Kaizen: working responsively with psychopathic traits

Sarah Anne Henfrey

Abstract

Purpose – The purpose of this paper is to describe how Kaizen, an accredited offending behaviour programme designed for high risk and need offenders within Her Majesty’s Prison and Probation Service (HMPPS), lends itself to responsive delivery with those meeting the criteria for psychopathy.

Design/methodology/approach – The paper describes how the theoretical rationale and model of change underpinning Kaizen can be applied to those with high levels of psychopathic traits given the available literature in this area.

Findings – It is argued that Kaizen is applicable to those meeting the criteria for psychopathy.

Research limitations/implications – As a contemporary intervention, the efficacy of Kaizen in its ability to support participants in their journey towards desistance and therefore to contribute to the service wide aim of reducing reoffending is yet to be evaluated. In turn, its applicability to those meeting the criteria for psychopathy is yet to be explored.

Practical implications – This paper lends support to the applicability of Mann and Carter’s (2012) six organising principles of programme design in the treatment of high risk, high need offenders who meet the criteria for psychopathy. It encourages practitioners to consider Kaizen as a possible intervention option for this population and offers guidance as to how the programme might be used to best effect. The paper also highlights the importance of evaluating the efficacy of participation in Kaizen for this population.

Originality/value – In time, Kaizen will replace Chromis as the offer by Intervention Services (HMPPS) for high risk offenders with a high level or combination of psychopathic trait. This paper describes this forthcoming change in approach and the rationale underpinning it.

Keywords Psychopathy, Kaizen, Treatment, Offenders

Paper type Viewpoint

Introduction

The literature relating to “what works” in offender rehabilitation is continually evolving and in recent years there has been a substantial growth of support for strengths based, future focussed approaches designed to adhere to the principles of risk, need and responsivity (Bonta and Andrews, 2007). Desistance (e.g. Farrall and Calverley, 2005), the development of non-offending identities (Maruna, 2001), and the importance of working in a trauma informed manner (Harris and Fallot, 2001) have also emerged as being critical. With this literature in mind, Kaizen was designed for use within her Majesty’s Prison and Probation Service (HMPPS) in England and Wales. Kaizen is an accredited offending behaviour programme designed to support high risk and need adult males in their journey towards desistance. Enabling an individualised approach within a group environment, Kaizen adopts a unified methodology that can accommodate the variable criminogenic needs associated with this population, including both those who have committed violent and sexual offences. It replaces previous programmes such as the Sexual Offending Treatment Programme (SOTP), the Healthy Relationships Programme and the Self-Change Programme and in doing ensures that accredited programme provision incorporates the most contemporary literature within its design. Support for the re-development of such programmes was more recently highlighted in an evaluation study of the Core SOTP, which found that either this programme did not reduce sexual reoffending as intended (Mews et al., 2017) or that the research methodology adopted failed to identify the true impact of the programme.

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Given the association between psychopathy and criminal behaviour (Hemphill et al., 1998; Hare, 2003) and widely replicated findings that those with high levels of psychopathy offend more frequently, recidivate at higher levels, are more versatile in their offending and tend to engage in more institutional misconduct than the general offending population, it is likely that individuals meeting this profile will feature as part of the target audience of a high risk/high need programme. Kaizen has therefore been designed to be responsive to the needs of those with high levels of psychopathy. As such, Kaizen will also replace the Chromis programme, an accredited programme within HMPPS designed to reduce violence in high risk male offenders whose level or combination of psychopathic traits disrupts their ability to engage in treatment and change.

Whilst the literature is abundant with descriptions of the difficulties associated with engaging those with psychopathy in interventions and questions the probable effectiveness of treatment, the evidence as to whether interventions can support the process of reducing risk remains unclear and inconsistent. For example, Hemphill and Hart (2002) state “There is no good evidence that psychopathy can be treated reliably and effectively – but neither is there any good evidence that psychopathy is untreatable” (p. 213). Therefore it remains the prevailing view that “until proven otherwise, the default assumption should be that individuals with psychopathy can be effectively treated” (Skeem et al., 2011, p. 132). This is a view shared by the National Institute for Health and Care Excellence, 2014 who recommend that those meeting the criteria for psychopathy, a very small proportion of those with anti-social personality disorder, should be considered for cognitive behavioural interventions focussed on reducing reoffending and other anti-social behaviours. It is widely agreed, however, that such interventions must be responsive to the specific needs of this population. It is proposed that Kaizen provides this opportunity to be responsive and the aim of this paper is to describe the rationale behind this proposition. It should be noted early on that Kaizen does not intend to change or treat psychopathy.

