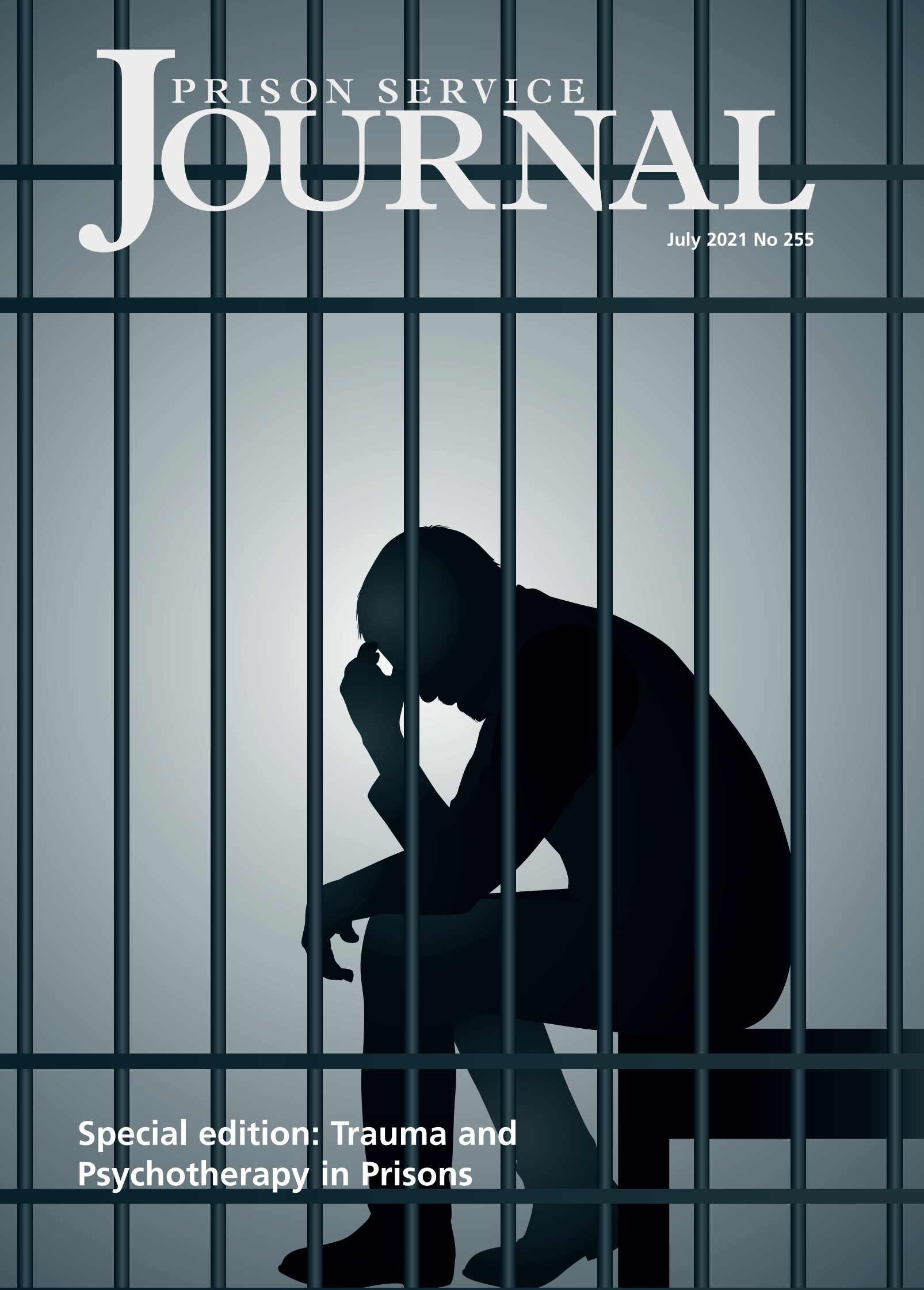
PRISON SERVICE
JOURNAL

July 2021 No 255



Special edition: Trauma and Psychotherapy in Prisons

Trauma, Psychotherapy and Therapeutic Communities

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People are drawn to psychotherapy for a multitude of reasons. One reason, which has remained an enduring feature in those who seek treatment in prison based therapeutic communities (TCs), has been the importance attached to exploring, resolving and making sense of distressing and traumatic early experiences. Whilst there are often other reasons cited for why prisoners refer themselves, the overwhelming wish to use therapy to find resolution to early abusive experiences which continue to cause distress remains a central motivation.

