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# Learning Together

# Plan B: Mindfulness for Reform:

## A new approach to mindfulness in the criminal justice system

**Samantha Russell** is Registered Forensic Psychologist in the NHS and **Sonya Russo** is the founder of Plan B: Mindfulness for Reform, Waves Mindfulness.

With origins in Buddhism and other spiritual traditions, Mindfulness is 'the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment'.¹ This is typically achieved through the application of different meditation practices which aim to increase awareness of thoughts, feelings and behaviour patterns with the hope that increased practice will support the development of the ability to be able to manage these thoughts, feelings and behaviour patterns.²

Mindfulness has become more common place in Western practice in the last 50 years, with the development of specific mindfulness-based courses (i.e. Mindfulness Based Stress Reduction (MBSR)<sup>3,4</sup> and Mindfulness Based Cognitive Therapy (MBCT)).<sup>5</sup> In recent years the practice and application of mindfulness has developed within schools, healthcare services and the workplace.<sup>2</sup> Most interestingly is the application and development of mindfulness-based practice within the criminal justice system working specifically with offenders.

One such initiative is Plan B: Mindfulness for Reform, which is an 8-week mindfulness course specifically designed to meet the needs of men in custody. Developed with lived experience at its core, it is designed to bring mindfulness practice into the daily lives of prisoners in a way that they can understand and relate to. It aims to support the development of coping

skills to manage the custodial experience as well as develop and strengthen mental and psychological wellbeing.

This article discusses Plan B, explores the impact of Plan B drawing upon testimonials from staff and offenders and outlines the preliminary findings of an ongoing quantitative evaluation.

# What do we know about Mindfulness Based Interventions?

The strength of mindfulness-based interventions lies in the capacity of mindfulness practice to enhance cognitive change, improve self-management, increase the skills of relaxation and develop skills in acceptance.<sup>6</sup> It does this by focussing on the awareness and attention of one's experiences and learning to observe and accept these experiences free from judgement with a specific focus on the present moment.7 Bringing in skills of meditation and focus on the breath, mindfulness practice helps the person to identify their current mental, emotional and physical state and as such weaken the focus of attention on thoughts of the past and the future.8 Furthermore, mindfulness helps to increase awareness and understanding of emotional experiences allowing thoughts and emotions in such situations to be managed.9

The main current techniques used within mindfulness-based interventions are mindfulness-based stress reduction (MBSR) and mindfulness-based

<sup>1.</sup> Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present and future. *Clinical Psychology: Science and Practice*, 10 (2), 144-156.

The Mindfulness Initiative (2015). Mindful Nation UK. Report by the Mindfulness All-Party Parliamentary Group (MAPPG). Retrieved February 26, 2018, from http://www.themindfulnessinitiative.org.uk/images/reports/Mindfulness-APPG-Report\_Mindful-Nation-UK\_Oct2015.pdf

<sup>3.</sup> Kabat-Zinn, J. (1982). An outpatient program in behavioural medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4, 33–47.

<sup>4.</sup> Kabat-Zinn, J. (1990). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness. New York: Delacourt.

<sup>5.</sup> Segal, Z., J. Williams, and J. Teasdale, *Mindfulness-based cognitive therapy for depression: A new approach to relapse prevention.* New York: Guilford, 2002.

<sup>6.</sup> Baer (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, 10, 125-143.

<sup>7.</sup> Howells, K., Tennant, A., Day, A., & Elmer, R. (2010). Mindfulness in forensic mental health: Does it have a role? Mindfulness, 1, 4-9.

Howells, K. (2010). The 'third wave' of cognitive behavioural therapy and forensic practice. Criminal Behaviour and Mental Health, 20, 251-256.

<sup>9.</sup> Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. V., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice*, 11 (3), 230-241.

cognitive therapy (MBCT). Developed by Kabat-Zinn, 10,11 MBSR is an eight-week group mindfulness intervention delivering one session per week and one full day session held towards the end of the intervention.

Mindfulness exercises utilised include mindful movement, body scanning, awareness of the breath, walking meditation and sitting meditation. MBCT<sup>12</sup> is also delivered across an 8-week period and has a specific focus on the thoughts and experiences linked with depression.

