

## **Abstract**

Research on the effectiveness of Democratic Therapeutic Communities (TC) in custody as part of the Offender Personality Disorder (OPD) Pathway is growing. This research explores how responsive a TC is for people with Autistic Spectrum Conditions (ASCs) from the experience of TC staff. Reflexive Thematic Analysis identified an overarching theme of 'The Group vs. The Individual' detailing how staff limited their ability to respond to individual needs for fear of affecting the integrity of the group model. Underpinning themes identified included: 'Recipe for Success', 'A Square Peg in a Round Hole' and 'Threat Response'. This novel study outlines extensions to inform future research and has implications for practice across forensic treatment services regarding 'what works' in being responsive to offenders with ASCs within TCs.

*Keywords:* Therapeutic Community, Prison, Forensic, Intervention Effectiveness, Autism Spectrum Conditions.

### **Custodial Staff Experiences of the Effectiveness of a Democratic Therapeutic Community for Offenders with traits of Autism Spectrum Conditions (ASCs)**

People with ASCs experience persistent deficits in social–emotional reciprocity, non-verbal communicative behaviours, and the development, maintenance and understanding of relationships (APA, 2013). There are concerns that their needs are not met within forensic settings (Allen et al., 2008; Browning & Caulfield, 2011). Offenders with autism are expected to engage in conventional forensic interventions, however interacting with other offenders and the facilitators could be challenging (Higgs and Carter, 2015) because they struggle to future think (Lind, 2010), are less remorseful because they believe their actions were contextually appropriate (Katz & Zemishlany, 2006), they can adversely react when challenged (Ray et al., 2004; Attwood, 2007), are insusceptible to reputation management (Frith & Frith, 2011); resulting sometimes in a callous and factual account. Deficits in Theory of Mind (Baron-Cohen et al., 2001) create struggle with perspective taking and understanding others' feelings, often exaggerated by experiencing alexithymia, impacting emotional awareness and introspection (Lombardo & Baron-Cohen, 2010).

Offenders with ASCs tend to be offered behavioural and educational interventions (Leskovec, Rowles, & Findling, 2008; Matson, Sipes, Fodstad, & Fitzgerald, 2011) aimed at learning skills they lack due to developmental disability (Gaus, 2007) i.e., support to integrate into communities, live independently and access services (Myers & Plauché-Johnson, 2007).

A TC environment offers each of these aforementioned interventions, whilst also offering more flexibility than alternatives such as Offending Behaviour Programmes (OBPs). TCs address criminogenic needs by creating a space where residents live and engage in therapy as part of a community. TCs are based on democracy, shared ownership, communalism, permissiveness, reality confrontation, and encouraging lived learning experience (Haigh, 2014). Therapy on TC is based in a relational group analytic

psychodynamic model, and in prison forms part of the OPD Pathway, helping those with personality difficulties.

Prison-based TCs are proven effective in reducing reconviction rates for offenders. Marshall (1997) concluded those in 18-months of therapy on TC reduced in reconviction rates between one-fifth and one-quarter. These results replicated by Taylor (2000) at a 7-year follow-up and Brown et al. in 2014. When considering effectiveness, prison-based TCs reduce institutional violence and rule-breaking (Newton, 2010), negative interpersonal relating (Birtchnell et al., 2009), and self-harmful behaviour (Rivlin, 2007). Dolan (2017) found in TC that discussing offence impact, resolving problems, being responsible and communicating were important for reducing reoffending.

To date there is no research exploring the effectiveness of prison-based TCs for offenders with ASCs. The current research will endeavour to explore this, focusing on staff experience. The research questions include:

- (1) Is there a difference in how offenders with ASCs experience the TC?
- (2) How effective do staff think the TC intervention is for offenders with ASCs?
- (3) How responsive are staff on the TC for offenders with ASCs?
- (4) Could more be done to help residents with ASCs engage in this intervention?

## **Method**

### ***Design***

This qualitative semi-structured interview study used Reflexive Thematic Analysis (TA) (Braun & Clarke, 2006; 2013; 2021) which is compatible with both relativist and constructionist paradigms relevant for this study. Through its theoretical freedom, TA is flexible and gives readers rich accounts of the data's predominant themes.

Semi-structured interviews provide greater depth of participant perspectives. Having a clear interview schedule offers containment with flexibility for the participant's experience, creating a space to think together about the research question (Carruthers, 1990).