Theoretical foundations

Kaizen is founded upon Mann and Carter’s (2012) model of change, originally recommended for use with those convicted of sexual offences. The first part of this model argues that the criminogenic needs associated with sexual recidivism are the product of an amalgamation of biological, psychological and social influences. Broadened further for the purposes of Kaizen, it is argued that biological, psychological and social influences combine to explain the criminogenic needs of high risk offenders more widely (Walton et al., 2017). This bio-psycho-social explanation of offending behaviour is consistent with the varied explanations of psychopathy offered in the literature too.

Biological influences

In this context biological influences relate to genetic and neuro-developmental factors. Just as with the literature relating to high risk and need offenders, a number of theories suggest that biological factors contribute to the development of psychopathic traits, particularly the behavioural components such as impulsivity and anti-sociality. Examples include the under-arousal hypotheses which proposes that psychopathic individuals engage in sensation seeking behaviours to fulfil their need for increased arousal (Eysenck and Gudjonsson, 1989) and the under-emotionality hypotheses, described as being associated with deficits in the functioning of the amygdala (Blair et al., 1999). Other hypotheses suggest that those with high levels of psychopathy have specific impairments to the part of the neurological system controlling fear, the septo-hippocampal system, which results in a low fear response (Lykken, 1995). Morgan and Lilienfeld (2000) argue that impairments in executive functioning, arising from the deficits in the orbito-frontal and pre-frontal cortex, are associated with psychopathy. Although there is some empirical evidence for all of these hypotheses, there is inconsistency in the findings and there have been difficulties in replicating conclusions.

Psychological influences

Relating to the influence of personality and developmental experiences, the model of change adopted by Kaizen argues that psychological factors influence dynamic risk/criminogenic need.
This is consistent with theoretical debates in the psychopathy literature which propose that an individual’s upbringing has an impact on the development of psychopathic traits. Stressors in the early years of life, such as deprivation and emotional neglect as well as violence, are thought to lead to insecure attachment, emotional frustration in children, which has been linked to psychopathy (Rutter, 1995) and dissociation (Poythress et al., 2006). Psychodynamic theory argues that adverse child-parent interactions (Salekin, 2002) may result in underdevelopment of the super-ego resulting in the child having difficulties experiencing guilt. Indeed, Forth and Burke (1998) found that the strongest links to psychopathy appear to be: an anti-social or psychopathic parent, parental alcoholism, inconsistent discipline and a lack of supervision.

**Social influences**

As with the wider violent offending literature, the influence of significant others as well as cultural and situational dynamics are thought to play a role in the development of psychopathic traits. Social learning and cognitive theories would suggest that modelling and conditioning are the basis for behaviour. According to Huesmann (1988), those who observe anti-social behaviours will develop anti-social scripts, which may be of more relevance to the development of social deviancy aspect of psychopathy (Forth and Burke, 1998; Marshall and Cooke, 1999).

In summary, it is widely accepted that the aetiology of psychopathy remains unclear. Many theories fail to account for all features of psychopathy whether this is explored from a personality or behavioural conceptualisation, or a combination of the two, such as Cooke and Michie’s (1999) hierarchical model of psychopathy or Hare’s (2003) four facet model. Further, there appears evidence of considerable interaction between the biological, psychological and social factors. For example, there is substantial empirical evidence to suggest that exposure to trauma and neglect in the early years of life impacts on brain development (e.g. Perry and Pollard, 1997; Sanchez et al., 2001; Bremner, 2003). Similarly, the more contemporary theory of Epigenetics implies that an individual’s environment may lead to changes in their genetic make-up, which in turn influences the way their genes and the respective traits express themselves (Tamatea, 2015). Once genetic modifications occur such changes may be passed on to the individual’s offspring. Therefore it seems most plausible to assume that psychopathic traits are likely underpinned by some interaction between biological, psychological and social influences.

