

**‘I see a really good future for myself now,  
to what I was’:**

## **Understanding the Experiences of People who Have Completed Kaizen**

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**A greater understanding of effective methods for the rehabilitation of people who have offended, referred to as the ‘what works’ literature, has led to developments in treatment options internationally.<sup>2</sup> The Accredited Programmes (AcP) currently available in HM Prison and Probation Services (HMPPS), are based on the principles of effective practice and receive regular review by the Correctional Services Accreditation and Advice Panel (CSAAP).<sup>3</sup>**

It has been recommended that qualitative, as well as the traditional quantitative, methodologies be utilised to evaluate complex AcPs, as gaining perspectives from those who have undertaken interventions helps to ensure they are relevant and responsive.<sup>4,5</sup> Previous qualitative studies of AcPs have led to developments within programmes by incorporating new findings from the evidence base and thus remain an important aspect of the accreditation process. For example, following the review of the Sex Offender Treatment Programme (SOTP),<sup>6</sup> a combination

of individual and group sessions was incorporated into the Kaizen programme, the most recent high intensity programme that includes Sexual Offending (SO), Intimate Partner Violence (IPV), and General Violence (GV) strands.<sup>7</sup>

Kaizen is a cognitive-behavioural AcP that has a flexible delivery model, so that it can be delivered in a group format or on an individual basis. When delivered for a group, it has a rolling format allowing programme participants to join and leave the group at different times (whilst completing core curriculum), with a treatment dosage of approximately 160 hours. There is a maximum of eight group members attending the programme at one time.

Kaizen aims to support self-discovery of previous patterns of unhelpful behaviour, identifies existing skills, provides opportunities to develop further skills, and incorporates relapse prevention work.<sup>8</sup> It is based on a biopsychosocial model of change that builds on the Good Lives Model and principles of Risk, Need and Responsivity (RNR), including strengths-based and

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1. This research was commissioned by Intervention Services in HMPPS and will be used to form part of the author's qualification in forensic psychology to the British Psychological Society (BPS). In line with BPS guidelines, it was supervised by Rosalie Schulz and Sarah Disspain, both of whom are chartered and registered forensic psychologists working in HMPPS' Psychology Services Group at the time of writing.
  2. Gannon, T. A., Olver, M. E., Mallion, J. S., & James, M. (2019). Does specialized psychological treatment for offending reduce recidivism? A meta-analysis examining staff and program variables as predictors of treatment effectiveness. *Clinical Psychology Review*, 73, 101752.
  3. Hollin, C. R., & Palmer, E. J. (2006). *Offending behaviour programmes: Development, application, and controversies*. John Wiley & Sons.
  4. Hollin, C. R. (2008). Evaluating offending behaviour programmes: Does only randomization glister? *Criminology and Criminal Justice*, 8(1), 89-106.
  5. Levenson, J. S., Macgowan, M. J., Morin, J. W., & Cotter, L. P. (2009). Perceptions of sex offenders about treatment: Satisfaction and engagement in group therapy. *Sexual Abuse*, 21(1), 35-56.
  6. Mews, A., Di Bella, L., & Purver, M. (2017). *Impact evaluation of the prison-based core sex offender treatment programme*. Ministry of Justice.
  7. Walton, J. S., Ramsay, L., Cunningham, C., & Henfrey, S. (2017). New directions: Integrating a biopsychosocial approach in the design and delivery of programs for high risk services users in Her Majesty's Prison and Probation Service. *Advancing Corrections: Journal of the International Corrections and Prison Association*, 3, 21-47.
  8. See footnote 7: Walton et al. (2017).

desistance principles to support motivation for change and desistance from offending.<sup>9 10 11 12</sup> Walton and colleagues provide an in-depth outline of the guiding principles of the programme, which includes that treatment is accessible to participants' individual biological, psychological, and social circumstances.<sup>13</sup> They outline that Kaizen focuses on the therapeutic climate to support exploration and skill development, and utilises motivational interviewing and aims to support the development of a pro-social identity to build participants' intention to desist from offending. It focuses upon four risk domains (offence supportive attitudes, self-management, relationships, and sexual interests), and one desistance domain (sense of purpose).

While there has been research exploring the assessment process for high intensity programmes,<sup>14 15 16</sup> and discussing the suitability of Kaizen for participants with psychopathic traits,<sup>17</sup> there currently remains a gap in the literature regarding the experience of people who have completed Kaizen. The current research aims to fill this gap.