### ***Participants***

Participants were eligible to take part if they were involved in TC treatment delivery and worked with a TC resident with ASC. A purposive sampling method recruited 8 participants (an appropriate amount for Reflexive TA; Braun & Clarke, 2013, recommend between 6 and 10). All consenting participants had the opportunity to participate in the research; further participants were not sought as information power (Malterud, Siersma & Guassoea, 2016) was achieved.

Staff from five TCs were represented in the participant pool, including each role in the multi-disciplinary team (MDT), including therapists, psychologists, and prison officers. All participants were White-British; five participants were female and three male. Their years of experience on TC varied from 5 to 15 years.

The primary researcher was part of the psychology team and a colleague of participants. For some, the researcher had closer working relationships, i.e., his staff team or worked as part of the MDT. The primary researcher had also delivered autism awareness training for TC staff a year prior. These created dynamics and was reflected on in data analysis, particularly a fear of lacking knowledge or using the wrong terminology. All participants disclosed a personal or professional investment in the research because of their own relationship with the topic area.

### ***Data Collection***

Ethical approval for the research was received from His Majesty's Prison and Probation Service (HMPPS) and the private prison ethics committee.

Participants were recruited via distribution of a poster and participant information sheet to potential participants (N=70) which noted full details about the study, assured data confidentiality and the right to withdraw. If interested, participants were contacted to check understanding and to answer questions before gaining signed informed consent.

Data was collected by the primary researcher via recorded semi-structured confidential interviews on 'Microsoft Teams' that lasted approximately an hour per interview. Face to face interviews were considered but discounted due to the risk of COVID-19 infection. Ten open questions were adapted from questions used to assess the effectiveness of interventions (Wakeling, Webster & Mann, 2005). During interview, comfort breaks and time for reflection was encouraged to enhance accuracy of answers given. Following interview, participants were debriefed and signposted to relevant support.

Interviews were transcribed verbatim in Microsoft Word and stored in line with organisational and ethical body guidelines. For anonymity, the names of the participants were replaced with their participant number and any identifiers removed.

### ***Analysis***

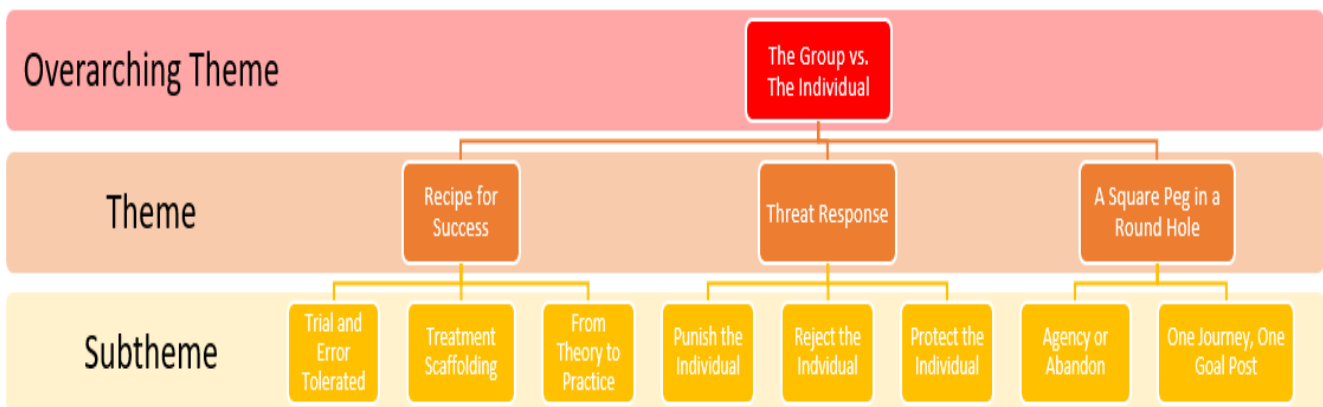
To answer the research questions, Braun and Clarke's (2021) six phases and ten core assumptions of reflexive TA were utilised. Time was spent developing familiarity with the data, using keywords from the research question and identifying analytical interest points to move between inductive and deductive modes before semantic to latent coding was conducted. Alternating electronic and hard copies of the data when coding and developing themes, along with switching environments between professional and personal helped with novel interpretations and reflections. Initial themes were generated, developed and refined through reflection and revisiting the data, continuing until final analysis was complete. The themes produced from the systematic engagement with the data captured the voice of participants and offer insight to the research questions.

