening and reflecting skills. Facilitators

can help by modelling respectful negotiation in front of the group, between themselves, or with the whole group, over decisions such as the group's activities, timing of breaks and so on. Abundant examples of issues that call for negotiation and problem-solving come up in the regular reporting of how people have managed challenges during the week. These can lead to skills practice and enlisting the group's creativity. Group members have often given feedback at the end of a programme that these skill training sessions were what most gave them hope of making permanent changes in their managing of conflict with partners and their struggles with parenting. To minimise or overlook the importance of skills training in programme design would be to ignore the evidence that self-efficacy and personal hope for the future are significant elements in promoting change, particularly for offenders who have had an adverse family background and for whom these skills are often quite novel.

Safety planning is a skill that needs to be kept in mind and trained at all stages of a programme, manifesting first in the early stages of a programme as planning and contracting for Time Out. As the programme progresses, the planning for safety is developed much more fully, through careful, detailed attention to risk factors and trying to foresee all possible eventualities. Here it is vital to give attention to dangers such as managing alcohol and drugs safely. Additionally, plans should be made that include the appropriate utilisation of an offender's growing support network; for example, calling on the phone or going to talk with someone who offers a steadying perspective and a calming influence.

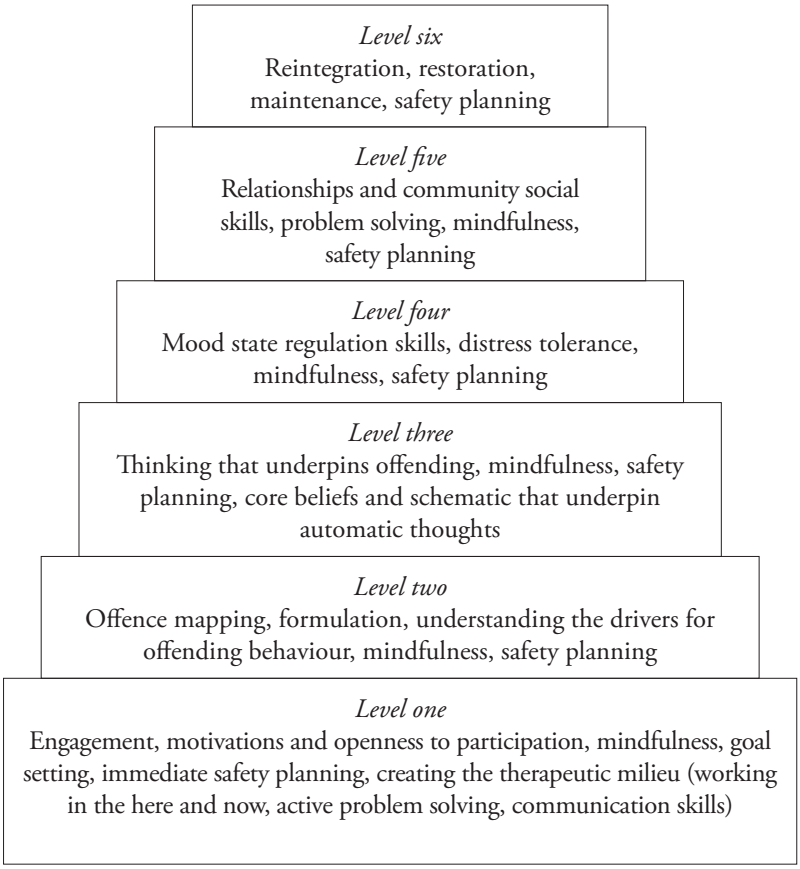
Having reviewed these theoretical approaches that inform contemporary programme design, we now turn our attention to some particularly relevant issues in blending programme design with the theoretical material.

Platforming and staircasing overall programme design

The challenge for designers of interventions is how to fit theoretical materials together into a cohesive approach that is responsive to the needs of the participant, matches their learning styles and invites them to develop the pro-social skills of acceptance of responsibility and accountability. The early days of programme design focused on

social skills delivery, while more contemporary design works from a therapeutic approach. Themes such as mindfulness are developed with social skills practiced within the programme setting to consolidate and reinforce changes in behaviour.

The following diagram indicates what we consider to be best practice platforming in a programme.



Each stage in the model builds on what has gone before and has a logic in terms of issues that are predisposing. This provides plenty of opportunity to rehearse the skills of mindfulness, communication, problem solving and safety planning throughout the intervention. This

allows the offender in the programme to consolidate behaviour change skills over time so that on graduation they are well placed to institute the skills into their lives.

Session structure

A critical question in design is how to ensure that participants make the most of the limited time and resources available to intervention staff. One of the major challenges in group work with offenders, or in any group for that matter, is to design processes that maintain energy and focus while undertaking the task at hand. Many groups are easily side-tracked, particularly when group members have little experience of maintaining their own focus and view the group programme as not relevant to their situation or at worst an imposition into their daily lives. One of the most common traps for new facilitators is to focus on individuals in the group, rather than relying on the group itself to provide the energy and information required. This ultimately leads to group facilitators undertaking individual work with an audience. The downside of this approach to working in groups is that while the person who is the focus of attention may well be engaged in the work, other group members are not. They can become bored, distracted and disruptive in the group. We can minimise this by designing programmes that work over four levels of group interaction.

