University of Southampton

Faculty of Environmental and Life Sciences

School of Psychology

Exploring experiences within 'Fusion' and Prison-Based Democratic Therapeutic Communities

by

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Thesis for the degree of Doctorate in Clinical Psychology

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Abstract

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Therapeutic Communities (TCs) are interventions that have been established for many decades but were properly first acknowledged during the Second World War. They are structured environments that serve to help rehabilitate individuals with a range of mental health difficulties, in a range of settings. Over time, TCs have evolved to fit in with the social and economic climate and the needs of individual populations. Originally established as residential interventions, new types of TC have formed to create non-residential versions that exist in community settings. Research investigating how people experience TCs can help to inform the intervention and develop existing TC theory.

Chapter One is a qualitative systematic review and thematic synthesis exploring the experiences of residents within Prison-based Democratic Therapeutic Communities (DTCs). Eleven papers were identified. Inductive thematic synthesis identified three main themes with four subthemes: (1) The Importance of Safety in the Therapeutic Environment, (2) Opening Up to Vulnerability and (3) Life Within and Beyond the DTC.

Chapter Two is an empirical investigation exploring the mechanisms of change in a community-based non-residential 'fusion' Therapeutic Community (TC), with two community sites. This was done through conducting semi-structured interviews to explore lived experiences of active members and graduates. Three themes were identified: (1) Being Emotionally Vulnerable, (2) Navigating Relationships Within the Group and (3) Engaging in Co-production.

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Research Thesis: Declaration of Authorship

Print name: Candida Rebecca Fernandes

Title of thesis: Exploring experiences within 'Fusion' and Prison-Based Democratic Therapeutic Communities

I declare that this thesis and the work presented in it are my own and has been generated by me as the result of my own original research.

I confirm that:

1. This work was done wholly or mainly while in candidature for a research degree at this University;
2. Where any part of this thesis has previously been submitted for a degree or any other qualification at this University or any other institution, this has been clearly stated;
3. Where I have consulted the published work of others, this is always clearly attributed;
4. Where I have quoted from the work of others, the source is always given. With the exception of such quotations, this thesis is entirely my own work;
5. I have acknowledged all main sources of help;
6. Where the thesis is based on work done by myself jointly with others, I have made clear exactly what was done by others and what I have contributed myself;
7. None of this work has been published before submission

Signature: Date:17.05.2024

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Lastly, many thanks to Dr Gary Winship and Dr Richard Shuker for meeting with Natasha and I in the early stages to throw around ideas for TC projects.

Definitions and Abbreviations

OPD Pathway ..... The Offenders Personality Disorder pathway was set up in 2011 jointly by the His Majesty's Prison Service and Probation Service (HMPPS) and NHS England, to help those in prison settings, with complex personality presentations/severe risk to self/others access tailored therapy. Work ranges from those institutionalised to those rehabilitating in the community. A number of interventions run within this pathway including specialist programmes for prisoners and staff training initiatives, to build up confidence and competence working with this population.

Therapeutic Community (TCs)_… A structured group-based environment that works to rehabilitate people struggling with mental health difficulties, enabling them to develop meaningful interpersonal relationships and build up coping skills. TCs are traditionally residential; however, they have since adapted into modified, community-based interventions to fit the economic climate and population needs. DTCs pertain to Democratic Therapeutic Communities, which emphasise upon a relational 'flattened hierarchy' and usually support people with complex mental health needs. Concept TCs are those which accommodate people suffering with substance misuse and are hierarchical in comparison.

Chapter 1 A Qualitative Review and Thematic Synthesis of Resident Experiences in Prison-based Democratic Therapeutic Communities

1.1 Abstract

A qualitative systematic review and thematic synthesis was conducted to explore residents' perspectives of prison-based democratic therapeutic communities (DTCs). This is imperative towards understanding how they are experienced to ensure residents receive effective treatment. Five databases were searched for studies published between 1962-November 2023. Following screening, eleven qualitative studies were included in the review. Three themes were highlighted: (1) The Importance of Safety in the Therapeutic Environment, (2) Opening Up to Vulnerability and (3) Life Within and Beyond the DTC. The review highlighted experiences whereby progress in each were comprised with some residents, due to inequalities, stigma, and disconnection. This is indicative of opportunities for further training and awareness to be considered in supporting residents who experience such difficulties.

Keywords: Prison, Therapeutic Communities, Experiences, Residents

NB: This systematic review has been written in accordance with the journal guidelines of The Journal of Forensic Psychiatry and Psychology. Please refer to Appendix A for journal guidelines.

Word Count: 9153

1.2 Introduction

Approximately 95,526 prisoners reside in prisons across the United Kingdom (UK) (Sturge, 2023). Prisoners with complex mental health needs and severe risk-presentations to self and others can be referred for specialist support within the Offender Personality Disorder (OPD) Pathway (National Health Service (NHS) England, 2023). The OPD pathway replaced the National Personality Disorder Programme (NPDP) and was developed in 2011 jointly between His Majesty's Prison and Probation Service (HMPPS) and NHS England. The pathway was designed to provide evidence-based rehabilitation to better suit the growing complex needs of high-risk offenders across prison sectors using a range of therapeutic approaches (Haigh & Benefield, 2019; HMPPS, 2018; Skett & Lewis, 2019). The pathway is designed to support residents to access formulation-driven interventions, across their journey through prison and beyond, if applicable (Joseph & Benefield, 2012).

Prison-Based Democratic Therapeutic Community (DTC) treatment is one of many interventions offered within the OPD pathway (Ross & Page, 2023). Prison-based DTCs differ to hierarchical substance-misuse prison TC programmes, which focus towards addressing substance-use cessation, with external drug and alcohol services informing the intervention (Kennard, 2004). Prison-based DTCs adopt a greater holistic approach, enabling eligible residents with complex mental health needs to live together in a structured prison wing (Rawlings & Haigh, 2017). This is crucial, as an individual’s environment plays a key role in the development or dysfunctionality of core life areas, including their sense of identity, their meaning or purpose in life, their sense of agency and belongingness within a community (Ashforth, 2001, as cited in, Needs & Adair-Stantiall, 2018). Underdevelopment in these areas, coupled with adverse life events across the lifespan and experiences of societal disorganisation are associated with poorer mental health outcomes and increased chances of individuals engaging in criminal behaviours (Haigh & Benefield, 2019; Sahni & Krishnakumar, 2021).

DTCs serve to meet the psychosocial needs of residents, encouraging the development of routine, individual expression and alternative ways of thinking (Bennett & Shuker, 2017). DTCs are additionally shown to effectively reduce repeat reoffending in residents with therapy promoting the development of relational skills and exploration of new narratives (Stevens, 2012). Reductions in reoffending appear more robust when DTC treatment is followed by appropriate community intervention (Beaudry et al., 2021). The programme incorporates pre-group and community meetings to discuss current affairs, allocate roles to residents and explore group dynamics. Small therapy groups enable residents to talk openly about life experiences. The collaborative reflective feedback spaces ensure all residents are briefed about small therapy group topics. Residents also participate in other structured activities and events with others, to further develop relationships outside of therapy (Akerman, 2021).

Prison-based DTCs are heterogenous interventions which can evolve, within reason, to fit around residents' needs, making for an effective intervention (Bennett & Shuker, 2017). Moreover, residents can experience the DTC in different ways. As residents enter the community, they can bring in a wealth of diversity, which can be impactful on their own and others' experiences. This may be relative to their individual backgrounds and life experiences to what criminal offences they committed. Although essential, quantitative outcomes research can be difficult due to the individualised approach of the DTC (Capone et al., 2016; Pearce & Haigh, 2017; Richardson & Zini, 2021). Therefore, it remains important to understand experiences from residents directly engaging in interventions to ensure they are receiving effective treatment and to inform service development accordingly (Seers, 2015).

Pitt's (2020) qualitative review comparing members' experiences of community-based and prison-based DTCs illustrated how members' experiences of each therapeutic environment were similar in adhering to core DTC principles of safety through boundaries and connection regardless of added safety precautions in prison-based DTCs (Paget, 2008).

Pitt (2020) noted their review solely pertained to how operationalised elements of DTCs facilitate residents to engage whilst recognising a need to extend towards understanding members' experience of sustained therapeutic engagement. Prison-based DTCs accept residents who are 'likely' to meet the criteria for personality presentations, in addition to those with confirmed diagnoses (Richardson & Zini, 2021; Vamvakas et al., 2024). Pitt's (2020) search strategy specified 'personality disorder' as the target population, which was a constraint as this may have excluded experiences of those in DTC treatment without confirmed diagnoses. This may explain why only five studies were included which explored experiences in prison-based DTCs. Pitt's (2020) review also did not account for residents who left or dropped out of treatment.

The aim of this review was to systematically synthesise qualitative research articles pertaining to understanding experiences of residents participating in UK prison-based DTCs. This may help towards conceptualising the impact of DTC therapy and capture a broader understanding of how they work to instigate or hinder progress from residents' perspectives. This can support the development and adaptation of DTCs and further expand to inform the recovery and rehabilitation aims of the OPD pathway.

1.3 Method

1.3.1 Pre-registration

Prior to starting, the review was registered on the International Prospective Register of Systematic Reviews (PROSPERO) (ID: CRD42023583085).

1.3.2 Search Strategy

The conduct and reporting of this review was based on systematic reviews guidance recommended by the Centre for Reviews and Dissemination (CRD, 2009) and Boland et al. (2017). Following scoping searches, five bibliographic databases (APA PsycINFO,

MEDLINE, CINAHL Plus, Scopus and ProQuest) were searched to determine any published or unpublished research, relevant to the topic area. These searches either covered the period from 1962-to November 2023 (as the first prison-based democratic therapeutic community was established in 1962 (Rawlings & Haigh, 2017) or the date the database commenced. Each bibliographic database housed on the EBSCO interface was searched individually. A hand search of the International Journal of Therapeutic Communities (IJTC, 2023) was also conducted from available journal issues from its online start date of 2012-2023. Experts known to the field of prison-based therapeutic communities were contacted to obtain any potential unpublished literature that could be included.

The search strategy was devised based on the results of the scoping searches, including terms that appeared frequently in relation to descriptions of the population "(MH "Incarcerated" OR MH "Incarceration" OR MH "Prisons" OR (prison* OR forensic* OR incarcerat* OR offender* OR perpetrat* OR imprison* OR convict* OR inmate* OR detain* OR resident*) and type of qualitative research or phenomena investigated (experienc* OR perception* OR view* OR understanding* OR opinion* OR response* OR qualitative* OR theme* OR attitude* OR perspective* OR interview* OR "focus group*" OR observation* OR explorat* OR investigat* OR analys*. The term "therapeutic communi*" was used to define the type of intervention. Boolean operators of AND or OR were used to search accordingly. Where possible, MeSH and subject terms were included. Librarians were additionally consulted during the development of the search strategies. A table of the full search strategy is included in Appendix B.

1.3.3 Inclusion and Exclusion Criteria

Table 1 highlights the inclusion and exclusion criteria for the review.

Table 1

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Adult (18+) prisoners who are engaging or had engaged in UK prison-based democratic TCs or specialist learning disability (LD) TC+ communities	Experiences of residents in substance-misuse prison TCs
Mixed method reviews, where qualitative data findings could be extracted	Studies of Prison-Based DTCs outside the UK due to differences in legal systems/prison management policies
Qualitative research studies	Studies that explored additional therapies or psychotherapeutic groups (e.g., psychodrama, art therapy) offered within prison-based TCs as they are not offered to every resident/not compulsory
Mixed method reviews where qualitative data could be extracted	Research related to participant experiences of pre-engagement strategies or aftercare of prison-based democratic therapeutic communities
Studies written in English	Alternative treatment interventions pertaining to the Offender Personality Disorder (OPD) Pathway or other prison therapy programmes (e.g. Sex Offender, Self-Change, Healthy Relationships Programmes)
	Children/adolescents in therapeutic communities/Young Offenders Institutions
	Research focused on staff experiences
	Quantitative research studies
	Books, book chapters, ethnographies, editorials, conference abstracts, short articles with incomplete data
	Studies not written in English

1.3.4 Data Screening

A total of 4174 papers were found across all databases, as shown in Figure 1. Once databases were searched, the results were transferred to Rayyan (Ouzzani et al., 2016), a free systematic review software package. Articles that were not published in English (n=49) were excluded using an automated feature within Rayyan. Articles were de-duplicated leaving 2007 articles. An independent reviewer second screened 10% of abstracts (n=207) with excellent agreement (100%) (Polanin et al., 2019). These were first screened for their relevance to the review via title and abstract, retaining 49 articles. Upon searching for full texts, (n=1) report could not be sourced. The remaining 48 articles were full text screened with application of the inclusion criteria by the primary researcher and the independent reviewer with four discrepancies. These were discussed and decided upon inclusion or exclusion with the research supervisory team. Eleven articles were included in the review.

