Experiences Of DTTO: The Person In The Process

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Abstract
This paper considers the findings of a research project within the London Probation Area in which participants in a Drug Treatment and Testing Order (DTTO) programme (both those who had completed and some who had not and were in custody) were asked what had best supported them. Their responses frequently reflected the importance of a good working relationship with supervising staff. If, as is envisaged, the Drug Rehabilitation Requirement (DRR) is operated more flexibly than DTTOs, an opportunity presents itself to re-sculpt criminal justice drug programmes, retaining aspects which are working and amending those which are not. This paper focuses particularly on the role which the working alliance might play in future programmes.

Introduction
The chance to revisit criminal justice services for drug using offenders comes on the heels of a number of key developments in the field. Three are particularly important: firstly, the findings of NTORS (Gossop et al 2001), which established that the process of drug treatment is effective in reducing drug using behaviour and that remaining in treatment for longer is important in embedding this change. Secondly, over the same period, results were emerging that suggested that such success could be achieved no matter what the impetus was which brought drug users into treatment and that voluntary entry into treatment was not essential to success (Hough 1996). Thirdly, NTORS (Gossop et al 2001) also established a ratio between treatment spend and criminal justice/health savings (1:3) which has been crucially influential. This is now even more the case as the ‘savings’ figure has recently been recalculated at £9.50 for every £1 spent. In short, if drug users can be led into treatment and their behaviour altered by the treatment they receive, the benefits in terms of financial saving and reduced victimisation are considerable.

These conclusions form the foundation upon which current drugs policy is based, and this vision is restated within ‘Tough Choices’ (Home Office 2006), the paper on the expansion of the drug interventions programme. Coercive powers have been increased by the Drugs Act (2005), leading to the presumption against bail and testing on arrest. Furthermore, the linking of drug treatment with a justice framework leads to a level of expenditure.

Maybe we will see a continued resurgence of interest in the development of professional relationships both between professionals (particularly in the growing multi-disciplinary and multi-agency settings) and with offenders as service users. Certainly some of the evolving literature around ‘desistance’ (Maruna and Farrall 2004, McNeill et al 2005) highlights the importance of the relationship and is increasingly being seen as a significant theoretical development in training programmes. Issues of training, management and measurement of effectiveness in the area of ‘relationships’ will need to be addressed if this is to be an effective resurgence of interest.

References
upon drug treatment that drug misusers could never command if they were in competition for scarce resources from within the health service.

Simultaneously, the probation service has been in the grip of the ‘Effective Practice Initiative’; since the publication of the Underdown report in 1998 (Underdown 1998) there has been a scramble to apply those methods which can offer an evidence base for a reduction in offending and the promotion of a pro-social lifestyle (McGuire 2000). More recently, there has been considerable criticism of an over reliance upon group programmes which pay little attention to individualised need and which have suffered significant rates of attrition (Merrington & Stanley 2004, Mair 2004, Roberts 2004, Hollin et al 2004). The DTTO has not been immune from such criticism. While evidence from the DTTO pilots suggests that completing a DTTO programme significantly reduces rates of re-offending (Turnbull et al 2002), DTTO programmes nationwide have suffered high attrition similar to other probation led programmes (Hough 2003).

However, research into effective probation practice continues to evolve. More specifically, research is emerging into the factors which support desistance (Maruna 2004, Farrall 2002) and into the role which the professional relationship plays in this process (Rex 1999, Trotter, 1999, Miller and Rollnick 2002, Burnett & McNeill 2005, Davies 2006). In relation to drug treatment, an understanding of the importance of this relationship – the “therapeutic alliance” (Murray 2005) – is rather more advanced. However, the largest body of research in this area has been conducted in America (Joe et al 1999 among others); while this suggests that the therapeutic alliance is a significant component of treatment (Murray 2005) these findings are yet to be replicated in the UK.