Research has shown mindfulness-based interventions to have a positive impact on conditions such as chronic pain,13 depression, 15,16 anxiety,14 management stress. 17,18 behaviours, 19,20 and addictive within the treatment emotional and behavioural disorders.21 As such mindfulnessbased interventions are used

widely in clinical settings and have been specifically recommended by the National Institute for Health and Care Excellence (NICE) in the treatment of depression.<sup>22</sup>

Mindfulness-based interventions have also been identified as having a place within criminal justice with

the potential to address factors related to offending including self-regulation, emotional management and impulse control.<sup>23,24</sup> Through the increased awareness of emotions and thoughts mindfulness encourages

observation and acceptance over reactions suggesting increased control over behaviour.<sup>25</sup>

Studies exploring the use of mindfulness-based interventions in the criminal justice field are based predominantly in America and provide some promising findings. One such study is the work of Samuelson colleagues who evaluated the provision of mindfulness-based stress reduction (MBSR) to 1350 prisoners in America between 1992 and 1996. Using self-report measures at pre- and postintervention points, they found decreased levels of hostility and mood disturbance and increased levels of self-esteem.26 Similar

research has found mindfulness-based interventions to have had a positive impact on levels of stress, anxiety and depression in women.<sup>27</sup> Perkins found increased stress coping ability amongst woman who engaged in

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<sup>11.</sup> Kabat-Zinn, J. (1990). Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness. New York: Delacourt.

<sup>12.</sup> Segal, Z., J. Williams, and J. Teasdale, *Mindfulness-based cognitive therapy for depression: A new approach to relapse prevention*. New York: Guilford, 2002.

<sup>13.</sup> Kabat-Zinn, J. (1982). An outpatient program in behavioural medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital* 

<sup>14.</sup> Kabat-Zinn, J., Massion, A. O., Kristeller, J., & Peterson, I. G. (1992). Effectiveness of a meditation based stress reduction program in the treatment of anxiety disorders. *The American Journal of Psychiatry*, 149, 936-943.

<sup>15.</sup> Teasdale, J. D., Segal, Z., & Williams, J. M. G. (1995). How does cognitive therapy prevent depressive relapse and why should attentional control (mindfulness) training help? *Behaviour Research and Therapy*, 33, 25-39.

<sup>16.</sup> Kuyken, W., Byfors, S., Taylor, R. S., Watkins, E., Holden, E., White, K., Barrett, B., Byng, R., Evans, A., Mullan, E., & Teasdale, J. D. (2008). Mindfulness-based cognitive therapy to prevent relapse in recurrent depression. *Journal of Consulting and Clinical Psychology*, 76, 966-978.

<sup>17.</sup> Astin, J. (1997). Stress reduction through mindfulness meditation: Effects on psychological symptomatology, sense of control, and spiritual experiences. *Psychotherapy and Psychosomatics*, 66, 97–106.

<sup>18.</sup> Williams, K. A., Kolar, M. M., Reger, B. E., & Pearson, J. C. (2001). Evaluation of a wellness-based mindfulness stress reduction intervention: A controlled trial. *American Journal of Health Promotion*, 15(6), 422–432.

<sup>19.</sup> Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., Larimer, M. E., Blume, A. W., Parks, G. A., & Marlatt, G. A. (2006). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors*, 20 (3), 343-347.

<sup>20.</sup> Bowen, S., Chawla, N., Collins, S. E., Witkiewitz, K., Hsu, S., Grow, J., Clifasefi., S., Garner, M., Douglass, A., Larimer, M. E., & Marlatt, A. (2009). Mindfulness-based relapse prevention for substance use disorders: A pilot efficacy trial. *Substance Abuse*, 30 (4), 295-305.

<sup>21.</sup> Kabat-Zinn, J. (1998). Meditation. In J. C. Holland (Ed.), *Psycho-oncology* (pp. 767–79). New York: Oxford University Press.

<sup>22.</sup> National Institute for Health and Care Excellence (2009), Treating Depression in Adults. NICE Clinical Guidance No. 90, NICE, London.

<sup>23.</sup> Dafoe, T., & Stermac, L. (2013). Mindfulness meditation as an adjunct approach to treatment within the correctional system. *Journal of Offender Rehabilitation*, 52, 198-216.

<sup>24.</sup> Howells, K. (2010). The 'third wave' of cognitive behavioural therapy and forensic practice. Criminal Behaviour and Mental Health, 20, 251-256.

<sup>25.</sup> Howells, K., Tennant, A., Day, A., & Elmer, R. (2010). Mindfulness in forensic mental health: Does it have a role? Mindfulness, 1, 4-9.

<sup>26.</sup> Samuelson, M., Carmody, J., Kabat-Zinn, J., & Bratt, M. A. (2007). Mindfulness-based stress reduction in Massachusetts Correctional Facilitates. *The Prison Journal*, 87 (2), 254-268.