It must be noted, however, that the model of change for Kaizen does not attempt to provide an etiological theory of offending or of psychopathy. Instead, the model builds on the most robustly evidenced principles of offender rehabilitation, the risk, need and responsivity principles (Bonta and Andrews, 2007). By exploring the underlying causes of offending and by proposing that these are the product of combined biological, psychological and social influences, it reasons that intervention methods which attend to these influences will likely be most effective. In addition, the model also draws upon the theory of reasoned action (Fishbein and Ajzen, 2010) and contemporary desistance literature, to work to strengthen the service user’s intention to desist.

The second part of this model of change features six organising principles for programme design (Mann and Carter, 2012), which were central to the development of Kaizen (Walton et al., 2017). The principles, their incorporation into Kaizen and their applicability to those with high levels of psychopathic trait are discussed below.

**Organising principle 1:** treatment should be designed and delivered in a way that is proportionate to the risk of each participant. There is general consensus in the literature that lengthier, more intensive, offence focussed interventions are required for the effective treatment of high risk, high need offenders. For example, McGuire’s (2008) meta-analysis found that violence programmes can be enhanced by increasing the duration and intensity of treatment. Joliffe and Farrington (2007) found evidence to suggest that interventions of greater length were more effective in reducing both general and violent offending. Longer and more intensive psychological treatments have also been deemed more effective for those with personality disorder (Bateman and Fonagy, 1999). Given the co-morbidity of traits associated with anti-social, narcissistic, borderline and histrionic personality disorders and psychopathy (Blackburn and Coid, 1998), it is likely that lengthier, more intensive intervention is a requirement for those with high levels of psychopathic traits too.
Kaizen therefore offers 160 hours of treatment on average, with in-built flexibility to extend this where criminogenic needs demand.

Organising principle 2: treatment will be delivered in a way that makes it accessible and appealing to participants whatever their biological, psychological, and social circumstances. The biological, psychological and social factors which likely combine to influence an individual’s development of psychopathy and indeed their offending behaviour are equally likely to influence their ability to engage and respond effectively to interventions. Indeed, the literature generally suggests that the core personality features of psychopathy (factor 1 traits) can impede successful intervention (Olver et al., 2011).

A recurrent finding is that low levels of motivation go some way to explain why those with high levels of psychopathy make less effort to engage in treatment and drop out before completion (Ogloff et al., 1990). Recognising these findings, what was previously the Offending Behaviour Programme Unit carried out interviews with those who scored highly on the psychopathy checklist revised (PCL-r) (Hare, 2003) to explore what motivated them to engage. The outcomes of this research were considered alongside reports from programme facilitators and the literature, particularly the work of Hemphill and Hart (2002), and used to inform a number of recommendations that were later employed within the Chromis programme. Although this programme precedes Kaizen and in time will be replaced by Kaizen, learning taken from its design, development and implementation is extremely relevant to Kaizen design and delivery. The following components were considered critical to enhancing motivation with those meeting the criteria for psychopathy and hence the subsections below describe how Kaizen intends to respond to these needs.

Autonomy, choice and a need to win. Enabling personal control and choice (Hemphill and Hart, 2002), not only in terms of the individual having the free choice to participate in treatment or not but also in terms of their journey through the programme and the change process, is considered essential. Feeling coerced into treatment or being told what to do is linked to resistance (Farabee et al., 1993) particularly if the individual lacks trust in those viewed to represent authority. Kaizen applies the principles of supportive authority (McMurran and Ward, 2004), which combines clearly defined boundaries referred to as conditions of success with the promotion of self-responsibility through the employment of the strategy of choices (Bush, 1995). In keeping with general society, participants are completely free to choose whether they adhere to the conditions of success or not but this is not to say that the participant has a free choice about their behaviour. Just like the rest of us, each choice comes with a set of consequences and the programme demands the participant to consider these consequences when making their choice. This approach challenges participants to see interventions as an opportunity rather than a restriction on their autonomy. It attempts to reduce resistance and the potential of compliance without change. This approach to choice also helps to avoid interfering behaviours which may result from those with psychopathic traits having a need to win.

Transparency. Promoting transparency and collaboration in all aspects of programme delivery, from referral to completion, has been reported to be crucial (Hemphill and Hart, 2002). There is a need for participants to understand the basic principles underpinning the treatment approach, and how the programme may, or may not help them to desist from crime. The consent and clinical materials of Kaizen are designed to facilitate this. However, rather than the programme being designed in a manner to educate the participants about their risks or how they need to change, the programme supports the participant to self-discover helpful and unhelpful patterns in their behaviour, to define their own goals for change and supports them to learn the skills of change. This therefore further supports the requirement for personal choice and autonomy too, as once the skills of change are learnt, the choice as to whether to apply them sits with the participant.

