Psychological Therapy in Prisons: Professionals' Perceptions

DOCTORAL PORTFOLIO IN

COUNSELLING PSYCHOLOGY

by

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DECLARATION

The research dossier or any part thereof has not been presented in any form to the University or to any other body whether for the purposes of assessment, publication, or for any other purpose (unless otherwise indicated).

With the exception of any express acknowledgements, references and/or bibliographies cited in the work, I confirm that the intellectual content of the work is the result of my own efforts and of no other person, beyond the role expected of my research supervisors Dr Niall Galbraith and Dr Coral Dando.

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ALL WORK THROUGHOUT THIS PORTFOLIO HAS BEEN APPROPRIATELY ANONYMISED AND ALL IDENTIFIABLE INFORMATION REMOVED, SO NO PARTICIPANT CAN BE IDENTIFIED.

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PREFACE

My doctoral portfolio includes a collection of assignments produced as part of the doctorate in counselling psychology at the University of Wolverhampton. These works are presented in four main dossiers that cover different domains of competence, which include: (a) Research Dossier, (b) Academic Dossier, (c) Therapeutic Dossier, and (d) Confidential Dossier. The Confidential Dossier is offered as a separate portfolio, which contains confidential, anonymised, and private information. The Confidential Dossier preserves confidential information in accordance with professional codes of ethics (British Association for Counselling and Psychotherapy, 2013; British Psychological Society, 2009; Division of Counselling Psychology, 2005; Health Care Professions Council, 2012). The purpose of this preface is to introduce these works and to highlight how they have contributed to my identity as a counselling psychologist.

The Research Dossier contains research that I carried out while in training. Its central research question was to address the following: "How do Professionals Perceive Psychological Therapy Provision in Prison Settings?" A social constructionist paradigm was used as a method of inquiry to examine the perspectives of eight therapeutic practitioners. I chose this area of research since I have always had an interest in context, as the collection of works within this portfolio will demonstrate. In not wanting to give away the results of this research at such an early stage, I will instead talk about the key areas of my learning and development.

Counselling psychology is associated with a scientist-practitioner model where evidence-based practice is influential to the activity of psychologists. The ability to implement psychological knowledge and theory aided by scientific inquiry is important (Lane & Corrie, 2006). Further to this, Lane and Corrie (2006) believe that producing research is as crucial as implementing it. Within the Therapeutic Dossier, I spoke about my love-hate relationship with research, but having completed my research, I have developed a renewed sense of passion.

I share a similar belief to Kuhn (1970) who suggests that scientific inference will always be shaped by the paradigmatic lens one uses. Importantly, I would develop upon Lane and Corrie's (2006) assertion about their scientist-practitioner model to suggest my being a "critical-scientist-practitioner" is a vital component of my professional identity. Arguably, what bridges the gaps between theory and practice as well as between scientist and practitioner is a critical stance since one can critically engage with not only how theory informs practice but also whether theory fits in practice. Having developed a deeper understanding of numerous qualitative and quantitative approaches (more specifically ontologies and epistemologies), I am more comfortable in being reflexive about the core assumptions I am making (i.e., the lens I am using) whether in research or practice. Therefore, I should also expand my identity to being a "reflexive-critical-scientist-practitioner," for me, each element is inseparable.

Interestingly, when re-reading the selected writings that have been placed into this portfolio, I was surprised to see the synergy between them. In as much that both the Academic Dossier and the Therapeutic Dossier could be viewed as extended reflexive accounts of the values, attitudes, and beliefs I brought with me to construct the research and its outcomes. The research project ran concurrently with years one, two, and three. Therefore, research has not only been a continual preoccupation but also incredibly influential to my identity as a counselling psychologist. In this light, two streams of consistent activity have been significant: (a) clinical practice and (b) research. What has also been meaningful to me is the realisation that counselling, with its inherent interest in a deeper understanding of people, is not so far removed from research. The process of research requires many of the same skills applied in practice.

The Academic Dossier contains two written assignments that were produced for the taught modules (a) therapeutic issues and ethics and (b) lifespan development. Both pieces consisted of choosing a relevant area for exploration and addressing its relatedness to counselling psychology. Choosing a suitable direction was daunting, but it was useful for critically examining issues that had arisen out of practice. These assignments were written at the most liminal stage of my development, year two. This reflection is crucial since both assignments were incredibly informative to ideas that would come later. These assignments were influential towards the development of the research project, particularly when considering the systemic factors that shape the processes of psychological therapy.

The first of these writings, "Counselling Psychology in Prisons: The Provision of Equivalent and Appropriate Psychological Therapy," was an exciting piece of work as it allowed me to appraise the current ethical dilemmas found in prison-based therapies. It was produced for the module therapeutic issues and ethics, and the idea for this followed a presentation that I made about my ethical concerns regarding the nature of this work. Originally, I had wanted to examine ethical concerns that focused on the therapeutic process itself. However, I noticed in the literature that there was a specific drive for health care services to deliver equivalent services in prison to those found in the community (Department of Health & Her Majesty's Prison Service, 2001; Improving Access to Psychological Therapy, 2009). Equivalence was such a prominent discourse that my conceptualisation of the assignment transformed to address this particular issue. In this transformation, a greater degree of service-level exploration was achieved, which I found to be incredibly insightful.

What was crucial about this work was its application of therapeutic ethics to a prison context. An experience that I relished as it allowed me to adopt a critical yet inquisitive stance, which I believe is imperative to ensuring ethical practice. It allowed for greater reflection on my ethical practice as well as how I could apply what I had learnt. Not only was this assignment useful for therapeutic practice but also for driving me to question therapy in prisons. This work contributed significantly to my ability to apply critical reasoning to a relatively unexplored area of ethical practice and my identity as an ethical practitioner.

The next piece of writing, "Suicide in Older Adults," was a fascinating area of exploration that brought much insight into the developmental processes involved in suicide. It was produced for the lifespan development module and was clinically relevant the nature of my work, which often involved complex issues of risk. I was well informed about risk factors within adolescent and adult populations, yet I was naive to these within an older adult population. Having chosen this topic myself, I was confronted with the frustration of how intricate this assignment was. Both suicide and life span approaches are multifaceted and complex topics. Due to the importance of this topic, I wanted to find a way to present a coherent discussion of suicide within an older adult population. I replicated Barber and Bean's (2009) use of Bronfenbrenner's (1979) ecological systems theory, which they applied to the exploration of suicide in adolescents.

The ecological systems theory was crucial to understanding that risk factors for suicide in older adults (indeed in any population) can be extended beyond the individual (Beeston, 2006). Risk assessment and management ought to be tailored to the particular needs of this population, which is salient to therapeutic practice. Moreover, sensitivity is required to the way in which suicidal intent is expressed in this population such as health-related complaints, primary care visits, and less explicit forms of communication (Conwell, Duberstein, & Caine, 2002; DeLeo, Hickey, Neulinger, & Cantor, 2001; Osgood & Thielman, 1990). Again, similar to the therapeutic issues and ethics assignment, I was increasingly aware of how important policy is to therapeutic work.

I realised that counselling psychology is not only capable of focusing on the client (at a micro-level), but there are also several important spheres of influence, which must be embraced (including larger socio-political contexts). I have become increasingly interested in what contribution I can make as a counselling psychologist to inform, to reflect upon, and to interact within broader spheres of practice. Ultimately, ensuring that client centred care can present a holistic view of difficulties, which moves beyond an individual.

The Therapeutic Dossier contains two written reports that were produced for the clinical practice modules (a) professional issues and (b) placement-portfolio. Both pieces were reflective in nature, which consisted of commenting on my personal and professional development over the course of training. Therefore, both reports were incredibly useful for exploring how I had grown throughout the doctoral process. They provided an excellent opportunity for consolidating my clinical practice at a time when my identity was shifting and gave me the chance to see how my summative experiences had shaped my identity as a practitioner.

The first report produced for my professional issues module focused on my professional identity, which included talking about concepts such as accountability, responsibility, ethical practice, power, and reflexivity. It examined not only my identity as a counselling psychologist while in training but also as a researcher, as a practitioner psychologist, and as a reflective practitioner. What I got from this was the insight that multiple constructs feed into whom I perceive myself to be as a professional.

Though this was an informative report, it is also worth considering how some of my ideals have changed since the time of writing it. Professional development is not static but fluid and in need of continual, active engagement.

The second report produced for my placement-portfolio module was more structured and described my clinical practice. The portfolio included talking about the prominent issues I faced on my placements such as service configuration, service transformation, and the construction of mental health within each. My placements were situated within public sectors including the National Health Service (NHS) and Her Majesty's Prison Service (HMPS). It was an excellent opportunity to reflect on the nature of my practice, which meant exploring the type of therapy I provided, the context I provided it in, and the skills I had implemented. Importantly, I had the chance to examine the core competencies I had developed including: (a) knowledge, (b) skills, and (c) the learning framework in which these were based.

The works contained in this portfolio have been selected to demonstrate a process of continual learning and development. When compiling this portfolio in preparation and readiness for submission, it offered time to stand back and reflect. Re-reading what is presented in this portfolio has shown me how time is vital for perceptions of growth, and with the passing of time one reflects from a new position. This is an exciting concept filled with potential in that one's journey academically, professionally, and personally is far from complete.

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Practitioner Doctorate in Counselling Psychology

RESEARCH DOSSIER

TITLE

Psychological Therapy in Prisons: Professionals' Perceptions

ABSTRACT

This study explored professionals' perceptions of providing psychological therapy in prison settings. Eight professionals affiliated with counselling as well as counselling psychology, clinical psychology, and forensic psychology were interviewed using a semi-structured interview method.

Prisons have been termed "social institutions" (Crewe, 2009; Garland, 1990; Sykes, 2007), and this study examined the delivery of therapy within this social realm. A social constructionist paradigm was used to understand how social and discursive practices shaped participants' accounts (Adler, 1997; Giddens, 1987; Burr, 1995, Gergen, 1985, 1999). Social constructionism allowed for critical engagement that challenged taken-for-granted practices (Adler, 1997; Berger & Luckman, 1966; Burr, 1995; Gergen, 1985, 1999).

Participants' accounts were analysed using a social constructionist informed thematic analysis (Braun & Clarke, 2006, 2012). Four superordinate themes were constructed including: "Performing Therapy," "Humanising the Client," "Frames Inside Frames," and "A Challenging but Rewarding Experience." This inquiry found that psychological therapy was entwined with the socio-political ideals governing the prison landscape, which resulted in several tensions between penal-ways-of-knowing and therapeutic-ways-of-knowing.

The tensions and conflicts present in this study have significant implications for establishing and maintaining ethical practices in prison, particularly surrounding discursive power. The findings indicated that stigmatising practices not only mean practitioners work with the "spoiled identity" (Goffman, 1963) of a 'prisoner,' but they must also ensure that stigma and discrimination are not imported into therapy.

Working as a practitioner in custodial environments is complex and challenging (Farrant, 2012; Harvey, 2011a, 2011b; Tite, 2013). Therefore, this investigation has highlighted the vital necessity to understand the professional development needs of prison-therapists and the needs for establishing collaborative ways of working in a prison milieu.

CHAPTER 1. INTRODUCTION

1.1 Chapter Overview

This chapter outlines the rationale governing an investigation into how professionals perceive the delivery of psychological therapy within a prison context. It introduces the operation of ideologies within the Criminal Justice System (CJS), which are important not only for understanding the social milieu of prisons but also for examining the position of psychological therapy within them. Lastly, this chapter provides a structural overview of the chapters found in this report.

1.2 Research Rationale

In his seminal writing, "Ideology and Utopia," Mannheim (1936) believed that ideologies function to hide or alter reality to maintain things-as-they-are. Mannheim (1936) argued that ideologies constitute "systems of thought" – networks of ideas – grounded in history, culture, and society. Punishment, deterrence, rehabilitation, and public protection are explicit objectives within the CJS, but there are also covert ideologies. Drake (2012) identifies two hidden social ideologies, which include a preoccupation with the need for security and the belief that people who commit a crime do so because they are "evil." Examining these hidden ideologies provides an opportunity for new insight and for preventing a taken-for-granted culture (Drake, 2011, 2012). Hidden ideologies are also essential to psychological therapy because of its inherent interest in "illumination" (Kahr, 2001; Saunders, 2001).

The challenge for professionals providing therapy in prisons is the "search for truth" in environments enshrouded with secrecy (Kahr, 2001). The rationale for exploring professionals' perceptions is located on the premise that working therapeutically in prison environments is challenging, complex, and often ethically ambiguous (Farrant, 2012; Harper & Franks, 2013; Harvey, 2011a, 2011b; Huffman, 2006; Jones, 2012; Scott, 1985; Tite, 2013).

Prisons are environments that are testing of humanistic ideals (Jacob, Holmes, & Buus, 2008; Liebling, 2011), which are at the core of counselling and psychotherapy practice (Cooper, 2009; Galbraith & Galbraith, 2008). As such, it is imperative to reflect on where the profession positions itself currently and where it strives to be (Mason & Chandley, 1992), which is particularly important in a setting where context is said to be crucial (Jordan, 2010). The central thesis argues that psychological therapy in prisons is inexorably entwined within a hidden ideological landscape. With this in mind, the primary research question is: "How do Professionals Perceive Psychological Therapy in Prison Settings?"

1.3 Overview of the Chapters

Chapter 2 provides a background to the emergence of the modern prison. It offers an understanding of the popular discourses operating within the CJS, and it highlights the growing concerns about mental health and social exclusion of people entering prison.

Using a thematic synthesis (Thomas & Harden, 2008), Chapter 3 offers a focused examination of the extant literature relevant to this study. It explores a broad range of

literature sources including forensic nursing and offending behaviour treatment as well as counselling and psychotherapy. Chapter 3 determines the research agenda, which seeks to address current knowledge gaps.

Chapter 4 discusses the methodology and the methods applied in this study, and it offers an in-depth appraisal of the social constructionist framework providing the context for this research. Chapter 4 outlines the primary and the secondary objectives of this study, the procedures used, and the establishment of quality.

The results and discussion can be found in Chapter 5, which situates the findings of this study within broader discourses and the extant literature. Chapter 5 presents a discussion of four superordinate themes constructed using a thematic analysis of participants' accounts (Braun & Clarke, 2006, 2012), and it ends with the recommendations that participants have for therapy provision in prisons.

Chapter 6 offers a critical appraisal of this research. It provides an assessment of research quality, apparent strengths and limitations, and areas for future study. Chapter 6 discusses the contribution this research makes to policy, theory, and practice.

Finally, Chapter 7 provides a summary of the key findings arising from this investigation.

CHAPTER 2. SITUATING THE DELIVERY OF THERAPY

2.1 Chapter Overview

This chapter provides a background to the modern prison and presents a brief account of its socio-political situatedness. Situatedness offers the proposition that people are shaped through interaction with historical, social, and cultural practices (Frank, 2008). It is beyond the scope of this chapter to explore, at length, the history of prisons and penology (i.e., punishment). Instead, these discussions can be found in the comprehensive writings of Foucault (1977), Garland (1990), and Seddon (2007). This chapter introduces discourses surrounding oscillating penal ideals and the modernisation of public sector management. It highlights the growing concerns of mental health and social exclusion of people entering prison, which have led to a number of key health care reforms.

2.2 Oscillating Penal Ideals

Political, social, and cultural "fashion" affects penology (Tonry, 2011). In other words, although ideals may go out of style, they do not disappear altogether. Crewe (2009) and Liebling (assisted by Arnold, 2004) refer to ideals of punishment as "oscillatory" and "shifting." Today's rehabilitation may be tomorrow's punishment, which is determined by the socio-political zeitgeist (Crewe, 2009; Garland, 1990; Liebling assisted by Arnold, 2004; Tonry, 2011). The Right Honourable Damien Green, in his "Modernising Justice" speech, states that the CJS is "a result of 1,000

years of evolution"[1] (Home Office, 2014). Therefore, penal ideologies may reflect the spirit of the time, but they are highly politicised as well as bound by history, culture, and society (Brown, 2010; Garland, 1990).

Goffman (1961) refers to prisons as "total institutions" that operate with a stated purpose, and this runs throughout the whole organisation permeating both staff and 'inmate' culture. Total institutions physically and symbolically represent a separation from society (Goffman, 1961). In contrast to Goffman's view, prisons are also seen to be "social institutions" where prison walls are "porous" and "permeable" to the rest of society (Crewe, 2009; Garland, 1990; Sykes, 2007). Given the assertion that prison walls are permeable to wider society, it is important to situate prisons within their broader socio-political climate (Crewe, 2009; Garland, 1990; Sykes, 2007).

2.2.1 From Corporal Punishment to Deprivation

Penology in the 18th Century was corporal in its affliction (Foucault, 1977) and branding, mutilation, torture, and banishment were its punitive tools (Foucault, 1977; Rothman, 1980; Sykes, 2007; Watkins, 1992). An example of 18th Century penology was the practice of branding 'T' for thieves (Miethe & Lu, 2007) and 'M' for murderers (Banks, 2005). Prisons in the 19th Century resembled a shift in public attitudes away from these "cruel and unusual" corporal punishments (Coyle, 2008; Foucault, 1977; Melusky & Pesto, 2003; Rothman, 1980; Rudin, 1996; Tonry, 2011).

[1] Rt. Hon. Damian Green's speech can be found at https://www.gov.uk/government/speeches/damian-green-modernising-justice-speech.

The emergence of punishment through deprivation and incarceration (Coyle, 2008; Garland, 1990; Sykes, 2007) presented a "paradigm shift" in penology (Farrant, 2012). Deprivation, as an affliction, moved punishment from the body to the soul (Foucault, 1977). Nevertheless, the seminal research "The Society of Captives" offered a stark reminder that, however humane prison might be as a form of punishment, the "pains of imprisonment" are pains nonetheless (Sykes, 2007). Sykes (2007: 64) stated:

> Such attacks on the psychological level are less easily seen than a sadistic beating, a pair of shackles in the floor, or the caged man on a treadmill, but the destruction of the psyche is no less fearful than bodily affliction.

Contrary to Sykes' idea of the pains of imprisonment, Bonta and Gendreau's (1990) review found that imprisonment did not have a substantial psychological impact on people in prison[i], but they also acknowledged they did not consider phenomenological pains (i.e., the experience of pain). However, Mitchell and Latchford (2010) found that people in prison experience difficulties such as not coping, feeling depressed, feeling anxious or scared, feeling suicidal, feeling concerned about coming off drugs or going insane, and feeling isolated. Additional studies highlight that people in prison also experience bullying and homesickness (Ireland, 2001; Ireland & Archer, 1996, 2000; Ireland, Archer, & Power, 2007; Liebling, 1990, 2007; Mitchell & Latchford, 2010; South & Wood, 2006), bereavement and loss (Rodger, 2004; Hendry, 2009), and complex trauma (Gibson, 2011; Lynch, Heath, Mathews, & Cepeda, 2012; Maschi & Gibson, 2012; Maschi, MacMillan, Morgen, Gibson, & Stimmel, 2010; Maschi, Viola, & Morgen, 2013).

2.2.2 The "Rehabilitative Ideal," "New Penology," and "Public Protection"

The aims of custody are incapacitation, deterrence, crime prevention, public protection, and the provision of justice (Drake, 2012). The "Breaking the Cycle" Green Paper (Ministry of Justice [MOJ], 2010: 7) proposed that the underlying functions of prison are (a) to provide public protection, (b) to punish and rehabilitate, and (c) to provide greater transparency, accountability, and decentralisation.

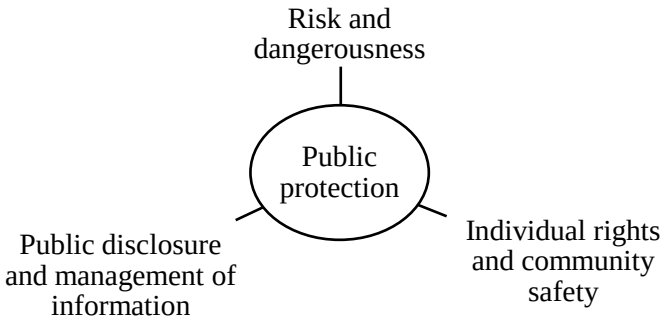
Rehabilitation is an important goal for the CJS (MOJ, 2010, 2011). Within the "rehabilitative ideal," the concept of 'criminality' resides within the moral character of the 'criminal' and a significant component of rehabilitation is the treatment of 'criminality' (Blackburn, 2002; Cullen & Gendreau, 2000; Donohue & Moore, 2009; Daly, 2000; Seddon, 2007). Professions such sociology, education, psychiatry, and psychology became influential because they treated 'criminality' and, in so doing, they achieved the improvement of 'criminals' (Blackburn, 2002).

Feeley and Simon (1992) comment on a "new penology" primarily concerned with risk and the estimation of "dangerousness," also known as the "penology of risk" (Kemshall & Wood, 2007) or as "actuarial justice" (Feeley & Simon, 1992; O'Malley, 2004a, 2004b). The discourse of new penology reflects a growing societal preoccupation with risk and security (Adams & Ferrandino, 2008; Ashenden, 2002; Mcalinden, 2006; Quinn, Forsyth, & Mullen-Quinn, 2004).

In actuarial justice, the concept of risk has become normalised, and the focus is on the assessment and management of risk (Feeley & Simpson, 1992). What this means for risk assessment practices is the shift away from clinical judgment towards the

statistical measurement of risk (Adams & Ferrandino, 2008). Arguably, new penology is less concerned with reform or rehabilitation and more concerned with the mitigation of "dangerousness" to preserve public protection. Nash and Williams (2010) suggest that public protection consists of three interconnected strands: (a) the idea of "dangerousness," (b) public disclosure schemes, and (c) balancing individual rights with community safety (see Diagram 1). The management of risk through the requirement to disclose offence-related information ensures community safety but often at the expense of preserving individual rights (Nash & Williams, 2010).

Diagram 1. Public protection strands



Source: Nash and Williams (2010: 6)

There are two prominent critiques of public protection. Firstly, the categorisation of "dangerousness" creates exclusionary practices (Feeley & Simon, 1992, 1997; O'Malley, 2004a, 2004b). Secondly, public disclosure schemes result in stigmatisation (Melusky & Pesto, 2003; Rudin, 1996). Scholars argue such stigmatisation functions as political, social, and economic control over crime and the 'criminal' (Cleinska, 2000; Miethe & Lu, 2005; Rasmusen, 1996; Ricciardelli & Moir, 2013; Rudin, 1996).

With the profession of psychology becoming more involved within prisons (Thomas-Peter, 2006; Towl, 2002, 2005), questions need to be addressed as to whether penal ideologies permeate professional practice and, if so, how these penal ideologies might be expressed.

2.2.3 The Prison Estate

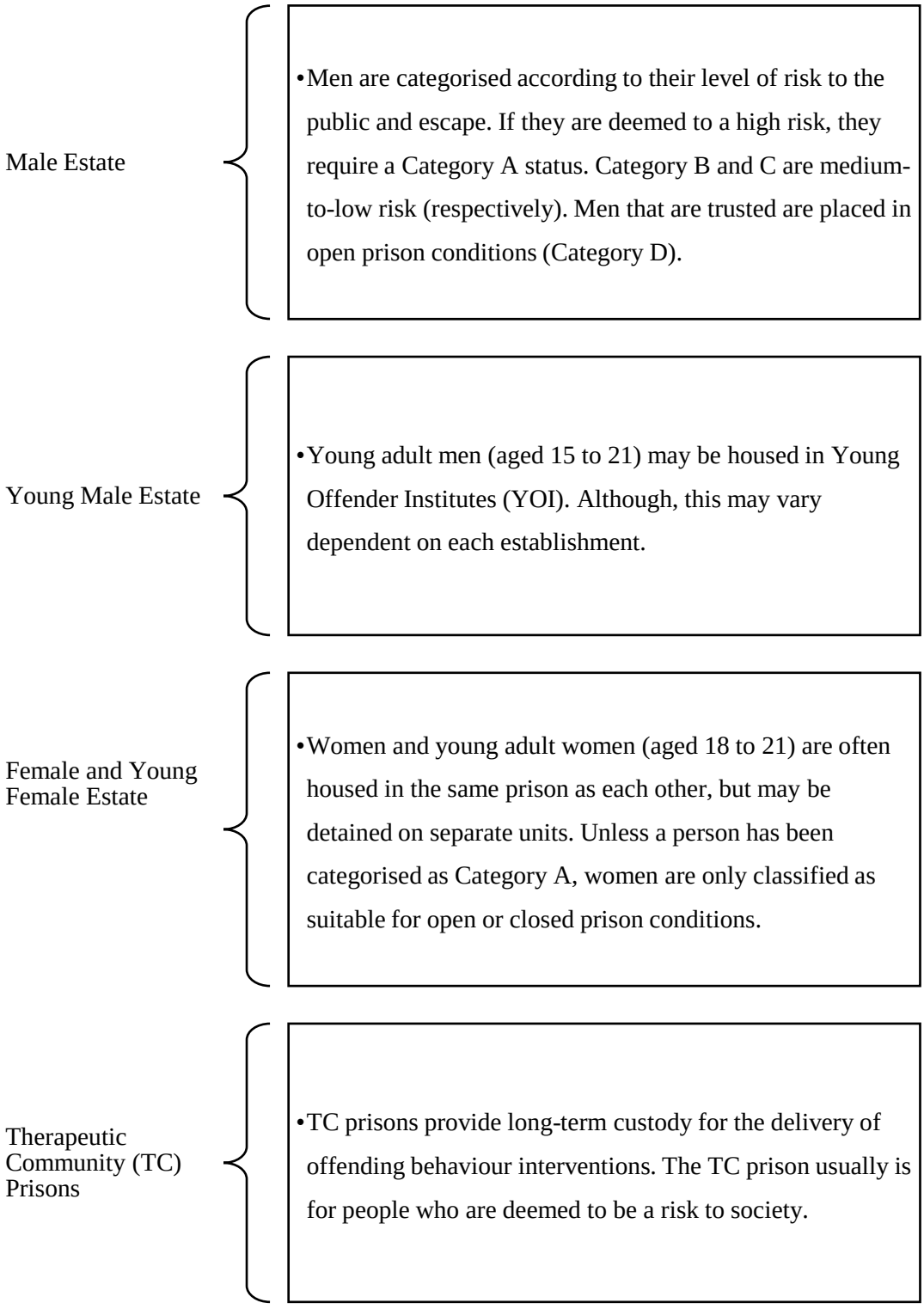
In England and Wales, as of October 2015, 85,973 people were housed in prison, 82,078 were male, and 3,895 were female[2] (Home Office, 2015a). There were 8,420 people in prisons in Scotland (House of Commons, 2013), 3,673 people in prison in Ireland[3] (Irish Penal Reform Trust, 2015), and 1,711 people in prison in Northern Ireland[4] (Department of Justice, 2015).

Coyle (2007: 13) explicates with current trends that the Prison Service would "have to provide, not 8,000 additional places, not 10,000 new places, but 240,000 more prison places." Overcrowding is a concern, and recent figures suggest that 8,407 people in prison are over the capacity that the Prison Service considers to be "safe and decent"[5] (Howard League for Penal Reform [HLPR], 2015).

Within England and Wales, there are currently 123 prisons, 14 of which are private sector prisons (Home Office, 2015), and there are numerous prison classifications based on the risk of escape (as outlined in Diagram 2).

[2] https://www.gov.uk/government/statistics/prison-population-figures-2015.
[3] http://www.iprt.ie/prison-facts-2.
[4] https://www.dojni.gov.uk/articles/population-statistics-quarterly-updates.
[5] https://www.howardleague.org/weekly-prison-watch.

Diagram 2. Prison classifications in England and Wales



Source: Author

2.3 Modernisation of the Public Sector

When the New Labour Government (1997-2010) pledged to reconfigure and streamline the management of public sector services, modernisation became a prominent discourse (Seddon, 2007). Seddon (2007) believed that the underlying desire to update management made the Government's modernisation agenda indistinguishable from concepts like "managerialism" and "new public management." Common principles of managerialism and new public management include decentralisation and operational autonomy as well as internal and external competitiveness. In modern management, increased emphasis is placed on productivity, controlling output, reducing costs, improving quality, and meeting performance measures (Exworthy & Halford, 1999; Hood, 1991; Kikauer, 2013; Naschold, 1996).

The modernisation agenda has had a profound impact on the psychology profession in both the National Health Service (NHS) and the Prison Service (Callan & Fry, 2012; Crighton & Towl, 2009; Genders & Player, 2010; Towl, 2002). In the NHS, Callan and Fry (2012) express concern that public sector therapists are under pressure to perform to Key Performance Indicators (KPIs) whereas private sector colleagues may not experience the same pressure. Callan and Fry (2012) believe that the disparity in performance requirements, between public and private therapists, could create a "vacuum of accountability." In the Prison Service, Towl (2002) believes the drives for "value for money" and "continuous improvement" have led to the restructuring of the psychology profession such as the need for greater

professional regulation and service development based on clear needs. Thus, according to Towl (2002), psychological therapy provision within prisons should be situated in the modernisation agenda, but this situatedness introduces two important questions. Firstly, what is modern about therapy provision in prisons? Secondly, how is modernisation expressed, if at all?

2.4 Mental Health and Social Exclusion

There is growing concern that prisons house a disproportionate number of people experiencing mental health difficulties (Bradley, 2009; Department of Health and Her Majesty's Prison Services [DH & HMPS], 2001; Sainsbury Centre for Mental Health [SCMH], 2008a, 2011). The World Health Organisation (WHO) comment on this trend:

> Without urgent and comprehensive action, prisons will move closer to becoming 21st Century asylums for the mentally ill, full of those who most require treatment and care but who are held in unsuitable places with limited help and treatment available (WHO, 2008: 5).

Mental health and criminal justice systems share a social connectedness (Forsythe, 1990; Melling, Forsythe, & Adiar, 1999; Seddon, 2007; Towl, 2010). Prisons have historically housed a large number of people who should have been diverted to mental health facilities, and the recent closure of asylums in favour of community care has resulted in an explosion of people entering the CJS (Cummins, 2010; Seddon, 2007).

Mental health difficulties in prison are challenging to treat because they are often complex and co-morbid as well as frequent and intense (Adams & Ferrandino, 2008; Forrester, Chiu, Dove, & Parrott, 2010; Forrester, Maclennan, Slade, Brown, & Exworthy, 2014; Harvey, 2011a; Loewenthal, 2011; SCMH, 2008a, 2011). Exacerbating this complexity, people in prison constitute an excluded group in society (Crighton, 2005; DH & HMPS, 2001; Improving Access to Psychological Therapies [IAPT], 2008; SCMH, 2008a; Social Exclusion Unit [SEU], 2002; Seymour, 2010), which may mean that their mental health difficulties remain untreated (Birmingham, Gray, Mason, & Grubin, 2000).

It is important to consider that mental health difficulties are bound in context (Fraser, Gatherer, & Hayton, 2009; Jordan, 2010), and to consider the accumulative effect of mental health when combined with additional psychological and social difficulties (Rivilin, Hawton, Marzano, & Fazel, 2013).

2.4.1 Mental Health Prevalence in Prisons

Out of nine million people in prisons worldwide, one million suffer from a mental health problem (Blaauw & Marle, 2007). Fazel and Danesh (2002) and Fazel and Seewald (2012) offer a systematic review and meta-regression analysis of 23,000 and 33,588 people in prison, respectively. They found that one in seven ‘prisoners’ received a diagnosis of a depressive or a psychotic disorder, and one in two males, as well as one in five females, received a diagnosis of antisocial personality disorder (Fazel & Danesh, 2002).

In the United Kingdom, 90% of people in prison meet the diagnostic criteria for mental health, substance or alcohol misuse, or personality disorder (Singleton, Meltzer, Gatward, Coid, & Deasy, 1997). See Table 1 for Singleton et al.'s (1997) report on the prevalence of mental health difficulties of people in prison[ii].

Table 1. Mental health prevalence in prisons

Diagnosis	Male prisons		Female prisons	
	Sentenced	Remand	Sentenced	Remand
Personality disorder	64%	78%	50%	
Psychotic disorder	7%	10%	14%	
Neurotic disorder	40%	59%	63%	76%
Substance misuse	43%	51%	41%	54%

Source: Singleton et al. (1997)

2.4.2 Suicide and Deliberate Self Harm

A recent "Safety in Custody" bulletin[6] (Home Office, 2015b) indicates that there have been 239 self-inflicted deaths and 25,775 incidents of deliberate self-harm in prisons during 2015 (an increase of 2,545 incidents since 2014). Suicide is the leading cause of death among those imprisoned (Fazel & Baillargeon, 2011). In particular, young people in prison are 18 times more probable to be successful at ending their life (Fraser et al., 2009), and women in prison appear to engage in

[6] https://www.gov.uk/government/collections/safety-in-custody-statistics.

suicide and deliberate self-harming behaviours with greater frequency compared to their male counterparts (Corston, 2007; Covington, 2002).

People import risk factors for suicide into prison, but the custodial experience also exacerbates this risk (Bradley, 2009; Eidhin, Sheehy, O'Sullivan, & McLeavey, 2002; Liebling, 1999, 2007; Liebling, Durie, Stiles, & Tait, 2013). The high prevalence of suicide and deliberate self-harm among people in prison remains a substantial concern (Covington, 2002; Cummings & Thompson, 2009; Fraser et al., 2009; Hall & Gabor, 2004; Mitchell & Latchford, 2010; Palmer & Connelly, 2005). Therefore, reducing suicide and deliberate self-harm in prisons is an important objective[iii] (DH & HMPS, 2001; IAPT, 2009; Towl, 2002, 2005).

2.4.3 Social Exclusion

The concept of "social exclusion"[iv] has been criticised for being politicised, vague, and inconsistent (Morgan, Burns, Fitzpatrick, Pinfold, & Priebe, 2007). However, it provides valuable insight into possible impoverishment, service-level exclusion, and poor social bonds experienced by people within the CJS (see Joseph Roundtree Foundation [JRF], 2000). Importantly, people throughout the CJS experience exclusion in the provision of health and mental health care services (Caie, 2012; Crighton, 2005; Fazel & Baillargeon, 2011).

Service-level exclusion may have a significant impact on help-seeking behaviour (Dean, Skogstad, & Williams, 1999; Howerton, Byng, Campbell, Hess, Owens et al., 2007; Mitchell & Latchford, 2010). Prison provides an ideal opportunity for receiving health care that might not be accessed in the community (Fazel &

Baillargeon, 2011; Kjelsberg, Hartvig, Bowitz, Kuisma, Norbech et al., 2006), but this opportunity is often missed. For example, Hendry (2009) believes grief becomes disenfranchised because of the absence of therapy in prisons. Durcan (2008) found that although people in custody wanted to talk, the major barrier to receiving mental health care treatment was its unavailability.

2.4.4 Modernising Prison Mental Healthcare

The Prison Service traditionally delivered healthcare before 2006, but the "Patient or Prisoner?" report highlighted concerns about the inadequacy of service provision (Her Majesty's Inspectorate of Prisons [HMPI], 1996). Subsequently, the "Joint Prison and NHS Executive Group" (DH & HMPS, 1999) was established. Their stated aims were to (a) deliver equivalent care in prison to that offered in the community, (b) merge Prison Service and DH agendas, and (c) acknowledge the opinions of key stakeholders (DH & HMPS, 1999: 3-4).

The "Changing the Outlook: A Strategy for Developing and Modernising Mental Health Service in Prisons" report (DH & HMPS, 2001) set out to reconfigure health care services in prison to account for a "whole prison" approach (DH, 2002). In a whole prison approach, prisons are perceived to be "powerful settings" to address the needs of those imprisoned (DH, 2002). Therefore, the commissioning and delivery of health and mental health care were successfully transferred to the NHS in 2006 (Durcan, 2008), but this success has not been without its challenges.

Firstly, the notion of equivalence in care has been contested as being insufficient to meet the complex needs of people in prison (Durcan, 2008; Forrester et al., 2010;

Lines, 2006). Secondly, achieving equivalence is problematic when factoring in discrepancies between prison and community environments (Birmingham, Wilson, and Adshead, 2006; Marshall, Simpson, & Stevens, 2001; Wilson, 2004). Thirdly, the combination of two inherently problematic public sector services has been described as a potentially "toxic mix" (Towl, 2010).

In their study of prison health care pathways, Dressing and Sailze (2009) discuss the problems of a combined system, which include an absence of vision, issues of access, lack of healthcare staff with prison expertise, and an underestimation of mental health prevalence (Dressing & Sailze, 2009). These problems raise important questions about the limitations, concerns, and struggles in integrating a helping profession into a custodial environment. Further, it calls into question the position of professionals, their roles, and the provision of therapy within a limited environment.

Chapter 2. Notes

[i] This writing will refrain from using the labels prisoner, offender, criminal, or inmate. Instead, when using these labels, they will be placed in quotation marks to indicate that the researcher is alluding to the idea of a 'prisoner' rather than believing they are a category of person (for an interesting discussion, see Hacking, 1999). Though these labels are legitimately used throughout the CJS, the researcher believes that they may be taken-for-granted. Therefore, these labels will be highlighted to avoid further objectification of people within the CJS.

[ii] Singleton et al.'s (1997) prevalence statistics are seminal, yet it is important to acknowledge their study is dated (SCMH, 2011). Their study offers a useful benchmark for understanding mental health morbidity in prison, but caution is needed as morbidity figures may be higher today.

[iii] "Safer Custody" is a prison-wide policy for the prevention of suicide and the management of deliberate self-harm. It requires adequate reporting, information sharing, forming good 'staff-prisoner' relationships, and multidisciplinary ways of working (see Prison Service Instruction 64/2011). The Assessment, Care in Custody Teamwork (ACCT) approach defines the procedures for risk assessment and risk management.

[iv] The SEU is a remnant of the New Labour Government (1997-2010), which has recently been amalgamated with the Office for Civil Society. Although the agenda for exclusion remains politically prominent - Coalition Government's (2010-2015) Big Society agenda - it has been criticised for needing a thorough review, and some critics have even declared this agenda as being "dead" (Civil Exchange, 2013; Macmillan, 2013).

CHAPTER 3. THEMATIC SYNTHESIS

3.1 Chapter Overview

This chapter reviews literature focusing on the provision of psychological therapy in prison settings and it provides an understanding of how professionals apply a broad range of treatments within the CJS[v]. Accordingly, this chapter identifies key concepts found in the literature, synthesises the literature to establish a research agenda, contributes to the development of new knowledge, and ascertains current knowledge gaps (Britten, Campbell, Pope, Donovan, Morgan et al., 2002; Rocco & Plakhotnik, 2009; Torraco, 2005).

3.2 Thematic Synthesis Design and Analysis

This literature review uses a thematic synthesis, similar to Thomas and Harden (2008), which identifies prominent concepts that are summarised into superordinate and subordinate themes (Dixon-Wood, Agarwal, Jones, Young, & Sutton, 2005; Thomas & Harden, 2008). This process involves an interpretive review of the literature to offer new insight[vi] (Britten et al., 2002; Dixon-Wood et al., 2005; Thomas & Harden, 2008). The thematic synthesis is consistent with the methodological position of this research since it applies a similar analytical strategy.

3.2.1 Search Methods and Criteria for Inclusion

The inclusion of literature was purposive instead of exhaustive as this thematic synthesis identifies concepts rather than being prognostic (Dixon-Wood et al., 2005;

Thomas & Harden, 2008). Therefore, the inclusion criteria were expansive allowing for both contextual variation and conceptual clarity (Britten et al., 2002).

Snowballing techniques were applied as well as a thorough review of books and book chapters. Search engines used for this review included (a) *EBSCOhost Discovery Service* (b) *Google Scholar* and (c) British Library (*EThOS*). Psychology databases included *PsychSource*, *Psychology and Behavioural Sciences Collection*, and *PsychINFO*. Electronic databases from allied disciplines included *MEDLINE*, *ERIC*, *SocIndex*, *AMED*, *Child Development and Adolescent Studies*, *eBook Collection*, *Humanities International Complete*, *CINAHL Plus*, *Academic Search Complete*. Additional resources included the University of Wolverhampton Library, Interlibrary Loans, and orders from the British Library.

3.3 Results from the Thematic Synthesis

The results provide insight into the conflicting ideals that underlie the provision of psychological therapy within the CJS where ambiguity, challenge, and complexity were characteristic of the therapeutic endeavour. Three core concepts arose from the thematic synthesis of the extant literature. Table 2 displays the superordinate and subordinate themes identified, which include: (a) "The Ambiguous Situatedness of Therapy within the CJS," (b) "The Challenges of 'Therapeutic Impoverishments' within the CJS," and (c) "The Complexity and Intricacy of Treating the 'Dangerous Other.'" Each superordinate theme and its subordinate counterparts will be examined in turn.

Table 2. Thematic synthesis themes

Superordinate theme	Subordinate themes
THEME 1 The ambiguous situatedness of therapy within the CJS	a) The emergence of "professionalism," psychology and its shifting configuration b) The oscillation of "what works" in rehabilitation, a dogmatic evidence-base? c) Therapy provision as a conceptually ambiguous task d) Rehabilitation and wellbeing, mutually exclusive or complementary goals?
THEME 2 The challenges of "therapeutic impoverishments" within the CJS	a) The "necessary conditions" for therapy b) The therapeutic relationship in an environment of mistrust c) The "therapunitive prison," coercion and "psychological power" d) The "endemic" problem of engagement and the "resistant client"
THEME 3 The complexity and intricacy of treating the "dangerous other"	a) The "dangerous other," a sociological perspective b) The "spoiled identity," stigma and discrimination c) Humanising in a dehumanising environment d) "Respectful, decent, and humane treatment," towards custody or care? e) Working with criminal narratives

Source: Author

3.4 Superordinate Theme 1.

The Ambiguous Situatedness of Therapy within the CJS

This superordinate theme comments on the ambiguity surrounding the provision of psychological therapy in prisons. Four subordinate themes were constructed within this, which include: (a) "The Emergence of 'Professionalism,' Psychology and its Shifting Configuration;" (b) "The Oscillation of 'What Works' in Rehabilitation, a Dogmatic Evidence-Base?" (c) "Therapy Provision as a Conceptually Ambiguous Task;" and (d) "Rehabilitation and Wellbeing, Mutually Exclusive or Complementary Goals?" It presents a picture of uncertainty within professionals' accounts as to what is wanted from the delivery of therapy in prison.

3.4.1 Subordinate Theme 1a.

The Emergence of "Professionalism," Psychology and its Shifting Configuration

The discipline of psychology has an established history in prisons (Daly, 2000; Haynes, 1949; Seddon, 2007; Watkins, 1992). Initially, psychometrics saw the professionalisation of psychology (Rose, 1979), which was the catalyst for increased psychological involvement in prisons (Brodsky & Galloway, 2003; Forsyth, 1990; Haynes, 1949). In later years during the 20th century, there was another expansion for psychology when psychological deficiency became a popular discourse for the cause of crime and, therefore, its treatment was the main effort in rehabilitation (Blackburn, 2002; Cullen & Gendreau, 2000; Daly, 2000; Donohue & Moore, 2009; Seddon, 2007). In 1970, Donald commented that psychologists had moved from the periphery of prisons into the fabric of their operation.

Since then, psychology has continued to be increasingly influential in prisons, yet the roles and responsibilities of psychologists have been subject to much reconfiguration (Thomas-Peters, 2006; Towl, 2002, 2005). Psychologists today are ever more involved with mental health treatment, risk assessment and management practices, and the delivery of offending behaviour programmes (Harvey & Smedley, 2010). Anecdotal accounts refer to a broad range of "psychological services" that apply psychological theory, research, and interventions (Crighton, 2005). These psychological services include risk assessment and management; psychological intervention and therapy; offending behaviour programme design and evaluation; psychological research; staff selection, supervision, training and consultation; and conflict resolution (Baldwin, Cooke, & Howison, 1990; Brookes, 2010; Crighton, 2005; Donald, 1970; Towl, 2002, 2005).

3.4.2 Subordinate Theme 1b.

The Oscillation of "What Works" in Rehabilitation, a Dogmatic Evidence-Base?

During the 1970s to 1980s, the idea that rehabilitation was ineffective in reducing recidivism became a "dogmatic" decree (McGuire, 2000). The impression that nothing worked became a discursive slogan among those for and against rehabilitation (Cullen & Gendreau, 1989, 2002; Cullen, Smith, Lowenkamp, & Latessa, 2009; Sarre, 1999; Tims & Leukefeld, 1992). The "nothing works" slogan was itself ideologically bound to a punitive turn in penology when favourable penal interventions were considered to be deterrence and incapacitation (Andrews & Bonta, 2010a; Cullen & Gendreau, 2000; Watkins, 1992).

However, the emergence of the meta-analytical technique was seminal in shifting sentiments back towards rehabilitation (Clark, 2010; Cullen & Gendreau, 1989, 2000; McQuire, 2000). This shift became known as the "what works" debate (Clark, 2010), which included a number of evidence-based principles for effective rehabilitative interventions. Successful interventions were those that:

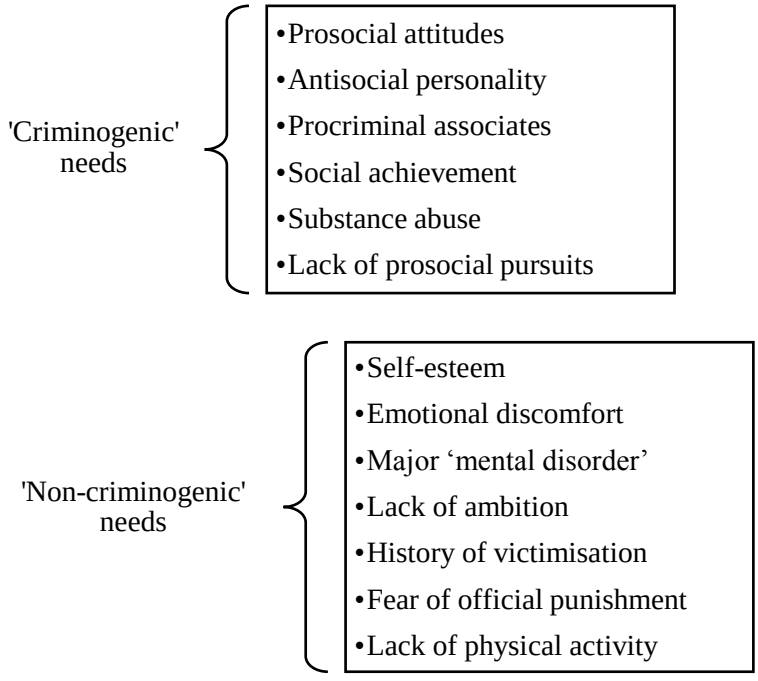
- Focused on crime-specific needs;
- Responded to individual differences;
- Were multi-modal;
- Were skills orientated;
- Were cognitive-behaviourally informed;
- Had treatment integrity;
- Had integrated monitoring and evaluation processes; and
- Were delivered by competent staff (Andrews & Bonta, 2010b; Chapman & Hough, 1998; Cullen & Gendreau, 2000; McGuire, 2000).

Emerging from the concept of "what works" a proliferation of offending behaviour programmes ensued, and their primary focus was to personalise interventions to reduce the risk of reoffending (Clark, 2010). During 2013 to 2014, around 11,118 people completed an offending behaviour programme in custody (MOJ, 2013-2014). In targeting the risk of reoffending, offending behaviour programmes operate to implement goals of rehabilitation and public protection set out by the CJS (Clark, 2010; Genders & Player, 2010; Kjelsberg et al., 2006; SCMH, 2008b).

Although the delivery of offending behaviour programmes is currently in decline (MOJ, 2013-2014), the Correctional Services Accreditation Panel (CSAP) continue to accredit a substantial number of programmes (CSAP, 2010-2011).

One of the most influential rehabilitative models applied in treatment is the Risk-Needs-Responsivity (R-N-R) model (Andrews & Bonta, 2010a, 2010b; Andrews, Bonta, & Hodge, 1990). The risk-needs principle means that treatment needs are based on a person's level of risk for reoffending (see Diagram 3) with evidence suggesting that higher-risk 'offenders' are more amenable to treatment (Andrews & Bonta, 2010b). The responsivity principle means that interventions should be tailored to suit the learning style of an individual.

Diagram 3. Risk-needs principle of the R-N-R model



Source: Andrews and Bonta (2010b: 310)

In stark contrast to the R-N-R, according to the Good Lives Model (GLM), treatment needs are not based on risk rather the skills and resources required for a healthy, crime-free, lifestyle (Ward, 2002; Ward & Marshall, 2004). In comparison to the actuarial focus of the R-N-R, the GLM is a strengths-based approach that encourages client choice (Ward, 2002; Ward & Marshall, 2004; Ward & Maruna, 2007).

There is concern about the "what works" evidence-base. Firstly, the categorisation of risk as being criminogenic or non-criminogenic is dualistic rather than holistic, which results in neglect of health and wellbeing (Thomas-Peters, 2006; Towl, 2006; Ward & Maruna, 2007). Secondly, the meta-analytical evidence offered in the "what works" debate is only as rigorous as the research it synthesises and, as such, it could be critiqued for containing methodologically flawed studies (Cullen & Genreau, 1989, 2000). Nonetheless, evidence-based practice remains vital to the delivery of psychological services in prison (Crighton, 2005).

3.4.3 Subordinate Theme 1c.

Therapy Provision as a Conceptually Ambiguous Task

There is no singular form of psychological therapy (Roth & Fonagy, 2005) and it often lacks a clear or consistent conceptualisation (Harper & Franks, 2013). The British Association for Counselling and Psychotherapy (BACP, 2013), DH (2001), and UK Council for Psychotherapy (UKCP, 2009) use the term "talking therapy" to denote treatment through talking rather than medicine (Chung & Hyland, 2012; Kahr, 2001). Callan and Fry (2012) define psychological therapies as a myriad of interventions designed to improve a quality of life.

The DH (2001) report, "Treatment Choice in Psychological Therapies and Counselling," highlights the main forms of therapy, which include psychodynamic, cognitive-behavioural, intrapersonal, systemic, and supportive therapies. Within the extant literature, a number of therapies are reviewed including experiential therapy (Gunst, 2012), solution-focused therapy (Lindforss & Magnusson, 1997), motivational interviewing (Forsberg, Ernst, & Fabring, 2011), systemic and multisystemic therapy (Klietz, Borduin, & Schaeffer, 2010; Letourneau, Henggeler, Borduin, Schewe, McCart et al., 2009; Shelton, 2010). Nevertheless, the term talking therapies neglects the contribution that creative therapies have in prisons (see Daveson, Mus, Edwards, & Mus, 2001; Gussak, 2004, 2006; Harkins, Pritchard, Haskayne, Watson, & Beech, 2011; Miliken, 2002; Wylie, 2007).

Historically, psychoanalytically informed interventions were influential in prisons (Forsythe, 1990). Forensic psychotherapy is a term used to signify the specialised nature of this work and its psychoanalytical orientation (e.g., Hoffman, 2009; McGauley, 1997; 2002; Norton & McGauley, 2000; Yakeley & Wood, 2011). However, the "what works" approach has seen the proliferation of cognitive-behavioural therapies including third-wave derivatives such as dialectical behavioural therapy (Nee & Farman, 2005, 2007) and cognitive-analytical therapy (Willis, 2010).

Despite the numerous therapies reviewed in the literature, little is known about the provision of therapy within the CJS in the UK. Several surveys conducted in the USA and Norway show that treatments include individual and group counselling or

psychotherapy as well as combined psychopharmacological approaches (Bewley & Morgan, 2011; Boothby & Clements, 2000; Kjelsberg et al., 2006).

The outcomes of two studies raised concerns that professionals were favouring a focus on wellbeing over risk, which went against the principles of the R-N-R model (Bewley & Morgan, 2011; Moragn, Flora, Kroner, Mills, Varghese et al., 2012). Although cognitive-behavioural orientations were among the most commonly used interventions, professionals seemed to prefer eclecticism (Bewley & Morgan, 2011; Boothby & Clements, 2000; Kjelsberg et al., 2006). In the UK, the provision of psychological therapy in prisons is said to be "ad-hoc" and often voluntary (Baldwin et al., 1990; Bertrand-Godfrey & Loewenthal, 2011; Towl, 2010).

3.4.4 Subordinate Theme 1d.

Rehabilitation and Wellbeing, Mutually Exclusive or Complementary Goals?

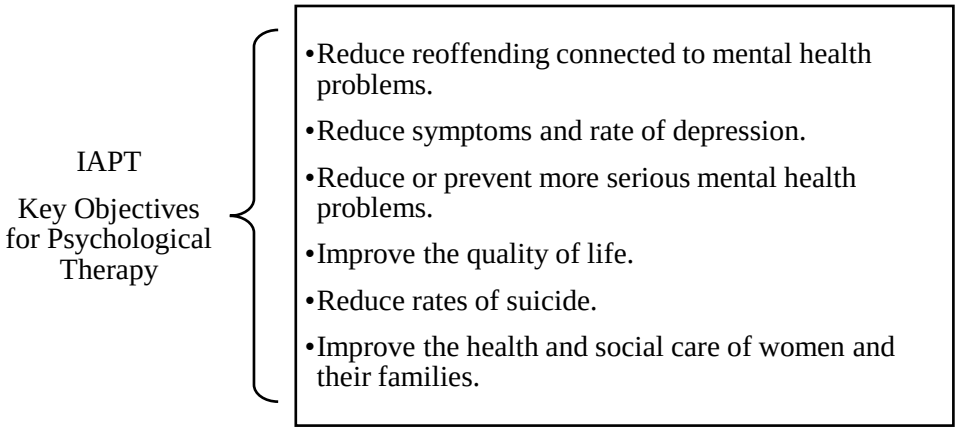
There is much ambiguity in the literature as to whether wellbeing, mental health, or offending behaviour should be distinctive or complementary treatment areas (Shuker & Newton, 2008). The NHS (2015) report, "Health Justice and Commissioning Intensions," clearly combines these goals. In addition to this, the IAPT (2009) initiative also stipulates that improved mental health will result in the reduction of reoffending. Diagram 4 outlines the key objectives for IAPT delivered within the CJS, which provides valuable insight into the proposed purpose of therapy in prisons.