1.3.5 Data Extraction

Data was extracted using a premade data extraction form using the following parameters: Author, Setting, Aims, Main Themes, Participant Sample Characteristics, Data Collection Method, and Research Design (see Table 2).

1.3.6 Quality Assessment

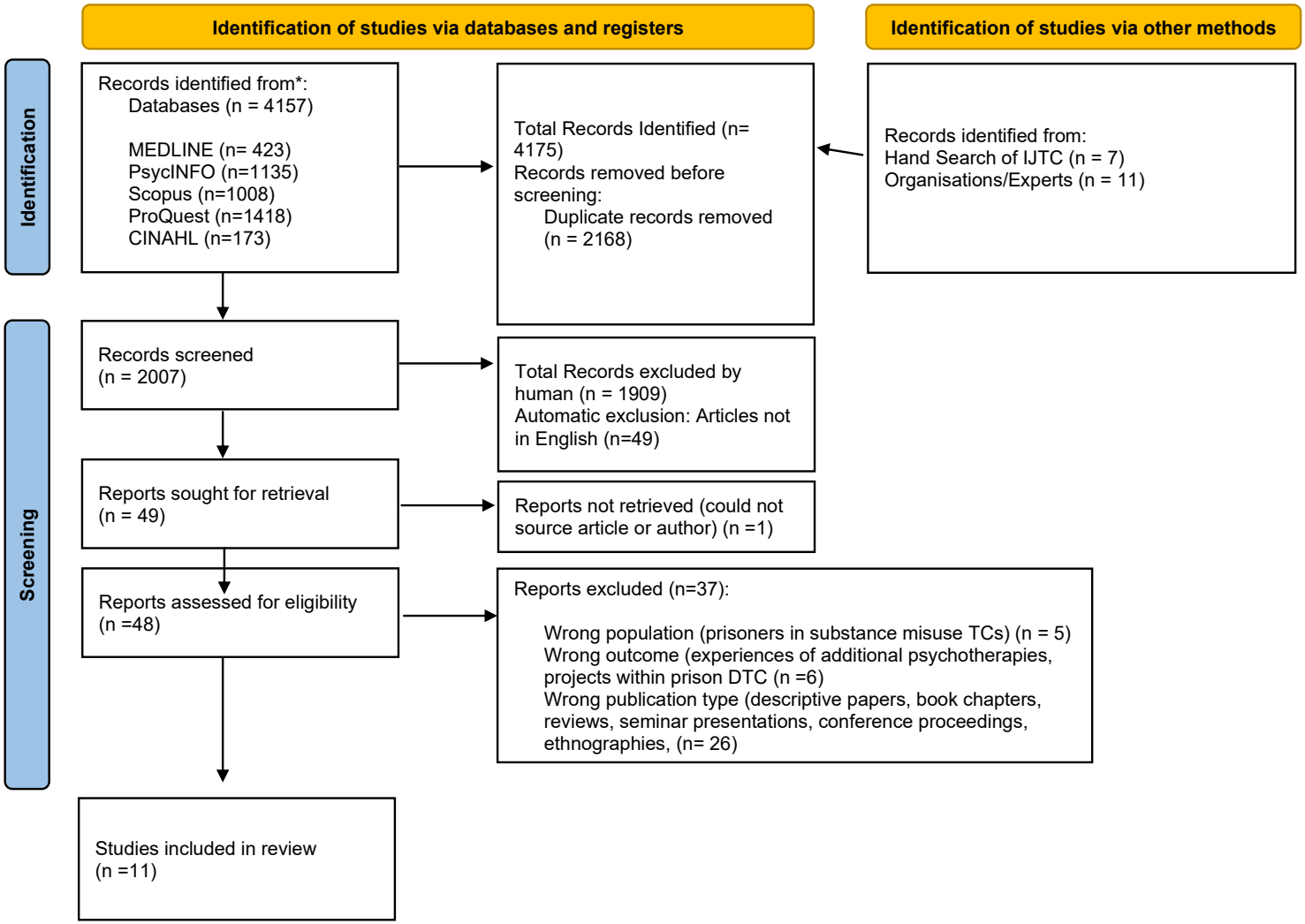
The quality of the papers was assessed using the Critical Appraisal Skills Programme Qualitative Studies Checklist (CASP, 2023). The CASP checklist has 10 questions in total; each question was marked Yes (Y), No (N) or Cannot Tell (C/T). No scores were ascertained, as CASP (2023) does not recommend this. The primary researcher and independent reviewer used the tool separately, with high inter-rater agreement (92%). Discrepancies resolved through discussion with a second independent reviewer (trainee clinical psychologist).

1.3.7 Data Synthesis

Data synthesis was undertaken qualitatively using thematic synthesis, as outlined by Thomas & Harden (2008). The results section of each paper was extracted and read several times, with the author making any initial notes of their thoughts in the margins. Line-by-line' coding was completed using NVivo Version 14 (Lumivero, 2023), with at least one or more codes assigned to each line. This was to ensure meaning was captured effectively and was data driven, aligning with the researcher's critical realist epistemological stance (Fryer, 2022). Critical realism considers the experiences elaborated upon within participants' accounts, including their thoughts, emotions and behaviours, are shaped by context and the environment. The author further developed codes, moving from descriptive coding of individual experiences to consolidation coding, using theoretical concepts that group experiences together (Fryer, 2022). The initial codes were shared with the supervisory team. The primary author and the supervisory team were acknowledged to bring their own ideas and views into the interpretation of participants' realities (Pilgrim & Bentall, 1999). Descriptive themes were developed by grouping codes that related to similar experiences of residents. Thematic mapping on paper was used to group concepts visually which was then transferred accordingly into the NVivo datafile. The descriptive themes were then developed further and grouped into analytical themes in line with the research question. The final codebook is included in Appendix C.

Figure 1

Prisma Flowchart



1.3.8 Reflexivity

The research team was made up of the primary researcher (trainee Clinical Psychologist), with previous experience of working in a community-based TC, a voluntary undergraduate psychology student, a research psychologist, a clinical psychologist, and counselling psychologist who led a community-based TC. The primary researcher used a reflexive journal to document thoughts and experiences and discussion with their supervisory team to minimise bias in the research process (see Appendix D for excerpts) (Jasper, 2005; Ortlipp, 2008). Versions of codebooks and thematic maps were created at each stage of analysis and explored with supervisors to ensure analytical themes were true to the data.

1.4 Results

1.4.1 Study Characteristics

Collectively, the review sample were 153 male residents (this was excluding nine residents from two studies (Sullivan, 2007; Sullivan, 2006) who were sent back to mainstream prison from the assessment wing, thus did not enter into DTC treatment). From studies that reported age, residents ranged from 22-70 years old. The time residents spent in the DTC varied from one week to five years. Forty-six residents were those leaving the DTC; these were either planned having completed treatment, unplanned (been made to leave) or self-deselected from treatment (Duncan et al., 2022; Sullivan, 2007; Sullivan, 2006). The rest of the sample were active residents. Most studies were conducted within HMP Grendon (Akerman & Geraghty, 2016; Brookes et al., 2012; Dolan, 2017; Jacobs & Shuker, 2019; Jones et al., 2013; Kontosthenous, 2020; Sullivan, 2007; Sullivan, 2006), one in HMP Dovegate (Miller et al., 2006), one in HMP Gartree (Ross & Auty, 2018), and one in an unidentified Category B prison (Duncan et al., 2022). Only one study included residents from a TC+ wing, an adapted TC for individuals with learning disabilities (Duncan et al., 2022). As seven studies did not present ethnicities of participants, it was not possible to aggregate;

however, from those that did residents were described as White British (Kontosthenous, 2020), Black (Brookes et al., 2012), Black Caribbean, Black British, Mixed/White/Black Caribbean, White Other, White Irish and Asian Other (Jones et al., 2013).

Ten out of the eleven qualitative studies were published papers, one was an unpublished thesis (Kontosthenous, 2020). Seven studies were authored by directors, clinical psychologists, forensic psychologists, or research officers who were employed by HMP Grendon (Ackerman & Geraghty, 2016; Brookes et al., 2012; Jacobs & Shuker, 2019; Jones et al., 2013; Sullivan, 2006; Sullivan 2007) and HMP Gartree (Ross & Auty, 2012). Four studies were authored by trainees (Kontostenous, 2020) and university research fellows and lecturers (Dolan, 2017; Duncan et al., 2022; Miller et al., 2006). Two studies utilised focus groups to collect data, and the rest used semi-structured interviews. Two studies did not use formal qualitative methodology, the rest either utilised Interpretative Phenomenological Analysis (n=4), Thematic Analysis (n=2), a Mechanical and Interpretive Approach (n=1), Grounded Theory (n=1) or Framework Analysis (n=1). One study used a mixed methods study design (Dolan, 2017), whereby questionnaire data informed the production of the interview schedules. As such, only the qualitative findings were included in the analysis for this review. Table 2 shows the full table of Study Characteristics and Main Themes of Included Studies.

1.4.2 Quality Assessment

Overall, the quality of evidence was mixed; the table of ratings following conduction of the CASP qualitative assessments are illustrated in Appendix E. Two studies met the full criteria of the CASP, thus were regarded as high-quality research (Jacobs & Shuker, 2019; Kontosthenous, 2020). Three studies used input from residents to help inform the construction of interview schedules and build up trust with residents (Brookes et al., 2012; Dolan, 2017; Sullivan, 2006). Six studies did not fully state how participants were identified and recruited to take part in the studies, thus were subject to selection bias. Seven studies did not comment

on reflexivity of the research; thus it was not clear how authors' subjectivity and experiences (as some worked within prison-based DTC settings) influenced the research process (Olmos-Vega et al., 2023). Five studies did not mention obtaining the relevant ethical approvals to conduct the research. Some studies lacked details of methodological processes they undertook when conducting interviews., For example, there were no descriptions of the topic guide used to guide interviews, no details about where the research took place and how interview data was collected and analysed.