## Study Aims

The aims of this research were to gain an understanding of participants' experiences of the Kaizen programme, their perceptions of any treatment gains, and any meaningful engagement that they believed supported their desistance. The primary research questions were:

1. How did programme completers experience the programme environment (learning materials, therapeutic environment, and facilitation team)?
2. What learning did programme completers take away from the programme and in what

ways did they think it supported their desistance (or not)?

## Method

### Participants

Ethical approval was obtained from the National Research Committee and Governors of the three English prisons where the research took place. A purposive sampling method was used to identify potential participants across all three strands of the programme (general violence, intimate partner violence, and sexual violence) for men who remained in custody across HMPPS and who had successfully completed the Kaizen programme since its inception. To mitigate confirmation bias,<sup>18</sup> sites where the researcher was involved in the delivery of Kaizen, and any prisoners where the researcher had previous involvement in their AcP, were excluded from taking part.

To mitigate selection bias and any influence in taking part in the study,<sup>19</sup> the researcher arranged initial contact with participants via local prison staff who had no previous involvement in their AcP. Participants were provided with an information sheet and if they declared their interest, the researcher then arranged for an interview where informed consent was first obtained. The researcher then spent time building rapport prior to interviews commencing in an attempt to reduce potential response bias, reiterating participation would be kept anonymous and the researcher was interested in participants' genuine experience on the programme, whether that be positive or negative.

A total of 22 potential participants were identified, 12 of whom indicated that they were interested in taking part. One participant was removed

9. The Good Lives Model (GLM) assumes that humans are goal directed and seek to obtain primary goods (friendship, knowledge, excellence in work, excellence in agency, etc.), with secondary goods being the way in which primary goods are achieved. Offending is proposed to occur in the pursuit of primary goods. The GLM is a strengths-based approach that focuses on promoting the achievement of primary goods in more pro-social ways that will also target criminogenic needs. For the RNR principles, risk refers to having the programme dosage proportionate to level of reoffending risk so that those that are higher risk receive more intensive intervention, that the content of the programme should be directed towards criminogenic needs, and that the intervention should be delivered in a way that is responsive to a person's specific strengths and needs.
10. Bonta, J., & Andrews, D. A. (2007). Risk-need-responsivity model for offender assessment and rehabilitation. *Rehabilitation*, 6(1), 1-22.
11. Ward, T., & Maruna, S. (2007). *Rehabilitation*. Routledge.
12. See footnote 7: Walton et al. (2017).
13. See footnote 7: Walton et al. (2017).
14. Ramsay, L., Walton, J. S., Frost, G., Rewaj, C., Westley, G., Tucker, H., ... & Gill, C. (2019). Evaluation of offending behaviour programme selection: The PNA. *Journal of Forensic Practice*, 21(4), 264-277.
15. Ramsay, L., Wakeling, H., De Lucchi, R., & Gilbert, H. (2020). Learning disability screening: Impact on prison programmes. *Journal of Intellectual Disabilities and Offending Behaviour*, 11(3), 145-158.
16. Wakeling, H., & Ramsay, L. (2019). Learning disability and challenges in male prisons: Programme screening evaluation. *Journal of Intellectual Disabilities and Offending Behaviour*, 11(1), 49-59.
17. Henfrey, S. A. (2018). Kaizen: Working responsively with psychopathic traits. *Journal of Criminological Research, Policy and Practice*, 4(3), 199-211.
18. Confirmation bias refers to seeking out and interpreting information in a way that conforms to one's beliefs. Response bias is a general term used to describe ways in which people may not respond to answers truthfully, such as acquiescence or socially desirable responding.
19. Selection bias is the bias introduced by the method of selection of individuals, groups, or data.

from consideration as the researcher had previous involvement in their AcP, and two potential participants were not chosen to take part as data saturation had occurred.<sup>20</sup> This yielded a total sample

size of nine participants who completed the programme between 2018 and 2022. Descriptive statistics of participants and their programmes are presented in Table 1.

**Table 1.** *Programme Characteristics and Demographic Information of Participants*

Variable	Total	Percentage
<b>Ethnicity</b>		
British	6	67
Welsh	1	11
Black Caribbean	1	11
British Indian	1	11
<b>Age range</b>		
20 — 29	2	22
30 — 39	4	44
40 — 49	0	0
50 — 59	2	22
60 — 69	1	11
<b>Offence type</b>		
Rape	3	33
Murder	5	56
GBH	1	11
<b>Strand completed</b>		
IPV	4	44
GV	2	22
SO	3	33
<b>Programme completion period</b>		
Pre COVID	6	67
COVID recovery period	2	22
Both pre COVID and COVID recovery period	1	11
<b>Delivery method</b>		
Full group delivery	7	78
Full group and adapted delivery*	2	22

*Note.* \*During the COVID pandemic, delivery of programmes were adapted for the safety of participants and facilitators. This included individual delivery with a facilitator and small group delivery of 2-3 programme participants per group.