<sup>27.</sup> Ferszt, G. G., Miller, R. J., Hickey, J. E., Maull, F., & Crisp, K. (2015). The impact of a mindfulness based program on perceived stress, anxiety, depression and sleep of incarcerated women. *International Journal of Environmental Research and Public Health*, 12, 11594-11607.

an 8-week mindfulness-based program as compared to women in a control group.<sup>28</sup>

Research within youth custody has provided similar positive results. Studies carried out within American youth correctional services have demonstrated a significant increase in self-regulation, and an improvement in areas of mindfulness, impulsivity and perceived stress following completion of a 10-week mindfulness-based intervention.<sup>29</sup> Barrett similarly found a positive impact on ability to cope with stress and manage emotions for male youths who engaged in mindfulness and yoga training.<sup>30</sup> Furthermore, a randomised control trial conducted in Iran of a MBCT

programme found a significant reduction in aggressive behaviour following completion of the intervention.<sup>31</sup>

Other research focussing on approaches including meditation and mindfulness-based relapse prevention have explored the impact of mindfulness on selfreported substance use. Such research includes the work of Bowen et al who found that individuals who took part in a 10meditation-based day intervention reported significant decreased drug use, lower symptoms psychiatric increased optimism, all of which were sustained over a 6-month post-intervention period.32 Furthermore. а randomised control trial of a mindfulness-

based relapse prevention programme with women from the criminal justice field in residential drug treatment found a significant decrease in the number of days using drugs when compared to standard relapse prevention treatment.<sup>33</sup> A further RCT conducted in Taiwan conversely did not find any

significant difference between the mindfulness-based intervention and treatment as usual although results were in the expected direction and the authors acknowledged a very small sample size and no follow up period.<sup>34</sup>

Whilst the above studies are promising, what has been highlighted by the available research is a lack of studies based in the UK criminal justice system and the great deal of variance in the intervention methods (i.e. approach and intervention length). Therefore, more focussed research on what works with offenders will be helpful to strengthen the support for the use of mindfulness-based interventions. More specifically the

Mindfulness All Party Committee (MPAG) have specifically recommended that Mindfulness Based Interventions (MBIs) should be implemented across the prison estate for individuals with recurrent depression and that further research should be completed to evaluate the effectiveness of such practice.<sup>35</sup>

### What is Plan B?

Plan B draws on existing mindfulness programs including **MBCT** (Mindfulness Based Cognitive Therapy), **MBSR** (Mindfulness Based Stress Reduction) and **MBRP** (Mindfulness Based Relapse Prevention) and brings these together creating an intervention

that 'speaks' to offenders and is relatable rather than using scripts from typical Mindfulness courses which are not suitable for the prison environment.

Plan B aims to give people the coping skills to navigate the harsh environments of prison life as well as strengthen their mental health and general wellbeing.

There is a specific

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<sup>28. (1998)</sup> as cited in Himelstein, S. (2011). Meditation research: the states of the art in correctional settings. *International Journal of Offender Therapy and Comparative Criminology*, 55(4), 646-661.

<sup>29.</sup> Barnert, E. S., Himelstein, S., Herbert, S., Garcia-Romeu, A., & Chamberlain, L. J. (2014). Innovations in practice: Exploring an intensive meditation intervention for incarcerated youth. *Child and Adolescent Mental Health*, 19 (1), 69-73.

<sup>30.</sup> Barrett, C. J. (2016). Mindfulness and rehabilitation: Teaching yoga and mediation to young men in an alternative to incarceration program. *International Journal of Offender Therapy and Comparative Criminology,* 61(15), 1719-1738.

<sup>31.</sup> Milani, A., Nikmanesh, Z., & Farnam, A. (2013). Effectiveness of mindfulness-based cognitive therapy (MBCT) in reducing aggression of individual at the juvenile correction and rehabilitation centre. *International Journal of High Risk Behaviours & Addiction*, 2(3), 126-131.

<sup>32.</sup> Bowen, S., Witkiewitz, K., Dillworth, T. M., Chawla, N., Simpson, T. L., Ostafin, B. D., Larimer, M. E., Blume, A. W., Parks, G. A., & Marlatt, G. A. (2006). Mindfulness meditation and substance use in an incarcerated population. *Psychology of Addictive Behaviors*, 20 (3), 343-347.

<sup>33.</sup> Witkiewitz, K., Warner, K., Sully, B., Barricks, A., Stauffer, C., Thompson, B. L., & Luoma, J. B. (2014). Randomized trial comparing mindfulness-based relapse prevention with relapse prevention for women offenders at a residential addiction treatment centre. Substance Use & Misuse, 49, 536-546.

<sup>34.</sup> Lee, K-H., Bowen, S., & An-Fu, B. (2011). Psychosocial outcomes of mindfulness-based relapse prevention in incarcerated substance abusers in Taiwan: A preliminary study. *Journal of Substance use*, 16(6), 476-483.