- Level 1. Interaction with an individual
- Level 2. Interaction in a subgroup
- Level 3. Interaction with the whole group
- Level 4. Interaction with a person outside the group

The rationale behind using the four levels of interaction in groups can be reduced to a very simple mathematical formula. Say, for example, you have a group of ten participants. If you work individually with these participants, the amount of time that you have to spend with each is six minutes per hour. This means that for 54 minutes of that hour the other members of the group are not actively engaged in work for themselves. In a two-and-a-half-hour group session this effectively means that each individual member has a potential 15 minutes of time.

Many of us would not think this was worth the investment of time and energy. Group members may well agree!

60 minutes	*Individual*	*Pairs*	*Sub-groups (4)*
Time working	6 minutes	30 minutes	15 minutes
Time listening	54 minutes	30 minutes	45 minutes

If we are working in pairs, in one hour each individual has thirty minutes interaction time, a vast improvement. By using robust and creative group interaction the ability to maintain energy and focus within the group is greatly enhanced. This is important because one of the clear indications that groups are not working well is that its members do not feel involved or engaged.

However, using the four levels of interaction is only part of the structuring required for the running of a group. From a solution-based perspective we can identify three distinct phases of the change process. These apply as equally to individual work as they do to group work. If as a facilitator you take care to work with these phases then you are more able to match your work with where participants are at in their change process. The three phases are:

- Talking about the talking
- Doing the talking
- Reflecting upon the talking

'Talking about the talking' is about creating the space for the conversation in the first place. If we have not cleared a pathway or engaged the person in the conversation, then we cannot progress to any depth when it comes to actually exploring the issue at hand. This stage, during any session, is about finding relevance for the offender who might ask, 'How does this issue, the focus of the session, the session content, relate to me in my life?' 'How better off might I be if I make sense of this issue and develop skill sets to use in this situation?' We have found in programmes that repeatedly referring to an individual's offence map as the touchstone for the formulation around offending is a wonderful tool to keep reinforcing relevance. In terms of motivational approaches, this stage is the most significant for change. Engaging the

participant well translates into depth of work, which in turn leads to better outcomes.

'Doing the talking' refers to that stage when we know we are in meaningful conversation with another person. This is the most active part of the process because this stage allows us to unpack and deconstruct patterns of thinking, emotional regulation and behaviour. From this it becomes possible to assist the person to develop solutions from their lived experience. Doing the talking comprises three interrelated activities: *presentation* of new ideas (encounter), *practice* (integration), and *performance* (application). By actively engaging in this process group members can both develop pro-social skill sets and experience collaboration.

'Reflecting upon the talking' is the third stage and is where we translate the talking into meaningful action. Unless the talking translates into action outside of the session, we have missed an important aspect of the process. Thus, an important question to ask in practice is 'How has the talking we've been doing, and the things you are now seeing more clearly, led to your handling the danger (of such and such) differently?'

Takeaways — the post-session activities

If you ask group work clinicians about adherence to completing homework tasks, the answer that generally comes back is that few people follow through. One of the challenges in any intervention is to ensure participants appreciate that change occurs after the session has finished, when new skills, either behavioural or cognitive, are rehearsed and consolidated. As Beck notes:

> Therapists should design homework carefully, ascertain how likely patients are to follow through with the assignments, elicit and address predicted obstacles and interfering cognitions, help patients develop realistic expectations for how much homework will help, address [unclear here] after doing homework, review the assignment at the next session, and, when applicable, conceptualise why patients have difficulty doing the assignments.[28]

As noted earlier, in relation to reflecting upon the talking, each session has an expectation of committed action that derives from the session

28 Beck 2005, p 182.

content. Knowing that others will be interested in the outcome of trials related to behaviour change before the next session makes the work more meaningful. There is a large body of research that emphasises the importance of making public disclosure of intended action.[29]

Ensuring participants have clarity about the nature and extent of post-session tasks provides a strong message that attending an intervention involves more than turning up so many times per week, or doing time. The message when these tasks are vigorously administered is that the intervention is competency driven. This point is not to be underestimated, as high risk situations require the ability to think with agility and speed to avoid a repetition of prior offending behaviour.

Future challenges to programme design

Talking about intervention rather than programmes frees up developers to consider innovative approaches to design. While we are discussing blended learning solutions for training facilitation staff, there is little reason why this conversation cannot extend to those who have offended. Blended approaches begin at the stage of assessment and formulation of the issues. From here we can in theory construct an intervention pathway for the offender from a range of materials, delivery mechanisms, and approaches. This could comprise individual, family/whanau work and group sessions with web-assisted support. Web-assisted support could involve online games, quizzes, challenges and reading materials. Daily text prompts could also convey notions of being part of a change community. Most people who have offended have mobile phones and computers, or can access computers in public spaces such as libraries. The challenge will be to build on and enhance what is already working well.

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29 Miller & Rollnick 2005.

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