Identifying personal relevance. By its nature and the model of change upon which it is built, Kaizen recognises every participant as unique. As such, the programme assumes that the treatment pathway of each participant will also be unique and should be defined by the participant, as the expert in their own life. As well as harnessing the principles of personal control and autonomy with that of transparency and collaboration, this approach is also a method by which to draw on the participants want to see themselves as having complex needs and support them to identify the personal relevance and potential gains of engagement and change, a factor seen as critical in enhancing motivation with this population.
A future focus. Unlike many of its predecessor programmes, Kaizen does not focus its attention on the past, or on offending, and hence does not require participants to admit to offences or provide offence accounts. Whilst there is a process of participant-lead formulation in the early stages of the programme, emphasis is placed on the strengths of the participant, and how these strengths can be utilised and built on for the future. Such a future orientated focus is thought to aid motivation with this client group. Further, the strengths-based approach adopted might encourage participants to give enhanced status to meaningful engagement and change. Status is considered a motivating factor for those with high levels of psychopathic trait (Hemphill and Hart, 2002).

The need for stimulation and novelty. Proneness to boredom is a feature of psychopathy and therefore it is not surprising that psychopathic offenders require stimulation in order to maintain motivation. Structured, well-paced, novel exercises which challenge participants are consequently important. Kaizen welcomes the delivery of exercises and materials in a varied and multi-modal fashion in order to respond to individual need. However, the need for novelty of those with high levels of psychopathy should also be considered as strength during their journey through the programme (Hemphill and Hart, 2002). They can use this to try on and test out skills which may be of use to them, which others may experience as perhaps more daunting or less intrinsically rewarding.

Other responsivity needs attended to within the design of Kaizen.

Trauma. The prevalence of trauma within offending populations is high and therefore Kaizen is designed to be delivered in a “trauma informed” manner. According to Harris and Fallot (2001), a “trauma informed” service recognises the profound impact of trauma, works to validate negative feelings, avoids re-traumatising, encourages practitioners to adapt their own behaviour to offer support and seeks to enable individuals to effectively manage their trauma symptoms. Kaizen adopts a strengths-based approach and focusses on providing participants with a sense of safety, consistency, transparency, collaboration, validation, empowerment and sensitivity to cultural and historical issues.

Co-morbidity. Given the high rates of co-morbidity with this population (Coid et al., 2006) it is recognised that Kaizen needs to be integrated into a holistic or according to Livesley (2003) “eclectic” provision of services. For example, whilst the programme aims to acknowledge and be responsive to needs relating to physical well-being, substance misuse, mental health, and self-harm, treating specific difficulties within these domains falls beyond the remit of the programme and instead it is advocated that other specialist services be embedded within the delivery environment.

Principles 3-5: addressing criminogenic need. These principles suggest that the content of an intervention should match the criminogenic needs of those for whom it is intended. As such, Kaizen has been designed to address the needs associated with high risk and need service users.

Bonta and Andrews (2007) argued that the most predictive dynamic risk factors for high risk anti-social offenders, irrespective of offence type, could be categorised as falling within what they termed the “Big Four”: a history of anti-social behaviour, an anti-social personality (characterised by impulsivity, sensation seeking, aggression and callousness), attitudes that support crime and anti-social networks. It has since been argued that targeting these in interventions will likely result in the greatest change (Morgan et al., 2010). It is contended that the Big Four are largely consistent with the idea that there are four major risk domains, as are applied to Kaizen: sexual (sexual deviancy and/or preoccupation), cognitive (cognitive skills deficits and anti-social attitudes), relationships (interpersonal skills and intimacy deficits) and self-management (emotional dysregulation or poor self-management). The addition of the sexual domain was considered critical to account for the breadth of needs associated with sexual recidivism. Kaizen argues that although these domains can differ in their relevance amongst offender groups, there are broad overlaps and it is this that enables a unified approach to programme delivery.