For over half a century TCs have provided a psychotherapeutic approach for those with a history of serious offending and complex psychological needs. This article will explore the therapeutic approach within one TC prison, HMP Grendon. It will consider why people engage within this regime and how the social climate and therapeutic milieu they offer have relevance to those with histories of trauma, abuse and neglect. It will also address the extent to which some of the approaches adopted by TC regimes can be of relevance and be applicable to other forensic settings.

Trauma and offending

Adverse childhood experiences have a significant negative impact across multiple areas throughout the lifespan[1]. Studies into the long term impact of trauma and adversity have demonstrated their role in the development of offending, violence and substance misuse[2]. Research now suggests that exposure to interpersonal violence during key developmental stages exacerbates vulnerability to psychological distress and this has significant negative consequences throughout the course of an individual's life[3]. Traumatic experiences have an impact on the development and onset across the spectrum of psychiatric disorders[4].There is also evidence that the experiences of committing an offence can, for some, have a traumatising impact on the perpetrator[5].

Various links have been suggested between early experiences of abuse, trauma and neglect and the subsequent perpetration of abusive and violent acts. Early adversity can lead to interpersonal biases towards perceptions of threat, hostile attribution and an increased tendency towards the routine use of violence in inter-personal problem solving. Mal-adaptive coping in the form of substance misuse is frequently found in those who have experienced neglect and abuse[6]. Early adversity and trauma can also interfere with attachment and bonding leading to disorganised attachment styles[7]. A significant body of research now contends that exposure to childhood adversity can have an impact on the neuro-chemistry of the brain and in particular regions associated with the experience of fear and anxiety[8]. It is also evident that experiences of children can become re-enacted in behavioural patterns later on in their lives and that neglect, violence and sexual abuse have a significant impact on the values,

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2. Jones, L (2018).Trauma-informed care and 'good lives' in confinement: acknowledging and offsetting adverse impacts of chronic trauma and loss. In Akerman, G., Needs, A., and Bainbridge, C. (Eds.), *Transforming environments and rehabilitation. A guide for practitioners in forensic and criminal justice.* Taylor & Francis Group.
3. Mahoney, A., Karatzias, T., & Hutton, P. (2019) A systematic review and meta-analysis of group treatments for adults with symptoms associated with complex post-traumatic stress disorder. *Journal of Affective Disorders*, 243 (2019) 305–321
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5. Kruppa, I., Hickey, N. and Hubbard, C. (1995). The Prevalence of Post-traumatic Stress Disorder in a Special Hospital Population of Legal Psychopaths. *Psychology, Crime and Law* 2,131–41.
6. Howard, R., Karatzias, T., Power, K., Mahoney, A., 2017. Posttraumatic stress disorder (PTSD) symptoms mediate the relationship between substance misuse and violent offending among female prisoners. Soc. Psychiatry Psychiatr. Epidemiol. 52 (1), 21–25.
7. Sroufe, L.A., Egeland, B., Carlson, E.A., & Collins, W.A. (2005).*The development of the person: The Minnesota Study of Risk and Adaptation from Birth to Adulthood*. New York: Guilford Press.
8 . van Harmelen, A., van Tol, M., Dalgleish, T., van der Wee, Nic J. A., Veltman, D.J., Aleman, A., Spinhoven, P., Penninx, B.W.J.H., and , & Elzinga, B.M. (2014). Hypoactive medial prefrontal cortex functioning in adults reporting childhood emotional maltreatment. Social Cognitive and Affective Neuroscience. Dec; 9(12): 2026–2033. Published online 2014 Apr 2. doi: 10.1093/scan/nsu008

attitudes and interests subsequently developed[9]. Finally, traumatic events can lead to hyper-vigilance and heightened levels of arousal when confronted with scenarios which reflect abusive or traumatic experiences previously encountered.