Alongside policy reports, the research-base appears to mirror the dispute between exclusive or combined treatment goals. Several studies, systematic reviews, and meta-analyses exclusively measure reoffending outcomes (Borduin, Mann, Cone,

Heggeler, Fucci et al., 1995; Illescas & Genovés, 2008; Letourneau et al., 2009; Lipsey & Cullen, 2007; Lipsey, Landenberger, & Wilson, 2007).

Others specifically measure mental health outcomes, which have found an insufficient evidence-base to draw conclusions about treatment efficacy (Brooker, Sirdfield, & Gojkovic, 2007). Morgan et al. (2012) found that 50% of the literature measured mental health outcomes in isolation, and 35% combined these treatment areas.

Diagram 4. Key objectives of IAPT for psychological therapy



Source: IAPT (2009: 3)

On the one hand, some therapeutic practitioners believe that psychological therapy contributes to rehabilitation and helps people engage in rehabilitative interventions (Harper & Franks, 2013; Harvey & Smedley, 2010). On the other hand, other therapeutic practitioners believe that more existential goals like "hope" are being neglected (Asser, 2002; Daniel, 2012; Gee, Loewenthal, & Cayne, 2011; Gunst, 2012; Mullen, 2002). Kasser (1996) argued that the prison context must be

formulated when conceptualising treatment goals and offered an example that certain goals, such as hope, cannot be achieved within this setting.

Evidently, there are a number of contrasting views about what the focus of psychological therapy in prisons should be. Three survey studies based in the USA specifically examined what professionals believed therapeutic goals should be (Bewley & Morgan, 2011; Morgan, Garland, Rozycki, Reich, & Wilson, 2005; Winterowd, Morgan, & Ferrell, 2001). They found that important treatment goals for professionals included recovery from mental health difficulties, increased institutional functioning, and increased personal growth (Bewley & Morgan, 2011).

In studying goal alignment between service providers and service users, Morgan et al. (2005) and Winterowd et al. (2001) found congruence between the objectives of self-exploration, group relationship building, and addressing substance abuse issues, but they found incongruence in the meaning of "institutional functioning." People in prison wanted to focus on building positive relationships within the prison (with staff and other 'prisoners') whereas professionals wanted to focus on adjustment to prison (Morgan et al., 2005; Winterowd et al., 2001).

3.5 Superordinate Theme 2.

The Challenges of "Therapeutic Impoverishments" within the CJS

This superordinate theme comments on the numerous constraints that professionals face in the provision of psychological therapy in prisons. Four subordinate themes were constructed within this, which include: (a) "The 'Necessary Conditions' for Therapy'" (b) "The Therapeutic Relationship in an Environment of Mistrust;" (c)

"The 'Therapunitive Prison,' Coercion and 'Psychological Power;'" and (d) "The 'Endemic' Problem of Engagement and the 'Resistant Client.'" It provides insight into the fundamental characteristics of therapy, the therapist, and the client within a prison milieu as constructed in the literature.

3.5.1 Subordinate Theme 2a.

The "Necessary Conditions" for Therapy

In 1979, Schlesinger criticised the provision of psychotherapy in prisons as being "manipulative, exploitative, and potentially harmful" (p. 307), yet these sentiments have shifted in recent years as psychological therapy is increasingly considered to be humane, fair, and decent (Huffman, 2006; Mills & Kendall, 2010). Nevertheless, Schlesinger's (1979) original concerns about the constraints of a prison environment remain. Prison environments have been labelled as being "anti-therapeutic*"* (Mills & Kendall, 2010), "therapeutically impoverished" (Fenner & Gussak, 2006), and "counter-therapeutic" (Fletcher, 2014).

The constraints commonly discussed include lockdowns, 'prisoner' transfers, inflexible appointment systems, and prison reclassifications. Constraints such as these present several challenges for establishing confidentiality, anonymity, privacy, and a continuity of care[vii]. The concepts of confidentiality and a continuity of care are fundamental to ethical therapeutic practice (Bond & Mitchels, 2008), and they form, what Schlesinger (1979) believed to be, the "necessary conditions" for prison psychotherapy.

Professionals working in the CJS believe that these concepts are being reshaped. Firstly, there is increased pressure to divulge confidential information within the CJS (Hall & Gabor, 2004; Harper & Franks, 2013; McConnachie, Moola, & Davies, 2014). Secondly, professionals are increasingly working within "triadic" relationships, which move away from the traditional conceptualisation of therapist-client relationships (McConnachie et al., 2014). Thirdly, the trajectory of people in prison is often uncertain, which makes continuity of care difficult to achieve (Harvey, 2011b; SEU, 2002).

As a result of a prison milieu, the challenges that professionals encounter often have a substantial bearing on the development and maintenance of a therapeutic frame. Although the therapeutic frame includes a physical space, it is also metaphorical and symbolic. The symbolism of the therapeutic frame reflects a shared understanding between a therapist and their client that therapy will occur in a safe and secure environment (Bass, 2007; Langs, 1998; O'Connor, 2005). The therapeutic frame is often referred to as "holding" or "containing" because the frame is bound by therapeutic rules (Becker-Weidman, 2011).

Professionals found that establishing a safe space was challenging within a prison environment often requiring the need for their practice to be flexible and adaptable (Bertrand-Godfrey & Loewenthal, 2011; Broderick, 2007; Farrant, 2012; Tite, 2013). The idea of containment is important not only in therapy but also defines prison. Huffman (2006) refers to this challenge as "The Frame Imprisoned," Morris (2002) calls this the "artifice of confinement," and Doyle (1999) calls it "prison craft." Huffman (2006) highlights the relative confinement of the therapeutic frame captive

to prison and he asks whether the therapeutic frame can be integrated into this already contained yet constrained environment.

The concept of a "secure base" - as found in attachment theory (Ainsworth, Blehar Waters, & Wall, 1978; Bowlby, 1969, 2005a, 2005b; Holmes, 1993, 1996, 2001, 2010) - has readily been applied in prison settings for its useful and supportive framework (Haley, 2010; Harvey, 2007). According to attachment theory, relationships are shaped by threat and the desire for safety from such threat (Holmes, 1996, 2001, 2010), but prisons contrast in their perceived safety (Liebling, 2007). For people in prison, an unsafe prison environment may contribute to psychological distress (Liebling, 2007) and may determine their adaptation to life inside a prison (Harvey, 2007).

A sense of threat is not unique to those imprisoned but has also been reported by professionals working in both forensic and prison environments (Bertrand-Godfrey & Loewenthal, 2011; Farrant, 2012; Kurtz & Turner, 2007; Tite, 2013). Farrant (2012) found that therapeutic professionals sometimes felt threatened, manipulated, exposed, or vulnerable during their practice in prison. The experiential nature of threat could result in anger, hostility, disgust, devaluing, and even depersonalisation of the client (Clarke & Roger, 2007; Ellerby, 1998; Farrenkopf, 1992; Fenner & Gussak, 2006; Lee, Wallace, Puig, Choi, Nam, & Lee, 2010).

Subsequently, this sense of threat could challenge the establishment of a secure therapeutic relationship (Aiyebusi, 2009; Dean, & Barnett, 2011; Farrenkopf, 1992; Friedrich & Leiper, 2006; Mason, Dulson, & King, 2009; Tite, 2013), which has

important implications for psychological therapy as a relational activity. Importantly, a secure therapeutic relationship has been found to mitigate professionals' sense of threat allowing them to work safely with 'prisoners' (Farrant, 2012; Tite, 2013).

3.5.2 Subordinate Theme 2b.

The Therapeutic Relationship in an Environment of Mistrust

Within counselling and psychotherapy, the therapeutic relationship is identified as being the curative force[viii] (Lambert & Barley, 2002; Norcross, 2011; Wagner, 2006). A therapeutic relationship based on shared trust is vital (Jacobs, 2012; Wilkins, 2010), but prisons are low-trust environments where people may be suspicious of staff and 'prisoners' alike (Crewe, 2009; Harvey, 2011a; Levins, 2013; Liebling assisted by Arnold, 2004; Liebling, Arnold, & Straub, 2011). Within forensic and prison settings, trust is needed not only for a sense of safety (Harvey, 2011a) but also to allow for a healthy therapeutic challenge (Gildberg, Elverdam, & Hounsgaard, 2010; Gildberg, Bradley, Fristed, & Hounsgaard, 2012). Although trusting relationships in prison can be "constructive," they can also be "destructive" because relationships can be risky encounters for both staff and people in custody (Liebling et al., 2011).

Service users of an offending behaviour programme recounted their fears of emotional exposure and the potential consequences of disclosures (Ryals & Parish, 2011). Their fears converge with prison-based help-seeking literature where treatment fears were positively correlated with treatment duration, which could be attributed to greater personal disclosure as treatment progresses (Shaw & Morgan,

2011). It is perhaps for this reason that the concepts of honesty and transparency are important to professionals working in prison as they attempt to overcome contextual barriers to establishing healthy relationships (Farrant, 2012; Gildberg et al., 2012; Harper & Franks, 2013; Ryals & Parish, 2011).

Professionals who work across the CJS believe that the treatment climate should be based on trust, empathy, warmth, support, and presence (Gildberg et al., 2012; Gunst, 2012; Maguire, Daffern, & Martin, 2014; Marshall, Serran, Fernandez, Mulloy, Mann et al., 2003; Rask & Asberg, 2002). Being open, directive, and authoritative are perceived to be positive ways of engaging clients in treatment (Gildberg et al., 2012; Maguire et al., 2014; Marshall et al., 2003). In addition to this, in an examination of forensic nurse-patient relationships, professionals believed that positive relationships were those that were supportive and skills-based (Rask & Burnt, 2006; Rask & Hallberg, 2000; Rask & Levander, 2001).

3.5.3 Subordinate Theme 2c.

The "Therapunitive Prison," Coercion and "Psychological Power"

The idea of power in prison is complex and intricate (Sykes, 2007). Custodians must manage a delicate balance between authority, legitimacy, rewards and punishments, coercion, and even corruption (Crewe, 2009; Crewe, Liebling, & Hulley, 2011, 2014; Liebling assisted by Arnold, 2004; Sykes, 2007). However, managerialism has shifted power from frontline prison officers to managers (Crewe, 2009; Liebling assisted by Arnold, 2004; Sewell, 2001). The consequences of this managerial shift are two-fold. On the one hand, "bureaucratic power" has left 'prisoners' feeling

uncertain, and although people in prison found authoritarian power oppressive, they believed it was negotiable (Crewe, 2009). On the other hand, frontline prison officers are left to apply power rather than personify it, which has altered the use of authoritarian power (Crewe, 2009). This uncertainty extends to the use of authority in prisons, which Crewe et al. (2011, 2014) argue is not undesirable unless used inappropriately since authority used correctly can lead to a sense of safety for those in custody.

With reference to the therapeutic encounter, an "imbalance of power" often exists between service providers and service users (Crighton & Towl, 2009; Harper & Franks, 2013; Tite, 2013), but this power imbalance is traditionally viewed as the power differential created by the person holding the keys and their client who is locked up (Jones, 2012; Partis, 2013). An additional imbalance also exists within the therapeutic profession where professionals possess the ability to expose their clients emotionally (Bertrand-Godfrey & Loewenthal, 2011; Farrant, 2012).

Similar to Crewe et al.'s argument, power within counselling and psychotherapy is not detrimental unless it is taken-for-granted or operates implicitly (Steffen & Hanley, 2013). Arguably, what is often neglected within counselling and psychotherapy literature is the operation of discursive power. For instance, across the CJS concerns have been expressed at the emergence of implicit coercion within treatment (Donohue & Moore, 2009). Carlen (2006) calls this coercive treatment the "therapunitive prison" offering a critique of the hidden punishment within the treatment process. Coercion usually results from the way that rehabilitation is set up within prisons since treatment is often mandated for sentence progression or release

(Birgden & Vincent, 2000; Collins & Nee, 2010; Drapeau et al., 2005; Huffman, 2006; Jones, 2012). Crewe (2009) attributes this coercion to the emergence of "psychological power" (i.e., expert power) where psychologists are increasingly involved in determining a person's release from prison dependent on their level of risk to society.

In Maruna's (2011) critical discussion, "Why Do They Hate Us? Making Peace Between Prisoners and Psychology," he comments on the lost legitimacy and trust that people have in psychology within the CJS. Specifically, he believes that this has been caused by an overemphasis on risk, "dangerousness," and the need for public protection. Consistent with this criticism, it is believed that psychological interventions are beginning to focus more on public protection than individual needs (Crewe, 2009; Maruna, 2011; McConnachie et al., 2014; Thomas-Peters, 2006).

3.5.4 Subordinate Theme 2d.

The "Endemic" Problem of Engagement and the "Resistant" Client

Client resistance and issues of engagement are considered to be "endemic" problems among those receiving interventions in the CJS (Howell & Tennant, 2007; Shine, 2007). There is a plethora of research focusing on the characteristics that predict treatment outcome and treatment disengagement among 'offenders.' These characteristics include intelligence, psychopathy, neuroticism, criminality and risk, personality disorders, and behavioural difficulties (Fishbein, Sheppard, Hyde, Hubal, Newlin et al., 2009; Miller, Brown, & Sees, 2004; Shuker, Falshaw, & Newton, 2007).

Therefore, to optimise therapy provision, among this client group, ideas about treatment readiness (Day, Howells, Casey, Ward, & Birgden, 2007; Elliott, 2002; Howells & Tennant, 2007) motivation (Draycott, 2007; Forsberg et al., 2011; McMurran, 2002; McMurran, Sellen, & Theodosi, 2007) and the process of psychological change (Brown, Miller, Northey, & O'Neill, 2014; Farr & Draycott, 2007; Miller, Sees, & Brown, 2006; Polascheck & Ross, 2010) have been extensively studied.

Treatment readiness, motivation, and psychological change are important concepts in counselling and psychotherapy and without them change may be difficult to achieve (Nelson-Jones, 2014; Ryan, Lynch, Vansteenkiste, & Deci, 2011; Seligman, 2004). To increase client engagement models such as the stages of change (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992) and motivational interviewing (Miller & Rollnick, 2013) have been adapted for forensic and prison settings (see Brown et al., 2014; Forsberg et al., 2011; Serlin, Mailoux, & Kennedy, 2007). However, evidence suggests that neither of these models predict therapeutic outcome among prison-clients (Polascheck & Ross, 2010).

The idea of motivation has been critiqued for being an inadequate concept (Draycott, 2007). It is argued that motivation is not only extrinsic to the client in the CJS but also the requirement to be motivated could lead to service provision inequity (Day et al., 2007; Draycott, 2007; Jones, 2007; Schlesinger, 1979).

3.6 Superordinate Theme 3.

The Complexity and Intricacy of treating the "Dangerous Other"

This superordinate theme comments on the way that objectification operates across the CJS serving to not only categorise people as "dangerous others" (Drake, 2011) but also to categorise professionals based on their allegiance towards care or custody. Five subordinate themes were constructed within this, which include: (a) "The 'Dangerous Other,' a Sociological Perspective;" (b) "The 'Spoiled Identity,' Stigma and discrimination;" (c) "Humanising in a Dehumanising Environment;" (d) "'Respectful, Decent, and Humane Treatment,' Towards Custody or Care?" and (e) "Working with Criminal Narratives."

3.6.1 Subordinate Theme 3a.

The "Dangerous Other," a Sociological Perspective

The process of objectification has received considerable attention in the CJS literature and it is often referred to as "othering" (e.g., Drake, 2011; O'Malley, 2004a, 2004b). Labelling theory (Becker, 1963, 1995) and the concept of dividing practices (Foucault, 1982) have both been used as sociological theories that explore this process of objectification (Taylor, Walton, & Young, 2013). Common to these two theories is the ways in which labels (or categories) serve to create in-groups and out-groups.

Becker (1963, 1995) argued that a "deviant" from the in-group is someone whose label has been applied successfully. Though labelling theory has been critiqued for its conceptual incoherence (see Scheff, 1974; Thio, 1995), it provides a useful

framework for examining how people within the CJS are constructed as being "dangerous," "public enemies," "monsters," or "evil" (Ashenden, 2002; Brown, 2010; Donohue & Moore, 2009; Drake, 2011, 2012; Loader, 2007; Rothman, 1980). In addition to this, it explains how labelling could lead to social distancing, provide a rationale for social devaluing, and contribute to a self-fulfilling prophecy of continued crime (e.g., Crewe, 2009; Taylor et al., 2013; Silvia, 2003).

Mason, Hall, Caulfield, and Mellings (2010) found that using the label "personality disorder" compared to "mental illness" determined the responsiveness that forensic nurses had towards their patients. Treating a patient with a label of "personality disorder" meant that nurses were more concerned with security management than treatment, which has implications for stigma and discrimination (Mason et al., 2010). In addition to this, CJS staff held more negative perceptions of patients labelled as "self-harmers," when compared to "mentally ill," believing that they were more likely to be "manipulative," "non-genuine," or "attention seeking" (Marzano, Adler, & Cicitira, 2013; Short, Cooper, Shaw, Kenning, Abel et al., 2009).

Diverging from labelling theory, dividing practices offers a theory of how dualistic categories – "good or bad," "sane or mad" - operate to objectify others discursively (Seddon, 2007). In applying the principles of dividing practices, the "dangerous other" is a discursive product of a society concerned with risk (e.g., Adams & Ferrandino, 2008; Ashenden, 2002; Mcalinden, 2006; Quinn et al., 2004). The rising concern for public protection and its discursive prominence within the CJS has been critiqued for (a) creating policy biased towards risk (Fossey & Black, 2010), (b)

creating myths about crime (Shechory & Idsis, 2006), and (c) misrepresenting crime (Grubin, 1998).

Trends within the CJS such as the Imprisonment for Public Protection[ix] (IPP) sentence and the Dangerous and Severe Personality Disorder (DSPD) reflect a preoccupation with risk. Professionals who perceive their clients as being "dangerous" not only hold negative views but also feel less certain about maintaining security in a forensic or prison regime (Car-Walker, Bowers, Callaghan, Nijman, & Paton, 2004; Mason, Dulson, & King, 2009; Mason, King, & Dulson, 2009). What this means for treatment is that a model of risk is often imported into its provision (Drake, 2011).

3.6.2 Subordinate Theme 3b.

The "Spoiled Identity," Stigma and Discrimination

People in the CJS labelled with a criminal offence experience pervasive stigma and discrimination (LeBel, 2012). Additionally, people with an index sexual offence experience the most prolific forms of stigma, discrimination, and often violence (Craig, 2005; Ricciardelli & Moir, 2013). Stigma occurs when labelling, stereotyping, and status loss are combined (Link & Phelan, 2001). Goffman (1963) believes that stigma signifies that there is "something unusual and bad" about the social and moral standing of another person. He continues to suggest that once someone is stigmatised his or her identity becomes "spoiled" (Goffman, 1963).

In expanding on the concept of stigma, Ricciardelli and Moir (2013) found that people with an index sexual offence experienced several forms of stigma including a

social hierarchy of stigma, stigmatised by the stigmatised, courtesy stigma, physical abuse, stigmatising institutional segregation and structures of help, and stigmatised institutions. Arguably, they offered a useful framework for examining a systemic view of stigma, one that includes an institutional response.

Moreover, professionals delivering offending behaviour programmes (especially those targeting sexual offending) report stigmatisation of their practices (Collins & Nee, 2010; Doyle, 1999; Kurtz & Turner, 2007), and they also report feeling socially isolated, undervalued, and even frustrated with society for judging their work (Ellerby, 1998; Farrenkopf, 1992; Kurtz & Turner, 2007). Value conflicts such as these may present communicative barriers between institutional and community settings, may isolate professionals within a prison, and may disrupt continuity of care (Kurtz & Turner, 2007; Landers, Macphail, & Simpson, 1954; Loewenthal, 2013).

Collins and Nee (2010) found that treatment providers experienced "antagonism" from prison staff due to their allegiance with providing interventions for people with an index sexual offence. Equally, prison officers trained to deliver sexual offending behaviour interventions also report a similar antagonism of their work (Crawley, 2013). Crawley (2013) believes this antagonism could be attributed to the masculinity within a prison milieu where roles aligned with a caring or nurturing stance are perceived to be a weakness. The staff that are aligned with a caring or a nurturing stance could have a "spoiled identity" due to this conflict (Crawley, 2013, Drake, 2011; Tait, 2008).

A number of psychoanalytically informed practitioners apply object-relations theory (e.g., Klein, 1975) to explain why social division may be prevalent in prisons. In what is referred to as the "social defence system"[x] (Asser, 2002; Hinshelwood, 1993; Smith, 1999), therapeutic professionals are part of a "counter-culture minority" (Hinshelwood, 1993). Consistent with this theory, numerous professionals report being caught between "them and us" interactions (see Drake, 2011). In this interaction, "them" represents people involved in maintaining the prison regime and "us" represents the minority of professionals involved in delivering treatment (Farrant, 2012; Kurtz & Turner, 2007; Loewenthal, 2013). Sharing values within a wider team setting may be useful for renegotiating a "spoiled identity" and reducing social division among staff (Crawley, 2013; Kurtz & Turner, 2007; Powell, Harris, Condon, & Wright, 2008).

3.6.3 Subordinate Theme 3c.

Respectful, Decent, and Humane Treatment, Towards Care or Custody?

The Prison Service strives for the respectful, decent, and humane treatment of people in custody (National Offender Management Service [NOMS], 2013-2014). However, this objective often gives way to concerns about risk and security (Drake, 2011; Liebling, 2011; Liebling assisted by Arnold, 2004; Tait, 2008). Even within the therapeutic encounter professionals comment on the complex issues of risk since they are required to keep themselves safe from harm, keep people in prison safe from harm, and keep society safe from harm (Fletcher, 2014; Jenkins & Coffey, 2002; Jones, 2012; Kurtz & Turner, 2007; Loewenthal, 2011; Mason, 2002; Scott, 1985; Short et al., 2009).

Numerous professionals believe that maintaining security often clashes with the provision of treatment (Burrow, 1993; Foster, Bell, & Jayasinghe, 2013; Harvey & Smedley, 2010; Jones, 2012; Kurtz & Turner, 2007; Turner, Payne, & Barbrachild, 2011; Mason, 2002; Scott, 1985) and this clash has been aptly termed the "care versus custody" debate (Dvoskin & Spiers, 2004; Foster et al., 2013; Powell et al., 2010; Short et al., 2009). Professionals acknowledge that their treatment is often secondary to secure custody (Mills & Kendall, 2010; Scott, 1985), which can create a sense of "dual-loyalty" as one is both a treatment provider and a custodian (Pont, Stover, Hans, & Wolf, 2012).

Studies rarely examine professionals' meanings of the concepts of care or custody, but two specific studies sought to understand (a) what "care" meant for prison officers and people in prison (Tait, 2008) and (b) what "dignity" meant for forensic nurses (Gustafsson, Wigerblad, & Lindwall, 2013). In the former study, care was linked to respectful, empathic, and non-judgemental interactions that required being not only emotionally present but also institutionally minded (Tait, 2008). In the latter study, dignity involved instilling patients with intrapersonal resources, respecting them, and recognising their humanity (Gustafsson et al., 2013).

3.6.4 Subordinate Theme 3d.

Humanising in a Dehumanising Environment

It is widely acknowledged that prisons are places that depersonalise and dehumanise (Crighton, 2005; Genders & Player, 2010; Liebling, 2011; Liebling assisted by Arnold, 2004; Liebling et al., 2011), which makes the values of humanism incredibly

difficult to achieve (Jacob et al., 2008; Liebling, 2011). Goffman (1961), while referring to institutionalisation, calls this process a "disinfection of identification."

In its broadest sense, humanism is concerned with "human-being-ness," and it has a particular interest in moving away from the Divine to understand the meaning and potential of humanness (Fowler, 1999). Humanisms lack of definitional clarity is one of its greatest strengths as it allows people to define their own humanity (Fowler, 1999). Cooper (2009) stipulates that humanistic ideals found in the counselling psychology profession include an interest in (a) subjective and intersubjective experiences, (b) facilitating growth and actualisation, (c) empowerment, (d) a democratic therapeutic relationship, (e) the unique humanity of the client, and (f) understanding the social situatedness of the client. However, Fowler (1999) offers a caution that humanism, as an ideology, is open to various beliefs dependent on those defining it.

Drake (2011) found that a "them and us" culture (as portrayed in 'staff-prisoner' relationships) resulted from a defensive strategy used by prison staff to manage tensions between recognising both the humanity and "dangerousness" of a 'prisoner.' Similar to Drake's study, such a tension has been reported among therapeutic professionals working in forensic and prison settings. Forensic nurses state that they often attempt to look beyond a criminal offence to imbue people with humanistic values, and they do this by valuing concepts such as accountability, responsibility, and the capability for growth and change (Rask & Asberg, 2002). However, humanising client care is perceived to be challenging in an environment of dehumanisation (Jacob et al., 2008; Rask & Asberg, 2002).

Other professionals report a tension between seeing 'prisoners' as victims (with complex life stories) as well as seeing 'prisoners' as the perpetrators of crime (Farrant, 2012; Friedrich & Leiper, 2006; Kurtz & Turner, 2007; Scheela, 2001). Farrant (2012) found that therapeutic practitioners often distanced themselves from the perpetrator identity of their client allowing them to manage their reactions and preventing their non-judgemental stance from being contaminated.

3.6.5 Subordinate Theme 3e.

Working with Criminal Narratives

Often, the mental health difficulties that people in prison experience require specialist-hospitalised treatment (Forrester et al., 2010). Mental health complexity has a bearing on practitioners as not only do people import psychological, mental health, and social complications into prison but also the environment itself creates or exacerbates these (Harvey, 2011a; 2011b). Health care professionals comment on substantially large and complex caseloads that can have a detrimental impact on their wellbeing (Coffey & Coleman, 2001; Dickinson & Wright, 2008; Ellerby, 1998).

Continual engagement with clients diagnosed with DPSD or personality disorders, a high prevalence of deliberate self-harm, and hearing narratives of crime can have damaging effects on the practitioner (Kurtz & Turner, 2007; Marzano et al., 2013; Moore, Andargachew, & Taylor, 2011; Scheela, 2001, 2008). Professionals exhibit lower job satisfaction (Boothby & Clements, 2002) and experience burnout (Coffey & Coleman, 2001; Ellerby, 1998; Marzano et al., 2013; Senter, Morgan, Serna-

McDonald, & Bewley, 2010), which has also been linked to vicarious, or secondary, traumatisation[xi] (Ennis & Horne, 2003; Steed & Bicknell, 2001).

Professionals report increased vulnerability, suspiciousness, emotional hardening, and changes in their view of self and others (Dean & Barnett, 2011; Farrenkopf, 1992; Friedrich & Lieper, 2006; Lee et al., 2010). In addition to this, professionals may experience rumination, intrusive thoughts, and hypervigilance inside and outside the prison environment (Dean & Barnett, 2011). These trauma symptoms may result in a sense of frustration, cynicism, disillusionment, and disparagement about their practice (Clarke & Roger, 2007; Clarke, Simmons, & Wydall, 2004; Collins & Nee, 2010; Deane & Barnett, 2011; Farrenkopf, 1992). Similarly, prison officers also report experiencing burnout (Xanthakis, 2009), personal distress (Harvey, 2014), and trauma symptoms (Tait, 2008), which perhaps indicate that these negative effects are not unique to the therapeutic encounter.

Although the majority of research highlights the challenging nature of this work, professionals also perceive it to be highly rewarding (Bertrand-Godfrey & Loewenthal, 2011; Ellerby, 1998; Farrant, 2012; Kadambi & Truscott, 2006; Scheela, 2001, 2008; Slater & Lambie, 2011). Having support from management and colleagues as well as a therapeutic atmosphere contributes towards a sense of safety, wellbeing, and satisfaction (Boothby & Clements, 2002; Brookes, 2010; Ellerby, 1998; Ennis & Horne, 2003; Deane & Barnett, 2011; Dickinson & Wright, 2008; Kadambi & Truscott, 2006; Rask & Levander, 2002; Slater & Lambie, 2011).

Professional affiliation and identity, job security, progression, qualifications, and prior experience are protective factors against the inherent stresses of this work (Boothby & Clements, 2002; Ellerby, 1998; Senter et al., 2010). Supervision, de-briefing, handing-over, and training are also incredibly important for the professional (Borduin et al., 1995; Brookes, 2010; Craig, 2005; Haley, 2010).

3.7 Identifying Gaps in the Literature, Towards a Research Agenda

The objectives of this thematic synthesis were to identify gaps within the extant literature and to develop a coherent research agenda that seeks to expand on them (Britten et al., 2002; Rocco & Plakhotnik, 2009; Torraco, 2005).

Six prominent conceptual gaps have been discerned, which include:

- There is a need to understand the social situatedness of psychological therapy provision in prison.
- There is a need to understand how political, economic, and social discourses influence professionals' accounts.
- There is a need to understand whether penal ideology influences professional scope of practice.
- There is a need to obtain greater conceptual clarity about what preferences and expectations govern the provision of therapy in prison.
- There is a need to obtain greater conceptual clarity about what professionals expressed therapeutic objectives, goals, and outcomes are.
- There is a need to understand how professionals incorporate themselves (socially) into a custodial environment.

Arguably, more needs to be understood about the social situatedness of psychological therapy in prisons. Firstly, the provision of therapy is rarely discussed within its broader political, economic, social, or cultural context (Crighton & Towl, 2009; Thomas-Peter, 2006; Towl, 2002). Secondly, little is known about the ways that penal ideology influences the delivery of therapy.

What is known is that psychological services in prisons are currently undergoing much reconfiguration resulting in ambiguity and requiring re-examination (Towl, 2005). Specifically, as Drake (2011) argues, it is vitally important to understand how professionals construct their work within the CJS. Four studies examine the provision of therapy from the perspective of therapeutic professionals (e.g., counsellors and therapists as well as counselling and clinical psychologists), and these include (a) Bertrand-Godfrey and Loewenthal (2011), (b) Farrant (2012), (c) Harvey (2011a), and (d) Tite (2013). It is unfortunate that two of these studies remain unpublished (Farrant [2012] and Tite [2013] are both unpublished theses).

To date, the most prominent method of inquiry has been the use of an Interpretive Phenomenological Analysis (IPA) approach (Bertrand-Godfrey & Loewenthal, 2011; Farrant, 2012; Tite, 2013). These studies have been inherently interested in understanding the lived experience of professionals working in prisons, which have provided valuable insight into how they experience their roles and their responsibilities. However, similar to Harvey's (2011a) assertion, it is believed that more needs to be understood about the situatedness of professionals within broader cultural and historical discourses.

Therefore, this research strives to expand on current studies to address a relative 'social neglect.' Indeed, Harvey (2008) critiques prison research for being inherently individualistic and, as such, being behind the "contextual revolution" characteristic of psychology. In addition to this critique, it is argued that general counselling and psychotherapy theory is often devoid of context (McLeod & Machin, 1998).

3.8 Research Aims and Objectives

Primary Question:

How do professionals perceive psychological therapy in prison settings?

Secondary Questions:

1. What is modern about psychological therapy provision in prison settings? How do professionals express ideas of modernisation, if at all?
2. Do penal reform ideologies permeate therapeutic professionals' accounts? If so, how are these expressed?
3. Do professionals have clear, expressed objectives, goals, or outcomes concerning the provision of psychological therapy in prisons?
4. Are these expressed objectives, goals, or outcomes shared within the broader social, economic, and political sphere of a prison setting?
5. What are the limitations, concerns, and struggles that are encountered in integrating a helping profession into a custodial setting? How do they socially position themselves, their roles, and the provision of psychological therapy?

Chapter 3. Notes

[v] There are numerous terms used to describe treatment within the extant literature and often treatment processes are poorly defined making operationalisation difficult. The exception to this is offending behaviour programmes, which are often described in detail due to this being a component of their accreditation process (CSAP, 2010-2011). The term 'treatment' will be used to represent health, mental health, or psychological intervention to embrace this complexity. In addition to this, the term psychological therapy will be used to represent interventions that are broadly related to individual and group counselling and psychotherapy. Where appropriate, each study's original terminology will be maintained.

[vi] Transparency is essential for establishing rigour in a thematic synthesis. Therefore, Appendix 2 offers an illustration of the thematic synthesis process and provides examples of how this was performed. The thematic synthesis codebook can be found in Appendix 12. Embedded throughout Chapter 3 are in-vivo codes, which have been extracted from the literature. These codes have been placed in "double-quotation" marks to illustrate the inductive method used.

[vii] (Bertrand-Godfrey & Loewenthal, 2011; Boyd & Grant, 2005; Bradley, 2009; Corston, 2007; Durcan, 2008; Eidhin et al., 2002; Farrant, 2012; Fletcher, 2012; Ford, 2001; Hall, & Gabor, 2004; Harper & Franks, 2013; Huffman, 2006; Jones, 2007; Jones, 2012; Loewenthal, 2011; Mitchell & Latchford, 2010; Schlesinger, 1979; Smedley, 2010; Tite, 2013.)

[viii] The therapeutic relationship is open to interpretation dependent on the theoretical perspective used to understand it (Hewitt & Coffey, 2005). Therefore, it is important to understand its ideological distinctions. As an example, the most prominent difference occurs between concepts of the "therapeutic relationship" and the "therapeutic alliance" (see Leger, 1998). The therapeutic relationship is a humanistic ideal where the relationship itself is therapy. The therapeutic alliance is a cognitive-behavioural ideal where the relationship is the medium for delivering therapy. The therapeutic relationship can also be viewed as having three components: the real relationship, the working alliance, and the transferential relationship (Fuertes, Geslo, Owen, & Cheng, 2013). Interestingly, it has been said that offending behaviour programmes, having come full-circle, are placing greater emphasis on the therapeutic alliance (Clark, 2010).

[ix] Although the IPP sentence was abolished in 2012, a substantial number of people are still serving out this sentence. People on an IPP sentence are often blamed for the congestion in receiving offending behaviour programmes or getting into a TC prison (Genders & Player, 2010; SCMH, 2008b). Professionals have expressed dissatisfaction at the sentence progression of IPP 'prisoners,' at the difficulties getting them their required treatment, and at the inability to achieve fair treatment between those on long and short sentences (HLPR, 2013). Similarly, interviews with people in prison highlight congruence in these frustrations (SCMH, 2008b).

[x] The social defence system adapts object-relations conceptualisations of projection and splitting by placing them within an institutional realm (Asser, 2002; Hinshelwood, 1993; Smith, 1999). Underlying these constructs is the notion of splitting self-and-others (good *vs*. bad) through projection and introjection (Gabbard, 2005; Wiener, 2009) with the aim of resolving this conflict to form a "whole-object" that is both good *and* bad (Asser, 2002). In this instance, people in prison may be regarded from a paranoid-schizoid position (they are all-bad). As Asser (2002) implies, therapeutic professionals raise anxieties for other staff through the perception that the security of a regime would be compromised by taking a whole-object position (themselves becoming split into all-bad objects).

[xi] Ellerby (1998) suggested that the notions of vicarious and secondary traumatisation are subtly but conceptually different. Although both vicarious and secondary traumatisation focus on the results of repeated exposure to traumatic narratives, the former is related to changes in perceptions of self, other, and the world from empathic engagement (Pearlman & MacIan, 1995) and the latter is similar to symptoms of post-traumatic stress disorder (Figley, 1995).

CHAPTER 4. METHODOLOGY

4.1 Chapter Overview

This chapter provides insight into the methodology and the methods employed in this research. It discusses the ontological and epistemological assumptions underlying social constructionist thought, and it provides a clear understanding of the research process. Finally, this chapter introduces the concept of quality in qualitative research and the ways in which this quality will be assessed.

4.2 Social Constructionist Design

Useful guides for the development of this research design were Crotty (1998), Guba and Lincoln (1994), and Ponterotto (2005) all of who offer extensive reviews of a number of research paradigms including objectivism, subjectivism, and constructionism. This research focuses on a social constructionist paradigm, which holds within it a number of assumptions about the world (Blaikie, 2007). Specifically, it offers a useful paradigm for exploring the social world, where what is 'social' constitutes ideas that are socially situated and socially transmitted (Hacking, 1999).

Social constructionism offers a way of understanding meaning rather than commenting on a 'reality' or a 'truth' (Berger & Luckman, 1966), and within this people can be regarded as being "meaningful actors" (Porta & Keating, 2008). Therefore, this inquiry examines how professionals act meaningfully, what these meanings are, and how these meanings are socially constructed. This investigation

does not adhere to objectivistic claims of a single truth since this is not the aim of constructionism (Blaikie, 2007; Haig & Borsboom, 2012). Instead, social constructionism reveals meanings, provides rich insight, and embraces the idea that there are numerous answers to a question (see Goulding, 1998; Harper, 2012). In the search for meaning, no one theory can be more true or false than another, so social constructionism does not "privilege the truth" in this way (Aguinaldo, 2004; Blaikie, 2007; Horkheimer, 2002; Roose & Buttner, 2009). From this position, a new perspective is offered that approaches the topic of psychological therapy in prisons from a new angle to provide a fresh view.

Social constructionism is closely aligned with critical theory (Horkheimer, 2002; Wendt, 1995) and critical thought (Burr, 1995, Nanda, 1997). What differs between a theory and a critical theory, according to Horkheimer (2002), is the acknowledgement that "intellectual positions" (e.g., theories) are socially located and require critical engagement. As such, social constructionism offers a useful method for examining knowledge that is taken-for-granted (Adler, 1997; Berger & Luckman, 1966; Burr, 1995; Gergen, 1985, 1999). In its broadest sense, social constructionism applies ideas from feminism, social justice, and Marxism (Crotty, 1998; Sarup, 1993). Firstly, these ideas attest to the notion that knowledge itself operates socially in ways that may be oppressive or create inequity (Aguinaldo, 2004; Nanda, 1997; Yardley, 2000). Secondly, these ideas comment on how discursive power inherent in dominant forms of knowledge maintains a status quo (Foucault, 1977). These concepts provide the lens in which to view the context of this study.

The most prevalent debate occurs amongst the subtle distinctions between construct*ivism* and construct*ionism*. On the one hand, constructivism is historically situated within theories of cognitive development where what is constructed is largely subjective (Gergen, 1999; Harper, 2012; von Glasersfeld, 1995). Therefore, constructivism offers a paradigm that favours agency (e.g., the individual), which is one of its critiques. Harper (2012) argues that constructivism should not be confused with social constructionism since it is incapable of examining the social world. Despite this, it is readily acknowledged that the former led to the development of the latter (see von Glaserfeld, 1990, 1995, 1998). On the other hand, Burr (1995) and Gergen (1985, 1999), being placed on the radical end of the constructionist spectrum, believe that language and discourse define 'reality.' They both embrace the criticism of "linguistic solipsism," which defines and limits 'reality' as only consisting of social discourse (Burr, 1995; Gergen, 1985, 1999). Linguistic solipsism privileges the social at the expense of subjectivity or objectivity (Burr, 1995; Gergen, 1999; Nanda, 1997; Neimeyer, 1998; Sarup, 1993).

The prominent problem that emerges from these two positions is their inability, in isolation, to explain how agents both shape and are shaped by the social world. Giddens (1987) encountered similar challenges in social theories that sought to de-centre the individual. The theory of structuration posed by Giddens (1984, 1987) provides an account of the two-way process of interaction between an agent and their social environment, and as Adler (1997: 325) states: "Agents are far from being structural 'idiots' …they are the social constructors of their own practices." With relevance to this research, professionals - as agents - shape and are shaped by a larger

social structure, there is a two-way interaction between their ability to construct ideals (in a subjective sense) and to be constrained by ideals already in operation (in a social sense). This interaction is not a passive interpretation of their social environment (cf. McLeod, 2001; Schwandt, 2007; Willig, 2013) but an active, constructive process (Andrews, 2012; Corbern, 1993; Crotty, 1998; Roose & Buttner, 2009; Hacking, 1999). The making of meaning is a social activity, which relies on social and discursive practices (Blaike, 2007; Gergen, 1985; Kim, 2001; King, 2004). Language and discourse are the building blocks of social meaning and viewing them as such allows this study to diverge from the linguistic solipsism found in radical forms of social constructionism.

As can be seen, constructionist thought occupies a number of metaphysical positions from critical realist (Elder-Vass, 2012) to more radical forms of postmodernism (Burr, 1995; Gergen, 1985, 1999). However, one of the major critiques inherent in a social constructionist paradigm is its confusion between ontology and epistemology (Giddens, 1984; Proctor, 1998) where assumptions are made that these is no singular 'reality' rather multiple social practices (e.g., Gergen, 1999). Thererfore, it could be mistakenly believed that 'reality' is ontologically multiple, which often leads to the rejection of realism (i.e., the existence of objective reality) or as explicitly stated being "anti-realist" (Burr, 1995; Harper, 2012).

There is division among those social constructionists that are anti-realist and those that believe this assumption is not only inconsistent but also results in an epistemic fallacy (Andrews, 2012; Hacking, 1999; Sterling-Folker, 2002), a fallacy that

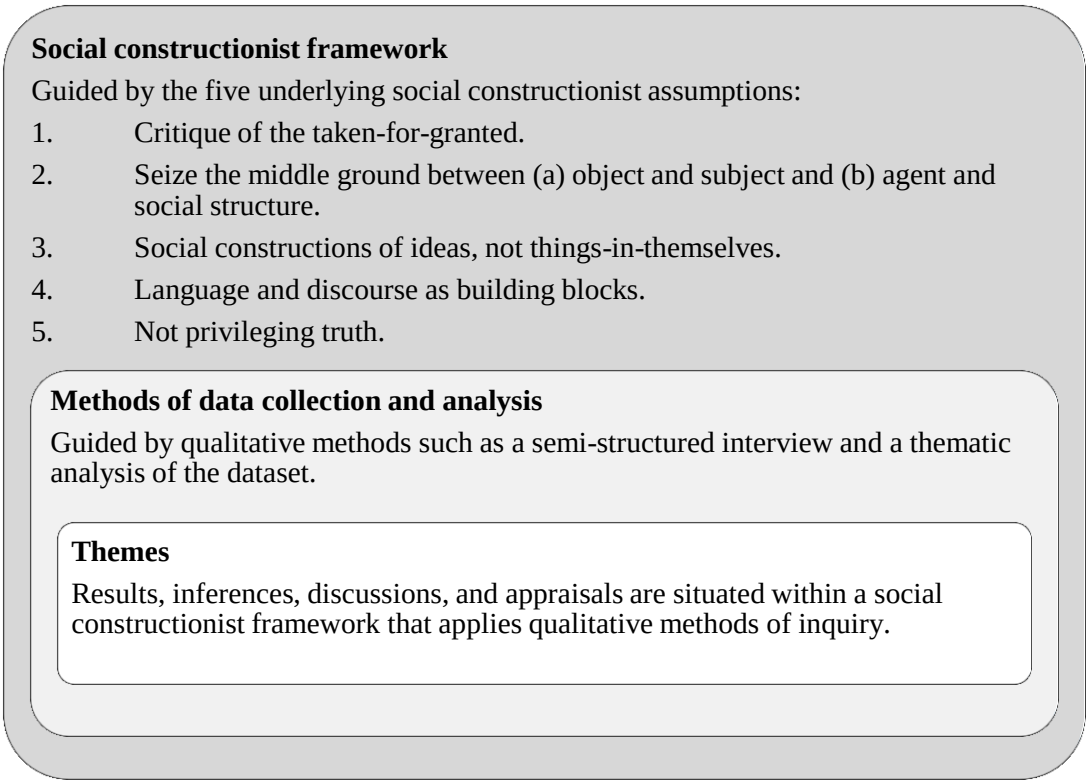
transposes what is knowable onto what is real (Van Bouwel, 2003). Instead, a large number of social constructionist scholars argue that social constructionism should avoid making ontological claims since it was developed to comment prominently on epistemology (Andrews, 2012; Berger & Luckman, 1966; Crotty, 1998; Hacking, 1999). In as much that social constructionism offers a paradigm shift to understand (a) the way knowledge is socially situated and (b) the way that knowledge is determined by whatever paradigm is being used to construct it (Kuhn, 1970).

Instead, those adopting a middle approach within social constructionism contend that both objectivity and subjectivity form the basis of social constructionism (Adler, 1997; Andrews, 2012; Berger & Luckman, 1966; Crotty, 1998; Nanda, 1997; Sterling-Folker, 2002). Therefore, it is possible to infer that professionals' social constructions of working in prisons include both their subjective experience and their experience of objective reality. However, caution must be expressed that social constructionism itself does not intend on commenting on 'reality' per se rather how people come to know it. Hacking (1999) asserts that social constructionism is interested in exploring ideas-of-things and not things-in-themselves, that is, the ideologies that become taken-for-granted (Mannheim, 1936). This assumption comments on how the classification of a 'prisoner' can become akin to a real entity rather than seeing it as an idea that stems from the subjective desire to protect society and the objective containment of people in prison.

An extensive synthesis was carried out on the diverse range of social constructionist positions available[xii] (see Burr, 1995; Risse & Wiener, 1999). After considering

between and within philosophical and theoretical perspectives, this study delineated its position resulting in the construction of five paradigmatic assumptions, which guided the research process (see Diagram 5).

Diagram 5. Social constructionist framework



Source: Author

As can be seen in Diagram 5, the qualitative methods and strategies applied in this investigation are framed within a social constructionist design. Integrating ideas of constructivism and constructionism offers a new position (Gergen, 1999; Hacking, 1999; Neimeyer, 1998; Solomon, 1987), which moves past criticisms of linguistic solipsism to provide an account of agent and structure (Checkel, 2006; Elder-Vass, 2012; Risse & Wiener, 1999). This inquiry adopts Emanuel Adler's (1997) idea of

"seizing the middle ground" whereby a middle position is taken between (a) objectivity and subjectivity as well as (b) agent and social structure.

4.3 Operationalisation of Terminology

Before proceeding to explore the methods applied in this investigation, it is important to operationalise the key terminology found in the primary research question as this is invariably imbued with meaning (Frith & Gleeson, 2012). As such, the following terms will be defined: (a) professional, practitioner, and therapeutic practitioner; (b) psychological therapy and therapy; (c) prison setting, prison context, and prison milieu; (d) perceptions.

Professional, practitioner, and therapeutic practitioner: Thus far, these terms have been used to represent a wide-range of roles within forensic mental health and criminal justice settings (e.g., nurses, social workers, and prison officers). Within the context of this study, these terms will be used specifically to refer to participants who are affiliated with counselling and psychotherapy as well as counselling, clinical, and forensic psychology. They are umbrella terms that capture the nature of a therapeutic orientation, and they are applied to professionals specifically working within a prison setting (or more than one prison setting).

Psychological therapy and therapy: Definitions of psychological therapy are often ambiguous and poorly operationalised. Various terms have been applied within the extant literature including treatment, intervention, programme as well as forensic psychotherapy, counselling, and psychotherapy. A broad definition of psychological therapy is used to capture this complexity. Therefore, psychological therapy (or

therapy) refers to both individual or group counselling and psychotherapy or psychological intervention where psychological difficulties or needs are explored.

Prison setting, prison context, and prison milieu: This study focuses exclusively on professionals' accounts of penal institutions where people are imprisoned including prison establishments for male, female, and young 'offenders' as well as therapeutic community-based prisons. Therefore, it excludes professionals' accounts from forensic institutions where people are detained under the Mental Health Act (2007).

Perception: The term perception is open to a range of meanings dependent on the paradigmatic lens used. Within the context of this research, the term perception refers to attitudes, values, beliefs, expectations, and preferences that shape and are shaped by social and discursive practices (i.e., a social constructionist lens).

4.4 Sample and Participants

Eight professionals, two males and six females, with experience of working therapeutically in prison settings, took part in this study. Participants were affiliated with counselling, counselling psychology, clinical psychology, and forensic psychology. Specifically, the sample contained (a) two counsellors in-training, (b) two counselling psychologists with in-training experience, (c) one qualified counselling psychologist with previous in-training experience, (d) one qualified counselling-clinical psychologist, and (e) two qualified forensic psychologists with previous in-training experience.

Participants had either current (*n* = 2) or previous (*n* = 6) experience of working in prison settings, which included: (a) Category A, Category B, and Category C prisons; (b) Female prisons; (c) YOIs; and (d) TC prisons. The two forensic psychologists in this sample had experience of working in more than one setting. Geographically, participants worked in Prison Services in England (*n* = 6), Northern Ireland (*n* = 1), and Ireland (*n* = 1).

4.4.1 Sampling Methods and Inclusion Criteria

Two sampling procedures were employed, which included an advertisement (*n* = 4) and snowball sampling (*n* = 4). Therefore, participants were self-selecting in response to a verbal and visual advertisement about the research. Advertisement consisted of placing a written statement on the following professional internet sites: (a) *BPS Division of Counselling Psychology*, (b) *BPS Division of Clinical Psychology*, and (c) *BPS Division of Forensic Psychology* (see Appendix 3).

A further written statement was placed on an internet forum frequented by clinical psychologists (*ClinPsych.Org*) and distributed in an electronic newsletter for counselling psychologists (*BPS Division of Counselling Psychology)*. For snowball sampling, a visual advertisement was emailed to potential participants (see Appendix 4). The inclusion criteria were broad to provide completeness not convergence in participants' accounts, which is consistent with a social constructionist paradigm that embraces heterogeneity within a sample making this representative (Madill, Jordan, & Shirley, 2000).

There were no exclusion criteria necessary for this study since participants were self-selecting on their ability to meet the inclusion criteria. The criteria for inclusion were as follows:

- Have experience of delivering psychological therapy in a prison context.
- Be currently working within a prison setting, have past experience of this, about to start or developing a service.
- Have either a forensic, clinical, or counselling psychology background, or a counselling and psychotherapy background.
- Be accredited, qualified, or in-training.

4.5 Ethical Considerations

This research followed the ethical principles of professional and researcher conduct set out by the British Psychological Society (BPS, 2009, 2014) and the Health Care Professions Council (HCPC, 2012). The research received ethical approval from the University of Wolverhampton's School of Applied Sciences (see Appendix 5). Ethical considerations are outlined in depth in the "Information about the Research" brief and the "Consent Form for Participation in Research" (see Appendix 5 and Appendix 6, respectively), which comment specifically on the maintenance of and limitations to confidentiality and anonymity as well as limiting or ending involvement in the study. In addition to this, the use, storage, and destruction of personal information as well as ways to contact the research team were outlined. While this research did not intend to cause personal distress, information for accessing support was provided.

4.6 Data Collection

Data were collected using semi-structured interviews, which lasted approximately 60 to 90 minutes and were audio-recorded. One-to-one interviews were carried out face-to-face (n = 3), over the telephone (n = 2), or through video-conferencing (n = 3), which allowed participants from a range of geographical areas to take part. Potential participants made initial contact with the researcher through the details provided following verbal or visual advertisement. Subsequently, the research purpose and procedure were outlined, and an email was sent containing the information sheet and consent form. Two participants requested the interview schedule before consenting to take part[xiii].

Arrangements were made for an interview. Participant consent was checked in each interview, and the purposes and procedures of the study were outlined. However, participant consent was audio-recorded for interviews conducted over the telephone or through video-conferencing[xiv]. Although an interview schedule was used, it is important to highlight that this was a co-constructive and inherently meaning-making activity (Gubrium & Holstein, 2003; King, 2004). Therefore, consistent with a social constructionist paradigm, the interview process was flexible and allowed for a collaborative inquiry (see Cooney, 2011; Creswell & Miller, 2000; Hannes, 2011).

4.6.1 Constructing the Interview Schedule

As Barriball (1994) recommended, the semi-structured interview questions were formulated (a) to address the primary research question, (b) to address current

knowledge gaps in the extant literature, and (c) to apply to a social constructionist paradigm.

Consequently, eight questions were constructed to guide the interview process, which included:

- Tell me about your role in the prison.
- Describe the client group you work with.
- Describe your approach to working with clients.
- Describe what you expect when offering therapy in prison.
- Explain what you would want when offering therapy in prison.
- Tell me about what the ultimate goal of therapy may be.
- Explain how working in prison may influence therapy.
- What would you recommend?

An interview schedule consisting of fully formulated questions was prepared to guide the researcher (see Appendix 8). The schedule consisted of three layers of questioning including an area of interest, broad questions (tell, explain, describe), and focused questions. This style of questioning allowed for flexibility within the interview process while ensuring each topic was explored. Further to this, flexibility included the dynamic use of questions, phrasing, and sequencing (see Turner, 2010). Each interview could be tailored to suit the participant, to follow the construction of their meaning, and to allow for a dynamic experience that opened up the research topic.

4.7 Data Analysis

This research employed a thematic analysis similar to that of Braun and Clarke (2006, 2012), which identified prominent repeating patterns of meaning (Aronson, 1994; Boyatzis, 1998; Braun & Clarke, 2006, 2012; Joffe & Yardley, 2004). What can be considered a theme is variable (Saladña, 2009). Nevertheless, following an extensive review of this concept, DeSantis and Ugarriza (2000: 367) describe a theme as making "explicit the implicit meaning of dialogue, behaviour, and events," which represent "important aspects, and issues in, the lives of people." Themes allude to ideals that shape activity and behaviour, and they can be accepted or offer insight into what it means when they are "violated" (Opler, 1945).

Table 3. Six-stage thematic analysis model

Stage 1.	Familiarisation with the data
Stage 2.	Initial coding*
Stage 3.	Searching for themes**
Stage 4.	Reviewing themes
Stage 5.	Defining and naming themes
Stage 6.	Reporting the findings

** Initial coding was expanded to include open coding, line-by-line coding, and a constant comparison of codes.*

*** Searching for themes was expanded to include a categorisation stage, which applied successive categorisation of codes and a constant comparison of categories.*

Source: Braun and Clarke (2006, 2012)

Numerous thematic analysis studies were consulted to inform the analytical design applied in this research[xv]. Similar to Fereday and Muir-Cochrane (2006) and Joffe

(2012), a "hybrid" of induction and deduction was used, therefore, while the analysis was inductive (data-driven), it was also informed by the social constructionist assumptions that guided its process (theory-driven). The analysis was a constructive and active process, which meant identifying participants' latent meanings (see Braun & Clarke, 2006, 2012). Braun and Clarke's (2006, 2012) six-stage analytical model was utilised to guide the analytical procedure, and the stages can be found in Table 3, which will be discussed in turn. However, it is imperative to highlight that the process of analysis was iterative.