Howells et al. (2007) argue that offending behaviour interventions for those meeting the criteria for psychopathy should focus on the same criminogenic needs as other programmes for high risk offenders in the Criminal Justice System. This is a view supported by others (e.g. Yang et al., 2010).
given that dynamic measures of violence risk such as the violence risk scale and the HCR-20 have been shown to correlate to the PCL-r (Olver and Wong, 2003 as cited in Hare, 2003; Douglas and Webster, 1999) and in the case of the VRS have shown that similar static and dynamic variables distinguished offending and non-reoffending psychopaths (Wong and Burt, 2007).

Mann and Carter’s (2012) model of change takes these considerations a step further by proposing that not only should a programme target criminogenic needs but that it should do so using intervention methodology likely to be effective given the aetiology of that need. As such, Kaizen incorporates a range of technique to strengthen biological, psychological and social resources (Walton et al., 2017). Some of the key strategies and how they apply to those with high levels of psychopathic traits are described below.

Organising principle 3: in addressing criminogenic need, treatment will strengthen biological resources such as neurocognitive functioning. By recognising that neurobiological influences contribute to a vulnerability to offend, it can be argued that offending behaviour programmes should adopt methods which serve to develop and strengthen neural connections in the brain in order to mitigate the impact of such neurobiological influences. It is argued that Kaizen adopts a number of techniques to do this (Walton et al., 2017).

The “great eight” tactics. Kaizen adopts a set of eight skills or tactics, known as the “Great Eight”, which are thought to improve executive control functioning such as planning, decision making and emotional regulation. As has been previously highlighted, such deficits have also in some instances been associated with psychopathy (Morgan and Lilienfeld, 2000). The tactics comprise: stop and think, what happens to me? better life, stick at it, their shoes, praise and reward, here and now, and ask for help. It must be noted, however, that emotionality deficits associated with psychopathy have led some to argue that it is perhaps more prudent to focus on developing the individual’s cognitive strengths rather than focus on their affective deficits (Hemphill and Hart, 2002). Therefore, participants of Kaizen are encouraged to learn, try and test all skills with the view to then selecting those which they think will be personally relevant, powerful and useful.

Problem solving training. Executive control functioning also comprises our ability to manage our impulses, a criminogenic need typically associated with high risk, high need service users (McCord and McCord, 1959; Gottfredson and Hirshi, 1990) and those with high levels of psychopathy (Hart and Dempster, 1997). According to Ross and Hoaken (2010), however, the coaching of step by step problem solving strategies can helpfully aid the inhibition of impulses and hence such a strategy is introduced to participants, coached, practiced, and rehearsed.

Here and now techniques. Informed by mindfulness practice, “Here and Now” techniques are introduced as a method which may support participants to tolerate negative emotions, increase their insight into their emotional and cognitive world and to use this to regulate their emotions, whilst also serving to increase their brain’s neuroplasticity (or ability to develop and create new neural pathways). Evidence to support mindfulness Here and Now methodology within correctional settings is still in its infancy but promising outcomes in other fields indicate that it may work to alter activity in the limbic system, the emotional brain (Chiesa and Serretti, 2010; Lieberman et al., 2007) and can help to reduce anger, hostility (Borders et al., 2010) and impulsivity (Brown and Ryan, 2003). Similarly, there are reports of mindfulness as a promising technique for those with personality disorder diagnoses (Sng and Janca, 2016; Holthouser and Ngoc, 2016).

Repetition. Long standing anti-social behaviours are likely underpinned by the development and reinforcement of strong yet unhelpful neural pathways, which direct the participant’s behaviour in response to particular stimuli. Mann and Carter (2012) argue that if alternative responses are to be employed, these too must be underpinned by well-developed and reinforced neural pathways. One way in which to achieve this is through practical application and frequent rehearsal, central features of Kaizen.

Organising principle 4: in addressing criminogenic need, treatment will strengthen psychological resources, such as cognitive and emotional flexibility and empathic relating. It is argued that both the content and the process of a programme should provide the opportunity for participants to
strengthen their psychological functioning and resources. Methods included in Kaizen to aid this include the following.

**Therapeutic relationships.** It is widely accepted that high risk and need service users, including those with unhelpful personality traits (Livesley, 2005), have difficulties developing collaborative relationships with staff. Often seen as representative of authority, facilitators may be considered untrustworthy. Specific attention to the development of therapeutic alliance (Bordin, 1979) is therefore at the heart of Kaizen given that therapeutic relationships are considered a critical vehicle of change. The encouraged delivery style lends itself to this purpose through the promotion of autonomy, choice, transparency, validation, collaboration, consistency and the principles of supportive authority. Further, facilitators and participants are encouraged to see ruptures to therapeutic alliance as learning opportunities likely to improve outcomes if worked through positively and productively (Katzow and Safran, 2007).