**Data Collection and Analysis**

A semi-structured interview schedule was utilised to allow participants the freedom to provide their unique experiences while still maintaining a level of direction during interviews. The interview questions included a range of prompts for both positive and negative aspects of participants’ experiences. All

interviews were audio-recorded and transcribed verbatim. Interviews lasted between 15 and 62 minutes.

Inductive thematic analysis was applied to the data as this best addressed the research questions given its flexibility,<sup>21</sup> whilst also allowing for actionable implications for practice to be generated.<sup>22</sup> To adopt a rigorous, systematic approach to data analysis, Braun

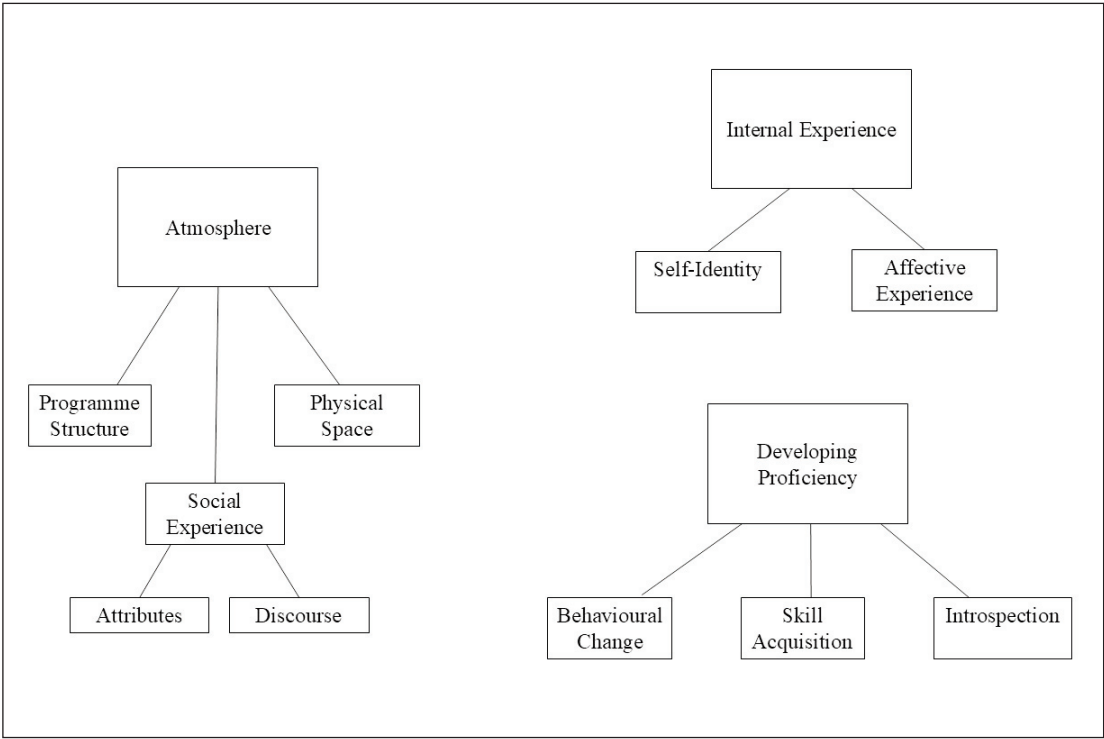
20. Braun, V., & Clarke, V. (2016). (Mis) conceptualising themes, thematic analysis, and other problems with Fugard and Potts’(2015) sample-size tool for thematic analysis. *International Journal of Social Research Methodology*, 19(6), 739-743; Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753-1760; Morse, J. M. (2000). Determining sample size. *Qualitative Health Research*, 10(1), 3-5.

and Clarke’s approach was utilised, which includes familiarisation with the data, generating initial codes, searching for themes, reviewing themes, and naming and refining themes.<sup>23</sup> The analysis process involved double coding a subset of interviews, and another review of the initial codes accompanied by a discussion regarding themes.

Results and Discussion

Three superordinate themes were identified from the thematic analysis which included atmosphere, internal experience, and developing proficiency (see Figure 1).