Table 2

Study Characteristics and Main Themes of Included Studies

Authors	Setting	Aims	Main Themes	Sample Size and Demographics	Data Collection Method	Research Design
Ackerman & Geraghty (2016)	HMP Grendon	To explore how residents hold discussions in a prison DTC	1. Type of material that affects residents during therapy 2. Impact of the material on group members 3. How residents manage the material	N= 10 male. Committed violent/sexual offences Unknown: ages, ethnicity, time spent in TC	Focus Group, Thematic Analysis	Thematic Analysis
Brookes et al. (2012)	HMP Grendon	To investigate experiences of 'black' prisoners who participate in DTCs	1. Grendon 2. Father Deficit 3. Self-Concept 4. Desistance – "knifing off"	N= 11 male, black Unknown: Age, offence or time spent in TC	Semi-structured interviews, Grounded Theory	Grounded Theory
Dolan (2017)	HMP Grendon	To explore which factors which are most effective in changing behaviour within DTC	1. Small Group Therapy 2. Background and Family 3. Discussing Offence Details/Impact 4. Resolving Problems 5. Feeling Responsible for Self and Actions 6. Open Communication 7. Feeling Safe, Trust and Empathy	‡ N= 36 male, aged 22-70 Time spent in TC: 1-60 months Unknown: Ethnicity, Offence	Semi-structured Interviews	Framework Analysis

Authors	Setting	Aims	Main Themes	Sample Size and Demographics	Data Collection Method	Research Design
Duncan et al. (2022)	Category B UK Prison (unidentified)	To explore residents' reasons for dropping out of the DTC, prior to completing therapy	1: (Un)therapeutic Climate. 2: Disillusionment with the Illusion	N=7 male Committed sexual offences Time spent in TC = 4 months-5 years Unknown: Age, Ethnicity	Semi-structured Interviews	Interpretative Phenomenological Analysis
Jacobs & Shuker (2019)	HMP Grendon	To explore treatment experiences of residents within a prison DTC	1. Therapeutic Process 2. Acceptance 3. Insight 4. Relationships 5. Barriers	N= 4 male, aged 28-49 (M=40), committed filicide Time spent in TC: 14-97 months (M= 56 months) Unknown: Ethnicity	Semi-structured Interviews	Interpretative Phenomenological Analysis
Jones et al. (2013)	HMP Grendon	To explore experiences of DTC therapy and determine how sensitive therapy was to their cultural backgrounds	1. Therapy and Cultural Values 2. Relating to Others 3. Cultural Competency 4. Cultural Understanding/Awareness 5. Responses to Experiences	N= 8 male Ethnicities: Black Caribbean, Black British, Mixed/White/Black Caribbean, White Other, White Irish and Asian Other (N of each = unknown)	Semi-Structured Interviews	Thematic analysis

Authors	Setting	Aims	Main Themes	Sample Size and Demographics	Data Collection Method	Research Design
				Time spent in TC: Minimum of 12 months Unknown: Age, Offences		
Kontosthenous (2020)	HMP Grendon	To explore experiences of residents engaging in DTCs	1. Relating to others 2. Community living 3. Motivation to engage	N= 6, male, aged 26-64 years old (M=39), White British Committed violent or sexual offences Time spent in TC:1 week - 5 years	Semi-structured Interviews	Interpretative Phenomenological Analysis
Miller et al. (2006)	HMP Dovegate	To understand resident's experiences of change within DTCs compared to Grendon and if this type of research be done within focus groups.	1. Change is a Process 2. Self-Properties and Self-Agency 3. Inter-personal Facets 4. Change is Challenging	N= 27, male, aged 22-57 years (M=34) Offences were robbery, violence or sexual related. Time Spent in TC: 1-18 months. Unknown: Ethnicity	Exploratory Focus Groups	Two Stage Analysis: Mechanical Stage Interpretative Stage

Authors	Setting	Aims	Main Themes	Sample Size and Demographics	Data Collection Method	Research Design
Ross & Auty (2018)	HMP Gartree	To explore experiences of residents making change within DTCs	1. Motivation to change 2. Environment 3. Removal of Masks 4. Relationships	N=5 males, aged 38-58, Committed Murder Time spent in TC: 34-41 months Unknown: Ethnicity	Semi-Structured Interviews	Interpretative Phenomenological Analysis
Sullivan (2006)* Sullivan (2007)*	HMP Grendon	To explore residents' perspectives on leaving the prison-based DTC. To explore residents' perspectives of the DTC	1. Therapy Wing Dropouts 1. New Arrivals 2. Staff 3. Visits 4. Food 5. Bullying 6. What men say they gain from Grendon	† N= 48 males Unknown: Age, ethnicity, offences, time spent in TC	Semi-structured interviews	No formal analysis method identified

* Sullivan (2006) and Sullivan (2007) used the same sample of participants for both papers

† Return to Unit participants (n=9) were excluded from the analysis as they did not participate in the TC intervention.

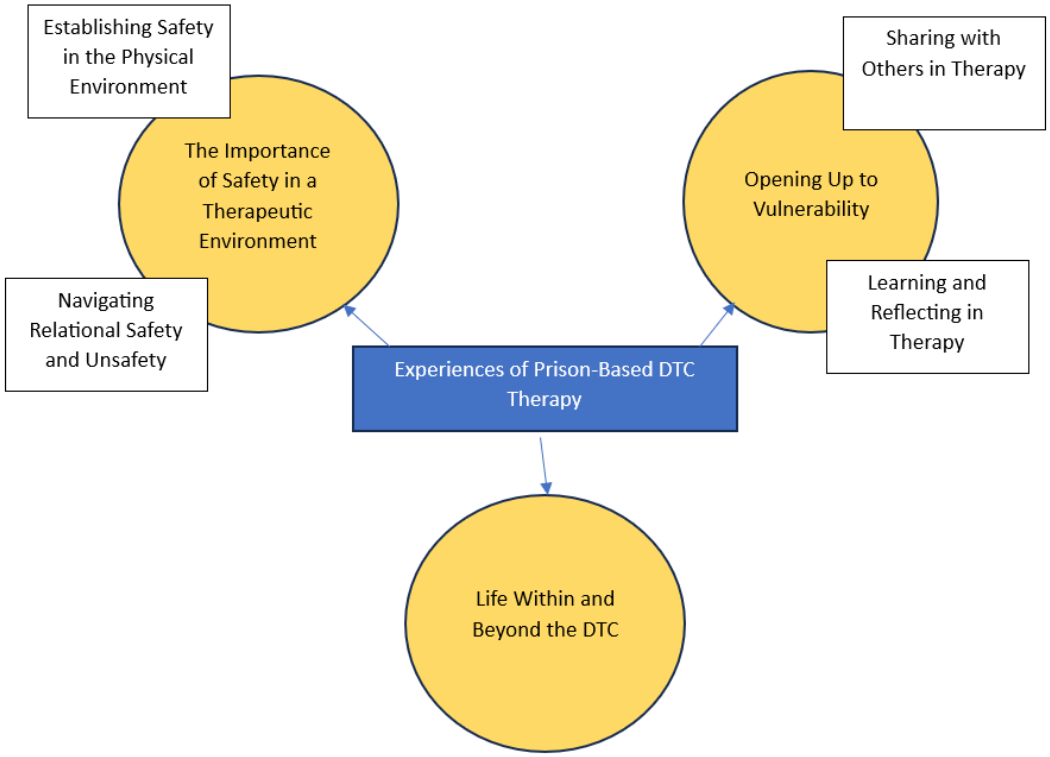
‡ N=2 are from the TC+ wing (specialist DTC wing for residents with Learning Disabilities)

1.4.3 Study Findings

Thematic synthesis revealed three main themes: The Importance of Safety in the Therapeutic Environment, Opening Up to Vulnerability and Life Within and Beyond the DTC. Main themes and corresponding subthemes are depicted in Figure 2.

Figure 2

Thematic map of themes and subthemes of Prison-based DTC Experiences



1.4.4 Theme 1: The Importance of Safety in the Therapeutic Environment

The importance of safety was highlighted in studies as foundational towards engaging in DTC therapy. The DTC is characteristically illustrated as a contained safe space created by both the TC set-up and the members of the community. Whilst this was achieved for some residents, other residents reported opposing experiences. Factors for the diversity of experiences appeared to be due to changes in structure and the coming together of a range of individuals with different offending backgrounds and ethnic origins. The following subthemes

explore resident's experiences of the physical environment and those encompassing relational safety with peers and staff.

1.4.4.1 Subtheme 1: Establishing Safety in the Physical Environment

The DTC invites a range of serious offenders to live together. Given the level of risk involved, the environment appears paramount to ensuring residents feel comfortable and secure enough to live as part of the community:

> *'individuals convicted of sexual offences were more likely to engage in treatment if they perceived the prison environment to be safe.'(Author, Duncan et al., 2022)*

Some residents expressed concern regarding access to amenities, impacting on their ability to sustain through therapy. This was compared to mainstream facilities, which residents in one study appeared to have found more accommodating than those of the DTC:

> *'Conditions we live in: sanitation facilities, lack of amenities or upkeep…Other prisons stay on top of all infrastructure faults… here they aren't so complaints get in the way of therapy' (Resident, Sullivan, 2006)*

The authors in another study reflected on the importance of residents' nutrition and the impact a poor diet could have on resident's mood and subsequent behaviours (Sullivan, 2007).

Whilst some residents were dissatisfied with provisions, others appeared surprised at what the DTC offered. The creation of normality, in providing living spaces like bedrooms and gardens, were beneficial in increasing a sense of comfort and homeliness:

'I felt a bit on edge… I've come down here and I've unpacked straight away, put all my stuff in my cell, made it a bit like a bedroom as much as I can. (Resident, Kontosthenous, 2020).

Alongside facilities, the structure of DTC therapy appeared pertinent in creating a predictable routine for residents. Residents felt contained by DTC boundaries. Boundaries served to enable residents to engage freely and feel safe that the community would manage challenging, volatile behaviour if displayed. The possibility of exclusion from the DTC, for violent behaviour provided peace of mind.

'everyone knows like the constitution up there […] the boundaries up there helped me be comfortable and take on board what other people were saying (Resident, Ross & Auty, 2018)

There's bullying in every prison, but a lot less here because of the structure and challenging'(Resident, Sullivan, 2007).

Alongside boundaries implemented by the DTC, one study commented on the skills residents learnt through DTC programme, which enabled them to manage their emotions and aggression. This had potential in maintaining the safe environment for all residents, whilst equipping residents with the skills needed to manage long term:

'Linked to this was developing new skills to manage the material …this included developing their perspective taking skills and alternative viewpoints, which can be difficult to those prone to black and white thinking' (Author, Akerman & Geraghty, 2016).

Whilst residents noted positives in safety management, two studies highlighted residents who had doubts about the competence of staff, in adhering to boundaries pertaining to bad behaviour of other residents. They also questioned staff's commitment in keeping the community secure. Being unaware of how to contain small-therapy groups were similarly

commented on. This may have led residents to feel uncontained and uncared for, given their concerns were perceived to not be taken seriously:

'I will say to [staff] I will be sat in the office…someone will be doing something, and I'll go well why is that happening… they won't do what they're supposed to.' (Resident, Duncan et al., 2022)

'Well sometimes the facilitators don't deal with the structure as they are supposed to' (Resident, Dolan, 2017)

One study discussed the impact of high turnover of staff. This may have been disruptive to the consistency of resident's therapy, given the frequent changes experienced. Taken with the above, this highlights how much staff are integral to the facilitation of safety and the overall therapeutic process:

'There has been changes in the uniformed staff as well which makes a big change because you have got to discuss your personal issues your private issues…with one personal officer and (then another) again' (Resident, Dolan, 2017)

1.4.4.2 Subtheme 2: Navigating Relational Safety and Unsafety

Alongside a safe physical environment was the importance of a safe relational network, to promote residents' sense of connection, belongingness, and inclusivity with peers and staff.

All studies commented on residents' experiences of connection with peers within the DTC. Three studies alluded to small groups being more conducive in developing connection and trust (Dolan, 2017; Jacobs & Shuker, 2019; Kontosthenous, 2020), whereas one study acknowledged the whole group's role in this process:

'It's like thinking that you're in a big family and somebody's caring for you, somebody's watching out for you. It is a nice warm feeling you get' (Resident, Ross & Auty, 2018).

Increasing connection included exercising acceptance of others and for who they are. This involved conveying respect for their situations (Miller et al., 2006). The impact on residents' positivity when seen as a person, rather than a prisoner, was detailed across three studies (Dolan, 2017; Jacobs & Shuker, 2019; Jones et al., 2013). The reciprocal nature of respect was further portrayed (Sullivan, 2007):

'It's having that human contact that makes you more human…You treat people like animals then they are going to become animals. You treat them like people, they are gonna become people.' (Resident, Jacobs & Shuker, 2019)

'Men with long histories of prolific and serious offending… may find themselves being consistently treated with respect and positive guard for the first time…after their initial wariness has subsided, [they] may repay that treatment.' (Author, Sullivan, 2007)

Group cohesion was highlighted to build slowly but once achieved, residents benefited from these interactions (Miller et al., 2006). Spending time with each other appeared to grow closeness and create solidarity. One study highlighted how residents celebrated others' achievements:

'There's a camaraderie between you and your group members when you are with them for a long time…you get a big buzz when you see someone complete' (Resident, Ross & Auty, 2018).