The small scale study discussed here sought the views of service users and staff regarding which aspects of DTTO arrangements supported a reduction in drug use. Participants and staff within our sample had many quibbles with the organisation and implementation of the drug treatment and testing order, but did not disagree fundamentally with the concepts and arrangements in place. Interesting views were expressed, for example regarding the enforcement of boundaries and interpersonal culture, which might inform changes. With numbers undertaking this sentencing option in some form set to rise and outcomes taking the place of starts as the measure of effectiveness, it becomes increasingly important to get the programme right. As the rhetoric of the Drug Strategy is played out, success in developing the DRR may be crucially important to probation’s continued viability as a service for offenders within the panoply of drug treatment.

**Groupwork vs. Individual Intervention: a false dichotomy?**

Much of the intervention of a DTTO is undertaken in a groupwork setting. Participants in this study had much to say about both the group and individual contact they experienced and these comments fit within an existing discourse. Raynor (2003) argues that, in relation to the implementation of evidence-based practice, organisational effort was concentrated on group rather than individual work since the former did not exist in standardised and consistent ways. Furthermore, Nellis (2005: 39) suggests that one to one work was sidelined by those wishing to ‘de-traditionalise’ the service (Nellis 2005: 39). Relationship-based practice and individual practitioner expertise, being difficult to regulate, were an impediment to the process. As a consequence of these forces, when evidence based practice was initially rolled out, the focus was on a narrow interpretation of ‘programme’ as being a group work intervention (McCullough 2004).

However, in the same way that Trotter (1999) argues that an empathic relationship while necessary for change, is not always sufficient (pro-social modelling and other, more directive, elements are also required) so the findings of this research indicate that while group work is valued highly by participants, so is one to one work (Burnett 2004). Participants in our sample spoke of the group work component of the DTTO as being of real quality but also valued the relationship with individual workers as the bedrock of their contact with the organisation. To argue the merits of one form of intervention is not to exclude the other.

Interpretations of the ‘What Works?’ research (Chapman and Hough 1998, McGuire 2002) acknowledge the importance of the worker’s ‘style’ to effectiveness. Approaches such as Motivational Interviewing, which place considerable emphasis on the relational aspects of motivation and human change, are supported in the evidence-based practice literature. Furthermore, skills such as role clarification and the legitimate exercise of authority are emphasised as important (Trotter 1999, Rex 1999).

It might therefore be argued that the implementation of evidence-based practice in probation has led to an unhelpful tension between group and individual work. This is ironic given the view of key interpreters of the research (Underdown 1998, Chapman and Hough 1998) who point to the inter-dependence of these two methods of engagement in effective practice.

**Professional Relationship in the Context of Managerialism**

The rise of evidence-based practice has coincided with the tightening of National Standards, increased emphasis on performance management and the emerging centrality of risk management. Bhui (2006) associates these changes with a managerialist agenda characterised by:

- a stress on efficiency, accelerated change, cost efficiency, performance and measurable ‘effectiveness’, a lack of trust in professional discretion, and a move towards the language of risk and away from that of welfare and rehabilitation (2006 P 186).

Whilst clear leadership and effective practice are absolutely desirable it is clear that there are aspects of a managerialist culture so described which sit uncomfortably with an emphasis on relationship as a component of effectiveness. This, combined with a style of case management approach emphasising brokerage, has tended to denote the role of listening, engagement, motivation, and encouragement in effective practice (Holt 2000,
It should be acknowledged that there have recently been some signs of reversal of this trend. Researchers have paid increasing attention to the relational aspects of implementation (Dowden and Andrews 2004). In addition, the NOMS Offender Management Model (NPS 2005) uses Dowden and Andrews’ (2004) structure of ‘Core Correctional Practice’ which incorporates “forming and working through warm, open and enthusiastic relationships” (2005 p13). Policy makers have placed more emphasis on ‘human service principles’ in offender management. The importance of both a consistent working relationship and a process of ‘end to end’ supervision are rising in prominence (NOMS 2005). These sentiments are echoed by management contributors to the study described in this article. Lessons are also being learnt from the rates of attrition from accredited groups (Roberts 2004, Kemshall and Canton 2002) and Smith (2004) has observed that:

research as well as intuition suggest that the quality of the relationship between helper and helped (or supervisor and supervisee) matters, perhaps as much as the content of the intervention, as a predictor of success or failure of efforts to help people change (p44).