<sup>35.</sup> The Mindfulness Initiative (2015). Mindful Nation UK. Report by the Mindfulness All-Party Parliamentary Group (MAPPG). Retrieved February 26, 2018, from http://www.themindfulnessinitiative.org.uk/images/reports/Mindfulness-APPG-Report\_Mindful-Nation-UK\_Oct2015.pdf

There is a specific focus on reducing stress related violent crime within custody, reducing drug use and reducing mental health conditions such as anxiety, self-harm and depression. The discipline of mindfulness also improves focus and attention skills, productivity and motivation, and helps to build the life skills needed to engage effectively in the rehabilitation process. It is typically delivered in a classroom environment but has also been delivered on an individual basis to be able to reach those individuals who wouldn't be able to engage in a group setting.

It is delivered as three weekly sessions over eight weeks. The curriculum includes breath meditation, body scan mediations, sound meditation, Yoga practice and the teaching and development of emotional

techniques regulation and exercises. Plan B also incorporates craft and creative writing. The intervention aims to help offenders manage difficult thoughts and feelings and develop an understanding of how these thoughts and feelings are linked to behaviour. There is a focus on development of awareness of pleasant and unpleasant experiences, nourishment and depletion in everyday life, improving relationships and communication with staff and peers, selfcompassion and goal-setting. Sessions are accompanied by a work book containing reflective homework and meditation auides.

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The intervention

What makes Plan B different to 'just another' mindfulness course is the ethos behind it. Specifically it is led by individuals who have first-hand experience of the benefits of mindfulness which add a unique and beneficial dynamic to the programme. Secondly it aims to develop individuals to become mindful leaders, and mindful teachers of the Plan B program, enabling prisons to adopt a mindful culture, where mindfulness is peer led and far reaching.

All Plan B teachers are trained in at least one MBI which takes around 4 years of training and practice to qualify as a facilitator. Plan B also adheres to the good practice framework set out by the British Institute of Mindfulness which lays out guidelines and ethics that facilitators adhere to. Plan B spent 6 months working with the men at HMP Wandsworth to develop the program to ensure that the course was meeting the needs of the prison environment and that the delivery was relatable. Plan B currently runs group and 1:1 interventions across 5 UK prisons.

### What do people say?

During the last two years, Plan B: Mindfulness for Reform has been delivered within four establishments accessing over 350 prisoners who have provided valuable feedback on the programme and how it has helped. One such individual summarised his involvement with Plan B:

Ever since I was a young boy I had severe emotional problems. When I first came to this country I was only 9 years old and couldn't speak English. I struggled to fit in at primary school and secondary school was where my bad temper showed. My poor mother was

always in the head's office. No one told me how to manage my anger. I was told to control my anger, suppress my anger, but how? Instead their prescription was exclusion at 14 years of age.

At the age of 19, one midnight I bumped into someone I knew, he was at traffic lights and had cut my friend in the past. I pulled him out of his car and stabbed him several times. For this and another charge I was sentenced to 8 years. When I looked back on the incident — apart from

feeling sorry for the victim, I would reflect on my actions and think "what have I done? Was I crazy? I would never do that again, I was hot headed then!"

Fast forward 7 years later and I ended back in prison. GBH... again, another 4 years. In the past I have done many different in courses in prison to rehabilitate myself, but all these courses just seemed to focus on the consequences of my crime, the ripple effect on society, community, family and friends. Now I am not saying that these courses weren't needed, they had their benefits. What I am trying to say is that there was something missing from my rehabilitation — ME! Who am I? How do I feel?

I'll explain... Let's go back to when I was 19, when I got out of my car and stabbed my victim. Looking back now, after my

mindfulness course I know what was going on in my mind. My amygdala was on high alert, flight or fight! It hijacked my brain and by the time I got back 'into myself' — it was too late. Because in that split second, my actions were out of my control, because I let emotions take over I also became a victim of my anger, that's why I am back in prison again — despite everything I learned about the impact of my actions on my victim, the community. I learned nothing about me. Here is the good news, there is something you can do, something to control and be aware of your emotions, mindfulness! By practising mindfulness, you can actually reduce the size

of your amygdala, which means you are less likely to react to stress, threat and emotions. In this course we don't just think about awareness, we practise it, and that is key to using it in stressful situations.

In mindfulness, we don't suppress or block our emotions, we accept them, welcome them in like an old friend. We don't shut them out — it only means it will come back harder. We observe our emotions and the physical sensations that it brings, we observe our breath, our surroundings,

and sound — so that we can ground ourselves and not be carried away by stress, anger, anxiety. You learn to be with difficult emotions — so that you don't have to react to them.

I'm not saying I am cured, but I have an answer. I am not perfect, I have a long way to go, I have a lot of meditating to do, but at least now finally I am on the right path.

Plan B: Mindfulness for Reform Participant

### Other feedback has identified that:

Plan B has made a massive difference to the way the men think, act and live together. It is a well-known fact that men will learn from their peers and we saw this effect. The sceptics were soon won over as we saw a more peaceful wing and better interactions. Men thought differently about how they want

to live their lives, and the prison became slightly better off as a result of the work that Sonya and her team did. Would I recommend it — 100 per cent — it was one of the best initiatives we did with our freedoms and the differences that it made are almost uncountable, if you are ever in doubt don't be — this is something you must do.

