RESEARCH ARTICLE

What do prisoners want? Current concerns of adult male prisoners

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Recently, positive approaches to offender rehabilitation, focusing upon offenders’ strengths, have gained prominence. Proponents have criticized existing rehabilitation models as focusing too much on offenders’ deficits. Goal perspectives, which provide a structure for therapy, may unite these two approaches. The Personal Concerns Inventory: Offender Adaptation (PCI:OA) is a semi-structured interview that identifies offenders’ current concerns or goals. The goals identified by a sample of 129 convicted adult male prisoners are reported here. A range of positive, anti-criminal goals were expressed, including stopping offending, improving self-control, finding and keeping jobs, having stable accommodation, quitting drink and drugs, changing support networks, and finding new leisure pursuits. Furthermore, prisoners expressed life-enhancing goals, such as improving their lifestyle, gaining work experience, having good family relationships, gaining skills, and getting fit and healthy. The PCI:OA may prove useful as a motivational procedure, a basis for developing positive, goal-focused interventions, and a tool for outcome evaluation.

Keywords: prisoners; goals; motivation; rehabilitation; risk–needs–responsivity; good lives model

Introduction

Over the past two decades, from the body of research that comprises the ‘What Works?’ movement, principles of effective practice in offender rehabilitation have been identified (Andrews, 1995). By now, these are surely integral to the work of most practitioners in correctional services, often guided by programme accreditation processes and audits of service delivery. Alongside the proliferation of programmes, service development and outcome evaluations, there has additionally been growing attention to the theoretical aspects of offender rehabilitation.

Still the major player in the field is the risk–needs–responsivity (RNR) model (Andrews & Bonta, 2003; Andrews, Bonta, & Wormith, 2006). In this, empirically-supported risk factors for reoffending are identified and viewed as needs for intervention and/or management, and services should be delivered to suit specific characteristics of the recipient, for example age, gender, ethnicity, motivation, ability, and personality. Treatments that adhere to the principles of the RNR model, which is underpinned by psychological theories of criminal conduct, are effective in reducing recidivism (Andrews et al., 2006).

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Nevertheless, the RNR model’s focus on risk and criminogenic needs (i.e. those related to offending) has attracted criticism because of the emphasis on the offender’s deficits (Maruna & LeBel, 2003; Ward, Melser, & Yates, 2007; Ward & Stewart, 2003). In tune with the Zeitgeist of ‘positive psychology’, which focuses on the study of people’s strengths rather than their deficits (Seligman & Csikszentmihalyi, 2000), positive approaches to rehabilitation and resettlement are emerging. Drawing upon principles of restorative justice, Maruna and LeBel (2003) have backed a strengths-based approach to the rehabilitation and resettlement of offenders, focusing on the positive contribution a person can make to society. This approach, they say, is not new but has had waxed and waned in popularity over the decades.

In similar positive vein, Ward and colleagues (Ward, 2002; Ward & Brown, 2004; Ward & Stewart, 2003) have developed the Good Lives Model (GLM) of offender rehabilitation, which focuses on helping offenders attain satisfaction in a range of life areas rather than focusing purely on reducing risk. The underlying principle is that offenders, as all human beings, seek satisfaction in certain life areas that are the essential ingredients of human well-being, but that the offender seeks satisfaction in problematic or distorted ways. In interventions, the offender should be assisted to develop the skills and resources, building on existing preferences, strengths, and opportunities, to equip him or her to live a more fulfilling and offence-free life.

Although the GLM has been roundly criticized as lacking in empirical support (Bonta & Andrews, 2003), the notion of working positively and holistically with offenders has currency, particularly with regard to motivation to engage in treatments and change behaviour (e.g. Fernandez, 2006; Maguire & Raynor, 2006). Among other things, positive and holistic approaches require attention to what the offender considers to be his or her treatment and rehabilitation needs. That is, what are the offender’s goals?

Goal perspectives have proven useful in conceptualizing motivation and structuring psychological therapies (Karoly, 1993, 1999; Michalak & Grosse Holtforth, 2006). In evolutionary terms, goals are specific representations of what is needed for survival, and goal pursuit refers to the range of activities employed in the quest for goal attainment (Klinger, 2006). Maslow (1943) proposed a hierarchy of needs from basic physiological needs (e.g. oxygen, food, water), through higher order needs for safety, belonging, esteem, and self-actualization. Personal goals are what give purpose, structure and meaning to a person’s life, and well-being is experienced when there is commitment to goal attainment, goals are achievable, and goals meet the individual’s explicit and implicit needs (Michalak & Grosse Holtforth, 2006).