Forensic Therapeutic Communities: Traditions and Background

Derived from a group based approach to treatment aimed at treating traumatised servicemen, TCs aimed at rehabilitating offenders were first established in the UK in 1962. They were able to maintain their role in providing a therapeutic service where a belief and optimism about the possibility of change had waned during an era of rehabilitative pessimism. TCs focus on the importance of creating a physically and emotionally safe environment as the basis for psychological change[10]. TCs provide group therapy within a social environment which also emphasises a distinct set of values, clinical practices and organisational relationships. TCs in prisons are based on certain values and principles guiding the role which residents have in their own treatment and how relationships are approached; providing residents with autonomy and responsibility, collective involvement in decision making for which people are then accountable, and an approach to organisational hierarchies where relationships between residents and prison officers are considered central to the change process. Group based psychotherapy is provided which explores the dynamic between early experiences and the impact these had on later patterns of behaviour and offending. The therapeutic regime has maintained these core features over the last half century. What has remained apparent is that the majority of those who come to a TC have experienced significant life adversity including trauma and abuse and often recognise a link between these and their own abusive patterns of behaviour.

The most important and potent therapeutic feature of TCs is the nature of the social relationships. These are designed to encourage participation and personal empowerment in collaborative group based interactions. TCs also recognise how social factors, such as decency, respect and instilling a sense of connection and belonging are significantly tied into the process of promoting healthy identities and desistance. The growth of TCs occurred simultaneously with developments in social psychiatry which saw the importance of empowering relationships in improved mental health and wellbeing. TCs explicitly use the social relationships within the organisation as a means to foster healthy psychological development; where institutions use their capacity to empower people in their own recovery, treatment outcomes will be improved. TCs recognise that how people live within institutions and the relationships they engage in are more important than the psychological model adopted within the treatment group itself.

Group based psychotherapy is provided which explores the dynamic between early experiences and the impact these had on later patterns of behaviour and offending.

Social climate as rehabilitation

TCs emphasise a set of values rather than a particular psychological model. The primary values of TCs are those of belonging, respect and empowerment. Psychological change and social arrangements are regarded as being intertwined. The process of psychological change can be seen from different perspectives. Primary to the change process is the learning which is derived from the inter-personal relationships across all segments of the organisation or institution. This is central to understanding how TCs work. TCs have an optimism that when relationships are organised in a certain way opportunities for personal and social learning can be created.

Whilst analytic approaches are used to understand some of the social processes and dynamics within the treatment setting and help residents develop insight into the pathways to psychological distress and competing drives and conflicts, perhaps the overriding approach which influences practice is the extent to which responsibility is given to residents and their involvement within the organisation. Organisational

9. Cohen, L. J., Tanis, T., Bhattacharjee, R., Nesci, C., Halmi, W., & Galynker, I. (2014). Are there differential relationships between different types of childhood maltreatment and different types of adult personality pathology? *Psychiatry Research*, 215, 192–201.
10. Bennett, J. and Shuker, R. (2018), "Hope, harmony and humanity: creating a positive social climate in a democratic therapeutic community prison and the implications for penal practice", Journal of Criminal Psychology, Vol. 8 No. 1, pp. 44-57. https://doi.org/10.1108

theory, recognising how structure, relationships and outcome are intertwined and interlinked, also plays a significant role in shaping practice within TCs.

There are a number of features which differentiate TCs from other approaches which adopt a 'social milieu' approach; in addition to the availability of psychotherapy groups the way in which social arrangements promote authentic relationships, responsibility and accountability are central to the clinical process. It is important to consider how these are established and maintained and how these are embedded within the psychotherapeutic work. While some communities have adaptions depending on the needs of the population they work with, most forensic TCs have the following features in place.

Community Meetings — The community meeting involving all residents and staff is the most important therapeutic activity. Taking place twice a week, these are chaired by an elected resident and their vice-chair and are the platform where community business and events are discussed and explored. This may include exploring conflicts or reviewing a resident's progress in treatment, planning community activities, and holding elections for voluntary community positions (all residents have an elected voluntary position within the community). Within these meetings community relationships are examined, residents identified who require support, and accountability and responsibility shared.

Therapy Groups — Therapy groups are facilitated by qualified clinicians and trained prison officers. The basis of the therapeutic process is an exploration of the dynamic between early experiences and later patterns of behaviour; identifying how and why these patterns of behaviour emerge within community living becomes the therapeutic process. These groups balance the insight and awareness gained from recognising the onset of patterns of destructive and harmful behaviour with empowering residents to develop alternative means of obtaining valued life goals. The process of learning is seen in the new ways of responding to, and making sense of, experiences and emotions. It is these which become the focus of therapeutic targets worked on by the group and community. Most TCs offer art therapy and psychodrama group therapy as a means of helping to address traumatic events associated with the onset of destructive patterns of behaviour.