This change in the ‘mood music’ of probation intervention resonates with findings in the wider drug treatment context. Earlier investigations into treatment efficacy have touched upon the ‘therapeutic alliance’ (Audit Commission 2002 and Audit Commission 2004) and have suggested that it is an important component of effectiveness. The Audit Commission (2004) acknowledged how hard relationship is to measure, but goes so far as to state that the fostering of relationship is a core skill of the probation service. This study throws light on the significance which service users themselves place upon the professional relationship and to suggest how practice might usefully be informed by their views.

**Methodology**

In gathering information the writers interviewed participants in two DTTO programmes. These programmes covered several London boroughs (Lambeth, Southwark & Lewisham and Haringey, Barnet & Enfield) in two clusters. During the course of the research period the clustered boroughs were in the process of disaggregation.

In total 14 DTTO participants were interviewed. Eleven of these had completed the programme successfully and three had not. Among the successful individuals interviewed two were women and the remainder men. All the unsuccessful interviewees were male. These interviewees were selected by London Probation Area staff and the researchers had no influence over the sample: staff in DTTO teams were asked to put forward the names of individuals whom they considered to have been successful in participating in or completing their order. Interviews with successful participants were undertaken at the local probation offices.

Unsuccessful participants were similarly identified by local probation staff and their subsequent route through the justice system was followed up. At the time of this study all these individuals were in custody and were interviewed in prison – on one occasion via a video link.

In addition to interviews with participants, the researchers sought the opinions of all grades of staff. Efforts were made to speak with all staff at each of the participating centres. However, actual responses depended upon staff members’ interest in the project. Three team interviews were conducted, on a semi-structured group basis, with staff and local managers at all of the participating DTTO sites. These groups were comprised of senior probation officers and probation officers as well as nursing and support staff. The views captured in these groups were analysed in isolation initially, before being compared with views gleaned from staff in other arenas. To augment the data gathered from groups, individual interviews were conducted with the case managers of each of the participants (a total of 10 interviews with 4 different staff) and with members of the senior management team at all levels who had responsibility for DTTO. Interviews were conducted with the two responsible senior probation officers, the Drug and Alcohol Development Manager and the Head of Service Delivery for DTTO. This data from staff was compared with the analysis of the interviews from participants.

The raw information, once gathered was analysed to identify the key themes within interview groups. Areas of agreement and of contrast were drawn out and each of the major themes to emerge are discussed in turn below.

Inevitably respondents focused upon what they felt worked for them and in reflecting their comments this paper is subject to some bias. Set against this bias is the fact that interviewees had considerable experience of treatment systems. The drug using and offending history of the participants was lengthy: all but one of the interviewees – both successful and unsuccessful - had attempted to cease their drug use on previous occasions. Such attempts had included the gamut of options: cold turkey, substitute prescribing or in-patient detox. As a consequence, interviewees were able to compare programmes and their impact. While their views ranged over a huge landscape, both staff and participants focused a considerable amount of attention upon the nature of the working relationship between probation officer/drugs worker and probationer. It is on this area which our paper will now focus.
The Importance of the People in the Process

Service users who participated in this study often expressed strong views about the working relationships they encountered in the course of their DTTOs.

The staff were tremendous – I must say that. The staff were brilliant.  
(Participant #12)

The probation order was a waste of time to tell you the truth. You were in and out in two minutes. They asked ‘have you been using?’ and I said ‘no’ and out I went. When I had of course been using…it was a total waste of time. There was no real genuine concern for my welfare.  
(Participant #1)

Comments such as these seem to echo both the findings of Hearnden et al (2000) that the credibility of staff amongst drug using probationers is undermined by a lack of substantial drugs knowledge and also those of Manua (2004) in highlighting the extent to which relationships with legitimate authority figures are valued by supervised offenders. In this section we report on the views of participants in the study regarding the ways in which the nature of working relationships influences the outcomes of DTTOs.

