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Abstract

Despite a growing recognition that the sequence in which rehabilitative interventions are delivered to offenders may impact upon the effectiveness of a set of interventions as a whole, relatively little research has been carried out to provide evidence to substantiate such claims. A narrative literature review was conducted to identify and analyze research in the field of rehabilitation; exploring developments made with reference to models of rehabilitation such as Risk-Need-Responsivity and the Good Lives Model. The article proceeds to explore theories and research into the process of behavioural change and discusses how theory can be linked to practice. A focus is placed on the concept of readiness to change, as well as responsivity to the needs of individual offenders. Research indicates that the issue of sequencing is considered within several types of individual interventions, with positive results. However, further investigation is needed in order to provide those in correctional services with an evidence base as to the optimal sequencing of a set of multiple interventions, whilst taking the needs of the individual into account. Using such research to inform good practice could have the potential to increase the effectiveness of rehabilitation efforts as a whole and, ultimately, reduce levels of re-offending.

Keywords: *rehabilitation; sequencing; responsivity; interventions; treatment*

The Sequencing of Interventions with Offenders: An Addition to the Responsivity Principle

In spite of what is often seen as the common sense response to crime, it is now the widely held view that punishment is not an effective method of reducing re-offending (Hollin, 2002; Joyce, 2006). In searching for a method of protecting society that does not rely on punishment, the key question of how to reduce re-offending now lies in the field of offender rehabilitation. However, with the reconviction rate in the UK during a 9 year period following a prison or community sentence standing at 74%, it is clear that improvements need to be made in correctional services (Ministry of Justice, 2010). Similarly, in a study of recidivism across fifteen states in America, 67.5% of prisoners released in 1994 were rearrested within three years of their release (U.S. Department of Justice, 2002). This paper will explore theories underlying offender rehabilitation focusing on the process of behavioural change in offenders, and comment on how these theories can be used to inform decision making as to the sequencing of interventions with offenders.

Early attempts to identify the value of rehabilitative efforts were less than positive. In particular, the notorious article, *What works? – Questions and answers about prison reform,* by Martinson (1974) caused much debate in the field of offender rehabilitation. After a review of research, Martinson (1974) concluded that there was "very little reason to hope that we have in fact found a sure way of reducing recidivism through rehabilitation" (p. 49). Although this message must have left those working in the field of rehabilitation feeling somewhat despondent, it did have the positive outcome of encouraging practitioners to defend their practices. Subsequently, there was a drive towards producing robust evaluative research in support of rehabilitative efforts (Cullen & Gendreau, 2001).

One approach used for such evaluation, from the 1980s to the present day, is the technique of meta-analysis which is used to draw together findings from studies of the effectiveness of various types of interventions with offenders. Such meta-analyses provide

compelling evidence in favour of the effectiveness of rehabilitation efforts (for reviews of meta-analyses see McGuire, 2001; McGuire, 2002), with particularly high success rates for programmes employing cognitive skills techniques (Hollin & Palmer, 2009; McGuire, 2001; Sherman et al., 1998) and for high-risk offenders (Lipsey, 1992, as cited in Hollin, 1999), making it significantly more difficult for critics to maintain their 'nothing works' stance (McGuire, 2001).

Indeed, the prevailing view appears to be that the rehabilitation movement has transformed itself over the last few decades, and the belief that the majority of prisoners can be reformed is alive and well (Robinson, 2008). However, although the programmes can be seen to be successful for some offenders, it is evident that success is not achieved in all cases. Precisely why and how some programmes will work for some and not others is a question that remains to be fully answered (Day, Bryan, Davey, & Casey, 2006; Maruna, 2001). In response to this issue, and in order to maximise the efficacy of programmes, it is necessary to move from the question of '*what works*', to the question of '*what works for whom and why*' (Harper & Chitty, 2005, p.75). In order to further improve practice, it is necessary to identify the issues which impact on the efficacy of programmes and to address these factors.

The aim of this paper is to highlight the potential importance of the issue of effective sequencing of interventions within correctional services. The issue will be discussed with reference to the responsivity principle (Andrews & Bonta, 2010), as well as the broader areas of rehabilitative frameworks and the process of behavioural change leading to long-term desistance from crime. Reference will be made to consideration currently given to the offender's process of behavioural change within individual interventions in correctional services. Lastly, the issue of sequencing of interventions will be discussed with reference to applying theory to practice.

Rehabilitative Frameworks

The harmful impact of crime on victims, and the financial cost to society necessary to detain and rehabilitate offenders, is such that reducing rates of re-offending is an obvious main concern. Current offence specific and non-offence specific programmes used in prisons and the community need to meet the public demand for reducing levels of offending and reoffending, which is no simple task. However, this task is believed to be more achievable if the methods adopted are those that are shown to be most effective. The Risk-Need-Responsivity principles (Andrews & Bonta, 2010) and the Good Lives Model (Ward & Stewart, 2003; Ward & Maruna, 2007) are two of the main frameworks for rehabilitation utilised in many Western Countries (e.g., the UK, Canada, Australia, New Zealand and North America). In addition to making broad recommendations as to how best to approach the rehabilitation of offenders, the frameworks also posit that it is necessary to consider the process of behavioural change, and, as such, provide some insight as to how interventions could be sequenced.

Risk-Need-Responsivity Model.

Many programmes currently offered in the UK, the US, Canada and Australia (Polaschek, 2012) rest on the Risk-Need-Responsivity (RNR) principles of effective correctional interventions (Andrews & Bonta, 2010). In short, the risk principle refers to the intensity of intervention required; the higher the risk an offender is thought to pose, the greater the intensity of treatment that should be provided. The need principle refers to addressing the criminogenic needs of the offender; criminogenic needs are potentially changeable, demonstrated predictors of recidivism. Most current programmes have been designed to address the criminogenic needs of offenders (Vennard & Hedderman, 1998).