Ian Bickers, Former Governor at HMP Wandsworth

Plan B Mindfulness has filled a substantial gap in service provision for people in custody by providing an alternative option to traditional offending behaviour programmes; one that

> supports their emotional needs. The conventional courses that prisoners are often expected complete will help develop their understanding of their offending, and improve their knowledge of Plan B then builds on this understanding by equipping them with practical tools to the negative manage emotions that often fuel poor problem-solving and aggressive conflictresolution, particularly in the custodial environment. With

substance misuse, and violent behaviour towards staff and other prisoners being so common across the prison estate, it is clear that people in custody require an intervention that aims to develop positive coping strategies, and helps them to deal with the unique stresses caused by losing one's liberty. The teaching offered by Plan B keeps individuals in the right frame of mind to engage productively with other interventions, and the programme's intensive nature acts as a real test of their commitment to change.

Adrian Nash, Probation Officer

### **Oualitative Research**

As part of the implementation of Plan B, an evaluation of the impact of the intervention is being conducted alongside its delivery. This research aims to evaluate the 8-week mindfulness course exploring the impact of the intervention on a number of variables

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including levels of anxiety, depression, core functioning, perceived stress, psychological wellbeing and mindfulness capacity. The research aims to evaluate whether the participation on the 8-week Plan B mindfulness intervention improves the quality of life of prisoners as well as having a direct impact on their behaviour and psychological wellbeing.

### **Participants**

Our initial study has focussed on 44 participants who have engaged in Plan B between 2017 and 2018 (see Table 1 for demographic data). Participants ranged in age between 22 and 54 years old with a mean age of 35.95 (s.d = 8.58). Ethnicity breakdown is shown in Table 1. Participants were included in the research on the basis that they had engaged in Plan B and provided their informed consent to take part in the study. Suitability criteria for Plan B meant that offenders were excluded from the intervention if they presented with active symptoms of mental illness or where under the care of mental health services within custody, were actively engaging in drug services or did not meet basic educational requirements.

Table 1. Ethnicity Breakdown

Ethnicity	Frequency	Percentage ( per cent)			
Asian	4	9			
Black	20	46			
Mixed	4	9			
White	15	34			
Unknown	1	2			
Total	44	100			

### Measures

Participants were asked to complete a number of self-report questionnaires at the start of the intervention and on completion of the 8-week mindfulness course. These measures were selected on the basis that they aim to measure factors relating to

mental wellbeing and core mindfulness have been widely used in both clinical practice and research. These measures are as follows:

Clinical Outcomes in Routine Evaluation — Outcome Measure (CORE-OM): This 34 item self-report questionnaire is designed to measure commonly experienced symptoms/problems, risk to self and others, life functioning and well-being. Items are scored on a 5-point scale. Higher scores denote greater problems in that area. <sup>36,37,38</sup>

Five Facet Mindfulness Questionnaire (FFMQ): This is a 39-item self-report measure looking specifically at facets of mindfulness including observing, describing, acting with awareness, not judging and not reacting. Higher scores indicate higher levels of mindfulness.<sup>39</sup>

Perceived Stress Scale (PSS): This is a 10 item self-report questionnaire designed to assess the perceived levels of stress relating to stressful incidents in the one-month preceding completion of the measure. It is rated using a 5-point scale with higher scores indicating higher perceived stress.<sup>40</sup>

Beck Depression Inventory (BDI-II): This is a widely used 21-item self-report questionnaire which aims to assess presence of symptoms of depression. It is scored using a 4-point scale. Higher total scores indicate more severe levels of depressive symptoms.<sup>41</sup>

Beck Anxiety Inventory (BAI): This is a 21-item self-report questionnaire asking participants to rate items related to subjective, somatic or panic-related symptoms of anxiety on a 3-point scale. Higher scores indicate higher levels of anxiety symptoms.<sup>42</sup>

### Results

This initial phase of the qualitative evaluation has identified significant differences between pre- and post-intervention measures on all measures used using repeated measures t-tests (see Table 2). These results indicate significant improvements in scores on each measure at the post-intervention stage. Specifically, significant differences were found on the CORE-OM scales of well-being, commonly experienced symptoms/problems and functioning. The subscale of

<sup>36.</sup> Evans, C., Mellor-Clark, J., Margison, F., Barkham, M., Audin, K., Connell, J. & McGrath, G. (2000). CORE: Clinical outcomes in Routine Evaluation. *Journal of Mental Health*, 9(3), 247-255.