In goal-based psychological therapies, attention is paid to matters such as the number, range and content of personal goals; conflict or coherence among goals; whether they are externally imposed or internally driven; their level of specificity or abstraction; whether goals are positive and appetitive or avoidance goals aimed at negative reinforcement; their likely attainability; and whether they actually satisfy a person’s fundamental needs (Michalak & Grosse Holtforth, 2006). In terms of offender rehabilitation, the goal construct may prove useful in two ways. First, the goal perspective is one way to operationalize the GLM for practical application and empirical investigation (McMurran & Ward, 2004). Second, the levels of goals may indicate where GLM and other strength-based approaches, and RNR contribute to a holistic approach to well-being.

One specific theory of motivation in which goal-striving plays a central role is the Theory of Current Concerns (TCC), developed originally to understand problem drinking (Klinger & Cox, 2004a). Within this framework, goal pursuit is referred to as a ‘current concern’, which represents the conscious and subconscious cognitive and affective
processes required for becoming committed to pursuing a particular goal to the point of either goal attainment or giving up on the goal. Hence, a current concern is a latent, time-binding process initiated when one becomes committed to a goal and ending when a goal pursuit is terminated.

Cox and Klinger (2004a) identified 11 life areas in which most people aim for satisfaction: (1) Home and household matters, (2) Employment and finances, (3) Partner, family and relatives, (4) Friends and acquaintances, (5) Love, intimacy and sexual matters, (6) Self-changes, (7) Education and training, (8) Health and medical matters, (9) Substance use, (10) Spiritual matters, and (11) Hobbies, pastimes and recreation. These life areas are highly similar to the so-called ‘primary human goods’ (i.e. valued aspects of human functioning and living) identified by Ward and Brown (2004).

In research with substance abusers to investigate motivational structure, that is characteristic of the individual’s goals in each of the life areas, Cox and Klinger (2002; Klinger & Cox, 2004b) developed the Personal Concerns Inventory (PCI). Empirical investigations of motivational structure through asking people to identify their goals and rate them in terms of their value, attainability, and imminence have revealed adaptive and maladaptive motivational profiles (Cox, Blount, Bair, & Hosier, 2000; Cox et al., 2002). The adaptive motivation factor is characterized by high perceived likelihood of goal attainment, expected happiness when goals are attained, and commitment to goal striving. The maladaptive motivation factor is characterized by holding the goals low in importance, expecting no great amount of happiness at goal achievement, and having low commitment to goals. The adaptive factor has been identified as inversely predictive of quantities drunk in problem-drinking members of student populations (Cox et al., 2002) and positively predictive of readiness to change in people in substance misuse treatment (Cox et al., 2000).

The PCI has been adapted for use with offenders – the PCI: Offender Adaptation (PCI:OA; Sellen, McMurran, Cox, Theodosi, & Klinger, 2006; Sellen, McMurran, Theodosi, Cox, & Klinger, submitted). Like the PCI, the PCI:OA is a semi-structured interview that asks respondents to identify goals in life areas and then to rate these goals in terms of their value, attainability, and imminence. Hence, qualitative information is collected by asking people to identify and describe their goals, and quantitative information is gathered by asking individuals to rate each of their goals on a number of rating scales. Analysis of PCI:OA data from a sample of male prisoners has identified adaptive and maladaptive motivational profiles similar to the original PCI (Sellen et al., 2006), suggesting that this may be a useful instrument for understanding offenders’ motivational structure.

Examining motivational structure is important, but so too is the examination of actual goals to see how well they relate to fulfilling human needs and, in the case of offenders, how closely they match the needs identified for them by the professionals involved in rehabilitation. Here, the purpose is to examine offenders’ goals as identified in the process of completing the PCI:OA. That is, what are offenders’ current concerns?

Method

Participants

The study was approved by HM Prison Service’s Area Psychologist for Wales and the Prison Governor. The nature of the study and the limits of confidentiality were explained and participants provided written consent upon agreeing to take part. Participants were
129 convicted adult males in a UK (Wales) prison. These were recruited for the validation of the PCI:OA (Sellen et al., submitted) and included those engaged in offender treatment programmes, attending education, and a project aimed at directing them into education or work. The mean age of this sample was 30.10 (SD = 7.40) years. Most were White British (n = 117, 90.70%) and single (n = 87, 67.44%). The mean sentence length was 38.23 (SD = 41.56) months. Almost half had an index offence of violence (n = 62, 48.06%), one-fifth an acquisitive offence (n = 26, 20.25%), and the remainder vehicle offences (n = 18, 13.95%), drug offences (n = 13, 10.08%), and other offences (n = 10, 7.75%).

Analysis and reporting
The PCI:OA collects information within life areas and the purpose here was to collate the information within these broad classes to clarify what concerns prisoners have. The researcher (ET), who conducted the PCI:OA interviews and so was highly familiar with the information, performed the thematic analysis manually (Goodley, Lawthorn, Tindall, Tobbell, & Wetherell, 2003). Transcripts were read thoroughly and themes were highlighted. In order to qualify as a theme, the excerpt had to be a sentence or longer, thus forming a ‘quote’, and there was no limit to the number of themes that could be identified. The information is presented here by life area, in decreasing order of the number of concerns generated. Within each life area, concerns that share commonalities are organized into themes. Where it is likely to assist in conveying meaning, a quote from the transcripts is provided. The number of concerns elicited in each life area and theme are presented in parentheses.