The responsivity principle proposes that it is essential to consider "which methods work best, for *which* types of offenders, and under *what* conditions or in what types of setting" (Palmer, 1975, p.150). In short, the principle indicates a need to match the delivery

style of treatment programmes to the individual offender (Andrews & Bonta, 2010). The responsivity principle includes both general and specific factors (Andrews & Bonta, 2010). *General* responsivity highlights the need for cognitive-behavioural and cognitive social learning strategies in the treatment of offending. Although an area which has received less attention, *specific* responsivity states that certain offender characteristics are likely to impact on how willing or able an offender is to take part in a treatment programme and how effective the programme will be for them. Andrews and Bonta (2010) cite cognitive/interpersonal skill level (e.g., empathy), interpersonal anxiety, antisocial personality pattern, weak social support for change, gender, age, ethnicity, mental disorder, motivation, and strengths as factors that need to be addressed in rehabilitation. Of these factors, motivation has been given particular attention in terms of whether there is sufficient evidence to claim that level of motivation to change should be considered when delivering treatment. In accordance with the responsivity principle the suggestion is made that, when sequencing interventions, a lack of motivation should be addressed prior to a specific criminogenic need (McMurran & Ward, 2010).

Predominately, a positive correlation has been found between adherence to the principles of RNR and reductions in levels of reoffending (Andrews & Bonta, 2010). However, despite the large body of evidence upon which the RNR model is based, it has been criticised for its narrow view of rehabilitation in that its focus is on negative aspects of an offender's character whilst omitting positive aspects. Ward and Stewart (2003) suggest that, when considering the wellbeing of an offender, it is essential to look at the positive aspects of their character when addressing their needs, as outlined in the Good Lives Model.

Good Lives Model (GLM, Ward & Stewart, 2003).

Grounded in the field of positive psychology, the GLM was developed with the aim of using it to complement the RNR model. The GLM recognises that offenders seek the same fulfilment and happiness in life as non-offenders, but that offending occurs when they

encounter problems in trying to seek these things in pro-social ways. The GLM suggests that we all strive to meet our basic life needs (referred to as *primary goods*) in areas such as relationships, work, health and happiness. In short "primary goods are linked to certain ways of living that, if secured, involve the realization of potentialities that are distinctly human. These goods all contribute to a happy or fulfilling life..." (Laws & Ward, 2011, p. 184). It is necessary to identify goals and then act in such a way as to achieve these goals. People's goals will vary according to what aspect they believe to be of greatest importance to them. To improve practice, in addition to considering an offender's individual life goods, it is necessary to consider the ways in which goods are related to each other and the order in which an individual prioritises their desired goods. For example, if a person places little value on work then they may remain unfulfilled even if they have a good job (Ward & Maruna, 2007). While it is necessary to address risk, it is also necessary to consider individual primary goods promotion in order to encourage a positive change in behaviour and decrease the likelihood of re-offending (Purvis**,** Ward, & Willis, 2011).

In addition to the key primary goods discussed, *secondary goods* refer to the means by which a person can meet their needs (Ward & Fisher, 2006). Problems may occur if, for example, an individual, lacks certain internal resources such as skills or attributes to meet their goals, or perhaps lacks certain external resources to assist them such as access to a good education. Consequently, a person lacking internal and external resources may attempt to attain their life goals in maladaptive ways, likely leading to seeking satisfaction through criminal means resulting in unhappiness in the long-term (Laws & Ward, 2011). With reference to offender rehabilitation, the GLM would suggest that the aim should be "to identify what problems exist so that lifestyles and life plans can be altered to suit each offender's preferences, skills, temperament and opportunities" (Purvis et al., 2011, p. 9). Interventions would therefore be tailored to an individual by firstly asking questions about

the level of importance they place on primary needs, and then by looking at what secondary goods are necessary to help them to meet their primary needs. With reference to the sequencing of interventions, it would therefore be suggested that interventions addressing the identification of primary needs be sequenced prior to addressing the means by which said needs can be met. For example, where the primary need of success in work is identified, an intervention addressing the skills/education required to gain desired employment follows.

In addition to the GLM gaining popularity as a framework for guiding the rehabilitation of offenders, it is also provides a framework of case management (Purvis et al., 2011). As a framework for case managers it directs them to "explicitly construct intervention plans that help offenders acquire the capabilities to achieve things and outcomes that are personally meaningful to them" (Purvis et al., 2011, p. 6).

Whilst the RNR model places a focus on risk management through addressing what are considered to be weaknesses, the focus of the GLM is on building strengths and focusing on the things that are important to the individual, while also managing risk (Ward & Maruna, 2007). It is suggested that the GLM can converge with RNR via the responsivity principle (Ward & Maruna, 2007), with both models highlighting the need to prioritise internal factors, such as motivation, when delivering treatment (Birgden, 2004). As regards the sequencing of interventions, the responsivity facet of the RNR and the GLM alike suggest the need to address issues such as a lack of motivation to change, as well as addressing any barriers to change (such as a lack of skills) prior to moving on to offence specific treatment and attaining desired life goals.

The Process of Change

In order to address the issue of coherent sequencing of treatment programmes and interventions, it is necessary to consider the process by which behavioural change occurs in an individual. Interventions within offender rehabilitation settings address a wide range of

problematic attitudes (e.g., thinking skills programmes), emotions (e.g., anger management) and specific types of offending behaviour (e.g., sexual offending, substance misuse), as well as additional issues such as education, employment skills and mental health needs; however the order in which these should be addressed is not always clearly delineated. In order to elicit a positive change in offender behaviour, it is first necessary to identify the process by which change occurs and ensure that the sequence of interventions is matched to this process.

Many theories have been put forward in an attempt to conceptualise and offer a framework for behavioural change. Although interventions with offenders differ to those used to modify addictive behaviours and mental health issues, it has been argued that as these programmes share the common aim of bringing about psychological and behavioural change, they are broadly comparable (Day et al., 2006).