4.7.1 Familiarisation with the Data

The familiarisation stage involved a process of immersion in the dataset, which began with the transcription of participant interviews. Before beginning transcription, each audio-recording was checked for sound-quality and initial ideas were captured in analytical memos. Interviews were orthographically transcribed as this was consistent the analytical requirements for transcription (see Braun & Clarke, 2006; Powers, 2005). While transcribing, personal information was anonymised (see the Confidential Dossier for participant transcripts).

Orthographic transcription involved capturing the interview verbatim, which included: introjections, contractions, fillers, false-starts, hesitations, and unfinished sentences, repetitions and stammers, volume of speech, emphasis, and non-verbal communications. Words with non-standard grammatical features were captured as they were said. Punctuation was used to stylise pattern and flow of speech, to segment speech, and to highlight exclamations, questions (including rhetorical), and

mimics. Pauses were identified but not counted (length was short or long). Context-specific words (e.g., prison setting or therapeutic) were identified and highlighted.

Transcripts were checked and re-checked three times to ensure accuracy. Anonymised transcripts were sent to the participants that had requested to receive them[xvi] (n = 3).

4.7.2 Initial Coding

Coding was an iterative process that involved examining the smallest units of data (Saladña, 2009). Initial coding was open and performed line-by-line. The software package NVivo was used for the coding process, which made it more systematic, organised, and allowed for more in-depth strategies (see Joffe, 2012). Using this software package allowed for a multidimensional view of the dataset unlike a flattened view of a transcript[xvii]. From the coding stage, approximately 1,505 codes were identified, which informed the remainder of the analytical process.

4.7.3 Searching for Themes

While searching for themes, a relative gap between the coding stage and the themeing stage was perceived where there was a liminal space between a code and the construction of a theme. Saladña's (2009) coding manual commented that themes should be constructed from both coding *and* categorisation. However, Braun and Clarke's (2006, 2012) model did not account for a categorisation process. Therefore, as seen in Table 3, a categorisation stage was added to the analytical process. Principles were applied from grounded-theory including (a) open coding, (b) line-by-

line coding, (c) successive categorisation, and (d) constant comparison (see Charmaz, 2008; Goulding, 1999; Glaser & Holton, 2004; Strauss & Corbin, 1997; Tuckett, 2005a). From this, approximately 54 overarching categories were constructed. Then, the researcher returned to the search for themes, which included exploring repetitions, indigenous typologies, metaphors and transitions, similarities and differences, linguistic connectors, missing data, theory-led material, and understanding how themes were networked (Attride-Sterling, 2001; Bernard & Ryan, 2003; Ryan & Bernard, 2010). These strategies were applied to the 54 overarching categories that had been constructed.

4.7.4 Reviewing Themes

The reviewing stage involved checking that potential themes were representative of each data item and the dataset as a whole, which involved re-reading participant transcripts to ensure that themes were not only data-driven but also consistent with their accounts (Braun & Clarke, 2006, 2012). An integral part of reviewing themes involved examining the construction of potential themes within and between participants' accounts. Further to this, potential themes were checked for internal homogeneity and external heterogeneity to ensure that each theme contained codes and categories that were consistent yet distinct from each other (Patton, 1990). Homogeneity and heterogeneity were examined by constantly comparing codes, categories, and potential themes, and by reorganising them where relevant. In addition to this, Opler's (1945) idea of the "limiting factors" that provide themes

with their "equilibrium" was held throughout the themeing process to ensure themes were credible. From this stage, approximately 26 potential themes were constructed.

4.7.5 Defining and Naming Themes

Within the defining and naming stage, the essential feature of each theme was discerned. Themes were broken down into their component parts, their core meaning was examined, and a hierarchy of superordinate and subordinate ideas was created (Braun & Clarke, 2006, 2012). This process required many techniques such as cognitive mind-maps, exploring thematic networks, tables, post-it notes, conceptual drawings, and analytical memo writing. It involved gaining a broader picture of what each theme meant and how themes were connected. To aid this process data extracts from participant transcripts were collected, which provided evidence for a theme and ensured credibility (checking a theme against participants' meanings). This stage necessitated an active and reflexive stance, which often meant talking or writing about core ideas. From this stage, four superordinate themes were constructed with several subordinate themes within them.

4.7.6 Reporting the Findings

Analytical claims were embedded in the main report (as seen in Chapter 5) allowing a narrative to be constructed that was well grounded in the data (see Braun & Clarke, 2006). Extracts from the dataset were chosen for their supportive, illustrative, and analytical relevance and were woven into the report. Extracts were edited to enhance readability and brevity. When explanation or context was needed in the extracts [square brackets] were used. Three full stops … indicated merging, editing, or

cutting of extracts. In-vivo words and sentences were italicised and placed into "*double quotations*" to ensure that themes were consistent with an inductive approach. Additional extracts were provided in Appendix 11 to provide further evidence in support of analytical claims.

4.8 Assessing Quality

The concept of "quality" is a much contested idea in qualitative research, which often does not adhere to objectivistic assumptions such as reliability or generalisability (Hannes, 2011; Kvale, 1994; McLeod, 2001; Riessman, 2008). Therefore, after synthesising the differing concepts of quality [xviii] (found in qualitative research in general and social constructionism specifically), it was determined that two levels of assessment would be suitable. Firstly, the assessment of quality needed to be consistent with the paradigmatic assumptions made in social constructionism. Secondly, the assessment of quality needed to be consistent with the methodological assumptions made in qualitative approaches. A Research Quality Checklist (RQC) was compiled, which ensured that a balance between constructionist and methodological quality was achieved allowing quality to guide the process of research (see Appendix 10). As shown in Diagram 5, social constructionist quality took precedence over methodological quality.

4.8.1 Assessing Social Constructionist Quality

It is argued that the assessment of quality should foremost be consistent with the paradigm the research is located in (Creswell & Miller, 2000; Smith, Flowers, & Larkin, 2009; Riessman, 2008). Social constructionist scholars often refer to the

concept of validity (e.g., the integrity of a study) and, as such, this term will be used synonymously with quality. Social constructionism seeks to critique the very notion of validity as a concept that requires "interrogation" (Aguinaldo, 2004; Kvale, 1994; Denzin, 2009; Denzin & Giardina, 2009). Instead of research having validity per se, it is *made* valid by being "unruly, disruptive, and dedicated to the goals of social justice and equity" (Denzin & Giardina, 2009: 29), which is consistent with the critical stance that is at the heart of social constructionism. Adopting a critical stance means situating the research within history, politics, and society while aiming to transform current practices (Guba & Lincoln, 1994).

Consistent with these ideas, this investigation maintained a critical stance towards not only its validity but also how it could itself contribute to discursive dominance. Therefore, it was necessary to explicate the limitations to the inferences that this investigation could make (as seen in Chapter 6). Transparency and reflexivity were incredibly important to allow the reader to discern the research process and the researcher's influence over it. Transparency and reflexivity from a social constructionist lens aid in the recognition of power dynamics, enable the reader to locate the author, provide insight into how the research was actively constructed, and allow for responsible and ethical practices (Aguinaldo, 2004; Creswell & Miller, 2000; Etherington, 2004; Hannes, 2011; Spencer & Ritchie, 2012).

Therefore, quality from a social constructionist perspective was achieved through the constant reminder that validity means to "investigate," to "theorise," and to "question" (Kvale, 1994). Validity was ensured throughout the process of research

from beginning to end (Aguinaldo, 2004; Kvale, 1994) since transparency and reflexivity were active and iterative processes that were continually applied. These processes reflected on the way that theory constructed the research topic and the way that engaging with the research topic changed the theory (McLeod, 2001). Consistent with Aguinaldo's (2004) discussion of social constructionist quality, this research did not seek to determine whether the research was valid but rather to determine what the research was valid for. McLeod (2001) contends that beneficial qualitative studies are those that are "discovery-orientated" and "critical" in their stance.

4.8.2 Assessing Methodological Quality

The concepts of quality and validity are appropriate constructs for appraising qualitative research (Smith et al., 2009). At its simplest conception, qualitative methods of inquiry seek to examine and understand the experience of people's lives from the perspective of people themselves (Thompson & Harper, 2012) and, as such, particular forms of appraisal are required.

When discussing qualitative appraisal strategies for the internationally renowned *Cochrane Systematic Review*, Hannes (2011) suggested qualitative studies should be rigorous and trustworthy. In a synthesis of the concept of quality, several ideas were prevalent including credibility, transferability, dependability, confirmability, and contribution (Cooney, 2011; Hannes, 2011; Spencer & Ritchie, 2012; Tuckett, 2005b; Yardley, 2000), but these concepts have been critiqued for being elusive and hard to define (Creswell & Miller, 2000; Guba & Lincoln, 1994; McLeod, 2001).

Therefore, when synthesising the concepts of methodological quality of this research, their core similarities were discerned, they were operationalised and defined, and then evidenced within the RQC (see Appendix 10). In particular, methodological quality in this research was assessed using the concepts of credibility, rigour, transferability, as well as overall contribution to theory, practice, and policy. Further to this, a quality assessment framework developed by Braun and Clarke (2006) was used to ensure the thematic analysis was comprehensively performed.

Chapter 4. Notes

[xii] The synthesis of social constructionism literature included an amalgamation of scholars from international relations (Adler, 1997; Checkel, 1999, 2006; Risse & Wiener, 1999; Sterling-Folker, 2002; Wendt, 1995), education and teaching (Corbern, 1993; Kim, 2001; Kirlay, 2000; Soloman, 1987; Solomon & Perkins, 1996), geography (Proctor, 1998), social sciences (Andrews, 2012; Berger & Luckman, 1966; Burr, 1995; Elder-Vass, 2012; Gergen, 1985, 1999; Hacking, 1999; Kratochwil, 2008; Nanda, 1997), psychological sciences (von Glasersfled, 1990, 1995, 1998), and counselling and psychotherapy (Harper, 2012; Mohoney, 2003; Neimeyer, 1998).

[xiii] The two participants who requested the interview schedule had previous experience of providing psychological therapy in prisons, but it had been some time since this experience, and they felt as though they needed a structure to reflect. Although it could be argued that this may have influenced the fluidity of responses, it was perceived to be positive. Having had an opportunity to reflect allowed for, what felt to be, deeper engagement in the topic.

[xiv] Audio-recording the consent process for video-conferencing and telephone-based interviews was felt to be an additional ethical safeguard for preserving the ethical rights of participants.

[xv] The researcher reviewed strategies for theory-driven (Hayes, 1997) and data-driven (Rivera-Segarra, Rivera, López-Soto, Creso-Ramos, and Marqués-Reyes, 2014) thematic analysis. Further to this, some studies utilised discourse thematic analysis (Kitzinger &

Willmott, 2002; Taylor & Usher, 2001), and while this research could be closely aligned to discourse thematic analysis, what gave these studies this label was their social constructionist positioning rather than specific analytical techniques.

[xvi] Sending transcripts to participants provided an additional opportunity to check for accuracy, to make amendments, or to expand on their ideas. There may be numerous reasons for wanting a transcript. One participant saw this as an important part her professional reflection and development. In another instance, sending a participant his transcript ensured that confidential details were sensitively and adequately anonymised.

[xvii] An example of this multidimensionality can be found in superordinate theme three where key-word-searches provided crucial insight into the ways that labels were used to construct the client and the professional. Therefore, NVivo allowed for greater awareness of language, which may have overlooked in a flattened transcript. A more comprehensive discussion on this multidimensionality can be found in Appendix 1.

[xviii] (Aguinaldo, 2004; Braun & Clarke, 2006, 2012; Cooney, 2011; Cresewell & Miller, 2000; Denzin, 2009; Denzin & Giardina, 2009; Etherington, 2004; Guba & Lincoln, 1994; Hannes, 2011; Kvale, 1994; McLeod, 2001; Riessman, 2008; Smith et al., 2009; Spencer & Ritchie, 2012; Tuckett, 2005a, 2005b; Yardley, 2000.)

CHAPTER 5. RESULTS AND DISCUSSION

5.1 Chapter Overview

This chapter combines both the results and discussion of this study, which outlines, illustrates, and examines the main findings of the social constructionist-grounded thematic analysis. It discusses four superordinate themes (with subordinate counterparts) that were constructed using Braun and Clarke's (2006, 2012) six-stage analytical model. Each theme will be discussed in its own section, but it is important to remember that they share a connectedness. Immersed within each of the themes extracts from participants have been chosen for supportive, illustrative, and analytical relevance. A number of participant recommendations are outlined to conclude the chapter.

5.2 Results from the Thematic Analysis

The results provide insight from a social perspective as to how professionals who work within prison settings perceive the delivery of psychological therapy. Four core concepts were constructed from a thematic analysis of participants' accounts. Table 4 displays the superordinate and the subordinate themes identified, which include: (a) "Performing Therapy," (b) "Humanising the Client," (c) "Frames Inside Frames," and (d) "A Challenging but Rewarding Experience."

Table 4. Thematic analysis themes

Superordinate theme	Subordinate themes
THEME 1 Performing therapy	a) "Agendas and targets" b) Rehabilitation, "cold hard stats" c) "Ticking the box"
THEME 2 Humanising the client	a) Shifting subjectivities b) "Person behind the crime" c) Towards shared values of care
THEME 3 Frames inside frames	a) The therapeutic frames as relational safety b) The prison frame as procedural and operational security c) The forgotten societal frame
THEME 4 "A challenging but rewarding experience"	

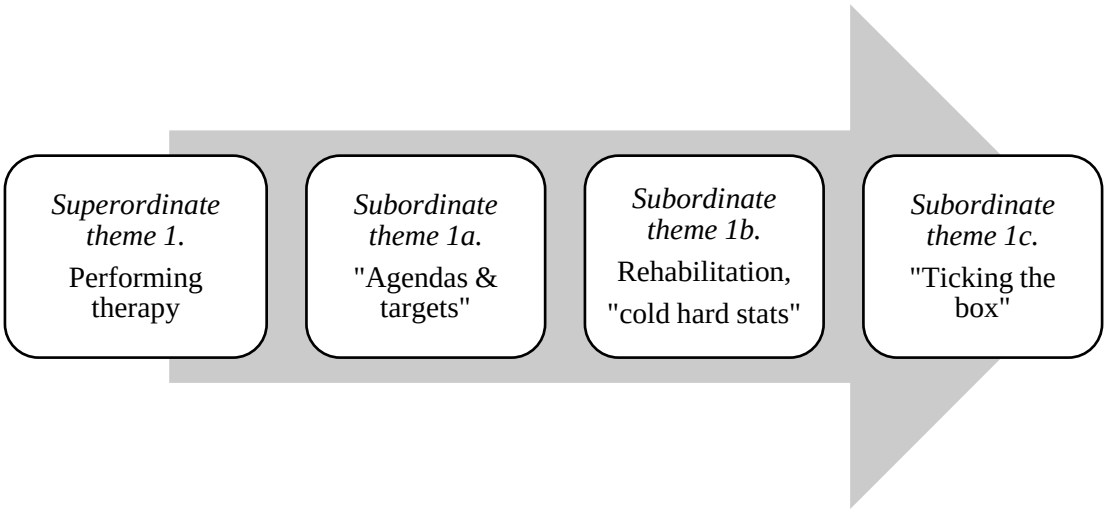
Source: Author

5.3 Superordinate Theme 1.

Performing Therapy

This superordinate theme provides detail on how the modern professional is set against a performatory backdrop. As discussed in the literature and evidenced in this investigation, professional and client autonomy and choice were challenged (Blackburn, 2002; Harvey, 2011a). With performance management in mind, the process of psychological therapy may become pressurised. As can be seen in Diagram 6, three subordinate themes were constructed: (a) "Agendas and Targets;" (b) "Rehabilitation, 'Cold Hard Stats;'" and (c) "Ticking the Box."

Diagram 6. Theme 1 construction



Source: Author

Diagram 6 shows a process of influence whereby each theme affects the next. An example of this would be a rehabilitative target shaping the ways in which therapy may become designed to meet such a target. Tensions inherent in integrating top-down (e.g., prison setting values) and bottom-up (e.g., therapeutic values) discourses are immersed throughout these themes.

5.3.1 Subordinate Theme 1a.

"Agendas and Targets"

Participants perceived that "*agendas*" and "*targets*" governed the provision of psychological therapy in prison making it "*very targeted, very, very targeted*" and, as a result, these influenced their scope of practice. Crewe (2009) talked about "bureaucratic power," which operates subtly and coercively within the fabric of modern management in prisons. Arguably, the results of this study indicate that power resulting from "agendas and targets" can restrict, compel, and determine the

activity of therapeutic agents. Participant 6 touched on this when he used the language of restriction, commenting: "*Can't do it. Even if I wanted to, I wouldn't be allowed to*." He went on to expand on the responsibility and the pressure he felt not to "*fail*" to perform:

> [In healthcare settings] if things go better, or things go worse for that client, from an organisational standpoint, there's no difference to me. It's not going to impact on my role …I just keep on going with who wants to engage ...as opposed to the Prison Service where if they don't engage, then suddenly you've failed to meet this target: "Du-Du-Du-Du-Du!" [Gesturing with his hands]. *Forensic Psychologist, Participant 6*

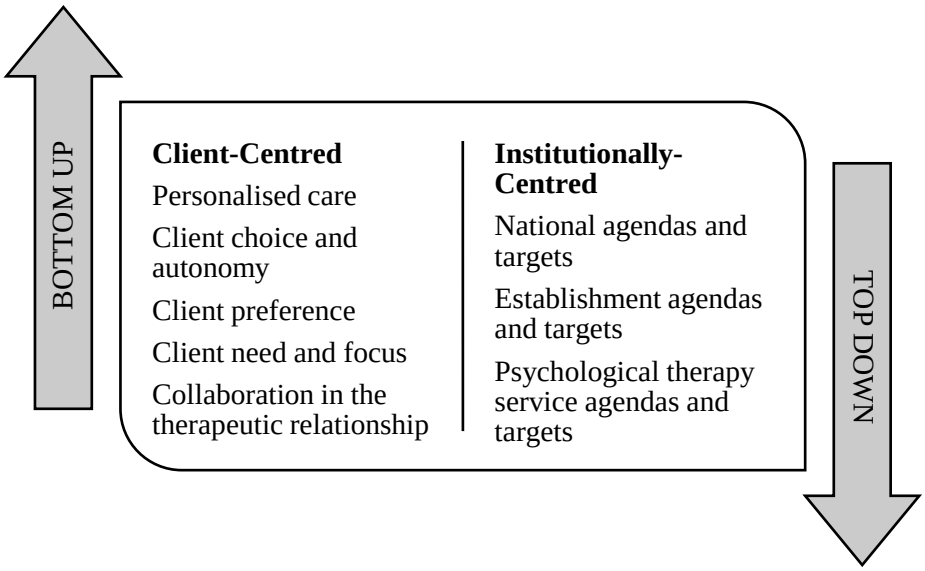
Importantly, such a "painful demand" for performance is required within most modern organisations (Kikauer, 2013). Therefore, what limits the theme "Agendas and Targets" is that such a method of management is not distinct to a prison context. Indeed, therapists working within the NHS also expressed concerns about the restriction of their practice (Callan & Fry, 2012). What is crucial to participants' accounts is the configuration of these agendas, which are shaped by socio-political ideals (Crighton & Towl, 2009; Drake, 2012; Thomas-Peters, 2006) and, therefore, agendas may operate differently depending on context. In terms of therapeutic practice, participants in this study constructed incongruence between wanting to be *client-centred* and expected to be *institutionally-centred.* Participant 8 questioned whose needs were determining psychological therapy service provision.

> Is it the needs of the service or the service users needs that we're following? Sometimes I think we can say what 'we' as a service want from our clients and actually the client doesn't want that …So I think really something around- like to- the service agenda and the service users

> agenda- how those could be matched up better. *Counselling Psychologist In-Training, Participant 8*

The characteristics of a bottom-up client-centred approach and a top-down institutionally-centred approach are illustrated in Diagram 7. For participants, client-centred care is personalised care, which consists of ensuring client choice, client focus, and client autonomy as well as collaboration within the therapeutic relationship. These characteristics centre on the needs of the individual. In contrast, institutionally-centred care is based on the needs of multiple services. These needs are driven by national agendas, establishment agendas, and societal agendas.

Diagram 7. Client-centred versus institutionally-centred



Source: Author

Forrester et al. (2014) acknowledged that the provision of therapy in the CJS is increasingly situated across multiple services, therefore, requiring an integration of aims. Further, it is recognised that the determination of psychological needs within

the CJS is becoming more socially driven rather than client driven (Thomas-Peters, 2006).

5.3.2 Subordinate Theme 1b.

Rehabilitation, "Cold-Hard Stats"

It is apparent from participants' narratives that the rehabilitative ideal has a substantial bearing on the construction of psychological therapy in prisons in that it allows people to "*access something different*," "*a different experience of themselves.*" Their accounts are similar to the idea that the avoidance of crime can be achieved through increased personal effectiveness and an access to a good life (Blackburn, 2002; Ward, 2002, Ward & Marshall, 2004; Ward & Maruna, 2007). Participant 7 talked about the link between therapy and rehabilitation:

> [If] one of the goals is to keep crime rates down then helping people build up their resilience and their ability to make positive choices in their lives (pause) makes therapy incredibly important. *Counselling Psychologist, Participant 7*

Similar to debates found within the literature, participants believed that rehabilitation and wellbeing could be complimentary goals (Harper & Franks, 2013; Harvey & Smedley, 2010; Shuker & Newton, 2008). The caveat to this is that they believe wellbeing rather than rehabilitation should be of primary concern for therapists. It is clear that participants' perceptions align with healthcare policy, which suggests improved wellbeing will contribute to reducing reoffending (IAPT, 2009; NHS, 2015). However, the two forensic psychologists in this sample constructed a therapeutic hegemony where the drive for rehabilitation takes precedence. In the

literature, practitioners comment on a rising "therapeutic monoculture" (Collins & Nee, 2010) and a "therapeutic hegemony" (Jones, 2007) within prison-based interventions. Participant 2 talked about this hegemony as a "hierarchy" of desirability.

> [There] was a clear sort of hierarchy on the type of work you could focus on from the psychological perspective and offending behaviour was always at the top, managing self-harm would be, sort of, second …all the [treatment users] that were in for offending behaviour programmes- even individually or in group settings- that was a very targeted piece of work. *Forensic Psychologist, Participant 2*

> If I was somebody doing one of those manualised programmes- is just be attentive to what's happening in the room …I mean if somebody's bringing [a particular issue] up that's what they want to talk about. As opposed to: "The manual says we have to do X, Y, and Z." (Laughs) … which I don't think is right because sometimes people are spending so much time trying to get- adhere to content that they're missing the real things that's going on in the room and the change within the individual. *Forensic Psychologist, Participant 6*

Diverging from healthcare policy, it is plausible that another prominent discourse is the ideology of "what works" and the role that the effective principles of rehabilitation have had in determining the scope of interventions (e.g., Andrews & Bonta, 2010a, 2010b; Chapman & Hough, 1998; McGuire, 2000). Participant 6 referred to these as "*one-size-fits-all*" interventions resembling a relative restriction for focusing on personalised care. Additionally, inherent within the "what works" literature-base is the desire to have in-built monitoring processes where programme efficacy can be measured (Andrews & Bonta, 2010b; Chapman & Hough, 1998;

Cullen & Gendreau, 2000; McGuire, 2000). Arguably, this could be viewed as being consistent with a modernisation agenda and its interest in performance management. However, participants in this study expressed dissatisfaction at the ways in which therapeutic outcomes were being measured in prison settings.

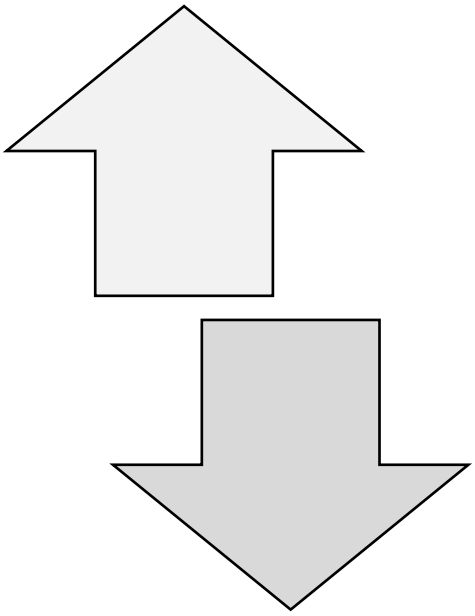
> We had sessions on efficacy and on checking that the client was getting what they wanted out of [therapy]- and not to be interested in efficacy seems totally wrong (laughs), you know. So I sometimes ask them: "Is this helping? Or are you getting what you wanted from this?" *Counsellor In-Training, Participant 5*

> Maybe their score on a pre-and-post assessment hasn't changed in terms of reliable change- statistically- to be clinically significant, but maybe observations and people who know that person- staff who've worked with that person see that perhaps they are a bit more engaged now. That's important, but those- the cold hard stats and facts don't always allow for those things …it's a very cold and calculated way of looking at it and it loses a lot of personal meaning for yourself and for the client. *Forensic Psychologist, Participant 6*

As illustrated in the contrasting narratives of participant 5 and participant 6, there is a divide within and between participants' accounts concerning what was *therapeutic-ways-of-knowing* (e.g., participant 5) and *auditable-ways-of-knowing* (e.g., participant 6). Diagram 8 highlights the characteristics of both therapeutic-ways-of-knowing and auditable-ways-of-knowing. On the one hand, participant 5 talked about efficacy as being determined by the client (e.g., the client felt it was beneficial). Therefore, therapeutic-ways-of-knowing are intuitive, and an outcome is therapeutically salient. On the other hand, participant 6 talked about the loss of

"*meaning*" when the efficacy of therapy was determined by outcome measures that were auditable.

Diagram 8. Therapeutic versus auditable ways of knowing



BOTTOM UP

Therapeutic-ways-of-knowing

- Intuitive and experiential
- Consistent with counselling and psychotherapy
- Contingent upon each theoretical perspective

TOP DOWN

Auditable-ways-of-knowing

- Payment-by-results
- Targeted performance measures
- Contingent upon auditing practices

Source: Author

Interestingly, the divide between therapeutic-ways-of-knowing and auditable-ways-of-knowing could come back to the emphasis placed on performance within public sectors (Naschold, 1996; Hood, 1991; Exworthy & Halford, 1999; Kikauer, 2013), which Powers (1997) referred to as the "audit society." Similar to Foucauldian ideas, he spoke about the power inherent in the professionalisation of the auditing practices, which have shaped modern management (Powers, 1997). Liebling (assisted by Arnold, 2004) commented that practices in prison hazard becoming constrained to fit what could easily be measured.

Therapeutic-ways-of-knowing were constructed as being "*down-to-earth,*" having "*softer outcomes,*" and being "*holistic*" since it relies on clinical judgement, focuses on wellbeing, and is client-centred. Nevertheless, tensions are prevalent as participant 2 alluded:

> [The prison] setting doesn't lend itself to instilling hope ...the emphasis is so much about risk and relapse prevention that there isn't much of an emphasis on improving quality of life or helping [clients] live more fulfilling lives. *Forensic Psychologist, Participant 2*

Auditable-ways-of-knowing were constructed as being harder, actuarial, and rehabilitative in focus since it relies on statistical judgement, which was perceived to be "*cold*" and "*hard*."

5.3.3 Subordinate Theme 1c.

"Ticking the Box"

In examining the hidden elements of psychological therapy in prison, it is apparent that multiple extrinsic agendas drive therapeutic practice. Participants explained that these agendas placed a hidden pressure on clients in treatment, as they have to "jump through hoops and provide *proof.*" Arguably, this hidden pressure is consistent with concerns expressed in the literature that interventions are becoming increasingly coercive within the CJS (Carlen, 2006; Donohue & Moore, 2009).

In support of this concern, participants' language was seeped with coercion, clients attending therapy were "*made to come*," "*told to come*," "*recommended*" or "*suggested,*" and informed, "*it might look good*." Although the literature reports that

interventions may be mandated (see Birgden & Vincent, 2000; Collins & Nee, 2010; Drapeau et al., 2005; Huffman, 2006; Jones, 2012), in this study, clients still had a choice, albeit the illusion of choice, as participant 2 explained:

> It was a sense that if people were coming up to parole or early release dates, generally, there is an impetus- that there is an expectation that they attend [treatment]. So it isn't really voluntary …There's not an emphasis of the therapy being voluntary. There's more of an emphasis of the therapy being (pause) compulsory. *Forensic Psychologist, Participant 2*

Participants used the idioms "*ticking the box*" and "*on a piece of paper somewhere*" to symbolise how therapy, perhaps for some clients, is a matter of process. The following extracts provide clarity as to what such hidden agendas may entail:

Example one - sentence progression:

> The [client] agenda [in therapy] was "if I jump through all the right hoops, it will get me onto my 'Cat D' sooner" *Counsellor In-Training, Participant 5*

Example two – reduction of risk:

> [Clients] were maybe sometimes under pressure to make changes because it was gonna reduce down their risk scores. *Counselling Psychologist In-Training, Participant 8*

Example three – providing proof of willingness to rehabilitate:

> [Clients] would ask for a certificate that they were having therapy. But they didn't really want to <u>do</u> the therapy. So it was- and they'd often treat it like attending a class. *Counselling Psychologist, Participant 7*

Arguably, behind participants' narratives were the unintended consequences of ideologies such as rehabilitation and public protection. Participants were concerned that some clients were attending therapy not because they want to change but because of the associations it had with lowering their risk status and with achieving rehabilitation (as the above three examples illustrate).

Low motivation and engagement were understandable to participants in a context where clients are placed under pressure to attend therapy. However, participants did express their frustrations at the loss of opportunity to treat clients wanting to engage. Instead of seeing low motivation and engagement as characteristics of the client, as much of the literature currently focuses on (see Fishbein et al., 2009; Miller et al., 2004; Shuker et al., 2007), participants perceived this to be relational. Addressing issues of engagement required relational concepts such as transparency, collaboration, and the reduction of dissonance about therapy. It also involved "*checking*" whether motivation was intrinsic to the client or extrinsic to some other agenda.

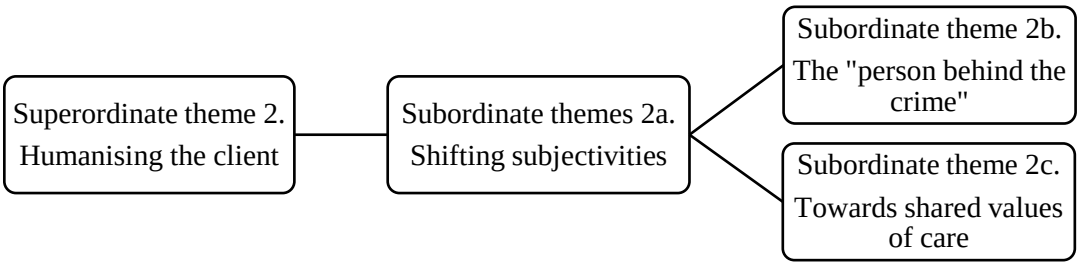
5.4 Superordinate Theme 2.

Humanising the Client

Superordinate theme 2 discusses the *client* of psychological therapy as a taken-for-granted concept within prison settings. It outlines the challenge of applying humanistic ideals in an environment that is not only dehumanising but also constructs people as "dangerous others"[xix]. This theme also touches on the positioning of professionals within prisons and highlights the tensions and divisions

among and between their roles. As can be seen in Diagram 9, three subordinate themes were constructed: (a) "Shifting Subjectivities," (b) "The 'Person behind the Crime,'" and (c) "Towards Shared Values of Care."

Diagram 9. Theme 2 construction



Source: Author

5.4.1 Subordinate Theme 2a.

Shifting Subjectivities

The term "shifting subjectivities" was borrowed from Donohue and Moore's (2009) critical discussion of rehabilitative discourses. They critique the way that current discourses serve to construct 'prisoners' as being active subjects of their rehabilitation rather than passive objects of punishment. These discourses have the power to shape the ways in which people in prison are perceived (Donohue & Moore, 2009). Shifting subjectivities, as an idea, contends the *self* or an *identity* is shaped by social and discursive practices (Finegan, 1995; Merry, 2006).

With relevance to therapeutic practice, this subordinate theme holds that the 'client identity' and the 'prisoner identity' are products of two distinct ideological

discourses. As shown in Diagram 9, the subordinate theme "Shifting Subjectivities" moderates how participants come to know the "*person behind the crime*" and why there may be tensions between professional roles. Participant 2 offered an interesting discussion of how many times a person in prison must "*re-tell*" their story:

> It's not just the psychologist or the therapist that [people in prison] have to tell their stories to …it's the social workers …prison staff, it's the nurses …if they've got mental health issues. As a psychologist …you want to- lots of different things are written by different professionals about a particular person- or a particular client- but you would always like to hear their take on it because what's been written about them may be formulative opinions as opposed to fact or their own subjective experience of themselves. *Forensic Psychologist, Participant 2*

Underlying participants' accounts is the understanding that each form of treatment may bring with it a set of assumptions about human nature. As an example of this, participant 2 and participant 6 offer contrasting views about how their chosen theoretical orientation may construct perceived humanness.

> We're not looking at the gooder aspects of the person enough …I know things like the Good Lives Model are trying to bring strengths-based approaches more into it. *Forensic Psychologist, Participant 6*

> If there is a strong history of risk- what we already know- regardless of what (pause) interventions you put in place, you always think: "Well we've had oomph amount of years of this type of behaviour and this type of risk" …because of my inherent behaviour- behaviourist modality- it tends not to be as optimistic as some of the other modalities [e.g., psychodynamic or humanistic]. *Forensic Psychologist, Participant 2*

There may be tensions among staff characteristic of the ways in which people in prison are perceived. Participant 8 shared a narrative where he was "*taken-a-back*" by the discrepancy in language (used to describe people) between himself as a mental health professional and prison officers.

> I was the only mental health professional on [a training programme] and the rest were all prison officers, and it was a risk programme, so looking at how they manage suicide risk …I just, you know, introduced myself and explained what my role was and I referred to, obviously, the people I was working with as clients - and one of the officers piped up [was] like: "What are clients? They're not fucking clients they're prisoners. *Counselling Psychologist In-Training, Participant 8*

There was also an acknowledgement among participants that when a client leaves the therapeutic space (e.g., physical and symbolical), they have to put their metaphorical mask back on (see also Harvey, 2011b). Participant 5 highlighted that signs of "*vulnerability*" may be viewed as a "*weakness.*" However, in reframing this debate, Donohue and Moore (2009: 331) offer a powerful illustration of how multiple prison discourses may shape a 'client' and 'prisoner' identity where they state:

> The client may well be a client in her life skills class but later that same day alchemy reconstitutes her, perhaps as she is locked in her cell for the night, as a prisoner.

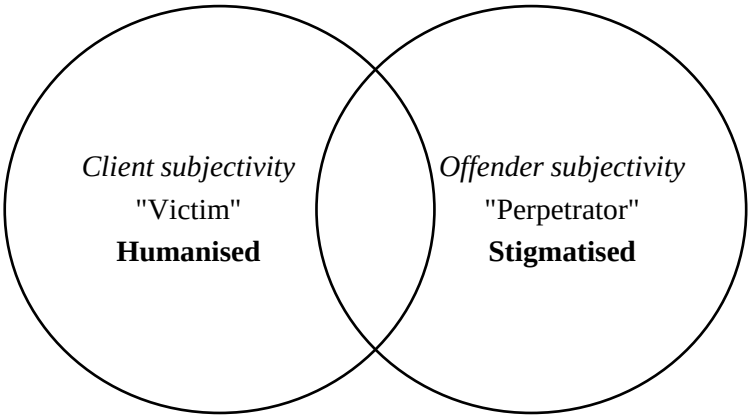
5.4.2 Subordinate Theme 2b.

The "Person behind the Crime"

Influenced by the subordinate theme "Shifting Subjectivities," this theme highlights how participants attempt to integrate a divergent *offender subjectivity* and *client*

subjectivity. It raises awareness that the client of the therapeutic process is a taken-for-granted social construct, which is complex and multifaceted. As can be seen in Diagram 10, the offender subjectivity is stigmatised whereas the client subjectivity is humanised. Although not talking about real and distinct entities, this theme examines the way that participants' discourses shape perceptions of their client (cf. Hacking, 1990).

Diagram 10. Divergent subjectivities



Source: Author

A similar dualism had been found in the literature where professionals struggle to see their client as both a perpetrator of a crime and as a victim of their life-story (Farrant, 2012; Friedrich & Leiper, 2006; Kurtz & Turner, 2007; Scheela, 2001). Participants, due to their position as therapists, felt that they were able to understand the life-story of their clients. Participants 3 and 8 discussed that their preconceptions of what constituted a 'criminal' were tested when they were able to hear their clients' stories:

> [Working therapeutically in prison] raised my awareness a lot more around some of the history- the childhood history that these guys [people in prison] had been through …it gave me a very different outlook on not

> just seeing impressions of crime but actually seeing the person behind the crime. *Counselling Psychologist In-Training, Participant 8*

> I understand it- society wants to feel safe, but these are people who've had adversity and have had their own journey and they just weren't- they weren't going to pop out the womb offending, something got them there. *Counselling Psychologists In-Training, Participant 3*

'Prisoners' were constructed as being "*human beings*" and seen as "*people, not cattle*," language that perhaps reflects how the humanness of people in prison can be forgotten. Like the forensic nurses in Rask and Asberg's (2002) study, participants imbued their clients with humanistic traits such as autonomy, choice, and the capacity for growth. Diverging from Farrant's (2012) study, where practitioners prioritised working with the victim aspect of their client (distancing the 'offender subjectivity'), participants in this study did not report distancing.

It is plausible that participants' humanistic values may have been such that they were protective against the possible negative consequences of working with criminal narratives (as found previously, Kurtz & Turner, 2007; Marzano et al., 2013; Moore et al., 2011; Scheela, 2001, 2008). Many of the participants believed that a person-centred approach was vital to working with this client group and some even used "*Carl Rogers*" as a symbol of empathy, transparency, and unconditional positive regard, which are said to be curative (Rogers, 1951, 1961, 2007). Participant 7 talked about how a person-centred approach helped her to not only manage the scope of her role but also to manage her attitudes towards a client.

> You weren't there to work out whether [a person in prison] was guilty or not that wasn't part of the job and I was very grateful for that. So it

> wasn't for me to challenge her insistence that she was innocent. But- and so I had to keep coming back to reminding myself of why she needed to hold that position and be as person-centred as I could be in order to help her. *Counselling Psychologist, Participant 7*

Concepts such as respectful, empathic, and non-judgmental attitudes have been found to be important values for professionals working in forensic and prison settings (Gildberg et al., 2012; Gunst, 2012; Maguire et al., 2014; Marshall et al., 2003; Rask & Asberg, 2002). Participants in this study replicated those values found in the literature. However, participants expressed the importance of being *actively* non-judgemental. In this light, there is an acknowledgement that judgement may occur and, as such, judgements need to be managed through team support or clinical supervision. Participant 8 talked about his active non-judgemental stance:

> You can try not judge your clients but judgement is going to happen at some point. So it was good just to air some of those judgements that I maybe may've made in sessions and reflect on how that might've impacted upon the therapy that we were doing rather than bottling it up and going along with it. *Counselling Psychologist In-Training, Participant 8*

Participants acknowledged that an offender subjectivity was one that was stigmatised, which confounded their humanising tendency. Consistent with the literature, this subjectivity is a product of a "risk society" and is constructed as a being "dangerous" (Ashenden, 2002; Brown, 2010; Donohue & Moore, 2009; Drake, 2011, 2012; Loader, 2007; Rothman, 1980). The power to stigmatise was placed within broader social, political, and economic discourses. Participant 6 expressed his concerns at how such discourses ultimately lead to psychological therapy service

inequity (i.e., tailored towards a particular crime, not a psychological problem) whereby certain interventions would receive greater funding, resource allocation, and psychological attention. Similar to Ricciardelli and Moir's (2013) concept of "stigmatised among the stigmatised," participant 6 talked about the "*double-victimisation*" of people with an index sexual offence.

> I've heard prison officers say things like: "Your man the paedo" ...they don't even want to get to know him whereas if somebody else is in for a different type of crime- perhaps he's in for fraud- then suddenly they're asking this prisoner for financial advice. *Forensic Psychologist, Participant 6*

Participants expressed dissatisfaction with the ways that labelling, stereotyping, and stigma operated to send social messages of "*you're bad, you're bad, you're bad*," meaning practitioners often felt they worked with internalised "*shame*" or "*self-loathing*." In particular, participant 7 discussed the role that interventions targeted at reducing shame, such as compassion-focused therapy (see Gilbert, 2010; Tirch & Gilbert, 2015), may have in reducing the adverse effects of stigmatisation.

5.4.3 Subordinate Theme 2c.

Towards Shared Value of Care

Converging with the care versus custody debate found in the literature (e.g., Dvoskin & Spiers, 2004; Foster et al., 2013; Powell et al., 2010; Short et al., 2009), participants in this study also reported tensions between and among professional roles. This debate is immersed in "them and us" interactions between therapeutic staff aligned with care and prison staff aligned with custody (see also Collins & Nee,

2010; Crawley, 2013; Drake, 2011; Farrant, 2011; Kurtz & Turner, 2007; Loewenthal, 2013; Tait, 2008). Participant 4 suggested that being socially situated within a mental health team was essential to maintaining his therapeutic-professional identity:

> I mean the larger regime had (pause) expectations but we- there was a clear divide between- …we were mental health team …so a clear identity. *Counselling-Clinical Psychologist, Participant 4*

Participants believed they were perceived by other prison professionals to be "*do-gooders*" who are "*pink, fluffy, and wave flowers.*" Interestingly, similar antagonism has been reported among professionals providing sexual offending behaviour programmes (Collins & Nee, 2010; Crawley, 2013). Crawley (2013) referred to this tension as the "spoiled identity" of professionals who deviate from, more masculine, custodial allegiances. Within participants' narratives, there was a distinction between the perceived feminine traits of therapists (i.e., "*pink and fluffy*") and the perceived masculine traits of custodial staff (i.e., "*over exaggerated maleness*"). Such narratives appear consistent with the notion that prisons are largely patriarchal environments (Aitken & Heenan, 2004; Corston, 2007).

Additional tensions also included perceptions that the therapeutic role may in some way be considered to be disruptive to the prison regime. Asser (2002), Hinshelwood (1993), and Smith (1999) refer to this as "institutional anxiety," which resembles the relative anxiety that therapists provoke within prison settings. Illustrating institutional anxiety, participant 6 imitated a viewpoint that a prison officer may have

towards a client who is upset following a therapy session and participant 8 expanded on the additional workload he creates for other staff.

> He's (client) kicking off now after a session with the psychologist, these fucking psychologists. *Forensic Psychologist, Participant 6*

> [Prison officers] were quite understaffed at times. Sometimes we'd gone out on the landing and none of the prisoners would've been out of their cells because they didn't have enough staff to cover …for [prison officers] that would've been a bit of a tension for them because here we come and creating more workload for them. *Counselling Psychologist In-Training, Participant 8*

Participants not only constructed tensions between their roles but also among therapeutic roles. Several of the psychologists used comparative language to describe the distinctions between counselling psychology and forensic psychology. Although participant 3 recognised the values of having a multidisciplinary team of psychologists, she also talked about some of the differences she perceived within these roles:

> I think forensic psychology …I think it can fit into a black and white model more easily because of the nature of CBT- and how it's viewed- not saying that's how I view CBT …I think some of the forensic interventions could be quite process driven whereas counselling psychologists don't think that way, it's about creating grey, it's about creating relationships, it's about providing a therapeutic alliance, and creating conditions for that to flourish, which is a lot more wishy-washy than grey. *Counselling Psychologist In-Training, Participant 3*

Participant 6, who came from a forensic psychology background, believed that there was a sense of "*elitism*" among psychologists, which is consistent with Towl's

(2010) critique of the "tribalism" found in the BPS social structure imported into prison. Closely related to this, Participant 2, also from a forensic psychology background, commented on professionalisation in psychology. She felt that psychologists were increasingly placed on a pedestal, which she felt were sure to be "*the first to fall off*."

> I still think there's a slightly- (pause) slightly elitist attitudes with clinical psychologists towards other disciplines like counselling psychology, or forensic psychology, educational psychology …but that can create a weird working relationship and dichotomy in the team if you have people that feel that they're very different psychologists …I think that is something that could be looked at a lot more. …it's a much bigger issue in Ireland where forensic psychology, as a sub-discipline, doesn't exist. *Forensic Psychologist, Participant 6*

Despite the reported tensions between and among professional roles, participants believed that working together, sharing their values, and imparting psychological knowledge to other staff were more beneficial, and therapeutic, ways of working. Additionally, as reported in the literature, shared values and team working could help manage the possible dissonance between care versus custodian roles (Crawley, 2013; Kurtz & Turner, 2007; Powell et al., 2008).

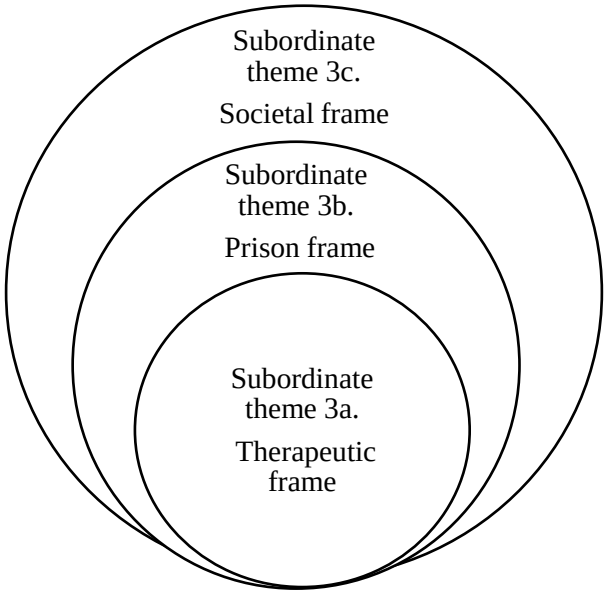
5.5 Superordinate Theme 3.

Frames Inside Frames

This superordinate theme touches on the idea that professionals work within multiple frames of reference. Participants' accounts converge with the literature where prisons are perceived to be environments that are both therapeutically and deontologically

"impoverished" (Fenner & Gussak, 2006; Mills & Kendall, 2010; Fletcher, 2014). Therefore, a flexible approach is needed to overcome these apparent constraints (Bertrand-Godfrey & Loewenthal, 2011). In expanding on the nature of these impoverishments, this theme borrows O'Connor's (2005) concept of "Frames Inside Frames." O'Connor (2005) suggests that therapists should recognise therapy occurs within multiple frames of reference since treatment not only requires a safe therapeutic frame but safety within all the frames that people inhabit. As can be seen in Diagram 11, three subordinate themes were constructed: (a) "The Therapeutic Frame as Relational Safety," (b) "The Prison Frame as Procedural and Operational Security," and (c) "The Forgotten Societal Frame."

Diagram 11. Theme 3 construction



Source: Author

A prison frame is subordinate to a societal frame, and a therapeutic frame is subordinate to a prison frame, yet these three frames are interconnected. In particular, safety and security were paramount for participants and connected these three frames

as ideals. Safety and security within the therapeutic frame and therapeutic relationship are among the most pronounced ideologies in counselling and psychotherapy (see Bass, 2007; Lambert & Barley, 2002; Langs, 1998; Norcross, 2011; O'Connor, 2005; Wagner, 2006), and they are weaved into codes of practice (BACP, 2013; BPS, 2009; Division of Counselling Psychology [DCoP], 2005; HCPC, 2012; UKCP, 2009). This theme deviates from the extant literature as it examines the underlying ideology of safety and security. Similar to systems theory, these frames constitute a collection of interacting parts that influence and exert pressure on each other dependent on their permeability (Bateson, 1972; Bavelas & Segal, 1982; Wiener, 1954, 1961).

5.5.1 Subordinate Theme 3a.

The Therapeutic Frame as Relational Safety

This frame is ideologically consistent with attachment theory in that the provision of a safe and secure environment, from which to move forward, is fundamental to establishing a therapeutic environment (Holmes, 2001, 2010). Participants believed that safety and trust were the two most important concepts within any therapeutic encounter. Indeed, general counselling and psychotherapy literature highlights that a trusting and safe therapeutic relationship is vital for therapy (Jacobs, 2012; Lambert & Barley, 2002; Norcross, 2011; Wagner, 2006; Wilkins, 2010), and without which treatment may be ineffective (Becker-Weidman, 2011). Participant 8 offered a discussion of why these concepts were important:

> [Not] just in the prison but in my therapeutic work- if the client doesn't feel safe with you …I don't think you're gonna progress too far within therapy. …if they don't trust you, they're not gonna get to the route of their issue and problems. *Counselling Psychologist in Training, Participant 8*

Prisons are viewed as environments of low-trust and are often perceived to be unsafe (Harvey, 2011a; Liebling, 2007; Liebling assisted by Arnold, 2004; Liebling et al., 2011). Participants discussed the challenges of establishing a therapeutic "*space*" in a "*therapeutically dissonant system,*" specifically, Participant 3 talked about the "*complexity*" of safety within a prison environment:

> The process of psychotherapy is- or therapy is- that person can develop that bonding or that attachment with you in a safe and secure way, but they're in prison, ha, so how does safety be created for them within an environment that's risk led and exposed? How do you do that safely? And I think that's one of the biggest challenges, and I think that's probably something that was part of the complexity. *Counselling Psychologist In-Training, Participant 3*

Within participants' narratives, *safety* was constructed to be the freedom (and protection) from emotional exposure and emotional harm. As found in Farrant (2012) and Tites' (2013) studies of therapeutic professionals working in prison, establishing safety within the therapeutic process serves to protect both parties. Therefore, the ideal of safety is one that is relational (Aiyegbusi, 2009). As therapeutic professionals, participants believed that the responsibility for establishing as well as maintaining safety fell to them.

> They're vulnerable …you could also become vulnerable …in some ways it's quite a big responsibility because- one of the biggest things I feel is

> as well to make sure you both stay in a safe place. *Counsellor in Training, Participant 1*

Participants also appeared to experience apprehensions about the inherent dangers of the therapeutic process, which converged with previous findings that therapy was viewed as being potentially exposing (see Downes, 2009; Farrant, 2012; Jacob et al., 2008; Jenkins & Coffey, 2002). Downes (2009) called this a shared "suspicion" between forensic nurses and clients, where both fear the consequences of emotional exposure and both develop ways to mitigate it. Similarly, psychological therapy was constructed as being "*intense*" (see participant 4) and uncertain (see participant 1 & participant 7).

> Once you start a counselling session you don't know where it's going to go, you don't know what they're going to disclose, or where that's going to lead. *Counsellor In-Training, Participant 1*

> There is something about a psychological intervention being purposeful, so- and not trivial, and I wouldn't diffuse the significance of this …and for some [clients a reduced session] would have still been too much intensity. *Clinical-Counselling Psychologist, Participant 4*

> I guess there was …that thing of- you never know which is gonna to be your last session. *Counselling Psychologist, Participant 7*

Due to the situatedness of the therapeutic frame inside the prison frame, participants take on additional responsibility ensuring that the "*risk-led*" prison frame does not impede on emotional safety (for both parties). Their language exemplifies this since they strive to make therapy "*manageable*," in "*not setting people up to fail*," and by "*taking small steps*." The therapeutic frame functions as relational safety, it contains rules that a particular type of activity will occur, which will be safe (see Bass, 2007;

Becker-Weidman, 2011; O'Connor, 2005; Langs, 2004). To maintain this social contract, it takes the trust of both parties within the relationship. Weber and Carter (2003: 3) believe that "trust makes social life possible," yet context shapes trust (Wright & Ehnert, 2010). Participants, in the context of prison, struggle with wanting to facilitate growth but not at the expense of breaching therapeutic rules (e.g., safety).

5.5.2 Subordinate Theme 3b.

The Prison Frame as Procedural and Operational Security

This frame is less imbued with ideals of emotional or relational safety and more characteristic of "physical security" or "procedural security" (see Aiyegbusi, 2009; Broderick, 2007). The term security, in this theme, is used to signify its distinction from safety as it is a process. The initiation of an ACCT risk assessment (a prison-wide process for managing self-harm and suicide) is an example of a process that participants provided. A process for managing risk is vital yet it challenges the certitude of providing confidentiality or privacy within the therapeutic frame. As such, there may be an ideological conflict between the desire to protect the emotional safety of a client and the procedures designed to ensure a duty of care. Participant 3 offered a powerful narrative where a duty *of* care (as a prison based response) may conflict with a duty *to* care (as a therapeutic based response).

> [After a therapeutic session a client had ligatured in her cell] …the response from the prison was- which was to me shouting down to the officers saying: "You need to come up, you need to come in and take the ligature off-" and then just from nowhere- I remember this- these six officers came down- okay it might not have been six- might have been three or four- **…**busted in- stripped her- literally stripped her- stripped

> her- and chucked her in a bare cell." *Counselling Psychologist In-Training, Participant 3*

Participant 3 continued to discuss how she believed the reactions of prison officers were potentially "*destructive*" and "*abusive*" for her client. What compounds this narrative is the notion that, deontologically speaking, people in institutional settings have a duty of care towards those who are detained (Birgden & Perlin, 2008; Coyle, 2008; Liebling assisted by Arnold, 2004; Loucks, 2000). Only one participant offered this narrative, yet it is plausible that security practices need to be questioned. Why do they operate? Is such a response paradoxically both caring from a procedural perspective and uncaring from a relational safety perspective?

In addition to procedural security, operational security also functions as a process, albeit to ensure the security of the prison regime. Well documented in the literature, both procedural security and operational security present barriers to the provision of therapy in prisons (Bertrand-Godfrey & Loewenthal, 2011; Farrant, 2012; Fletcher, 2012; Ford, 2001; Huffman, 2006; Jones, 2012; Schlesinger, 1979; Smedley, 2010). These barriers challenge confidentiality, privacy, continuity of care, and the establishment of a therapeutic atmosphere. Participant 7 discussed the differences in information sharing between prison and community practices.