Relationships with staff were accounted for in developing relational safety. Six studies recognised residents' appreciation of staff for their consistent kindness and humane treatment (e.g. shaking hands, first-name introductions, welcomed into staff offices etc). This appeared significantly different from some interactions encountered in mainstream prison environments (Dolan, 2017; Jacobs & Shuker, 2019; Kontosthenous, 2020; Miller et al., 2006; Ross & Auty, 2018; Sullivan, 2007):

'how (staff) interact with inmates, their honesty, care, not taking sides, respect they show. They're the crucial components of success'. (Resident, Sullivan, 2007)

'If I'm having a spill out and I'm swearing…I was just put in segregation…whereas here staff tend to say look come and sit down and talk' (Resident, Dolan, 2017)

In two studies, residents reported minimal conflict, with violence not being present at all:

'I done 33 months up there and I never saw one fist connect to anyone… So it is safe. (Resident, Ross and Auty, 2018)

However, not all residents could relate to experiencing positive interactions in the DTC, with some experiencing minimal relational safety. Five studies illustrated experiences of residents who found peer relationships difficult. Some residents felt isolated in only being able to achieve a sense of connection with those from the same background. Other residents experienced racism from peers and felt the need to accept the situation as it was, to continue with therapy in the DTC:

'[There] was one, one black person… it was only me and him .. . it was a bit hard…with regard to the cultural background, I couldn't really link in with anyone else' (Resident, Jones et al., 2013)

'Well it made me angry [receiving racist comments] but I came here for a reason so I had to swallow that' (Resident, Jones et al., 2013)

Residents convicted of sex offending experienced stigma and bullying from others and retreated from connecting. Indeed, views from one resident detailed how much they struggled to be in the presence of an offender and wanted to physically harm them. Those who received abuse from peers felt deserving of it and experienced increased shame and isolation:

*You know we're still sex offenders, and the people still hate us…it's not equal at all… it's just still that mainstream mentality. I hear it most days, you know, f******* rapist' (Resident, Duncan et al., 2022)*

. 'lad in my group who was a sex offender and I didn't know before that … when he said it… the blood had drained up on my face… I was shaking…. I was really struggling'(Resident, Kontosthenous, 2020).

Two studies reported strained resident-staff relationships. Residents felt staff lacked the understanding of their cultural norms, behaviours and issues and unfairly challenged their use of language dialects in the DTC. Some residents felt they had to change parts of themselves or lie to fit in:

'You know [staff] would pull you about using slang… but this isn't slang this is Caribbean banter…. Meanwhile people using cockney they were fine…' (Resident, Jones et al., 2013).

'You'll get a group of black guys walking on the yard and they're automatically labelled as, ''ah look at them they're back into their gang

culture behaviour, loud, walking with a bit of a swagger…". You get a number of white people walking in their group but it's not an issue, when they do it.' (Brookes et al.,2012)

I was the only West Indian… I felt lonely and lost. I use Jamaican patois and I've had to change the way I talk. (Resident, Brookes et al., 2012)

I could tell straight away… they want you to fit in with their middle-class white people.' (Resident, Brookes et al., 2012)

However, Jones and colleague's (2013) study highlight an experience of residents having members of the same religion around in the DTC, indicating a sense of connection, if not with the whole community, a small group:

'Nearly all the participants expressed that they had increased relatedness with other BME prisoners… One of the staff is Muslim ... a practicing Muslim ... oh it, it makes the atmosphere here a lot different.' (Author/Resident, Jones et al., 2013)

1.4.5 Theme 2: Opening Up to Vulnerability

The act of vulnerability within the group setting required members to trust other residents and share triggering stories that could potentially result in rejection or shame. By doing this, residents could take away reflections that arose from other members' ideas and perspectives. Authentically opening up to vulnerability appeared easier for some residents than others in the DTC. Experiences of unsafety alongside societal, familial, and cultural narratives carried by residents may have fed into the barriers to expression and reflection. The following subthemes depict residents' experiences of sharing with others and the process of learning and reflecting in therapy.

1.4.5.1 Subtheme 1: Sharing with Others in Therapy

The process of sharing appeared a vulnerable experience for many residents. Seven studies conveyed the need for residents to authentically share and have confidence to explore experiences and feelings with others, to benefit fully from DTC treatment (Akerman & Geraghty, 2016; Dolan, 2017; Jacobs & Shuker, 2019; Kontosthenous, 2020; Miller et al., 2006; Ross & Auty, 2018; Sullivan, 2007):

'Participants talked of being out of their comfort zone and allowing their "masks" to come off, exposing themselves to potential ridicule by others'

(Author, Akerman & Geraghty, 2016)

'I've talked to about stuff that I never discussed with my own family'

(Resident, Jacobs & Shuker, 2019)

Four studies highlighted residents' need to trust their peers when sharing, due to the sensitive nature of experiences (Akerman & Geraghty, 2016; Dolan, 2017; Jacobs & Shuker, 2019; Kontosthenous, 2020):

'Trust is huge…when you've got to sit with these people and talk about your own trauma and trust that they're not going to use that against you

(Resident, Kontosthenous, 2020)

Two studies showed that residents found it helpful to learn how to share by following peers' examples:

'I was thinking well he speaks… so let me speak. We're all in the same boat… So I wasn't alone' (Resident, Ross & Auty, 2018)

By seeing other people expressing emotion, and being supported for it…, then that only encourages you to do the same.' (Resident, Jacobs & Shuker, 2019)

Once residents did share, some experienced relief and comfort in having a non-judgemental, understanding platform to voice their thoughts and feelings. This meant that residents could continue to live in the community without fear that they would act out on anguishing thoughts (Dolan, 2017; Miller et al., 2006; G. E. Ross & Auty, 2018):

'It was important for me to speak about things that I wasn't able to…Because of the nature of my offence… in the system it was eating me up in a way' (Resident, Dolan, 2017)

'To be able to go to vulnerable places to speak about something from the past is one thing… [it] gets you into a good habit of doing it in the [present]…So instead of brushing stuff under the carpet… you're… more willing to deal with it as it happens.' (Resident, Ross & Auty, 2018)

Two studies recognised residents' desire to help others benefit from therapy and reflected on how this could help themselves too (Jacobs & Shuker, 2019; Miller et al., 2006):

'I've helped people in therapy and they've helped me, it's a 50/50 thing, you take on board some of theirs and you off load some of yours.' (Resident, Jacobs & Shuker, 2019)

Group therapy exposed members to situations they may not have encountered in other settings. For example, a prisoner who experienced childhood sexual abuse was suggested by the group, to talk about his experience with a sex offender, which they hoped was beneficial:

'he would have the opportunity to communicate the ways in which victims can suffer and potentially gain an understanding of the reasons behind some sex offending.'(Author, Miller et al., 2006)

For some residents, the experiences of sharing were too difficult. Some residents struggled to grasp the concept of therapy or did not see how the processes were relevant:

'I couldn't understand the TC concept at all to begin with' (Resident, Miller et al., 2006)

Some residents struggled to trust others from childhood (Duncan et al., 2022) and within prison (Dolan, 2017). Some acknowledged that residents were 'criminals' who stereotypically could not be trusted (Dolan, 2017; Jacobs & Shuker, 2019):

'I'm a criminal myself… I know than better to trust the buggers. Like you want me to walk into a room and start trusting them? nah they have had a life of being devious and everything'. (Resident, Dolan, 2017)

Five studies illustrated residents' fears of how they would be perceived by others. One study highlighted residents feeling *'childlike'* in exposing vulnerability (Miller et al., 2006). The breakdown of the male masculine norms in not showing emotions was also difficult for residents to adjust to. Residents experienced fears of losing control if they opened up (Duncan et al., 2022; Kontosthenous, 2020; Ross & Auty, 2018):

'I should have gained a bit of strength seeing these fellas, who I would call strong characters, talking…I was thinking "they're in bits here". You know I didn't really wanna be like that (Resident, Ross & Auty, 2018)

Three studies described how residents felt others 'faked' their way through therapy, thereby being disingenuous. This led them to feel duped and question their need to be genuine (Duncan et al., 2022; Kontosthenous, 2020; Miller et al., 2006):

*'(residents) pull out because they think that it's all s***…they can't quite get to the point where it means something to them…everyone else is being fake…you think why the f*** am I doing this? No one else is f****** doing it' (Resident, Duncan et al., 2022)*

In one study, residents expressed cultural barriers in sharing with other residents, which misaligned with familial norms of keeping stories within family boundaries:

'it was hard for me because my culture played too much part, I keep things in the family…express[ing] your feelings, what's going on in your family…it's like you have broken the code of the family' (Resident, Jones et al., 2013)

The perceived inability for residents to bring their authentic selves to the DTC, for fear they would not be understood (Jacobs & Shuker, 2019) or shut down when expressing thoughts about sensitive topics (e.g. racism) was also evident (Brookes et al., 2012; Jones et al., 2013):

'You are judged straight away…I feel that they don't really understand where I'm coming from…they're not letting me still be black, they're not letting me still have my culture, and they're trying to take that away from me.' (Resident, Brookes et al., 2012)

Four studies highlighted residents' opinions of staff not being fully involved or invested in therapeutic processes, as staff are generally expected to be, in a 'flattened hierarchy' DTC. This left residents reluctant to engage given the perceived unfairness of the process (Brookes et al., 2012; Duncan et al., 2022; Miller et al., 2006; Sullivan, 2006):

'(Staff) don't like you challenging them. It's about you, not about them…you're (staff) part of the community, so you should be up for challenging as much as we are, so I challenged them and they didn't like it.' (Resident, Duncan et al., 2022)

1.4.5.2 Subtheme 2: Learning and Reflecting Through Therapy

Sharing with peers in therapy appeared to enable residents to acknowledge their past and understand why they offend, increasing their levels of self-awareness. This was again, an exposing and vulnerable process for many residents. Four studies highlighted how residents

felt therapy was slow and time-consuming, but beneficial for progress and growth (Jacobs & Shuker, 2019; Jones et al., 2013; Miller et al., 2006; Ross & Auty, 2018):

> *'you have to take it step-by-step . . . there's a lot to take in . . .' and: 'I expected more at the start, but I soon realised that things took time'.*
>
> *(Resident, Miller et al., 2006)*

Five studies highlighted that gaining feedback from others on things they brought to therapy, was an enlightening process for some residents. It appeared to help them understand themselves and situations clearly (Dolan, 2017; Jacobs & Shuker, 2019; Kontosthenous, 2020; Miller et al., 2006; Ross & Auty, 2018). Feedback also helped to inform and reflect on decisions made in the DTC:

> *'other residents and TC therapy staff helped him find the 'pieces', but that it was up to himself to put the pieces together and see the 'full picture''*
>
> *(Author, Miller et al., 2006)*

> *'It took me quite a while…over a year of twenty-one people telling me "what!?!" "that's not ok" …it took quite a while to think "could it be me – could I be in the wrong here' (Resident, Ross & Auty, 2018)*

> *'they've said listen, you're hanging around with the wrong person here, you need to look at why he's hanging around with you…this fella is going to drag you down (Resident, Kontosthenous, 2020)*

Six studies highlighted how residents were able to reflect on how aspects of their childhood had shaped their behaviours in adulthood. Some residents acknowledged similarities to their peer's experiences, which appeared uncomfortable and revealing, but allowed for viewing themselves from different perspectives (Akerman & Geraghty, 2016; Brookes et al., 2012; Dolan, 2017; Jacobs & Shuker, 2019; Miller et al., 2006; Ross & Auty, 2018):

'Another man talked about the significance of finding out that his childhood [influenced] the way he lived…as an adult. He referred to this as 'making a link'… about how it helped him understand… a 'part of myself that has been hidden for a long time'.(Author and Resident, Miller et al., 2006)

'And hearing people talk, how they follow the pattern…well 90% of their lifestyle their upbringings have been so parallel with mine' (Resident, Dolan, 2017)

They were also exposed to how past relationships were being played out within the DTC, which sometimes were impactful on staff (Ross & Auty, 2018):

'...their relationships with staff and community members would mirror difficult relationships in their life, helping them reflect on repeating patterns…staff were "quite happy to suffer through transference" (Author, Ross and Auty, 2018)

Three studies illustrated how residents used therapy to reflect upon the impacts their offences they committed had on their victims and families and the need to make a conscious decision to not reoffend (Brookes et al., 2012; Dolan, 2017; Sullivan, 2007).