It has been stated that "the methods of inducing cognitive, motivational, and behavioural change developed in the treatment of addictions have a wide range of applicability in behavioural areas where change is difficult to achieve" (Kear-Colwell & Pollock, 1997, p. 27). As such, by looking at the process of psychological change in those with addiction or mental illness, inferences as to how changes in behaviour come about in an offending population can be made. One model of change that may provide a useful framework for the sequencing of interventions for offenders is Prochaska and DiClemente's (1983) Transtheoretical Model.

The Transtheoretical Model of Behavior Change (Prochaska & DiClemente, 1983).

This model describes a sequence of behavioural stages of change within which processes of change are defined as "any activity that you initiate to help modify your thinking, feeling, or behaviour" (p. 25). Although it was developed first as a process through which individuals may terminate their addiction to smoking, it has also been adopted in

research in the field of offender rehabilitation to explain the process by which different types of offenders cease offending (Casey, Day & Howells, 2005). It has been applied to adolescent offenders (Hemphill & Howell, 2000), child molesters (Tierney & McCabe, 2001), and those that commit intimate partner violence (Begun et al., 2003).

Prochaska and DiClemente (1983) described three constructs within their theory of behavioural change: The Stages of Change, The Processes of Change and Decisional Balance. The Stages of Change (SOC) construct states that individuals who are successful at changing their behaviour will pass through five stages of change: Precontemplation; Contemplation; Preparation; Action; and Maintenance (Prochaska, DiClemente & Norcross, 1992; Prochaska et al., 1994a; Prochaska et al., 1994b). An individual in the *Precontemplation* stage would have no intention of changing. It is commonly suggested that individuals in this stage are not ready to begin treatment as they lack the motivation to participate. When in the *Contemplation* stage, an individual has become aware of their problem and is giving serious thought to making a change, however they have not committed themselves to taking action at this point. In the *Preparation* stage an individual has made a commitment to change, and plans to take action in the next month; they may have previously taken action to change but have been unsuccessful (Prochaska & Levesque, 2002); for individuals in this stage, their focus has shifted from their problem onto a solution. The *Action* stage involves observable changes to an individual's behaviour; they have put time and effort into making changes to their lifestyle; behavioural changes would be viewed by professionals as being "sufficient to reduce risk of harm to others or to the self" (Prochaska & Levesque, 2002, p. 59). When an individual has consistently abstained from their addiction or unwanted behaviour and has achieved a new lifestyle which is incompatible with their unwanted behaviour for more than six months, they are considered to be in the *Maintenance* stage. Individuals in this stage will be putting effort into maintaining the changes they have

made in the action stage and they will feel progressively more confident in their ability to abstain from their previous behaviour (Prochaska & Levesque, 2002).

From such a description, the SOC can appear to be a simple linear model, with individuals passing through each stage progressively. However, this is only the case for the minority. As such, the model should instead be seen as a spiral whereby individuals are likely to relapse and repeat stages on their journey to the ultimate goal of terminating their undesirable behaviour (Prochaska et al., 1992). Emotional distress is thought to be the major culprit of relapse (Prochaska & Levesque, 2002).

The Processes of Change construct of the TTM can be integrated within the SOC and aims to provide an understanding of *how* cognitive and behavioural changes occur in an individual leading them to progress through the stages of change, ultimately achieving termination of an undesirable behaviour (Prochaska et al., 1992). Prochaska et al. (1992) outline ten processes of change. First, *consciousness raising* involves increasing awareness of the self and the particular problem behaviour. In the *dramatic relief* process an individual's emotions may be aroused and then expressed. *Environmental re-evaluation* helps an individual to perceive how their problems may impact upon those around them. Assessing oneself in light of a problem behaviour is referred to as *self-reevaluation*. The process of *self-liberation* involves a belief that it is possible for a behaviour to be changed and making a commitment to take action to make that change. *Social-liberation* entails searching for opportunities provided in society which may help support efforts to change. *Counterconditioning* substitutes problem behaviours with positive, pro-social behaviours. Enlisting and being open to accepting help and support from those who care is known as *helping relationships*. *Reinforcement management* involves rewarding oneself or being rewarded by others for displaying a desired behaviour. Lastly, in order to cease the undesirable behaviour it is necessary to restructure the environment so as to increase the

amount of positive cues and decrease negative cues, known as *stimulus control*.

The construct of Decisional Balance relates to an individual assessing the pros (benefits) and cons (costs) of changing problem behaviour. Pros and cons are related to the stages of change, with individuals in early stages identifying more pros than cons of continuing an undesirable behaviour, and those in later stages such as preparation and action identifying more cons than pros of said behavior (Prochaska & DiClemente, 1992). Prochaska and DiClemente (1994b) state 'The Transtheoretical model provides a relatively unique means for treatment matching. Match to the client's stage of change is the motto of this model' (p. 204). To varying degrees, in terms of informing the sequence in which treatment is delivered, the model is applicable in forensic settings. Kear-Colwell and Pollock (1997) found stage-matched treatment was important to the efficacy of treatment programmes with child sex offenders. Using confrontational techniques with an offender in the pre-contemplation stage may make it less likely an offender will subsequently contemplate change, however, motivational interviewing in this stage will promote the likelihood that an offender will recognise the need to change and believe that change is achievable. Evidence for the validity of measures of stage of change based on the TTM has been found for male prisoners with the accurate assessment of an offender's SOC found to be essential in guiding treatment programme selection (Polaschek, Anstiss, & Wilson, 2010). Furthermore offenders who received motivational interviewing while in the pre-contemplation stage were significantly less likely to re-offend than prisoners in the same stage who did not (Anstiss, Polaschek, & Wilson, 2011). Day, Bryan, Davey and Casey (2006) argue that where a programme does not match an offender's stage of change, it is less likely to be successful than where stage matched programmes are provided. In accordance with the TTM, it would be suggested that multiple interventions are sequenced in such as way as to firstly motivate an individual to change, help them identify the pros of changing their offending behaviour,

and then taking action to address their offending behaviour.