**Personal rules.** Unhelpful and often anti-social, hostile schema/core beliefs/attitudes in relation to the self, others and the world more generally are regularly found to underpin and reinforce the use of unhelpful and offence-related behaviours (Beck, 1999). This theory is consistent with that related to the offending behaviours of those with psychopathic traits too (Olver and Wong, 2003 as cited in Hare, 2003). Within Kaizen, these hostile schema or core beliefs are referred to as “personal rules”. Whilst it is recognised that personal rules have likely developed and been reinforced through experience and that they have most probably served an adaptive and protective function at some point in the individual’s life, it is also acknowledged that these are at times maladaptive. Strengthening alternative personal rules is therefore considered a method to strengthen psychological resource. Kaizen adopts the position that personal rules are not absolute truths but instead are hypotheses to be tested, consistent with a cognitive therapy approach (Padesky, 1994). The programme incorporates techniques to encourage participants to cognitively evaluate their own personal rules, particularly those relating to their interpersonal relationships and sense of self-identity and to work to develop and strengthen more adaptive personal rules. Developed in session, these alternative rules are tested and evaluated beyond the group room, akin to behavioural experiments, to enhance cognitive and behavioural change (Bennett-Levy et al., 2003; Wells, 1997).

**Emotion management.** Emotion and arousal recognition and identification form a key part of the programme. Participants are coached to develop and refine their skills through the use of “in action” techniques. Facilitators also model adaptive emotional management. Although emotional processing in those with high levels of psychopathy may involve under-arousal (Eysenck and Gudjonsson, 1989) as well as over-arousal (Millon, 1981), a number of items both within the three factor (Cooke and Michie, 2001) and four facet (Hare, 2003) models of psychopathy relate to emotion and hence opportunity to explore participants’ experiences of emotion is vital and achievable in Kaizen. So too is the tailoring and refinement of appropriate management strategies.

**Organising principle 5: treatment will strengthen social resources such as social capital.** In order to strengthen social resources, Mann and Carter (2012) argue that there is a need to increase an individual’s skills and capacity to engage fully with society (citizenship) and to increase the sources of support on which they can draw (social capital).

**Interpersonal skills.** Kaizen can be used to introduce participants to a range of interpersonal skills depending on the specific needs of the individual. These may include basic assertiveness skills, negotiation or conflict resolution skills or strategies which will support them to accept criticism. Skills are introduced, learnt, practiced within and beyond the group environment, evaluated and refined. The group itself and the relationships between participants, is further considered an opportunity in which to coach and strengthen interpersonal skills. It also provides the opportunity for peer mentoring.

**Social support networks.** Kaizen participants are encouraged to critically analyse the influence and effectiveness of their past and current support networks, as well as to consider the emotional, social and practical support they may find helpful in their future journey towards desistance. Time is also dedicated to planning how relationships needed in the future can be developed and maintained.
Organising principle 6: treatment will strengthen the intention to desist from offending. Working to strengthen the intention to desist may serve to shorten the individual’s criminal career (Farrington, 2007). The theory of reasoned action (Fishbein and Ajzen, 2010) suggests that our motivation to behave in a certain manner is underpinned by our attitudes and our sense of subjective norms, both normative beliefs about what we think others expect of us and our motivation to comply with these expectations. Therefore to strengthen the intention to desist, it is argued that interventions should work to: strengthen attitudes supportive of desistance whilst weakening those that oppose this goal, strengthen normative beliefs which support desistance, and increase the individual’s motivation to comply with the subjective norm.