**Results and Discussion**

Participant interviews proved thought provoking regarding their experiences of the TC for offenders with ASCs. Reflexive TA identified an overarching theme, ‘The Group vs. The Individual’, underpinned by three themes: ‘Recipe for success’, ‘Threat Response’, and ‘A Square Peg in a Round Hole’, each containing sub-thematic structures. The relationships between these are pictorially demonstrated in the thematic map in figure 1.

**Figure 1.**

Thematic Map



The overarching theme ‘The Group vs. The Individual’ as an umbrella concept captured how the TC group model impeded responsivity to individual needs; “I think the community group model can sometimes wash out the qualities we need in terms of looking at the individual.” (Participant 1). Staff voiced fear that adapting to individual needs would become a detriment to the ‘treatment integrity’ of the group model, and spoke of ‘the way it has always been done’ becoming inflexible for fear of ‘programme drift’. Participants described the process of offenders being assessed as individuals but after joining the TC, their needs being lost in the group. Many of the themes identified returned to the group (not the individual) identity being the priority. A summary of key themes and their central organising concept are outlined in Table 1.

**Table 1**

*Theme Summary Table*

<b>Overarching Theme</b>		
The Group vs. the Individual	The TC operates a group model and this approach is woven into every aspect of the TC. One to one is seen as splitting off from the group process and is discouraged. TC practitioners are focused on 'the group' and over the interviews it became clear that this emphasis loses the individual and instead focuses on the group identity, which proves tricky when responding to individual needs for an autistic resident.	
<b>Theme</b>	<b>Central idea</b>	<b>Sub-themes</b>
A Square Peg in a Round Hole	The notion of 'one size fits all' was described in each of the interviews, and whilst the TC has the potential to be adaptive and inclusive in its design, the staff facilitating it described being rigid and fearing treatment integrity or delivering the TC the way it has always been done. The theme identifies downfalls where the TC could be more responsive and thinks about why this happens.	<ul style="list-style-type: none"> <li>• One Journey, One Goal Post</li> <li>• Agency or Abandon</li> </ul>
Threat Response	Described and in some cases portrayed in each of the interviews was an underlying fear of reprisal linked to autism, relating to this being a recognised disability. In the examples and pictures painted by participants their threat systems seemed active, describing three clear patterns of responding when faced with problems linked to a resident with autism.	<ul style="list-style-type: none"> <li>• Reject the Individual</li> <li>• Protect the Individual</li> <li>• Punish the Individual</li> </ul>
Recipe for Success	The TC can be an effective intervention for offenders with autism so long as responsivity is maximised. This theme focuses on the recipe for success; the ingredients needed to support autism in TC.	<ul style="list-style-type: none"> <li>• Trial and Error tolerated</li> <li>• Treatment Scaffolding</li> <li>• From Theory to Practice</li> </ul>

**A Square Peg in a Round Hole**

The 'Square Peg in a Round Hole' idiom describes when idiosyncratic aspects of a person or situation do not fit the societal norm. Many participants described how staff on TC took a 'one size fits all' approach, applying the intervention without making adaptations. It is important to stress however that square pegs *can* fit in round holes *if* the hole is made big enough.

*Sub-theme 1: One Journey, One Goal Post*

Participants shared that before arrival there are already expectations and time-frames of what is 'typical' in referral packs and held in mind of TC staff from experience. For offenders with ASCs participants shared that they have not fit into these laid out pathways and this can create confusion for the offender and frustration or anxiety for staff. For example, Participant 1 described how an offender was told the maximum therapy time was 5 years and as he was at that point, he assumed he was signed off. The participant shared the length of therapy was affected by the resident not meeting their expectations and as a result, was forgotten about. Similar examples include:

It takes for it to get to the review for someone with autism to think 'oh what are we doing with this person and what progress have they made. It gets lost day-to-day..... I also don't think they can see progress in people with autism like they can't look for it as well. They are looking for bigger change. They are not able to have them uncomfortable conversations, so they allow them to coast on. (Participant 5)

Participant 5 explained how emphasis was placed on narrating their offence rather than their underpinning risk factors due to the offender being unable to evidence the required level of empathy or remorse and viewed that offence details were delivered in a cold manner. Participants noted when offenders with ASCs are perceived as not fitting with expected therapy trajectories based on their presentation, staff find it challenging to assess change and they become inflexible.