Despite the popularity of the TTM in understanding behavioural change and guiding the delivery of interventions, it has been the topic of widespread debate (Brug, Conner, Harre, Kremers, McKellar, & Whitelaw, 2005; West, 2005). There appears to be general agreement that it is necessary for further models to be developed to incorporate more complex psychological and contextual processes (Brug et al., 2005; Burrowes & Needs, 2009; Etter, 2005), which include recognition of additional factors that may impact on whether an offender is *ready* to change.

The TTM is largely viewed as being a model of motivation to change (Howells & Day, 2003). Motivation to change has long been cited as indicative of the likelihood that an offender will engage in treatment with the suggestion that the issue of motivation to change be addressed prior to criminogenic needs (Drieschner, Lammers, & Staak, 2004; McMurran, 2009; McMurran & Ward, 2010). However, more recently, it has been argued that motivation is just one factor involved in an offender's readiness to change (Anstiss et al., 2011; McMurran & Ward, 2010). Likewise, it is suggested that the responsivity principle is not yet broad enough in scope to encompass all factors that contribute to the likelihood than an offender will engage in treatment (Ward, Day, Howells, & Birgden, 2004) and which need addressing early in a sequence. The concept of *Readiness* has been developed and is defined as "the presence of characteristics (states or dispositions) within either the client or the therapeutic situation, which are likely to promote engagement in therapy and that, thereby, are likely to enhance therapeutic change" (Ward et al., 2004, p. 647). Consequently, Ward et al. (2004) believe offender motivation and programme responsivity to be facets of readiness and suggest that it is necessary to provide a model of change which incorporates all internal and external factors which impact upon an offender's readiness to change such as those outlined in the Multifactor Offender Readiness Model (Ward et al., 2004). Ward et al. extend

the argument that motivation to change be addressed through intervention prior to criminogenic needs (McMurran, 2009) to encompass a number of additional factors.

The Multifactor Offender Readiness Model (MORM) (Ward et al., 2004).

The Multifactor Offender Readiness Model (MORM) incorporates a wide range of internal (psychological) and external (contextual) factors related to offender treatment readiness, which need to be present for an offender to willingly engage in treatment. Thinking patterns (termed *cognitive factors*) that lead to an offender being resistant to treatment need to be tackled. These include having a negative view of others; low expectations of a particular treatment programme and/or therapist by an offender; a lack of belief that he/she has the ability to do well in treatment programmes; a lack of belief that he/she needs to change; or the view that the cost of taking part in treatment programmes is not sufficient to outweigh the benefits of changing. *Affective factors* are cited as having an impact on readiness to change. For example, an offender experiencing difficulty in controlling his/her behaviour or emotions may struggle to take part in treatment. Furthermore, high levels of shame have been found to be associated with difficulties in engaging in treatment (Proeve & Howells, 2002). Three types of *behavioural factors* are included within the model for their impact on readiness to change: an offender must recognise their problem behaviour; must seek help to change their problem behaviour; and lastly, must possess the skills necessary to participate in interventions. Likewise, the TTM highlights the need for an offender to first recognise their problem behaviour before preparing to take action which may involve seeking help and gaining the skills necessary to participate in offence specific programmes.

Like the TTM, Ward et al. (2004) also highlight characteristics which may impact on an offender's ability to take part in treatment such as poor literacy skills and mental illness/disorders. They also stress the importance of the offender having the skills necessary

to take part in group treatment programmes and the ability to talk about his/her thoughts and feelings with others. The MORM's *Volitional factors* (such as an offender's goals and desires) are also closely related to the TTM in that the likelihood than an individual will change is considered to be linked to the level of motivation to change behaviour.

Within the MORM, change is viewed as a sequential process in which an offender progresses from a lack of awareness of their problem, to a desire to change, to forming and implementing a plan to instigate and maintain this change. Ward et al. (2004) further suggest that motivation is linked to an individual's life goals (a suggestion also put forward in the GLM); if an offender holds realistic life goals which can be identified, prioritised, and addressed by treatment programmes, motivation levels are more likely to remain high and treatment is more likely to be effective. As such, interventions addressing the identification of realistic life goals and personal identity could be sequenced prior to those addressing criminogenic needs. Lastly, *personal identity factors* are thought to be particularly important within the area of readiness to change. It is suggested that, in order for an offender to change their offending behaviour, the goods which they aim to achieve must be pro-social and not related to offending. By prioritising these goods, an offender can identify the kind of person they wish to be. If this is achieved, then their personal identity will be such that it allows them to believe that they can change.

Six external factors related to readiness to change are included in the MORM (Ward et al., 2004). C*ircumstance factors* are thought to be related to readiness; if an offender feels they have been coerced into participating in a treatment programme they may be less likely to engage with it. It is also important to consider where the treatment will be delivered (*Location factors*); whether the treatment is delivered in prison or the community may have an impact on its effectiveness (McGuire & Priestly, 1995). Furthermore, moving a prisoner to a prison at a location further away from their friends and family may demotivate them.

Opportunity factors also influence treatment; even if a prisoner is considered ready for treatment, it may not be possible for them to commence treatment if the programme is not available at that particular prison. Another factor which may influence whether a prisoner can take part in treatment is where they are in their sentence, i.e., if nearing the end of their sentence, there may not be time to complete a programme. *Resource factors* such as a lack of qualified and experienced staff to deliver treatment programmes is also an issue which will impact on the availability of programmes to offenders. Receiving support, guidance and possibly rewards for completing programmes (*Support factors*) from a member of staff in prison or the community is important in encouraging readiness to change. Lastly, *Programme/timing factors* concern the issue that a prisoner may feel ready to change but may not feel that a particular type of programme is going to be helpful to them, or that they would like to have more time before participating in a programme.