Figure 1. Thematic Map



Theme 1: Atmosphere (research question 1)

Programme Structure

There were some noted benefits of the rolling format, such as repeated exposure to materials to support learning, and a greater understanding of what the programme entailed as individual participants were at different stages of the programme. This allowed participants to become more familiar with the programme structure and what would be involved in the AcP, which gave them a sense of predictability: *‘Just sit and absorb and see what was going on with the other boys. It gave me a chance to [pause] just get into that role of you know exactly what to expect’* (P1). However, there were also reported negative impacts from the rolling format, particularly in relation to the development of relationships and sharing during

sessions when newer members joined the group. This extended to facilitators as well, feeling that changes to the programme team could impede people’s willingness to engage: *‘someone started literally when I was finishing, and they started asking me questions but I said ‘there’s no point telling you cuz I’m leaving in two weeks.....So why would I tell you my past experiences?’* (P6). The individualised nature of the programme was felt more strongly within individual sessions and the group sessions involving fewer participants, which participants found beneficial. They identified that their engagement with the programme dwindled in larger group settings as the content became less individually focused, and involved longer stretches of time without slots for them to explore aspects of their own offending: *‘I’d say there was a lot of times spent*

21. Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57–71). American Psychological Association.

22. Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research, 21*(1), 37-47.

23. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

waiting for other people to do their bit. ...So it's hard to kind of like stay engaged and stay focused, especially if you're just sat there' (P4). This is consistent with past research on group size, which found participants experienced less personalised time during sessions and greater disengagement with materials as group size increased.<sup>24</sup> It may also suggest that, in this instance, facilitators were less able to create an inclusive therapeutic environment where all programme participants felt engaged (having opportunities for vicarious learning and contributing meaningfully), regardless of whether they were personally the focus of the discussion or activity.

Participants spoke about the flexibility of the programme, and how it supported their engagement. This included the pace of delivery, and being able to adjust when and how exercises were explored: *'Education and other courses, programmes, I found it's all been too rushed for me. So I can't really absorb everything that come out of it. As where Kaizen...you can take your time. There's nobody pressurising you'* (P1).

Participants were also asked about the learning materials. Some expressed that they didn't have specific learning needs that warranted adaptation on the programme, and that they were able to understand the materials as they were presented without elaborating further on their experience. However, others spoke about how the facilitation team supported their understanding by breaking down information further and being given extra time to review content. Individual sessions were reported to have been particularly helpful for additional support such as this. For example, participant 3 explained *'The staff, they were really helpful. ...They'd sit down and go through everything with you until you understood it, in different types of ways'*. This would suggest programme adherence to the responsivity principle of rehabilitation, which has

been evidenced to be an important feature of effective interventions.<sup>25</sup>

### Physical Space

In relation to the group room setting, there was a sense that, while fit for purpose, it was lacklustre and at times unclean. As participant 1 explained: *'It wasn't the best place for a programme....They just didn't clean it. So, yeah. I think it could have been in a better environment'*. There is little research about how the physical setting can impact on engagement in AcPs, however Ross and colleagues theorised the immediate therapeutic setting can impact on the development of a therapeutic alliance, particularly within custodial environments where system factors and the immediate therapy context can differ significantly from the ideal therapeutic setting.<sup>26</sup> Research conducted in the field of psychotherapy suggests that the physical environment can impact on perceptions of both the therapist and participants' engagement with the therapeutic process.<sup>27 28</sup>

There was also discussion about the importance of privacy within the physical space, with one participant speaking about how they would put group members' work on the walls which, while making the room feel more inviting, also negatively impacted on perceived privacy as

others could see their work if they entered the room. Likewise, the presence of a camera appeared to negatively impact on engagement, due to a concern of a breach of privacy: *'Lot of us sex offenders had this mindset of, that, oh, staff could be watching, and taking the piss or something'* (P3). Consistent with past research, therapeutic clients have not always been aware of how session recordings were being used.<sup>29</sup> Interestingly, concerns regarding privacy were voiced only by those on the SO strand of the programme, perhaps as a result of perceived stigmatisation of such

The immediate therapeutic setting can impact on the development of a therapeutic alliance, particularly within custodial environments.