For seven participants the TC ending phase was highlighted as an area that required more thought to support offenders with ASCs:

Our endings are probably not responsive to anyone to be honest. I guess that would bring up a lot for someone with autism and we would not consider autism in that process. It doesn't just happen, you have to wait, things don't go to plan, it's not very certain. You have 6 months to end which might seem like a long end. Need to be handing over and getting support from the place that they are moving onto, but this often isn't sorted out



before they move. It is all very operational led with not much thinking for the individual.

(Participant 2)

### *Sub-theme 2: Agency or Abandon*

One of the key principles of enabling environments like TC is to encourage agency and autonomy. On TC there is an ethos that: 'we are each other's therapist'. However, participants described how this was not being achieved for offenders with ASCs:

It has been him having to find his way on his own – we left him to it. We do want them to do things by themselves. I think probably we did that too much for him. There were strategies that we could have shared that could have helped him. If I am really truthful, residents are more supportive than staff. I think they acknowledge his needs. They sometimes challenge and educate us – 'he can't do that because of his autism' and tell us when we should be helping him more. (Participant 2)

Across interviews those who spoke positively about their engagement with offenders with ASCs on TC were clear on the need to be a 'coach' at times and make adaptations, and of the propensity to give more advice than they would normally. Participants viewed this as acceptable to ensure those with ASC had the same opportunity as someone else.

Participant 8 overtly named that offenders with ASCs can be abandoned which staff justify by the notion of Bion's concept of 'we are each other's therapist' and the desire to encourage agency, resulting in offenders with ASCs struggling alone. Instead, Vygotsky's (1978) 'Zone of Proximal Development' tells us that learning independently is not as beneficial as having support from a skilled support person.

### **Threat Response**

Three recurring patterns were observed in how participants themselves, or the staff they worked with, responded to offenders with ASCs on TC when a behaviour was underpinned by traits of ASCs. All participants reported anxiety in staff not knowing how to

work with the traits and fear of their actions being scrutinised. Some participants observed this process, and noted staff to 'be in their threat system' (see Gilbert, 2009 for 'threat system') during interview:

Like racism, you might say something not politically correct and so you daren't say something... they are scared to say something that might get them into trouble. They daren't say something negative because it might link to their autism and so they might be discriminating so they just don't challenge. (Participant 5)

Participant 5 was noticeably anxious and nervously laughed through the aforementioned explanation, adding to the overall observation that participants doubted themselves and were concerned with saying the wrong thing.

Taking the approach of a behaviour chain analysis (Carr & LeBlanc, 2003), the three 'threat responses' observed/described by participants was to punish, reject or protect.

#### *Punish the Individual*

Most participants shared instances where they have been involved or witnessed offenders with ASCs disproportionately punished because of a presenting problem linked to a facet common to autism. They were perceived as callous, describing offences sadistically or showing little shifts regarding the offence:

I think the remorse, empathy and the guilt is what they come back to; not seeing the emotions they want. This concerns both staff and residents that they're not owning them. It is impossible; it is our expectation. So, it is a fear for us... it almost becomes punishing making them go over it again. 'You have done this how could you have done this'. 'Well this is why I did it; A-B-C'. Very logical and rational answer they can reel off with ease. Another resident may show more empathy and emotion that is more acceptable for staff and the residents. (Participant 1)

It is not uncommon for people with ASCs to relate in this way and is often misunderstood (Katz & Zemishlany, 2006; Frith & Frith, 2011). In the aforementioned example the punishment was to prolong therapy and continue to revisit the offence, potentially risking re-traumatisation of the offender with ASC in the context of Perpetration-Induced Traumatic Stress (PITS).