The MORM has received increasing attention over the last decade as a method by which to assess an individual's level of readiness to change in terms of how this relates to the likelihood that they will engage in, and complete treatment (Day, Howells, Casey, Ward, Chambers, & Birgden, 2009; Howells & Day, 2007; McMurran & Ward, 2010; Sheldon, Howells, & Patel, 2010; Tetley, Jinks, Huband, Howells, & McMurran, 2012). In highlighting a wide range of both internal and external readiness factors, as well as providing a basis for assessing whether or not an offender is ready for a particular treatment programme (McMurran & Ward, 2010), the MORM can inform decision making as to the sequence in which an offender participates in specific programmes. It has been noted that the model incorporates motivation issues (as highlighted by the TTM), responsivity issues (outlined in the RNR framework), and provides a wider range of factors which are thought to impact upon readiness to change (Howells & Day, 2007; McMurran & Ward, 2010). Readiness factors outlined in the model have been shown to be associated with the likelihood that violent

offenders (Day et al., 2009) and offenders with a personality disorders (Howells & Day, 2007; Tetley et al., 2012) will engage in, and remain in, a treatment programme.

The issue of readiness to change is recognised as being important within correctional services (Ward et al., 2004). In order to be responsive to the needs of the individual, knowledge of internal and external readiness factors would be beneficial when considering the sequence and timing of interventions for a particular offender. Where cognitive, volitional and personal identity issues are present in an offender, i.e., internal processes leading to an offender resisting treatment (as outlined above), interventions to address such issues would be placed first in a sequence of interventions. When such issues have been addressed, i.e. an offender has a belief that he/she needs to change, a positive attitude towards treatment programmes and motivation to participate and engage in programmes, an offender would, in theory, then be ready to progress to further interventions. In accordance with the MORM, it would then be necessary to ensure an offender has the competencies to participate in offence specific treatment programmes. This could involve addressing factors such as difficulties in controlling his/her behaviour or emotions, poor literacy skills, mental health issues and difficulties in discussing thoughts in a group context. Where such issues have been addressed in treatment and the offender is deemed to possess such competencies, they would then be ready to participate in offence specific programmes.

However, the MORM also highlights external factors that impact on the viability of an offender being able to participate in interventions in the desired sequence as outlined above. Due to a lack of qualified staff and treatment programmes being unavailable, there may be lengthy waiting lists for programmes or an offender may need to be moved to a different prison where the desired programme is available. The MORM highlights the need to assess the internal factors present in an offender to ascertain which programmes are necessary at a particular time in their sentence creating an individualised treatment plan

including the sequence in which programmes are delivered. It also emphasises the need for frequent assessment in order ascertain an offender's level of readiness to change which may involve the need to adjust the sequence in which interventions are delivered.

Validating the Need to Prioritise Motivation

The extent to which levels of motivation impact upon the likelihood that an offender will engage with and benefit from further treatment (and as such, whether it is necessary to address motivation issues prior to further programmes) has been of particular interest within correctional services. Claims made by the MORM and TTM regarding the need to address the issue of motivation to change (a component of the responsivity principle) prior to further programmes have been substantiated by research into motivational pre-treatment programmes and motivational interviewing. For example, Marshall and Moulden (2006) found that offenders who took part in a motivational pre-treatment programme (aiming to ensure an offender recognises a need to change, believes they can change and believes that treatment does work) were less likely to be re-convicted of both sexual and non-sexual crime than a matched control group who did not receive the pre-treatment programme.

In addition, research investigating the effectiveness of Motivational interviewing (MI) offers support for claims made by the TTM and MORM regarding the importance of addressing motivation levels prior to offence specific programmes. MI is a client-centred counselling style which aims to address ambivalence, elicit and strengthen levels of motivation, and reduce resistance to changing a problematic behaviour (Miller & Rollnick, 2002). MI is often delivered as a pre-programme intervention for those considered to be in the stage of pre-contemplation, thereby matching the needs of the offender with his/her SOC (Anstiss et al., 2011). Research into the effectiveness of MI has found some positive results with MI leading to an increase in levels of motivation, improvements in retention rate on programmes, and reduced levels of re-offending (McMurran, 2009). A study carried out by

Anstiss et al. (2011) investigating the impact of MI with prisoners found that those who received MI prior to other interventions were less likely to be re-convicted than those who did not. However, findings have been mixed and McMurran (2009) highlights the need for further research in this area. The benefits of the continued use of MI throughout the stages of change to maintain motivation has also been highlighted (Andrews & Bonta, 2010).

In summary, research into motivational pre-treatment programmes and MI suggests that, when considering the sequence in which interventions are delivered, it would be beneficial to address the issue of motivation prior to offence specific interventions. In addition, research suggests that, for some offenders who lack motivation to change, it may be beneficial to the offender to participate in motivational programmes along-side further programmes.

Lessons From Individual Treatment Programmes for Sequencing Multiple Interventions: What Should Come First and Why?

Individual treatment programmes designed to address specific offending behaviour often consider the process of change in an individual and, as such, delineate a sequence of components to encourage progression through the process. For example, the rationale underlying cognitive-behavioural programmes (the most common approach used in offender rehabilitation (McMurran, 2002)) is that the treatment must first address thinking in order to change offending behaviour (McDougall, Clarbour, Perry, & Bowles, 2009). Cognitive distortions and deficits may affect the way in which an offender perceives the world, allowing an offender to justify his/her criminal actions, and limit his/her ability to plan for the future or problem-solve, resulting in continued offending behaviour (Lipsey, Chapman, & Landenberger, 2001). Cognitive behavioural therapies aim to systematically address such distortions, enable an offender to recognise the triggers of their offending behaviour, put strategies in place to adapt their behaviour, and ultimately reduce the likelihood that they will

re-offend (Lipsey et al., 2001). However, it could be argued that it is futile to address thinking problems if an offender does not perceive that they have a problem that needs addressing and, as such, lacks motivation to change. Therefore, CBT may involve a sequence of components firstly addressing motivation, followed by addressing cognitive factors, leading to a change in behaviour.