Clarity and Authority

All teams commented upon the high level of attrition which occurs during the early stages of orders. In this connection, staff also felt that the speedy building of a strong relationship between supervisors and probationer was important in reducing the likelihood of early drop-out. Supervisors described how the beginning of an order offers an opportunity to define expectations and commitment.

Setting foundation and theme. How they will be managed. Being clear throughout induction period [about] responsibilities [and] issues that hinder completion (Probation Officer).

This is seen as particularly important in the case of DTTO participants as their choice to undertake the programme, made in the face of a potential prison sentence, may not have been a fully informed one. Put plainly:

First of all they can’t understand what DTTO is all about  
(Probation Officer).

Confusion about the demands of a DTTO can clearly be one dynamic in early attrition and, additionally, staff also described some offenders as seeing themselves as ‘at loggerheads’ with a punitive regime. It is noteworthy that our successful interviewees did not highlight this tension as being an aspect of their own orders. It is possible that these individuals had overcome the challenge and internalised an understanding of both expectation and boundaries. For unsuccessful participants the absence of an early dialogue which included full attention to ‘role clarification’ (Trotter 1999) was perceived as a crucial factor in failure.

I got on there and the person who was doing the induction…was sick…so I had to wait three weeks for him to come back and when they did come back I was back in the same pattern (Participant #13).

a short introduction would have helped…as I didn’t have a clue what they were talking about (Participant #11).

It has long been recognised that, where people enter into change processes, and especially in contexts where demands supported by sanctions operate, there is a strong need to clarify and legitimise the relationships between those people and the staff. (Reid and Shyne 1969, Trotter 1999). The implications for practice of comments on this subject are explored in the next section. For now, we turn to other aspects of the working alliance referred to by participants when discussing attrition and the early days of a DTTO.

Engagement and Motivation

Comments such as those with which this section opened, echo the importance of the therapeutic alliance as outlined by the Audit Commission (Audit Commission 2004) and recent writings about the validity of relationship within a probation context (Rex 1999, NOMS 2005, Burnett & McNeill 2005). For many participants the consistent supportive feedback of professionals was crucial to maintaining involvement in the programme. On occasion these relationships appeared quasi-familial:

My probation officer is very proud of me. She has a photo of me on [her] table getting one of my certificates (Participant # 7).

Such investment, bordering on intimacy, is perhaps not surprising. In the context of drug treatment, staff are frequently working with individuals who are alienated from family and whose social networks are solely drug-orientated. At the same time, these people are attempting frightening and challenging changes. In this context of vulnerability and stress the need for robust support is likely to be great. There were indications that ‘positive regard’ in the professional relationship counteracted fear of change and supported the ability to persevere with the Order. (Biestek 1961, Bottoms and McWilliams 1979, Miller and Rollnick 2002) Certainly, ‘warmth’ and ‘genuineness’ (Rogers 1969) were keenly missed when absent:

Probation has changed – no time for you now…they used to listen to you – now you’re just a number. It’s just a question of enforcement. They wait for you to do something wrong then send you back to court. Or if you do need help they just refer you on to someone else (Participant #8).
It is perhaps worth restating that, in the context of a DTTO, relationship is both professional and functional – the objective of intervention being a reduction in drug use and in offending. Relationship is a tool to this end. Interviewees recognised this while simultaneously vesting the relationship with emotional weight:

People were nice. Probation Officer was lovely. They were worried – they cared. Even though it is a job for them (Participant #7).

Participants appeared to be aware of the changes which the probation service has undergone in recent years, but held on to the view that it is the relationship which is a lynchpin within the change process:

There's key workers but I've had four different ones – same with Social Workers and Probation Officers. You need the same person – one who's got time for you (Participant #8).

Although the emphasis so far has been on the relationship between the service user and their keyworker, participants in the study also highlighted the importance of the functioning of the DTTO staff team as a whole. For example, staff commented that empathy must be in the context of a unified staff group. In this way staff could identify themselves as working towards the same goals and could give consistent messages to participants (Trotter 1999, Cherry 2005):

Empathy needs to be consistent across the staff group – gets the message across that you are working to the same goal (Probation Officer).