> If a client says they're having suicidal thoughts- you have to make sure right up front- you have to tell the client: "If you tell me that I'm gonna <u>have</u> to open an ACCT document on you." So there's much less that can be kept confidential within the [therapeutic] relationship …so even if it's just a thought it has to be reported …you wouldn't do it outside [in the community] …but also anything to do with prison security, so for instance, if you know that someone has access to drugs or dealing with

> drugs or anything like that, that's seen as a prison security issue. *Counselling Psychologist, Participant 7*

Similar to professional accounts within the literature, the therapeutic frame is highly permeable to the prison frame (Doyle, 1999; Huffman, 2006; Morris, 2002). Prison rules, security procedures, and physical confinement permeate participants' discourses, which Goffman (1961) suggests constitute the "encompassing tendencies" of an institution. Participant 4 spoke about such tendancies:

> You cannot forget it's a prison, the keys, the regimes, what you are and are not allowed to do. *Clinical-Counselling Psychologist, Participant 4*

The foremost challenge for participants is the task of integrating (a) prison rules with therapeutic rules and (b) a prison frame with a therapeutic frame while doing so ethically and safety.

5.5.3 Subordinate Theme 3c.

The Forgotten Societal Frame

The idea that prisons provide both physical and symbolical confinement, serving to protect society from "dangerous others" (Drake, 2012), contributes to a paradoxical form of "*holding*." Participants constructed this paradox as a "*double-edge*" between containment on the one side and restriction on the other side. "Risk" was contained (e.g., to self, to others, and to the public), as participant 3 illustrated in her comparison of working inside prison and outside in the community.

> Even though there are limitations [to therapy] in a prison [clients are] safe. Ha! …they can't run away, they're looked after, and there's a roof over their head. But when you're working with that level of risk in the

> community: "Oh my God!" …I think I found working in a prison easier than working in a youth offending setting because of the level of containment that's created. *Counselling Psychologist in Training, Participant 3*

However, anything to do with care (or self-care) was restricted, but there was a divergence in participants' accounts over this manifest restriction. Firstly, some participants believed that although prison was restricting, it "*removes the stressors of reality*" making prison life appear less stressful. Secondly, other participants believed (often simultaneously) that prison life was imbued with unique stressors. Like a paradox where both arguments may be true, it is plausible that prison removes certain forms of stress yet also removes a person's ability to cope with stress. It has been identified previously that institutions, through their containment, "erode" and "remove" traditional coping strategies (McGowan, 2009; Liebling, 2007). Therefore, offering new coping strategies, new skills, and new techniques were perceived to be an important aspect of therapeutic work in prison.

> Offering ways of coping with overwhelming feelings …strategies that [clients] could try out after sessions, but within the constraints of them being within a prison cell. So they couldn't walk in the park …there were huge limits to what they could do to help sooth their feelings. *Counselling Psychologist, Participant 7*

Participants acknowledged that as well as limitations on the ability to cope inside a prison there were also obstacles to coping when people left prison. Kennedy (2009: 43) explains that people in contained institutions do not get an opportunity to practice or implement skills "in the environment in which they will be expected to survive." Therapy may provide coping strategies that allow people to cope inside a prison, but

these strategies are not necessarily transferable to their life outside of prison (or any other context for that matter). Participant 8 believed that more support is needed for people leaving prison:

> [When people leave prison] that's often when they need the most support because they're going from an environment where their days' really structured, they're doing- they're going to the gym- or not around some other social stressors. I think often maybe too much focus and money is placed on them within the prison and, actually, maybe more of that needs to go out with them into the community. *Counselling Psychologist In-Training, Participant 8*

Participants were dissatisfied with the present state of service provision, which did not provide "*follow-through*" or "*aftercare.*" Participant 2 believed that the expectation for people to cope when leaving prison without support was *"(a) unrealistic and (b) unfair.*" She declared that the lack of continuity in care was inconsistent with rehabilitation, and she said: "*Rehabilitation doesn't stop just because you're prison sentence stops*." The exception to this dissatisfaction was participant 8's addiction service where an aftercare package was set up for clients about to leave prison.

Participants all believed that aftercare services would help people transition as well as assist them to transfer their skills, strategies, and therapeutic progress into a societal frame. Nevertheless, the title of this subordinate theme, "The Forgotten Societal Frame," was used to capture the minimal attention this frame received. Participant 8 expressed this sentiment, and said that when people leave prison it is usually a case of "*goodbye, see you later*."

5.6 Superordinate Theme 4.

"A Challenging but Rewarding Experience"

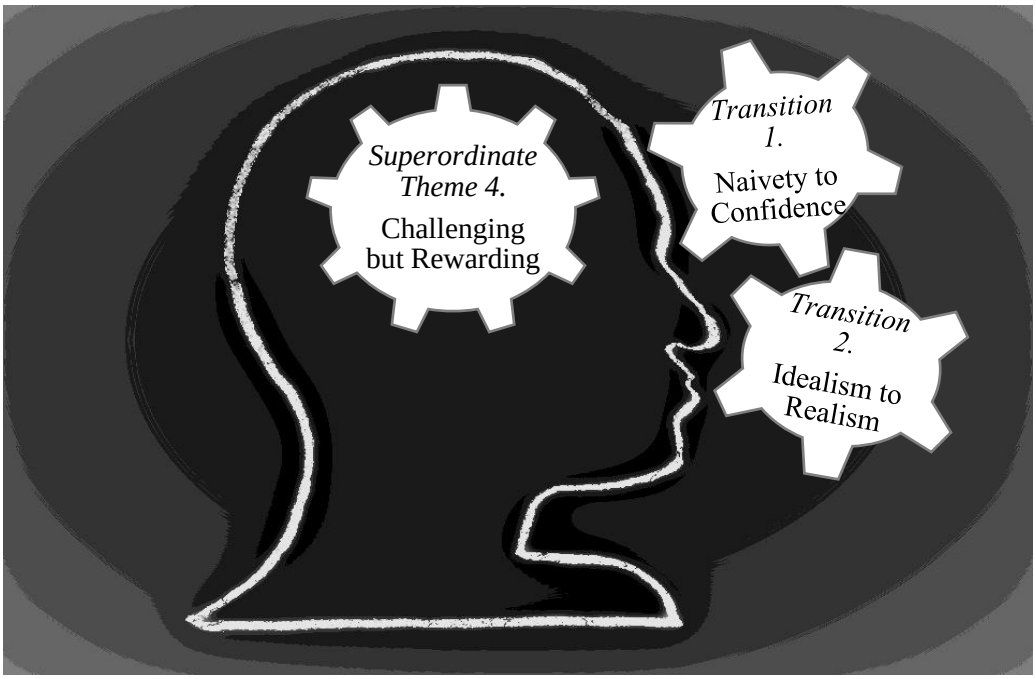
This superordinate theme comments on the experiential nature of providing psychological therapy in prisons, and the ways that practitioners negotiate the complex and challenging integration of *therapeutic ideology* and *prison ideology*. Converging with accounts found in the literature, participants also constructed a dual experience that is both rewarding and challenging (Bertrand-Godfrey & Loewenthal, 2011; Ellerby, 1998; Scheela, 2001, 2008; Slater & Lambie, 2011; Farrant, 2012; Kadambi & Truscott, 2006). This duality can be attributed to perceived achievement and growth inherent in this type of therapeutic work (Ellerby, 1998; Farrant, 2012).

> If I was to like die tomorrow …and you ask me: "Did you make a difference in any way?" That's one thing where I feel like I made a difference in an individual's life, for the rest of his life, be it for better or worse. (Laughs) you can't get any more powerful than that really. *Forensic Psychologist, Participant 6*

As shown in Diagram 12, participants reported transitioning from positions of *naivety to confidence* and from *idealism to realism*. Participants believed that their experiences were a "*valuable*" part of their learning and development (see also Bertrand-Godfrey & Loewenthal, 2011; Farrant, 2012; Tite, 2013).

> It's been a fantastic experience, that's all I will say, and I wouldn't change that. It was a big challenge for me to go into a prison setting and work, and I wasn't- I was not comfortable with the idea but I stumbled into that. But it's been fantastic. I've learnt so much, and I think the experience I've got from working [in a Category C prison] I wouldn't have got from anywhere else. *Counsellor In-Training, Participant 1*

Diagram 12. Professional transition



Source: Author

Two transitional models of personal adjustment were present in the literature. In the first model, Farrenkopf (1992) proposed that professionals working within the CJS transitioned through several processes. These processes included initial "shock and bewilderment," increased feelings of hope and professional "mission," and then "cynicism" or "anger" towards the client, therapy, or service (Farrenkopf, 1992). In the second model, Scheela (2001) proposed that professionals working with an index sexual offence shifted between experiences of "falling apart," "taking on" "rebuilding," "upkeep," and "moving on." Diverging from these models, the narratives of participants were reflective of professional development rather than personal adjustment. For example, participant 3 talked about her idealistic position when she first started working in prison:

> I think back then, I'll admit to being little bit: "Yay! Let's save you! And make it better!" …there was an element of that and I probably took a little bit of that [into therapy] with me, which quickly got squashed when I realised [therapy] wasn't about that. *Counselling Psychologist In-Training, Participant 3*

An alternative theory of adjustment, which appears more consistent with participants' accounts, could be found in the normative process of counsellor development (proposed by Skovholt & Rønnestad, 1992; Rønnestad & Skovholt, 2003). The process of shifting from an idealistic position to a more realistic one represents a developmental change within the therapist as they move from seeing their role as a "curative agent" to a more "therapeutic position" (Skovholt & Rønnestad, 1992; Rønnestad & Skovholt, 2003).

In addition to changes in their perceived role, the ongoing development of confidence is also a normal process of continual learning for therapists (Skovholt & Rønnestad, 1992; Rønnestad & Skovholt, 2003). Participants used words like "*green*" or "*naive*" to symbolise their relative inexperience with therapy and with therapy in prison, and the majority of participants questioned their skills, competencies, and therapeutic approach within this context. Participant 1 talked about her developing confidence as she thought about her dual roles and her in-training status.

> I'm always aware of my surroundings. I'm always aware of making sure I'm doing the right thing, which is- just being in the prison alone there's a lot to think about …how you interact with other prisoners, or locking doors, or unlocking doors- there's so much to think about (pause) and then to then have to think about what you're doing as a role, a-ha, as your

> counselling role, that's a lot to think about in itself. *Counsellor In-Training, Participant 1*

Consistent with the literature, a supportive team, opportunities for professional development, personal therapy, and clinical supervision were perceived to be essential to managing the complexities of prison work (see Boothby, & Clements, 2002; Ellerby, 1998; Ennis, & Horne, 2003; Deane & Barnett, 2011; Dickinson & Wright, 2008; Kadambi & Truscott, 2006; Rask & Levander, 2002; Slater & Lambie, 2011). However, one participant discussed that overly "*managerial*" supervision was detrimental to his development, and another participant discussed that current training programmes were "*insufficient*" for providing contextual awareness. Therefore, opportunities for professional development must be grounded in the needs of the practitioner.

5.7 Recommendations from Professionals

When ending the interviews, participants were asked about their recommendations for the following three areas of practice:

1. Psychological therapy service provision.
2. Working with a forensic client group.
3. Working in a prison setting.

Participants commented on the (a) need for contextual-training, (b) need for systemic and collaborative working, and (c) need for equitable, appropriate, and accessible services. In addition to this, it was important to participants that their professional values would not only be adhered to but also shared within the wider prison milieu.

Professional values were:

- Preserving client autonomy and choice.
- Preserving a focus on client needs.
- Preserving a non-judgemental approach.
- Ensuring an emphasis on wellbeing.
- Ensuring the match between multiple agendas.
- Recognising the importance of clinical supervision.
- Recognising the importance of rehabilitation.

Training needs included:

- Increasing awareness of working with the complexity inherent in a forensic client group.
- Increasing training in, and the use of, integrative practices that draw upon a range of theoretical orientations.
- Increasing appropriateness and relevance of training that accounts for a prison milieu.
- Increasing research activity.

Systemic and collaborative working needs included:

- Increasing the provision of psychologically informed training to other staff groups.
- Increasing the application of multidisciplinary and collaborative approaches.
- Increasing the validation and sharing of professional values across staff groups.

Equitable, appropriate, and accessible service needs included:

- Increasing both therapeutic staff and prison staff numbers.
- Increasing the allocation of resources to therapeutic services, particularly in the provision of appropriate space.
- Increasing service awareness and decreasing service dissonance.
- Increasing accessibility and availability of services.
- Increasing aftercare support, particularly in the provision of continuous service input when people re-enter society.

Chapter 5. Notes

[xix] (Ashenden, 2002; Brown, 2010; Crighton, 2005; Donohue & Moore, 2009; Drake, 2011, 2012; Genders & Player, 2010; Jacob et al., 2008; Liebling assisted by Arnold, 2004; Liebling et al., 2011; Liebling, 2011; Loader, 2007; Rask & Asberg, 2002; Rothman, 1980.)

CHAPTER 6. CRITICAL APPRAISAL

6.1 Chapter Overview

This chapter critically appraises the processes and outcomes of this study evaluating its contribution to therapeutic practice in prison settings. It offers an overview of the key implications and recommendations applicable to the provision of psychological therapy in prisons. This chapter assesses the quality of this research and summarises areas for future study.

6.2 Contribution, Implications, and Recommendations

The objective of this research was to situate the provision of psychological therapy within a broader socio-political landscape. The findings indicated that constructions of therapy were inextricably entwined with modernisation, rehabilitation, and public protection ideals. These ideals currently shape the functions - and hidden functions - of imprisonment (Drake, 2012). Understanding the socio-political situatedness of psychology is imperative as this may influence the definition of therapy (Thomas-Peter, 2006). Indeed, concerns have been expressed that psychology (and arguably therapy) has become proliferated by discourses not-of-psychology (Thomas-Peters, 2006). Maruna (2011) warns that this could result in a loss of legitimacy for the psychology profession. Situating therapy provision within its modern socio-political climate has often been neglected (Crighton & Towl, 2009; Towl, 2002). Therefore, this research offers new insight into how these socio-political ideals determine the scope of professional practice in prisons.

6.2.1 Ethics, Deontology, and Power

Once expanding on the seemingly counterintuitive position of therapy in prisons, concepts such as deontology, ethics, and power were brought to the fore offering valuable insight into a conflict between therapeutic ideals and penal ideals. These conflicting ideals influenced participants' perceptions of their therapeutic role, the role of the client in the therapeutic process, and the role of psychological therapy in prisons. If examining ideology as a network of ideas, then it is plausible that participants have two networks, which include (a) those comprised of therapeutic discourses and (b) those comprised of penal discourses. This study highlights that managing these dissonant networks is a complex task, which brings about numerous ethical ambiguities.

Ethical Practice in Prisons

The results of this investigation converge with the literature where professionals express concerns about their struggle in managing dual ethical value-sets, particularly maintaining ethics in custodial settings (Dunnett & Jones, 2010; Fraser, Gatherer, & Bloom, 2010; Genders & Player, 2010; Harper & Franks, 2013; Huffman, 2006; Jones, 2012). Tite (2013) found that therapists working in prisons experienced role conflicts between their alignment with an institution and their alignment with ethical therapeutic practice. Ethical practice in therapeutic professions is crucial, and a number of codes are in place to guide professionals (see BACP, 2013; BPS, 2009; DCoP, 2005; HCPC, 2012; UKCP, 2009). Nevertheless, Dunnett and Jones (2010) contend that the ethical needs of an institution are equally

as important as the "professional code" of practitioners. In making this argument, they recommend developing specific codes of ethics for application in prisons (Dunnett & Jones, 2010), which would be significant for ensuring that practices are sensitive to context.

In obtaining a better understanding of the ideological tensions inherent in this type of work, this study contributes to ethical practice by itself being contextually aware (see BPS, 2009; DCoP, 2005; HCPC 2012). Findings indicate that the ethical dissonance between an institution and a professional is inherently ideologically bound, expanding existing knowledge. Therefore, further reflection is needed as to how such ideologies may be integrated and how ethics can be tailored without compromising the needs of the client, the institution, or the profession. In addition to this, the resolution of ethical dilemmas allows practitioners to grow both personally and professionally (Cross & Wood, 2015) and, as such, it is important to be aware of how this growth can be supported.

Deontological Practice in Prisons

In counselling and psychotherapy, deontology means doing "good," which includes respecting autonomy and choice, being just, and avoiding harm (Cross & Wood, 2015). However, this investigation found that the very concepts of choice and autonomy for the agents of the therapeutic process were challenged in this setting (see also Blackburn, 2002; Harvey, 2010, 2011a). Choice and autonomy are not only therapeutic ideals (Cooper, 2009; Ryan et al., 2011) but also fundamental

deontological constructs (see BACP, 2013; BPS, 2009; DCoP, 2005; HCPC, 2012; UKCP, 2009).

The findings demonstrate ethical complexity since deontology is dependent on a frame of reference, which in this instance includes (a) a therapeutic frame and its associated rules, (b) a prison frame and its associated rules, and (c) a societal frame and its associated rules. Conflicts occur within these frames due to their different deontological ideals such as (a) safety versus security, (b) care versus custody, and (c) duty of care versus duty to care. These ideals are distinct social constructions that operate for equally important but differing purposes. At any one time, the practitioner must navigate risk to himself or herself, to the client, to the prison regime, and to society (Fletcher, 2014; Jenkins & Coffey, 2002; Jones, 2012; Kurtz & Turner, 2007; Loewenthal, 2011; Mason, 2002; Scott, 1985; Short et al., 2009).

According to Cross and Wood (2015), the problem with deontology is that it is rule-bound making it difficult to manage the complex ethical issues characteristic of a prison milieu. For example, does a therapist respect client autonomy or report a potential risk to the prison regime? Moreover, with risk and "dangerousness" becoming prominent social discourses (Adams & Ferrandino, 2008; Ashenden, 2002; Liebling et al., 2011; Mcalinden, 2006; O'Malley, 2004a, 2004b; Quinn et al., 2004), what ethical and deontological impact does this have on therapy? The BPS's (2009: 2) code of ethics opens with "being mindful of the need for protection of the public," yet what this means has the potential to be overlooked and needs further examination. Who is the public? Who needs protection? Does a therapist ensure

client autonomy or societal safety? Are client autonomy and societal safety mutually exclusive?

Performatory Power, Rehabilitative Ideal, and Actuarial Justice

In this study, the provision of psychological therapy was located within the discourse of modernisation, which arguably reflects the increased managerialism of public sector practices (Genders & Player, 2010; Liebling assisted by Arnold, 2004; Seddon, 2007). Performance and its management may hold significant power in determining the scope of professional practices in prisons. Professionals are expected to perform to the ideals of rehabilitation and public protection, and it is for this reason that these ideals are connected through modernisation.

In a study of human resource personnel, Harris (2005) found that performance management had a detrimental impact on professionals as it reduced their capacity to be innovative. Therapeutic disciplines are intrinsically innovative disciplines and more needs to be understood about how these discourses may shape future practices. In 1998, Clarkson argued that counselling psychologists face a dilemma of "stifling of creativity" as a result of controllability within the profession. No such study to date has explored performance specifically, or modernisation in general, among therapeutic disciplines. However, the results of this investigation tentatively highlight that modernisation may affect the creativity, innovation, autonomy, and choice of practitioners.

Although Liebling (assisted by Arnold, 2004) explicates health care services are exempt from performance management, this can be contrasted with therapy

provision that currently cuts across services (Baldwin et al., 1990; Bertrand-Godfrey & Loewenthal, 2011; Towl, 2010). In agreement with Harvey's (2010) assertion, it is unfortunate that the configuration of therapeutic practices in UK prisons remains unknown. Anecdotal accounts suggest that the "quaint" tradition of ad-hoc service provision will cease to operate if services are unable to provide a distinct connection to need (Towl, 2002). This inquiry was limited in its understanding of whether or not service configuration had an impact on performatory power yet it was evident that participants differed in their ability to be client-centred. The two counsellors compared to the two forensic psychologists appeared to have greater autonomy in their work possibly because the Prison Service is the main client of forensic psychologists. Inferring a difference between counsellors and forensic psychologists requires caution since the sample was not large enough to allow for a comprehensive between-group comparison (see Boyatzis, 1998; Braun & Clarke, 2006, 2012; Joffe, 2012).

As found in both this study and the literature, it is plausible that therapeutic practices within the CJS are becoming hegemonic where those therapies targeting rehabilitation and public protection become the main form of intervention (Collins & Nee, 2010; Jones, 2007; McGuire, 2000). This investigation indicates that psychological therapy contributes to rehabilitation (in-line with NHS [2015] and IAPT [2008, 2009] policy), but concerns were expressed that existential goals like wellbeing may be compromised. Interestingly, hegemonic therapy provision that is arguably monistic (i.e., the use of one particular theoretical framework) is inconsistent with a theory base that is becoming more pluralistic (i.e., the use of

more than one theoretical framework). In counselling and psychotherapy, pluralism is about "inclusivity, transparency, egalitarianism, and a celebration of diversity and difference" (Cooper & McLeod, 2007: 140).

A pluralistic approach has significant implications since professionals in this study and previous studies indicate their preference for integrative (or eclectic) practices (Bewley & Morgan, 2011; Boothby & Clements, 2000; Kjelsberg et al., 2006). Nevertheless, incongruence exists between what is preferred and what is expected due to pressure placed on practitioners. Therefore, it is imperative to examine how pluralism could be applied in a prison context and how it could be better suited to meet the complex needs of this client group. Harvey (2011a: 313) states that to meet the needs of people in prison requires stepping outside of a "cozy conceptual box." Professionals may be better equipped for the therapeutic encounter by stepping outside the box.

In addition to performatory power, new penology (with its strands of public protection, risk, and actuarial justice) brings with it a new form of power, which inevitably shapes the therapeutic encounter. Broadly speaking, this conflict resembles balancing individual autonomy with what is best for society (Nash & Williams, 2010). This conflict plays out in the therapeutic encounter where public protection often takes precedence over client need (Crewe, 2009; Maruna, 2011; McConnachie et al., 2014; Thomas-Peters, 2006) and where an actuarial focus is becoming ever more prominent in psychology (Crewe, 2009). Drake (2011) stated that psychological treatment in prison often incorporates a risk milieu into its process

and, arguably, the findings of this research highlight how these discourses may inadvertently change perceptions of therapy.

Previous studies found that service users attended a sexual offending behaviour programme to change their offending behaviour, reduce their risk of recidivism, and to be considered for early release (Drapeau, Korner, & Brunet, 2004; Drapeau, Korner, Granger, & Brunet, 2005). Crewe (2009: 121) discussed the notion of psychological power, believing that psychologists "may hold the key to captivity or release" (Crewe, 2009: 121). Likewise, findings indicate that therapy may be perceived as providing this key. Therefore, coercive treatment in the name of rehabilitation (Birgden & Perlin, 2008 Birgden & Vincent, 2000; Collins & Nee, 2010; Drapeau et al., 2005; Huffman, 2006; Jones, 2012) requires careful attention less this power operates implicitly.

Birgden and Vincent (2000: 483) discussed the mandated treatment of people with an index sexual offence, believing that therapy may become "confrontational rather than motivational." However, the idea of coercion in treatment requires further examination. Although therapy in this investigation was not mandated, participants did comment on an illusory choice. It may be crucial to exchange knowledge about therapy so that psychological therapy services do not claim to deliver something they cannot offer (i.e., release from prison). Perhaps, Birgden and Perlin's (2008) discussion of "therapeutic jurisprudence" (legality and power) could be a welcome addition to ethical and deontological practice. Therapeutic jurisprudence will extend ethics to include (a) human rights and the preservation of the individual, (b)

humanism and the "ethics of care," and (c) collaboration across disciplines (Birgden & Perlin, 2008).

It may be relatively easy to critique the role that public protection and the rehabilitative ideal have had in constructing punitive interventions (e.g., Carlen, 2006; Donohue & Moore, 2009) yet an alternative critique could be found in over-individualising interventions (Thatcher & Manktelow, 2007). The determination of psychological needs requires a balance between a preservation of public protection and a focus on individual needs, which has important implications for policy and service development. Collaborative debate between multiple stakeholders is necessary to discover how this balance can be achieved (Crighton, 2005). More insight into stakeholders' perceptions of therapy provision in prisons is urgently needed and, unfortunately, this study only presents a one-sided account. Therefore, it is imperative to expand on the limitations of this research to account for multiple perspectives as well as to determine the extent of congruence (or incongruence) between prison staff, professionals, and clients.

Gray (2004) discussed the idea of framing conflicts to allow stakeholders to (a) reframe interpretations of one another, (b) reframe interpretations about the issues at hand, and (c) reframe the processes of decision-making. Conflicts emerge due to the differing frames each stakeholder has about a particular issues (i.e., therapy) and, as such, these conflicts hinder effective collaboration (Gray, 2004). Consistent with Gray's (2004) idea, this inquiry found dissonance between differing frames of reference. What is important to consider is that counselling psychology (and,

arguably, all therapeutic disciplines) with its relational style can enrich both individuals and communities (Cooper, 2009). Therefore, greater reflection is needed to determine how collaboration can be achieved, particularly to enhance practice in prisons and to reach a "health and offender partnership" (Crighton, 2005).

6.2.2 Professional Development for the Prison Practitioner

Working in a prison requires knowledge of the system as well as psychological therapy, and this can be a challenging and complex learning curve, especially for the professional in training. The implication for professional development includes the need for a flexible and adaptable approach to managing complexity and ethical ambiguity (Farrant, 2012; Harper & Franks, 2013; Harvey, 2011a, 2011b; Huffman, 2006; Jones, 2012; Tite, 2013). Importantly, findings indicate that the complexity of prison work is woven into professional development. Complexity concerning this study refers to the holding of concepts such as "Performing Therapy," "Humanising the Client," and working within "Frames Inside Frames."

Harvey's (2011a) study of clinical psychologists working in prisons demonstrated that therapeutic work should be understood in its complexity. By extension, this study argues that professional development should also be understood in its prison-based complexity. Developmental shifts in a professional's sense of idealism and confidence are normal to the shaping of a professional identity. However, professional development is connected to the social context of practice (Skovholt & Rønnestad, 1992; Rønnestad & Skovholt, 2003). Therefore, it is imperative to

understand the training needs of practitioners working in this context and to understand how training could be flexible to penal discourses.

Space for reflexivity is imperative given the extent of development that occurs when working therapeutically in prisons since it allows for an "evolving spiral" of professional development (Mason & Chandley, 1992). Carroll (2007) proposed a useful six-stage supervisory model, which may contribute to reflective practice for those working in prisons. The stages posed include (a) suspension, (b) redirection, (c) letting go, (d) letting come, (e) capturing vision, and (g) implementing knowledge (Carroll, 2007). Carroll's process for suspending current knowledge allows for the development of new knowledge, which is particularly applicable to a prison context. Suspending knowledge is relevant to practitioners in prisons as it provides the opportunity to reformulate what they know and, as such, avoid their traditional practices from becoming taken-for-granted (Carroll, 2007).

Cohen (1985: 267) stated that instead of "forgetting, denying, or repressing our original values," about crime and the 'criminal' these values should be rejected or "cautiously" confirmed. There is the acknowledgement that values may be flawed (Cohen, 1985), but further, values shift in accordance with the social practices constructing them. Therefore, it is vital that practitioners be cognisant of their value shifts since personal and professional awareness ultimately contributes to safer therapy and increases therapeutic efficacy (Goldberg, 1993; Wilkins, 2006). Overly managerial reflection and supervision may disregard the opportunity to contemplate the following:

- One's attitude towards rehabilitation.
- One's attitude towards public protection.
- One's attitude towards the client.
- One's attitude towards therapy.
- One's attitude towards a prison milieu.
- One's attitude towards their social position.
- One's attitude towards the social positioning of others.

Numerous professionals have commented on the intensely challenging but deeply rewarding nature of their work (Bertrand-Godfrey & Loewenthal, 2011; Ellerby, 1998; Scheela, 2001, 2008; Slater & Lambie, 2011; Farrant, 2012; Kadambi & Truscott, 2006). On the one hand, professionals experience a greater sense of achievement, growth, and development (Bertrand-Godfrey & Loewenthal, 2011; Ellerby, 1998; Farrant, 2012; Tite, 2013). Bertrand-Godfrey and Loewenthal (2011) found that a "harsh" prison environment heightened practitioners' motivation to want to work in this setting, especially when working with a prison-based client group was believed to be a "calling." On the other hand, continual exposure to complex narratives also has a detrimental impact on the professional (Coffey & Coleman, 2001; Dickinson & Wright, 2008; Ellerby, 1998) and, as a result, on the establishment of a secure therapeutic relationship (Clarke & Roger, 2007; Ellerby, 1998; Farrenkopf, 1992; Fenner & Gussak, 2006; Lee et al., 2010). Therefore, reflective practice that includes clinical supervision, personal therapy or reflection, and collegial support is vital for the professional in prison. Reflective practices can

be "restorative" and can mitigate the adverse effects of therapeutic work (Wosket, 2006).

6.2.3 Achieving the Humanising Ideal, and Avoiding Stigmatising Practices

Though people in prison are socially constructed as "dangerous others" (Ashenden, 2002; Brown, 2010; Donohue & Moore, 2009; Drake, 2011, 2012; Loader, 2007; Rothman, 1980), minimal attempts have been made to explore how this may contribute to experiences of stigma and discrimination. LeBel (2012) expressed concern that, in comparison to mental health care, stigma within the CJS has been neglected. What was apparent from the findings of this study was that professionals had to manage the tensions inherent in the humanising ideal of therapy with the stigmatisation of people in prison.

The extant literature reported on the tension of distancing and splitting a victim identity from a perpetrator identity (Farrant, 2012; Friedrich & Lieper, 2006, Kurtz & Turner, 2007; Scheela, 2001). The results of this investigation offered a discursive perspective of this tension suggesting that distancing could be attributed to the way that discourse creates a subjective identity of the self and other (Finegan, 1995; Merry, 2006). A discursive perspective could be critiqued for applying postmodern ideas that identity is relative to a perspective. In other words, identity is not fixed rather discourse shapes it and, as such, it is capable of shifting (Donohue & Moore, 2009; Finegan, 1995; Merry, 2006). However, the purpose of this research was to expose perspectives and findings comment on the ideology of identity rather than identity in an objective sense (see Hacking, 1999). In support of shifting

subjectivities, Liebling et al. (2011) found that men in prison struggled to maintain their sense of identity. In interviews with these men, concerns were expressed that they did not feel whole, they had been stripped of their former identity, and they were being perceived as 'risks' rather than as people (Liebling et al., 2011).

Ward (2011) and Ward and Maruna (2007) commented that the failure to view the person as a whole could have a detrimental and dehumanising impact on the individual. Similar to Rask and Asberg's (2002) study of Swedish forensic nurses, humanistic values to the participants in this study were at the core of their practice. Cooper (2009: 120), citing the Journal of Humanistic Psychology, suggested that counselling psychology has a humanistic value-set and humans "cannot be reduced to components." Nevertheless, practitioners working in prisons face a client group whose identity is fractured, which could result in the internalisation and shame and guilt. There is evidence to suggest that shame and guilt are often not amenable to traditional cognitive-behavioural approaches due to the intensity of self-criticism and require interventions more focussed on compassion (Gilbert, 2010; Tirch & Gilbert, 2015).

The fracturing of identity raises an important academic question, is enough known about a fractured identity to work effectively with it? According to the theories of "aspects of self" or "personification," identity consists of multiple constructs that may be "for growth" or "not for growth" (Kunda, 1999; Mearns, Thorne, Lambers, & Warner, 2000; Rowan, 1990, 1992). It is the task of the practitioner to facilitate the coming together of these aspects (Cooper, 2004) but it is plausible that

stigmatisation could result in further incongruence. It is important that practitioners work holistically with the client and their identity in context (e.g., prison or discourse). Therefore, professionals should be prepared to work with both the life story of the client and their story of their crime.

It is crucial to understand the ways that current prison practices, as well as therapeutic practices, may contribute to the stigmatisation of a person in custody. Moreover, concerns about stigmatisation have been ostensibly raised within the literature (LeBel, 2012; Melusky & Pesto, 2003; Rudin, 1996). These concerns include service policy biased in favour of risk (Fossey & Black, 2010) as well as exclusionary practices based on risk (Feeley & Simpson, 1992; O'Malley, 2004a, 2004b).

Stigma and discrimination could have significant implications for seeking help since perceived stigma is a barrier to getting appropriate support (Bulten, 2009; Caie, 2012; Feeney, 2003; Howerton et al., 2007). In addition to this, it may be the case that stigma may lead to further social exclusion, increasing the risk of re-offending (Collins & Nee, 2010). It is of paramount importance to examine these concerns more closely as prisons provide an opportunity for intervention (Fazel & Baillargeon, 2011; Kjelsberg et al., 2006). Regarding developing therapy services, there may be an opportunity in prisons to reach an excluded group and to "improve access" as policy emphasises (IAPT, 2008, 2009). However, without further exploration future service provision chances inequity, which also challenges the notion of equivalence (e.g., DH, 2002; DH & HMPS, 1999, 2001; HMIP, 1996).

Stigma and discrimination are important ethical and deontological areas for consideration for therapeutic professionals who should strive to avoid classifying others and avoid "practices that are unfair or prejudiced" (BPS, 2009: 10). It has been argued that the humanistic values found in counselling psychology make this a suitable discipline to challenge and combat stigmatisation (Galbraith & Galbraith, 2008). In the context of a prison setting, further critical engagement is needed to discern if and how service policy and delivery may inadvertently contribute to discriminatory practices. Service evaluations may prove to be particularly useful for identifying possible stigma, discrimination, or barrier issues.

What was encouraging about the results of this study was that participants viewed ideals such as empathy, transparency, and a non-judgemental stance as requiring continual, active engagement. Professional development such as reflexivity, supervision, and support are vital to working holistically and avoiding stigmatising practices. As participant 8 stated, judgement may happen at some stage, but it is what is done with this that counts. Professional development in this sense could have far-reaching implications for the therapeutic relationship by reducing distancing, depersonalisation, or hostility towards a client (see Clarke & Roger, 2007; Ellbery, 1998; Farrenkopf, 1992; Fenner & Gussak, 2006; Lee et al., 2010). In paying attention to this particular aspect of therapy, there is the recognition that the therapeutic relationship is fundamental, and it must be enhanced and protected (Lambert & Barley, 2002; Norcross, 2011; Wagner, 2006).

6.2.4 Collaborative Working in Prisons

The results of this study highlight that professionals in prison are required to work with people who are constructed to be "outsiders" while managing their role as "outsiders" to the prison milieu. Concerning labelling theory, the outsider is someone who cannot be "trusted" to follow the rules of the social group or, in this instance, the institution (Becker, 1963). However, as Becker (1963) suggests, people belong to many groups simultaneously, and although they may break the rules of one group, they may adhere to the rules of another. Indeed, the findings indicate that professionals bring with them the ideological conflict between their commitment to adhere to therapeutic rules and their expectations to adhere to the rules of the prison.

The "care versus custody" debate reflects tensions experienced by allied health care professionals who want to be aligned to the provision of treatment in an environment where security takes precedence (Burrow, 1993; Foster et al., 2013; Harvey & Smedley, 2010; Jones, 2012; Kurtz & Turner, 2007, Turner et al., 2011; Mason, 2002; Scott, 1985). In her article, Tait (2008) used the labels "turnkeys" and "care bears" to denote the pejorative perceptions that align a prison officer to security or to care, respectively.

On the one hand, Powell et al. (2008) found that a major barrier to the nursing role in prison health care was the need to perform "security duties." Goffman (1961) stated that professionals who work in "total institutions" might inevitably feel like "captives" used to fulfil the goal of the establishment (i.e., security) rather than practice their "calling." On the other hand, Short et al. (2009) found that prison staff

were inclined due to uncertainty rather a than preference to adopt whichever role felt most comfortable (i.e., carer or custodian). Contrary to this, Carr-Walker et al. (2004) found that nurses due to a lack of confidence were more apprehensive about security and, therefore, more likely to adopt a custodial role.

Interestingly, the finding of this study indicates not only do tensions occur between roles (i.e., prison officer vs. therapist) but also within roles (i.e., counselling psychologist vs. forensic psychologist). Tensions within and between roles have significant implications for applied psychology. Firstly, there is a need to reduce the dissonance between staff in a prison milieu. Secondly, there is a need to reduce the dissonance between therapeutic disciplines in a prison milieu. Tensions between psychological disciplines have been anecdotally attributed to the hierarchical and divisional social structure of the profession (Towl, 2010). This research was not capable of reaching a comprehensive comparison between disciplines so social division may require further investigation.

This inquiry itself stumbled onto a power dynamic when critiquing this taken-for-granted division since it was carried out to produce "knowledge at the forefront of counselling psychology theory and practice" (University of Wolverhampton, Module Guide, PS5018: 2). Being conflicted about wanting to make a contribution to counselling psychology while being aware of not exacerbating social division was troublesome. Does one assume relevance only to a particular sub-discipline of psychology or open this out to include an array of therapeutic disciplines?

Within the literature, many allied health care professionals were involved in the delivery of psychological therapy, psychological interventions, and offending behaviour programmes. Professionals included nurses, social workers, counsellors, therapists, and prison officers. In this study, the sample included counsellors, counselling psychologists, forensic psychologists, and a clinical-counselling psychologist. Therefore, a diverse sample was chosen to provide a representative account of current practice, but this study did not sample allied health care professionals. Ultimately, what is needed is a contribution to be made to all therapeutic disciplines operating in prisons, which should at their core be client focused rather than profession focused.

In 1985, Cohen spoke about the "monopolistic" practices inherent in professionalisation. Cohen (1985: 101) argued that such practices within the CJS meant, "only experts know what to do (knowledge); only they shall be allowed to do it (power)." However, in this investigation, it was apparent that participants, as therapeutic agents, were resistant to professionalisation believing that sharing their values of care was best practice. As found previously, a supportive and validating milieu was vital for a sense of safety and wellbeing (Boothby & Clements, 2002; Brookes, 2010; Ellerby, 1998; Ennis & Horne, 2003; Deane & Barnett, 2011; Dickinson & Wright, 2008; Kadambi & Truscott, 2006; Rask & Levander, 2002; Slater & Lambie, 2011). In addition, sharing values can reduce dissonance among and between roles (Crawley, 2013; Kurtz & Turner, 2007; Powell et al., 2008).

Nevertheless, it is plausible that professionals may come up against structural constraints both environmentally and socially. Barriers to achieving harmony may include value-laden discord (i.e., therapeutic vs. penal ideas), therapeutic dissonance (i.e., understanding what therapy entails), and professionalism (i.e., them and us milieu). In this study, participants commented on the significant role they have in creating institutional-harmony through the sharing of therapeutic values, and they believed that this would lead to better therapeutic outcomes for their clients.

Arguably, the contribution that practitioners have for the overall prison milieu could be a two-way process. For instance, Carr-Walker et al. (2004) suggested that professionals could do with greater security training, which could help them to manage their transition to prison. In agreement with this, Harvey (2011a) urges practitioners to become more involved in the socio-political climate of a prison milieu. Communication, collaboration, training, and the cross-pollination of roles may be useful ways of reducing ideological conflicts (Cummings & Thompson, 2009; Foster et al., 2013; Kenning et al., 2010; Kjelsberg et al., 2006). Therefore, there is a further need to examine ways to create and enhance a supportive milieu and also to understand how social division can be reduced. This examination is particularly salient for psychology as larger numbers of applied psychologists enter the Prison Service (Towl, 2005).

6.3 Strengths and Limitations, an Appraisal of Research Quality

This inquiry expanded on the current knowledge base of providing therapy in prisons by offering a new perspective grounded in social constructionism. In doing so, it

offered an original contribution to understanding therapy in custodial settings. Inherent to social constructionism was an underlying desire to challenge taken-for-granted social practices (Adler, 1997; Berger & Luckman, 1966; Burr, 1995; Gergen, 1985, 1999). The results of this inquiry highlighted that theory, practice, and policy development should focus on the impact that (a) performance has on therapy, (b) stigmatisation has on professional and client identities, and (c) systems of reference have on dissonant practices.

Social constructionism, as applied in this study, held the middle ground between agent and structure, and subjectivism and objectivism. It offered the ability to explore ideals, ideology, and power operating in participants' discourses (see Adler, 1997; Andrews, 2012; Berger & Luckman, 1966, Crotty, 1998; Nanda, 1997) illustrating that therapeutic practice in prisons requires sensitivity to, and further reflection on, specific deontological and ethical tensions that arise from this type of work. The BPS (2009: 5) suggested that "ethics is related to the control of power" making this a crucial finding.

Although the concept of power within the therapeutic encounter was explored within the extant literature, what was neglected was the examination of discursive power. In the literature, professionals expressed apprehensions that they may be regarded as "agents of power" (Harvey, 2011b) in a punitive regime (Doyle, 1999; Harvey, 2011b; Harvey & Smedley, 2010) with the ability to expose their clients (Bertrand-Godfrey & Loewenthal, 2011; Farrant, 2012). Only one participant in this study explicitly commented on her power over the client, but participants' accounts were

infused with power from a latent and discursive perspective. Therefore, this research has made a vital contribution by examining power, as social constructionism is by design a method for discerning power (Aguinaldo, 2004; Crotty 1998; Foucault, 1977; Nanda, 1997; Yardley, 2000). However, being located within a social constructionist paradigm meant embracing both strengths and weakness.

6.3.1 Quality through the Application of a Social Constructionist Design

As Hacking (1999) proposed, applying a social constructionist approach requires the recognition that social ideas do not reflect 'reality' from an ontological perspective. In other words, a limitation of this research is that it did intend on commenting on an objectivistic truth. Therefore, consistent with qualitative research paradigms, in general, establishing reliability and generalisability were not considered appropriate to its design (see Hannes, 2011; Haig & Borsboom, 2012; Kvale, 1994; McLeod, 2001; Riessman, 2008). Instead, from a social constructionist perspective not privileging the truth meant embracing the notion that there may be multiple answers to a question and that these answers will always be situated (Aguinaldo, 2004; Blaikie, 2007; Horkheimer, 2002; Roose & Buttner, 2009).

Specifically, the inferences drawn from this study are situated in (a) its social constructionist paradigm, (b) its methodological design, and (c) its accounts from eight participants (see Aguinaldo, 2004; Riessman, 2008). The idea that research is limited to its situatedness means inferences cannot be removed from the particular historical, political, economic, and social climate that bound participants' accounts (see Riessman, 2008). These inferences reflect the current social climate of therapy

provision in prisons. Therefore, claims cannot be made that the constructs found in this research are generalisable across prison contexts or other therapeutic contexts. Instead, these inferences are 'here-and-now constructs' and herein lay the strengths of social constructionism. It is these constructs that have remained neglected within the extant literature arguably because they are taken-for-granted, which makes a social constructionist approach a well-suited method of inquiry (see Adler, 1997; Berger & Luckman, 1966; Burr, 1995; Gergen, 1985, 1999). Thus, social constructionism was an applicable and fitting paradigm capable of addressing the thesis of this research (see Riessman, 2008; Yardley, 2000).

Validity, from a social constructionist perspective, was established through a continual process of inquiry, critique, and an interrogation of ideals (Aguinaldo, 2004, Kvale, 1994; Denzin, 2009; Denzin & Giardina, 2009). This critical stance was evidenced in the continual reflexive process that the researcher, the research questions, and participants' accounts were subject to, and it was embedded into the research process from beginning to end (see Kvale, 1994).

As Aguinaldo (2004) recommended, the question of validity in social constructionist research must be "interrogated." The notion that research should contribute to theory, practice, and policy (e.g., Spencer & Ritchie, 2012; Yardley, 2000) is value-laden and could be critiqued for creating dominant ways of knowing (Aguinaldo, 2004; Kvale, 1994; Denzin, 2009; Denzin & Giardina, 2009). Therefore, the question must be changed from whether research is valid to examine instead why it is valid and what it is valid for (Aguinaldo, 2004). Consistent with this stance, this research

adopted a critical approach to how theory, particularly resultant from this investigation, could influence social practices.

In Hughes' (2015) BPS Presidential Blog[7] he wrote:

> There must be public confidence in psychology as a person-centred science. It should not be used for financial, political, or ideological ends.

Hughes' response came following an article published by Frideil and Stearn (2015), who expressed concerns about the punitive effect that "psycho-policy" and misapplication of psychological theory was having on public policy decisions. Similarly, this study offers a critique of how such psycho-policy may be having a detrimental impact on the therapeutic process in prison where ideals such as choice and autonomy are challenged, and interventions are becoming ever increasingly coercive.

This research is valid for highlighting that current therapeutic practices in prison settings require closer examination, specifically with regards to policy development, which may be neglecting the needs of individuals. Several scholars have alluded to the ideological rather than scientific nature of the evidence-base found in the "what works" literature (see Cullen et al., 2009; Cullen & Gendreau, 1989, 2002; Sarre, 1999). For instance, the emerging power that the psychology profession has imported into prisons may create dogmatic interventions (Crewe, 2009; Maruna, 2011).

[7] Hughes' (2015) blog can be found at www.bps.org.uk/blog/presidential/bps-calls-dialogue-government-psychology-and-benifits.

In 1979, Rose defined professionalisation as the network of social ideals inherent in psychology as a discipline. Therefore, this investigation applied a critical stance to critique current practices rather than producing a generative theory. In other words, it sought to expose the social ideals of professionalisation. In doing so, this inquiry is valid for understanding how current theory, practice, and policy interact to produce a socially constructed ideal of therapy provision in prisons (cf. Burr, 1995; Nanda, 1997; Horkheimer, 2000; Wendt, 1995). Having this awareness may result in changes to the ways in which theory, practice, and policy collide with dissonant ideals. This investigation does not offer fixed conclusions to be executed in practice but encourages practitioners and policy-makers to reflect on how they interact with policy. In particular, it offers the valuable insight that people interacting with a penal landscape need to acknowledge, explicate, and manage discursive power.

6.3.2 Quality through the Application of Qualitative and Thematic Methods

To establish the credibility, rigour, and trustworthiness of this study, its epistemological assumptions, its social constructionist position, and its methods were clearly described, which provided a detailed understanding its process (see Riessman, 2008; Spencer & Ritchie, 2012; Yardley, 2000). Having an explicit framework from which to operate meant the study was methodologically consistent and robust (see Braun & Clarke, 2006; Spencer & Ritchie, 2012). Evidence such as extracts, illustrations, and reflexivity were provided, which contributed to making the inferences of this investigation trustworthy (see Cooney, 2011; Hannes, 2012; Pope, Mays, & Popay, 2007; Spencer & Ritchie, 2012; Tuckett, 2005b). This evidence

provided readers with an understanding of how inferences were drawn and how they were derived from participants' accounts.

A limitation of this study was the absence of corroborating narratives. Participants did not verify the accuracy of the constructed themes, which is often considered to be important to the collaborative stance found within social constructionism (Cooney, 2011; Creswell & Miller, 2000; Hannes, 2011). To counteract this restriction, flexibility during the interview process was positive to offering a co-constructive meaning-making experience (see Gubrium & Holstein, 2003). In addition to this, Miller and Creswell (2000) suggest that researcher reflexivity is increasing regarded as being a vital technique for establishing credibility within qualitative methods. Therefore, a comprehensive reflexive account was provided to locate the researcher within the context of the research (see Appendix 1).

Thematic analysis, as an analytical strategy, was suitably applied to a social constructionist paradigm due to its ability to be amenable to a range of philosophical positions (Braun & Clarke, 2006, 2012). Its hybrid inductive and deductive stance as well as its focus on latent social meaning allowed for a comprehensive analysis of the data (data driven) relative to its situatedness (theory-driven).

Although the sample size was small in comparison to the larger sizes thematic analysis can accommodate (Joffe, 2012), this was perceived to be positive for establishing a depth of analysis. Previous studies examining therapeutic professionals' experiences of working in prison settings employed IPA (Bertrand-Godfrey & Loewenthal, 2011; Farrant, 2012; Tite, 2013). The idiographic nature of

IPA embraces depth when analysing lived experiences (Smith, Flowers, & Larkin, 2009). On the one hand, applying a thematic analysis to a comparison of conditions requires larger sample sizes to allow themes to be adequately contrasted (Boyatzis, 1998; Joffe, 2012). On the other hand, applying a thematic analysis to an exploration of accounts requires a smaller sample size to allow for an in-depth and non-hasty analysis (Braun & Clarke, 2006, 2012). It was believed that a smaller sample size provided a comprehensive analysis (see Joffe, 2012). Nevertheless, equilibrium between breadth and depth of analysis had to be achieved, and it was decided that (in-line with previous research) eight participants provided this balance.

An additional 'categorisation stage' was added to Braun and Clarke's (2006, 2012) six-stage analytical model of thematic analysis, which applied line-by-line coding, successive categorisation, and constant comparison (see Charmaz, 2008; Goulding, 1999; Glaser & Holton, 2004; Strauss & Corbin, 1997). This additional stage strengthened not only an inductive analysis but also provided a greater level of depth and cohesion to the analysis. As such, having a smaller sample size, adopting a hybrid inductive and deductive stance, and adding another layer of analysis all contributed significantly towards ensuring the results of this investigation were grounded and credible. Braun and Clarke's (2012) assessment framework was followed to ensure that the analysis was rigorously performed (see the RQC, Appendix 10).

6.4 Future Research

Future research needs to be carried out to examine psychological therapy in a modernised, performatory, backdrop to identify how such discourses will shape future practices as well as therapeutic theory and policy. This area of future study applies to both prison contexts and health care contexts since these are currently subject to the modernisation agenda of public sector services (e.g., Callan & Fry, 2012; Crighton & Towl, 2009; Genders & Player, 2010).

Future research is needed to examine the perceptions that prison managers, prison staff, and allied health care professionals have of psychological therapy provision in prisons. This area of study will expand on the findings of this inquiry, which explored therapy from the perspective of the professional. It is crucial to gain insight from clients as to how they perceive psychological therapy as their perceptions may influence whether or not they access or engage with services (see Arnkoff, Glass, & Shapiro, 2002; Grencavage & Norcross, 1990; Tinsley, Brown, de St. Aubin, & Lucek, 1984; Yanico & Hardin, 1985). Noble, Douglas, and Newman (2001) suggest that to gather a comprehensive understanding of clients' perceptions of services it is necessary to consider both their expectations and their preferences.

Out of this investigation, as Huffman (2006) recommended, the concept of the therapeutic frame has been re-configured to expand on its systemic situatedness. Nevertheless, more needs to be understood about the "Forgotten Societal Frame" since it is apparent that aftercare services are inadequate and little is known about the contribution therapists can make in this frame. Osher and King (2015: 112) believe

that "re-entry" into society requires a more "robust research agenda." The examination of therapeutic continuity from a prison to the community is urgently needed.

Stigma and discrimination within the CJS remain largely unexplored and unacknowledged (LeBel, 2012), perhaps because it may be socially acceptable to hold stereotypical views towards people in prison (Silvia, 2003). There have been numerous attempts to examine the impact of stigma on help-seeking behaviour in the CJS (Dean et al., 1999; Howerton et al., 2007; Loeb, Steffensmeier, & Kassab, 2011; Mitchell & Latchford, 2010; Morgan et al., 2007; Nesset, Rustad, Kjelsberg, Almvik, & Bjorngaard, 2011). However, more research needs to focus on if and how stigma and discrimination inform (a) service provision and policy, (b) psychological therapy, and (c) perceptions that potential clients may have of this.

CHAPTER 7. SUMMARY AND CONCLUSIONS

7.1 Chapter Overview

This chapter summarises the main concepts that concern professionals' perceptions of psychological therapy provision within a prison context. It concludes the main points constructed out of this investigation, which integrates prominent findings with its expressed primary and secondary objectives. Therefore, it concludes the main outcomes, implications, and recommendations that are relevant to therapeutic theory, practice, and policy. Finally, it concludes with the implications that this inquiry has for the counselling psychology profession.

7.2 Concluding the Central Thesis

This research has provided insight into professionals' perceptions of providing psychological therapy in prison settings. It has been crucial for critically engaging therapeutic practices (see Mason & Chandley, 1992), for contextualizing the provision of therapy (see Jordan, 2010), and for acknowledging the complexity inherent in this type of work (see Farrant, 2012; Harper & Franks, 2013; Harvey, 2011a, 2011b; Huffman, 2006; Jones, 2012; Scott, 1985; Tite, 2013).

The central thesis of this study was that therapy provision would be inexorably entwined in larger socio-political discourses surrounding the functions (and the hidden functions) of penology and prisons. Being positioned within a social constructionist paradigm allowed this investigation to examine these social ideals, ideologies, and discourses (see Burr, 1995; Blaike, 2007; Gergen, 1985; Mannheim,

1936; Kim, 2001; King, 2004). In doing so, it contributed to a deeper understanding that the current modernisation agenda permeates professional practices, which are also located in a conflict between therapeutic-ways-of-knowing and penal-ways-of-knowing.

Consistent with previous research, professionals must manage numerous complex, challenging, and ethically ambiguous practices as they negotiate the social environment of a prison (Bertrand-Godfrey & Loewenthal, 2011; Farrant, 2012; Harvey, 2011a, 2011b; Tite, 2013). The findings of this study have expanded on previous research to provide much needed clarity on social practices within prison settings, and it has offered a new perspective in which to view them. Therefore, the results of this investigation allowed for not only the generation of new insight from a social perspective but also the expansion and reframing of previous literature towards a social perspective.

7.2.1 Concluding the Primary Research Question

To explore the central thesis of this investigation, the primary question was:

How do professionals perceive psychological therapy in prison settings?

In examining the literature using a thematic synthesis, prominent repeating concepts were explored (see Dixon-Wood et al., 2005; Thomas & Harden, 2008). The synthesis allowed for a better understanding of how psychological therapy had previously been constructed in the literature, and it allowed for the development of a

clear research agenda that sought address current knowledge gaps, primarily the situatedness of therapy within a social realm.

Findings from the extant literature demonstrated that professionals perceived there to be numerous ambiguities, constraints, and intricacies when working in forensic, criminal justice, and prison settings. In performing a thematic synthesis on the body of literature, three superordinate themes were constructed, and these themes will be summarised briefly.