'You've got to think about other people – if you don't think about other people you're not going to care about yourself and then you're going to create more victims' (Resident, Brookes et al., 2012)

'Equally important is the ability to understand the consequences of one's actions, to develop victim empathy, to take responsibility for one's actions and not to justify one's criminal behaviours' (Author, Sullivan, 2007)

These experiences are difficult and three studies highlighted residents, who found the process overwhelming and shaming (Akerman & Geraghty, 2016; Jacobs & Shuker, 2019;

Sullivan, 2006). Some residents drew upon strategies to manage difficult feelings, including overeating, humour and making inferior comparisons to other residents (Akerman & Geraghty, 2016).

> *'...therapy can encourage group members to face reality which evokes feelings of shame, guilt and self-loathing (Author, Akerman & Geraghty, 2016)*

Residents acknowledged how helpful it was reflecting upon how their mind works and learning more about themselves in the present:

> *Another reason for being at Grendon is so I can learn a bit about myself, why I do these things, to try and change my thought process and my behaviour to a better way. To stop doing things that make me end up in trouble (Brookes et al., 2012).*

For some residents, reflecting on self-development and change appeared difficult. This may highlight difficulties or unwillingness in exercising introspection (Miller et al., 2006; Ross & Auty, 2018):

> *'Sometimes, in your own situation you can't see the wood for the trees but you can see the same stuff for other people – it's easier. I don't think you want to see if in yourself.' (Resident, Ross & Auty, 2018)*

1.4.6 Theme 3: Life Within and Beyond the DTC

The DTC ultimately allowed residents to explore other perspectives, including a chance to experience what life could be like, if they engaged in personal development and change. Alongside residents sharing and expressing themselves in the group, DTC therapy promoted opportunities to safely engage with external organisations and learn new skills. For some

residents, learning life skills appeared integral to fostering growth, agency and independence whilst they completed their time in the DTC.

Three studies acknowledged the opportunities of roles (e.g. TC jobs) on giving residents a sense of purpose and responsibility that evolved over time. (Dolan, 2017; Jacobs & Shuker, 2019; Kontosthenous, 2020).

> *'...I was amazed at the sort of inclusion that the prisoners have and there's certain jobs that you can get that in a way helps that process along with the individual' (Resident, Kontosthenous, 2020)*

> *'Being trusted with responsibility was... hugely important in terms of changing behaviour...many had never previously had any type of job, or responsibility...this led to increased feelings of self-worth' (Author, Dolan, 2017)*

One study acknowledged the potential for residents to assist staff in recruitment for DTC employees, which was a novel experience. They reflected on opportunities to engage with external institutions and charities:

> *'We do a lot here [in Grendon]...It's not about just being locked up 23 hours a day...and attending [mainstream prison] work. ...there's a lot more social engagement here with the outside' (Kontosthenous, 2020).*

Whilst some residents perceived work opportunities as beneficial, other residents commented on how jobs detracted from engagement in 'real' therapy:

> *'Why can't it just be the work? . . . Why does there have to be stuff like rep jobs and jobs thrown into the mix to test you, I don't see that as therapeutic, it kind of is challenging my thought process of therapy.' (Resident, Duncan et al., 2022)*

The ability to engage with family members on family days at the DTC, which they found positive and necessary (Sullivan, 2007):

> *'Visits occupy a place of great importance to men in prison and to long-serving prisoners in particular' (Author, Sullivan, 2007)*

Family appeared to be a motivating factor for residents in three studies, offering opportunities of hope in the future (Akerman & Geraghty, 2016; Miller et al., 2006; Ross & Auty, 2018):

> *'My family spurs me on and motivates me. [This is] part of my transition of who I want to become' (Resident, Akerman & Geraghty, 2016).*

When asked about the future, one study illustrated residents' acknowledgement that life in the 'real world' would be difficult:

> *I have to understand and acknowledge, the first two years…when I'm released.. I will be a vulnerable human being… …I just have to acknowledge that actually…, I've got lots of faults… [there's still more] I've got to learn. (Resident, Kontosthenous, 2020).*

However, four studies reflected upon residents' concerns about reintegration with life outside of the DTC. Systemic pressures (e.g., mainstream prison culture, location, street culture, familial values) conflicting with progress made in therapy. Residents highlighted potential to inevitably revert back to 'old' ways of behaving to fit into their environment (Brookes et al., 2012; Jones et al., 2013; Kontosthenous, 2020).

> *'If I was to adapt to the way therapy expect me to adapt…do my therapy and address my offending behaviour, if I was to go back within my culture that would be a problem.' (Resident, Jones et al; 2013)*

> *'returning to mainstream is a problem because people will think you are over-analysing everything, that you've gone soft… so, do you try and tell them you've changed or hide it?' (Resident, Miller et al., 2006).*

1.5 Discussion

The qualitative review aimed to explore residents' experiences of prison-based DTC treatment. The results of the synthesis highlighted how safety can evolve and be borne from the DTC environment, if the structure and boundaries are adhered to by residents and staff. The safety of the community's relational network enhanced belongingness, respect and acceptance between residents and staff. However, residents from ethnic minority backgrounds

or sex offenders struggled to integrate, with some experiencing disconnection, isolation, and racism from the community. In therapy, residents were exposed to vulnerability, in sharing experiences with others. This became easier over time for some as they learnt to trust. For other residents, the fear of being judged or misunderstood hindered this process. Residents used therapy with their peers to reflect on their life, their relationships, and offences. This was often a revealing process, but residents recognised the necessity for personal growth. Finally, residents engaged with roles both internally and externally within society as part of treatment. This appeared to develop agency, life-skills, and a sense of purpose, crucial for growth and the move away from the criminal identity to a law-abiding citizen identity (Needs & Adair-Stantiall, 2018). Opportunities to connect with relatives appeared to increase hope and optimism for some residents. Some residents held a more pessimistic outlook on reintegration into life outside of the DTC. Some felt their new ways of living learnt in therapy, failed to be accepted in mainstream prison or their home community, due to perceived systemic, familial, and cultural values.

The findings partly align with Pitt's (2017) review exploring service-user experiences of community and prison-based TC environments in a personality disorder population, in that operational elements like boundaries and connection allowed for some residents to engage in group therapy. However, the results of our review crucially highlighted opposing experiences of residents from minority backgrounds who endured marginalisation and racism within the DTC. Our findings showed that sex offenders experienced similar treatment, which has been shown across prisons in general (Ievins & Crewe, 2015). Bennett (2013) identifies how such narratives and power imbalances are imported into prison systems and acted upon by other residents and staff. Such experiences hindered and halted progress in therapy. A review by Sullivan (2007) exemplifies black men's experiences of negative stereotyping by peers and staff and lack of belonging. However, other named reasons for disengagement were language barriers, being unable to name their criminal behaviours as crimes (e.g. honour killings) and not wanting to 'grass' others up by naming their crimes. These named experiences question

the current generalisability of the DTC's model 'the quintessence of a therapeutic environment' (Haigh, 2013, p.6). The model stipulates that all DTCs encompass five main qualities: belongingness, safety, openness, participation, and empowerment, of which some residents did not experience.

The cultural dissonance hypothesis outlined by De Leon and colleagues (1993) emphasise how individuals of an ethnic minority background may struggle to integrate into a TC constructed by and for those from a majority background. Given our findings of feeling marginalised applied to sex offenders, the dissonance hypothesis can be extended to this population. Bunt and colleagues (2008) reviewed how substance-misuse TCs worldwide have adapted their practices to better fit cultural backgrounds. Suggestions for adaptations ranged from TCs incorporating religious practices in treatment, to cultural training for staff. Our findings illustrated how prison services are more diversified, (i.e., one resident appreciating the presence of a Muslim officer in the TC). A culturally informed workforce could support residents with ethnic minority backgrounds integrate successfully into the DTC (Newberry, 2010). Further adaptations recognising faith, cultural practice could be beneficial for prison-based DTCs in improving interventions for residents, reducing cultural dissonance and increasing a positive social climate (Williams & Winship, 2018). The DTC helped residents to reflect on the past and present, which appeared important in instigating behavioural change (Bennett, 2013). Stevens (2012) illustrated how residents practiced creating and connecting to a different version of themselves which required vulnerability and openness to do so effectively. Residents appeared to learn that looking back at the past provided a pathway forward towards developing a 'new' self that fits coherently with their ideas of a valued life. Again, our findings showed there were some residents who found engagement with this process difficult. Residents may not have experienced what being vulnerable was like, inadvertently make therapy feel threatening (Ayonrinde, 2003). Residents also expressed a loss of masculinity, making them appear 'weaker'. Crewe et al., (2014, p.67) illustrates how prisons have 'emotion zones' to allow residents to temporarily halt the bravado and express

vulnerability where needed. Group counselling programmes like 'The Inside Circle Programme' in a mainstream prison in Massachusetts work similarly to small group therapy in the DTC (Karp, 2010). More opportunities to practice some of these within DTCs may be beneficial. Mainstream prisons can further work to ingrain this culture which. over time, can help enable systemic change, enabling men to break barriers of toxic masculinity.

The opportunity to hold responsibility and engage in wider societal events appeared key to the growth of residents. Shuker (2022) acknowledges that this is one of the many parts towards encouraging togetherness and empowerment. Residents were additionally able connect with family members through family events. This has been shown to strengthen family bonds and help with successful community integration (Folk et al., 2019). Bridging the gap between prison and society means residents are better placed to move forward and build better lives (Whiteford, 2000). However, our findings indicated ethnic minority residents worried about difficulties reintegrating back into community life. These were similarly documented in research, with uncontrollable systemic factors (e.g. social stigma, access to services etc) being key barriers (Buck et al., 2022). Healy's (2014) research on desistence in offenders demonstrated an offender's motivation to change depended on how valued and attainable the 'new' identity would be to them. A lack of support from their community or their environment to keep up their learning, likely placing them in a vulnerable position. The DTC could implement joint-working with community interventions within the OPD pathway, to promote seamless care for residents. This could ensure they are well equipped and able to continue working on self-development and minimise the risk of repeat reoffending once completed DTC therapy (Chouhy et al., 2020; Logan & Ramsden, 2015).

Taken together, the results of this synthesis suggest prison-based DTC employees may benefit from further training to inform practice. Training, and reflective practice could enhance connection and engagement with residents. The Boundary Seesaw Model, developed by Hamilton (2010) within forensic settings, exemplifies the idea that staff can hold specific

roles. These may include: a ‘controller’ (who is more controlled, less flexible towards residents), a ‘pacifier’ (who is over-involved and too flexible) or a ‘negotiator’ (who holds consistent boundaries but exercises appropriate and necessary flexibility). From our findings, it appeared that most staff in a DTC fit the ‘negotiator’ role, as staff treated some residents with respect and equality. However, our findings also showed some residents may have felt staff fit into more ‘controller’ roles, when perceived as unwilling to participate in therapeutic processes (Duncan et al., 2022). An opportunity to reflect on how this model fits within DTC communities and could potentially trickle down to inform residents as they become more autonomous within the DTC, may build an informed therapeutic environment. This could serve to increase shared learning between residents and staff; a principle that is pivotal to the values of the OPD Pathway (Skett & Lewis, 2019).