Participant 1 described observing what felt like a 'verbal attack' in a group:

I remember group once became about his hygiene and social interactions and not taking care of himself. It did not feel empathic it did not feel compassionate it was quite difficult. I was quite new at the time so I didn't intervene but I don't think the co-facilitator did either and then I remember feeling just sad and awful and thinking 'I wouldn't speak to any one like this, what is happening' and I found the group attacking. (Participant 1)

When discussing this, it was reflected that hygiene had been highlighted to other non-autistic residents and it had not escalated to this. It was the idiosyncratic response that had triggered the punitive reaction. In other participant disclosures, punishment was the response to idiosyncrasies. Participant 7 described before the COVID-19 pandemic an offender with ASC became preoccupied with sanitising his hands and was stopped from taking the sanitiser to education and in response he became overwhelmed and threw it on the floor. Later a staff member slipped on this and the resident was consequently removed from TC. Participant 7 reflected, that with hindsight if more thought and adaptations had been made the situation would not have happened. Upon reflection, participant 7 questioned whether the reaction was commensurate to the action.

#### *Reject the Individual*

Every participant noted that their staff teams had considered or decided an offender with ASCs was 'too much for them to work with' (Participant 4), 'they couldn't do the TC process' (Participant 7) or they 'needed something more intense' (Participant 8).

Staff felt the resident didn't fit in and questioned if he should be on TC and I thought 'well they're not going to work with him properly then, deselect'...I think there is a lot of panic in there- about working with someone who presents different to anyone else. They also committed a serious crime. So, I think that as well made it more like 'this guy is risky' and then his behaviour on top being 'not normal', made them question whether he would learn anything or if he was just 'odd'. (Participant 4)

Participant 2 added the interpretation: 'Maybe unconsciously there is an element of helping someone with autism requires a lot of thinking, attention and support and actually it is easier for us to not bother and write them off'.

#### *Protect the Individual*

Participants 4 and 5 described their observations of a tendency for staff to be overly protective towards offenders with ASCs, including participant 4 reflecting on their own tendency to do this.

... sometimes they can explain away some behaviours with 'well he is autistic' or 'he won't understand this' and yes, I can be guilty of that too but then I guess it doesn't leave much room for thinking about things it just gets put down to autism. I think the group generally are quite protective of people with autism and can see their vulnerability and at times I am not sure how good that can be. (Participant 4)

Participant 5 provided an example and shared that on one occasion it led to conflict between operational and clinical staff on TC in working with the behaviour, noting the clash between over-protectiveness and the desire to punish, leading to team splits:

...one guy is a rep and wasn't performing well, they were like 'oh it's because of his autism', but it is more like that excuses his behaviour. Nothing is done with it; they don't explore it. It is like he is making no progress in therapy and they will excuse that too like it is his autism like he can't do this but there is no like thinking of how to change this.

(Participant 5)

Language used by participant 7 reflected a similar attitude, continually describing the need for offenders with ASCs to be 'nurtured' and that they would try to 'care' for them, but described other community members differently which could create bias or envy in the community.

Theories into 'scripts' (Schank & Abelson, 1977), 'schemas' (Piaget, 1926) and stereotypes can help understand the process being enacted in response to threat. It appears that autism triggers a script in staff which encourages them to get in touch with their vulnerability and in response want to protect or nurture offenders with ASCs. When an offender with ASCs' behaviour challenges their protective schema, by breaking the rules or being 'bad', offenders with ASCs are instead overly punished. Conversely, it is hypothesised that if an offender with ASCs' behaviour is too overtly 'odd', this serves to trigger a schema about not being well enough or not being able to be saved resulting in staff either actively or passively rejecting the offender, due to the incongruity with their script.

### **Recipe for Success**

All participants demonstrated an understanding of 'what works' to be responsive to offenders with ASCs on TC. Much of this thinking is supported by the 'what works' (McGuire, 2020) and Risk, Need and Responsivity (RNR) principles (Bonta & Andrews, 2007). Participants agreed on areas that are possible for offenders with ASCs to achieve on TC if appropriate adjustments are made.

Utilising the knowledge and experience of participants from what they disclosed in interview, the following is a list of factors that they have observed to be achievable on TC for someone with autism:

- Social interactions – learning more interpersonal skills and developing assertive communication skills
- Development of confidence, self-esteem and worth

- Perspective taking, including noticing and navigating differences in social cues and boundaries.
- Emotional awareness and regulation, including anxiety management
- Giving and receiving feedback.
- Developing self-awareness and insight, including triggers and more concrete formulation, linking traits to difficulties and exploring links to offending.
- Developing independent living and functioning skills, becoming a part of society.