The views of participants backed this up with the majority highlighting consistency as being important:

They are really good, supportive – no negative treatment from anybody. Go out of their way to be encouraging, nurturing. All the staff have been very good (Participant #3).

Overall it must be noted that, while staff emphasised the solidarity of the team, participants seemed to see themselves as being primarily in a relationship with a single individual:

You know these people – all that trust. Trust is a massive thing (Participant #11)

Reflecting the essential nature of enforcement and testing in the DTTO process, both staff and service users referred to them frequently. Certainly they are sites where relationship might come under strain or threat and it is to these issues that we turn next.

Enforcement
Perhaps unsurprisingly, the issue of consistency was brought into sharpest focus when interviewees from all groups discussed the issue of enforcement. The nature of addictions means that the consistency involved in National Standards will sometimes be at odds with the flexibility required to ‘hold’ someone in treatment. This is likely to be especially true in the early stages as is illustrated by a participant’s comment below:

If I had known there was leeway I would have exploited it at first but not later on. You get used to it (Participant #1).

DTTO participants stressed the importance of structure and boundaries in relation to enforcement. Indeed these were generally welcomed as appropriate and facilitative:

I got breached 3 times for my behaviour on the group. It did me good as it happens. The breaches were breach and continue. I was allowed to continue because I had made exceptional progress in staying clean (Participant #11).

More relaxed timekeeping would make it easier. But then I realised the reasons for it – prevents people taking advantage. When someone is late it affects the whole group (Participant #3).

It was also the case that the holding of boundaries (regarding punctuality and drug use for example) by DTTO staff and case managers was valued in the working relationship. Service Users were able, in their processes of change, to make use of the structures offered by routines and goals and appreciated these being adhered to seriously by staff. There was evidence of ‘normative compliance’ (as well as habitual or routine-based compliance) (Bottoms 2001, Rex 1999) as participants spoke of responding to the commitment of staff with commitment of their own.

It was not the strictness of the regime which gave participants cause for concern but rather the idea that sanctions must be fair yet still able to take into account the needs of the individual:

In the beginning we were given the rules. We knew there was no variation on them. [This was not a problem for me] but for others who take drugs timekeeping is not very accurate. My timekeeping is very good but I could see it was a problem for others of the group. I think the leeway was there for genuine reasons (Participant #3).

(PO) was a bit flexible. If he wasn’t he could have threw me back to prison and where would I be? I wouldn’t be 6 months clean down the line. So a bit of flexibility would help, definitely. Obviously you can’t take the piss (Participant # 5).
Experiences Of DTTO: The Person In The Process

Karen Mills, Keith Davies and Susan Brooks

For staff the issues centred on the extent to which enforcement helps or hinders the treatment regime. Nevertheless the staff group also stressed the importance of consistency, reliability and fairness in relation to treatment and enforcement:

There should be structure and boundaries – not forever shifting so clients know what’s what (Probation Officer).

There needs to be consistency and assertiveness – from everyone (magistrates to workers). Not to be a despot but being clear about boundaries and following them through – then there’s a much better chance of someone completing a DTTO (Probation Officer).

There was recognition by DTTO staff that too rigid enforcement hinders the ability of individuals to comply and complete successfully and that a graduated response to non-compliance is needed. However, staff were conscious of the inherent tension here and the complexity involved in being truly responsive to individual need while conveying a message which is consistent and transparent to all participants.

Rigidity of enforcement and breach were also seen as detrimental to successful completion by a senior manager, who pointed to the increased flexibility of the DRR in being able to count a variety of activities as treatment such as going to the gym, language training etc. However, he commented that:

This needs POs to think out of the box and will involve more time and effort. It will require the Case Manager to think about what is going to make this order work (Senior Probation Officer).

Interestingly, then, both service users and staff were convinced of the therapeutic value of enforcement and understood this as the holding of legitimate boundaries, however tricky that task might be in practice.