24. Stewart, L., Usher, A., & Allenby, K. (2010). *A review of optimal group size and modularisation or continuous entry format for program delivery*. Correctional Service of Canada.
25. See footnote 10: Bonta & Andrews (2007).
26. Ross, E. C., Polaschek, D. L., & Ward, T. (2008). The therapeutic alliance: A theoretical revision for offender rehabilitation. *Aggression and Violent Behavior*, 13(6), 462-480.
27. Miwa, Y., & Hanyu, K. (2006). The effects of interior design on communication and impressions of a counselor in a counseling room. *Environment and Behavior*, 38(4), 484-502.
28. Sinclair, T. (2021). What's in a therapy room?—A mixed-methods study exploring clients' and therapists' views and experiences of the physical environment of the therapy room. *Counselling and Psychotherapy Research*, 21(1), 118-129.
29. Moller, N., Brown, E., Moller, N. P., & Ramsey-Wade, C. (2013). Recording therapy sessions: What do clients and therapists really think? *Counselling and Psychotherapy Research*, 13(4), 254-262.



offences and a greater importance being placed on privacy.<sup>30</sup> Blagden and colleagues highlighted the importance of psychological safety and how this can impact on engagement, particularly for people convicted of sexual offences who may have to worry about being "ousted", (p. 383).<sup>31</sup> It appears that participants' views of psychological safety could have negatively influenced their engagement with treatment. However, session monitoring is key to ensuring programme integrity, which has moderated positive outcomes for AcPs,<sup>32</sup> making communication of the purpose of session recordings (and how and with whom participant work is shared) all the more important.

## Social Experience

**Discourse.** Interpersonal feedback within group therapy has a substantial contribution within treatment by fostering a cohesive group and supporting behavioural change.<sup>33</sup>  
<sup>34 35</sup> Both strengths-based and developmental feedback appeared to be appreciated by participants who spoke about the usefulness of receiving this from facilitators and programme participants alike. This was also reported to be one of the most helpful aspects of the programme: *'Going away and thinking about what the other group members have said. ... It's helping me to pick up on certain things that I may have missed'* (P5).

Participants identified a dislike for speaking in a group setting more generally, and (consistent with past research) how sharing was most challenging at the beginning of the programme.<sup>36</sup> There were specific

topics participants found more difficult to share (or hear others share), including disclosing their early childhood experiences as well as discussing their own and hearing others talk about their crimes. This has also been observed in previous research.<sup>37</sup> For some, this was a result of feeling shame in relation to their crimes, something that has been quite commonly cited within incarcerated populations,<sup>38 39</sup> for example: *'I hold a lot of shame and guilt throughout my index offence and I didn't, I didn't wanna to kind of [pause] share it with a lot of people'* (P2). A feeling that the programme included focus on more than just offending behaviour was well received by participants: *'Where other courses I've done, they're more focused around offending. Where this is more skills-based, learning...it does start sort of move off your offending. ... More comfortable, is probably the best way to put it'* (P3). Being able to

share offence details without being judged has been identified as an important part of effective group therapy,<sup>40</sup> and while difficulties were identified within the current study, it appears this concern dissipated as participants became more familiar with the group environment and began building trust and relationships. This appeared to also be a result of the flexibility in the delivery format, where some topics could be covered within individual sessions. The programme provides guidance to facilitators regarding sharing of potentially

traumatic experiences.

**Attributes.** Participants described feeling supported, receiving guidance and help from both facilitators and programme participants alike. They identified that while it took time to build relationships

An important  
aspect of the  
therapeutic process  
is peer relationships  
as it supports  
reciprocal  
understanding of  
experience.

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30. Schwaeb, C. (2005). Learning to pass: Sex offenders' strategies for establishing a viable identity in the prison general population. *International Journal of Offender Therapy and Comparative Criminology*, 49(6), 614-625.
  31. Blagden, N., Winder, B., & Hames, C. (2016). "They treat us like human beings" Experiencing a therapeutic sex offenders prison: Impact on prisoners and staff and implications for treatment. *International Journal of Offender Therapy and Comparative Criminology*, 60(4), 371-396.
  32. Robinson, C., Sorbie, A., Huber, J., Teasdale, J., Scott, K., Purver, M., & Elliott, I. (2021). *Reoffending impact evaluation of the prison-based RESOLVE offending behaviour programme*. Ministry of Justice.
  33. Clarke, A., Simmonds, R., & Wydall, S. (2004). *Delivering cognitive skills programmes in prison: A qualitative study*. Home Office.
  34. Leszcz, M. (1992). The interpersonal approach to group psychotherapy. *International Journal of Group Psychotherapy*, 42(1), 37-62.
  35. Rothke, S. (1986). The role of interpersonal feedback in group psychotherapy. *International Journal of Group Psychotherapy*, 36(2), 225-240.
  36. Walji, I., Simpson, J., & Weatherhead, S. (2014). Experiences of engaging in psychotherapeutic interventions for sexual offending behaviours: A meta-synthesis. *Journal of Sexual Aggression*, 20(3), 310-332.
  37. Connor, D. P., Copes, H., & Tewksbury, R. (2011). Incarcerated sex offenders' perceptions of prison sex offender treatment programs. *Justice Policy Journal*, 8(2), 1-22.
  38. Camp, A. R. (2018). Pursuing accountability for perpetrators of intimate partner violence: The peril and utility of shame. *Bulletin Review*, 98, 1677.
  39. Mullins, E., & Kirkwood, S. (2019). Dams, barriers and beating yourself up: Shame in groupwork for addressing sexual offending. *Journal of Social Work Practice*, 33(4), 369-384.
  40. See footnote 36: Walji et al. (2014).