<sup>37.</sup> Barkham, M., Mellor-Clark, J., Connell, J., Evans, C., Evans, R., & Margison, F. (2010). Clinical outcomes in routine evaluation (CORE) – The CORE measures and system: Measuring, monitoring and managing quality evaluation in the psychological therapies. In M. Barkham, G. E. Hardy, & J. Mellor-Clark (Eds.), *Developing and delivering practice-based evidence: A guide for the psychological therapies* (pp. 175-219). Chichester: Wiley-Blackwell.

<sup>38.</sup> Evans, C., Connell, J., Barkham, M., Margison, F., McGrath, G., Mellor-Clark, J., & Audin, K. (2002). Towards a standardised brief outcome measure: Psychometric properties and utility of the CORE-OM. *The British Journal of Psychiatry,* 180, 51-60.

<sup>39.</sup> Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using self-report assessment methods to explore facets of mindfulness. Assessment, 13, 27–45.

<sup>40.</sup> Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behaviour*, 24, 385-396

<sup>41.</sup> Beck, A. T., Steer, R. A., & Brown, G. K. (1996). The Beck Depression Inventory Manual (2nd ed.). San Antonio, TX: Harcourt Brace & Co.

<sup>42.</sup> Beck, A. T., Epstein, N., Brown, G., & Steer, R. A. (1988). An inventory for measuring clinical anxiety: psychometric properties. *Journal of Consulting and Clinical Psychology*, 56, 893-897.

risk was not significantly different however still demonstrated a trend indicating a reduction in self-reported levels of risk (Well Being: t(43) = 2.032, p = .049); Symptoms: t(43) = 4.264, p = .000; Functioning: t(43) = 3.965, p = .000; Risk: t(43) = 1.687, p = .099; Total: t(43) = 4.461, p = .000). In addition significant differences were found on measures of perceived stress (t(43) = 2.736, p = .009), symptoms of depression (t(41) = 6.254, p = .000), symptoms of anxiety (t(43) = 3.770, t(43) = 3.770, t(43)

measures. Firstly, there was a significant improvement in measures of wellbeing and functioning, and significant decrease in levels of psychological distress and commonly experienced problems or symptoms, as evaluated by the CORE-OM.<sup>43</sup> The pre-intervention data for the CORE-OM indicated, on average, 'mild levels' of distress with this reducing to 'low levels' of distress and subsequently falling below the clinical cut off point, at the post-intervention stage.<sup>44</sup> Whilst the CORE has not been widely used in this area of research, studies that have utilised it show post-intervention results in the expected direction but not at significant levels.<sup>45,46</sup> Secondly, there was a significant reduction in levels of

**Table 2.** Descriptive statistics and repeated measures t-test p values for pre and post intervention scores

CORE-OM         Well Being       4.77       3.13       4.00       2.54       .04         Symptoms       17.72       9.35       12.60       8.52       .000         Functioning       17.24       8.22       13.93       7.10       .000         Risk       2.84       3.65       2.26       4.04       .00         Global Distress (Total)       42.56       21.60       32.78       19.63       .000         Perceived Stress       17.37       7.12       14.49       6.84       .009         Symptoms of Depression       13.44       8.72       6.80       6.04       .000         Symptoms of Anxiety       11.66       10.76       7.28       9.00       .001		Pre		Post		
Well Being       4.77       3.13       4.00       2.54       .04         Symptoms       17.72       9.35       12.60       8.52       .000         Functioning       17.24       8.22       13.93       7.10       .000         Risk       2.84       3.65       2.26       4.04       .00         Global Distress (Total)       42.56       21.60       32.78       19.63       .000         Perceived Stress       17.37       7.12       14.49       6.84       .009         Symptoms of Depression       13.44       8.72       6.80       6.04       .000         Symptoms of Anxiety       11.66       10.76       7.28       9.00       .001		Mean	(SD)	Mean	(SD)	Sig
Symptoms       17.72       9.35       12.60       8.52       .000         Functioning       17.24       8.22       13.93       7.10       .000         Risk       2.84       3.65       2.26       4.04       .00         Global Distress (Total)       42.56       21.60       32.78       19.63       .000         Perceived Stress       17.37       7.12       14.49       6.84       .009         Symptoms of Depression       13.44       8.72       6.80       6.04       .000         Symptoms of Anxiety       11.66       10.76       7.28       9.00       .001	CORE-OM					
Functioning       17.24       8.22       13.93       7.10       .000         Risk       2.84       3.65       2.26       4.04       .00         Global Distress (Total)       42.56       21.60       32.78       19.63       .000         Perceived Stress       17.37       7.12       14.49       6.84       .009         Symptoms of Depression       13.44       8.72       6.80       6.04       .000         Symptoms of Anxiety       11.66       10.76       7.28       9.00       .001	Well Being	4.77	3.13	4.00	2.54	.049*
Risk       2.84       3.65       2.26       4.04       .00         Global Distress (Total)       42.56       21.60       32.78       19.63       .000         Perceived Stress       17.37       7.12       14.49       6.84       .009         Symptoms of Depression       13.44       8.72       6.80       6.04       .000         Symptoms of Anxiety       11.66       10.76       7.28       9.00       .001	Symptoms	17.72	9.35	12.60	8.52	.000**
Global Distress (Total)       42.56       21.60       32.78       19.63       .000         Perceived Stress       17.37       7.12       14.49       6.84       .009         Symptoms of Depression       13.44       8.72       6.80       6.04       .000         Symptoms of Anxiety       11.66       10.76       7.28       9.00       .001	Functioning	17.24	8.22	13.93	7.10	.000**
Perceived Stress       17.37       7.12       14.49       6.84       .009         Symptoms of Depression       13.44       8.72       6.80       6.04       .000         Symptoms of Anxiety       11.66       10.76       7.28       9.00       .001	Risk	2.84	3.65	2.26	4.04	.099
Symptoms of Depression         13.44         8.72         6.80         6.04         .000           Symptoms of Anxiety         11.66         10.76         7.28         9.00         .001	Global Distress (Total)	42.56	21.60	32.78	19.63	.000**
Symptoms of Anxiety         11.66         10.76         7.28         9.00         .001	Perceived Stress	17.37	7.12	14.49	6.84	.009**
, ,	Symptoms of Depression	13.44	8.72	6.80	6.04	.000**
<b>Mindfulness Skills</b> 129.10 20.76 138.00 17.71 .0	Symptoms of Anxiety	11.66	10.76	7.28	9.00	.001**
	Mindfulness Skills	129.10	20.76	138.00	17.71	.002