1.5.1 Strengths and Limitations

The current review included studies that captured a range of residents’ voices, providing a broader picture into their experiences. The review also searched and included grey literature, which helped reduce publication bias (Mahood et al., 2014). Most studies were conducted by employees of prison DTCs, which may have influenced the validity of answers given by residents and how results were interpretated and written up by authors. The results of the quality assessment highlight how future qualitative research could benefit from more reflexivity from authors and more thorough reporting of methods and analysis plans, to increase transparency.

The sample of this review was limited to male residents across all eleven papers. As such, there remains an inherent lack of research pertaining to DTC treatment experiences of women (Richardson & Zini, 2021). Ethnographic research conducted by Stevens (2013) captured experiences of female residents within a female prison-based DTC, inclusion of which may have surfaced further insight into gender specific experiences. Our review did not include ethnographic research as the authors voice may be too integrated into findings,

limiting its representativeness of the studied sample. However, future reviews may wish to consider inclusion of such studies to broaden understandings of prison-based DTC experiences. Further research and reviews into exploring resident's experiences post-release may provide vital insights into the sustainability and longevity of prison-based DTC treatment in such populations (Stevens, 2012).

As prison-based DTCs sit within the OPD pathway, it would helpful to consider how well it integrates within the whole pathway. Evaluations on this have commenced, exploring resident and staff data quantitatively and qualitatively, over the first five years of the pathway, with initial findings looking positive (Moran et al., 2022). Future longitudinal studies and reviews, exploring experiences of the whole pathway from start to finish will be beneficial.

1.5.2 Conclusion

Residents' experiences of the DTC are integral towards understanding how therapy works towards recovery and rehabilitation. The following review has captured both the highlights and the challenges residents' experience. It remains important to recognise the intricacies within resident populations, which may result in some feeling unsafe and disconnected from the community. The review further shows there is a need for culturally informed and adapted practices to help those from minoritized background integrate into the community. Furthermore, inherent systemic barriers may prevent some residents from accessing opportunities and support in the future once they have completed DTC treatment. Further training, awareness, and joint working within the Offenders Personality Disorder Pathway (Skett & Lewis, 2019) may help support such residents may prove useful to consider in future.

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Chapter 2 An Exploration into the Processes of Change in a Non-Residential ‘Fusion’ Therapeutic Community

2.1 Abstract

Therapeutic community (TCs) have been a longstanding intervention for individuals suffering from complex mental health needs; however, there remains a lack of research into how they work to support their members. Modifications to TCs over time have included the merge of concept and democratic TC practices, producing a 'fusion' model. The aim of this study was to explore the processes of change that occur within a community-based, non-residential 'fusion' therapeutic community (TC) with two community sites. This was done through exploring lived experiences of active members and graduates of the established TC site and the newer TC site. Both sites adhered to the same TC principles and structure. Eleven participants took part in online or face to face interviews. Interviews were analysed using Interpretative Phenomenological Analysis, creating a rich account of convergent and divergent experiences. Three themes arose from the analysis: (1) Being Emotionally Vulnerable (subthemes: Sharing with Others, Reflecting on Change and Self-Discovery), (2) Navigating Relationships within the Group (subthemes: Building Connections with Others, Managing Conflict) and (3) Engaging in Co-production. Staff appeared integral towards supporting change across all three themes. The findings highlight processes that could be implemented into existing TCs to support change in members and the community structure. The study provides insights into how TC practice could be informed to accommodate the growing diversity of TC members and support staff development.

Keywords: Therapeutic Community, Qualitative Research, Experiences, Change, Processes

NB: This empirical study has been written in accordance with the journal guidelines of Qualitative Health Research (QHR); however, it exceeds the stipulated word limit of 8000 words, to address necessary amendments. I gained permission from the University's Research Director and Deputy Director to resubmit having exceeded the journal limit of 8000 words. Please refer to Appendix F for journal guidelines. Word Count: 9727

2.2 Introduction

2.2.1 Therapeutic Communities

Therapeutic communities (TCs) are psychiatric interventions, designed to treat people through their structured 'living-learning' peer supported culture and environment (Kennard, 2004). There are two main types of TC's described within the literature. The British Democratic TCs (DTCs) traditionally accommodate those with complex mental health difficulties. They uniquely emphasise on equality, with the adoption of the 'flattened hierarchy' in community meetings and activities (Campling, 2001; Akerman & Mandikate,2018; Pearce et al., 2017). The American concept TCs support individuals with addiction and substance misuse. They are argued to differ from DTCs, in the population treated and the use of a phased model for members to progress through treatment. They encompass a hierarchical system of senior and junior members, and enforce more stringent conditions, like 'pull-ups', which serve to challenge members who break TC rules (Campling, 2001; Perfas, 2014).

TCs are traditionally residential, however, the late 50s signified a step towards community-based, outpatient care, through the introduction of non-residential TCs (Siroka, 1974). Over the years, UK TCs have adapted to fit with the current economic and social climate, resulting in the closure of all traditional, residential DTCs commissioned by the National Health Service (Gallagher, 2017; Haigh, 2019). Non-residential TCs like day TCs operate over 3-5 days, mini-TCs provide less than 2 days of support and micro-TCs provide half a day (Haigh, 2007; Pearce & Haigh, 2008; Hodge et al., 2010; Lees et al., 2017). Day TCs were shown to be as effective as residential set-ups in reducing harm and improving social functioning in individuals diagnosed with personality presentations (Dye et al., 2009; Lees et al., 2004; Barr et al., 2010; Malivert et al., 2012). Whilst this can be resource-efficient and promising, there remains concern that non-residential TCs are not intensive enough to support severely unwell individuals who cannot be contained safely within the community

(Haigh, 2007). This highlights a key need for evaluative research to determine how therapeutic interventions work and whether they can be adapted on an individual level (Adair-Stantiall & Needs, 2018).

2.2.2 'Fusion' TCs

Whilst DTC and concept TCs have longstanding theoretical differentiations, there is a debate that the two types of TCs share commonalities. For example, some communities have encapsulated both democratic and concept elements, creating a 'fusion' TC model (Haigh & Lees, 2008; Young, 2010). At the heart of TC practice, both DTC and concept TCs encompass 'Community as Method' , highlighting the power of the community as key to promoting recovery. This is with the expectation that members participate in all aspects of the TC to encounter change or if not, learn from the consequences, that then lead to changed behaviour if chosen to act upon. The community becomes a trusted, respected place to all members and everyone is responsible for its maintenance (de Leon, 2000; De Leon & Unterrainer,2020). Haigh and Lees (2008) further outline the shared concepts the 'fusion' TC captures are embedded within the setup of the TC (e.g., the culture, structure and activities), agreed expectations within the group (e.g., decisions, behaviours, responsibilities) and members responses/reactions to their peers (e.g. feedback, pull-ups). These are all processes which require the cooperation of the community.

European TCs have exemplified a 'fusion' TC model in treating addictions and comorbid difficulties and a move from traditional diagnostic criteria of TCs. The model appeared more culturally fitting for members, through the adoption of the DTC's closely connected community supported by professionals.. Fostering relational engagement with peers and family, alongside a structured, phased model of the concept-based TC, was effective in promoting recovery for this population (Broekaert et al., 2005; Goethals et al., 2011).

2.2.3 Mechanisms of Change in TCs

TCs are theoretically grounded through observation and concepts from various branches of social psychology, systems theory, psychodynamic theory being applied to the model (Campling, 2001; Harrison, 2023). Whilst theories appear robust, Shuker (2010) argues the concepts remain largely 'ideological', thus lack evidence-based research within TCs to support them.

Research exploring how TCs operate in helping individuals change provide insight into recovery processes which may help towards refining treatments and theory (Gibbons et al., 2009). As such, there is limited research exploring change mechanisms in TC settings. Whilst there are regulatory standards for accredited TCs to adhere to (Paget, 2008), there remains a difficulty to determine a one-size-fits-all process; rather TCs can create what fits for the community needs. The physical and social environment can largely influence the development and maturation of individuals' identity formation, connectedness, and interpretation of life experiences (Needs, 2017). Relative to TC treatment, Pearce and Pickard (2013) theorised two modifiable change mechanisms that when combined, are thought to manifest successful integration and recovery of individuals: belongingness and responsible agency.

A sense belongingness is fostered through developing relationships within the community (Janeiro et al., 2018). In prison-based DTC settings, belongingness encompassed a safe environment that promoted connection, trust and acceptance to discuss shared criminal and childhood experiences. This appeared key to promoting desistence and positive behavioural changes (Brookes et al., 2012; Dolan, 2017; Jones et al., 2013; Miller et al., 2006; Ross & Auty, 2018). Belongingness takes time to build, as members in non-residential TCs became more willing to engage and share experiences and challenge others as they became more familiar with each other over time. Individuals often find joining the TC initially difficult, with Morris (2014) reporting increases in self-harm. Through consistent

commitment and connection, members appear to feel included and part of the community (Hodge et al., 2010; Morris, 2014). Furthermore, the creation of social relationships and the democratic setting strengthened members' resilience, allowing them free expression and confidence in challenging other members' behaviours (Dabaere et al.,2016). Loat (2004) identified how members take comfort in struggling together through difficulties and hold hope their circumstances will get better through hearing other's successes. Consistent partaking of TC rituals and contact with members promoted an in-group identity status and sync within members, which influenced compliance with TC group activities and group rules (Clark, 2015).

The second mechanism of responsible agency requires the motivation of members to develop self-awareness and modify behaviours (Davidson & Young, 2019). Members within a European residential 'fusion' addiction TC developed self-awareness and initiative by partaking in a structured programme, which provided routine through task-focused work, opportunities to encounter healing relationships and engagement in future planning (Janeiro et al., 2018). Developing agency further contributed towards questioning the utilisation of maladaptive behaviours, like self-harm and freedom to choose how to respond to situations or triggers (Hodge et al., 2010; Miller et al., 2006). Alongside behavioural change, visualising and constructing alternative narratives appeared imperative towards sustaining pro-social and positive life choices (Stevens, 2012). Pearce and Pickard (2013) identified the need for more empirical research with TC users to evaluate how the theoretically driven mechanisms of change translate practically into TC models. This will aid the development and effectiveness of the TC for their clinical populations and possibly highlight new change mechanisms.

2.2.4 Context of Intervention

This study is set in a non-residential, community-based 'fusion' TC within the NHS. This TC recently established a second branch of the TC in another area within the locality. Both sites are supported by staff and peer mentors and accepts members diagnosed with non-psychotic presentations, including difficulties with emotional intensity. The programme lasts two years and comprises of two and a half hour weekly sessions. New members begin with an introductory session to orientate them to the programme.

The treatment is structured across four phases, much like concept TCs, combined with the democratic TC's 'flattened hierarchy' ethos, illustrative of the 'fusion' TC model (Haigh & Lees, 2008). Phase one enables members to settle into the TC. Phase two encourages members to participate in activities (e.g., attend workshops, contribute to member feedback, and group discussions). Phase three enables members to explore responsibility within the TC (e.g., group-chair, secretary) and local community activities. Phase four expects members to share skills (e.g., facilitating workshops) and prepare for treatment completion. Each phase lasts six months and a reflective space marks the ending of each phase. The communities meet weekly and adhere to an agreed agenda, share lunch, and discuss both internal and external community events, alongside therapeutic check-ins, feedback, and check-outs.

2.2.5 Research Aims

Our study explored the experiences of members and graduates of a community-based fusion TC, split across two sites. To our knowledge, this is the first study to explore the processes of change in this setting. Our study aimed to (i) understand people's experiences and perceived impact of the TC and (ii) identify potential mechanisms of change through these experiences. We used Interpretative Phenomenological Analysis (IPA) to explore a detailed, richer view of their lived experience of participating in the TC (Denis et al., 2022; Thirsk & Clark, 2017).

2.3 Method

2.3.1 Ethical Approval

The study was approved by the University Ethics Committee (ERGO Number: 79605) and NHS Research Ethics Committee (IRAS Project ID: 323693) (see Appendix G for approval correspondence). The study was pre-registered on the Open Science Framework (Reference: osf.io/u2vc8).