in the group, they primarily experienced these as quite positive:<sup>41</sup>

*'They was there to help and support you and as well as the boys. I mean the boys further on in their Kaizen journey. They'd go back and say 'look, I've been through all this. Just take your time, chill out'.'* (P1).

Participants described facilitators as approachable, reliable, accessible, and patient, and spoke about the importance of investment from programme participants. Open sharing and participation by existing group members encouraged those who were newer to behave in a similar fashion, with participants often turning to their peers to better understand how to behave within the group environment: *'But to see them be open and honest, it gives you the confidence to be like, well, I don't have to hold anything back here. I can try because I'm not getting judged'* (P1). This highlights how the peer group can hinder or enhance group members' involvement, thus having a significant influence on engagement in the programme, and links to the development of a therapeutic climate.<sup>42 43</sup> The group environment also created opportunities to be understood and supported by peers: *'I think the other people will know what you've gone through or what you're going through. And obviously they are all there to help. We're all there to be a better person'* (P2). An important aspect of the therapeutic process is peer relationships as it supports reciprocal understanding of experience, as is group cohesion, therapeutic alliance, and therapist features in supporting treatment gains as well as reducing attrition rates.<sup>44 45</sup>

## Theme 2: Internal Experience (research questions 1 and 2)

### Affective Experience

Despite experiencing initial uncertainty when first joining the group, and that the programme was an intense experience, participants were overwhelmingly

positive about how the group environment made them feel. Participants described feeling accepted, understood, and at ease: *'The facilitators they made you feel like wanted. ... And it didn't matter what I said. ... Nobody turned around and said anything negative about me'* (P9).

While recognising it could be difficult discussing certain topics (such as offending), when asked, participants described feeling comfortable to openly share within the group. This suggests the group environment fostered a positive affective experience for participants, one where they were able to engage effectively: *'I definitely feel comfortable talking to them...expressing my past, everything. Every situation. Like, certain things, maybe I wouldn't want to say in front of anyone, but, in front of them it felt comfortable'* (P7).

### Self-Identity

Participants spoke of their views of themselves and their futures, and how this developed over the course of the programme. There was a sense that overcoming and coming to terms with their previous offending was a difficult part of the process, and something that some didn't think they would ever fully be able to do: *'There's not a day that I don't think about what I've done....And I don't think I'll ever forgive myself for what I did'* (P8). Desistance is a gradual process with identity transformation (i.e., a subjective change in one's self concept that moves away from a criminal identity) being a key component of this.<sup>46</sup>

Feelings of hope and self-efficacy are also important for desistance,<sup>47</sup> and this was evident in the experience of the participants. Most (but not all) spoke about how they noticed a change in their self-confidence and had a more positive view of themselves because of engaging in the programme, which also translated into a more positive outlook for their future. Their descriptions included feeling a greater sense of pride in themselves and family, and feeling more confident and capable, happier, and thinking more positively. For example, participant 5 shared:

**"I think the Kaizen course helped me to, to bring out a lot of things. And speak my mind"**

41. Aside from one participant who noted difficulties working with a facilitator.

42. See footnote 36: Walji, et al. (2014).

43. See footnote 7: Walton et al. (2017).

44. Beech, A. R., & Hamilton-Giachritsis, C. E. (2005). Relationship between therapeutic climate and treatment outcome in group-based sexual offender treatment programs. *Sexual Abuse: A Journal of Research and Treatment*, 17, 127-140

45. Marshall, W. L., & Burton, D. L. (2010). The importance of group processes in offender treatment. *Aggression and Violent Behavior*, 15(2), 141-149.