In the area of treatment programmes for sex offenders, it is evident that behaviour change is considered to be a sequential process. An offender must be able to view their behaviour as being inappropriate before their behaviour can be altered (Looman, Dickie, & Abracen, 2005). The schema-based theory of cognition in sexual offending suggests that dysfunctional cognitive schemas underlie the action of committing a sexual assault (Mann & Shingler, 2006). Theories such as these indicate that, when treating sex offenders, it would be necessary to address any existing dysfunctional schemas before an offender can learn the skills needed to control his/her behaviour (Mann & Shingler, 2006). Furthermore, it is considered necessary to address the issue of denial and minimization in sex offenders prior to looking at relapse prevention strategies (Marshall, 1994), although opinions on this are changing and it is less clear cut whether this needs to be addressed (Harkins, Beech, & Goodwill, 2007). Thus, it is evident that to improve the effectiveness of offender rehabilitation efforts, the entire process of change should be considered.

Dialectical Behavioural Therapy (DBT) (Linehan, 1993) focuses on the process of behavioural change and, as such, pays explicit attention to the coherent ordering of components of the therapy. Although originally developed for those with borderline personality disorder (BPD), the therapy has been adapted for correctional settings with positive results (Berzins & Trestman, 2004; Evershed, Tennant, Boomer, Rees, Barkham, & Watson, 2003; Shelton, Sampl, Kesten, Zhang, & Trestman, 2009). DBT pays considerable attention to the process of change in a person, and therefore considers the sequence in which

skills are taught. In short, "…the orientation of the treatment is to first get action under control, then to help the client to feel better, to resolve problems in living and residual disorders, and to find joy and, for some, a sense of transcendence" (Dineff & Linehan, 2001, p. 2).

DBT is formed of stages through which a person must pass; if a person does not achieve the goals set in their current stage, they do not proceed to the next stage (Becker & Zayfert, 2001). Prior to any treatment, the therapist and offender meet to discuss their goals and treatment targets (Dineff & Linehan, 2001). The goals are hierarchical, with the most problematic behaviours being addressed before those considered to be less concerning (Evershed et al., 2003). The first task of treatment is then to address any maladaptive or dysfunctional behaviour that may interfere with the therapy process. In this stage, the individual sees the DBT therapist on a one-to-one basis to decrease any problem behaviour which is considered to be life-threatening or which may decrease the offender's quality of life (Dineff & Linehan, 2001). This may involve addressing violent behaviour, a lack of control over impulses, a lack of motivation to change, as well as any behaviour that may be harmful to others (Berzins & Trestman, 2004).

The next stages of the DBT process involve increasing positive, adaptive behaviour, thus further reducing maladaptive behaviour (Dineff & Linehan, 2001) through teaching four main skills: mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness. Mindfulness is the foundation on which the further modules are based and as such it is addressed first (Becker & Zayfert, 2001). In this module a person is given the skills to think rationally rather than emotionally and to be present in the moment. They must be able to observe, describe and participate in the moment in an effective, focused and non-judgemental way (Becker & Zayfert, 2001). Distress tolerance skills involve being able to accept the distressing situation that they are in rather than focusing on changing it; if a person

can accept the reality of their feelings and situation, they are then better placed to learn strategies designed to deal with distress, such as distracting themselves with positive tasks, self-soothing techniques and relaxation techniques (Becker & Zayfert, 2001). Emotion regulation is concerned with the ability to recognise, describe and address negative emotions in order to replace them with more positive emotions (Berzins & Trestman, 2004). Finally, interpersonal effectiveness skills are taught in order to prepare the person for challenging situations (Berzins & Trestman, 2004), for example in romantic relationships or in a work situation.

DBT offers insight to help inform practice in the sequencing of multiple interventions in correctional services. It highlights the need to first address behaviour/cognitions (e.g., aggression, a lack of motivation to change, mental health issues) prior to teaching skills to increase positive behaviour, and lastly ensuring he/she has the skills necessary to face real-world challenges.

From these descriptions of individual treatment programmes used with offenders, it is evident that some interventions already give explicit consideration to the process of change and thus the sequence in which particular issues should be addressed. However, as many offenders will participate in more than one intervention, this consideration needs to be expanded beyond the ordering of components within one intervention to the ordering of the combination of programmes (Palmer, 1996). Therefore, when advising that an offender participate in multiple interventions, theories and research into the process of change would suggest that the issue of sequencing be given explicit consideration at the sentence planning stage.

Despite theoretical claims as to what may constitute an effective sequence of interventions, there is currently a lack of evidence on which to base treatment sequencing decisions. However, by integrating what is known about the factors that influence

behavioural change, suggestions can be offered in terms of how interventions might be sequenced.

Lessons from Rehabilitative Frameworks and Process of Change Principles

It is posited that levels of re-offending could be reduced if it were possible to determine where the individual is in their stage of change (i.e., how ready they are for a particular intervention). This information could be used to inform decision making regarding what programme an offender should participate in and how multiple programmes should be sequenced (Hemphill & Howell, 2000). There is a clear need to tailor interventions to help a person achieve each process of change, thus moving them forward through the stages of change to achieve their goals (Prochaska & Levesque, 2002).

Table 1 displays a summary of treatment components highlighted by rehabilitation frameworks and the MORM, and provides examples of intervention topics within the construct of the SOC component of the TTM. By drawing together such theories within the construct of the Transtheoretical Model, it is possible to make further suppositions as to the type of intervention necessary in each stage.

For example, upon entry to prison, and following assessments to identify needs, an offender who is not able to recognise their problems would first be offered treatment programmes designed to raise self-awareness. The offender at this stage may begin to recognise a need to change although he/she may believe that change is not possible, or that the cost of changing outweighs the benefits of making the effort to change. Interventions used in this stage could include motivational interviewing and empathy training.

When it is felt that an offender has recognised a need to change, it is suggested that they would then participate in interventions designed to focus on their view of themselves in relation to their problems. In accordance with the need principle and the GLM, a framework could be provided for offenders to consider their life goals and identify their problematic

behaviours, as well as identifying the abilities they have which may help them achieve their goals. Discussion can take place at this stage regarding which behaviours and issues need to be addressed by further treatment programmes.