Similarly, participant disclosure highlighted a number of factors that are achievable on TC but require some adjustments to ensure they are able to make this progress:

- Formulation: dependent on the model and the professional, can be an abstract concept and it can be hard for offenders with ASCs to link together and understand the wider picture
- Less concrete thinking.
- Empathy, remorse, guilt etc. to be displayed similarly to other TC residents. They may seem cold or callous, but expectations that emotion levels will develop in time.
- Trauma processing work may not present the same as for others, 'don't expect big heart wrenching disclosures'. Offenders with ASCs may be more matter of fact but it doesn't make it any less significant.

#### *Sub-theme 1: Trial and error*

Participants spoke about offenders with ASCs on TC needing the opportunity for 'trial and error', highlighting the importance of the TC core principle of permissiveness (Rapoport, 1960). Central to the idea was the nature of the relationships fostered on TC. Particularly the continuity and support provided; a function of the stability and reduced movement on and off the community; which fosters the opportunity to live and learn, another key element of TC

(Kennard & Roberts, 1978). Participants shared how this was particularly important for offenders with ASCs, especially getting comfortable and making social mistakes:

I guess the fact that it is a relational model and the fact that it is a lived-in intervention will help with building relationships and learning more about social cues and getting feedback on it. Er- because I doubt you get that on a mainstream prison location. You would probably get a smack in the face. (Participant 4)

Whilst somewhat said in jest, this comment highlights the cultural difference of prison TC and how 'trial and error' is not tolerated in many mainstream forensic settings. Participants also highlighted how everyday adaptive functioning is supported on TC, including work:

There is more trial or error on the TC like with jobs and stuff. On the main if they tried to do a job and wasn't good or got overwhelmed they would get a negative warning. Whereas we would just think about it and say 'it's okay' and then try another one. We would help them think of what else they could do and why they struggled but no punishment. (Participant 5)

In contrast to Higgs and Carter's (2015) finding that relationships can be difficult for people with autism to foster, participants spoke of the importance of perseverance and 'trial and error' to promote inclusion, underpinned by the need for continuity, support and focus on behaviours being 'okay' rather than punished.

#### *Sub-theme 2: Treatment scaffolding*

The concept of treatment scaffolding involved thinking about the building blocks for offenders with ASCs to ensure their time on TC is a success. Participants stressed the importance of the prioritisation of relationships:

If they don't build relationships, they are always on the outside of the group and never able to get in. If they are to achieve anything and be able to do any risk work, they need to be accepted first (Participant 1)

A majority of participants described that offenders' difference had to be named in a supportive manner. Participant 8 spoke about the level of anxiety faced on joining a TC, acknowledging that offenders with ASCs experience anxiety with a deeper level of distress and therefore supporting them to feel safe should be prioritised in conjunction with staff modelling inclusion and promoting the acceptance of difference:

The staff on TC do have understanding and acceptance. The residents on TC are used to having people around them that are different and not like that and they learn to be supportive. On the main prison wings there isn't that approach. They have to accept them because they are part of the community. So, I imagine it is a lot more comfortable for someone with autism on TC because of the open acceptance. (Participant 5)

Participants spoke about needing to get these foundations right, expressing the importance of the TC principle of communalism (Rapoport, 1960) and then, the previous theme 'trial and error' is how the residents navigate hence forth, making progress as they go. All participants noted the positive outcomes they had observed in offenders with ASCs engaging in complementary art psychotherapy on TC, supporting inclusion of art psychotherapy in treatment planning for offenders with ASCs. Participant 3 noted:

There is six people instead of ten. You have something quite concrete; something to do and talk about. Something you talk to, I think the environment feels safer. The group time is longer than small groups and there are quieter members so maybe he feels he has more space maybe. It is a more contained calm space than the small groups.

### *Sub-theme 3: From Knowledge to Practice*

Every participant noted they had received autism awareness training but felt they required more to be able to respond to individual needs. For example:

They have their training and they then remember it for a while. Then a psychologist mentions autism and they remember it for a little while and then it drops off again for the next six months. I don't think there is the day-to-day on the ground consideration of



autism or the individual. They can't think about what autism means for that person.

(Participant 5)

Interviews reflected that participant's applied general knowledge of autism to individuals at the expense of responsiveness to individual differences and presenting needs.