It has been argued that psychopathy may act as a barrier to the desistance process (McCuish, 2016), particularly as the rates of reoffending for those with high scores on the PCL-r remain higher for longer. The typical decline in reoffending with age, as seen within general offending populations, does not tend to occur until much later (Porter et al., 2001). Similarly, some of the factors which typically deter other offender groups away from crime may not be present for those with traits such as callousness, a lack of empathy, a lack of long-term goals and a need for stimulation and novelty. Research has though found that those with high PCL-r scores were more likely to desist if they scored lower on factor 2 but higher in factor 1 (McCuish, 2016). Similarly, Harpur and Hare (1994) found that factor 2, the anti-social and impulsive elements decreased with age but that there was little change in factor 1, the core personality features. This suggests that the core personality traits may continue but the criminal manifestations of psychopathy do not (Shaw and Porter, 2012). With this research in mind, and for the purposes of Kaizen, facilitators should work to strengthen the intention to desist in those with high levels of psychopathic trait as they would for other violent and sexual offenders.

New Me identity. Kaizen supports participants to develop and strengthen their New Me identity, that which is pro-social, strengths based, personally defined and meaningful. Using the concepts of Old Me (that which is anti-social and linked to offending or problematic behaviours) and New Me (Haaven, 2006), the strengthening of the “New Me” is promoted to enable New Me to win in any competition (tug of war) with Old Me. Hence, the strengthening of New Me is considered to reflect the strengthening capacity to desist. Associated with this, the programme aims to instil hope for the possibility of change and for the future by nurturing self-agency.

To further support the strengthening of New Me, participants are introduced to the success wheel. The success wheel encompasses five domains, which when working well are suggested to support the process of desistance:

1. positive relationships;
2. managing life’s problems;
3. healthy thinking;
4. healthy sexual interests; and
5. sense of purpose.

The first four domains represent the risk factors of those assessed as high risk and need. However, these domains are framed in a positive manner to promote the identification of existing strengths and the further development of these to strengthen New Me; as opposed to focus being placed on deficits/risks/Old Me. Domain 4 is only used with those convicted of sexual offences. Domain 5, “Sense of purpose”, incorporates the notion of protective factors and desistance into the success wheel. Participants are encouraged to set themselves personally meaningful goals and develop strengths in the areas that the literature proposes support the process of desistance. As already mentioned, the development of a non-criminal identity is the first part of this. A sense of citizenship is the second and employment or the development of a stable, purposeful routine (Uggen and Staff, 2001) is the third.

New me MOT. Actual, sustained change and desistance is a gradual process often taking a number of years (Hanson et al., 2014; Kurlychek et al., 2012) and hence it can be argued that interventions and specifically programmes such as Kaizen are perhaps best considered as
a stepping stone in the process of change. Research with those convicted of sexual offences (Laws, 1989; Prentky et al., 1995), substance abuse (Annis, 1986) and those with maladaptive personality traits (Cullen, 1997) has shown that thorough planning and implementation of relapse prevention and aftercare are essential for long-term positive outcomes. The same appears true for psychopathic offenders (Tengstrom et al., 2000) particularly given additional concerns that this population have greater difficulties generalising their skills, may misuse their skills or fake their treatment progression. Hence, it has been long since recognised that “community reintegration is the most critical process for achieving long-term changes” (HMIP, 1998). More recently, it has been argued that “[…] we need to ground our processes of case management in understandings of desistance; moreover, we need to ground programme work in case management processes” (McNeil, 2009, p. 17).

Using such recommendations as its foundation, and incorporating the most contemporary literature as to “what works” in Offender Management (Bourgon et al., 2011; Wood et al., 2015), the New Me MOT provides Offender Managers with a tool-kit to support Kaizen graduates through to their sentence completion. This tool-kit provides the opportunity for participants to review, evaluate and refine their New Me Life plans and to learn further skills to strengthen New Me whilst also enabling offender managers to work with the individual to promote ongoing self-monitoring and self-efficacy and to effectively manage risk. Carefully designed in a manner to build on the work completed during the programme, the New Me MOT enables offender management to be delivered in a way that attends to the risk, need and responsivity principles, and the philosophies of desistance, in a style which promotes therapeutic alliance.

Conclusion
This paper proposes that Kaizen, an accredited offending behaviour programme for high risk and need offenders lends itself to responsive delivery with those meeting the criteria for psychopathy. As a relatively contemporary intervention the efficacy of the programme in its ability to support participants in their journey towards desistance and in turn to contribute to the service wide aim of reducing reoffending is yet to be evaluated. Plans for comprehensive review and evaluation are, however, in development. Given the arguments raised in this paper, it is considered essential that research exploring the engagement of those with high levels of psychopathic trait and indeed the efficacy of the intervention for this population are incorporated within such evaluation activity.

References


Further reading


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