> "The Ambiguous Situatedness of Therapy within the CJS"
>
> The literature highlighted that the professionalisation of psychology within prisons has meant that it has become more infused with penal discourses. This infusion has contributed to ambiguity about its role, function, and purpose. Therapy is currently situated in penal discourses (i.e., public protection and rehabilitation) as well as mental health discourses (i.e., wellbeing and a reduction of distress). It has been argued that combined health care and criminal justice discourses should be merged yet professionals' accounts point to a dissonance in these discourses. Importantly, psychological service provision in its current configuration requires taking into account multiple stakeholders and accounting for the multiple objectives that arise from this.
>
> "The Challenges of 'Therapeutic Impoverishments' within the CJS"
>
> The literature highlighted that the provision of psychological therapy in prisons was seen to be vital in contributing to a humane Prison Service. Nevertheless, constraints within a custodial environment meant that the fundamental features of therapy were difficult to implement. These constraints were ethical in nature such as the challenges of establishing and maintaining confidentiality, privacy, and continuity of care. They also challenged established therapeutic theory and practice such as the

> development of the therapeutic frame and the therapeutic relationship. In as much that, power dynamics not only within a broader prison milieu but also within the therapeutic process were pervasive. Importantly, psychological therapy provision in prisons requires sensitivity to (a) the ways in which established ethical and theoretical practices are hindered and (b) the ways in which therapy may be coercive and punitive in its current configuration.
>
> "The Complexity and Intricacy of Treating the 'Dangerous Other'"
>
> The literature highlighted that processes of objectification are all encompassing within the social milieu of the CJS. Theories such as labelling theory and dividing practices were useful sociological approaches for examining the emergence of the "dangerous other" within society. It was identified that such objectification may result from a conflict between wanting to recognise the humanity in the person of the criminal while being conscious of their inherent "dangerousness." Therapeutic professionals struggled with an internal conflict of wanting to work with the victim in the perpetrator but at the same time distance the criminal act. These processes were so pervasive that even professionals were split into those that aligned themselves with a caring orientated role and those that aligned themselves with a security orientated role. Importantly, the professional must navigate these dividing practices not only in their perceived role but also in their perceptions their client.

The accounts of eight therapeutic professionals working in prison settings in England, Ireland, and Northern Ireland were examined. They had combined experiences of working with adult and young adult females, and with adult and young adult males in prison settings. Participants were affiliated with counselling as well as counselling, clinical, and forensic psychology. In embracing a depth of understanding rather than convergence, suitable to a social constructionist paradigm

(Madill et al., 2000), the heterogeneity within this sample allowed for a representative exploration of therapeutic professionals' perceptions.

Following semi-structured interviews, a social constructionist informed thematic analysis was used to analyse participants' accounts (see Braun & Clarke, 2006, 2012). The analysis identified repeating patterns of social meaning within and across participants' narratives (see Aronson, 1994; Boyatzis, 1998; Braun & Clarke, 2006, 2012; Joffe & Yardley, 2004). Findings from the thematic analysis demonstrated that providing therapy in prisons was perceived to be a complex task where issues of ethics, deontology, and power permeated their narratives. In performing a thematic analysis of participants' accounts, four superordinate themes were constructed, and these will be summarised briefly.

> "Performing Therapy"
>
> Participants highlighted that the provision of psychological therapy within prisons was increasingly becoming a "*tick box exercise*" for both the practitioner and their client. The results of this theme indicated that psychological therapy provision was placed within the modern sphere of performance management, which had the power to define and regulate the scope of their practice. A conflict arose between the desire to be client-centred and the expectation to be institutionally-centred. The implications of these results were that the professional had limited choice or autonomy within the therapeutic process. In addition to this, clients also had minimal choice or autonomy as to whether they entered therapy. Therapy was not mandated yet participants expressed concerns about how current penal discourses may be contributing to an illusory choice. This illusion of choice may result in coercive practices that are neither client-focused nor based on client need. This theme offered new insight into how the broader socio-political ideals of modernisation,

rehabilitation, and public protection merge into and permeate the current provision of therapy in prison.

"Humanising the Client"

Participants highlighted that there were inherent tensions in being humanistic in an environment that was dehumanising. These tensions arose from the ability of discursive practices, both in a therapeutic sense and in a penal sense, to construct the client as being a victim of their life story as well as a perpetrator of criminal acts. Participants were aware of humanising their client in a context where the client identity was stigmatised. Arguably, the client of the therapy within a prison milieu is a taken-for-granted construct that warrants greater attention. An important implication of this finding is the necessity to address how professionals can work with stigmatisation. It is imperative to ensure that psychological therapy services avoid stigmatising or discriminatory practices. In addition to this, professionals believed that their practices were subject to dissonance. They suggested that sharing values were the best way of working and were in the best interest of the client. A supportive environment with opportunities for continual and active reflection was essential for maintaining therapeutic values.

"Frames Inside Frames"

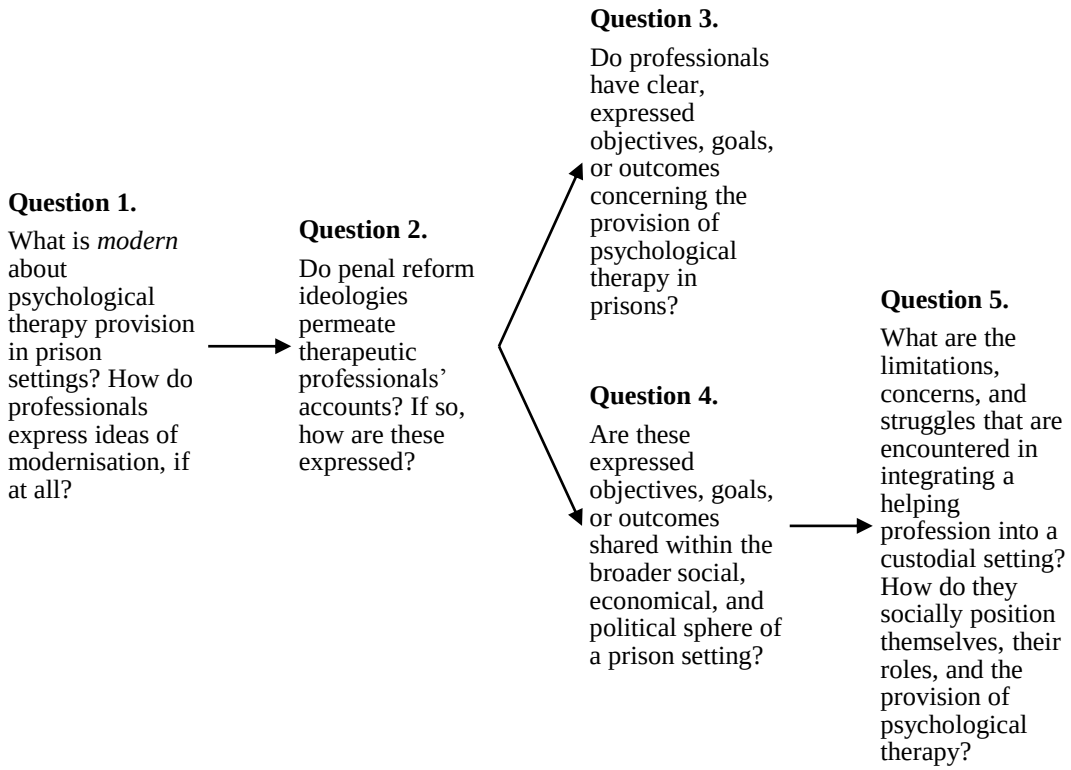
Participants highlighted that the prison environment could often limit the provision of psychological therapy. The results of this theme indicated that professionals were required to operate in numerous frames, each imbued with a distinct (but important) set of ideological values. The professional operates within not only a therapeutic frame but also a prison frame that is governed by a wider societal frame. The implications these frames mean that practitioners need to be aware of how each frame operates and how to work with them. Further to this, recognition is necessary that central therapeutic ideals (i.e., safety, therapeutic relationship, or care) are situated in a particular frame of reference. Although the societal frame warrants further research attention, this

> inquiry found that professionals are concerned about the discontinuity of service provision between prison and re-entry into the community.
>
> "A Challenging but Rewarding Experience'"
>
> Overall, this research found that professionals must manage many dissonant practices, which can be challenging yet also lead to professional growth. Participants recounted stories of their professional development as they moved from positions of naivity to confidence as well as from idealism to a more realistic sense of what is achievable for therapy within a prison context. The implications of this development mean that professionals working in prisons require opportunities for reflective practice allowing them to manage an integration of therapeutic and penal values sets. Personal therapy, supervision, personal development groups, personal reflection, and collegial support were all mentioned as being positive ways for safeguarding against the challenging nature of this work. Importantly, these are all consistent with professional development practices that allow the person of the professional an opportunity to grow.

7.2.2 Concluding the Secondary Research Questions

Through the continual and iterative process of contextualization, several secondary research questions were constructed out of engagement with the extant literature, participants' narratives, and researcher reflexivity. Although it was the intention to discuss each secondary question separately, it was apparent that the answers arising from this inquiry shared a connectedness. Diagram 13 depicts this connectedness where it can be seen that the questions inform one another. In the depiction, the arrows indicate areas of tension and conflict, which the practitioner must navigate. Therefore, providing a separate discussion on each question would remove the intricate context in which possible answers are located.

Diagram 13. Structure of secondary research questions



Source: Author

In returning to Diagram 13, it can be discerned that modernisation amalgamates penal reform ideologies since ideals such as rehabilitation and public protection become the dominant ways of knowing within the CJS. These ideals represent the primary activity of the CJS whose stated purpose is to provide public protection as well as punish and rehabilitate 'offenders' (MOJ, 2010). Nevertheless, though these ideals are the primary function of the CJS, these ideals are oscillatory (Brown, 2010; Crewe, 2009; Garland, 1990; Liebling assisted by Arnold, 2004; Tonry, 2011). Garland (1990) contended that achieving any one ideal might result in the

compromise of another ideal. Practitioners, then, must traverse the oscillation between rehabilitation and public protection. They must balance redemption on the one side (e.g., the belief that people can be rehabilitated) with risk on the other side (e.g., the belief that people will continue to be "dangerous" and need continual monitoring).

It was apparent that modernisation had a significant impact on participants' narratives. The expression of this modernisation was through using the language of performance where the professional was expected to perform to objectives that were not necessarily of therapy. Participants had clear expressed objectives for the provision of therapy yet what was modern about therapy was a shift away from therapeutic plurality towards the language of modern management (see Seddon, 2007; Towl, 2002). The language of modern management includes cost-effectiveness, targeted performance measures, and streamlining of activity (Exworthy & Halford, 1999; Hood, 1991; Kikauer, 2013; Naschold, 1996).

In-line with this shift, modern therapy provision is imbued with constructs such as "one-size-fits-all," which resemble the streamlining of therapeutic practice. The therapy becomes a "tick in a box," which mirrors a requirement to do something procedurally rather than to engage experientially. A therapeutic outcome becomes "cold, hard stats" where the measurement of an outcome begins to define the outcome. All of these constructs are associated with a relative loss of therapeutic theory where improved wellbeing is the ultimate purpose of intervention. A hierarchy of intervention is based on penal reform ideologies since achieving the

rehabilitative ideal is foremost to goals such as building on hope, building on strengths, or helping people achieve a healthy life (see Asser, 2002; Daniel, 2012; Gee et al., 2011; Gunst, 2012; Mullen, 2002; Ward, 2002; Ward & Marshall, 2004; Ward & Maruna, 2007). Although therapy can contribute to rehabilitation, it does so through obliquity. Participants expressed their dissatisfaction at how rehabilitation and public protection constructs therapy from the top-down. Resistance was apparent as therapeutic ideals served to protect the professional from the bottom-up. The resulting pressures and conflicts mean that the ultimate struggle for professionals working in prison settings is the resolution of this dispute.

What is also modern is a societal preoccupation with risk and security (see Adams & Ferrandino, 2008; Ashenden, 2002; Drake, 2012; Mcalinden, 2006; O'Malley, 2004a, 2004b; Quinn et al., 2004) and this is expressed not in therapy itself but in the construction of the professional and their client. Division occurs among roles aligned with care and roles aligned with custody, and dissonant values are what characterise this division. Dissonance occurs between humanising and stigmatising based on perceived "dangerousness." In addition to this, psychological therapy may become increasingly actuarially focused, which opens a whole new area for debate as to what therapeutic disciplines should be doing to balance individual needs with societal ones. The preoccupation with risk, therefore, has significant implications for managing power as well as ensuring ethical and deontological practice.

7.2.3 Limitations, Recommendations, and Future Research

Recommendations from participants:

Participants spoke about the need to recognise that working in a prison setting requires specific training, which is capable of meeting the complex needs of people in custody while being contextually sensitive. They acknowledged that working in prisons requires a systemic and collaborative approach, one that must be developed further.

Participants believed that respecting client choice and autonomy as well as focusing on their needs were important values to share. They also suggested that there must be a greater focus on improving wellbeing (primarily) and rehabilitation (secondly) while ensuring congruence between multiple stakeholders. A crucial value that participants discussed was the requirement to maintain an active non-judgemental stance and to achieve this reflection, supervision, and collegial support are necessary.

Participants commented on their concerns that not enough is being done to ensure equitable, appropriate, and accessible service provision, which provides continuity from the prison to the community. The perceived barrier to achieving equitable service delivery included dissonance about the function of therapy in prisons. Therefore, much work remains to be done to address this dissonance.

Recommendations from this investigation:

The results of this investigation found that professionals must manage conflicting therapeutic and penal ideologies. These ideological conflicts have implications for

ethical and deontological practices, which require further critical engagement to determine whether ideals can be integrated without compromising the fundamental humanistic values of therapy (see Cooper, 2009; Galbraith & Galbraith, 2008).

Similar to the recommendations participants made, findings indicate that professional development should be located in the complexity of prison work. Training must be capable of taking a pluralistic approach to client need, and it must focus on not only psychological needs but also rehabilitative needs. In addition to this, training must be contextually sensitive as well as allow for reflection and growth.

This study was limited to the exploration of psychological therapy from the perspective of counsellors as well as applied psychologists. Although it offers valuable insight into how therapy is constructed in custodial environments, further collaboration with multiple stakeholders is necessary. This collaboration should address how therapy can best be applied in prison settings to ensure that the needs of everyone are congruently met (see Crighton, 2005).

It is imperative that therapeutic disciplines strive to reduce the dissonance in the provision of therapy in prisons by determining clear, explicit, and achievable objectives. Participants believed that sharing values were crucial, yet divisionary practices in prisons contributed to further disharmony between and among roles. As Towl (2010) recommended, therapeutic practices should be centred on the client, not on the professional. Additional insight into the role that professionals can play in reducing social division and increasing social cohesion is warranted. Understanding

the extent to which goals may be aligned requires a greater systemic knowledge of how therapy is perceived.

It is imperative to develop a deeper understanding of the operation of stigma and discrimination in the CJS (see LeBel, 2012). Therapeutic professionals with their humanistic perspective may be well suited to combating stigma and discrimination (see Galbraith & Galbraith, 2008). This inquiry was limited in its ability to comment on service configuration yet arising from participants' accounts it is plausible that psychological services may be importing biases into their practices. Future research needs to examine whether stigma is imported and what strategies are required to combat it.

This study cannot account for clients' perceptions. Therefore, it is imperative to examine perceptions of psychological therapy among those imprisoned with particular emphasis on how stigmatisation, constructions of "dangerousness," and coercion may influence their decision to seek help and to engage in therapy. It is important to understand their perceptions because these have implications for the efficacy of therapy (Arnkoff et al., 2002; Grencavage & Norcross, 1990; Tinsley et al., 1985).

7.3 Implications for Counselling Psychology

The implications that will be discussed in this section apply to a diverse range of therapeutic professions, and they are not limited to only counselling psychology. Nevertheless, this section concentrates specifically on the core values of counselling psychology, which may differ subtly among disciplines. These core values include

engagement with subjectivity and intersubjectivity, not privileging the truth, reflective practice, a relational stance, and recognising social contexts (DCoP, 2005).

Situated in a broader social landscape is the provision of psychological therapy, which means that professionals must understand the systemic ideals that permeate therapy. Counselling psychology as a discipline has been critiqued for focusing predominantly on the individual, thus, neglecting their social context (Clarkson, 1998). It is important that counselling psychologists recognise the multiple frames of reference in which they operate since this allows for (a) systemic psychological formulation, (b) multi-disciplinary working, and (c) greater influence across individual, organisational, and political frames. It is also important not to separate a person from their context as this invariably influences their subjective and intersubjective experiences (DCoP, 2005). Contextual neglect could result in over-pathologising subjective experiences (Harvey, 2011a).

A valuable contribution was made to counselling psychology by illuminating the taken-for-granted social practices in prisons. DCoP (2005) suggested counselling psychologists need to be reflective not only about their therapeutic practice but also about their counselling psychology profession. When discussing the future of counselling psychology, Clarkson (1998: 9) believed that "the unlearning of [core] assumptions" is more important than the generation of new knowledge. Here, Clarkson (1998) contended that many psychological practices remain taken-for-granted and do not reflect the current socio-cultural climate.

Mason and Chandley (1992) spoke about the importance of clinical reflection for forensic nurses, but their assertion is also applicable to counselling psychologists. They stated:

> Only by the 'doers' reflecting on their practice, questioning and developing new thought, and turning it back onto the practice once again, will appropriate change occur (Mason & Chandley, 1992: 1354).

Reflective practice is vital to avoid developing fixed ways of knowing. Therefore, it is imperative that professionals reflect critically on their position in prisons, the position of therapy in prisons, and the position of counselling psychology in prisons. Relationships are at the heart of counselling psychology and, because of this, it is important to reflect on how relationships between therapist-client, therapist-staff, therapist-organisation, and therapist-society can be developed and enhanced (see Cooper, 2009; DCoP, 2005; Thompson, Hooper, Laver-Bradbury, & Gale, 2012).

This inquiry did not intend on privileging a truth and, therefore, it should be recognised that its outcomes are historically, socially, and culturally situated (Aguinaldo, 2004; Blaikie, 2007; Horkheimer, 2002; Roose & Buttner, 2009). Eight therapeutic practitioners' accounts connect this study's inferences. DCoP (2005) recommend that (a) counselling psychologists should not assume a "superiority" of knowledge, (b) counselling psychology practices should not discriminate but "empower," and (c) counselling psychology practices should reflect the pluralism of society. These values were embedded in this inquiry, which sought to critique and challenge current therapeutic practices in prison.

What makes this investigation applicable to a diverse range of disciplines is its ability to examine and explore ideals of ethics, deontology, and power. Firstly, it is important to understand deontology (e.g., a duty) within the CJS as interventions can become coercive as well as remove the choice and autonomy of professionals and their clients (Birgden & Vincent, 2000; Collins & Nee, 2010; Drapeau et al., 2005; Huffman, 2006; Jones, 2012). Secondly, ethical practice is crucial to the identity of therapeutic professions (BACP, 2013; BPS, 2009; DCoP, 2005; HCPC, 2012; UKCP, 2009). The successful integration of therapeutic ideals and penal ideals must be achieved to ensure ethical practices. Thirdly, although power dynamics are often perceived to be a negative occurrence in a therapeutic encounter, it is vital to understand and explicate it as opposed to avoiding it (Steffen & Hanley, 2013). In prisons, this explication is even more important to avoid "hidden" punitive discourses infiltrating the provision of therapy (Carlen, 2006; Donohue & Moore, 2009; Maruna, 2011).

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APPENDICES

Appendix 1. Reflexivity

Appendix 2. Thematic synthesis analysis

Appendix 3. Written advertisement

Appendix 4. Visual advertisement

Appendix 5. Research proposal and ethical approval

Appendix 6. Research information sheet

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APPENDIX 1. REFLEXIVITY

A Fascination for 'Context'

I have always had a fascination with the way that social environments shape and are shaped by the people who inhabit them. This fascination became more apparent as I started my therapeutic journey some time ago. When I started my first job in acute and intensive psychiatric care, I was surprised at how unprepared I was for the 'reality' of despair, and I wondered why I perceived there to be a discrepancy between theory and its application. On reflection, what I was missing from practice was an understanding of context.

When thinking back on this experience, I noticed that the physical environment could cause distress, a locked door contributing to feelings of claustrophobia, powerlessness, and anger. I noticed that the social environment could cause distress where tensions among staff and patients contributed to heightened anxiety. I also noticed that the procedural environment could cause distress, a ward-round bringing with it a multitude of responses. Out of this contextual awareness, I found myself asking, "was this sadness caused by depression or by a deprivation of liberty?" Working within a residential context meant presenting a formulation that was sensitive to the individual and their environment.

When I later began training as a counsellor, I was afforded the opportunity to work in a Category C prison. I was, needless to say, apprehensive. I wondered whether I would have appropriate skills for such a challenging environment. In our interview,

participant 1 and I talked about how unsuitable current training is not only for applying therapy but also for adjusting personally. Participant 1 had reminded me of my concerns that context appeared to be neglected in training and also in general therapeutic theory. Where had contextual knowledge gone? This question was imperative to the development of this investigation. I wanted to find out about context, to establish contextual knowledge, and to critique it. My experience of being a counsellor working in a prison had reinvigorated my passion, and I wanted to know more. When I began training as a counselling psychologist, my interest in context turned to the social.

I had a busy first year during my doctoral training. I worked in three different placements with three different milieus applying numerous theoretical approaches. I observed how social therapy was. Each milieu brought with it a set of expectations. My expectations, professionals' expectations, and clients' expectations were embedded in our social context. In an outpatient department of a psychiatric hospital, my perceptions were shaped by a medical milieu, which was to "diagnose" and "treat." In a community mental health team, my perceptions were shaped by my position within the team, which was to "manage" and "make better." But interestingly, in a prison, my perceptions were shaped by numerous sources, and it was often difficult to pinpoint these expectancies.

Whenever I entered a prison, it was like entering a distinct society. A prison was a unique society yet still permeable to wider society. I began to reflect on my practice in this social environment. With the assumption that a social milieu shaped my

identity, I wondered how this might impact upon therapeutic practice. What expectations and preferences did I form? Were my expectations and preferences congruent with clients' expectations and preferences? Were these expectations and preferences shared across our social environment? Out of this, the objectives of this research were slowly emerging.

On Being Disappointed but Excited for the Future

Having pinned down the initial idea for this investigation, I began detailing the decisions that would make it possible. Originally, I wanted to explore professionals' and clients' expectations and preferences for psychological therapy in prisons. I wanted to know how such perceptions would influence the provision and utilisation of therapy. I had discussed this idea with some people in prison, and it was great to hear their opinions. One gentleman spoke about his experience of being in a TC receiving therapy. His was a story of challenge, growth, and frustration. I was pleased that the men I had spoken to were also interested in this idea. I was surprised that the men who had no previous experience of therapy were just as eager to share their perceptions. I found that their stories were often sad due to the missed opportunity to receive support from therapeutic services.

I was delighted to meet my supervisors to talk through my initial ideas. We agreed that the aims of the study were perhaps too large an endeavour given constraints on time. Therefore, we decided to fracture the research to explore perceptions from the perspective of the client, thus, leaving the professional perspective for future research.

I was pleased since not only was I excited about the current project but also for future projects. In making this decision, a proposal was prepared and submitted to both the University of Wolverhampton and the NOMS National Research Committee (NRC). Receiving approval was a proud moment for me as it was not an easy process, which took approximately eight months. Subsequently, I contacted the Governing Governors of four prison establishments hearing back from only two.

The main challenge I faced was a matter of "bad timing." Interestingly, in our interview, participant 3 and I discussed how her research in a prison had been placed on hold due to reconfiguration. I had encountered similar difficulties, perhaps becoming more sensitive to her narrative. Receiving approval from the NRC and the Governing Governors of two establishments took an additional six months due to pressures exerted on both establishments to "re-roll." In other words, these establishments were being re-categorised. It involved changing the demographic of the prison population, which required transferring people to other prisons.

To account for this, in another supervisory meeting, we decided to add the original professional group back to the project allowing for concurrent activity. However, following several meetings with senior prison staff, we collaboratively agreed that the resource implications for the research at such a time would be excessive. Given the time it had already taken, my own "deadlines" were creeping closer, often, at an alarming rate. I made the incredibly difficult and disappointing decision to focus this research towards the professional perspective with an awareness that further research would be necessary. This disappointment did not stem from the addition of a

participant sample, I was excited about this, but from the loss of a participant sample. Although this was a challenging process due to my personal investment, I was proud of my decisiveness. What I had achieved on a personal as well as a professional level was the ability to be flexible and adaptable, arguably, two traits that I now know to be crucial to becoming a researcher.

Having continued with the project, I am immensely grateful for the contribution that professionals made. I cannot help but feel that this research project has been crucial in its search to understand perceptions of psychological therapy. I am passionate about the application of therapy in prison settings, and I know that much more still needs to be understood.

Thank you, Descartes, for your Hyperbolic Doubt

Previous research experiences have undoubtedly influenced the way that I approached this investigation. This influence can be seen in my not wanting to engage in debates surrounding the quantitative-qualitative divide since I believe that both approaches bring their strengths and weaknesses. Rather, I wanted to be comfortably positioned within a social constructionist paradigm without the need to be "apologetic" about this choice. I wanted to ensure that my positioning was robust and sound as well as located in theory rather than personal preference. Often, when reading the literature, it felt as though I must choose my allegiance. I had not recognised that I would be confronted with many more questions along the way.

The title of this reflection, "Thank you, Descartes, for your Hyperbolical Doubt," was taken from my research diary, and it resembled satirical gratitude for my process

of doubt and coming out the other end intact. In my journal, I wrote about the hyperbolic doubt I experienced when I tried to grasp my meaning of perception.

> How can anything be real without my perception of it? If everything is my perception, then other people's perceptions are really only mine, of them. So, do other people exist outside my perception of them? If each person is a product of the above thought, then how do we get a shared experience and what is its value?

The most challenging, despairing, and rewarding aspect of this research could be found in my exploration of ontology and epistemology. Having a detailed account of what this research would entail, I started to get deeper into the positioning of the research. The difficulty struck me that a simple word such as 'social' could so quickly unravel. What is social? From what paradigm does it derive its meaning?

Although I have always had a passion for philosophy, particularly that of therapy, I would admit that it does confound me at times. Understanding the importance of a clear and a consistent methodology, I wanted to ensure that I achieved a depth of knowledge. In this began my "crash course" in the philosophy of science including metaphysics, ontology, and epistemology. I spent many hours wondering how these metaphysical positions could reconcile, but first I had to get to grips with what they meant. I remember an episode of the Simpsons where Bart Simpson asked the question: "If a tree falls in a forest and no-one is there to hear it, does it still make a sound?" As I reached successive levels of philosophical depth, I became more aware of why social constructionism became such a prominent paradigm with its attempts to move past an individualistic or a materialistic view of the world.

As applied to Bart's question, if I take an individualistic view, then the falling tree would not make a sound without people's perception. Alternatively, if I take a materialistic view, then the falling tree would make a sound in the absence of people altogether. Social constructionism offered an incredible paradigm to move inquiry away from ontological claims about reality to focus on an epistemoloy (knowing) of the world. For instance, how do people come to know a tree even makes a sound? How do groups of people share their meaning of a falling tree?

Delving into philosophy was a challenging experience. It was not easy to choose between philosophers or philosophies, and I had to be confident in my ability to synthesis a position aligned with the objectives of my inquiry. I finally found my confidence towards the end of the analytical procedure when suddenly – inspiringly – social constructionist thought began to make absolute sense. Social constructionist ways of thinking "popped out" like a pop-out card ready to be unfolded. It was truly an amazing experience and one that had taught me much about the nature of reality (or its social construction).

Shifting Subjectivities: 'Researcher,' 'Counsellor,' 'Psychologist,' 'Trainee'

An interesting dynamic operating in the research process was the multitude of roles that I brought with me. Like the concept found in the subordinate theme "Shifting Subjectivities," my discursive identities as a 'researcher,' as a 'counsellor,' as a 'psychologist,' and as a 'trainee' inevitably influenced the inferences I made. The multitude of subjectivities brought with them a set of ideological assumptions. These assumptions were sometimes harmonious or were sometimes dissonant. What was

crucial was how I managed these tensions. The following were the reflexive strategies that I applied:

- Keeping a research diary and writing analytical memos.
- Discussing ideals in research supervision, clinical supervision, personal therapy, and getting support from colleagues.
- Grounding myself in a contextualizing process, which meant going back and forth between the literature, theory, and participants' accounts.

Similar to Kvale (1994), my researcher subjectivity was striving to "investigate," to "question," and to "theorise." It was somewhat detached from my other roles for it had a clear and a consistent purpose, which was to address the thesis. Interestingly, my researcher subjectivity was shaped by the five underlying social constructionist assumptions found in this research and, prominently, by the ambition to challenge the taken-for-granted. As will be discussed throughout this reflection, this role was neither without discomfort nor without challenge.

The trainee subjectivity was cautious of making bold claims instead preferring to remain hidden in the literature and participants' accounts. In supervision, I was told I relied heavily on providing long quotes in my writing. My supervisor asked me a very important question, whether this could be attributed to not feeling confident with my own words. The answer was yes! When writing up the findings of this study, I was aware of Braun and Clarke's (2012) suggestion to balance analytical claims and evidence, yet my cautious trainee subjectivity wanted to present long data

extracts to prove I was not "making it up." I was unconfident about making any claims at all.

I required active engagement since my trainee subjectivity served to "put me in my place" and "keep me modest," but, mostly, it was highly self-critical. Nevertheless, a trainee role meant that (a) I was able to relate to the in-training position of participants, (b) I was able to ensure that inferences were well-grounded (otherwise termed perfectionism), and (c) I was able to critique my positioning. However, I also needed to manage this part of myself less it became overwhelming. I would often be "stuck" because of my perceived pressure to perform, and a common consequence was "writers-block." I started to keep a 'self-critical' section in my research diary to reflect on this pressure, to normalise this pressure, and to validate this pressure. Journaling my self-criticism was an exceedingly helpful strategy for identifying the difference between reflections that were critical-constructive or critical-destructive.

My trainee subjectivity and my researcher subjectivity required synergy, and I gradually achieved a balance between my perfectionism and my desire to question. The superordinate theme "A Challenging but Rewarding Experience" commented on participants' sense of transition from idealism to realism and naivety to confidence. I constructed this transition as being normal (I identified with this type of development), yet I did not want my experience to overshadow what participants were saying. Therefore, applying a research stance meant ensuring inferences were inductive. Using analytical memos, moving to and from participants' accounts, and comparing the theme to the literature were all useful strategies. In other words, it was

not normative as attributed to my own experience, but it was normative in its difference between the traumatisation literature and participants' narratives (i.e., professional rather than personal adjustment).

Another challenging tension was managing conflicts between my counsellor subjectivity, my psychologist subjectivity, and my researcher subjectivity. The counsellor in me is informed by humanism, phenomenology, and a person-centred approach. I was able to relate to participant 1 and participant 5 due to our shared counselling ideals. I was surprised to hear that the majority of participants shared person-centred values (client-centred, client need, and client focus). This sharing of ideals intrigued the social constructionist researcher in me. Humanism! My core therapeutic stance was suddenly open to critique. Its status was no longer therapeutic fact but rather a network of ideals. Opening up humanism in this way was incredibly uncomfortable as it meant examining values that were meaningful to participants and me. In an analytical memo, I wrote about my potential indoctrination during training. I was forced to reflect on whether, in my mind, such ideals were dogmatic.

> There was a brief time during the thematic analysis stage of the research where I seriously questioned whether providing psychological therapy in prison was unethical. Like Schlesinger (1979), I wondered if this endeavour was indeed manipulative and exploitative. I took this to personal therapy because I was having what could only be described as an existential crisis. Psychological therapy and its inhering social meanings were suddenly meaningless.

In stark contrast, the psychologist in me is informed by pluralism, integration, and a theoretically informed approach. I was able to relate to the applied psychologists in

this study due to our shared professional affiliation. I was fascinated how the majority of participants used a range of theoretical orientations in their work. As I reflected on my own sense of indoctrination, its comparison among roles, I went back to participants' accounts to check its grounding. Participant 2 provided great insight into how her behavioural stance influenced her perceptions of the client. I began to see that across the dataset were examples of theory informing the perceptions that practitioners had of their client.

I was intrigued since I had never thought about how a theory could inform perceptions of another person, yet it would make sense that each theory has an underpinning conceptualisation of *humanness*. For instance, as a person-centred counsellor, I would believe (convergent with the theory) that every human intrinsically strives for actualisation. I realised that it was not indoctrination but rather a humanising ideal informed by therapeutic ideology and, thus, my analysis had been corrected. Ideals of autonomy and choice were present across participants' accounts, albeit permeated by other ideological conflicts.

As a researcher, I at times felt like I was disrespectful. How could I come along and challenge established practice? Who was I to do this? The superordinate theme "Frames Inside Frames" was a prime example of this internal tension. To say that concepts such as safety and security were ideals felt jarring to their established significance, as Abraham Maslow and John Bowlby have shown. The trainee re-emerged to ask whether I was in any position to challenge Maslow or Bowlby!

But further to this, I struggled with the dilemma of challenging my participants, people who had taken time from their busy schedules to inform this research. Was it rude to say that their perceptions were all a matter of their socially informed ideology? Arguably, this was again the therapeutic side of my professional identity wanting not to judge their perceptions and wanting to be sensitive to the world as they regard it. However, this was a rather phenomenological way to view this conflict. Though I wanted to be grounded in the experiences of participants, this was not the purpose of my inquiry, which instead sought to explore social ideals. Therefore, I had to go back to my five underlying assumptions. To critique is to research. I was not challenging the concepts of safety or security but rather ensuring that they do not become taken-for-granted. Ensuring that these concepts are not taken-for-granted allows me (and hopefully others) to understand that ideals are permeable, flexible, and adaptable. Ideals can be open to context and can be suitably integrated into context.

Another conflict emerged between my counsellor subjectivity and my psychologist subjectivity. Although both are therapeutic professions, I wondered whether they were in some way different. Did different social ideals inform them? Interestingly, this conflict was grounded in participants' accounts since stories of division were ever-present. The subordinate theme "Towards Shared Values of Care" revealed my sensitivity towards the hierarchical structure found in counselling and psychotherapy. During the doctoral training, I often came across invalidation of my counsellor role, which was somehow not of psychology and was somehow outranked by psychology.

My experiences of such division were brought to the surface when hearing similar narratives among participants.

I was forced to reflect on my anger, and clinical supervision was incredibly helpful to unravel my sense of professionalism and protectionism. Moreover, clinical supervision allowed me to put my experience to one side and concentrate on what social processes were occurring. It was incredibly insightful to read Towl's (2012) suggestion of the "tribalism" found in the structural nature of the BPS. I felt that the experiences of participants could be attributed to the divisional character of the BPS where a professional is further divided into a 'forensic psychologist,' a 'counselling psychologist,' or a 'clinical psychologist.'

Exploring the extant literature was incredibly helpful for me to move beyond the personal to get a sense of the social. Concepts such as labelling theory and dividing practices were useful in learning more about the ideological tensions among disciplines and professionals. These ideological tensions, in some way, informed the superordinate theme "Humanising the Client." Some participants explicitly touched on labelling and categorising, yet for others labelling and categorisation was more implicit. One of my biggest insights was the ways in which labels operate not only in prison but also in society.

I became somewhat overly sensitive to the idea that labels are imbued with power. As can be seen in my writing style, I felt unable to use the words prisoner, offender, or criminal without indicating it was a label. Even as I write this reflexivity section, I am reminded that I am stating that my subjectivities are labels. They are ideas rather

than 'real' entities. I was forced to examine my taken-for-granted practices and to reflect on how often I have used labels for ease without contemplating what social function it serves. Comments such as "she is a self-harmer" linguistically place self-harm as inhering in a person. Is a self-harmer a new category of humanness? Rather, 'she' is someone who engages in self-harming behaviour.

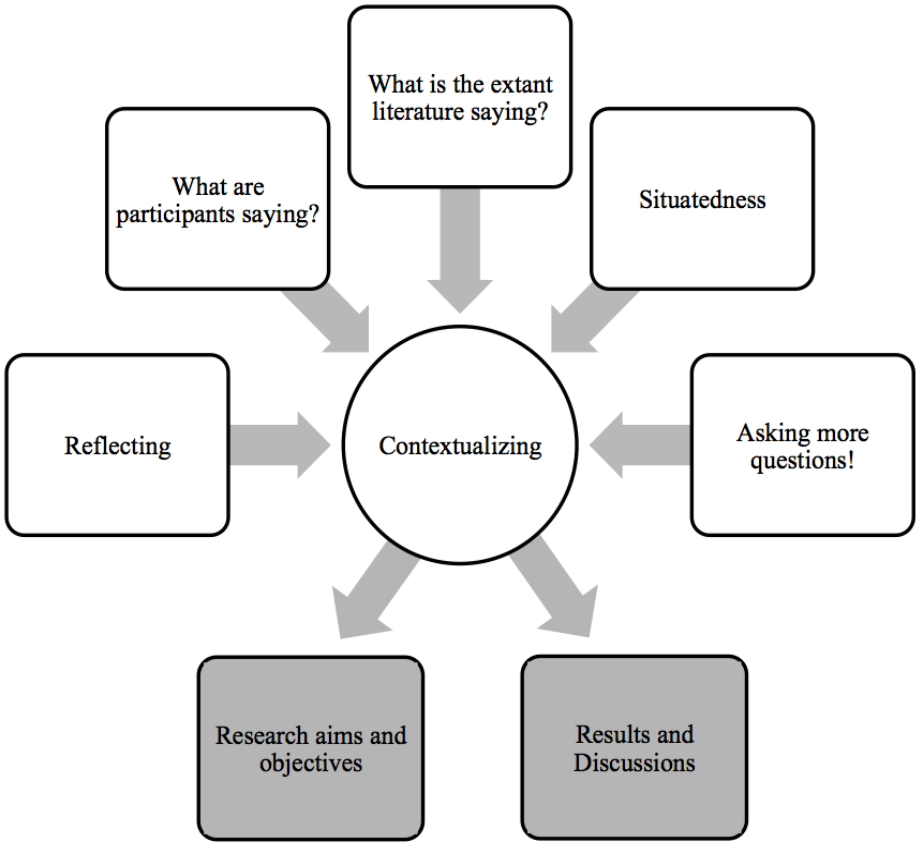
On Developing a Process of Contextualization

The most important insight I obtained from comparing experiences of this research to previous projects was the necessity for qualitative inquiries to be iterative. Having engaged mostly in objectivistic endeavours in the past, I was aware of how different I experienced this qualitative project. It lacked the perceived structure found in quantitative research designs with their standardised procedures for moving from a hypothesis to the drawing of inferences. Instead, I found myself having to develop new procedures only to find that I would have to go backwards once again to move forwards. To account for this iterative process, I needed a way to conceptualise it, and I developed a *contextualizing process* to understand where I was at in each stage.

As Diagram 14 illustrates, the contextualizing process consists of situating the following: (a) ideals from socio-political discourses, (b) ideals from the literature, (c) ideals from participants' accounts, (d) ideals from reflexive engagement, and (e) discerning new questions. Although an iterative process allowed the research to grow, the primary research question remained the same. What grew out of this process was the construction of my secondary objectives, and this required ethical sensitivity to ensure the project was in bounds and did not digress from its original

proposal. It was a balance between what was proposed, amending proposals (where relevant), and ensuring enough flexibility to allow for the unknown to become known. Participants' narratives caused me to reflect, and my reflections caused me to examine ideals from a new position, each building block spiralling continually upwards until its completion.

Diagram 14. Contextualizing process



Source: Author

After reviewing the extant literature for knowledge gaps and ascertaining the agenda for this research, I proceeded with producing an interview schedule that would address pertinent issues. Following this, I began interviewing participants. Interviewing was a thoroughly enjoyable experience, and it was interesting because I

was increasingly aware of salient issues. At times, participants would touch on areas identified in the literature such as the therapeutic impoverishments of a prison environment. At other times, they would touch on areas not readily covered in the literature such as discussions about the impact of stigma on people in prison. Despite my grasp on the literature, I set it aside during the thematic analysis process to be as inductive as possible since being data-driven helped me to examine latent social meaning.

But I still had to reflect on how I was constructing social meaning. For instance, within the superordinate theme "Frames Inside Frames," there was a shift in the analytical process from what were the seemingly manifest frustrations of cancelled therapy sessions to understanding the latent meanings this frustration. The analysis required placing inductive meaning into a discursive realm and, to do this, I had to go back to the literature to see how previous research constructed ideals. It was apparent that frustrations were grounded in therapeutic discourses where participants had the responsibility to ensure safety. Gradually, this insight spiralled into the construction of the central theme.

The superordinate theme "Performing Therapy" provides another example of the contextualizing process. New questions about modernisation and penal ideals were formulated following their presence within participants' accounts. This was an excellent experience because when I started to engage at a policy level, I began to see discourses I had overlooked. The word modernisation was constantly repeated in NHS, HMPS, NOMS documents and required additional reflection. What did

modernisation mean? Why was it standing out to me? I started to notice how powerful these discourses were not only in the context of prison but also at a social level.

I sometimes questioned whether I was going too far beyond the meanings of participants. Therefore, I had to read other social constructionist writings to get a sense of what they entailed. Drake (2011, 2012), as well as Donohue and Moore (2009), provided fantastic writings, which I found inspiring. For example, Drake's research commented on prominent public protection discourses, but these were well grounded in her participants' accounts. She appeared to achieve a synergy between induction and deduction, and I was reassured that the iterative process of induction and deduction would ensure that neither approach superseded the other.

Going back to participants' accounts, asking new questions, reflecting on what was coming out of the research, and situating were all vital components of my study, which formed an integral part the analytical procedure. In addition, they were imperative for providing flexibility for growth. In other words, had I already pre-empted the findings then no new knowledge could be generated. The contextualizing process provided a structure to allow for such flexibility.

Immersion, Reading, Writing: Immersion, Reading, and Writing

Debatably, the contextualizing process was a spiral upwards, and immersion was a spiral downwards. Each successive attempt I made to immerse myself allowed me to reach greater depth. I had often come across the importance of immersion in the qualitative research process but never before had I experienced it. Immersion was not

always easy to achieve, and I experienced a counter-intuitive reaction to want to surface as quickly as possible. I experienced immersion to be emotionally as well as physically exhausting.

> On deeper reflection, there were a few occasions where I had felt metaphorically 'imprisoned.' I would go into the young 'offender' institute to see my client and later go to the adult prison to see my other clients. I would drive home to read literature about prisons. The next few days were spent transcribing or analysing participants' accounts of their experience in prisons. I would then have clinical supervision about my clients in prison and research supervision about my prison-based research. At this stage, I re-engaged in personal therapy. I can only describe what felt to be my 'head expanding' from the sheer volume of discourses, ideas, and ideologies that I was coming across.

My preconception of the immersive process was originally about gaining depth of understanding from participants. However, the process was not limited to this. Instead, immersion occurred during engagement with the extant literature, which could be attributed to the similar analytical procedures I applied. Further to this, immersion took place during the stages of writing. Sometimes I felt saturated and unable to process new information. My being saturated required specific forms of management mostly consisting of grounding such as:

- Taking regular breaks.
- Keeping a free-flow thought diary.
- Re-engaging in non-research activities.
- Talking to people about my ideas.

Much of my time was spent reading to familiarise myself with concepts and ideas, which were not always relevant to my study but were vital for my understanding of it. I spent a massive amount of time reading about social constructionism and its comparison to other paradigms. Constant comparison was a common theme in my experience. For example, I came across critiques that thematic analysis was a less detailed version of grounded theory. I did not want to take this at face value, so it was important for me to compare these two methods and to understand how they differed. I was surprised to find much convergence, yet the areas where they diverged provided me with a rationale for applying thematic analysis. Grounded theory allowed for conceptual development (e.g., the development of theory), but thematic analysis allowed for thematic insight (e.g., conceptual clarity). Being located within a social constructionist position meant that I was not aiming to provide a theory that could be applied across settings as this would be inconsistent.

Again, I wanted to know how social constructionism differed from a phenomenological analysis. Once more, to my surprise, I learnt that there were different forms of phenomenology. Husserl's (1999, 2014) phenomenology was about the "essence" of an object (as found in the subjective mind); Smith, Flowers, and Larkin's (2009) phenomenology was about the "lived experience" of a subject (as found living in an objective world). What makes this reflection important is that I believe having knowledge of other paradigms is as essential as knowing about the one I implemented. I can understand the value of training in these different approaches, which provides a depth of knowledge.

Writing! Something as simple as putting words onto a page unfolded to present a complex picture. I had wanted to maintain the "golden thread" of this thesis but without this being forceful. I often used the image of a braid with each thread being woven in a continuous pattern from beginning to end. Braiding ideas, of course, was tricky. What made braiding complex was holding onto each thread without losing my grip. Whenever I had lost my grip (i.e., insight), I experienced writers block. I had let go of the threads and finding them again was arduous. However, as with the process of immersion, each successive attempt provided greater layers of depth.

I had to be sure that my writing fit with what participants were saying and this brought with it a crucial insight about power! I could readily acknowledge the power differential created by my position as a researcher and an interviewee's position as a participant. It is interesting that my therapeutic skills played an influential role in the interview process where power was managed in similar ways to how it would have been in therapy. In conducting the interviews, flexibility was vital for establishing a co-constructive environment. Nevertheless, what was new to me was discursive power.

Reflexivity itself is about taking responsibility for the power dynamics operating in the research process. I had presented a workshop as part of my training on postmodern reflexivity. It was a great experience where I got to talk about the power that researchers have not only in the processes of research but also in the processes extending beyond the research. However, I felt that discursive power was often

neglected. Having delivered this workshop, I was confronted with the 'reality' of power being a researcher myself.

When referring to discursive power, I am alluding to the power that inheres in each word, paragraph, inference, and conclusion. Ultimately, I have been given a great opportunity to explore participants' ideas about their social world. Alongside this opportunity, I also have the responsibility not to misrepresent these ideas. I felt the responsibility was enormous. How could I achieve a synergy between producing research and producing responsible research? Although this may not have been such a dilemma (the two are not mutually exclusive), it was for me.

One salient dilemma was my use of language. When I was writing my thesis, I was aware that my language remained somewhat "scientific." It may be the case that "old habits die hard," and I would admit to a degree of post-positivistic indoctrination where I saved my reflections for the end rather than immersing them in the main body of the thesis. The objectivist in me, mostly informed by my prior experiences, could not use first-person statements. I recall numerous times in academia when I was told, explicitly, to change any first-person accounts. Though I have not altered my language, I am aware of it, and I will transparently acknowledge it. For now, I strive to find a balance that will ultimately contribute to this investigation. But this was a power that impacted my position in the research, and it is an important one to make transparent.

Therefore, with each word or paragraph, I was sensitive to the potential discursive power that it held. I questioned... What are the social implications of this wording? In

my thematic synthesis, I constructed the subordinate theme "The Oscillation of 'What Works' in Rehabilitation, a Dogmatic Evidence Base?" This theme exemplified those ways in which ideology (and its discourse) is present in research (see Cullen, et al., 2009; Cullen, & Gendreau, 1989, 2002). Reflexivity, then, particularly concerning power, was essential for managing responsible research.

The critical appraisal focused on validity from a social constructionist perspective, which aided in the critique of how this research was situated and how this research itself was imbued with ideals. Throughout my writing, I endeavoured to explicate ideals as much as possible. The methodology section was perhaps the most illuminating illustration of my transparency. It is probable that writing was the longest process of all because of my desire to ensure a responsible stance. As will be seen in the following reflection, this even included recognising my personal ideals.

From the Pre-conceived to the Re-Conceived

I have learnt a lot from this investigation. As the title of this reflection infers, many of my pre-conceived ideas about therapy in prisons have shifted. I was able to extend my concept of context to include a space that is physical, social, relational, operational, and procedural. I have gained a deeper understanding of the ideological nature of context. Crucially, I have come to understand therapeutic ideals and penal ideals interact, which has had significant implications for me since it has encouraged me to reflect on how these ideals shape my perceptions. Although I was always sensitive to penal discourses, I had not integrated these into my practice. Instead, they were discourses that I had taken-for-granted.

Reflecting on penal ideals, I would perhaps align myself with the concepts of rehabilitation, redemption, reparation, and restoration. I believe that these ideas converge with a therapeutic ethos where growth and change are achievable. I would perhaps distance myself from the concepts of retribution or "just deserts" since I believe that these are inconsistent with my humanistic values. When I reflected on the findings of this study, I formulated four statements. Contained in these statements are my perceptions about why I believed therapy in prison was vital.

Firstly, I think that therapeutic practitioners should have an obligation and a duty to ensure that every person has equitable access to psychological therapy regardless of their social standing or status. But further to this, if practitioners are to strive to provide an equitable service, then they have a responsibility to ensure that their practice, and the practice of others, is not governed by prejudice.

Secondly, people in prison experience complex mental health, psychological, and social difficulties, which may be exacerbated by neglect. In taking a social justice approach, for a moment, may cause practitioners to think about their role and the role that society plays in setting up a system whereby such grief and pain can become, at best disenfranchised, and at worst retributive. Working in a context where retribution governs interactions requires careful reflection.

Thirdly, although there are those in prison whose custodial sentences are indeterminate, life, or whole life, 'prisoners' at some time will be re-joining society. They will re-join society forever defined through their experience of imprisonment

whether through choice or reminder. When prejudice, stigma, and discrimination create a vacuum of disenfranchised pain, it also creates a fracturing of society.

Fourthly, redemption, reparation, and restoration may become hampered by the very efforts of labelling others as 'deviant'. Labelling could make rehabilitation enormously difficult to achieve increasing the risk of recidivism and continuing to present a substantial economic burden. We risk taking for granted attitudes towards crime and whether we believe that redemption is possible. But… prison is only one part of the criminal justice system. Arguably, when people go to prison by the time they get there they have already experienced a lifetime of systemic failure. This view challenges practitioners, as the providers of care to do better, earlier.

As can be seen from these statements, I am of the belief that there is still much more that therapeutic practitioners can do to improve the quality of services offered across the CJS. In taking a systemic interest in prisons, it may be possible to become more influential within differing spheres, including policy. To end, I would like to say that I have thoroughly enjoyed the opportunity to engage in this research process. It has been a journey fuelled by passion. Moreover, I would like to thank the participants that made this possible.

APPENDIX 2. THEMATIC SYNTHESIS ILLUSTRATIONS

To increase the transparency of the thematic synthesis, found in Chapter 3, I will explore how I constructed the superordinate theme "The Challenges of 'Therapeutic Impoverishments' within the CJS." A transparent account enhances the quality of this study and also provides reflexive engagement, which helps the reader to understand how my processes shaped the construction the study outcomes (see Appendix 9). The three stages applied to the synthesis included:

1. Collating and categorising the extant literature.
2. Appraising and extracting the results.
3. Themeing the extracted results.

The first two stages ran concurrently with the thematic analysis process. However, the latter stage was halted until the themes of the thematic analysis were constructed to ground the research in participants' accounts. Performing the thematic analysis before the thematic synthesis was useful for me because I had prior experience to guide me.

Collating and Categorising the Extant Literature

Collating literature involved collecting and documenting abstracts (or summaries where abstracts were not provided). Following this, I reviewed each abstract to ensure its relevance and applicability. Although the exclusion criteria were minimal, this helped to focus literature away from studies examining the psychological causes of crime.

For example, numerous articles examined attachment theory focusing on (a) therapeutic applications of attachment theory (included), (b) contextual applications of attachment theory (included), and (c) applications of attachment theory to the causes of 'delinquency' (excluded). As this example illustrates, I wanted to focus on the therapeutic relevance of theories. After a preliminary review, I began to compile a database containing information for referencing and for later cross-referencing, and this was an incredibly crucial strategy for ensuring that articles were not "lost." I developed an index to contain relevant information about each article and categorised them according to their stated methodology (see Table 5).

Table 5. Literature synthesis index

Index	Type of article type / methodology
A	Qualitative research
B	Quantitative research
C	Reflective accounts
D	Theoretical / historical / deconstructive literature
E	Models / manuals
F	Literature review (e.g. narrative, systematic, meta-analysis)
G	Scale development / cost-benefits analysis research
H	Service audit or evaluation
I	Book or book chapter
X	Unclear

Source: Author

Subsequently, I started to collate information about (a) research setting, (b) research focus, (c) research methodology, and (d) research findings. An example of a categorisation record can be seen in Table 6. Collating information was a lengthy and ardours process, but one that paid dividends in the latter stage of the synthesis. As seen in Table 6, Schlesinger (1979) discussed five ideas, which he believed were the "necessary conditions" for psychological therapy provision.

Table 6. Literature categorisation record

Author	Setting	Focus	Method	Findings
INDEX (146) C Schlesinger (1979)	Prison	Psychotherapy from the perspective of professionals	Reflective	1) "Necessary Conditions: Trust" 2) "Necessary Conditions: Confidentiality" 3) "Necessary Conditions: Voluntariness" 4) "Necessary Conditions: Intrinsic Motivation to Change" 5) "Necessary Conditions: Perceptions of the Therapeutic Environment"

Source: Author

These ideas included "trust," "confidentiality," "voluntariness," "intrinsic motivation to change," and "perceptions of the therapeutic environment." Schlesinger's ideas later became an in-vivo title for the subordinate theme "The 'Necessary Conditions' of Psychological Therapy" since it reflected the ideals that were continually repeating within the literature.

The main challenge I faced during the collation of literature was my desire to ensure that I had covered *all* the literature, but when I synthesised information about conducting a literature review I was surprised to find numerous strategies. Naively, when I began this process I only knew of the systematic review, the meta-analytical review, and the narrative review. From my discovery, I learnt that these review strategies focus on comprehensive methodological coverage, but the thematic synthesis focuses on comprehensive conceptual coverage. Therefore, the inclusion of literature was purposive rather than exhaustive. I re-framed my initial apprehensions to ensure I achieved conceptual depth instead, which was an exciting prospect.