Testing

As with enforcement, testing was perceived by staff and participants alike as a therapeutic tool. There was some frustration amongst staff that the instrument of testing is a blunt one and that stabilisation and reduction were not reflected in a test which marks only positive or negative screening. This was not echoed to any great extent amongst participants. While some individuals simply saw the tests as something which has “got to be done,” the majority incorporated them into their armoury of supports:

I like getting negative results, and ‘cos you know you’ve got to give a sample it makes you try ‘cos you want to give a clean sample (Participant #5).

Knowing I was going to be tested helped reduce me (Participant #4).

Some interviewees commented on the fact that becoming drug free is a process. DTTO staff were perceived as collaborating with probationers towards this achievement:

I did the whole year. It wasn’t about being clean the whole year. There were three months when I was using. They worked with me and I was able to turn it around (Participant #8).

Testing here creates a framework of goals to work towards and encourages motivation through monitoring and recognition.

By the same token, staff did comment that regular positive tests ought to be challenged via the enforcement process of the order, some expressing frustration that this is not currently possible since a positive test, while indicative of progress at review meetings, is not of itself a breach of the order. Some participants agreed:

I think at first I was trying to keep it down. But after they dipped a couple of samples and they were going, ‘Ah! Positive!’ and weren’t saying nothing to me, even in the key-work. I was sitting there thinking ‘this is a joke’. Just go there…do whatever you’re doing (Participant #13).

Certainly, testing lost therapeutic value when it was carried out mechanistically:

You don’t necessarily have to be clean. It’s about turning up, not being clean (Participant #8).

However, in thoughtful and complex responses, interviewees suggested that tests were, at their best, an aspect of the therapeutic process and that working with this process actively was an important intervention in its own right. The reflections of an unsuccessful participant exemplified this:

You have to have testing. There was a client who struggled for about 3 months to give a negative and when she gave her first negative it was like her birthday, Christmas and Santa Claus all come at once and we were all happy for her and if you saw the joy on her face because she had actually achieved something she thought she couldn’t do. You have to have it there – not just for the government figures – but for us as well. It’s like we’re in a competition about who can give the most negatives. It was all good camaraderie – I get strength from her and she gets strength from me. Don’t take them away (Participant #12).

Ending the Relationship: Developing External Supports

So far we have concentrated on dynamics with the DTTO Unit itself but the poverty and social exclusion which are factors in driving individuals towards drug use have been well documented over a long period (Yates 2002, McGregor 2001, Buchanan 2006a among
many others). Elsewhere Buchanan (2006b) comments on the pernicious nature of this exclusion, which confines individuals within an underclass, refusing to allow former drug users to return to the mainstream community and thereby increasing the chances of relapse.

It is significant that staff and participants alike pointed out that structure and support are withdrawn from DTTO service users just as they are succeeding within the order. This severing of support is particularly pertinent in the light of the relationships formed during the DRR:

When you are doing well you get less attention – less contact with staff. So I didn’t get the support when I needed it most. You get looked over. It’s because they’ve got so much to do they’re glad when they don’t have to see you so much (Participant #8).

Staff observed that this situation impacts most forcefully upon those participants who are successful, where orders are – justifiably – discharged early but that the individual leaves court with no ongoing support; potentially undermining the progress made:

People enjoy the day programme and when it finishes…People are aghast at the loss (Probation Officer).

Several participants commented upon this specifically:

The cut off time is a bit scary. One minute there’s a network there and the next minute its cut off (Participant #11).

Staff were asked how the DRR might be reconfigured in order to address this breakdown of support and assist completers of the programme in cementing community links. Team members envisaged the ideal of a three stage process within the DRR:

The ideal model is 3 phases: 1. Intensive; 2. Move on; 3. Aftercare. Not necessarily provided in house but in the local community e.g. Job Centres, employment training agencies, college courses, probation basic skills providers, progress to work (Probation Officer).