46. Laub, J. H., & Sampson, R. J. (2001). Understanding desistance from crime. *Crime and Justice*, 28, 1-69.

47. Maruna, S., & Mann, R. (2019). Reconciling 'desistance' and 'what works'. *Academic Insights*, 1, 3-10.

*'Looking through all the different events in my life on Kaizen helped me understand that a lot of events in my past weren't my fault. And it made me start to look at myself in a different way. Made me believe that I could be a good person and do good things.'*

### Theme 3: Developing Proficiency (research question 2)

#### Introspection

Participants spoke about gaining greater insight into their previous offending, with the life map exercise being key in supporting this.<sup>48</sup> In particular, they spoke about being able to identify in greater detail the situations in which they may have 'gone wrong', patterns in their offending, and having become more skilled in perspective taking:

*'I learned a lot about what led up to it [index offence]. . . It was more about seeing the steps and where I could have stopped it before it got to where it got to. . . And start- instead of just trying to think about myself, I try to think about other people more than myself.'* (P5)

#### Skill Acquisition

Participants spoke about specific ways in which they developed skills, most frequently having identified the 'great eight' tactics and 'time out/time in' skill as being the most helpful learned from the programme.<sup>49</sup> Many participants (all but two) also spoke about having more positive relationships with others. For some, this meant limiting socialising to prevent associating with negative peers, while for others it meant being able to communicate more effectively: *'I kept a lot of things inside me, and I think the Kaizen course helped me to, to bring out a lot of things. And speak my mind'* (P8).

This is consistent with previous research that found problem solving, social skills, impulse control, and perspective taking as the most commonly cited benefits of AcPs by participants.<sup>50</sup> Within the current research, the vastly differing accounts of what the programme taught participants speaks to the flexibility of the content and its ability to be adapted to each participants' individual criminogenic needs, which is a hallmark of effective rehabilitation.<sup>51</sup>

#### Behavioural Change

Participants reflected that it became more natural to use the skills from the programme outside of sessions, and that their learning continued outside of sessions. There was a sense of the importance of continuing to learn and using the programme as momentum to move onto other treatment opportunities: *'My next stage was coming off [location] and coming onto PIPE . . . What you learned on Kaizen, bring it over to PIPE. And just carry it on'* (P9).<sup>52</sup>

Others recognised the usefulness of opportunities to consolidate learning. For one participant, this was through reviewing their work with their keyworker, while another noted the benefit of being a mentor and how this created a strong

foundation through repeated exposure to programme material. Participants provided a wide variety of situations in which they were able to utilise skills with other prisoners, prison staff, and with their family and friends for a positive outcome in situations where they felt they would have previously managed the situation less well. For example, participant 9 spoke about being confronted by another prisoner, explaining: *'That's one thing that I learnt on the Kaizen. . . Before, I would have just got up on the chair and . . . probably gone over to him, and just slammed him or something like that'*. Participants were able to consider the application of skills in managing future problems, and described how others had noticed behavioural changes in them

Supportive authority  
promotes autonomy  
and does not  
necessitate change  
but simply provides  
a choice to learn  
skills for change.

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48. The life map exercise involves participants looking at past key experiences across their life (including times when they were offending) and reflecting on what they learned from the experience and how it shaped their understanding of themselves, others, and the world.
49. The 'great eight' tactics are a set of skills that are used on the programme (what happens to me, stop and think, their shoes, better life, here and now, ask for help, praise and reward, and stick at it). They are made into tactic cards that participants develop into personally meaningful content to improve accessibility of the skills. 'Time out/time in' is an emotion management skill where participants remove themselves from confrontational situations to regain control of their arousal so they may consider 'New Me' skills to implement to manage the problem.
50. Clarke, A., Simmonds, R., & Wydall, S. (2004). *Delivering cognitive skills programmes in prison: A qualitative study*. Home Office.
51. See footnote 10: Bonta & Andrews (2007).
52. Psychologically Informed Planned Environment (PIPE). This is a support service provided through the Offender Personality Disorder (OPD) pathway. Prisoners who "screen on" to the pathway may access it. A diagnosis of personality disorder is not required.



(including the programmes team, prison staff, friends, and family).

The majority of participants held the programme in high regard feeling that it was a beneficial experience and would be for others too, attributing their own behavioural changes to the programme. For example, participant 1 stated:

*'It was the best thing I've done. ... It massively changed me. ... You don't get any better evidence than when staff say they can see a change in your attitude. Your family can see, you know, see a massive change in your attitude.'*

However, there were a subset of participants who had mixed views as to whether the programme alone was responsible for their changes. Some participants spoke about how change was a personal choice, which is consistent with a key ethos of Kaizen and a supportive authority approach: that it promotes autonomy and does not necessitate change but simply provides a choice to learn skills for change.<sup>53</sup> However, it is of note that one participant did not identify any positive changes from the programme.<sup>54</sup> Others felt the programme supported greater maturation, while still others felt it was a combination of the impact from the programme and becoming more mature that had led to positive change. Ageing and maturation have long been associated with desistance,<sup>55</sup> and participants who spoke of the programme supporting their maturation undertook it at a time when their psychosocial maturity could have still been developing.<sup>56</sup>

### Conclusion and Recommendations

In terms of how programme completers experienced the programme environment, the participants' experiences fulfilled many of the rehabilitative qualities of a therapeutic AcP that is

supportive of rehabilitation. This included a therapeutic group environment with evidence of group cohesiveness and a therapeutic alliance with the facilitation teams, with the programme structure offering a supportive and flexible approach, meeting the responsivity principle.