Appraising and Extracting Results

Once the relevant information was categorised, I performed an in-depth appraisal of each article. The appraisal consisted of assessing the strengths and limitations of (a) the methods, (b) the findings, and (c) the concepts. During this stage, I extracted the results (or discussion topics) and placed them into an MS Excel document, which formed the basis of the codebook. I had tried, as much as possible, to ensure extracted results would be similar to in-vivo codes. In so doing, I would achieve an inductive approach. Examples of in-vivo codes as found in the superordinate theme "The Challenges of 'Therapeutic Impoverishments' within the CJS" included:

- "Therapeutically impoverished" (46) C.
- "Anti-therapeutic" (170) I.
- "Counter-therapeutic" (48) C.
- "The frame imprisoned," "therapist's anonymity" (73) C.
- "The frame imprisoned," "confidentiality" (73) C.

- "The frame imprisoned," "the neutral setting" (73) C.
- "Threat is all around," "manipulation" (44) A.
- "Threat is all around, "physical" (44) A.
- "Threat is all around," psychological and emotional (44) A.
- "Threat is all around," the therapeutic relationship (44) A.

These codes were important for recognising that the prison setting was perceived to be counter-intuitive to the therapeutic process as it was "impoverished." It was apparent from the extant literature that a prison environment not only constrained the process of therapy (e.g., "imprisoned") but also indicated that it affected professionals' subjective experiences (e.g., "threat").

Themeing the Extracted Data

I applied a similar process of thematic analysis to Braun and Clarke's (2006, 2012) six-stage model to theme the extracted data (illustrated in Appendix 9). The extracted codes were systematically categorised based on repeated conceptual patterns found in the literature. Examples of conceptual categories included:

- "Therapeutically Impoverished Environment."
- "Deontological Impoverished Environment."
- "Therapeutic Frame."
- "Experiential 'Threat' and Safety."
- "Attachment Theory."
- "Low-Trust Environments."

These categories were important for recognising that a prison setting impacted the therapeutic process in different ways.

For instance, the category “Therapeutically Impoverished Environment” differed from the category “Deontological Impoverished Environments.” Firstly, the former category was inductive; the latter category was analytically derived. Secondly, the former category discussed the therapeutic process; the latter category discussed ethics and duties. Common to these categories was the idea that therapeutic theory was challenging to implement within a prison context.

Table 7. Themeing the extracted data

Superordinate theme	Subordinate theme
The challenges of “therapeutic impoverishments” within the CJS	The "necessary conditions" of psychology therapy
	The therapeutic relationship in an environment of mistrust
	The "therapunitive prison," coercion, and "psychological power"
	The “endemic” problem of engagement and the “resistant” client

Source: Author

The initial theme “The ‘Necessary Conditions’ of psychological therapy” was constructed, and I then reviewed the initial themes allowing me to determine superordinate and subordinate concepts (see Table 7). For instance, the subordinate themes “The ‘Necessary Conditions’ of Psychological Therapy” and “The ‘Endemic’ Problem of Engagement and the ‘Resistant’ Client” shared a conceptual similarity (both being important therapeutic ideals). It is well established in counselling and psychotherapy that engagement is vital to the therapeutic process in as much as it is necessary. Further to this, a contextual restriction was prevalent within each theme.

Therefore, the superordinate concept was the perceived challenge facing professionals when working in a therapeutically impoverished environment. What separated the subordinate themes was the nature of the impoverishment discussed (e.g., therapeutic frame vs. client resistance).

Presenting the Thematic Synthesis

After synthesising the literature in this way, I then started to reflect on current knowledge gaps as well as areas of conceptual ambiguity. The research agenda was refined, and it was made more coherent and focused. I found the thematic synthesis process to be highly informative to the overall process of research as it allowed for a greater level of immersion than I had previously experienced when conducting other literature reviews.

APPENDIX 3. WRITTEN ADVERTISEMENT

Psychological Therapy in Her Majesty's Prison Service

A Request for Participation in Research

This research is interested in the counselling and therapy services offered to offenders whilst they are in prison, and how both professionals and clients perceive them. We are looking for applied psychologists (counselling, clinical, and forensic) as well as counsellors and psychotherapists to offer their opinions and perceptions of providing psychological therapy in prisons. You may be accredited, qualified, or in training, and have had past or current experience of offering psychological therapeutic interventions to offenders in prison.

About the researchers: My name is Faye, and I am currently in further training as a counselling psychologist at the University of Wolverhampton, and I am a qualified counsellor. The research team consists of myself and my supervisors Dr Dando and Dr Galbraith.

If you are interested in taking part, we will arrange a research meeting, which may be face-to-face, over the telephone, or via Skype. There will be an opportunity to discuss the details of the research, answer any questions, and participate in a semi-structured interview (lasting around 60-minutes). The semi-structured interviews will be audio-recorded, transcribed, and analysed.

Due to the nature and context of this research, we will follow strict guidelines on confidentiality and anonymity including the anonymisation of any information pertaining to your identity, the identity of other people, and identifiable information around prison establishments. The University of Wolverhampton's School of Applied Sciences has given ethical approval for this research and the National Offender Management Service (NOMS) National Research Committee has approved in principle the recruitment of offenders in prison.

Please contact me [phone number] or email me at [email address] for more information.

Many thanks for your time.

APPENDIX 4. VISUAL ADVERTISEMENT

UNIVERSITY OF WOLVERHAMPTON
KNOWLEDGE • INNOVATION • ENTERPRISE

Psychological Therapy in HM Prison Service

How do Professionals' and Clients' in Prison Perceive Psychological Therapy?

This research explores how professionals' and clients' in prison perceive psychological therapy.

- You may be a Forensic, Clinical, or Counselling Psychologist offering therapeutic interventions to offenders' in prison;
- You may be a Counsellor or Psychotherapist offering therapy to offenders' in prison;
- You may be currently working in prison, have past experience of this, or about to start / developing a therapy service; And
- You may be accredited, qualified, or in training.

The research will be exploring themes around:

- Your therapeutic role in the prison service;
- The perceptions you have around providing psychological therapy in the prison context;
- What you expect and want from psychological therapy; And
- The potential barriers you face in this context.

In order to discuss your views, opinions, and perceptions of psychological therapy we will have a research interview, which will last around 60 minutes. The interview will be audio-recorded and transcribed.

Interviews can be arranged using the following techniques:

- Face-to-face;
- Telephone; Or
- Skype.

It is our belief that research is carried out in an environment of respect where you will have the ability to choose what you share and what questions you answer. At any point in the research you may choose to stop if you feel this is necessary.

The research will be made available to the wider academic and professional community. It is hoped that your views, opinions, and perceptions may shape future psychological therapy services, which are able to acknowledge the needs of clients and therapists working in the prison setting and that address the potential barriers for working in this context.

Due to the nature and context of this research any contribution made will remain anonymous and personal information will remain confidential. This includes ensuring that your identity, identity of other people (clients or prison staff), and identity of prison establishments will not be disclosed.

This research is being undertaken as part of a Doctorate in Counselling Psychology. The research team consists of Faye Volker, Dr. Coral Dando, and Dr. Naill Galbraith. It has been approved by University of Wolverhampton School of Applied

RESEARCH INVITATION

If you would like to take part in this research or would like more information and the chance to ask questions, please contact me on [phone number] or email me [email address].

Thank you for your time and consideration.

Best Wishes

APPENDIX 5. PROPOSAL AND ETHICAL APPROVAL

UNIVERSITY OF WOLVERHAMPTON

RES 20B

(October 2003)

School of Applied Sciences Ethics Committee: submission of project for approval

- This form must be word processed – no handwritten forms can be considered
- ALL sections of this form must be completed
- No project may commence without authorisation from the School Ethics Committee

CATEGORY B PROJECTS:

There is identifiable risk to the participant's wellbeing, such as:
• Significant physical intervention or physical stress.
• Use of research materials which may bring about a degree of psychological stress or upset.
• Use of instruments or tests involving sensitive issues.
• Participants are recruited from vulnerable populations, such as those with a recognised clinical or psychological or similar condition. Vulnerability is partly determined in relation to the methods and content of the research project as well as an *a priori* assessment.

All Category B projects are assessed first at subcommittee level and once approved are forwarded to the School Ethics Committee for individual consideration. Undergraduates are not permitted to carry out Category B projects.

Title of Project:	How do professionals and clients in prison perceive psychological therapy?
Name of Supervisor: (for all student projects)	Dr Niall Galbraith Dr Coral Dando
Name of Investigator(s):	Faye Tameryn Volker
Level of Research: (Module code, MPhil/PhD, Staff)	Doctorate
Qualifications/Expertise of the investigator relevant to the submission:	**MSc in Counselling Psychology** Trainee counsellors' experiences of mandatory personal therapy: Narrative Inquiry. **MRes in Psychological Research Methods specialising in Neuroimaging** Neural correlates of self-criticism and self-

	reassurance: fMRI. Longe, O., Maratos, F.A., Gilbert, P., Evans, G., Volker, F., Rockcliff, H., & Rippon, G. (2010). Having a word with yourself: Neural correlates of self-criticism and self-reassurance. *NeuroImage*, 49(2), 1849-1856. **BSc (Hons) Psychological Sciences** Blood pressure and state stress reactivity in fit and sedentary participants in response to psychological stress.

Participants: Please indicate the population and number of participants, the nature of the participant group and how they will be recruited.	Participants There will be two participant groups for this research (a) professionals and (b) offenders in HM Prison Service. *Participant Group: Professionals* The first group will consist of applied psychologists from clinical, counselling, and forensic backgrounds as well as counsellors and psychotherapists. To be included participants will have either past or current experience of offering psychological therapy to prisoners within HM Prison Service. This research aims to recruit 10-20 professionals to ensure an adequate number of participants. *Participant Group: Offenders* The second group will consist of prisoners (aged 20 years and above) currently serving a sentence in HM Prison Service. Previous research into health-seeking behaviour has demonstrated a difference in the perception of mental health services dependent on prison classifications such as Categories B, C, and open prisons. Due to differences in these reported perceptions, this research will recruit participants from various classes of prison including B, C, D, and female prisons. Participants will also be serving an array of prison sentence types (e.g., Life Sentence, In Prison for Public Protection [IPP], Determinant Sentence, & Remand). This research aims to be conducted across four HM Prison Service establishments to ensure a representative sample. This research aims to recruit 10-20 prisoners to ensure an adequate number of participants.

	Sampling *Participant Group: Professionals* Participants will be self-selecting and will be recruited using written and visual advertisement placed on several online forums and membership websites. Snowball sampling is also expected to occur through verbal sharing of information about the research. *Online forum and membership websites include:* 1) British Psychological Society (BPS) Division of Counselling Psychology (DCoP) Members Forum & Advertisement. 2) Counselling Psychologists Working in Forensic Settings Special Interest Group (CoPiFS) in DCoP. 3) Counselling in Prisons Network (Online Members Network). 4) British Association for Counselling & Psychotherapy (BACP) Criminal Justice Forum. 5) Offender Psychological Therapy Network (Online Members Network). *Participant Group: Offenders in Prison* Participants will be self-selected and will be recruited using several techniques. Advertisement and leaflets will be placed in key areas in the prison such as healthcare, education, and chaplaincy, etc. Key staff members will share information about the research including leaflets and verbal information to prisoners. Key staff members will be appointed following liaison with National Offender Management Service (NOMS) and with Prison Governors. It is expected that snowball sampling may also occur emanating from prisoners who have participated being likely to share information about the research (leaflets and verbal information). The verbal sharing of information about the research between prisoners is viewed as positive as it is likely to encourage participants who might not typically take part in research because of literacy difficulties (i.e., not able to access written information/adverts). Once a prisoner has volunteered to participate - but before commencing a research meeting - the researcher will liaise with the Safer Custody Team (located in all prisons) to discuss any potential risks (for the researcher, prison staff, and prisoner) that may be associated with each participant. This is in

	accordance with Safer Custody Policy of effective sharing of risk for staff and visitors to the Prison Service. Participants currently deemed to be a risk of harm to self or others will be excluded from the research. This procedural information will be explicitly communicated on the recruitment advertisement to ensure potential participants are made aware this before to volunteering to take part in the research.

Please attach the following and tick the box provided to confirm that each has been included:

Rationale for and expected outcomes of the study	YES
Details of method: materials, design and procedure	YES
Information sheet * and informed consent form for participants ** To include appropriate safeguards for confidentiality and anonymity*	YES
Details of how information will be held and disposed of	YES
Details of if/how results will be fed back to participants	YES
Letters requesting, or granting, consent from any collaborating institutions	YES
Letters requesting, or granting, consent from head teacher or parents or equivalent, if participants are under the age of 16	N/A

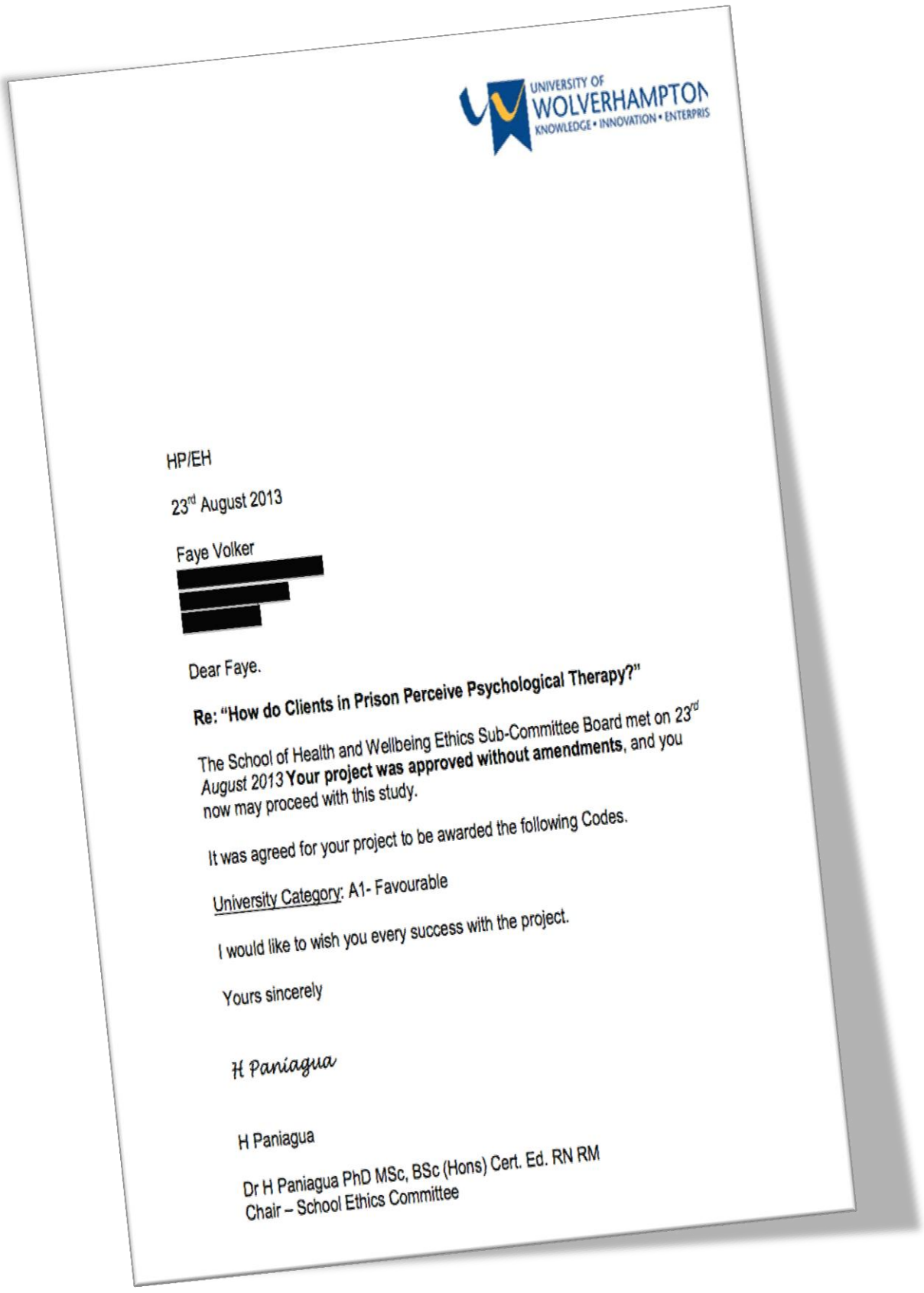
Is ethical approval required from any external body? YES

If yes, which Committee?

Integrated Research Application System (IRAS), which consists of applications made to the National Offender Management Service (NOMS) for approval of research conducted in probation and prison services.

NB. Where another ethics committee is involved, the research cannot be carried out until approval has been granted by both the School committee and the external committee.

Understood.



UNIVERSITY OF WOLVERHAMPTON
KNOWLEDGE • INNOVATION • ENTERPRIS

HP/EH

23rd August 2013

Faye Volker
[redacted]

Dear Faye.

Re: "How do Clients in Prison Perceive Psychological Therapy?"

The School of Health and Wellbeing Ethics Sub-Committee Board met on 23rd August 2013 **Your project was approved without amendments**, and you now may proceed with this study.

It was agreed for your project to be awarded the following Codes.

University Category: A1- Favourable

I would like to wish you every success with the project.

Yours sincerely

H Paniagua

H Paniagua

Dr H Paniagua PhD MSc, BSc (Hons) Cert. Ed. RN RM
Chair – School Ethics Committee

Ministry of JUSTICE
National Offender Management Service

National Offender Management Service
National Research Committee
Email: National.Research@noms.gsi.gov.uk

Miss Faye Volker
[redacted]

31 October 2013

APPROVED SUBJECT TO MODIFICATIONS – NOMS RESEARCH

Ref: 2013-197
Title: How do Clients in Prison Perceive Psychological Therapy?

Dear Miss Volker,

Further to your application to undertake research across NOMS, the National Research Committee (NRC) is pleased to grant approval in principle for your research. The Committee has requested the following modifications:

- The withdrawal dates in the participant information sheet and the consent form should be aligned. The information sheet should be amended to reflect the single interview approach.
- The following should be included in the participation information sheet/consent form:
  - Participants should be asked for their consent to the use of audio-recording equipment.
  - The respondent should be asked to direct any requests for information, complaints and queries through their prison establishment.
- The Committee recommends that the recordings should be wiped once they have been transcribed and anonymised unless there are clear grounds for keeping them any longer – the transcriptions themselves are usually kept for a longer period to comply with University/publication requirements.
- The Committee notes that staff assistance will be required to check eligibility criteria. Prison staff will have information indicating which prisoners have previously experienced psychological therapy, and the Committee recommends that it should be ensured that sufficient numbers of such prisoners are included within the sample (particularly as the interview schedule is geared towards those with experience/awareness of psychological therapy).

Before the research can commence you must agree formally by email to the NRC (National.Research@noms.gsi.gov.uk), confirming that you accept the modifications set out above and will comply with the terms and conditions outlined below and the expectations set out in the NOMS Research Instruction (http://www.justice.gov.uk/downloads/offenders/psipso/psi-2012/psi-13-2012-research-application.doc).

Please note that the decision to grant access to prison establishments or probation trusts (and the offenders and practitioners within these establishments/trusts) ultimately lies with the Governing Governor or Contract Manager of the establishment/trust concerned.

APPENDIX 6. RESEARCH INFORMATION SHEET

Information about the Research

About the researchers

My name is Faye, and I am the main researcher exploring psychological therapies in HM Prison Service. I am currently in further training as a counselling psychologist at the University of Wolverhampton, and I am a qualified counsellor. Dr Niall Galbraith and Dr Coral Dando, both of whom are based at the University of Wolverhampton, supervise this research project.

About the research

Having been counselling in the prison service for around two years, I am interested in the counselling and therapy services offered to people whilst in prison and how these services are perceived. **Psychological therapy refers to both individual and group counselling and psychotherapy where psychological difficulties or needs are explored.** The research question being asked is "*How do professionals and clients in prison perceive psychological therapy?*"

Your involvement

I would like to invite you to share your opinions and perceptions of providing psychological therapy in prison. In order to explore this, we will arrange a research meeting, which may be face-to-face, over the telephone, or via Skype. This meeting will be an opportunity to have a conversation about the research, what it is about, whether you would like to take part, and to answer any questions you may have. If you agree to take part, we will then go on to have a 60-minute interview, which will be audio-recorded. It is my strong belief that research is carried out in a professional and ethical way and does not cause harm or discomfort to those taking part. This research will involve you sharing your opinions and perceptions of providing psychological therapy, which may include your feelings, thoughts, and meanings. The research will be carried out in an environment of respect where you will have the ability to choose what you share and what questions you answer. At any point in the meeting, you can choose to stop the interview or audio-recording if you feel this is necessary.

Taking part in the research

Your role in this research is voluntary, and it is your choice whether you would like to take part. As this research is voluntary, you may choose not to take part or choose to limit or end your involvement at any stage of the research. This will not be a problem, and you will not be disadvantaged in any way should you choose not to take part or to withdraw. You will have a choice in whether or not to answer particular questions. No incentives will be offered to take part in this research and taking part is under your agreement alone. The research meeting may be therapeutic as you will have the opportunity to talk about your experiences but it will not be a therapy session. Information about where to get help and support will be provided.

Limiting or ending involvement in the research

There will be opportunities throughout the research for us to talk about whether you would like to continue, limit, or end your involvement in the research. If you choose to withdraw from the research, this will be respected, and you will not be asked to provide a reason. If you withdraw from the research, your contributions will be removed.

- **You will have until September 2014 to withdraw your contribution to the research.** This date has been provided as the research will be submitted to the University of Wolverhampton, and it will not be possible to remove your contribution after this date.

What your information and contributions are used for

This research is part of an assessment for a Doctorate in Counselling Psychology at the University of Wolverhampton and is part of extended counselling psychology training. The research will be submitted to the University of Wolverhampton where it will be assessed by the psychology department and a chosen external examiner.

Please be aware of the following:

- The research will be available at the University of Wolverhampton Library.
- A research summary will be shared with the HM Prison Service on completion.
- The research will be shared with the wider academic and professional community through publication and conference presentations.
- **As such, this research will be in the public domain.**

CONFIDENTIALITY AND ANONYMITY

All information gathered from you during this research will be made anonymous and kept confidential. No personal information or individuals will be identified in any publication of the research. Information falls into two categories that are in place to protect anonymity and confidentiality: Identifiable information and unidentifiable / anonymised information.

Identifiable information

Only the researcher will have access to information that may identify you – your name, consent form, and audio-recordings. This information will remain confidential.

The following are limitations to confidentiality:

- Audio-recordings made during the research meeting may be requested by the University of Wolverhampton (i.e., supervisors) for assessment purposes of the **researcher only**.
- If you disclose possible risk of harm to yourself, other people, or children the researcher will have a duty of care to share this information with appropriate health care professionals.

Unidentifiable information

Information and responses gathered will be anonymised to ensure that your identity, the identity of other people, and the identity of the prison and staff are not disclosed. This information will be changed, altered, or removed to safeguard identity and will be done with sensitivity to ensure that it resembles what you have contributed. Once information has been anonymised, it may then be shared within the public domain.

How will information be stored and destroyed?

All information gathered from this research will be stored according to the Data Protection Act (1998) and will be stored for two years, until September 2017. Information held will be stored in a safe and secure environment, and electronic information will be stored on a password-protected computer. Information will be destroyed following the two-year period. Hard copies of information will be shredded and information stored electronically, as much as possible, will be deleted and erased.

Contacting the researcher

If you would like to find out more information, to withdraw or limit your involvement in the research, or have any complaints or queries, please contact me using the following methods:

[Insert University email address]

[Insert telephone number]

Further to this, a research summary will be made available. If you would like to receive a summary, please request this from the researcher.

Where can you get support if you need this?

This research does not intend to cause distress from taking part, but if you feel that you need additional support after taking part in the research the following places of support may be helpful:

- NHS direct helpline: **111 (free from any landline or mobile phone)**
- Samaritans: **08457 90 90 90 (phone) / jo@samaritans.org**
- British Association for Counsellors and Therapists (BACP) register of counsellors and therapists: **www.bacp.co.uk**
- British Psychological Society (BPS) register of psychologists: **www.bps.org.uk**

APPENDIX 7. RESEARCH CONSENT FORM

Consent Form for Participation in Research

How do Professionals and Clients in Prison Perceive Psychological Therapies?

I would like to invite you to share your opinions and perceptions of psychological therapy while in prison. If you would like to take part in this research, please read the following and ask any questions you might have before signing this form and agreeing to take part.

- I understand what this research is about and understand that I will take part in an interview to explore my perceptions around the provision of psychological therapy.
- I understand that my participation in this research is voluntary.
- I understand that I have the right to continue, limit, or end my involvement in this research, and my right to withdraw before September 2014.
- I understand the confidentiality and anonymity safeguards for identifiable and unidentifiable information and the limitations to these.
- I understand who will have access to information, how this information will be used, and how this information will be stored and destroyed.
- I understand that on completion of this research, it will be in the public domain, and I consent to this.
- I know that I can choose to limit or end my involvement in the research and to request a research summary if I want this and that this can be requested from the researcher.
- I consent to the use of audio-recording for the research interview.

DECLARATION:

By signing this consent form, I agree to participate in this research.

Participant Name

Participant Signature **Date**

Witnessed by

Signature **Date**

APPENDIX 8. INTERVIEW GUIDE

Probes:	What is that like?	Tell me more about that
Elaboration	How did you manage that?	Prior knowledge
Clarification	What sense do you make of that?	Other factors
Completion	What does that mean for you?	Talk me through that
	What does that look like?	Thoughts
	What influenced that?	Feelings
	Is there anything else?	Behaviours

Area of interest	Main questions	Prompts
Introduction: *Establishing a rapport while getting to know the participant.* *Trying to determine their use of language to ensure that questions convey equivalence of meaning.* *Quite broad opening question but will enable the participant to provide a narrative that conveys what they perceive to be important elements of their role.*	**Tell me a bit about yourself.** **Tell me about your role in the prison.**	Describe how you see yourself as a professional. What is it that you do in prison? What is your role? How do you see your role? How did you come to be working in a prison? How did you find out about working in prison? What led you to work in prison?
Client Group: *Eliciting perceptions of the client group, specifically attitudes and beliefs.* *Focusing on the construction of these attitudes and beliefs about clients. (Where do they come from?)* *Prompts focus on help-seeking behaviours of the client group and what therapists' perceive their needs to be.*	**Describe the client group you work with.**	How would you characterise the people that come to you? Describe what they come to see you about. What support do they usually seek? Explain how clients come to therapy. Describe how they may be referred. Describe how they might make an appointment to see you.

Therapeutic Approach: *Eliciting the underlying values and beliefs about therapy itself, therapy in a context, and therapy with this client group.* *Prompts focus on perceptions of challenge and success. How do therapists experience this encounter? What perceptions influence whether a participant views therapy as challenging or successful? Eliciting experiential knowledge.*	**Describe your approach to working with clients (to therapy).**	Tell me about times where using your approach has been difficult. Tell me about times where using your approach has been successful.
Expectations: *Expectations are about what may happen (a prediction). Expectations influence therapy, its direction, and outcome.*	**Describe what you expect when offering therapy in prison.**	In your experience of being in prison, what do you think the role of psychology may be? Describe the roles between yourself and the clients you work with. Will there be other people involved? Who might these be? Tell me how would this be different if you were not in prison.
Preferences: *Preferences are about what is wanted by the person.*	**Explain what you would want when offering therapy in prison.**	What would you like the therapy to be like? What would you like the client to be like? What would you like your role to be? Would there be other people you would like to be involved in therapy? Tell me how would this be different if you were not in prison.

Outcomes: *Eliciting information about perceptions surrounding therapeutic outcomes for this client group and what influences these. Within outcomes are expectations and preferences.*	**Tell me about what the ultimate goal of therapy may be.**	What would successful therapy look like? Where would you end up? What might smaller goals be? How might these goals be achieved?
Context: *A probing question to ascertain participants' attitudes and beliefs about the context in which they work. Contextual information should be across the interview but this provides a more focused exploration.*	**Explain how working in prison may influence therapy?**	
Closing: *Questions to end the interview. I want this to be quite reflective and fun. Eliciting recommendations could potentially tap into insights that participants have from their experience of working within a Prison Service.*	**If you could recommend three things that be taken on board by the prison, psychological therapy service, or client what might these be?** **Is there anything I have not asked that you would like to explore?**	If you have one lesson to teach about your experience, what would this be? What are your goals for the future?

APPENDIX 9. THEMATIC ANALYSIS ILLUSTRATIONS

I will explore how I constructed the superordinate theme "Humanising the Client." Braun and Clarke's (2006, 2012) six-stage model was used to analyse data thematically. The six analytical stages included:

1. Familiarisation with the data.
2. Initial coding.
3. Successive categorising and searching for themes.
4. Reviewing themes.
5. Defining and naming themes.
6. Reporting the findings.

Each stage will be presented, reflected on, and illustrated in turn with the aim of increasing the transparency of the thematic analysis process. The results of this analysis are found in Chapter 5.

Familiarisation with the Data

The formal process of analysis began when I started listening to each interview. After synthesising literature on the transcription process, I was aware that such an endeavour would be interpretive in nature. Although I had decided that an orthographic transcription method would be most applicable to the nature of the research, it was still an iterative process. The most prominent challenge I faced was moving beyond the application of grammatical rules to focus instead on the implementation of orthographic rules (e.g., false starts, hesitations, and repetitions).

I formulated a guiding set of orthographic principles to overcome my perceived difficulty. Once transcription was completed, each transcript was checked, with its audio-recording counterpart, to ensure its accuracy.

Transcription Illustration

> Researcher: So um am I right in saying very much kind of um not being judgemental is what I- what I hear you saying. Am I right in?
>
> Participant 1: Yeah that's a big thing really because um obviously working in a prison, you know, they have certain ways they see themselves, how they're treated, you know, um I think for somebody to kind of listen to everything they want to say um and to just stay, you know, in a place where, you know, it doesn't matter: "It doesn't make a difference in the way I see you, the way I think of you as a person." I think that's massive thing for them to have someone just still treat them like a normal human being um and give them that respect.

Transcription was an informative process since it allowed me to become immersed in what participants were saying, further, how they were saying it. For example, while transcribing the interview I had with participant 1, I was able to reflect on how important (e.g., "*massive*") it was that she recognised the humanity of 'prisoners.' In following transcripts, I was sensitive to this idea of humanity. I could begin to ascertain repeated patterns.

Initial Coding and Returning to Initial Coding

The coding stage was arguably the most troublesome one. Having not engaged with this form of analysis before, it felt like I was "learning on the job" and this is where most of my learning occurred. I made approximately three attempts at producing a

codebook with each bringing with it a greater understanding of thematic analysis and a greater understanding of participants' meanings.

Coding Attempt One

I began coding across the dataset in attempt one, and this process was largely analytical (i.e., it did not use in-vivo techniques). Codes were recorded in an MS Word table, their meanings were described, and their locations were provided (see Table 8). I felt like I was getting lost in an endless stream of codes and I could not adequately contain them. Reflecting on this, I believe the problem could be attributed to the loss of contextual (narrative) depth for which the descriptions were mainly unhelpful. I decided to begin applying a different strategy for maintaining this depth.

Table 8. Codebook attempt 1

Code	Description	Location
Labelling 'prisoner'	Clients are labelled as 'prisoners' and internalise this label, which may involve a process of socialising.	Participant 1 Participant 6 Participant 8
'Person' vs. 'prisoner'	There appears to be a conflict between regarding a person as a 'person' and regarding a person as a 'prisoner.'	Participant 1 Line: 139-141
Challenging labels	Challenging involves examining a client's perception of their label, their own self-judgments.	Participant 1 Line: 117-119

Source: Author

Coding Attempt Two

I started to move towards greater depth in attempt two, and this process was primarily inductive to each participant's account. Similar to IPA, I stayed as close as I could to individual meaning (see Table 9), and, this time, codes were attached to an extract to retain contextual information. Consequently, codes were compared across the dataset, which was an incredibly useful way of understanding the meaning of participants' experiences. However, I became increasingly concerned as to whether this was suitably social constructionist in its method.

Table 9. Codebook attempt 2

Code	Subcode / Extract
Non-judgemental stance	PARTICIPANT 8: Um not to feel- because, you know, you can try not judge your clients, but judegment is going to happen at some point. So it was good just to kind of air some of those judgements that I maybe may've made in sessions and reflect on how that might've impacted upon the therapy that we were doing rather than kind of bottling it up and going along with it. [507]

Source: Author

Despite my apprehensions, I proceeded with the development of a codebook and then began the next stage of analysis. I constructed numerous initial themes, yet I felt like these themes did not fit together cohesively. When I started searching for themes, I became "stuck," so I needed time to reflect before I carried on. During this time, I had a wonderful conversation that provided me with perspective, and I wrote about this in an analytical memo.

Analytical Memo Illustration

> "Getting the Bends..." Today I was offered the most wonderful (if not slightly frustrating) metaphor of a diver who emerges to the surface of the water too quickly without decompressing. Like the diver, I am too keen to get to the surface, and I am constructing themes before my process of decompression is complete. Braun and Clarke did warn against rushing the thematic process. But I have noticed that it is intuitive. I cannot - despite best intentions - develop on the themes because this process is telling me I am not ready. I feel immensely deflated and frustrated. I will need to go back – I will need to immerse once again – I will need to be sure enough depth is achieved – I will need to be sure to decompress before moving onto the next stage. This is a tremendously difficult decision as I am aware that it may set me back. However, I feel positive that my prior experience will guide me.

Coding Attempt 3

I decided to implement a more systematic approach to coding in attempt three, which I achieved by using of NVivo software for qualitative researchers. I experienced this to be a comprehensive platform for containing the context I perceived to be missing. NVivo offered me a multi-dimensional approach to the coding process and provided a rich analysis. In addition to this, I chose to apply the grounded theory principles of in-vivo coding (along with analytical codes), which meant being even more inductive. Examples of in-vivo codes as found in the superordinate theme "Humanising the Client" included:

- *"Troubled but they're very genuine people."*
- *"But it was quite a sad case."*
- *"She was really likeable."*
- *"I think they're all really likeable to be fair."*

- *"We're not looking at the gooder aspects of the person enough."*
- *"I think of you as a person."*
- *"To have someone just still treat them like a normal human being."*
- *"It's about trying to promote these are human beings; not cattle."*
- *"They're still humans."*

These codes were significant for recognising people in prison were being imbued with humanness, as they were "*likeable* and *genuine*." I began thinking about how the humanity of people in prison was perhaps taken-for-granted. In an analytical memo I wrote, I tried to tackle the simplicity of the concept of people being humans. Berger and Luckman (1966) discussed that things that are taken-for-granted are often uncomplicated. I wondered whether there was a reminder of something once forgotten in these codes. I knew that further analysis would be required.

It is plausible that I was too deductive in my initial coding attempts, and I learnt that a delicate balance between induction and deduction was necessary for the analytical process. In attempt three, I finally felt able to contain ideas as well as the context of those ideas. Following on from this, I extracted the codes and placed them into an MS Excel document, which went on to form the codebook. Having gone through the iterative process of coding, I was able to determine that not only did each attempt become easier but also each attempt led to a greater level of successive immersion.

Successive Categorising, then Searching for Themes

Transferring codes to an MS Excel document provided me with the opportunity to move codes physically around by grouping them, comparing them, and understanding them. Nevertheless, I experienced a relative gap between the coding

process and the development of themes. I explored the grounded theory literature to account for this perceived gap. I wondered whether grounded theory could provide clarity since I knew that this was a thorough and comprehensive method of analysis. A colleague of mine was conducting a grounded theory study, and I was aware of rigorous coding processes she had employed. I borrowed some of the principles of grounded theory to provide a bridge between coding and theming. I used the process of successive categorisation, which involved developing higher-order and lower-order categories to house patterned codes (see Table 10).

Table 10. Successive categorising

Category	Subcategories
Person in the prisoner	• Working with genuine people • Working with humans beings • A life-story • Behind the crime • Clients are doing their best
Prisoners are judged	
Role to see the person in the prisoner	• Being non-judgemental • Difficult not to make judgements • Managing judgements • Challenging judgements • Avoiding expectations of the client • An eye-opening experience • Therapist anger and frustration as the disparity in way prisoners are perceived
Double-labelling	• Socially determined labelling • Offence-labelling determining resourcing • Offence-labelling

Source: Author

Once all the data had been categorised (including a miscellaneous category), I searched for themes using many analytical strategies.

Strategy Illustration 1

The word search function was a useful NVivo tool, which allowed me to examine language more carefully. I noticed throughout the transcription and coding processes that despite participants desire to humanise people in prison their discourse appeared inconsistent. For example, there were some linguistic false-starts when participants described their clients.

> "…a revolving door mental health **patient** or a revolving door prison-**prisoner**…"
>
> "…to what **people's** mental health issues are- **prisoners-** or whatever…"
>
> "You were only seeing **people**- **clients** who'd been identified as being at risk…"

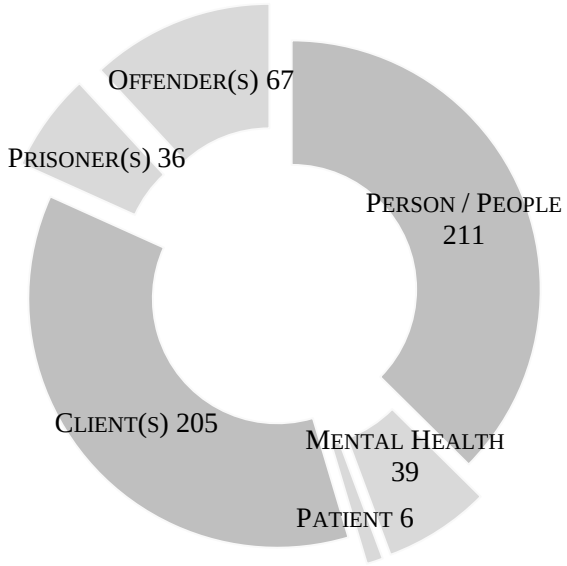
What language were participants using to represent their clients? What language took precedence? Interestingly, it was participant 6 who provided further clarification that "*terminology*" was important. He was the only participant to comment explicitly on his use of language, so, was terminology acting implicitly (e.g., taken-for-granted)?

> Just to point out in H.M. Prison Therapeutic Community half the people there are referred to as **prisoners** and the other are referred to as **residents**, so I might alter between terminology at times.

I had read an article about psychological change in a TC prison and again the label 'resident' was used. I wondered about the significance of such labelling and started to investigate this in depth. A word search function allowed for my awareness that a

multiplicity of labels were being used such as '**person**,' '**client**,' '**prisoner**,' '**inmate**,' or '**offender**.' As seen in Diagram 15, the labels of 'person' and 'client' were preferable to 'prisoner' or 'offender.'

Diagram 15. Word search function: exploring labels



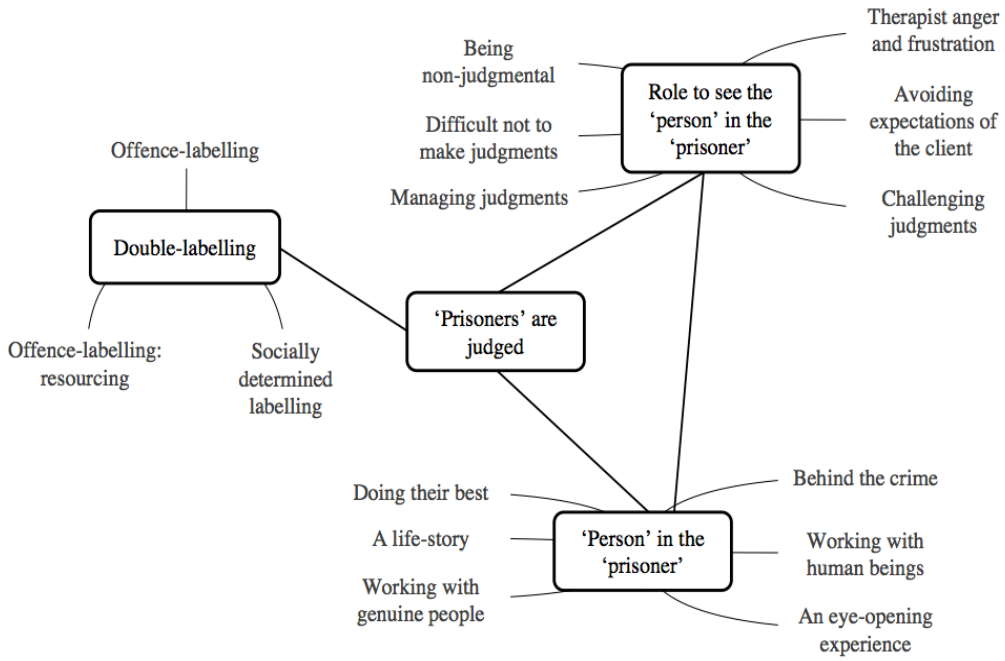
Source: Author

In a system that applies labels institutionally, such as 'offender,' I wondered what was driving participants to prefer a differing linguistic system (e.g., 'client'). I consulted the literature to see whether any additional insight could be provided to understand these ligustic systems. Here, I came across labelling theory and dividing practices as well as the ways in which people within the CJS were being constructed as "dangerous others." However, this was an idea, and I still had to ensure that it was consistent with participants' accounts.

Strategy Example 2

Cognitive mind mapping was a useful strategy, which allowed me to get a visual representation of the relationships between categories and subcategories. It allowed me to view central constructs, which were the initial themes. As seen in Diagram 16, mind mapping allowed me to discern that the categories "Prisoners are Judged" as well as "Role to See the Person in the Prisoner" could be merged into one category: the "Person in the Prisoner.'"

Diagram 16. Cognitive mind map: "Humanising the Client"



Source: Author

Therefore, these former categories became subcategories leaving two main themes, which included:

- "Double-Labelling."
- "Person in the Prisoner."

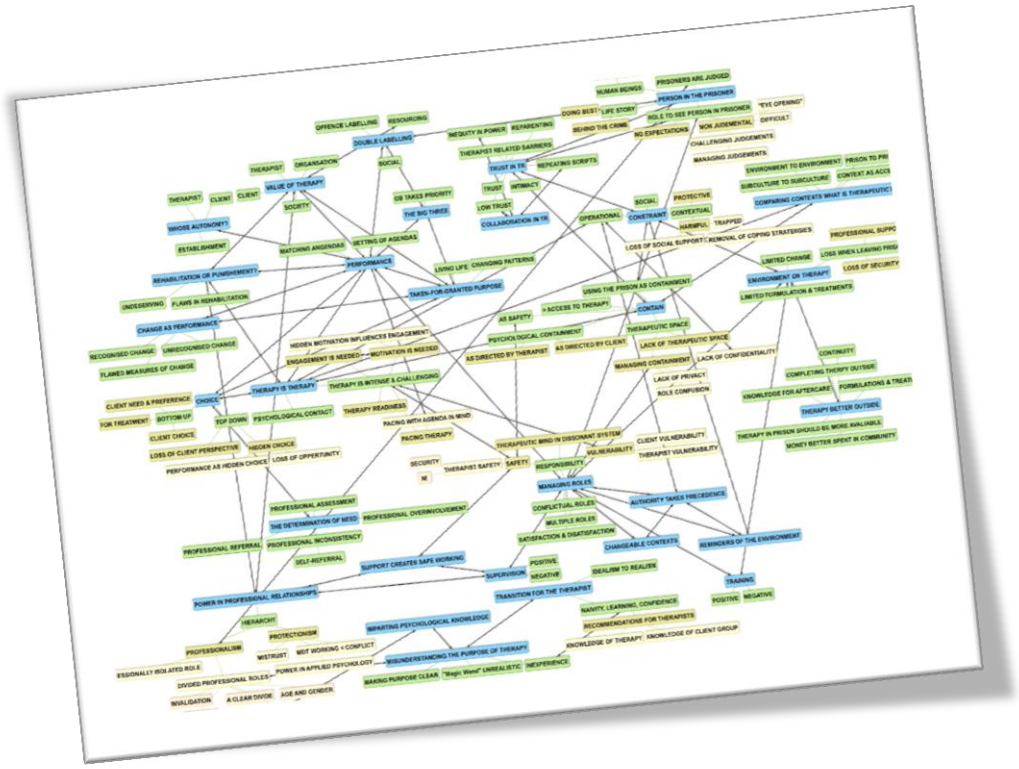
The theme "Double-Labelling" got its thematic status because it was related to yet distinct from the theme "Person in the Prisoner." This process was consistent with the requirement for themes to have internal homogeneity and external heterogeneity. The theme was homogenous with the theme "Person in the Prisoner" (alluding to labels) and heterogeneous because it was a distinct process. Participants discussed the importance of their role (a) to regard the person, (b) to manage their judgements, and (c) to acknowledge that people are judged. I contemplated this process. Was labelling contributing to judgements? If so, what values were being applied? And how were these values socially situated? Although these two themes were connected, each had something different to contribute.

Strategy Example 3

Applying the principles of thematic networking allowed me to obtain a visual representation of the entire category (subcategory) network. As seen in Diagram 17, it offered another useful strategy for examining the relationships between categories. Importantly, it led me to the insight that though participants managed their judgements towards their clients, judgements towards their social positioning also permeated their accounts. This awareness allowed me to construct two additional initial themes:

- "Professionalism and Protectionism."
- "Validation and Invalidation."

Diagram 17. Thematic network



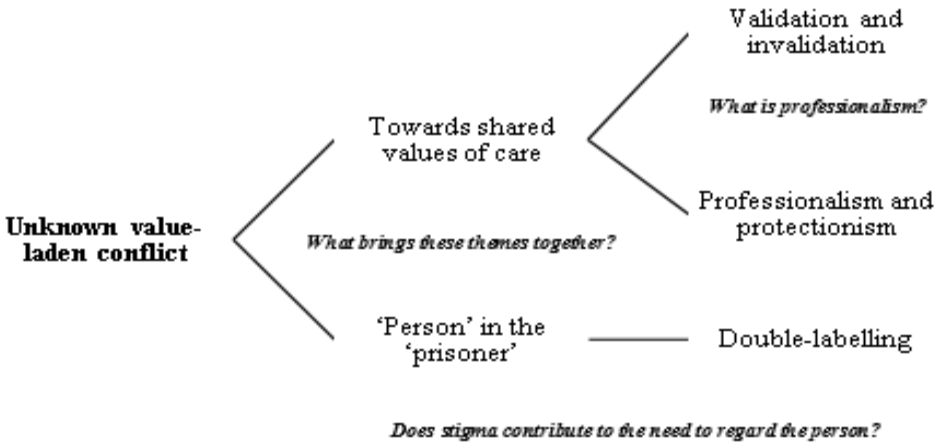
Source: Author

Reviewing Themes

Now that I had a number of initial themes, the next stage was to (a) check these against participant extracts and (b) check these against the entire dataset. Within this dynamic process some codes, some subcategories, and some categories were altered. The purpose of this process was to ensure that themes were both internally homogeneous and externally heterogeneous. In addition to this, I began to consider Morris Opler's (1945) discussion of the limiting factors in themes. This phase was

vital for ensuring that initial themes were consistent with the data. When developing a thematic map, I began to reflect on how themes were related. What was central? What was subordinate? I began to think about what processes were driving each theme.

Diagram 18. Reviewing themes



Source: Author

Diagram 18 illustrates a review of the initial themes found in the superordinate theme "Humanising the Client." As can be seen, this process involved creating superordinate and subordinate ideas. For instance, the initial themes "Validation and Invalidation" as well as "Professionalism and Protectionism" could be merged into one: "Towards Shared Values of Care." Participants were commenting on their professional values and the social situatedness of these values. Therefore, my review of themes involved reflecting on how the initial themes belonged together (or did not belong together). In addition to this, it required further analysis. If participants were alluding to their values, then regarding the person of the prisoner was also value-laden. I identified that something was missing, and it was the values that cohesively

connected these themes. Therefore, I had to go back to the extracts to re-contextualise the themes since I had to ensure they adequately represented the dataset.

Constructing the Theme "Towards Shared Values of Care"

The two extracts from participant 3 and participant 4 highlight the desire to impart psychological knowledge to other professionals, especially prison officers. Certain ideological values can be discerned from their accounts: "*Compassionate*," "*boundaried*," "*nurturing*," and "*understanding*." Arguably, these values are consistent with therapeutic ways of working rather than the perceived authoritarianism found in a prison milieu.

> Actually, be a bit more bloody **compassionate**, but firm. You can be compassionate, firm, and **boundaried**, and actually, a young person can really learn from that in quite a constructive way, you don't have to be a hard-ass- an **authoritarian-hard-ass**- actually by being authoritarian-hard-ass you're potentially reconfirming their script around **attachments** …Being able to use [psychological knowledge] in different ways to shift positions or shift the ideas of some of the officers to-- a more **nurturing** approach or just a bit more **understanding** really. *Counselling Psychologist In-Training, Participant 3*

> Because [prison officers] have- you know- they can- I think it's really important that we work with them because of the numbers- we need to **build alliances**- some of the best pieces of work where when either provided some **supervision** or some **training** to some of those and they started- you know- I tried to focus on self-esteem and tried to explore what it may feel like for them and- you know- (sighs) to ensure

> when they try to say something **constructive** to a young person, they do not **contradict** it twelve minutes later with a joke or they do not **diffuse** the message. *Clinical-Counselling Psychologist, Participant 4*

Constructing the New Theme: "Shifting Subjectivities"

Interestingly, similar values could be found in the theme "Person in the Prisoner," so I began to search for these missing ideological values in the extracts. The insight that participants were humanising people in prison was (a) specific to their client (life-story) and (b) limited by their ideological position. The extracts below highlight numerous therapeutic positions including person-centred, gestalt, psychodynamic, and strengths-based.

> I use a **person-centred approach** "…This is a **safe place**, say what you want to say, **be who you want to be**." *Counsellor In-Training, Participant 1*

> Your **gestalt** or your **psychodynamic**- there's much more of an **optimistic** view of human nature. I do come from a very much **behaviourist approach** … there's more of a **cautious side to it.** *Forensic Psychologist, Participant 2*

> From a **strengths based** perspective "…look at some of things that you're **good** at there and these **skills** you have maybe we can use in other ways and other parts of life which are gonna help you as well." *Forensic Psychologist, Participant 6*

As participant 2 alludes to in her extract, these therapeutic positions may have a set of values that determine perceptions of "human nature." I was faced with the

challenge that participants were humanising their clients, yet the extent of this was determined by their therapeutic position. Therefore, a therapeutic position was a limiting factor to humanising the client. The term shifting subjectivities was borrowed from Donohue and Moore (2009) to explore this limiting factor in greater depth.Donohue and Moore (2009) explored how discourses could form the social identity of people in prison as ‘clients’ when in treatment and as 'prisoners’ the remainder of the time. Their exploration was consistent with my social construtionist design, so I began to reflect on how ‘clients’ (as participants had constructed them) were resultant from ideologies inhering within a therapeutic position; ‘prisoners’ were resultant from ideologies inhering within a penal position.

Regarding the person in the ‘prisoner,’ then, was conflictual. Division among professional roles could be attributed to the way that participants aligned themselves according to therapeutic or penal ideals. Participant 8 offered an illustration of professional division when he talked about a conflict between “*terminologies*,” here, he mimicked what a prison officer may say.

> “All these guys [people in prison] need is to go in their cell, [be] locked up, and never be released um they shouldn’t be getting support and help, they don’t deserve it.”

Was it possible that in participant 8's narrative dissonance was created between offering support (value of deserving care) and not offering support (value of not deserving care)? Participant 3 provided a different illustration of professional division. In her account, a similar dissonance was apparent, but this was related to her perceptions of support. When she talked about a conflict between compassion

and authoritarianism, she commented on the opinions that other people may have of her role.

> You don't have to be wearing scarfs and be pink and fluffy and wave flowers, which is the stereotype I think …Who's the floral one?

After reviewing the themes, I was ready to begin the next stage of analysis. It is important to reflect that the use of deduction became more prominent as I moved through each phase of the analysis. I was increasingly applying social constructionist thought to the construction of themes.

Defining and Naming Themes

What surprised me was how challenging the process of defining and naming themes was. I had originally perceived this to be a rather simple task, yet the themes were left nameless for some time. I questioned whether I perhaps had my analysis wrong. I decided to trust the process this time and trust that names would become apparent once I had a firmer grip on each theme. Braun and Clarke (2006, 2012) suggested that this stage should concentrate on determining the essential feature of each theme. They went on to say that a theme should not be too complicated. Once again I was "stuck."

When discussing this with a colleague, I realised that I was making the themes do too much and, therefore, I still did not have the essence of each theme. I spent a lot of time trying to define each theme before giving it its title and, eventually, the concept of each theme and its connectedness became clearer.

Superordinate theme 2

- Definition: In a context where a person is dehumanised and is stigmatised, the client in the therapeutic process is taken-for-granted. Professionals strive to reinstate the perceived humanity of their client through the application of humanistic values.
- Name: "Humanising the Client"

Subordinate theme 2a

- Definition: Numerous discourses may determine the social identity of people in prison and the social identity of professionals. Therapeutic discourses may serve to construct a client subjectivity that is distinct from a prisoner subjectivity. Subjectivities (identities) shift as individuals interact with differing discursive spheres.
- Name: "Shifting Subjectivities"

Subordinate theme 2b

- Definition: Professionals work with shifting subjectivities constructed out of conflicting discourses: the client subjectivity and the offender subjectivity. Dissonance occurs between humanising the client and stigmatising the 'offender.' Therefore, professionals believe it is their role to manage this tension, often, by adopting of a non-judgemental stance.
- Name: "The Person in the Prisoner"

Subordinate theme 2c

- Definition: Social division is prevalent within and between professional roles, which is similar to "them and us" interactions. This division occurs among professionals as well as professionals and prison officers. The dissonance between values contributes to this division, but sharing values are vital.
- Name: "Towards Shared Values of Care"

Producing the Report

It was initially challenging to determine the right balance between (a) analytical claims, (b) evidence, and (c) narrative. I had favoured providing evidence (extracts only) in an attempt to be data-driven, and I read that this was a common "rookie" mistake. In providing only extracts, I was neglecting the analysis, which can be one of the major critiques of a poorly delivered thematic analysis. Instead, I had to trust the process once again. I reached an internal (personal) compromise to include additional extracts within the appendix allowing me to focus on those that were most salient in the main body of the writing. Often, the writing process involved going back and forth between differing stages of thematic analysis to provide clarity. It was, again, an iterative process. The findings of this research were compared and contrasted to the extant literature. The more I moved into this process, the more enjoyable it became. After producing many draughts, the analysis portion of this research was complete. I was not only relieved but also proud of having "survived the process."