<sup>\*\*</sup>Note: SD, Standard Deviation; CORE, Clinical Outcomes in Routine Evaluation; \* indicates a significant improvement from pre-intervention at p value of .05; \*\* indicates a significant improvement from pre-intervention at p value of .01.

### Discussion

This article aims to explore the impact of a new mindfulness-based intervention being run in the criminal justice field. Having been delivered to over 350 prisoners, Plan B: Mindfulness for Reform has been described as being valuable to the emotional wellbeing of prisoners helping them to develop understand and strategies to cope with the demands of prison life. The quantitative evaluation presented here goes further to show that for prisoners who have completed the 8-week Plan B mindfulness intervention there was a significant improvement on a number of self-reported

self-reported stress, anxiety and depression following completion of the intervention. This supports previous research which has shown reductions in these areas post completion of mindfulness-based interventions. 47,48 Finally, the results indicated that post-intervention there was an increased capacity for mindfulness in the areas of ability to observe, describe, increased awareness, being non-judgemental and non-reactive.

Previous research has suggested that mindfulnessbased interventions have been shown to have positive outcomes both in youth custody and forensic adult populations demonstrating improvements in stress, self-regulation and ability to manage anger and

<sup>43.</sup> Evans, C., Mellor-Clark, J., Margison, F., Barkham, M., Audin, K., Connell, J. & McGrath, G. (2000). CORE: Clinical outcomes in Routine Evaluation. *Journal of Mental Health*, 9(3), 247-255.

<sup>44.</sup> Utilising descriptive terminology as proposed by the CORE Partnership (2007). Is initial overall CORE-OM score an indicator of likely outcome? CORE Partnership Occasional Paper, No 1. CORE IMS: Rugby

<sup>45.</sup> Sistig, B., Friedman, S. H., McKenna, B., & Consedine, N. S (2015). Mindful yoga as an adjunct treatment for forensic inpatients: a preliminary evaluation. *The Journal of Forensic Psychiatry & Psychology* 26(6), 824-846.

<sup>46.</sup> Gee, J. & Reed, S. (2013). The HoST programme: a pilot evaluation of modified dialectical behaviour therapy with female offenders diagnosed with borderline personality disorder. European Journal of Psychotherapy & Counselling, 15(3), 233-252.

<sup>47.</sup> Ferzt, G. G., Miller, R. J., Hickey, J. E., Maull, F., & Crisp, K. (2015). The impact of a mindfulness based program on perceived stress, anxiety, depressed and sleep of incarcerated women. *International Journal of Environmental Research and Public Health*, 12, 11594-

<sup>48.</sup> Barnert, E. S., Himelstein, S., Herbert, S., Garcia-Romeu, A., & Chamberlain, L. J. (2014). Innovations in practice: Exploring an intensive meditation intervention for incarcerated youth. *Child and Adolescent Mental Health*, 19 (1), 69-73.