Regime Activities — The wider regime can provide important opportunities for residents to develop responsibility and ownership and these opportunities deliberately utilised. Residents are involved in regime planning such as arranging and hosting events alongside substance misuse, victim support or other services. All positions of responsibility are voted on by residents with an explicit focus on their relevance to identified treatment targets.

Most therapies provide inter-personal support to help normalise symptoms, counteract negative self-concepts and provide a sense of support and connection to others.

Psychotherapy and Working with Trauma

Traumatic experience has a significant impact on how people experience, make sense of and predict the world. One consequence of this which has far reaching consequences, is the impact trauma has on people's ability to develop healthy, trusting and fulfilling relationships. Many of those in the criminal justice system have experienced repeat, chronic and severe trauma in their lives. These experiences have an enduring, and often harmful effect on their beliefs about themselves and others, their self-esteem, self-concept and ability to regulate their own emotions. Janoff-Bullman[11] refers to the notion of trauma causing 'shattered assumptions' about self, the world and others and what the future will hold. For people with experiences of abuse, neglect and adversity a precarious sense of self can emerge, others present as a threat, the future seen as uncontrollable, and meaning and purpose diminished.

Psychological therapies for those who have experienced trauma emphasise safe, supportive, and empowering relationships as a prerequisite for any effective treatment. Most therapies provide inter-personal support to help normalise symptoms, counteract negative self-concepts and provide a sense of support and connection to others. They also, to varying degrees, aim to provide safe and contained exposure to traumatic memories often involving an element of 're-experiencing' events in a way which aids psychological processing. This is seen as valuable in finding ways to escape the cycle of flight, fight or freeze when exposed to situations associated with the traumatic event; other approaches focus on the often

11. Janoff-Bulman R. (1992). Shattered assumptions: Towards a new psychology of trauma. New York: Free Press; 1992.

unhealthy avoidance strategies adopted in response to life events which trigger traumatic memories or emotions, and work prioritises developing less problematic means of responding.

Many therapeutic interventions for trauma also adopt a psycho-educational element which aims to help people understand, and make sense of their symptoms, and emotional and behavioural responses. Strategies to help empower people and develop alternative, non avoidant responses to trauma associated events are taught. Some therapies have also noted how 'post traumatic growth' can occur. Where a sense of mastery over situations previously feared or avoided (for example developing interpersonal relationships, engaging in work or leisure activities, learning more healthy responses to distressing emotions) is experienced people can develop a revitalising sense of wellbeing and purpose. A therapeutic outcome for survivors of abuse can be a revised stance taken towards their own lives, and finding a sense of meaning and purpose not previously experienced.

Therapeutic Communities and trauma

Research into why prisoners become heavily invested, engaged and emotionally involved in prisons adopting the TC approach[12] suggests something important about how a custodial setting can be structured in a way which promotes psychological recovery and desistance. Analysis of the population profiles of HMP Grendon has consistently found that the population of TCs are high risk, have complex psychological needs and present with high levels of psychopathy and personality disorder. Many residents have also experienced significant problems adjusting to the environment in previous custodial settings. The question of why they choose to engage within the environment of a TC deserves some consideration. Resident narratives of what it is about the regime which engages them in their own experience of custody suggest the experience of safety, and supportive, caring and genuine relationships where they connect with others with similar shared experiences are significant. Furthermore, research has identified a number of key themes in how residents understand how the change process 'works':

- ❏ Psychological vulnerability, made possible through caring, trusting and genuine relationships with others is closely linked to the experience of change;
- ❏ Being given real and genuine responsibility within a climate of accountability and empowerment provides a connection, sense of belonging and purpose which enables personal change;
- ❏ Through the empowering and trusting relationships established and responsibilities given, residents' identities become redefined and revised self-concepts emerge;
- ❏ Personal distress is reduced and personal meaning established from group therapeutic experiences which are significant in the process of change and desistance.

Strategies to help empower people and develop alternative, non avoidant responses to trauma associated events are taught.