APPENDIX 10. RESEARCH QUALITY CHECKLIST (RQC)

RQC

Source: Author

ASSESSING SOCIAL CONSTRUCTIONIST PARADIGM QUALITY	
Concept	**Description**
A critical stance	Research should seek to interrogate the data through continual investigation, questioning, and theorising. Critical theory should challenge the taken-for-granted through its sensitivity to politics, economics, society, and culture with the aim of transforming existing practices. Validity should be reframed to examine the ways that the research itself constructs knowledge and contributes to the topic of interest.

A critical stance was maintained throughout the research process, which involved continual engagement with theory, with participants' discourses, and with how I was constructing these. This critical stance was evidenced in the reflexive writing offered in Appendix 1. In particular, a process of contextualization was developed to ensure that continual questioning was based on an iterative process as I moved through each stage of the research. In addition to this, a critical stance was evidenced in the way that both the thematic synthesis and thematic analysis were performed (Chapter 3 and Chapter 5, respectively). In these chapters, particular emphasis was placed on determining knowledge gaps (Chapter 3) and determining taken-for-granted practices (Chapter 5). I maintained sensitivity to the socio-political context of participants' narratives throughout the research but this can be exemplified in Chapter 2 (situating ideals) and Chapter 4 (situating the research). The quality of this investigation was discussed and appraised in Chapter 6.

Concepts	Description
Transparency and reflexivity	Research should seek to be transparent about its processes and should strive to be reflexive about how it was actively constructed by the researcher. Specifically, it should allow the reader to locate the author with relevance to (a) how power was managed, (b) how the researcher produced a responsible piece of research, (c) and how the researcher shaped the process of research. Insight should be provided as to how the researcher responded to their position within the research.

Transparency and reflexivity were maintained throughout the research process, which involved ensuring that a comprehensive account of the methods applied in this research was provided. Reflexivity was evidenced in Appendix 1 where a narrative of my rationale, my interest, my previous experiences, and my roles was presented. In Appendix 1, I talked about my experience of discursive power and my desire to be a responsible researcher. Specifically, I provided reflections on how I responded to the research process such as certain useful techniques that I used to overcome challenges and the way that my previous perceptions had been influenced by my engagement with this inquiry. I included illustrations of how the themes were constructed both in the thematic synthesis and in the thematic analysis to provide an additional layer of transparency (Appendix 2 and Appendix 9, respectively).

ASSESSING METHODOLOGICAL QUALITY		
Concept	**Other names**	**Description**
Credibility	*Dependability*	Research claims should have integrity, be well founded, and trustworthy. A clear rationale should be provided with an

		outline of the main assumptions, positions, and inferences that guide the research process.
Rigour	*Confirmable* *Auditable*	Research should be conducted in an ethical manner, be methodologically sound, and provide a transparent account of its process. It should provide a clear audit trail so that the reader may determine not only the process but also the quality of that process.
Transferability	*Sensitivity to context*	Research should be clearly contextualised and operationalised. It should provide a rich description of the context of the topic, the context of participants' discourses, and the context of the research process. It should have a clear and concise operationalised methodology. Research should also be sensitive to its applicability to other settings while acknowledging the limitations to this.
Contribution	*Impact* *Utility*	Research should be valuable and relevant to the topic under investigation. It should strive to make a contribution to theory, practice, and policy through enhanced understanding.

Credibility, rigour, and transferability were maintained throughout the research process, which involved being aware of the key methodological decisions before, during, and after its commencement. The paradigmatic and methodological

assumptions of this research were clearly synthesised, outlined, and discussed. These included outlining (a) the five underlying assumptions for a social constructionist framework, (b) the assessment for establishing quality, and (c) the development of the RQC. Participant demographics, sampling methods, data collection strategies, and data analysis strategies were outlined allowing for operationalisation and contextualisation. The interview schedule, advertisement tools, initial research proposal and ethical approval processes, research information sheet, and research consent forms are evidenced in Appendices 3, 4, 5, 7, and 8. Participants were invited to check the accuracy of their transcripts to ensure its credibility. An audit trail was provided. Extracts were provided in Chapter 5, and additional extracts were provided in Appendix 11. The thematic synthesis codebook and thematic analysis codebook were both provided in Appendix 12 and Appendix 13, respectively. Participant transcripts were provided in the Confidential Dossier. Limitations of the research including its transferability were discussed in Chapter 6. The contribution of this research was discussed in both Chapter 6 and Appendix 1.

ASSESSING ANALYTICAL QUALITY IN THEMATIC ANALYSIS

Source: Braun, & Clarke (2006, p. 96)

	Checklist of evidence	**Achieved**
1.	Check transcripts for accuracy.	Yes
2.	Ensure each data item receives equal attention.	Yes
3.	Be thorough, inclusive, and comprehensive in the coding process.	Yes
4.	Collate relevant extracts.	Yes
5.	Check themes against each other and to the dataset.	Yes
6.	Ensure that themes are internally coherent, consistent, and distinctive.	Yes
7.	Interpret and analyse data rather than describe it.	Yes
8.	Ensure extracts match the analytical claims made.	Yes
9.	Ensure the analysis provides an account of the data and topic.	Yes
10.	Achieve a balance between analytical claims and evidence for these claims.	Yes
11.	Do not rush each stage.	Yes
12.	Provide a clear description of analytical assumptions.	Yes

13.	Ensure that description, process, and report are consistent with each other.	Yes
14.	Ensure language and concepts are consistent to epistemological assumptions.	Yes
15.	Ensure that the researcher is active in the process of analysis.	Yes

APPENDIX 11. ADDITIONAL DATA EXTRACTS

Superordinate theme 1. Performing therapy

Subordinate theme 1a. "Agendas and Targets"

Participant 1: (Sighs) um that's difficult really (.) because you expect um (…) aw I'm not sure you should expect anything. I think really. Um but what I would like I suppose- I don't know if that's really going to answer the question- but I'd like people to come um and for there to be a difference made in their lives and for them to get what they want.

Participant 2: So it's very difficult but-- I guess the services that I was working in was very much dependant on expectations of the establishment really… Um depending on what's going on elsewhere in the country your-- kind of goals and targets are kept then.

Participant 4: …especially in the young people's institution, it's really important that currently there is a trend- that we say that we need to focus on their education and people should not miss classes in order to come for treatment for other things.

Participant 5: Well I always feel it's-- you know- it's not my journey it's the clients journey and < I'm just gonna go along with them for part of the way, and they have to let me know when it's time for me to go and they'll go on their-- whatever path their on. So, yeah, other people's agenda they definitely came into the room from time. >

Participant 7: Yeah well, I guess when I'm talking about the prison service goals that's sort of an umbrella goal isn't it? That-- was the purpose our- of our service was to reduce suicide risk and risk of self-harm, you know, for everyone who was referred to us, that is what we were supposed to be doing, but how we did that would differ according to the issues of each client.

Subordinate theme 1b. Rehabilitation, 'Cold hard stats'

Participant 1: [Rehablitiation] that's it- that's the word I'm looking for, you know, and if [therapy] can be a bigger part of rehabilitating them and I think that'll be great, and I'm not saying you're going to turn the world around by- you know- and every prisoner will change, that's not the case but, you know, the more people that have access to [therapy] and-- can change their lives then surely that's got to be a good thing.

Participant 2: I mean it's hard to say as I currently don't work in that situation and the success of things, if you like, or the effectiveness of things are- is generally measured by the rate of reoffending …I mean I'd like to say that there were some changes affected but, you know, it is- it is difficult to specifically say.

Participant 3: I think probably there was a hangover still of a more medical model to the- there was the hangover of symptom reduction um- I designed an evaluation at the end of it- or I redesigned it- there was already one but I kinda tweaked it- looking at sort of

therapeutic outcomes, but I kind of vaguely remember making them less about symptoms and more about: have they engaged back in education? Are they doing well? Do they feel they're coping? And diff- so there was more, kind of, softer outcomes that were more holistic.

Participant 5: …we had sessions on efficacy and on, you know, checking that the client was getting what they wanted out of it um and not to be interested in efficacy seems totally wrong (laughs) you know, so I sometimes ask them: "Is this helping or you getting what you wanted from this?"

Participant 6: I suppose it's how- from an organisational perspective- how people value therapeutic work. I think it's all wrong. They don't know, you know, that person perhaps- now- they don't get out of bed or they need help in the morning or they need to be called four times to get out of bed and erm maybe now they're getting out of bed after being called twice rather than four times, their motivation might be improving. Those are the things on a real down to earth level.

Subordinate theme 1c. "Ticking the box"

Participant 1: Yeah I think sometimes perhaps that in that environment they've come [to therapy] to serve a purpose um whether it needs to be something on their file that they've been [to therapy] to kind of make- do you know what I mean? I have had that in the past where people've said: "Well I don't really want to be here. I'm only doing it because of- whatever." Um and that's a little bit difficult really because they're telling you they don't want anything from you other than um that-- it's-- just ticking a box on a- on a piece paper somewhere.

Participant 2: So it was referrals based upon assessment of needs rather than um (.) consent.

Participant 5: …and at one point um * a prison staff member asked me: "Did I want to see this client again?" In other words, did I want him to make [my client] come back to counselling? And I said: "That's-- putting it too strongly." Because that implies that I have a- I have a desire or a need. It felt like I was going to be summoning [my client] and what felt really important to convey was that if [my client] wanted it, I was still willing to work with him.

Participant 6: But there's, you know, this secretive message of you know: "If [a client] doesn't get on in the group, we have no other choice we'll maybe then give him some one-to-one work" but we'll never give him one-to-one work as a first option: "Shall we give him one-to-one work, they'll all want one-to-one work!" So some of these attitudes and how we handle things need to be addressed, yeah, and looked at.

Participant 7: [Clients] might have lots of pressure being put on them …they have this vague sense of-- it being required of them, so they might've been told that therapy is really good if you have certain issues, but [other people] might not necessarily know and spent anytime really explaining what is meant by that.

Superordinate theme 2. Humanising the client

Subordinate theme 2a. Shifting subjectivities

Participant 1: I use a person-centred approach, so that- what I tend to do a lot of really um is a lot of listening skills because that is um- I felt that is quite a- quite an important role. Um because a lot of these people haven't had anybody to talk to before um and to just, kind of, be there and not have any expectations of them, not judge them in any way. You know, and just to, kind of, create that environment where they feel safe um and able to say whatever they want to say without somebody saying: "Oh my gosh I can't believe you're like that. What sort of person would do that?" You know but to just kind of say: "This is a safe place, say what you want to say, be who you want to be." You know um: "I'm not going to think any differently of you. At the end of the day you're a person sitting in front of me um who-- wants to change things in their lives."

Participant 2: < I think in terms of, you know, your gestalt or your psychodynamic- > um (.) there's much more of a optimistic view of human nature.

Researcher: Right. Right. So the approach might influence the view?

Participant 2: Yeah I think so. I think definitely. I think definitely- and I think because-- I do come from a very much behaviourist approach um that, yes, you know, that there is a general sense of human nature in that, you know, I wouldn't chose to work in this profession if I didn't believe that, > but < there's more of a cautious side to it.

Participant 5: [Client] brought a range of issues, one common theme was some kind of maternal deprivation either they'd been in care or they'd been adopted or they'd been neglected or abandoned or they'd been passed from one family member to another …but definitely I felt there was an underlying theme for almost all of them, of having felt rejected or unwanted or overlooked in childhood in some way of another ...Simply because of my M.Sc. I read a lot of 'Bowlby' (laughs).

Participant 6: So like from a strengths based perspective it's flipping that on its head: "So what do you think you're giving the kid which is good? And look at some of things that you're good at there and these skills you have maybe we can use in other ways and other parts of life which are gonna help you as well." And- as opposed to just: "You're bad, you're bad, you're bad!"

Participant 7: …so you had to balance helping [clients] talk about some really difficult stuff, but helping them contain it and manage it after the session, and that was- that was probably one of the most difficult aspects of the work.

Participant 8: So a lot of the times um they had very different um approach to how they handled um some of the individuals that we would've been working for, so I guess it's around like terminology … all these guys need is to go in their cell, [be] locked up, and never be released um they shouldn't be getting support and help, they don't deserve it.

Subordinate theme 2b. "Person behind the crime"

Participant 1: [Working in prson] really opens your eyes to- I know counselling does anyway when you're working with different people but, you know, it's open my eyes to how-- people live, and you have no idea the things people go through and, you know, you can watch films and all these things happen on T.V. but you don't realise that this-- is a reality for some people. This is how some people live. This is how people, you know, struggle through life um. And it's really interesting- it's really interesting to see how different people are.

Participant 6: …one thing I think is very interesting- we talked about therapy in prison and how people view this- from talking to people who work in prisons whatever- is um- as a wider discussion- I think is just the offence. The amount of labelling that goes on purely based on the offence and nothing more in-- the prison service is amazing. It dictates so much of everything um for example like, you know, if I commit a certain kind of offence in Ireland, I get a certain prison and that dictates then, in terms of therapy, what I'm- provisions is available to me or not. And um I don't know if that's right? Looking at it from a wider perspective in terms of things like um A- Am- 'Amber's Law' err in the States around um sexual offenders and err 'Sarah's Law' in the U.K. and how people have a right to know who's living next to them- they've now, this year, 'Clare's Law' from the 'Clare Woods' case, which is um saying women have the right to um go to um a prison- a police station- and ask about if they think the partner they're with has a history of domestic violence and things like that.

Participant 7: I think that shame is colossal in prisons for all kinds of reasons. Um it's massive and (.) um- but it's going underneath- it's um- it's not an easy thing to kind of get to um, but I feel it can be hugely beneficial, you know, helping a client to start to talk about that.

Participant 8: I think as a practitioner one of my main aims and goals is really to challenge the stigma that is often attached to, you know, to what peoples mental health issues are- prisoners, or whatever.

Participant 8: I suppose working with prisoners it's like- hearing their story for me was-- very moving some of the times and often- I often found myself after sessions sitting, going: "Do you know what, I'm not one bit surprised that this guy's talking to me today in a prison."

Subordinate theme 2c. Towards shared values of care

Participant 2: At the time, you know, when we're reporting outcome measures you generally just focus on the intervention having an impact on the outcome measures …But actually when we think about it, the intervention may've played a part, but we've negated everything else that might've played a part. It almost, at times, puts our profession on a bit of a pedestal in the prison service because of that. But then what happens is when there's a serious incident our profession is the first to fall off that pedestal.

Participant 3: …it was lovely having that team because we're all psychologists and you felt like you had- there's twelve of us and so we had a really busy department whether counselling or forensic. Okay they were much more programme-based, assessments, risk, excreta, which we were more, kind of, therapy-based. But the two things complimented each other, and I built some good friendships because, you know, that was- I kinda made it my home as well, so I had the work- the support within the prison to do the work that I needed to do, so I didn't feel so professionally isolated.

Participant 4: I think it was simply the personalities of the psychiatrist, the- and also the nurse leading the team (.) I mean almost- the people that they have selected, they were building a team around [their values] …they just made sure that the mental health team was like [compassionate and caring] …there was no sense of judgement- compassion- they would have very strong feelings about- not- being respectful …they felt very strongly about it.

Participant 6: …just to bring it back to purely the fact that I'm a psychologist, and I've worked with many psychologists, and um I've seen very different organisational cultures. I think in the U.K., in all fairness, um psychologists tend to be a lot better with working with one another. I still think there's a slight- um slightly um- (.) slightly elitist attitudes with clinical psychologists towards other disciplines like um counselling psychology or forensic psychology, educational psychology, certain people- most are fine- but that-- can create a weird working relationship and dichotomy in the team if you have people that feel that they're very different psychologists or-- very different roles.

Participant 8: …because now I can just walk away from [the prison] as a- as a therapist and have nothing really more to do with [a risk assessment]. Um but then that [prison officers] will have to go through * risk reviews with the senior officers um and I think that- that will- so it's a whole process um, which will just increase um their workload.

Superordinate theme 3. Frames inside frames

Subordinate theme 3a. The therapeutic frame as relational safety

Participant 1: I mean [clients] could tell you something that really throws you or triggers off something for you and you know. So it is about knowing actually: "Ah, this is- this is pushing me and this is crossing a boundary for me." Um so it's about- it's about both of you. It's about making sure they're safe telling you- I mean I've always said to-- my clients: "Only tell me things you're comfortable telling me, don't push yourself or put yourself in a place where you become unsafe," especially because they then are going back to a certain environment um where they need to have a certain mind-set to cope.

Participant 3: So how does- how does safety kind of be created for [clients] within an environment that's risk-led and exposed? How do you do that safely? And I think that's one of the biggest challenges, and I think that's probably something that was part of the complexity of-- some of the young people that I would work with.

Participant 4: But nevertheless there's, you know, some boundaries in the room …There is something about um a psychological interventions being purposeful, so, and not trivial- and I wouldn't diffuse the significance of this, so I wou- it wouldn't just be the therapeutic intervention, it would be therapy, so there is a line where is drawn.

Participant 5: But honestly, [the client] was the one who had done the hard work. All I had done was be available and be empathic, accepting, and genuine and-- create that- that space where he could felt free of threat, so he could do what he needed to do.

Participant 7: Yeah, good question. Um I guess it's just that- this sense of- that I'm wanting to give the client that: "This is a space where we are at this precise moment, this is a space where we can talk, we might be interrupted but after the interruption we'll get back to talking, and this is a space where we're working together to try to work towards your goals." …Yeah and, in a sense, that's my responsibility- a therapists responsibility to do what's necessary to bring [therapy] back- to bring things back to where you were before the interruption say, or um to where you were in the previous um session, and-- to, kind of, hold that and, um yeah, re-instate it, and um, that is all about working towards something um positive.

Subordinate theme 3b. The prison frame as procedural and operational security

Participant 1: You've got to be so much more aware of (.) safety issues, you know, um for example, if you just worked, say, in a Doctors surgery, and you work in a prison, it's very different, your environment is different …a lot of how counsellors work and how the prison service is, it-- can be conflicting um, but its having to, kind of, um integrate the prison rules, so to speak, and how-- a counsellor works, and that sometimes can be um a bit of a struggle ethically, I think, a-ha.

Participant 3: …makes you question some of the eth-ical questions around doing therapy in a prison anyway, to be honest with you, and working within an ethical boundary that creates- keeps the clients safe …working in a system where you have to be quite stanch around holding that young person- or that person- that- adult in a therapeutic way.

Participant 5: …there was the frustration of movement, you know, if somebody wasn't where they were supposed to be everybody had to stand still until they were counted again, and sometimes that had an effect.

Participant 7: …but also anything to do with prison security, so, for instance, if you know that someone has access to drugs- or dealing with drugs- or anything like that- that's seen as a prison security issue, you have to report it, so again you would say that right up front: "Look, you know, if you tell me this, I've got not choice, I have got to report this." Um so there's all those issues about, you know, confidential- confidentiality is very, very, different.

Participant 8: And [therapy our role] sometimes will be blurred a little for [clients], what our role was, were we um discipline officers as well or just in plain clothes? So that sometimes would've led to a bit of tension, so we just had to be mindful of that.

Subordinate theme 3c. The forgotten societal frame

Participant 2: Because [in the community clients] can actively work on that formulation in terms of what they do, in terms of activities, in terms of um having that support really whilst they're trying to do those activities, um, trying to action some of the things on the formulation. Whereas when we're talking about it in a very abstract form where there's very little scope for them to practice it purely on the basis that they're in [prison].

Participant 2: …one of the issues with working with the prison population really is there's not much of an after-care package and, you know, they go from therapist to therapist because they may use a specific piece of work with a therapist, or a psychologist, within the prison, but once they leave that setting that's it for that piece of work. It-- then becomes up to them whether they go and access similar services outside of the setting, and unfortunately …there's lots of factors or reasons why they may not further access these services- unless of course they were in a mental health setting or a mental health secure setting- or they were on the medical wing and they had identifiable mental health needs that they would be attached to a C.P.N. or attached to some adult mental health services that could provide therapy - if not, the majority of [clients] are attached to the probation services, and within the probation services, again, it is around reducing risk of offending, there isn't much emphasis on-- the mental health aspects of things and sometimes that can be lost.

Participant 3: We, kind of, did- if remember correctly- we, kind of, did an um exposure-based- response-exposure-based um O.C.D. treatment for young people um (.), which was a little limiting because you can't just take them around the-- prison and expose them to the catastrophic thoughts and um fear, and then help them, kind of, wind down, so we did a lot of cognitive work and then um a lot of behavioural work and-- created a hierarchy that felt safe, within the context of a prison.

Participant 7: …there's a move now to think: "Oh just locking somebody up for a while would- the deterrent effect- would be enough: "They'll go out into the world, they won't want to come back." …I don't think that's how it works because often um people come out and they just can't cope, or they might see the prison as a safe place, it's somewhere that they know, and the outside world might be much more threatening. So-- it's not a deterrent effect that way because it's actually- you know- I've had clients say that, that they're-- scared of going out into the big wide word because it's scary out there!

Participant 8: So in terms of our-- service we-- saw that um as a gap and developed a through-care service where they actually now um have a support service for the client when they leave- I think it's up to about six months- um where they can go have support. Um and the overall aim of that is to try and reduce the risk of relapse and re-offending really …That's often when they need the most support because they're going from an environment where their days really structured …not around some other social stressors …often maybe too much focus and money is-a- is placed on them within the prison and actually maybe more of that needs to-- go out with them into the community.

Superordinate theme 4. A "Challenging but Rewarding" Experience

Participant 1: Um (.) there have been times where it's challenging because sometimes you feel (.) err (.) sometimes you feel like just sitting here listening isn't enough. Um and ha- there have been a couple of occasions where, I have to say, I've sometimes felt a little like I wanted to step in and save that person and make everything okay for them, but you can't- I know I can't do that.

Participant 3: Well it was all kinda new and I was very green. I mean I started my postgraduate sort of training, * so I'd been doing it for two years and the plan was to continue on the B.P.S. qualification independent-route, and that's what I was following at the time, hence the reason I was a trainee counselling psychologist, um so I think I was just forming my identity. (Laughs) …"Who the hell am I?" …And you get to the room with a client and you're like: "Okay, so this is- this is what it feels like."

Participant 5: I came away [from my session] thinking: "Ah damn I should've-" and-- I thought- I thought this had become- this had become- kind of like-a- I don't know- a ritual opening [to a session]: "He'll- I'll say- what would you like to bring today? He'll say something like- I want you to structure the session, and I'd say I'm not going to do that." And I felt this little- this was like our formulaic opening, and I had a period thinking: "Oh hell, no, he was asking me for structure and I wasn't giving it to him. What sort of counsellor do I think I am?"

Participant 6: …certain supervisors are quite managerial in that way, and I do think- err- from a psychology perspective- I think it's good if you almost mix up supervision, you can work with somebody for a period of time, and then work with somebody else, and you can get different perspectives on it otherwise- err- like I remember when I went to my very first placement, I was almost given so much free reign, and then I went to my final placement, and it was like, you know, micro-management, and I couldn't understand how I was further along now and everything was getting unpicked.

APPENDIX 12. THEMATIC SYNTHESIS CODEBOOK

THEMES

Superordinate theme 1.		
Superordinate theme	Subordinate themes	Categories
The ambiguous situatedness of therapy in the CJS	The emergence of "professionalism," psychology and its shifting configuration	Treating "psychological deficiency"
		Shifting configuration of psychology
		A broad range of "psychological services"
	The oscillation of "what works" in rehabilitation, a "dogmatic" evidence-base?	The "what works" Debate
		"Effective principles" of offending behaviour interventions
		Offending behaviour programmes
		"Risks-needs-responsivity" and "good lives"
		Critique of the "what works" evidence-base
	Therapy provision as a conceptually ambiguous task	Finding a definition
		Therapies as found in the research
		Service configuration
	Rehabilitation and wellbeing, mutually exclusive or complementary goals?	Mutually exclusive or complimentary goals?
		What does the research say?
		Perceptions of outcome
		Service users' perceptions

Superordinate theme 2.		
Superordinate theme	Subordinate themes	Categories
The challenges of “therapeutic impoverishments” within the CJS	The "necessary conditions" of psychology therapy	"Therapeutically impoverished environment"
		Deontological impoverished environments
		"Therapeutic frame"
		Experiential "threat" and safety
		Attachment theory
	The therapeutic relationship in an environment of mistrust	"Low-trust environments"
		Shared "suspicion"
		The transferential relationship
		Improving relationships
	The "therapunitive prison," coercion and "psychological power"	The idea of power in prison
		Implicit power and the rehabilitative ideal
		"Psychological power"
		"Imbalance of power" within psychological therapy
	The “endemic” problem of engagement and the “resistant” client	"Resistance" and client characteristics
		Enhancing the therapeutic experience
		Critique of motivation

Superordinate Theme 3.		
Superordinate theme	Subordinate themes	Categories
The complexity and intricacy of the “dangerous other”	The "dangerous other," a sociological perspective	"Othering"
		"Dangerousness"
		The preoccupation with "dangerousness"
		"Something unusual and bad"
	The “spoiled identity,” stigma and discrimination	Professionals and their "spoiled identity"
		"Them and us" culture, the "war of projections"
		"Disinfection of identity"
	Humanising in a dehumanising environment	"Humanising"
		"Victims" and "perpetrators"
		Fracturing the whole
	"Respectful, decent, and humane treatment,” towards custody or care?	Duty of care
		Care or custody?
		"Care" and "dignity" what does it mean?
	Working with criminal narratives	Complexity, challenge, and therapeutic practice
		Burnout, traumatisation, and dissatisfaction
		Growth, coping, support, and learning

CODES

Coding key	
"Code"	Codes that are contained in single or double quotations are in-vivo (extracted from the literature)
A	
A space for sadness (27) C	Ambivalence towards structure and control (86) A
Acceptable and accessible service (24) D	Assessing patients (136) B
Access to medication was poor (160) A	Assessment (7) D
Access to support systems (32) F	ASSESSMENT OF DYNAMICADAPTATION SCALE (19) BG
Adjustment: "Professional mission" (45) B	Assessment practices (8) B
Adjustment: Initial shock (45) B	Attachment theory: relevance to offenders (164) I
Adjustment: Repressed emotions (45) B	Attachment theory: relevance to prison environment (164) I
ADL activities (136) B	Attitudes towards self-harm (82) A
Advice about using therapy (163) A	Authoritative not authoritarian (101) A
Aligned to the prisoner: being in the middle (44) A	Awareness of atmosphere around individual (171) I
Aligned to the prisoner: disclosure rules "us & them" (44) A	"Anti-therapeutic" (170) I
Aligned to the prisoner: not an officer (44) A	
Allow a chance to speak, advocacy, and to pass time (170) I	
Allusions to the therapeutic process (163) A	
Alternatives to prison sentences (113) C	
B	
Balancing risks (78) C	Boundaries: materials (46) C
Beginning, developing, & ending relationships (76) A-B	Boundaries: self-disclosure (46) C
Beginnings (144) A	Boundaries: space (46) C
Behaviour and perception-corrective care (58) A	Boundaries: time (46) C
Benefits of therapy (140) A	Boundaries: transference (46) C
Boundaries (112) C	Brand names made no difference to effectiveness (95) F
Burnout (21) B	
C	
Care vs custody (150) A	"Counsellors" Provide: transference & countertransference objects (55) X
Castration (3) C	"Counsellors" Provide: re-interpreting frustrating situations (55) X
CBT generally effective in reducing recidivism (95) F	Compliance to mandatory treatment (140) A
Challenged of providing therapy (167) I	Compulsion and risks of self-harm, self-neglect, and harm to others (76) A-B
Challenges of providing therapy (164) I	Confidence vs fear (109) F
Challenges of providing therapy (165) I	Confidentiality (78) C
Challenging but rewarding (145) C	
Challenging but rewarding (152) A	

Challenging context (96) D
Challenging for the counsellor (78) C
Challenging patients (34) A
Change (144) A
Change in perception of therapeutic relationship (31) A
Change in view of self & others (31) A
Change: interpersonal facets (120) A
Change: Self-referential properties (120) A
Change: the challenges of change (120) A
Changes experienced (163) A
Changes to configuration of psychology (26) D
Choice of working in prisons (4) A
Clinical supervision (164) I
Clinical vs management (109) F
Coercive therapy or helping society? (113) C
Cognitive analytical therapy (166) I
Cognitive-behavioural frequent approach (84) B
Cognitive-behavioural manual (116) E
Cognitive-behavioural therapy (165) I
Collaboration between staff (115) D
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Communication issues (54) A
Communication with 'outside' (96) D
Communication with therapists (140) A
Comparison with forensic and mainstream services (32) F
Complexity (96) D
Complexity & Flexibility (69) C
Complexity of the task (86) A
"Counsellors" Provide: absorbing aggression to extinguish, weaken, or redirect it (55) X
"Counsellors" Provide: giving purpose to prison life by creating a treatment atmosphere (55) X
Conflicting values of nurses & prison staff (34) A
Considering Change Programme: 'Selling' (43) D
Considering Change Programme: Actual, ideal, and feared self (43) D
Considering Change Programme: Costs & Resistance (43) D
Considering Change Programme: Goals & Values (43) D
Considering Change Programme: Reducing Resistance (43) D
Consultations: talking about inmates (39) C
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Containment: containment through therapeutic frame (155) A
Containment: system as a container (155) A
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Coping Skills: recreation (40) B
Coping Skills: Self-care (40) B
Coping Skills: Social support (40) B
Coping strategies (144) A
Cost-effective and safe services (24) D
Counter-therapeutic (48) C
Countertransference (1) A
Creative process helps to heal (121) D
Criminal behaviour linked to mental health (170) I
Crisis intervention (7) D
Custodial containment: prison-craft (125) D
Custody vs care (133) A

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DBT: capacity for reducing recidivism (127) A
DBT: sig. emotionality (126) B
DBT: sig. impulsivity (126) B
DBT: sig. locus of control (126) B
DBT: sig. self-esteem (126) B
DBT: sig. self-harm (126) B
Debrief and supervision (14) B
Deconstructing motivation (37) D
Deepening the experiencing process (62) A
Dissatisfaction: Advancement (9) B
Dissatisfaction: Crowding (9) B
Dissatisfaction: Professional atmosphere (9) B
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Dissatisfaction: Carers and patient involvement (138) B
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Deficits in behavioural inhibition predicts treatment outcome (47) B
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Deterrence has modest reduction in recidivism (94) F
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Dignity: To protect the patient (65) A
Dignity: To respect the patient (65) A
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Drop-outs: Avoidant personality disorder (119) B
Drop-outs: Criminality (119) B
Drop-outs: inform selection and assessment practices (119) B
Drop-outs: Neuroticism (119) B
Drop-outs: Paranoid personality disorder (119) B
Drop-outs: Psychopathy (119) B
Drop-outs: Venturesomeness (119) B
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Goals: consider context (81) X	Good and right relationships (91) D
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Training: No change in attitudes towards sexual offenders (23) B
Transfer between prison / hospital times (50) H
Transference vs countertransference (109) F
Trauma: Avoidance of intimacy (83) D
Trauma: Disorder of memory (83) D
Trauma: Dysregulation of affect (83) D
Trauma: Persistent fear (83) D
Treatment needs vs. security needs (16) B
Treatment Readiness: concept still being refined and defined (30) D
Treatment Readiness: Promise for assessment and intervention (30) D
Treatment Readiness: Redirection (41) D
Trust and relationship enabling care (58) A

U

Understand prison: security vs therapy (171) I
Understand the experience of imprisonment (171) I
Understanding why women self-harm (150) A
Use vs abuse (109) F

V

Variation in quantity and quality of treatment research (13) F
Views about change (140) A
Vulnerability (45) B

W

War of projections (3) C
Ways of being: head, heart, head and heart, wallet (143) A
What Works: Cognitive behavioural (18) E
What Works: Community-based (18) E
What Works: Monitoring & evaluation built-in (18) E
What Works: Multi-modal (18) E
What Works: Programme integrity (18) E
What Works: Prosocial modelling (18)
What Works: R-N-R in probation supervision programmes (18) E
What Works: Risk assessment & management (18) E
What Works: Skills orientated (18) E
Win vs. lose (109) F
Work with individual prisoners (33) D
Working for community outcomes (152) A
Working together (12) C
Workload (32) F

APPENDIX 13. THEMATIC ANALYSIS CODEBOOK

THEMES

Superordinate theme 1.		
Superordinate theme	Subordinate themes	Initial themes
Performing therapy	"Agendas and targets"	Therapy through targets, agendas, and performance
	Rehabilitation, "cold, hard stats"	Therapy through client determination
	"Ticking the box"	The big four: offending behaviour, mental health, suicide and self-harm, and psychological wellbeing
		The illusion of choice

Superordinate theme 2.		
Superordinate theme	Subordinate themes	Initial themes
Humanising the client	Shifting subjectivities	Double-labelling
	Person in the Prisoner	Person in the prisoner
	Towards shared values	Professionalism and protectionism
		Validation and invalidation
		Misunderstanding of therapy

Superordinate theme 3.		
Superordinate theme	Subordinate themes	Initial themes
Frames inside frames	The therapeutic frame as relational safety	The paradoxical environment
	The prison frame as procedural and operational security	Constraints to the therapeutic frame

	The forgotten societal frame	Containment as safety
		Containment as security
		Constraints to formulation, treatment planning, and psychological change
		Inside or Outside?
		The search for therapeutic
		Changeable context
		Trust and low-trust

Superordinate theme 4.	
Superordinate theme	Initial themes
A challenging but rewarding experience	Idealism to realism
	Naivety to confidence
	Being a therapist in prison
	Holding the role
	Adaptability and flexibility
	Supervision and personal reflection

CATEGORIES

Superordinate categories	Subordinate categories
Power in professional relationships	• Hierarchy • Power in applied psychology
Divided professional roles	• Professionalism within roles • Protectionism within roles • A clear divide within roles • Validation within roles • Invalidation from prison officers • Invalidation from therapeutic roles • Misunderstanding within roles • Mistrust between professionals • Age and gender in professional relationships • Professional over-involvement

Multidisciplinary working reduces conflict	
Imparting psychological knowledge	
Support creates safe ways of working	
A professionally isolated role	
Rehabilitation or punishment?	• A client group undeserving of therapy • The rehabilitative trend falls short of its desired ethos
The big three	
Offending behaviour takes priority	• Offending behaviour • Mental health • Suicide prevention and management
Taken-for-granted purpose of therapy	• Living life • Changing patterns
The value of therapy	• The social value of therapy • The organisational value of therapy • Therapist value of therapy • Client value of therapy
Whose autonomy?	• The establishment • The therapist • The client
The setting of agendas	
The performance agenda	• HMPS • Therapy service • Therapist • Therapy
The determination of need	• Professional assessment • Self-referral • Inconsistent professional involvement
Choice	• Client choice • Choice from the bottom-up • Choice from the top-down • The language of hidden choice • Performance as a hidden agenda
Client preference and need	
The loss of client perspective	
The matching of agendas	
Change as performance	• Recognised change • Flawed measures of change

Loss of opportunity	• Unrecognised change
The need of the therapeutic process	• Therapy is therapy • Therapy is intense and challenging • Pacing therapy • Pacing with an agenda in mind • Psychological contact • Therapy readiness • Engagement is needed in the therapeutic process • Motivation is need in the therapeutic process • Hidden motivation influences engagement
Misunderstanding the function of therapy	• Making the purpose of therapy clear • Inexperience of therapy • Magic wand
Person in the prisoner	• Working with genuine people • Working with humans beings • A life-story • Behind the crime • Doing their best
Prisoners are judged	
Role to see the person in the prisoner	• Being non-judgemental • Difficult not to make judgements • Managing judgments • Challenging judgements • Avoiding expectations of the client • An eye-opening experience • Therapist anger and frustration as the disparity in way prisoners are perceived
Double-labelling	• Socially determined labelling • Offence-labelling determining resourcing • Offence-labelling
Trust in the therapeutic relationship	• Intimacy • Trust • Low-trust • Re-parenting • Therapist as a barrier in the therapeutic relationship • Inequality • Repeating scripts
Collaboration in the therapeutic relationship	• Therapeutic relationship in counselling psychology
Paradoxical environment	

Containment	• Containment as access to therapy • Containment as a therapeutic space • Containment directed by the client • Containment directed by the therapist • Containment as safety • Managing containment
Lack of containment	• Lack of a therapeutic space • Lack of privacy • Lack of confidentiality • Role confusion
Constraint	• Constraint as an operational boundary • Constraint as a contextual boundary • Through constraint the context becomes protective • Through constraint the context becomes harmful • Through constraint the client is trapped • Through the removal of coping strategies the context can constrain • Constraint as a social boundary
Using the prison as containment	
Changeable context	
Comparing contexts in search of what is therapeutic	• Prison to prison • Environment to environment • Subculture to subculture • Wing to wing
Influence of environment on therapy	• Context as access • Limited formulation and treatment planning • Limited change • Formulations and treatment
Therapy might be better on the outside	• Completing therapy outside • Continuation of therapeutic work on the outside • Lack of knowledge as a barrier to accessing aftercare • Money better spent in the community • Therapy should be more available in prison
Loss when leaving the prison	• Loss of professional support when leaving prison • Loss of social support when leaving prison • The loss of security when leaving prison
Thinking about safety	• Safety for the therapist • Safety for the therapist UK compared to NI • Security for the therapist

Thinking about personal challenges	
Reminders of the environment	
Authority takes precedence	
Managing roles	• The management of conflictual roles • Processing multiple roles • It is a duty of care to be responsible for managing vulnerability in both client and therapist • Holding onto a therapeutic mind in a non-therapeutic environment
Transition for the therapist	• Idealism to realism • Naivety, learning, and confidence
Satisfaction and dissatisfaction	• Rewards of the role • Costs of the role
Recommendations for therapists	• Knowledge of therapy • Knowledge of prisoner issues
Supervision	• Supervision as positive • Supervision as negative
Supervision as a relationship	
Personal reflection	
Other support mechanisms	
Training	• Training as positive • Training as negative

CODES

Coding key	
"Code"	Codes that are contained in double quotations indicate imitated speech.
Code	Codes that are written in lower-case are in-vivo (extracted from the transcript).
CODE	Codes that are written in upper-case are formulated (analytically derived).

A	
• "Ah you know mental health can't do anything, they've sent me to the voluntary counsellor!" • "The manual says we have to do X, Y, and Z" • "You work with these people and you work with those people. Why~" • A big challenge for me to go into a prison setting and work • A big responsibility • A DIFFERENT CONTEXT DOES NOT HAVE SO MANY RULES • A few times I saw clients actually within their room and there was a huge debate about that • A group of people that maybe haven't learnt to exercise their own personal power • A lot of how counsellors work and how the prison service is it can be conflicting • A lot of them had suffered quite a lot of loss • A lot of things with anxiety disorders • A mix of different role • A pattern • A place where they could just be in the moment • A placement as a trainee counselling psychologist	• AGENDA OF WHAT NEEDED TO BE DONE DISCUSSED WITH CLIENT • AGREEMENT WITH RECIDIVISM BUT ALSO SHOULD BE WELLBEING • ALL THE THERAPY ENDS WHEN LEAVING PRISON • All these guys need is to go in their cell locked up and never be released • All-male prison • Along with 'Personal Construct um Psychotherapy' • Along with humanistic • Alongside solution-focused • Alongside those that perhaps didn't have a recognised mental health problem • Alter between terminology at times • ALTERNATE SEXUALITIES LEFT OUT OF ANTI BULLYING POLICY • Although I wanted to be mostly person-centred I was having to engage with different types of counselling theory • Am I the exception in their relationships? Is this typical behaviour? • Amber's Law (USA) • Among the first in Ireland to train as a forensic psychologist • An abuse of my position • An abuse of my power • AN ALLIANCE WITH SEXUAL OFFENDER HELPED WITH DISCOMFORT • An intimate relationship

- A PROFESSION ON A PEDESTAL
- A PUSH FOR CBT
- A real sense of powerlessness
- A realistic expectation that actually your life might not be magically sorted by the time you get out of here
- A shame that people aren't even aware that there is counselling available
- A SPACE AFTER THE SESSION TO DECOMPRESS
- A space where we're working together to try to work towards your goals
- A supervisor who knew an awful lot less around the theories and the reasons for why people offend than I did
- A THERAPEUTIC MIND IN A DISSONANT SYSTEM
- A therapist responsibility to do what's necessary to bring it back
- A VARIETY OF PRESENTING ISSUES
- A.C.C.T. CHOICE FOR THERAPY
- A.C.C.T. programme
- A.D.H.D
- Absolutely anything
- ABUSE: FAMILY & CARE SYSTEM
- Abusive pasts
- Acceptance
- ACCESS TO THERAPY COMPARED TO COMMUNITY
- Accredited as a clinical psychologist
- Accustomed to that environment
- Actively listened
- ACTIVELY WORK ON FORMULATION OUTSIDE
- Adaptability
- ADAPTING
- Addictions service
- ADDICTIONS SERVICE
- And they have to do it also in groups!
- Another group around loss
- Anxieties were sometimes connected in with the offences that they committed
- ANXIETY & DEPRESSION AS BY-PRODUCTS OF THE OFFENCE
- Anxiety disorder
- ANXIETY PROVOKING
- Anything that had to do with distress tolerance
- Appreciated the time to be reflective
- APPROACH DEPENDENT ON INSIGHT
- Appropriate space
- Approved C.B.T. programme
- As a staff team because we just were used to the prison environment
- As a trainee or as psychologists we always have supervision
- As long as it takes
- As opposed to just "You're bad, you're bad, you're bad!"
- ASKING CLIENT'S ABOUT THE BENEFITS
- Aspects of the physical environment send a message
- Assaults
- Assessment of needs rather than consent
- Assessment unit
- Associations they would have with other people about the session
- At the end of the day it's therapy
- At the end of the day the client might look out of her window and see you walking toward the gate
- At the time I started the Masters
- At times that they were struggling with really strong emotions
- Attachment based pieces of work
- ATTACHMENTS - TR
- AUDITS
- AUDITS & SERVICE CONTINUATION
- AUDITS & STAYING IN A JOB
- AUTHORITARIAN STYLE & REPEATING SCRIPTS
- AVOIDING A THEM (PRISON STAFF) & US (PSYCHOLOGY)
- AVOIDING JUDGMENTS ABOUT GUILT

THROUGH CARE
- Adjustment disorder
- Adjustment to the prison environment
- ADOLESCENCE - THERAPY
- Adolescent, childish behaviour, a lot regression in terms of the behaviour because is what they know
- ADOPTING THE PERSON-CENTRED APPROACH IN PERSONAL LIFE
- ADRIAN CHILDS counselling should be compulsory like paying council tax

OR INNOCENCE
- ADVOCACY
- Advocate for them
- AFTERCARE
- AGENDA IN SESSION RATHER THAN CLIENT NEED

B

- B.B.R. 'Building Better Relationships' intimate partner violence programme
- B.B.R. Group of eight clients
- Back then I'll admit to being little bit; "Yay! Let's save you! And make it better!"
- Balance helping them talk about some really difficult stuff but helping them contain it and manage it after the session
- Balance was probably one of the most difficult aspects of the work
- Basic person-centred counselling
- Basically demonstrating the core conditions
- Be as person-centred as I could be
- Bear witness to it
- Because I had no idea really
- Because of the type of emphasis of the establishment
- Because of type of establishment
- Because often they won't necessarily be able to come up with ideas themselves
- Because there is a lot of good work that goes on in prison in terms of therapy
- Because there is a safety aspect of it and you have to keep that in mind
- Being myself
- Being on the ball
- BEING PERSON-CENTRED AVOIDS PUSHING A CLIENT
- BEING PERSON-CENTRED HIGHLIGHTS TRUST IN THE CLIENT
- BEING PERSON-CENTRED PRESERVES CLIENT AUTONOMY
- Being really transparent
- Being seen to do the right thing rather than actually wanting any specific help
- BEING SENT FOR COUNSELLING
- Being that support
- Being there for them
- Being transparent
- BEING UPFRONT ABOUT CONFIDENTIALITY
- Being willing to be with that real distress and not feeling the need to fix it
- Believing in them
- Believing that they could turn things around
- BENEFIT OF TRAINING AS A PSYCHOLOGIST IS BROAD RANGE OF APPROACHES
- Bereavement
- BIASED REPORTING OF EFFICACY OF OUTCOME MEASURES
- BLURRED ROLE FOR CLIENTS - DISCIPLINE OR PLAIN CLOTHS
- Boisterous and loud and there was only myself

- BECOMING MORE REALISTIC ABOUT WHAT IS ACHIEVABLE
- BECOMING OVERLY CAUTIOUS WITH RISK
- Been adopted
- Been in care
- Been neglected or abandoned
- Been passed from one family member to another
- BEEN TOLD TO COME TO COUNSELLING
- Before they are too engrossed
- Behaviour element to offending
- Behavioural boundaries in our relationship what they say what they do what they don't say
- BEHAVIOURISM'S NOT SO OPTIMISTIC VIEW OF THE PERSON
- BEING A MALE
- BEING A MALE
- BEING A MALE & WORKING WITH DIFFICULT CLIENTS INAPPROPRIATE FOR FEMALES
- BEING A PARENT
- BEING A WOMAN
- Being as honest as possible with your supervisor
- Being in prison there is a lot to think about
- BEING MOVED FROM FAMILY
- Both insufficient in numbers but also inappropriate; most it
- Boundaries
- BOUNDARIES ARE THAT IT IS THERAPY
- BOX TICKING
- BPS BREAKING DOWN BARRIERS BETWEEN SUBDISCIPLINES
- BREAKING PERSONAL & ETHICAL RULES
- Broad range
- Building a strong relationship with trust is so important
- But a lot of that is not knowing how to do that
- But I struggled with person-centred in the sense of it being reflecting all the time
- But it was quite a sad case
- But no follow-through or action
- But still in a fairly person-centred way
- But when you try and finish sessions with them they don't want to so it does feel like; So what is behind this? What is the reason for them coming here?
- But you know, you adapt
- Being boundaried
- Being comfortable with yourself
- Being genuine and congruent
- BEING GREEN
- BEING IN CUSTODY
- BEING MOVED IN THE MIDDLE OF THERAPY

C

- C.A.R.A.T.'s
- C.B.T.
- C.B.T.
- C.B.T. approach
- C.B.T. in itself is an abstract concept
- C.B.T. IS REFLECTIVE
- Category C Prisoners
- Caught up with things like assessments
- CBT
- CBT IS ABOUT CLIENT FRIENDLINESS AND
- COMPARED TO ANOTHER PLACEMENT CHANGE WAS LIMITED
- COMPARING PRISON CONTEXTS
- COMPARISON COMMUNITY & STRUCTURE OF DAY
- COMPARISON GP SURGERY PROFESSIONAL ISOLATION
- COMPARISON OF PERSONAL SAFETY IN THE COMMUNITY
- COMPARISON PRIVATE HEALTHCARE & THERAPEUTIC ENVIRONMENT
- COMPARISON TO CHILD PLACEMENT
- COMPARISON TO COMMUNITY &

EMPOWERMENT
- Certain supervisors are quite managerial
- Challenging because she had done something really quite shocking
- CHALLENGING TO BE NON-JUDGEMENTAL
- CHANGE AS A TRANSFORMATION
- CHANGE IN IDENTITY WITH EXPERIENCE
- Change in whatever direction the client wants that to be
- Change is likely to be small anyway
- CHANGE IS LIMITED BY THE PRISON SETTING
- CHANGE IS NOT ABOUT THE THERAPIST
- CHANGING PATTERNS
- CHANGING PERSPECTIVES (CLIENT)
- CHECK MOTIVATION
- Checking about motivation
- CHECKING CLIENT EXPECTATIONS
- CHECKING IN SUPERVISION
- Checking-in with myself
- CHILDHOOD MISTRUST & THERAPEUTIC RELATIONSHIP
- CHILDREN BEING SENT TO THERAPY BY PARENTS
- CHOICE INCREASES ENGAGEMENT
- Civilians
- Clare's Law (UK)
- Clear about what I could and couldn't offer
- CLEAR ABOUT WHAT THERAPY IS
- CLIENT ADAMANT OF INNOCENCE
- CLIENT AUTONOMY
- CLIENT CHANGE IN GREATER SELF UNDERSTANDING
- CLIENT CHOICE
- CLIENT CHOICE

PAPERWORK
- COMPARISON TO PRIVATE HEALTHCARE ORGANISATION IN AUTONOMY
- COMPASSION DOES NOT MEAN BEING PINK AND FLORAL
- COMPASSION DOES NOT MEAN NOT BEING FIRM
- Compassion in the team
- Complex trauma
- Complex trauma
- COMPLIMENTARY ROLES IN PSYCHOLOGY
- COMPULSORY THERAPY INSIDE < HELP-SEEKING OUTSIDE
- Confidentiality
- Confidentiality is very, very, different
- CONFIGURATION OF PSYCHOLOGY TEAM BOTH FORENSIC & COUNSELLING PSYCHOLOGY
- CONSEQUENCES OF A RELAXED THERAPIST
- CONSEQUENCES OF NOT ENGAGING IN THERAPY
- CONSISTENT & AVAILABLE
- Constrained environment
- Contain things and leave the client with stuff not really open
- CONTAINING SELF ON THE OUTSIDE MAY BE EASIER
- CONTEXT DEPENDENT BEHAVIOUR
- Continuing the service in terms policy
- Contract
- CONTROL: A BOX OF TISSUES
- Conviction rates are flawed
- Coping strategies within constraints of them being within a prison cell
- Core beliefs about others
- Core of that was always humanistic
- Could be seeing the client in any number of places
- COULD COME ACROSS PATRONISING
- Could it be that you know it's an hour out their cell?
- COUNSELLING CAN BE CHALLENGING
- Counselling for Toads by 'Robert de Board'

- CLIENT COMFORT
- CLIENT DISENGAGEMENT & COUNSELLOR AVAILABILITY
- CLIENT FACTORS & ACCESSING AFTERCARE
- CLIENT FOCUS
- CLIENT FOCUS
- CLIENT FOCUS
- CLIENT GOAL MIGHT NOT BE THE SAME
- CLIENT GOT ON ANOTHER GROUP COURSE WHICH FELT SAFER
- CLIENT HARD WORK
- CLIENT WANTED TO BE MADE TO ADDRESS ISSUES
- CLIENT-LED
- CLIENT'S NEED TO BE ABLE TO KEEP THEMSELVES SAFE
- CLIENT'S NEED TO BE READY FOR COUNSELLING
- CLIENT'S NEED TO HAVE AWARENESS OF DANGERS OF COUNSELLING
- CLIENTS DO NOT DESERVE HELP & SUPPORT
- CLIENTS FOUND SERVICE APPROACHABLE
- Clients that are on remand that's a classic example
- Clinical supervisors clinical responsibility
- Cold & calculated measures of change
- Collaboration with clients
- Colleagues thought that it was really important for them to have treatment
- COUNSELLING IN A CHAPLAINCY & CONNOTATIONS
- COUNSELLING INVOLVES WORK
- COUNSELLING IS ABOUT WORKING TOGETHER
- Counselling isn't about waving a magic wand
- Counselling psychologist
- Counselling psychology is about creating grey
- Counselling psychology is about creating relationships
- Counselling psychology is about providing a therapeutic alliance
- Counselling psychology is creating conditions for that to flourish
- Create that that space where he could felt free of threat
- CREATING A HEALTHY RELATIONSHIP
- CRIMINAL HISTORY
- Criminogenic factors
- Crisis service
- CRISIS SERVICE PROVIDED BY PRISON SERVICE
- CRISIS SERVICE WAS STRESSFUL DUE TO PRESENTING ISSUES
- Cutting C.A.R.A.T.'s. teams
- CLINICIANS CAN FORGET ABOUT ENVIRONMENT PROTECTING CHANGE
- COERCIVE POWER TAKES AWAY CLIENT AUTONOMY
- COERCIVE POWER TAKES AWAY CLIENT CHOICE
- COERCIVE POWER TAKES AWAY CLIENT POWER
- Come to things in their own time
- COMMUNITY SERVICES FEEL UNEQUIPPED FOR PRISONERS

D

- D.B.T.
- D.B.T. was in its infancy for the D.S.P.D. units
- D.S.P.D. programme
- Dare I say the individuals were doing their best
- DATA ABOUT OBP
- DIFFERENCES BETWEEN FORENSIC PSYCHOLOGY & COUNSELLING PSYCHOLOGY
- Differences between public prisons and private prisons
- DIFFERENT ENVIRONMENT
- DIFFICULTIES WITH ESTABLISHING

- DBT = COPING / RESILIENCE SKILLS = MANAGE ANXIETY IN HEALTHY WAYS
- Deal with what they brought
- Dealing with being in a prison
- Deaths in custody
- DECEIVING TO WORK WITH THOSE ON REMAND DUE TO PENDING COURT
- Definitely non-judgemental
- Dependant on expectations of the establishment
- Depending on what's going on elsewhere in the country your goals and targets are kept then
- Deprivation or the neglect or the violence they'd been exposed to brought psychological distress
- Developing my confidence in myself and in my role
- DEVELOPING NETWORKS TO AVOID ISOLATION
- DEVELOPING NETWORKS TO FEEL SAFE WORKING WITH CLIENTS
- DICTATING WHAT CLIENTS SHOULD FOCUS ON
- RELATIONSHIPS BASED ON PAST ONES
- Diploma
- Disheartening
- DISPLAYING THE SIGNS OF PTSD
- DISSONANCE BETWEEN PROFESSIONAL SUPPORT NETWORKS
- DISTRESS > IN CUSTODY
- Doing it one morning a week
- Don't know where a session is going to go
- Double-labelling
- Dramatic especially because it was a relatively short number of sessions and I came home feeling like I've cured somebody!
- Drug offences
- DRUGS VS ALCOHOL IN PRISON SETTING
- During the course of the year we were having different lectures on different aspects of psychotherapy