2.3.2 Design

The study was an IPA interview study.

2.3.3 Participants

Twelve participants initially volunteered to take part in the study, one of whom dropped out due to personal circumstances. Participants were aged between 24-66 years old (M=41). Eight participants identified as female, two as males and one as non-binary. Nine participants were White British, one participant was Asian, and one participant was White-Other.

Of the 11 participants, 6 were current active TC members and 5 were graduates. Five active members were part of the newer TC site. One active member and the graduates were part of the established TC site. Four of the graduates were peer mentors of the TC or paid members within the NHS.

Although Smith and Colleagues (2021) reported that there was ‘no right number’ of participants for an IPA study, the researcher and supervisory team together reflected that a maximum of 12 participants would be enough to achieve ‘data adequacy’, relative to the participant population’s estimated level of insight and awareness (Levitt et al., 2017).

2.3.4 Procedure

The primary researcher sent an 'Information Sheet for Clinicians' to the 'fusion' TC for staff, detailing a summary of the study and the eligibility criteria (Appendix H), a recruitment advert, participant information sheets and opt-in research forms. The advert (Appendix I) was circulated through key clinicians to eligible members and graduates. Eligible participants were active members who attended for a minimum of a year and completed a minimum of two 'phases' of the TC programme or graduates who completed the programme.

Participant information sheets (Appendix J) and an opt-in research form (Appendix K) were provided to eligible members by clinicians. Interested members signed the opt-in form, giving permission to be contacted by the researcher. Following receipt of opt-in forms, members were contacted by the researcher to answer any questions and arrange a face-to-face, telephone or online interview. Six participants opted to take part via an online interview and five opted for a face-to-face interview.

On the day of their interview, participants were asked to read and sign a consent form. They were reminded of their right to withdraw at any stage of the study. For participants who opted for face-to-face interviews, a written consent form (Appendix L) was provided to read and sign. For participants who chose online interviews, a Microsoft Teams consent form link (Appendix M) was sent to them whilst on the call; participants filled this out and submitted it. The researcher checked all consent forms were filled out and signed correctly before continuing. All participants completed a demographics form (Appendix N) and expressed verbal consent to take part and record their interviews. Interviews were undertaken by the primary researcher in a private, confidential room. Interviews lasted for approximately 30-75 minutes and were recorded via MS Teams.. Participants were reminded to answer questions in as much or as little detail as they wished and offered breaks.

Semi-structured interview schedules for members (Appendix O) and graduates (Appendix P) were used to guide interviews. A voluntary former TC member provided feedback on this and

all other study documents, which was considered and incorporated. This volunteer was reimbursed for their time with shopping vouchers. The schedule consisted of seven main open-ended questions, including exploration into:

- Structural elements of the TC and a 'typical day'
- Experiences of being with others
- Helpful and challenging TC experiences
- Any changes seen in areas of participants' lives

Participants were verbally debriefed after interviews, offered a chance to ask questions and given a written debrief (Appendix Q). They were given a £25 shopping voucher upon completion. All participants were given a Participant ID Number and pseudonym. Data was stored in a securely in the University file store, only accessible to the research team. Video recordings were deleted once interviews were transcribed by the primary author.

2.3.5 Analysis

Interpretative Phenomenological Analysis (IPA) was used to analyse interviews following guidelines by Smith and colleagues (2021). Each transcript was re-read and the recording was re-listened several times prior to undertaking exploratory coding to ensure immersion. Coding was completed using three levels: first, descriptively to summarise participant's experiences, then linguistically, paying attention to the language and verbal/non-verbal cues and finally conceptually, where a more interpretative stance was taken to reflect their experience. The primary author's critical realist stance aligned with IPA, as thoughts, emotions and behaviours were acknowledged to be shaped within the participants' environment, interactions and life experiences. Furthermore, IPA allows for the 'double hermeneutic', whereby the researcher is invited to interpret the participant's subjective understanding of their experience (Tuffour, 2017). This creates another layer of knowledge which is contextualised by the author's experiences.

Experiential statements were created from the exploratory coding, which were subsequently grouped to form personal experiential themes. This process was repeated for each transcript. The researcher reviewed versions of personal experiential themes and exploratory notes with their supervisory team. This enabled the researcher to engage with the data on a deeper, theoretical level and get feedback to ensure interpretations aligned with the data and meaningfully answered the research questions (Yardley, 2000). For example, the researcher had initial themes pertaining to the timepoints of participants' journeys into discovery; however, this did not appear to fully capture change mechanisms. Notes of supervision meetings were taken by the researcher and considered in the reorganisation and renaming of themes (Johnson et al., 2020; Smith & Nizza, 2022).

A cross-case analysis was then undertaken to determine group experiential themes. The researcher looked for convergence and divergence across personal experiential themes, gradually building up a coding manual whilst remaining iterative and open to the formation of new interpretations. The manual was shared with the supervisory team, whose discussions shaped the final analysis to further ensure the themes fit with the aim of exploring TC change processes. See Appendix R for personal experiential themes and group experiential themes coding manual.

2.3.6 Reflexivity

The primary researcher and one research supervisor had experience of working in the studied fusion TC. Thus, it was acknowledged that this would contribute towards influencing and biasing interpretations. To minimise this influence, the researcher kept a reflexive journal, logging their reflections through the process of designing the study, interviewing and analysis. When designing the semi-structured interview schedule, the researcher sought feedback from supervisors and voluntary former TC member to ensure they were open-ended and without preconceptions. Having two other research supervisors with no experience of working in TC settings was beneficial in providing alternative perspectives. The sharing of personal

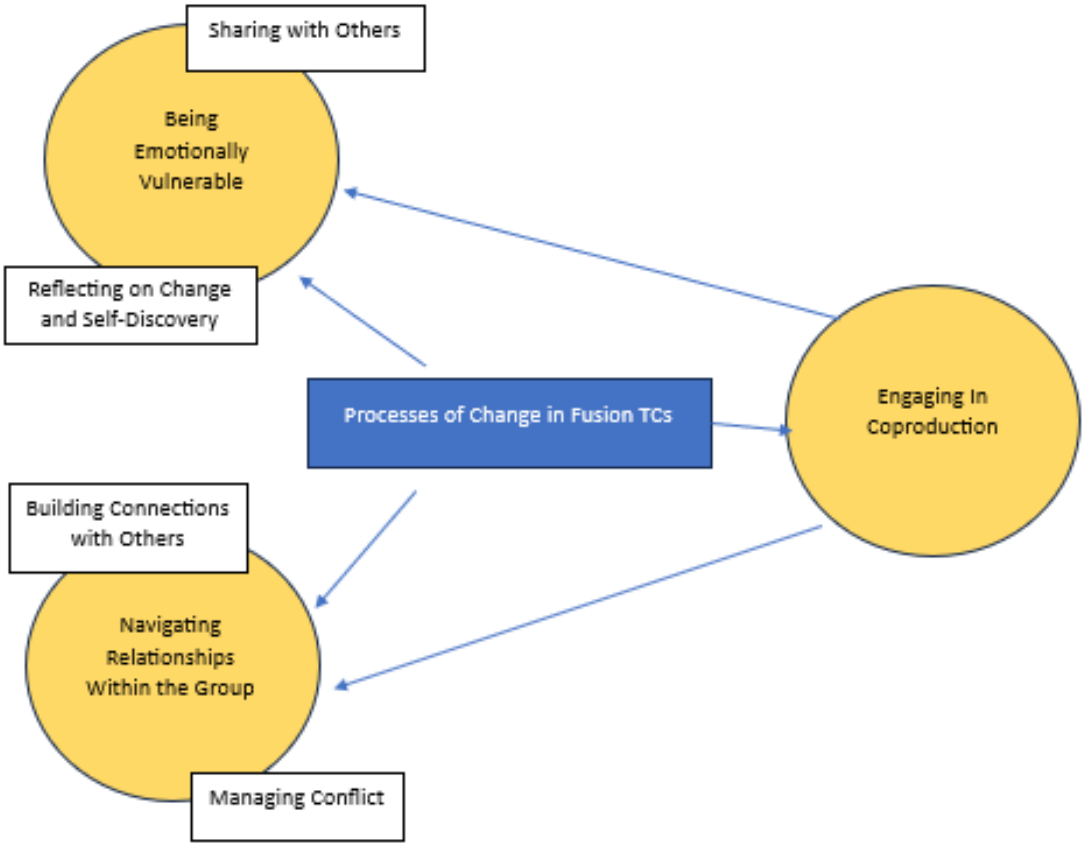
experiential themes and group experiential themes with the research team was imperative towards developing a richer analytical account and ensure there were no overlapping ideas between the themes. A reflexive summary and excerpt are included in (Appendix S).

2.4 Results

The analysis identified three group experiential themes: (1) Being Emotionally Vulnerable, (2) Navigating Relationships within the Group (3) Engaging in Co-production. Figure 3 illustrates the themes and connections.

Figure 3

Map of themes and subthemes highlighting Processes of Change in Fusion TCs. Coproduction feeds into adapting processes which enable members to be emotionally vulnerable and navigate relationships.



2.4.1 Theme 1: Being Emotionally Vulnerable

The first group experiential theme relates to members' experiences of exposing stories, thoughts, and feelings. For most members, the TC was a safe space to openly explore life events, both past and present. The two subthemes, 'sharing with others' and 'reflecting on change and self-discovery' portray how most members became confident in expressing complex thoughts and emotions. This created opportunities to reflect on, make sense of and learn from their experiences.

2.4.1.1 Subtheme 1: Sharing with Others

All members described having to face being open with their personal experiences, during the main community meetings, which evoked honest emotions and feelings, allowing for authenticity with others. Each week, members described participating in 'check-in's' elaborating on their week, including any challenges and difficulties experienced. This process was structured to ensure everyone, including, residents, staff and peers could be physically seen and heard, thus equality and a flattened hierarchy was essential.

For some members, sharing did not come naturally, which was exemplified by their use of metaphor. Daisy described *'wearing multiple hats and saying they're fine when they're not'*. Daisy appeared to be externalising her experience having changed to third person, potentially distancing herself away from the uncomfortableness of bringing her authentic self. Tom [wore] *'a mask'* to try and present themselves in a way that aligned with how they felt they should, which appeared symbolic of their insecurity. However, masking was quickly recognised to not be conducive to therapy and was inescapable, leaving them to confront their true self within the group setting:

'There's really nowhere to hide…you have to be um, comfortable with that level of showing up' (Tom)

Similarly, other members, like Jess grew aware of her fears of being in group spaces, but the group gave her the freedom to explain:

> *'I made that clear…I think it helped…It's not that I'm being rude. It's not that I'm not paying attention. It's just that I struggle with [eye contact]' (Jess)*

Some members noted how difficult they found it to articulate their words and adjusted their approach by writing things down or initially used smoke breaks outside of therapy to open up. Reading or smoking may have also served as a focus to detract from the anxiety of the spotlight when they were due to speak. Jordan found writing in the 'green book' helpful; this was a TC mechanism used to capture and highlight thoughts of members:

> *'whenever I'm extremely stressed, I write it in the green book and then people read it out… I feel like I can write better then I can speak' (Jordan)*

Members appeared to value this as it allowed them time to think deeper into their thoughts and emotions of their experience and conscientiously convey them and feel heard. For example, Lucy who had mild learning difficulties found it 'help[ed] the group to understand [her] more' when she wrote notes down to read out from her phone. Similarly, Jordan's expression of *'writing better than I speak'* signifies that he felt his contributions were understood by others when they were written down, given his strong accent, pace of speaking and anxiety levels.

Contrastingly, although initially feeling nervous upon starting at the TC, Flo reflected positively on the process of sharing her check-ins with the group. The use of imagery in describing the experience demonstrates that she found it an emotionally relieving experience and an achievement:

'I find it very cathartic…Being able to share those things. Umm. And I thought of it just being like a burden lifted off your shoulders… you've managed to share them.'