In terms of the learning participants took away from Kaizen, and whether they believed their experience supported desistance, aside from one participant the results indicated that the programme participants believed the programme had helped them gain further insight into their offending, build skills, and utilise these outside of programme sessions. They reported believing the programme supported positive change and resulted in an altered self-identity, where participants had increased feelings of acceptance, self-efficacy, and a more positive outlook for the future.

From this study, a number of recommendations are made to continue to support a positive experience of Kaizen for participants. The results indicate that a smaller group size may better support engagement and enable a balance of individualised exploration with social learning and support. Programmes teams may benefit from assessing the physical space of treatment rooms, whilst paying attention to the importance of perceived privacy. While included in the consent process, they should also ensure participants are fully aware of how (and why) session recordings are used and who is able to view them. Lastly, there should be consideration for how and when new programme participants and facilitators are introduced to the group.

### Limitations and Future Research

The current study used a qualitative approach with a small sample size across three delivery sites, which may limit generalisability of the findings.<sup>57</sup> Likewise, there was an imbalance in participants across the three strands of Kaizen which may limit the possibility of

53. See footnote 7: Walton et al. (2017).

54. This participant felt the programme material was nothing new to them, though identified that it acted as a "refresher". He expressed he had had time to reflect earlier in his sentence and felt any changes he made were a personal choice and a consequence of maturing.

55. Graham, H., & McNeill, F. (2017). Desistance: Envisioning future. In P. Carlen & L. Ayres Franca, (Eds.). *Alternative criminologies* (pp.433-451). London: Routledge.

56. Bryan-Hancock, C., & Casey, S. (2011). Young People and the justice system: Consideration of maturity in criminal responsibility. *Psychiatry, Psychology and Law*, 18(1), 69-78.

Prior, D., Farrow, K., Hughes, N., Kelly, G., Manders, G., White, S., & Wilkinson, B. (2011). *Maturity, young adults and criminal justice: A literature review*. University of Birmingham.

57. Maxwell, J. (1992). Understanding and validity in qualitative research. *Harvard Educational Review*, 62(3), 279-301.

understanding potentially more nuanced experiences according to the strand undertaken by participants. A small subset of participants had experienced adapted delivery and engaged with the programme during COVID and in the pandemic recovery period, both of which could have impacted on their experiences of the programme. This study also did not include participants who deselected themselves from the programme after starting it. It is recognised that they may have a unique perspective on how the programme was experienced, and future research could explore this further.

Whilst efforts were made to mitigate against the risk of bias (confirmation bias, response bias, and selection bias), it is difficult to know how successful these attempts were, and thus what effect these might have had on the findings. Participants were also volunteers and therefore volunteer bias could not be precluded.<sup>58</sup> There was also the possibility participants

reported more positive experiences due to the pressure they may have felt to identify the programme having been effective as a result of remaining in the Criminal Justice System and participants' reliance on professional opinions to progress.<sup>59</sup> While this cannot be ruled out, a variety of prompts were used during interviews to obtain a range of positive and negative experiences. Future qualitative research to replicate or refine the experiences reported here would be beneficial.

While this study provides initial evidence that Kaizen may support the desistance process, perceived behavioural change does not necessarily equate to actual behavioural change. Further research should also explore whether Kaizen supports desistance utilising a quantitative methodology to further add to the understanding of Kaizen's impact; and further qualitative research could provide greater insight into how, why, and for whom this may occur.<sup>60</sup>

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58. Volunteer bias is when people who volunteer to participate in research are not representative of the population of interest.

59. Bowden, L., Glorney, E., & Daniels, M. (2017). Individuals' experiences of sexual offending therapy in a forensic psychiatric setting. *Journal of Sexual Aggression*, 23(3), 278-290

60. Rocque, M. (2021). *But what does it mean?: Defining, measuring, and analyzing desistance from crime in Criminal Justice*. National Institute of Justice.