emotions<sup>49,50,51,52</sup> This research adds further support to the benefits of mindfulness in adult male populations in areas of psychological wellbeing which saw improvements following completion of the intervention. Explanation into why mindfulness based interventions have demonstrated an impact in these areas includes that by increasing exposure to thoughts and feelings this may in turn reduce fear or anxiety responses; that by developing self-awareness and motivation this may in turn support the development of improved coping mechanisms; and that by reducing autonomic arousal this in turn increases the ability to relax and as such impacts emotional resilience and coping.<sup>53</sup>

It is also essential to consider the importance of these results against the backdrop of the current prison environment. Reports have highlighted concerns about conditions that prisoners are living in across the country with increased rates of violence, self-harm and stress.54 Specifically in 2018, rates of self-harm increased by 23 per cent, rates of serious assaults rose by 20 per cent, rates of prisoner -on-prisoner assaults rose by 18 per cent and assaults on staff rose by 29 per cent. 55 As such, establishing ways to support the prisoners to manage in such environments and work to reduce emotional distress and increase coping skills is vitally important. Mindfulness has been shown to help recognise, label and accept the emotional experience,56 and as such help to develop the ability to be able to cope with the demands of a harsh prison environment. The results presented here suggest that engaging in an 8-week mindfulness-based intervention seeks to improve levels of stress and wellbeing which it is hoped will in turn serve to improve coping and quality of prison life and beyond. Mindfulness has also shown to have the potential to address criminogenic factors including emotional management and impulse control.54,57 Whilst this research does not specifically explore these

dimensions, it does highlight the benefits on overall wellbeing and psychological functioning. Further research is warranted to further explore the impact of the mindfulness intervention in relation to these areas.

Finally we should consider what underpins the Plan B intervention itself, and whether in fact these factors have any specific impact. Plan B's ethos is focussed on ensuring that the intervention being delivered matches the prison environment. Specifically, facilitators have had first-hand experience of the benefits of mindfulness and have undergone 4 years' worth of training and experience; the language and exercises used are tailored to the prison environment and a wide range of methods and exercises are utilised to be responsive to the client group. Again, whilst beyond the scope of this research, it is important to consider the impact of the core principles of Plan B itself alongside the content of the mindfulness intervention.

### **Future Directions**

It is evident that the results presented here are promising in terms of exploring the impact of the Plan B mindfulness intervention. However further research is needed in this area to explore the impact in more detail. Specifically, the results presented here rely on self-report measures. Further research is being conducted to explore behavioural change to see whether there is any behavioural shift post completion of the intervention. In addition, participants are being followed up at 3-6 month intervals post completion of the intervention to evaluate whether the positive changes identified here are sustained. Qualitative evaluation is also being conducted to explore the experiences of prisoners engaging in Plan B to further develop knowledge and understanding of the impact of this mindfulness intervention.58

<sup>49.</sup> Murray, R., Amann, R., & Thom, K. (2018). Mindfulness-based interventions for youth in the criminal justice system: a review of the research-based literature. *Psychiatry, Psychology and Law,* 25(6), 829-838.

<sup>50.</sup> Howells, K., Tennant, A., Day, A., & Elmer, R. (2010). Mindfulness in forensic mental health: Does it have a role? Mindfulness, 1, 4-9.

<sup>51.</sup> Samuelson, M., Carmody, J., Kabat-Zinn, J., & Bratt, M. A. (2007). Mindfulness-based stress reduction in Massachusetts Correctional Facilitates. *The Prison Journal*, 87 (2), 254-268.

<sup>52.</sup> Dafoe, T., & Stermac, L. (2013). Mindfulness meditation as an adjunct approach to treatment within the correctional system. *Journal of Offender Rehabilitation*, 52, 198-216.

<sup>53.</sup> Shonin, E., Van Gordon, W., & Griffiths, M. D. (2013). Mindfulness-based interventions: towards mindful clinical integration. *Frontiers in Psychology*, 4, Article 194.

<sup>54.</sup> Her Majesty's Inspectorate of Prisons. (2018). HM Chief Inspectorate of Prisons for England and Wales Annual Report 2017-2018. London: The Stationary Office.

<sup>55.</sup> Safety in Custody Statistics, England and Wales. (2018). Ministry of Justice. Available from file:///G:/Plan%20B%20Research%20Consultancy/Literature/safety-in-custody-bulletin-2018-Q3.pdf

<sup>56.</sup> Dafoe, T., & Stermac, L. (2013). Mindfulness meditation as an adjunct approach to treatment within the correctional system. *Journal of Offender Rehabilitation*, 52, 198-216.

<sup>57.</sup> Howells, K. (2010). The 'third wave' of cognitive behavioural therapy and forensic practice. *Criminal Behaviour and Mental Health*, 20, 251-256.

<sup>58.</sup> Marinker, I., Russell, S. & McAnena, C. A qualitative evaluation of individual mindfulness sessions in custody. *Manuscript in preparation*.