Following the offender's recognition of his/her need to change, the identification of goals and the problem behaviours that need to be addressed, a concrete commitment to change can be made. Dysfunctional behaviours, maladaptive thought processes and individual needs such as mental health issues or learning difficulties that may interfere with subsequent treatment programmes, must be identified in order for an offender to move on to offence-specific treatment programmes. Interventions in this stage may address these individual issues; for example, an offender may need to participate in a substance abuse programme or basic literacy skills before continuing. In addition to considering the specific criminogenic needs of an offender, it is also necessary to identify skills which will assist them in achieving their goals and include these as part of the *action* stage. If the belief that they can change can be fostered, and once a commitment to take action is made, they can then move forward.

At this point, an offender will be ready to participate in interventions designed to address their criminogenic needs, and possibly non-criminogenic needs, which will ultimately help them achieve their goals. Depending on the particular needs of an offender, he/she may need to take part in treatment programmes such as those designed to address the dysfunctional thinking underlying the offending behaviour or interventions that help in the management of emotions. As negative behaviours are addressed, positive behaviours can also be developed. All positive behaviour should be rewarded in order to reinforce it, thus lessening negative behaviour. Future environmental factors need to be discussed with the offender to identify triggers to offending; role play can be a useful tool here for visualising how he/she may respond in an adaptive way when faced with a challenging situation upon

release.

Following treatment programmes and prior to release it would be necessary that staff and the offender feel that they have addressed the offending behaviour and that the offender has acquired the skills necessary to reduce the risk of re-offending. Upon release, an offender may continue to need assistance in order to achieve his/her goals and overcome obstacles to living a crime-free life. For example, assistance may be required in developing pro-social networks, and gaining employment and secure accommodation. Emotional support may be needed and it may be necessary to continue to address specific offending behaviours by participating in booster programmes held in the community.

The Sequencing of Interventions as a Responsivity Factor

The general responsivity principle within the RNR model (Andrews & Bonta, 2010), states that the delivery of treatment programmes should be tailored to the abilities and learning style of an offender. The overarching view of the general responsivity principle is that cognitions (such as a belief that his/her behaviour needs to be changed, or a lack of motivation to change) need to be addressed prior to addressing specific offending behaviour (Andrews & Bonta, 2010). The specific responsivity principle extends these general principles by proposing that there is a need to assess offender characteristics in order to match the treatment to the offender (Andrews & Bonta, 2010). For example, characteristics such as learning difficulties, mental health problems, social skills deficits, personality traits and pro-crime attitudes warrant consideration when making decisions about the interventions needed for an offender and subsequently in what order they should be provided (Ward et al., 2004), for example, addressing mental health issues before commencing offence-specific work.

As highlighted in the MORM, there are multiple internal factors which may impact on whether an offender is considered ‘ready’ for a treatment programme and, as such,

identification of such factors may help inform decision making regarding the sequence in which interventions are delivered. In addition to the general responsivity principle highlighting factors such as a lack of motivation to change and a belief that change is not necessary, it is suggested that the principle outlines additional readiness factors (as highlighted in the TTM and MORM) such as an offender's low expectations of a particular treatment programme, perceptions of his/her ability to change, and his/her views regarding the pros and cons of addressing offending behaviour. By assessing such factors prior to the delivery of treatment programmes, it may be possible to determine which programmes are necessary and what the optimum sequence of programme delivery may be. Further to this, the GLM considers it essential to determine an offender's primary and secondary goals in order to be responsive to the individual needs of an offender in terms of the prioritisation and sequencing of treatment programmes.

Barriers to implementing coherent sequencing of interventions

The theories and suggestions regarding the sequencing of interventions outlined above are apparent to some of those currently working in correctional services, and consideration may therefore already be paid to sequencing at the treatment planning stage. However, in order to fully incorporate sequencing of interventions as a responsivity principle, it is important to recognise the impact of limited resources within correctional services. External factors (as outline in the MORM) such as waiting lists for programmes, limited number of qualified staff necessary for one-to-one contact with offenders, and an inability for all prisons to offer an entire array of treatment programmes may serve as barriers to the implementation of coherent sequencing of interventions.

In a recent inspection across eleven prisons in the UK, sentence plans were found to be logically sequenced in only 47% of cases (Criminal Justice Joint Inspection, 2012). A lack of sufficient resources to provide necessary interventions in accordance with individual

sentence plans was cited as a contributing factor to difficulties in the coherent sequencing of interventions, with the timing of programmes found to be largely dictated by availability of programmes.

Conclusion

It is evident that much progress has been made in the area of offender rehabilitation in recent decades, with the shift from Martinson's '*nothing works*' claim, to instead asking the question '*what works for whom and why*' (Harper & Chitty, 2005). The contribution that models of rehabilitation, such as the RNR and the GLM, have made to the effectiveness of rehabilitative programmes has been well documented, with the findings of studies being largely positive (Andrews & Bonta, 2010; Ward & Maruna, 2007).

The responsivity principle (both general and specific) is held as being of great importance, with obvious recognition by the RNR and the GLM that *one size does not fit all*. The tailoring of the delivery of interventions to match the specific needs of the offender is generally acknowledged as being beneficial to the offender in terms of reducing the risk of re-offending (Andrews & Bonta, 2010). Furthermore, research and theories put forward in the area of readiness to change (e.g., the MORM) provide practitioners with a broad array of factors that need to be addressed for change to take place and there is an explicit push for such factors to be addressed prior to commencing offence specific treatment interventions.

Given the lack of research in the area of sequencing of multiple interventions, it is not yet possible to emphatically state that by altering the sequence in which an individual should participate in recommended programmes, differences will arise in terms of the likelihood of re-offending. However, literature in the area of readiness to change indicates a need to further develop the responsivity principles to explicitly consider the issue of the sequence in which interventions will be delivered in order to accommodate the complexity of individual characteristics related to the willingness of offenders to embark upon and engage in various

general and offence specific treatment programmes.