Results
Numbers of current concerns
The mean number of current concerns identified by the sample was 7.53 (SD = 4.12; range 1–22), across a mean 5.84 life areas (SD = 2.49; range 1–12).

Types of current concerns
The Self-changes life area elicited the greatest number of concerns (138). These fell into two themes: Increasing self-control (78) and Making self-improvements (60). Increasing self-control was predominantly about controlling drink and drug use (28), stopping offending (15), being more committed to prosocial goals (13), temper control (11), controlling impulsivity (10), and countering self-destructiveness (1). Making self-improvements included settling down (16), having a more positive outlook (13), improving health (12), increasing confidence (10), and increasing self-understanding (9).

Concerns in the Employment and finances area totalled 134. Employment elicited 109 concerns: Wanting a job (67), wanting to hold down a job (18), wanting to become self-employed (17), wanting to gain work experience (7), and wanting a better work–life balance (1). Finance elicited 24 concerns regarding beginning to save, opening a bank account, and managing domestic accounts.

The life area Partner, family and relatives elicited 122 concerns in two themes: Increasing family coherence (91) and Improving intimate relationships (31). Increasing family coherence included reducing family friction (42), e.g. ‘I’ve not spoken to my brother for 4 years. He’s not forgiven me from changing dealing pills to crack . . . Would like to sort
things out with my brother’, being a better father (35), helping family members with their problems (10), and making family members proud (5), e.g. ‘Had a girlfriend for about 3½ years, most of the time have been in prison, feel gutted. I’d like to make my mum, Nan, little boy proud’. Improving intimate relationships included settling with a current partner, e.g. ‘I would like to marry my girlfriend’, finding a new partner (12), and extricating oneself from complicated situations (3), e.g. ‘Split up with ex ‘cos came in here. Was seeing ex’s friend too, shouldn’t have done that. They want me back, I don’t want them. Would like to be on my own when I get out’.

Concerns elicited in the Education and training area totalled 95 and fell into three themes: Getting qualifications (71), Increasing knowledge and skills without acquiring qualifications (22), e.g. ‘I read and write a bit, but I would like to start learning properly’, and Career development (2).

There were 89 concerns in the Home and household area in three themes: Home ownership (64), e.g. ‘I was living with my mum and younger brother before. I used to go out and get drunk as she was on my case about getting a job. I would like to get my own place’, Making changes to where or with whom one lives (19), e.g. ‘Living in girlfriend’s area. I still bump into people associated with crime. I’d like to move out of the area when I have the money’, and Maintaining an existing home (6), e.g. ‘Would like for them [authorities] not to take the house so it’s there when I get out.’

The Substance use area generated 72 concerns in three themes: Quit drink or drugs (40), Reduce drink or drugs (19), or Maintain current ‘clean’ status (13), e.g. ‘Previously I was using heroin, cannabis and speed. I got clean in here. Would like to stay off all drugs’.

The Offending life area generated 65 concerns, all related to not reoffending, e.g. ‘Thought I’d stay out of trouble this time but I didn’t. Would like … to stay out of trouble and get on with my life for good’ and ‘My offending has had a good side because it’s made me realize I’ve got a problem and need to address it. I would like to address my problem with anger and get out’.

The life area Friends and acquaintances generated 59 concerns, all related to changing previous social networks, e.g. ‘Would like to stay away from people I get in trouble with’, ‘Want to meet decent friends, not acquaintances’, and ‘Get my old friends back, ones I had before I started using heroin’.

There were 53 concerns in the Health and medical matters area in two themes: Improve physical and mental health (34), e.g. ‘I’ve stopped smoking, I’m not drinking and I’ve read up on nutrition. Would like … to keep training and keep fit’, and ‘Get panic attacks; I’d like help with my nerves’ and Access medical services (29), e.g. ‘I’m Hepatitis C positive. I was seeing a professor about it, but then I came back here’.

A total of 51 concerns about Hobbies, pastimes and recreation fell into three themes: Finding new hobbies (24), e.g. ‘If I’m unsure or bored I’m more likely to take drugs. I’d like to find new activities to occupy my time’, Resume old hobbies (15), e.g. ‘Would like … to return to good chilled things in life like jogging and music’, and Involving one’s family in hobbies (12), e.g. ‘I’d like to take my daughter to more places she’d enjoy’.