A small number of the participants worked with individual difference effectively which appeared to be a function of an alignment between their skills and their attitudes towards autism, reflecting the importance of addressing skills and attitudes, not just knowledge, in future training and reflecting the need for consultancy, workshops or experiential learning as opposed to theory-based training.

Participants evidenced their learning of what works with people with autism on the TC. From the advice of participants, the following tips have been observed to support the needs of people with autism on TC from their experience:

- Try to be more mindful of sarcasm.
- Break things down more – don't be broad as this can be overwhelming.
- Normalise talking about difference and talking about autism.
- Help the person to adapt and encourage them to develop strategies, for example help them think about arriving early to groups or sitting in the same seat if they are nervous.
- Speak clearly and be more succinct
- Use visual aids or cognitive aids if necessary but only if it will aid in reducing confusion or abstract concepts.
- Adapt your questioning style to be more matter of fact.
- Be mindful of overly abstract analytical interpretations at first.
- Notice and alter your expectations, help them make their own journey.

- See the individual and their traits, do not let the label be them or overwhelm you.
- Sometimes be prepared to be their coach, you might need to help them understand things or help them slow down etc.
- Seek help from people who are an expert in this person, or a subject matter expert.
- Join their world to understand their thoughts, experiences, emotions and behaviour, rather than trying to force them into your world.

### **Conclusions**

This study aimed to explore TC staff experiences of TC effectiveness for offenders with ASCs. A consistent theme was the desire to preserve the integrity of the group model at the cost of working effectively with individual's needs. Participants noted that it was harder for people with ASCs to adapt and achieve agency without the support of the staff, especially at the start of the intervention if their difference was not accepted or welcomed in the culture, acknowledging the importance of tolerance as they navigate the intervention in a 'trial and error' manner. It is evident that many of the staff on TCs are highly skilled and invested in the treatment they provide and could list a range of adaptations to support offenders with ASCs to aid inclusion on TC, forming a 'recipe for success'. In times where staff did not feel as equipped however, it was evident that a 'one size fits all' approach resulted, likely because they could not flexibly apply their knowledge and practice to the individual or behaviour they were presented with. It was hypothesized that schemas were relied on in these moments as a 'threat response', indicating a tendency to punish, reject or protect, was activated. The use of TA in this research has effectively identified themes that have depicted 'what works' to ensure responsiveness to the needs of offenders with ASCs whilst also highlighting areas of future practice.

### *Implications*

This study has filled a research gap regarding staff perceptions of TC effectiveness for offenders with ASCs, and has implications for treatment planning and responsivity principles. This study represents a starting point for future research, including replicating in other TCs to explore the transferability of the themes and identify whether present outcomes are a function of local practice/culture or if there are wider lessons to be learned. Capturing the lived experience of offenders with ASCs on TCs would represent an extension of this study.

This study highlights that with the right knowledge, skills and attitudes, TCs can be a place where people feel progress is being made for offenders with ASCs. It has supported the importance of the responsivity principle (RNR model) noting the detrimental effects upon offenders with ASCs' progression and wellbeing if services are not delivered responsively. It is important that a shift in thinking occurs, rather than seeing the individual as not fitting the intervention, it is the intervention not meeting the needs of the individual and this can be changed. Undertaking this research increased awareness about ASCs on TC, the need to cater and respond to individual needs and has prompted thinking about further improvements.

#### *Limitations*

A positive relationship between researchers and participants is crucial in qualitative research to ensure safety, promote openness, and gain rich data. The current study was conducted during the COVID-19 pandemic necessitating the use of an online collection method which may have created distance in the researcher and participant relationship, reflecting a limitation. The COVID-19 pandemic created a stressful environment for potential and consenting participants which may have negatively impacted recruitment and the psychological mindedness of participants.

It was observed and mentioned by participants that they hesitated on 'what' their experience was or 'how' they communicated this with the language they used. ASCs being an acknowledged neurodevelopmental disability led to a fear of reprisal which was evident in

the practices of staff and was captured in the themes and mirrored in the participants as they spoke in interviews. It is observed that only participants who had an invested interest regarding ASCs volunteered. The nature of asking a difficult question, as is the case when exploring any protected characteristic, is likely to lead to some uncomfortableness. There is likely to be a difference in the data if those who were less invested had chosen to participate.

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