The structured and supportive quality of the DTTO Unit and the relationships sustained within it throw into relief the need for aftercare and a planned progress towards sustainable, informal supports. If programme providers aim at cementing the change which a DTTO can bring, the structuring and management of aftercare is an arena in which the service might usefully engage:

If I don’t get the help I need then I’m going to be back. So they need to put in help for people who are clean to stop them coming back (Participant #8).

**Implications for Practice**

The views of the DTTO service users and staff involved in this study indicate both the potential in this approach to substance misuse and ways in which practice might usefully develop.

**Relationship and Staffing**

The DTTO approach creates a ‘community’ of substance misusers and staff connected through a pattern of relationships. The comments of participants show clearly how strongly both the nature of those relationships and the culture of the community affects their progress. Choosing to work through a ‘community’, through groups and through relationships implies a theorising of these ways of working as well as the provision of sufficient resources for effectiveness. It is less a change in practice which flows from this than one of emphasis.

Consideration could be given to using a period of induction to select and establish the most effective probationer/worker relationship. Participants referred not only to consistency of personnel in relation to the working alliance but also to the dynamics of similarity and difference. One failed participant commented that he had a pressing emotional issue and did not feel able to discuss this with a male worker.

It is by no means usual practice to allow probationers any input into the ‘choice’ of relationship with their keyworker/probation officer. Our suggestion does not imply that the view of the service user – no matter how prejudiced – should hold sway. However DTTO/DRR attendees spend a great deal of time at probation offices. As has been shown both staff and offenders hold the warmth and genuineness of the relationship in high esteem. With this in mind some consideration might be given to cementing this from the first and to including DTTO / DRR participants in the process of allocation.

Participants indicate that effective relationships are characterised by genuineness in care as well as a purposeful attitude and firmly held boundaries. They set a premium on consistency of personnel in relation to the working alliance but also to the dynamics of similarity and difference. One failed participant commented that he had a pressing emotional issue and did not feel able to discuss this with a male worker.

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Participants indicate that effective relationships are characterised by genuineness in care as well as a purposeful attitude and firmly held boundaries. They set a premium on consistency of approach across the team. In some ways traditional, these practice approaches are, nevertheless, being developed by such writers as Burnett (2004), Trotter (1999) and Miller and Rollnick (2002). A literature is available and its importance is increasingly recognised (NOMS 2005).

However, there are implications for staffing levels arising from the centrality of high quality working relationships and the time needed to establish and maintain them. This is particularly pertinent in relation to the interdisciplinary DTTO/DRR teams. There are also implications for the training of staff in relationship-based work and for the maintenance of levels of supervision for staff working with the challenges of boundary setting, the emotional distresses of the recovery process and the often demanding nature of group dynamics.
Maintaining the integrity and effectiveness of DTTO / DRR programmes while refining their content and operation has an undoubted cost. However, it must be set against the cost of attrition and relapse.

Enforcement and testing

Participants in the study tended to endorse the firm enforcement of the terms of DTTO orders and ‘Unit rules.’ This is, of course, a legal requirement but, interestingly, service users mentioned both enforcement and testing in the context of motivation and the achievement of a sense of progress. In one case, the testing framework provided an opportunity for a group marking and celebration of a negative test as a milestone in recovery. In the light of this, there may be scope for a schedule of graduated rewards for negative tests and for the establishment of a drug-free group for those producing negative tests over an agreed period. The intention here would be to enhance the enforcement arrangements by adding the potential for rewards to a system principally featuring sanctions. There may be much to be gained from making use of the DTTO community to ritualise the conferment of rewards, particularly in the light of research emphasising the degree to which substance-misusers’ identities are spoiled by responses to their behaviours and the importance to the maintenance of recovery of restoring the identity (McIntosh and McKeganey 2000).

Further, a sequential scheme of warnings might operate in response to positive tests and behaviour detrimental to the group. The aim here would be to build in time and a framework within which to respond to the noting of unwanted behaviours, to formalise the operation of flexibility and to augment the legitimacy of authority within the unit.