The Current living arrangements area elicited 41 concerns in two themes. Regarding the first theme, Wanting better facilities in prison (39), some concerns could be construed as goals that are at least partially under the respondent’s control, e.g. ‘I would like a single cell on an enhanced wing’, but many were wishes that were beyond personal control, e.g. ‘Banged up at 3.30 pm on a Saturday. I’d like longer association at the weekend’ and ‘I’d like better food and more of a variety’. The second theme was Community living arrangements (2) in which problems with the respondent’s residence outside prison were
mentioned, e.g. ‘My girlfriend needs to sort out problems so that I can go there. I’d like girlfriend to straighten up so I can live happily and stress-free’.

There were 26 concerns expressed in the *Love, intimacy and sexual matters* life area, in three themes: Settle with new partner (12), Improve an existing relationship (7), e.g. ‘Change my attitude towards my missus, spend more time with her’, and Maintain existing relationship (7), e.g. ‘I miss my girlfriend and would like to be able to get out and see her’.

Thirteen concerns were expressed in the *Spiritual matters* life area, falling into two themes: Increase religious practice (10), e.g. ‘I would like to carry on with Church when out’ and ‘I would like to become more of a practising Muslim’; and Make amends (3), e.g. ‘I’ve done a lot of bad things and would like to make amends’.

Participants were asked for any other concerns not covered in the main life areas. These included getting a driving licence, additional family concerns, engaging in charity work, and progressing through the prison system and through life.

**Discussion**

The information presented here indicates that prisoners readily identify concerns in the life areas addressed by the PCI:OA. Although situational demands make it unlikely that prisoners would express antisocial goals, they do express a range of positive, anti-criminal goals. These goals are consistent with the targets of treatment that are identified in the research literature (Andrews & Bonta, 2003). Prisoners say they want to stop offending, and are aware that to do this they need to be self-controlled, find and keep jobs, have stable accommodation, quit drink and drugs, change support networks, and find new leisure pursuits. Hence, in response to a query about concordance posed by Maguire and Raynor (2006), prisoners seem to want what professionals think they need in rehabilitation.

Furthermore, consistent with the GLM, prisoners express life-enhancing goals, such as wanting a better lifestyle, gaining work experience, having good family relationships, gaining skills, and getting fit and healthy. These aspirations translate into approach goals which are likely to provide the rewards, or, more broadly, the meaning in life (Ward & Marshall, 2007), that sustain a person in setting and persisting with the avoidance goals that are common in the RNR model.

The PCI:OA may, therefore, be a useful way to elicit prisoners’ goals, and, furthermore, administering the PCI:OA appears to be a motivational procedure. Some preliminary evidence suggests that the PCI:OA interview procedure may motivate prisoners into considering entering treatment (Theodosi & McMurran, 2006). Motivation may be enhanced because in the PCI:OA interview individuals generate their own goals rather than have others’ goals foist upon them. This increases feelings of autonomy and control, which are key elements of desistance from crime (Maruna, 2001). Additionally, the interview procedure may enhance motivation because it helps improve goal clarity and specificity, both of which are associated with goal striving (Locke, 1996). Prisoners say that working through the life areas and breaking down overwhelmingly large problems into more manageable goals makes them feel more capable of change (Sellen et al., 2006).

Clearly, the PCI:OA interview could be used as a basis for developing a goal-focused approach to offender treatment and rehabilitation. Systematic Motivational Counselling (SMC; Cox & Klinger, 2004b) uses the goals identified in the PCI as a framework for therapy, identifying maladaptive motivational patterns and restructuring these to promote more adaptive ways of achieving goals. Evaluation of SMC has shown it to be effective in improving motivational structure and reducing substance abuse (Cox et al., 2003). SMC could be developed for use with offenders.
Furthermore, the PCI:OA offers a potential means of evaluating therapy. As a validated assessment instrument, the PCI:OA could be used to examine offenders’ motivational structure, how this changes as a result of treatment or rehabilitation interventions, and how these relate to later offending. The data presented here suggest that the PCI:OA could be streamlined. Overlap in concerns produced across life areas was evident, for example, in the areas Partner, family and relatives and Love, intimacy and sexual matters. Also, concerns about the areas of Substance use and Offending were often produced in the Self-changes area.

There are limitations to this research. As mentioned earlier, situational demands mean that prisoners likely feel unable to express antisocial goals, and so the exclusively positive findings in this study may be somewhat artefactual. Also, responses were to some degree constrained by providing the areas in which concerns could be identified (although there is an Other category), hence the concerns generated may not be representative of all areas in which prisoners have aspirations.

This research focused exclusively on adult males who were mainly white British. The findings may not pertain to other populations, such as women, adolescents, and prisoners from other ethnic groups. Despite these limitations, the findings presented here suggest that the PCI:OA may be a useful measure of offenders’ goals, may be a motivational procedure, could form the basis for goal-focused rehabilitative interventions, and would be one tool for evaluating interventions.

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