E

- Each therapist's formulation or psychologist's formulation there will be subtle differences
- EDUCATION, EDUCATION, EDUCATION; GIVEN PRIORITY
- Elements of E.M.D.R.
- ELEMENTS OF OTHER APPROACHES
- ELICITING PERSONAL INFORMATION
- Elitist attitudes with clinical psychologists towards other disciplines
- Emerging personality traits that were quite entrenched
- Empathic
- Empathic understanding
- Empathised
- Establishment level thing
- ETHICAL QUESTIONS ABOUT KEEPING A CLIENT SAFE IN PRISON
- Even from my clinical supervisors
- Even if I wanted to I wouldn't be allowed to
- Even in pharmacology someone needs to be willing to take their medicine
- Even in terms of the whole domestic violence "Batterer's Programme"
- Even when I was in training
- Every week I came back and I was willing to start again
- Everybody was about their clients
- Exaggerated maleness
- Expect them to be congruent in the TR
- Expect them to turn up to sessions
- EXPECTATION INCONGRUENCE BETWEEN THERAPIST & CLIENT

- Emphasis on targets
- End up with one that suits you best
- ENDINGS & CLIENT CHOICE
- ENJOYING THE EXPERIENCE OF WORKING IN A PRISON SETTING
- Ensure that that work was placed upon proper foundations
- ENSURING STAFF DO NOT DIFFUSE CONSTRUCTIVE MESSAGES
- Ensuring that everybody knows that its available
- Entrenched difficult attachments
- ENVIRONMENT - TR (TRUST & SAFETY)
- ESPECIALLY WHILST BEING IN-TRAINING
- EXPECTATION ON CLIENTS TO ENGAGE IN STEP-DOWN PROCESS
- EXPECTATIONS ADAPTED BY EXPERIENCE
- EXPECTED OFFENCE RELATED THERAPY
- EXPECTING A TRANSFER TO ANOTHER PRISON
- Explore dilemmas into their interpersonal relationships
- EXTENSIVE PSYCHOSOCIAL ASSESSMENTS

F

- FACILITATOR DID NOT HANDLE OR ADDRESS DIFFERENCES IN TRAINING
- False starts
- FAMILY MEMBER TO ANOTHER & PRISON TO ANOTHER
- Feedback from other team members
- Feedback was that in itself decreased their motivation to even want to engage
- Feedback was that it's a lot of repetition
- FEEDING INTO MISTRUST
- FEELING MORE LIKE A PROFESSIONAL
- FELLOW TRAINEES AS SUPPORT NETWORKS
- Female young offender institution
- First time they'd maybe even been in therapy before so it was all very new
- FIRST YEAR OF TRAINING
- FITS WELL
- Five-and-a-half years
- Flexibility
- FLEXIBILITY
- For some people that was too much
- For them to get what they want
- For you to have all the answers sometimes
- FORMING AN IDENTITY WHILST IN PRISON
- FORMING EXPECTATIONS AS HYPOTHESES
- FORMULATION DIFFERENCES - TESTING RISK SITUATIONS
- FORMULATIONS WORK BETTER ON THE OUTSIDE
- FOSTER CARE TO ANOTHER & PRISON TO ANOTHER
- FOUNDATIONS OF TR - TRUST AND SAFETY
- FROM CLIENT ENGAGEMENT TO THERAPIST FAILURE TO MEET TARGETS
- From mental health to emotional wellbeing
- From the psychological perspective and offending behaviour was always at the top
- FRUSTRATION AT THE PRISON CONTEXT
- FRUSTRATION FOR THE THERAPIST NOT FOCUSING ON CLINT NEEDS
- Fulfilling my own selfish need

- FOLLOW-UP WORK
- FOLLOWING PROCEDURE
- For me it would've been reducing distress

G

- Gaging what their motivation was towards change
- Gang-raped
- Gender in sessions
- GENERAL SERVICE = CLIENT GOALS
- GETTING CLIENT TO LOOK INWARDS WHEN SO MUCH EXTERNALISING
- GETTING IN TROUBLE
- Getting them to reflect as opposed to telling them to change
- Getting your head around some of the theories around that
- Girls getting shipped out
- Give them a bit more space
- GIVING CLIENTS THE OPPORTUNITY TO CHANGE
- Giving them an experience of there's a different way to live
- GOALS ARE BASIC
- Good Lives Model
- Goodbye, see you later
- GOVERNMENT TRAINING = SUCKING EGGS = SEASONED OFFICERS
- Gradually I would challenge more
- Group facilitator on the prison addressing substance-route of offending
- Group therapy doesn't work for everybody
- Group therapy is brilliant for things like peer challenges

H

- H.C.R.20.
- Had a good understanding of complexity
- Hallelujah! I've got a person-centred client!
- Harm reduction classes
- HAVE SUPPORT TO WORK ON FORMULATION OUTSIDE
- Have them at the centre
- Having said that I wouldn't change it because I've learnt so much
- He felt like he opened up a can of worms there and then he had to ram them all back in and put the lid back on
- Hearing story = raised my awareness
- Hearing story = very moving some of the times
- Hearing their story
- HEARING UPSETTING
- Hierarchy that exists in certain places
- HIGH RISK OF TERRORISM TO PRISON STAFF IN NI
- Higher risk to re-offend because they're not in a secure locked down unit
- HOLDING VULNERABILITY
- Holistic approach into the offending behaviour
- HOMOGENEITY & HETEROGENEITY OF PRISONERS
- Horrendous stuff
- HOW COULD WE USE THE PRISON SYSTEM TO IMPLEMENT SUPPORT
- HOW IT SHOULD WORK
- How much notice they would have
- HOW SOCIETY VALUES CARE WORK IS DEMONSTRATED BY THE NOTION ITS VOLUNTARY
- How they're treated
- How to cope with bullying
- How you interact with other prisoners
- Howard League Publications

STORIES ABOUT CLIENTS PROGRESS
- HELP & SUPPORT (SECURITY) WHEN NEEDED
- Help a client move forward with their lives
- HELPING A CLIENT INTERACT WITH PRISON STAFF
- HELPING CLIENTS WITH RESILIENCE & COPING IN LIFE IS IMPORTANT TO REDUCING CRIME
- Helping them to identify; to clarify how they want to achieve things
- Huge amounts anxiety about being in prison
- Huge limits to what they could do to help sooth their feelings
- HUNGER TO CHANGE AS THERAPY READINESS

I

- I also experienced girls that were in um same sex relationships = finding comfort within a prison environment
- I also ran a self-harm group
- I believe it can be enormously valuable
- I can think of one in particular where I saw some amazing changes in a person
- I connected with C.B.T. in a different way
- I couldn't understand how I was further along now on everything was getting unpicked
- I defiantly question myself a lot
- I designed an evaluation at the end of it or I redesigned it looking at therapeutic outcomes less about symptoms
- I didn't expect clients made the progress that they did in such a short space of time
- I didn't feel vulnerable
- I do like the C.B.T. approach
- I don't think it should compulsory
- I don't think that they are unified themes
- I enjoyed the work
- I even picked up schema therapy at that point as well
- I've created that safe place
- I've done a lot of personal reflection
- I've heard prison officers say things like "You know, your man the 'paedo'"
- I've seen very different organisational cultures
- I've worked with many psychologists
- If I get a young offender to engage now that's an outcome for me
- If I jump though all the right hoops it will get me onto my 'Cat D' sooner?
- If I ran a service now I would want second-third year students who'd been in a therapy room
- If I was to like die tomorrow I feel I made a difference in an individual's life
- If I'm struggling like that I will very often speak to my supervisor
- If somebody's brining that up that's what they want to talk about
- If that can be a bigger part of rehabilitating them and I think that'll be great
- If they don't trust you they're not gonna get to the route of their issue and problems
- If they show the least sign of weakness they would be picked on
- If they're getting something from it and they're benefiting that's all that matters really
- If they're not then it's just not going to work
- IMPARTING COMPASSION TO OTHER STAFF
- Implied that their crimes were serious or

- I feel there is another agenda, it's not the clients
- I found that suicide programme with the officers quite strained
- I found working in a prison easier than working in a youth offending setting
- I guess it goes back to me being quite naïve at the time
- I guess prisoners are judged all the time
- I guess that was the prison services' goal for the therapy
- I had created that safe environment
- I had expectations that they would be respectful
- I had good supervision
- I had my own preferences
- I had to keep holding on to the fact that I was there to help her
- I had worked in project for domestic violence prior
- I have a tendency to fall back on a default setting of "I've probably got it wrong"
- I have always been a behaviourist anyway
- I have created the right environment
- I just let him talk
- I just met them at face value
- I know that that is pretty heavy psychological stuff for perhaps a lay person to understand
- I like that specific age group
- I like to think that I always stay professional
- I like to think that I'm doing my job properly because it's important
- I mean it had it challenges but defiantly found it rewarding
- I mean it has its flaws of course
- I mean the larger regime had expectations
- I never felt threatened
- I never felt unsafe because I was working with possibly violent
- IMPORTANCE OF KEEPING PRISONERS CLOSE TO FAMILY
- Important to treat therapy as important
- IMPOSSIBLENESS TO HOLDING THERAPEUTIC MIND
- In a way that they clash less with the system
- In essence I did a bit broader than that
- In his own words he said~ "People are always gonna see me as what I did during those minutes"
- IN NEED OF A THERAPEUTIC ENVIRONMENT- TC
- IN NEED OF SOMETHING PSYCHODYNAMIC
- IN PRISON SERVICE ADULT MALES
- IN PRISON SERVICE TRAINEE PSYCHOLOGIST ROLE
- IN PRIVATE THERAPY CENTRE MORE FLEXIBLE WITH AMOUNT OF SESSIONS
- In some way they're contained
- Inappropriate therapeutic environment
- INCREASED ACCESS IS A GOOD THING
- INCREASING AWARENESS OF REFERRAL PATHWAYS
- INCREASING SERVICE AWARENESS
- Increasing their motivation towards change
- Indirect data from colleagues
- Indirect work with colleagues
- Individual therapies
- INDIVIDUAL WORK OVER SIXTEEN WEEK ASSESSMENT
- INDUCTION ABOUT TERRORISM & BEING PRISON STAFF
- Induction process
- INFLUENCE HOW DEEP AND HOW FAR TO TAKE COUNSELLING
- INITIAL INCREASE IN CLIENT RISK
- Initial sessions would've been breaking down barriers
- INSPIRED TO CHANGE THING IN OWN LIFE
- Inspiring
- Integrative psychotherapies
- INTENSE SUPERVISION
- INTERNALISE A HEALTHY

criminals
- I remember when I went to my very first placement I was almost given so much free reign
- I spent five days in a week in prison
- I think it impacts therapy in a lot of ways
- I think it should be that when somebody's ready that should be when they should do it
- I think it's about using a lot of common sense
- I think it's good to mix up supervision for different perspectives
- I think it's really important as a therapist you have to celebrate those success stories
- I think looking back then there probably would have been an emphasis on their offending
- I think maybe they could give some ideas as to how to work in a prison
- I think my expectations got managed
- I think of you as a person
- I think people would have been very shocked at the difference in his character
- I think sometimes they expect you to make everything okay
- I think that in the past a lot of focus of the therapy was around it almost felt like it was dictating a quality of life to them
- I think that integration of research and practice is really important
- I think the experience I've got from working there I wouldn't have got from anywhere else
- I think therapy at that time is probably not the most appropriate time anyway
- I think they're all really likeable to be fair
- I think we need to be much more attentive to what that individual RELATIONSHIP
- Interpersonal deficits
- INTRODUCING SOLUTION-FOCUSED
- IRELAND = CANADIAN MODEL
- IRELAND = SAME CLIENT FOR A YEAR
- IRELAND = SMALLER PRISON POPULATION > AUTONOMY
- Ireland don't use programmes it's process groups
- IRISH PRISON = SEXUAL OFFENDERS
- IRISH PRISON SERVICE = THERAPY
- Is anything even happening here?
- Is it the needs of the service or the service users' needs that we're following?
- Issues of attachment
- It can be restricting but it can also be containing
- It can provoke anger
- It creates both things; it can be quite limiting but it can also be quite helpful
- It depends I suppose on somebody's experience
- IT DOES NOT MATTER WHAT YOU DO OR SAY
- It felt like being deceptive and manipulative to not tell him
- It happened very quickly
- It has a double-edge thing to it
- IT IS ABOUT OWNERSHIP OF OFFENCE
- It isn't really voluntary
- It needs to have some continuity
- It really opens your eyes
- It was about aiming to help people live more fulfilling lives
- It was about the childhood issues
- It was about the emotions
- It was about the feelings
- It was bloody awful
- It was just a sign of the times
- It was the job board at University
- It was very much more stuff that clients bring in everyday life
- It was very targeted
- It wasn't for me to tell them what emotions they must explore
- It would be great to have an understanding of

person needs in their own learning style
- I took that issue to supervision
- I trained as a forensic psychologist; that's my core profession
- I tried as far as possible to stick to being person-centred
- I use a person-centred approach
- I was a bit naïve going in
- I was a bit naïve going; "Ah, this is brilliant and you're all gonna get better and it's all gonna be great"
- I was a bit taken back
- I was able to work with a range of clients in a way that was meaningful
- I was aiming to do more things that supported the therapeutic relationship
- I was also in a placement at the time at a G.P. surgery
- I was coordinating the service
- I was doing quite a lot at the time; assessment, intervention, groups, research
- I was doing quite a range of things
- I was doing that two-days a week
- I was employed
- I was employed through a Locum to cover
- I was quite C.B.T. driven at the time
- I was quite challenging towards them in sessions
- I was reading different things
- I was there for two-and-a-half years
- I was very lucky that I had a really good relationship with my two supervisors
- I was working there part time
- I wasn't comfortable with the idea but I stumbled into that
- I work in a youth offending setting
- I worked for the last six months in a prison
- I worked with young people from the age of sixteen to eighteen a forensic client; people who offend
- It wouldn't just be the therapeutic intervention; it would be therapy
- It's a special sort of relationship really you have with your clients
- It's been fantastic
- IT'S DIFFICULT TO WORK WITH CLIENT'S ON REMAND
- It's a unique environment
- It's about being content isn't it
- It's about finding a balance of how you're going to stay safe but also about being able to do your job
- It's about trying to promote these are human beings; not cattle
- It's challenging but it's great
- It's difficult if they feel they've got to do it because it will look good for them
- It's difficult to measure effectiveness and success and outcome of therapy that you would deliver in a prison service
- It's in England it isn't under security threat
- It's just clarifying what I'm doing
- It's just disheartening to see a lot of that work being lost as this prison sentence ends
- It's not a particularly good feeling
- It's not about us setting goals for them
- It's not my journey it's the clients journey
- It's one of these indeterminate sentences so it seemed like it could go on for an awful long time
- It's open my eyes to how people live and you have no idea the things people go through
- It's probably a paradox really isn't it?
- It's quite arrogant to think that I'd be able to do that
- It's quite difficult to be green and that being your first placement would nuts
- It's really important that we work with them because of the numbers
- It's so negative and all you ever get back is negativity
- It's very different from your more psychodynamic-gestalt type approaches
- It's when they go back out when they've got the high risk situations
- Its having to integrate the prison rules so to

- I would've worked within a private therapy centre
- I.P.P. 'Human Rights Convention'
- I'd like people to come and for there to be a difference made in their lives
- I'd like to see less emphasis on targets more emphasis on quality of work
- I'd still do it because I was nuts back then
- I'm a bit of a sceptic really as to how effective it really worked
- I'm a psychologist
- I'm always aware of my surroundings
- I'm expecting the patients to engage
- I'm from Northern Ireland so with the culture going on
- I'm hoping that she went on and somebody provided her with longer-term therapy
- speak and how a counsellor works
- I'm very person centred myself
- I've been at the prison just over a year
- I've been quite lucky in terms of the supervision that I've had whereby being really good but more very reflective
- I've come to accept that now
- I've come to realise that now but that was how I thought at the time
- I'm not um currently working within the prison service
- I'm still in a tension with myself thinking about the bad press the prisoners sometimes get
- I'm very integrative in that sense
- I'm not one bit surprised that this guy's talking to me today in a prison
- I'm not sure you should expect anything
- I'm not surprised that they're heavily addicted to drugs and alcohol
- I'm like "What am I hearing?"

J

- Job share
- JUDGMENTS
- Just dealing with that fundamental inequality
- Just giving her a space
- Just to see that somebody can change to that extent

K

- Knowing how to be safe within the prison
- Knowing now that unless she wants to get better I can have a magic wand and it's not going to work

L

- LACK OF AFTERCARE
- LACK OF DISCUSSION ABOUT ALTERNATE SEXUALITIES
- Lack of hope really
- LACK OF SIGNPOSTING
- LACK OF UNDERSTANDING OF THERAPY
- LEAFLETS & SELF-REFERRALS
- LEARNING ON THE JOB
- Learning to trust somebody for the
- LIMITED CLINICAL RESPONSIBILITY AS A TRAINEE
- LIMITED CLINICAL RESPONSIBILITY FOR RESEARCH ASSISTANT OR TRAINEE
- LINKING MENTAL HEALTH AND OFFENDING BEHAVIOUR
- LISTENING IS AN IMPORTANT ROLE
- Lock down
- LOCKDOWN
- Lockdowns

- first time with talking about really, really, painful stuff
- LEAVING THE COUNSELLING ROOM INTO GENERAL PRISON POPULATION
- LESS KEPT CONFIDENTIAL WITHIN THE TR
- Let them go at their own pace
- Let's tailor an eclectic approach of modalities to what's going to work best for that individual
- LF: BEING A STRANGER
- LF: If it's drugs and alcohol that's the issue they may be attached to a drugs and alcohol service that checks in with them
- LF: SAVING FACE
- LF: They had identifiable mental health needs that they would be attached to a C.P.N. or attached to some adult mental health services that could provide therapy
- Locking doors
- LOOKING AT STRENGTHS OF PRISONER
- Looking for help
- LOOKING INTO OTHER APPROACHES FOR PTSD
- Looking to change
- LOOKING YOUNG AND BEING TAKEN SERIOUSLY BY OTHERS
- Loose the perspective of what the individual really needs
- Loss of relationships
- Lots of clients would ask for therapy to get a certificate they didn't want to do the therapy
- Lots of D.V.
- Lots of girls that had been in prostitution
- LOWERED BUT NOT IS A PESSIMISTIC WAY BUT A REALISTIC WAY
- LF: Unless of course they were in a mental health setting or a mental health secure setting
- LIAISING WITH PRISON OFFICERS WHEN POSITIVE

M

- M.D.T. FEEDBACK OF PROGRESS WITHIN THERAPY
- M.D.T. meetings
- MACHO ENVIRONMENT
- MACHO ENVIRONMENT BETWEEN STAFF
- MADE TO COME
- Maintain my accreditation as an interpersonal psychotherapist
- Maintain that progress
- Maintain well-being
- Make sure they've got the right support in place
- Make the choice to be there
- Make the place a better world for people
- MAKING A MISTAKE
- MAKING SURE COUNSELLING IS THE PRISONERS CHOICE
- Making sure that I'm doing stuff right
- Making sure that it's not becoming about me
- MEDICAL WING & MENTAL CAPACITY TO CONSENT TO TREATMENT
- Men can talk about problems
- MENTAL ILLNESS = COPING IN PRISON = DECIDING FACTOR TO HOW THEY ARE MANAGED
- Mindfulness based approaches
- MISCONCEPTION: LOCAL PRISONS
- Missed appointments
- MISUNDERSTANDING OF WHAT THERAPY WAS ALL ABOUT
- MIXTURE OF CLIENT DESCRIPTORS
- MONEY TO COMMUNITY AFTERCARE SERVICES
- MONITORING USE OF UNCONSTRUCTIVE HUMOUR
- Moral panic within society
- More accessible
- More available
- MORE CHECKING THAN WITH NON-PRISON CLIENTS
- MORE DNA IN COMMUNITY SETTING
- MORE MOTIVATED DUE TO PRESSURES

- Manageable tasks
- MANAGING IN PERSONAL LIFE
- Managing self-harm
- MANAGING SELF-HARM IN CUSTODY
- Manualised programme feel slightly contrived
- MASCULINITY MMPI & HOMOSEXUALITY
- Maternal deprivation
- Maybe something formalised around mental health; what is mental health, what isn't
- MDT
- MDT & STEP-DOWN PROCESS
- MDT APPROACH
- MDT DEPENDENT ON WING
- MDT HELPED
- MDT ON MEDICAL WING EMPHASISED
- MDT ON MEDICAL WING TRAINING OF PRISON OFFICERS AROUND THERAPY
- MDT ON MEDICAL WING WAS MORE THERAPEUTIC
- MDT WOULD BREAK DOWN MISTRUST BARRIERS
- MORE MOTIVATED TO MAKE CHANGE IN PRISON
- More staff by a massive amount
- Motivational interviewing
- Much bigger issue in Ireland forensic psychology as subdicipline doesn't exist
- Multi-impulsive
- Multi-theoretically trained
- Murders
- My background is in person-centred
- My background very much comes from a punitive stance almost
- My heads going to explode
- My perspective of it now is that people have choices
- My relationship with them gave me a lot of information about their skills but also their beliefs about others and themselves
- My research was gonna to be about the prison (coping within prison) (re-rolled)
- My resilience and my skills where really tested
- Meant seeing a wider variety of clients that just wanted therapy
- MEASURE OF CHANGE & LOSS OF MEANING FOR THERAPIST & CLIENT

N

Narrative therapy

- Natural bereavement
- Nature of the offence and how she spoke about it it was quite challenging to stay in a more person-centred
- NEED TIME TO BUILD OVER SESSIONS
- NEED TO BE MORE COLLABORATIVE AS PROFESSIONALS
- Never knew what the clients had done: unless they told me themselves
- Never see that person again outside of the hour
- Nevertheless there's some
- Not around some other social stressors than in the community
- Not challenge them too far
- Not have any expectations of them
- Not having had therapy before
- NOT HAVING TO WORRY IN PRISON
- Not judge them in any way
- Not just seeing impressions of crime
- Not necessarily a societal view but a movement-push for more emphasis on rehabilitation as opposed to being punitive
- Not only did we have young offenders we had older women that had committed more serious crimes
- NOT PERMITTING CRIME BUT…
- Not push them
- Not react to that belief that I'm being lied to

boundaries in the room
- NO CLIENT FOCUS
- No expectations from me
- NO MATTER THE CRIME
- No matter what
- NO MEASURE OF DOWN TO EARTH CHANGE
- NO REFERRAL INFORMATION
- No sense of judgement in the team
- NO SUPPORT TO IMPLEMENT SKILLS
- Nobody's come to me and said; "I want to become an astronaut"
- Normal working environment
- Normalising
- NOT A UNIQUE ENVIRONMENT
- NOT ROLE TO MAKE JUDGEMENTS ABOUT GUILT OR INNOCENCE
- Not setting people up to fail
- Not so much in the prison population I feel (change)
- Not sufficiently self-motivated
- Not surprised as to why they've ended up in the situation that they have
- Not that we can force them to have it
- Not the most therapeutic environment to be working in
- Not this is the new best thing so you're all gonna get it but for those who want it
- Not to look vulnerable
- Nothing fanatic
- Not allowed to take certain stuff into the prison
- Not an easy place to work

O

- O.C.D.
- OBP & Length of sentence
- OBP & SELF-HARM
- OBP are very much C.B.T. based
- OBP closed groups
- OBP different cohorts each time
- OBP DIFFICULT AS THEY ARE IN PRISON
- OBP GROUPS MAY BE LIMITING FOR SOME INDIVIDUALS
- OBP MET INDIVIDUALLY & IN GROUPS
- OBP OVEREMPHASIS ON GROUPS
- OBP TARGETED
- Obviously it's a professional relationship
- OCD TREATMENT AND HUNGER TO CHANGE
- OFFENCE IN THE MIDDLE & WHAT FED INTO THAT
- Offence labelling dictates so much of everything
- Offending behaviour work
- OFFENDING RELATED TO LD, MH, OR SUBSTANCES
- Once those alarms sounded you had to be mindful of what you were doing with the client
- One had been told by the "missus" as he called her get his feelings sorted out
- One of the biggest things is that you have a key!
- One of the things I do with an ending is signposting
- One programme fits all approach
- One would like to instil hope
- One-to-one's six sessions
- ONLY HAVE THE PRISONERS WORD FOR SUCCESS OF THERAPY
- Only saw people who had been identified as being in crisis risk of suicide or self-harm
- Opened up more in talking to me than he had ever done even to his mum
- OPERATE UNDER UMBRELLA GOAL AS IT IS PURPOSE OF SERVICE
- Opposed to therapeutic interventions done by the nursing colleagues
- Or take anything out with me
- Or the client group that you are working with at the time
- Organisational management
- ORGANISATIONAL VALUE OF

- OFFERING INFORMAL TRAINING
- OFFERING SOMETHING DIFFERENT
- Offering strategies
- Offering ways of coping with overwhelming feelings and also their intrusive memories
- ON A FILE
- ON TOP OF THINKING ABOUT THE ROLE
- THERAPEUTIC WORK: ALL WRONG
- Other people are losing out then
- Other people's agenda they definitely came into the room from time
- Overemphasis on group therapy
- OVERLOOKING - MULTIPLE ISSUES
- Once they left work they felt safe enough whereas in Northern Ireland harm could still come to you
- On your toes

P

- P.C.L. checklist
- P.D. group
- P.T.S.D.
- Package of actions that would help his parole or his release
- PARALLELS (REPEATING PATTERNS)
- PARENT FIGURE
- Parole or early release dates that generally there is an impetus that there is an expectation that they attend
- Part of larger structure but this was an area that was important for us to be different about
- PASSION IN TEAM
- PAST RELATIONSHIPS & ENDINGS
- PEOPLE CAN BE UNREALISTIC ABOUT THE OUTCOMES OF THERAPY IN PRISON
- People could see other people
- People have options for their own quality of life
- People who don't feel comfortable in the group
- People with specific learning difficulties
- People's lives
- Perhaps he's in for fraud they're asking for financial advice
- PERSON-CENTRED
- PERSON-CENTRED APPROACH SECOND NATURE
- PRISON MOVEMENT FOR PROTECTION
- PRISON MOVEMENTS
- PRISON OFFICERS AS ALLIES
- PRISON OFFICERS DIFFERENT APPROACH
- PRISON OFFICERS INCREASED WORKLOAD
- PRISON OFFICERS RESPONSE TO CLIENT DISTRESS FOLLOWING THERAPY
- PRISON SECURITY REPORTING
- PRISON SERVICE
- PRISON SERVICE GOAL IS AN UMBRELLA GOAL
- PRISON SERVICE NOT RECOGNISING PROGRESS
- Prison service staff can refer to use as "The do-gooders"
- PRISON STAFF BEING THREATENED BY PSYCHOLOGY
- PRISON STAFF NOT KNOWING WHAT THERAPY IS
- PRISON STAFF WARY OF NON-PRISON STAFF
- PRISONERS / RESIDENTS
- PRISONERS LEAVE PRISON UNABLE TO COPE
- PRISONERS MAY SEE OUTSIDE AS SCARY
- PRISONERS MAY SEE PRISON AS A SAFE PLACE
- Prisoners riots
- Prisons that I worked for were generally "Cat B" or "Cat A" so the potential could be longer

- PERSON-CENTRED COUNSELLING IS COMFORTABLE FOR THERAPIST
- PERSONAL AWARENESS
- Personal constructs
- Personal disclosures
- PERSONAL REFLECTION FOR EFFICACY OF THERAPY
- PERSONAL REFLECTION FOR THERAPEUTIC PRACTICE
- PERSONAL SAFETY
- PERSONAL THERAPY
- PERSONAL THERAPY FOR THE PERSON-CENTRED COUNSELLOR
- Placement for my M.Sc
- PLACEMENT THEN PAID
- Positive feedback from prison staff
- Positive transference
- Power differential
- POWER IN ALL PROFESSIONAL RELATIONSHIPS
- Powerful
- PRESENTING ISSUES - TR
- PRESENTING ISSUES - TR
- PRESENTING ISSUES CAN BE COMPLEX
- PRESSURE = UNDERSTANDABLE
- PRESSURE PLACED ON CLIENTS FOR SENTENCE PLANNING
- Prevent further victims
- PREVIOUS EXPERIENCE HELPED THERAPIST WITH DEALING WITH DIFFICULT EMOTIONS
- PREVIOUS EXPERIENCE OF BEING PERSON-CENTRED
- Previous role would've been more therapeutic
- PREVIOUS WORK WITH CHILDREN SURVIVORS OF SEXUAL ABUSE
- Primary interest was in the or quite hefty sentences
- PRIVACY ISSUES
- PRIVACY LIMITATIONS & RE CREATING SPACE
- Private prisons are slightly more autonomous so there's more leeway for taking into account the individual
- Process groups are so much more therapeutic to explore issues for the client
- PROCESS IS ABOUT WHAT'S GOING ON FOR CLIENT
- PROCESSING IN A PRISON ENVIRONMENT
- Professional led referrals as opposed to people accessing the service for themselves
- PROFESSIONAL NETWORKS OUTSIDE A PRISON BUT STILL COUNSELLING PSYCHOLOGY
- PROFESSIONAL OVER INVOLVEMENT
- PROFESSIONAL OVER INVOLVEMENT IS TOO MUCH
- PROFESSIONAL REFERRALS
- PROFESSIONAL RELATIONSHIPS INFLUENCE EXPECTATIONS
- PROFESSIONAL RELATIONSHIPS WITHIN PSYCHOLOGY
- PROFESSIONAL ROLE PROTECTIONISM
- PROJECT EXPECTATIONS
- Promoting counselling psychology within the prison
- Psychodynamic
- PSYCHOEDUCATION
- PSYCHOEDUCATION WAS VALUABLE FOR A CLIENT - SEXUAL ABUSE
- Psychological boundaries; emotional boundaries -too much too little emotion
- PSYCHOLOGY LED TRAINING FOR OFFICERS
- PSYCHOLOGY TEAM WAS LOVELY
- PSYCHOLOGY-LED TRAINING FOR PRISON OFFICERS
- PSYCHOMETRIC MEASURES OF CHANGE CAN BE MISCONSTRUED
- PURPOSE OF TRAINING PRISON OFFICERS IS GETTING THEM TO THINK DIFFERENTLY
- PUSH FOR REDUCING DEATH IN

- interpersonal psychotherapy
- PRIOR EXPERIENCE OF THERAPY IS HELPFUL FOR THE THERAPIST
- PRIORITIES
- PRIORITY MENTAL HEALTH DUE TO MEDICATION
- PRISON BASED RESPONSES TO CLIENTS - A REASON FOR CONFLICT?
- CUSTODY
- PRISON ENVIRONMENT CAN LIMIT TREATMENT PLANS
- Prison had policies on bullying and they got much better
- Prison impacts so much therapy in so many levels
- PRISON COMPARED TO THE COMMUNITY IS MORE CONTAINED

Q

- QUESTIONING BEING OPEN-ENDED WITH A PARTICULAR CLIENT
- QUESTIONING ONESELF

R

- R.A.V.E.N.
- RAISING AWARENESS FOR PRISON STAFF
- Range of ages
- Rapport
- RE-ROLLING
- Ready to adapt to the constraints of the prison service
- REALISATION IT IS NOT SO DIFFERENT
- Reality is that doesn't always happen (improving lives)
- REALITY THAT REMAND PRISONERS FACE LONG SENTENCES
- Really painful things
- Really well-trained
- RECOMMEND A LARGER SERVICE
- RECOMMEND ACCESS TO RESOURCES
- RECOMMEND AWARENESS OF CONTEXT IN TRAINING
- Recommend better aftercare
- RECOMMEND C.F.T.
- RECOMMEND CLIENT TO BE MOTIVATED TO CHANGE IN THERAPY
- RECOMMEND EXPERIENCED THERAPISTS
- REFERRAL INFORMATION NOT RELEVANT AS A PERSON-CENTRED COUNSELLOR
- REFLECT ON HOW JUDGEMENTS MIGHT EFFECT THERAPY
- Reflected
- REFUSE CLIENT FOCUS DUE TO INCREASED RESOURCE DEMANDS
- Regardless of whether different therapist or psychologist used the same therapeutic model or not
- REGIME = WHEN WE MEET - IF WE MEET
- Rehabilitation doesn't stop because your prison sentence stops
- Rejected or unwanted or overlooked in childhood in some way of another
- Relapse prevention
- RELAPSE PREVENTION FROM AN ADDICTIONS PERSPECTIVE
- RELIGION IN THE THERAPY ROOM
- REMAND = START OF PROCESS
- REMAND = TARGETED ON REDUCING SELF-HARM & DEATH IN CUSTODY
- REMAND = UNCERTAINTY
- REMAND VS SENTENCED DIFFERENT ISSUES
- Reminding myself of why she needed to hold that position
- REMOVING THE STRESSORS OF LIFE

- RECOMMEND GREATER INSIGHT OF WHAT THERAPY IS
- RECOMMEND MATCHING AGENDAS
- RECOMMEND MINDFULNESS
- RECOMMEND MORE RESEARCH IN PRISON
- RECOMMEND THERAPISTS AWARE OF PRISONERS ISSUES
- RECOMMEND THERAPISTS AWARENESS OF IMPORTANCE OF SUPPORT & SUPERVISION
- RECOMMENDATION FOR THERAPY WITHOUT EXPLANATION OF WHAT IT IS
- RECOMMENDED COUNSELLING
- RECOMMENDED TO HAVE COUNSELLING OUTSIDE PRISON
- Requires a longer-term monitoring
- REROLLING MEANT ENDINGS DID NOT HAPPEN
- RESEARCH ASSISTANT
- Resilience
- RESPONSIBILITY OF THE ROLE
- Restorative Justice
- RESTRICTIONS
- RETELLING STORIES
- RISK DOCUMENT
- Risk-taking
- Rogers' saying something about moving around carefully in somebody else's world
- Role modelling
- REDUCE SHAME & ANXIETY
- Reducing risks within the custodial environment

S

- SAFE DISCLOSURE FOR CLIENT
- SAFE SPACE RECREATED WHEREVER YOU ARE
- Safer-Custody
- SAFETY FOR BOTH CLIENT AND THERAPIST
- SAFETY FROM JUDGEMENT
- SAFETY ISSUES
- Safety measures in place
- SAFETY TO ENGAGE IN THERAPY
- Sarah's Law (UK)
- SAVIOUR
- SCEPTICISM & CYNICISM AS CAREER PROGRESSED
- Schema related pieces of work
- Secretive message "If he doesn't get on in the group, we have no other choice"
- SECURE PERSONAL LIFE
- SECURE SETTINGS
- SEEING COGNITIVE CHANGE
- Seeing the person behind the crime
- Self-fulfilling prophecy
- So they kind of lived in the cognitive camp
- So we all got kicked out
- So you know it goes back to the early 2000's
- Social panic
- SOCIETY & CREATING PROLIFIC OFFENDING
- Softer outcomes
- Solution focused
- Some had been raped
- Some had underlying mental health issues and some not
- Some of those endings were very moving
- Some were prolific offenders some were one-time offenders
- Some work with families
- Someone who hadn't really got any formal therapy experience and this is your first placement that would fell cruel
- Sometimes that agenda may be in conflict with what the client actually wants
- Sometimes they're not sure what to expect when they come to me
- Sometimes we may not see changes in a person but they are still getting something from it

- SELF-HARM = MANAGING RISK
- Self-harm on an individual basis
- Self-harm related to them being in custody
- SELF-HARM TARGETED
- Self-harm was quite prolific in a female young offending institution
- Sends out a really dangerous non-inclusive message
- Sent by mental health because they felt they couldn't do anything more for him
- SENT TO COUNSELLING
- SENTENCED = MOTIVATION FOR THERAPY
- SENTENCED PRISONERS = FREEDOM OF TIME
- Serious incident our profession is the first to fall off that pedestal
- SERVING A PURPOSE
- Set certain tasks to do weren't that far off what the actual client want to do
- Set in stone criteria
- Sex offenders
- SEXUAL ABUSE
- Sexual abuse
- SEXUAL OFFENDERS OFTEN NOT FORTHCOMING ABOUT OFFENCE
- SEXUAL OFFENDERS OFTEN NOT FORTHCOMING ABOUT OFFENCE - DIFFICULT TO ASSESS NEEDS
- SEXUAL OFFENDING & GREATER RESOURCES
- SHARED VALUES IN TEAM
- SHARED VALUES IN THE TEAM
- Shared with them psychological skills; e.g. emotion regulation
- Sharing a room with complete strangers
- Sharing the process
- She was really likeable
- SHIFTING PERCEPTIONS OF
- Sometimes you feel like just sitting here listening isn't enough
- SPECIFIC GOAL IN CRISIS SERVICE
- Split role
- Staff meetings once a month
- Stage-one-lifer prison
- Staying with her vulnerability
- STEP DOWN PROCESS
- Sticking with the contract
- STILL IN CONTACT FINDING OUT HOW CLIENTS ARE
- STILL NEED TO EVALUATE PEOPLE
- STORY BEHIND CRIME
- STORY OF PROFESSIONAL ISOLATION WITHIN PSYCHOLOGY TEAM
- STORY: REACTIONS TO THE CLIENT FROM A PRISON SETTING
- STRENGTHS BASED APPROACH
- STRENGTHS BASED APPROACH APPRAOCH GOALS
- STRENGTHS BASED APPROACH AS A BUZZ WORD
- Stress of transfers
- STRESS OF WORKING OUT MOST APPROPRIATE WAY OF WORKING
- STRUCK BY LACK OF ALTERNATE SEXUALITIES
- Struck: They weren't all local
- Structure
- STRUCTURED DAY
- Stuck in adolescence
- Stuff like that that wasn't really thought about because the main reason for them to be there was not to get therapy it was to be punished
- SUBSTANCE ABUSE A BIG ISSUES
- SUPERVISION
- SUPERVISION CHANGES PERSPECTIVE
- Supervision for living up to something (responsibility)
- SUPERVISION FOR MANAGING CLIENT ISSUES
- Supervision for not missing anything
- SUPERVISION FOR SERVICE DEVELOPMENT
- Supervision for the politics
- SUPERVISION FOR UNDERSTANDING

PRISON WITH TIME & EXPERIENCE
- Shipped out
- SHORT TERM RISK MANAGEMENT VS LONG-TERM RISK MANAGEMENT
- SHOULD BE BOTTOM-UP FROM THE CLIENT
- SHOULD BE CARRIED ON OUTSIDE
- Shown them that I'm not judgmental
- Shown to reduce the risk of suicide and self-harm
- SIGNPOSTING
- Simply because of my M.Sc. I read a lot of 'Bowlby'
- SIX SESSION MODEL = INTENSITY
- Sixteen week assessment framework
- SIZE OF PSYCHOLOGY TEAM
- SKILLS BASED VS THERAPY IN THE STEP-DOWN PROCESS
- Small steps
- So I wasn't a stranger to working with trauma

IN THE ABSENCE FROM OTHERS
- Supervision once a month
- SUPERVISION TO CHECK IN WITH SELF
- SUPERVISION TO TALK IT THROUGH
- Supervision to think about feeling competent
- SUPERVISION we don't notice everything
- SUPERVISOR QUESTIONING APPROACH
- SUPERVISOR QUESTIONING THERAPIST
- SUPPORT FROM STAFF AFTER A DIFFICULT SESSION
- SUPPORT TO AIR JUDGEMENTS
- Supportive classmates
- Sustainability of change
- SYSTEMS THEORY
- Systems with their peers
- So many environmental factors
- So many things are different
- So meet that person where they're at; work with that person where they're at
- So my role was to offer person-centred counselling
- So reading between the lines I think person-centred was too risky for him
- So there was a lot of emphasis to use that approach
- So it felt really important to stay with what they were comfortable brining

T

- T.A. approach
- Taken over by the N.H.S.
- TAKING IN SUPERVISION
- TAKING IT PERSONALLY
- Talk through things
- Talked with friends who've worked in the prison
- TALKING ABOUT THE OFFENCE HAS AN INTENSITY
- Team of counselling psychologists
- TEAM OF SUPPORT FOR CLIENTS
- TEAM WAS SUPPORTIVE
- TENSION OF BEING SEEN WITH PRISON OFFICERS
- Terminology
- Terrorism
- There is still a long way to go before that model is effective
- There isn't always the opportunity to self-harm in the same way
- There isn't much of an emphasis on improving quality of life
- There was a clear divide between regime role and mental health role
- There was a clear sort of hierarchy on the type of work you could focus on
- There was a hangover still of a more medical model
- There was a lot of research around and a lot of set ups around the sex offender treatment programme
- There was huge number of people who were undiagnosed
- There was such a push for it in late 90's that

- Terrorism within Northern Ireland
- That expectation that "I'll come to counselling and everything will be fine"
- That is difficult giving the power to the client and giving them autonomy and trusting them
- That issue of focusing on what the client needs
- That it's safe within the constraints of the prison service and confidentiality
- That put me in good stead
- That seems a bit of a shame for other people who are waiting to be seen
- That sometimes can be a bit of a struggle ethically I think
- That was based on 'Carl Rogers'
- That was caring for them
- That was the only time I really questioned whether being person-centred and open ended was right
- That was the start of my career; I was very much influenced by that
- That would be quite de-skilling but it could potentially be de-skilling for somebody
- That's just assigning guilt and shame for somebody and then making them more likely to go and do it again
- That's not particularly beneficial to anybody
- That's where the system falls down
- The age they bring to it
- The aim and the emphasis was to address the offending behaviour and prevent relapse
- THE ANXIETIES OF BEING RELEASED AND THEN REOFFENDING
- THE APPROACH AT ITS BEST WITH CHILDREN
- The approach that's gonna work best for them
- THE BEST PREDICTOR OF by the time the 2000- early 2000's came it was very much the most researched, most documented and had the most evidence for it
- There was the hangover of symptom reduction
- There wasn't the overall containment that the regime provides (community)
- There were a lot of things I didn't know when I went into that placement - I was very naïve
- There were elements where I utilised C.B.T
- There were often a lot of parallels with the work that I was doing with children
- There's a different way to be
- There's a different way to cope
- There's lots of deprivation
- There's lots of research coming out at the time that punitive measures wasn't working in terms of reducing re-offending
- These are people who've had adversity and have had their own journey
- THESE FUCKING PSYCHOLOGISTS
- They access something different and a different experience of themselves
- They appreciated someone who could give them the attention
- They are of course multiplicity of environments
- They brought a range of issues
- They couldn't walk in the park
- They didn't have enough of those skills for a formal psychological therapy
- They do require more support on the outside as opposed to on the inside
- They don't want to be there
- They don't even want to get to know him
- They don't need their therapist judging them as well
- They don't particularly want to engage in any sort of work
- They go from therapist to therapist
- They had difficulty for the kids to concentrate on
- They had that space carved out for them
- They had thought about a lot of other things but they had forgotten
- They have certain ways they see themselves
- They have their own answers
- They knew what the reality of their everyday

FUTURE BEHAVIOUR IS PAST BEHAVIOUR
- THE CAUTIOUS SIDE OF BEHAVIOURISM
- The cells the doors
- The client group in itself
- The client has his own inner wisdom
- The client knows what's best for them
- THE CONTINUUM OF POSITIVE RISK TAKING
- THE CULTURE FROM PRISON TO PRISON
- THE DETERRENT EFFECT
- THE ENVIRONMENT PROTECTS CHANGE
- The expectation to leave prison setting and be able to action that without the support is- 1) unrealistic and 2) almost unfair
- The fact that they were in custody was not going to change for a significant time
- The impact from supervision and feedback from supervision
- The keys
- The last chance
- The lens that I use now is much more developed
- The main thing that I was doing was working with their addictions
- The mental health needs in prison are really high
- The message "No wonder you felt that because you'd been through these things"
- The nature of my role changed quite a bit
- The offending population it's difficult because once they're out of the system you don't actually know
- The overall aim of that is to try and reduce the risk of relapse and re-offending
- The patients could easily get distracted
- life was there
- They know you have a life outside the prison
- They made quite a lot of jokes
- They make their own choices
- They need to want to be there
- They needed more containment
- They only saw me an hour a week and they saw the others a lot more
- They perpetrate and push into a victim
- They really appreciated their sessions
- They still have a life story
- They then are going back to a certain environment where they need to have a certain mind-set to cope
- They took a psychosocial approach
- They were all well into their sentences
- They were difficult for people not to have a sense of privacy
- They were living in that environment all the time I was just going in for an hour
- They were mostly sixteen to eighteen
- They were not that ridged
- They weren't going to pop out the womb offending
- They'd often treat it like kind of attending a class
- They're going from an environment where their days really structured
- They're not been in a context where therapy is talked about
- They're not fucking clients they're prisoners
- They're really fighting to change
- They're still humans
- They've come to you for a reason
- They've got to deal with what they've been left with
- They've got to feel safe with you to do that
- They've got to have a lot of trust in you
- Things that potentially would destabilise the core beliefs about themselves
- Things they may never have disclosed to anybody before
- Think and reflect on things
- This could be the final session
- This is a space where we are at this precise moment

- The personality they bring to it
- THE POEM
- The prison itself changed from remand only to serving sentences
- The prison service was wanting the person to be completely substance free
- The prisoners are locked up so I can be told last minute
- THE PROPER ENDING
- The record keeping
- The regime
- The regulations of what some is allowed and is not allowed to do
- The rest of the time it felt absolutely like the right thing to do
- The right time
- The room wasn't ideal
- The service I was part of doesn't exist anymore
- The service itself changed
- The success or the effectiveness is generally measured by the rate of reoffending
- The system within the prison environment
- The therapist being non-judgment in their approach
- THE ULTIMATE GOALS IS TO BE LIVING LIFE
- Their system in the community
- Their system in their intimate relationships
- Their system of the family
- Their usual coping strategies have been taken away from them
- Then did my formal training in psychotherapy
- Then I got paid
- Then I went to my final placement and it was like you know micro-management
- Then it's hard to engage with them
- Then you remember why you chose to do this
- THERAPEUTIC ALLIANCE IS NEEDED FOR PROGRESS
- This is a space where we can talk
- THOSE IN FOR TERRORISM OFTEN DID NOT COME IN FOR SUPPORT
- Those messages with himself and that self-loathing is always going to be with him
- Though it was quite a hostile environment I felt very safe within it
- Threaded through some dialectical behavioural therapy
- Threatening them in terms of trusting me
- Three, one-hour-fifty minutes sessions, once a week
- TICKING A BOX
- TICKING A BOX
- TIME AND SPACE
- TIME IS NOT AVAILABLE
- TIME PRESSURE & CLIENT PACE
- TIME PRESSURE = DEPTH
- TIME PRESSURE ON CLIENT
- TIME PRESSURE ON THERAPIST
- TIME PRESSURES RELATED TO CUSTODY
- To be patient
- To be there
- TO CHALLENGE STIGMA OF PRISONERS & MH
- To change in a way that is more functional to them
- To have someone just still treat them like a normal human being
- To process things both cognitively and emotionally
- To save the world
- TOLD TO COME
- TOLD TO COME TO THERAPY
- Too much focus and money is placed within the prison
- Too much to think about
- TOP-DOWN APPROACH
- Totally wrong of me to push him
- TRAIL DIFFICULT TO GET CLIENT TO INTERNALISE
- TRAIL MOST STRESSFUL THING
- TRAIL NOT MOST APPROPRIATE TIME FOR THERAPY
- TRAIL THERAPIST AS SUPPORT

- Therapeutic Community
- THERAPEUTIC ENVIRONMENT ADDRESSING MH NOT OB
- THERAPEUTIC ENVIRONMENT SHOULD BE A POSITIVE EXPERIENCE
- THERAPEUTIC ENVIRONMENT SHOULD BE INTENSIVE
- Therapeutic progress
- THERAPEUTIC WORK REQUIRES AN SAFE ALLIANCE
- THERAPEUTIC WORK REQUIRES AN SAFE ALLIANCE FOR UNDERSTANDING
- THERAPIST RESPONSIBILITY TO HOLD THERAPY
- THERAPY & THE STEP-DOWN PROCESS
- THERAPY READINESS & ENGAGEMENT
- THERAPY READINESS & ENGAGEMENT
- THERAPY READINESS & RESISTANCE
- THERAPY TO GET OUT OF COOKIN'
- There are a number of aims
- There are expectations implicit in our profession
- There has been times where the emphasis is about a rehabilitative system but I think it's still falls far short of reaching that
- There is something about psychological interventions being purposeful
- Trainee psychologists in the prison service they're entitled to an hour formal supervision session per week
- TRAINER described how hostile the environment was
- TRAINING IS NOT ALWAYS RELEVANT
- TRANSFER & THERAPY DISCONTINUITY
- TRANSPARENT ABOUT LIMITATIONS IN CONFIDENTIALITY
- TRANSPARENT ABOUT WORKING WITH PRISON OFFICERS
- Troubled but they're very genuine people
- Trying not to sound like 'Carl Rogers'
- Trying to make them as manageable
- Turning up for therapy and going; "Oh what! Have they gone to another prison? Brilliant"
- Two years
- THERAPY DISCONTINUITY THROUGH FEAR OF CLIENT
- THERAPY DISCONTINUITY WHEN LEAVING PRISON
- THERAPY DOESN'T WORK FOR EVERYBODY
- THERAPY IN THE DINNING AREA
- Therapy involves psychological change
- THERAPY IS INTENSE
- THERAPY IS SEEN AS TOO EXPENSIVE
- THERAPY ON THE LANDING
- Therapy readiness
- There are pros and cons to working in the community young offenders and then working in a prison young offenders
- There are quite a few examples (success); that's what made it rewarding
- There is a lot of avoidance

U

- UK = DIVERSE CLIENT GROUP
- UK = HOMOGENOUS
- UK = SEE A CLIENT FOR 2 - 4 SESSIONS
- UK = That would never happen now where I'm currently based
- ULTERIOR MOTIVES IN
- Understanding
- Understanding why they offend, there's a complexity to that
- UNEASE WITH COERCIVE POWER - SUMMONS TO COUNSELLING
- Unlocking doors
- Unrealistic to think that therapy can provide

- CHANGE
- ULTIMATE GOAL CLASHES WITH CLIENT INDIVIDUALITY
- ULTIMATE GOAL CLASHES WITH COLLABORATION
- hope in that setting
- USE OF STRUCTURE
- UTILISING SUPPORT WITHIN THE PRISON
- UNDERSTAFFING

V

- Vague sense of it being required of them
- VALIDATION FROM TEAM
- Very strong feelings about not being respectful
- VICTIM IN THE PERPETRATOR
- VOLUNTARY > ENGAGEMENT
- Voluntary counsellor
- VOLUNTARY THEN PAID
- Volunteering
- VULNERABLE AS A COUNSELLOR
- Vulnerable people

W

- Wanting to help can be pressurising for some people
- Wanting to help can be smothering for some people
- We both have different skills in different areas we could've worked together
- We didn't have a therapy room
- We didn't work much on the trauma we would've done psychoeducation around trauma
- We do have outcome measures in terms of psychometric measures; of mood, of anger
- We had a lot of light rooms but they were not sound proof
- We had quite a good reputation within the prison
- We may've only seen them once but actually they've been seen by how many people that day? Or that week?
- We might be interrupted but after the interruption we'll get back to talking
- We need to build alliances
- We were taking over their jobs
- We'd had a lecture at University on 'Rogers' and empathy
- We're not looking at the gooder aspects of the person enough
- What Works - McGuire and Bonta' research
- What's behaviour and what's mental health; the differences
- What's beneath what the client is saying?
- What's got them to where they are?
- Whatever he's doing that's been the way he's learnt to survive in the conditions he found himself in
- When they start to tell you things you think; "Yeah I am doing this right!"
- When you feel like you've made a real breakthrough
- When you're working with that level of risk in the community; "Oh my God"
- Where everything is quite compulsory
- Which I'm not so keen on but that's the situation
- Which is not always that easy
- Which quickly got squashed when I realised it wasn't about that and it changed
- WHO HAD THE CLIENT BEEN ANGRY FOR?
- Who they were as an individual
- Who Works
- Wht does this prison offer?
- Why should it be that for one kind of offending I have a right to go and know if somebody's gone and done it for another I don't
- Widened out so people could self-refer
- Will encourage you to go and complete

- Well let’s give them a rope and help them hang themselves
- WHAT ABOUT OTHER CRIMES & RESOURCES?
- What about the early intervention side of things?
- What as a service we’ve been actioned to do
- WHAT CLIENT'S WANT IS NOT ALWAYS WHAT THEY NEED
- WHAT DO THEY HAVE TO BE ANGRY ABOUT?
- What do they need and want from our service
- What do we think they need?
- What I’d want now is what the client really wants
- What I’ve read about ‘Carl Rogers’ the aim of person-centred counselling is to facilitate growth
- What is driving them to behave in the way that they’re behaving?
- WHAT IS POSITIVE IN PRISON MAY NOT BE POSITIVE OUTSIDE PRISON
- What level of resources do we have available?
- What to understand and what to pay attention to and how to respond to someone who self-harms
- therapy when you get out
- Within that it’s what a client would respond
- Within two weeks the prisoners were all gone
- Without the option of choice
- Work in small ways to change
- Worked quite closely with some of the departments within the prison
- WORKING BEYOND COMPETENCE - SEXUAL ABUSE
- Working collaboratively
- Working in a system where you have to be quite stanch around holding that person in a therapeutic way
- Working in uncertainty
- WORKING TOGETHER
- WORKING WITH DISTRESS
- WORKING WITH SEXUAL OFFENDER AN EXPECTED CHALLENGE BUT REWARDING
- WORRY
- Wouldn't be allowed to do that, thought record
- Wouldn’t be allowed to take anything off a prisoner
- What message are you sending to people on those programmes
- What stage of the change model they’re at
- WHAT THERAPY IS = MORE EFFICIENT
- What they needed from sessions
- What they wanted to bring

Y

- You can have those really rewarding times with people
- You can try not judge your clients but judgment is going to happen at some point
- You can watch films and all these things happen on TV. but you don’t realise that this is a reality for some people
- YOU CANNOT FORGET IT’S A PRISON
- You do get satisfaction because that’s one person who has gone away feeling much happier
- You don’t have to follow a script that says this!
- You had to prepare or be realistic about what was gonna happen and wasn’t gonna happen
- You have a different way of kind of coping
- You have to report a lot more
- You think; ‘ah wow,’ I can’t believe they’ve trusted me with so much
- You want to see people better
- You want to see people doing well
- You won’t have the same room
- You’re in it
- You’re stuck with it
- You can’t escape it
- You can’t flee it

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