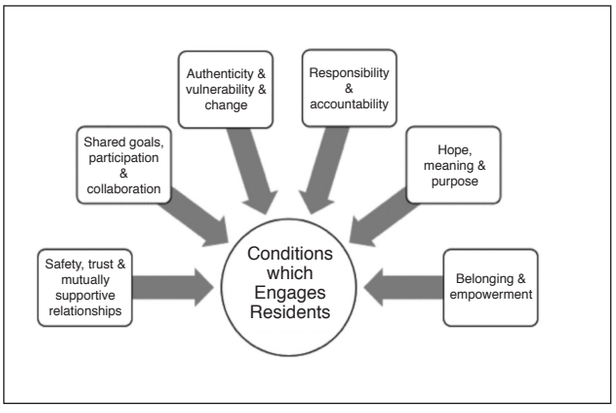
What is apparent is that the social climate and interpersonal relationships which residents value as central to the process of change are also those important in the personal recovery of people with experiences of trauma. Jones[13] has argued that many features of the custodial experience are likely to exacerbate or re-traumatise those already with significant adverse life experiences and suggests that the custodial milieu can, in itself, resonate with earlier traumatic experiences. Actual and perceived threat, exposure to violence, superficial relationships, experiences which re-enact punishment and abuse and a self-concept which reinforces the sense of condemnation or 'damaged goods'[14] perpetuates a psychologically unhealthy narrative.

TCs offer an approach to incarceration and a particular social climate which has the capacity to be restorative. They also suggest that it is possible to organise a custodial setting in such a way that it can promote wellbeing and positive relationships for those who reside and work there. They offer an approach which provides a set of conditions and is organised in such a way that they are able to engage those with complex traumatic presentations and significant histories of anti social behaviour in an experience which becomes positive, empowering and psychologically meaningful. Figure 1 highlights the culture, structure and practices adopted by TCs which underpin a social

12. Rhodes, L. A. (2010). 'This can't be real': Continuity at HMP Grendon. In R. Shuker & E. Sullivan (eds.), *Grendon and the Emergence of Forensic Therapeutic Communities*. John Wiley & Sons.
13. Jones, L.F. (2015) The Peaks unit: from a pilot for 'untreatable' psychopaths to trauma-informed milieu therapy. *Prison Service Journal*. 218, 17-23.
14. Maruna, S. (2001). Making good: How ex-convicts reform and rebuild their lives. Washington: American Psychological Association.

climate where residents feel safe and empowered to engage in their own experience of imposed incarceration. These provide a social and emotional context where the conditions are present for trauma focussed work.

Figure 1: TC culture, structure and values



There are a number of questions which need to be addressed. How do these social arrangements and structures become established so they become relevant to those with experiences of trauma? What practices and arrangements within a prison can be put in place to promote a culture responsive to trauma? To what extent is the learning from TCs of relevance to other custodial settings?

Evidence from TC practice and research strongly suggests that it is traumatic experiences themselves which often drive residents to take part in therapy. Residents attach significant personal meaning to these experiences as those which have been pivotal in shaping and perpetuating patterns of violent and destructive offending. As observed above, accounts of the experiences of those in therapy have identified a number of core features about the process which enable them to find the experience personally meaningful and to make sense of, and often find some resolution to the distress associated with traumatic experiences. As highlighted earlier TCs reflect a set of values and principles rather than one over-arching psychological model. Whilst the treatment model was not designed specifically for the treatment of trauma, it is certainly noteworthy that the patients of some of the earliest post-war TCs set up in England were traumatised servicemen where they experienced the relationships and empowerment within this process as key features in their recovery.

The question of how a regime can be responsive to some of the needs of people with significant trauma may seem to be one which is too complex to lend any easy or simplistic answers. However, TCs do tell us that it is possible to establish a prison regime in such a way that those with histories of trauma find the experience safe, validating and restorative.

The question of what features of the culture and values embedded within TCs are relevant to trauma, and how these can become part of their practice, needs to be addressed. The culture of TCs, the practices which help sustain them and their relevance to the treatment of trauma will now be considered.

Therapeutic communities and trauma responsive culture, values and practices

Culture of responsibility, belonging and accountability — The presence of empowering and affirming experiences within a social context where people feel a profound sense of belonging and attachment are regarded as central in a journey of redemption, desistance and personal change[15]. The experience of belonging can provide validation and empowerment which have seldom if ever been experienced; likewise personal accountability within a supportive climate has been identified as an important stage in restorative practice[16]. Accountability and belonging is shaped by a culture of shared goals where all have a role in these being met. TCs provide structures and processes which create and sustain a social climate where residents feel a sense of attachment and personal involvement.