Aftercare

Comments made both by service users and staff drew attention to the final stages of DTTOs. Typically these noted an abruptness in ending which was unhelpful in maintaining progress. Contributions pointed out how service users leaving the Unit missed the emotional support deriving from the relationships formed there and the assistance in structuring time. Of course, DTTOs are structured in ways which support the making of links with community groups and employment opportunities. However, there may be some indication that the transition from the inter-personal intensity of the Order could be managed in a more graduated way.

Furthermore the above discussion and the suggestions of participants indicate that the ‘induction’ and ‘intensive’ phases of the DTTO should be followed by periods of ‘move on’ and ‘aftercare’. The ‘move on’ phase, included in the time of the Order, would feature systematic planning for life after the DTTO, an intensive focus on establishing relationships with relevant other agencies and a graduated lessening of attendance. The demands of National Standards might usefully be harnessed during this period by attendance at community agencies.

The aftercare period, where primary relationships are with other agencies and informal groups, would allow for limited voluntary access to the DTTO community perhaps at designated meals or in an emergency. In this way a sense of continuity and of value is conferred upon the process.

Conclusion

The past ten years has been a time of rapid change for both the probation service and in drug treatment. Key tenets of intervention have been revisited and a series of supposedly inalienable truths have been overturned. As a consequence debate has flourished as to the most appropriate interface between targeted interventions and relationship-based work.

In commenting upon where this boundary lies, participants and staff in this study offered some useful observations: that active attention should be given to introduction to the programme and to some form of key worker from the outset and that the emotional investment of participants in this relationship is significant - the operation of pro-social modelling writ large - as participants reconfigure their whole lives. However, these professional relationships are not simply permissive. Participants viewed the strictures of enforcement and testing as actively assistive – provided there is transparency and equity in their application. Probation and treatment interventions are nested within wider social and economic contexts. Both staff and participants recognised the importance of embedding service users within community supports to capitalise upon the treatment gains which had been made.

The implementation of these suggestions requires investments at both policy and practice levels: making a choice to invest in initiatives which are harder to measure and in employing skills which are more diffuse. As a consequence the landscape will continue to change as ‘hard’ evidence vies with ‘soft’ skills within programmes. Nevertheless, after some years in the wilderness, and despite the continued buffets of the political arena, the working alliance appears to be coming home. It would seem from the views and comments of these DTTO participants that it has never been away.
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20
21
INSIDERS OR OUTSIDERS: DIFFERING PERSPECTIVES ON THE DELIVERY OF DRUG SERVICES IN PRISONS

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Abstract

This article explores the delivery of drug services in prisons and considers whether prison officers or civilian drug workers should deliver these services. The data is based on a study undertaken by the Centre for Ethnicity and Health in association with the Home Office Drug Strategy Unit in 2004. Prison drug service commissioners, planners and providers provided details of the drug services via a self-completion questionnaire. Additionally, 334 respondents including prisoners, ex-prisoners, prison officers, drug workers and members of the independent monitoring board were interviewed. The findings indicate barriers to accessibility due to inadequate environments for delivering drug services, the attitudes of prison officers, the dual roles of prison officers delivering drug services and inadequate training of staff. Whilst a service delivered by civilian drug workers would address most of these concerns, this article considers the measures that would increase the accessibility of the service as it is presently delivered.

Key Words: Prisons, Drugs, Drug services, Accessibility, Rehabilitation.

Introduction

The relationship between drugs and crime has been the subject of a great deal of research both in the UK and worldwide. Research has indicated that many prisoners in the UK have serious drug problems, which are often related to their offending behaviour (Burrows et al. 2001). This pattern is mirrored in many other European countries, the US and Australia. It is reported that ninety percent of prisoners in the EU (EMCDDA, 2000), and two-thirds of those in the USA (Inciardi et al., 1997) have used illicit drugs. In a study conducted by DUCO in Australia (2003) sixty eight percent of female prisoners in the sample were classified as dependent on alcohol and/or drugs, a finding corroborated by McSweeney et al. (2002). Evidence about the levels of problematic drug use amongst offenders has been a significant driver of drug policy changes in many countries including the UK, and has led to a general expansion in both the range and size of drug service provision in prisons.