It is promising that there is growing recognition of the need for the sequence in which interventions are delivered to be considered. For example, in the UK, the National Offender Management Service recently stated that:

> How we sequence and combine services is significant in delivering outcomes… it may be important to provide services which stabilise and motivate an individual before providing an intervention targeted at reducing their risk and reoffending…Successful rehabilitative work has a holistic character, whereby the offender's experience is one of a coherent rather than fragmented set of interventions…Those delivering services should be aware of the broader picture of the offender's rehabilitative journey… (NOMS, 2012, p. 15)

In order to validate the recognition that coherent sequencing of interventions may increase the efficacy of a set of multiple interventions, and to further the understanding of the issue, there is now a notable need to provide correctional services with evidence on which to base optimal sequencing decisions, with particular emphasis on being responsive to the individual needs of the offender.

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Table 1
Stage Matched Intervention Suggestions

Transtheoretical Model (TTM)	Multifactor Offender Readiness Model (MORM)	Rehabilitation Framework	Interventions
Precontemplation **Decisional balance** Offender perceives more cons than pros associated with changing **Processes facilitating progression through stages** ***Consciousness raising*** – Increasing awareness of the self and the problem; looking at short and long-term consequences of behaviour ***Dramatic relief*** – Expressing/arousing feelings such as guilt and hope ***Environmental Re-evaluation*** – Exploring how their behaviour impacts upon others	**Readiness factors:** **Cognitive (e.g. attitudes and beliefs)** **Affective** **Behavioural** **Volitional** **Personal identity**	**GLM:** Recognition that basic life needs are not being met **RNR:** Risk assessment including evaluation of level of motivation to change	**Intervention components/topics:** Observations**;** Providing feedback about the consequences of their offending behaviour**;** Bibliotherapy**;** Psychodrama**;** Role playing**;** Grieving losses**;** Empathy training**;** Family/network interventions**;** Documentaries**;** Value clarification**;** Motivational interviewing**;** Preparatory programmes designed to increase the awareness of a need to change and increase motivation
Contemplation **Decisional balance** Cons decreasing/pros increasing but problems with thinking positively **Processes facilitating progression through stages** ***Self-re-evaluation*** – Addressing self-image in relation to the problem behaviour. 'Re-evaluate who they were, who they are, and who they want to be' (Prochaska & Levesque, 2002, p.67)		**GLM:** Identification of life goals (*primary goods*)**;** Consideration of the importance placed on goals**;** Consider strengths/existing abilities **RNR:** Awareness of criminogenic needs and level of risk as assessed by staff	**Intervention components/topics:** Imagery**;** Healthier role models**;** Help to develop a pro-social identity**;** Formation of therapeutic alliance**;** Discussing goals and treatment targets**;** Identification of the most problematic behaviours
Preparation **Decisional balance** Pros outweigh cons **Processes facilitating progression through stages** ***Self-liberation*** – Believing that they can change and making a commitment to take action		**GLM:** Identify gaps in internal and external resources**;** Collaborative work to determine concrete goals**;** Consider the skills required to attain the positive life goals of the offender (*secondary goods*) **RNR:** Development of individualised treatment targets, considering the issue of responsivity to the needs of the	**Intervention components/topics:** Identify dysfunctional behaviour that may interfere with the treatment process (e.g. substance misuse, mental health issues, learning difficulties)**;** Identify and make the offender aware of cognitive distortions and deficits prior to attempting to change dysfunctional behaviour**;** Consideration of the causes and motivation behind an offence**;** Identify the right choices for the individual by which they can modify

		offender	their behaviour**;** Contracts and public commitments to enhance willpower
Action **Decisional balance** Pros continue to increase and cons decrease **Processes facilitating progression through stages** ***Counter-conditioning*** – Substituting positive behaviours for problem behaviours ***Helping relationships*** – Being open, honest about problems with someone who cares ***Contingency/reinforcement management*** – Using rewards as a way of reinforcing positive actions ***Stimulus control*** – Restructuring the environment so as to increase the amount of positive cues and decrease negative cues	**Circumstance** **Location** **Opportunity** **Resource** **Support** **Programme/timing**	**GLM:** Taking action to address secondary goods in order to meet primary needs**;** Build on existing strengths**;** Address gaps in internal and external resources**;** Skills should be practiced in a supportive environment to prepare an offender for release**;** Weaknesses decrease as strengths increase**;** Target criminogenic and non-criminogenic needs **RNR:** Target interventions to criminogenic needs**;** Match interventions to learning styles etc...	**Intervention components/topics:** Contingency contracts**;** Overt and covert reinforcement**;** Group recognition**;** Self-help groups**;** Consideration of medication; Teaching of mindfulness, distress tolerance, emotion regulation and interpersonal effectiveness skills techniques (DBT)**;** Thinking skills**;** Anger management**;** Offence specific treatment programmes**;** Self-management skills**;** Cognitive restructuring**;** Identifying triggers to offending**;** Address psychological issues such empathy deficits, low self-esteem, depression; Challenge dysfunctional thinking**;** Skills acquisition and rehearsal (role play)**;** Relaxation training**;** Emotional control**;** Assertiveness training
Maintenance **Decisional balance** Pros continue to increase and cons decrease **Processes facilitating progression through stages** The continuation and advancement in participation and application of all previous processes, with a particular focus on ***stimulus control***, ***counterconditioning***, ***reinforcement management*** and ***helping relationships***		**GLM:** Achieving primary goals can lead to desistance from crime; however this is an on-going process and positive support will need to be maintained to face life's obstacles **RNR:** If criminogenic needs have been addressed, risk of re-offending has been reduced, however, on-going support to meet remaining needs may be needed	**Intervention components/topics:** Develop pro-social networks; Relapse prevention treatment**;** Booster programmes**;** Support in the community**;** Maintain therapeutic alliance**;** Counsellor contact**;** Social support **;** Self-help groups