Practices

* Residents all have valued voluntary positions
* Key decisions about community life are discussed and decided upon by residents and staff
* Communities have a resident elected chair who manages the running of the community enabling dialogue and accountability
* The routine use of first names for all staff and residents
* Shared ownership of writing a constitution governing rules, expectations

Collaboration, safety, and the culture of purpose — Safety and experiences which promote autonomy and agency are important in trauma recovery. Within TCs this becomes possible where residents and staff identify and work towards achieving basic goals of safety and purpose. The collaboration and alliances created in joint involvement in working towards mutually valued goals establishes meaning and purpose necessary as part of recovery and wellbeing. Activities which allow collaboration and where shared informal

15. Ward, T., & Maruna, S. (2007). Rehabilitation: Beyond the risk assessment paradigm. London: Routledge.
16. Oudshoorn, J. (2016) trauma-informed Rehabilitation and Restorative Justice. In Gravrielides,T. (ed.), *The Psychology of Restorative Justice.* London: Routledge

time is prioritised have clear impact on relationships and residents' experience of authority.

Practices

* Staff and resident collaboration in organising events (social, charity, recreational)
* A culture of safety is shaped by structures and activities which allow dialoge and discussion
* Shared social spaces such as meal time and open office policy
* Jointly established ''constitutions'' which all are involved in developing and revising
* Personally meaningful goals collaboratively established by the community with each resident
* Staff supervision and support embedded within TC process
* Ongoing team dialogue and discussion in daily clinical briefings, reflective practice.

Hope, Affirmation and Empowerment — Being part of an experience which has value and meaning has well recognised psychological benefits. For those with experiences of trauma it can lead to renewed self concept and self narrative. Residents attending TCs often arrive hopeful and confident that they will be able to derive something meaningful. This sense of belief that therapeutic work has potential to be redemptive and restorative is a critical factor in how residents are able and prepared to invest themselves in the process of their own incarceration.

Practices

* Giving responsibility to residents in the form of decision-making, chairing meetings or voluntary community roles can in itself be an affirming process where capabilities are defined
* Renewed identities formed by expectations given to residents and by the trust invested and responsibilities given
* Established and recognised therapeutic ethos, goals and purpose — residents' belief and hope becomes established at the pre referral stage
* Peer involvement and participation throughout the therapeutic process (clinical formulations, target setting, interpersonal feedback)
* Achievement and success recognised, acknowledged and celebrated
* Residents involved in planning and hosting communities events (such as drug awareness, restorative justice, diversity).

Trusting and respectful relationships — Therapeutic alliances are central to therapeutic outcomes for those experiencing psychological distress. Establishing trust and respect in a culture where division and separation are often unintended outcomes, can be a challenging process. Activities and structures which present opportunities for connections can help foster relationships, create new belief systems, and enable the psychological containment and safety needed for those with experiences of trauma and adversity.

Practices

* Events to mark the joining and leaving of residents or celebrating success
* Involving residents in the interviewing of staff enables them to feel valued, empowered and trusted
* Informal time between staff and residents emphasised and prioritised
* Prison officers co-facilitating therapy sessions
* Events creating dialogue and connection using community meetings, family days, social and games evenings.

Vulnerability and authenticity — Residents routinely experience the time in TCs as one which is demanding and psychologically challenging compared with their usual experiences of imprisonment. Resident accounts of their experiences highlight the importance they attach to being able to confront distressing thoughts, memories and feelings; they acknowledge that their interpersonal presentations can often be a 'front' masking psychological vulnerability. Residents' experiences also suggest the importance of adopting a more 'authentic' self where vulnerabilities or weaknesses are not concealed; learning strategies which are no longer based on continued avoidance of distressing feelings, or prevent personal weakness from being exposed, are those viewed as central in personal recovery and change. The process of support and empowerment where residents are encouraged to take positions of responsibility, develop relationships which may previously have caused anxiety or fear, and discuss rather than act out feelings of shame and anger are features of community living which appear particularly important to those with well-established avoidance strategies.

Practices

* Behavioural targets aimed at developing a revised sense of self confidence and self concept
* Supportive community feedback when avoidance behaviours are modified such as dealing with conflict and emotional expression
* New positions of responsibility assumed which lead to revised beliefs about self and others
* Encouragement to take psychological risks such as making relationships with staff or residents from different backgrounds
* Supportive group therapy allowing residents to express distressing emotions such as shame, loss or grief.

Group Psychotherapy — Psychotherapeutic group work can for many be experienced as psychologically liberating in its ability to help people identify, disclose and find acceptance of experiences which have caused distress. Residents often refer to a concept of 'masks' which have been worn throughout their lives. These have been adopted in order to disguise, avoid and conceal vulnerabilities, distress and pain. Finding resolution to or developing greater acceptance of feelings such as shame, humiliation, rage and loss are often cited as reasons for seeking therapy in TCs. Psychotherapy serves as a route by which the masks needed to protect themselves from further trauma no longer become necessary. Therapy groups are experienced as psychologically healthy by those with histories of adverse experiences in a number of different ways; they have value in connecting with others with similar experiences, offer safety and support instead of the condemnation and ridicule feared, and instil a sense of belonging, hope and meaning.

Outcomes

Outcomes for those completing treatment in TCs have consistently suggested that residents experience improvements in the inter-personal and emotional difficulties often associated with complex trauma and adversity[17]. Improvements are evident in relationships, personal agency, self-esteem and revised narratives on how they see their self-worth and individual capability[18, 19]. For the vast majority of residents their time in a TC is experienced as fulfilling, rewarding and transformative.

Residents also report that the experience can be exceptionally challenging and often one of the most demanding prison experiences they have encountered. All relationally based services have a responsibility to ensure that any risks of adverse outcomes are acknowledged and identified. Psychotherapy has a potential to be emotionally and inter personally intrusive. The democratic process can for some lead to feelings of rejection or abandonment and complex inter personal dynamics where residents experience group processes as attacking or invalidating need acknowledgement and careful management. Having an understanding of what may lead to adverse outcomes and incorporating this into treatment planning is crucial; training, supervision and support which is able to provide an understanding and help staff make sense of residents' reactions and responses needs to be embedded into services. Giving responsibility and ownership to a resident community provides significant opportunities for growth and development. Risks also emerge which need to be recognised and managed in a proportionate and transparent way.

Trauma-informed approaches and the wider impact of Therapeutic Communities

A number of recent innovations have been derived from TC practice which have formed the basis of prison regimes designed to support those with personality disorder and complex needs. Psychologically Informed Planned Environments (PIPEs) and Enabling Environments (EEs) have been developed based on the relational principles of TCs; these principles centre around the values of respect, decency, collaboration and involvement. Paget and Woodward[20] discuss how these values promote 'belonging and inclusivity, safety and containment' which in turn support a positive approach to risk, necessary for learning and inter-personal growth. These services provided in prisons and approved premises in the community offer a relationally based supportive environment designed to engage those with complex needs, often with histories of complex trauma, in their sentence and provide a safe and predictable environment in which to progress.

TCs tell us something about what it is that is important to those who have experienced trauma. Finding meaning and purpose is important; so is finding resolution, and even a sense of redemption, and breaking engrained, destructive patterns of behaviour. Supportive relationships have a capacity to empower and disconfirm unhelpful assumptions about oneself and others. Those in custodial settings can become deeply invested and committed to making an environment safe and restorative. Accountability and responsibility can create a renewed view of self and individual capability. For those wishing to address a traumatic past, trust and belonging is regarded as a key part of the process of change. A culture of division and separation which heightens perceived threat and suspicion can adapt and change where shared goals are identified and pursued, and where these enable connection and collaboration. It is evident that their principles have broader relevance beyond the small number of prisons which run as TCs.

17. Bennett, J. and Shuker, R. (2017), "The potential of prison-based democratic therapeutic communities", International Journal of Prisoner Health, Vol. 13 No. 1, pp. 19-24.
18. Newberry, M. (2010), "A synthesis of outcome research at Grendon therapeutic community prison", Therapeutic Communities, Vol. 31 No. 4, pp. 357-73.
19. Stevens, A. (2013), Offender Rehabilitation and Therapeutic Communities: Enabling Change the TC Way, Routledge, Abingdon.
20. Paget, S. & Woodward, R. (2018). The Enabling Environments Award as a transformative process. In Akerman, G., Needs, A., and Bainbridge, C. (Eds.), *Transforming environments and rehabilitation. A guide for practitioners in forensic and criminal justice*. Taylor & Francis Group.