As members became more attuned to the structure, most appreciated the opportunity to share, feel listened to and validated in their experiences. The TC appeared to allow members to shape their personal life narrative in ways that made sense to themselves and others. The recognition that other members had gone through similar things facilitated a platform for members to *'step into another person's shoes'* (Linus) and learn valuable things from each other. There appeared to elements of surprise that others could identify with their feelings, reducing loneliness or feeling judged in their difficulties:

'people kind of got it…they've been through a kind of, you know, a similar experience to me, although different…they could empathise and relate to what what [I] had been going through' (Linus)

Receiving feedback from others in the group was an integral part of being vulnerable with others as it indicated people understood one another's difficulties. Two participants had received serious health diagnoses and chose to share these with the group. Both commented on how much *'love'* (Julie) and feedback (*'they were just there for me'* (Lauren)) they received through the group, which helped them in their difficult time. Being vulnerable with others enabled some members to feel more comfortable in showing their emotions and process difficult situations, without fearing how they would look to others. This demonstration of raw emotion is a core and rare aspect of vulnerability for Daisy. Feeling held by the group when expressing her true feelings, was a key towards learning healthy emotional regulation:

'I've always had an issue with [crying] in front of people…at the time I felt awful… I thought, Oh my God, I'm a baby… but it made me feel so much better.' (Daisy)

Several members commented on how their families struggled to understand them which was why TC peer support was invaluable. However, Abigail commented on how the 'Family and Friends' group held by the TC, was useful in helping her close friends understand her:

'my friends who are my my strongest support. They come to something like this. To see the other side of my life… It's been really important for me, even going forward in the future' (Abigail)

Abigail found comfort in being able to share vulnerable parts of her life with close friends in a dedicated space. Her comment about the future suggests this meeting served to repair any ruptures that previously existed with friends through their acquired knowledge of how she experiences life and how best to support her.

Sharing with others was practically challenging for some members. One member described how others took up a lot of space in the group which could additionally translate into members oversharing and triggering others:

'I'm hoping things will get better, but it is (pause) making it seem as though everything the whole group is really there about her, which is not great.' (Zoe)

Members in the newer TC struggled with obtaining feedback from others and acknowledged the possible barriers members have in giving feedback. Jess shared members "*either… didn't have the knowledge or they were just too anxious to speak". This* highlighted how integral feedback was to demonstrating support for others. Compared with experiences of feedback from Julie and Lauren who were in the established TC, this could imply the skill of feedback may gradually develop in members as the TC matures over time.

The differences in TC maturity could further explain how members perceived sharing experiences with older members. Jordan, who attends the established TC, recalled how age made no difference in his ability to share and receive support with difficulties:

'...Even though everyone else was, well, quite a bit older than me, uhhh, we still had similar problems…we could still support ourselves in similar manners. There's no ageism there.' (Jordan)

In contrast, Jess, who attends the newer TC, experienced an opposing experience, with age seen as a barrier in embracing her vulnerability with others:

'I probably feel a bit like a baby in terms of things that I might struggle with now…they might have done when they were my age, but they might be years past that by now… sometimes I feel that the age difference does make it hard to talk'

Jess's expression that she felt like a 'baby' suggests that she felt her struggles would not be taken seriously and construed as less important than others. Her early experiences she discussed in her interview indicated that she grew up in an environment where she had to independently navigate struggles. Thus, this may have been an unfamiliar situation to share things, particularly if she felt they were trivial.

Abigail noted other barriers to expressing her emotions and true self. Her ingrained cultural and social norms were strongly portrayed through metaphor:

'From my background I'm always told you know, don't air your dirty laundry in public. So, I have that sort of in my head constantly… it's really always a.. [pause] struggle.

Abigail appeared to have felt torn between knowing what will help her mental health and what would potentially cause her to bring a sense of shame, thereby illustrating incongruency between western therapy norms and her cultural values.

2.4.1.2 Subtheme 2: Reflecting On Change and Self-Discovery

Alongside sharing experiences with the group, the TC enabled members to partake in self-reflection. This was perceived as a vulnerable and sometimes painful process for members, or a breakthrough in their personal development within therapy. Some members did not anticipate needing to do as part of their recovery. Julie initially experienced fear in exposing herself to memories, with the 'main goal' being fixing her present:

> *'I could not see that, but somehow it's like looking back… before I used to refuse, I don't wanna look back. I want to focus on main goal. Never touch on the past again…but now I start looking back a little bit.' (Julie)*

Linus explored how the TC gave him a chance to exercise self-kindness and acceptance.. He alluded to actively slowing down and reframing his automatic self-critical thought process he used when something difficult happened, prior to joining the TC. This appeared important in change and the facilitating the development of building compassion for others.

> *I think it's given me time to err..gives me the opportunities to self-reflect as well. And just to to be kind of. More self compassionate… hopefully that comes out when when you're with people. (Linus)*

The structure of the fusion TC, in the use of phases, introduced the ability for members to compartmentalise their journey through treatment, making it feel more manageable. Tom's reflection of how the phases break up the journey demonstrates the meaningfulness of engaging in therapy, rather than going through the motions of attending each week blindly.

They highlight pausing as crucial to the programme, thus a mandatory process requiring dedication and focus:

> *'That ability to pause and reflect is really crucial to to the [TC programme] and and to why the phases work…you're not just constantly on the go, you do have built in time to stop and breathe and and look back…I found that very helpful.' (Tom)*

The TC offered members reflective spaces between phases of the group. These were facilitated by staff and peer mentors. Most members recalled how these spaces were helpful to reflect on their progress and identify strengths and areas for development. They also valued staff and peer mentors in assisting them with this process, which helped develop members' self-belief and confidence:

> *'I was assaulted about a year ago… about a month or six weeks later, I went in for my end of phase one reflective space. [They]noticed that I'd become stronger in myself… all of them agreed that if what had happened had been at the beginning, I probably would not have coped as well.' (Zoe)*

Tom recalled how they were able to use reflection to think about their own understanding about aspects of their identity, leading towards self-acceptance and freedom to express themselves. Group membership may have coincided with a pivotal period of transition for Tom which appeared helpful to question and work through their feelings with the group:

> *'one of the things that the group kind of really helped me start along the the path of was coming out as queer really… the ability to kind of um question the way that society does things is something I felt more confident from being part of the group'.*

Jordan found reflective spaces challenging as they required reflection on progress and future goals, which he appeared to find confronting. Members' life transitions may again have played a role in making it harder for some to envision plans than others, as Jordan was contemplating going back to university at the time. :

'they ask me questions like what I see myself doing in six months time…reflective spaces for me is quite anx..stressful… It's important - It's like eating your vegetables. You might not like to do it…but you know you have to.' (Jordan)

2.4.2 Theme 2: Navigating Relationships within the Group

The second group experiential theme relates to members' experiences of developing and managing relationships. The TC offered members a platform to interact with others and build upon their socialisation skills. Managing relationships involved both fun and difficult situations. Whilst difficult situations were uncomfortable, they provided vital lessons in how to repair, with the support of their peers and staff. The TC encouraged belongingness within both formal therapy and informal events held within the TC. The theme encompasses two subthemes, 'Building Connection with Others' and 'Managing Conflict'.

2.4.2.1 Subtheme 1: Building Connection with Others

Another mechanism of change lay within the development of relationships with others. Feeling connected was reliant on members committing to attending the group or letting the group know when they were not going to be there. Members who attended consistently developed connections with other members, which increased their ability to engage.

This provided some familiarity and comfort knowing that members would be met by people they know each week:

'the peer mentors will always be there um which is really nice…to walk in and see them setting up and sort of smile and wave…that was very um calming.' (Tom)

Tom appreciated the positive friendly non-verbal gestures, which helped build connection without pressure to say anything. This was important to acknowledge, as the gestures of waving and smiling are indicators of a friendly and welcoming environment within the UK. Understanding other forms of non-verbal communication, specific to a member's culture may help them feel welcomed too.

Members described the benefits of attending the TC to experience a sense of belongingness and community, thereby reducing isolation and loneliness. Members valued peace of mind that the TC helped develop *'healthy relationships'* (Flo). Both these opportunities may have been limited to members prior to joining; thus, the opportunity to join may have been relieving and precious:

'…you're one of many… maybe some people felt they've been on their own for years and years dealing with this, and then they come into a group like this where they just seem to fit.' (Daisy)

'I look forward to the social element of it because I don't really socialise that much.' (Zoe)

Members enjoyed opportunities to connect with others over 'normalised' parts of the TC, for example informal conversations, that did not encompass talking about difficulties, group lunches and other celebrations:

'We go in and because we will get there early, we will all have kind of these random conversations with each other, which I think kind of grounds you before you continue. And then we fall into the lunch break… Random conversations and kind of moves away from the general part' (Jess)

'I've loved our annual Christmas party where we got to meet a lot of uh, old faces…it was like a party that I actually wanted to be in. Most times, when I go to a party, it's just me in a corner' (Jordan)

Jess alluded to the idea of needing time to 'ground' or adjust into coming to the TC each week. By reconnecting with members each week after a break, this may highlight the need to prepare herself for what might be brought into therapy, through 'random conversations', revealing members' emotional states and thoughts. This would not be the case in residential TC settings, where members are with each other 24/7 and would ordinarily know about each other's activities.

Members spoke about the group sending them cards when they were unwell, which signified others cared and thought about them, when they were not physically present. These all contributed to the increased sense of inclusivity, as four members likened membership to being in a *'family' (Lauren, Jordan, Lucy, Julie)*, *'finding a space within the group dynamic'* (Tom) and *'[feeling] loved and warm'* (Julie).

Group connection gave members a chance to look beyond mental health difficulties and see others in a different way, which was an important change for Linus in particular, who had spent prolonged periods in a psychiatric hospital prior to joining. He was able to reflect on how being treated as the person he is, rather than a diagnosis was a crucial component of his recovery. This formed into part of his own approach when meeting other members and allowed for a more personalised sense of connection:

'It was something that kind of er I looked forward to… seeing the person's value rather than seeing their their illness.' (Linus)

Whilst consistency was highlighted to help members feel safe in developing relationships, Jess and Zoe, members of the newer TC, described how their felt sense of safety often fluctuated due to the chaotic nature of members entering and leaving without warning.

Abigail gave an example of how she experienced the planned leaving of a staff member, which was very difficult; however, the importance of a healthy ending was emphasised and taught within the group environment:

'I was quite upset when [staff member] left… she enforced the importance of saying goodbye'.

The staff member reminded her of a friend who had recently died. Abigail's use of the word 'enforced' was very formal and emphasised how difficult and unpleasant Abigail found endings.

Two members felt worried about losing the group relationships, following the end of their TC journey, further suggesting how important connection was to them:

'I'm scared of what the future's going to be like once I finish…and missing the connections...' (Lucy)

Lucy's particular experience was around the loss of connection of the staff team in being there to attentively listen to her, which was something that had lacked prior to joining. This perhaps exemplifies an overreliance on the healthcare system in meeting her emotional and social needs, if her wider social network is largely unsupportive.

2.4.2.2 Subtheme 2: Managing Conflict

Learning to hold and manage conflict together appeared integral for members to develop healthier relational skills within the group environment. Some members talked about their experiences of conflict, which initially appeared to compromise group connection. Experiences ranged from being direct part of the conflict to members who observed the conflict taking place. Members felt threatened and in discomfort; Jordan used a powerful metaphor to describe the anguish caused:

'she would pick arguments...at one point I thought I might actually have to defend myself against her like physically…feels like I'm a lion tamer with an angry lioness… get[s] very scary at times.' (Jordan).

Jordan's use of metaphor appeared to symbolise a role in mitigating the situation himself, given how targeted he felt. However, he reflected on using the green book to help him bring the issue to light, thereby enlisting the support of the group to manage the situation together. Members reflected on how conflict is spoken about, with all members able to contribute their views and opinions. In this way, the group can take away key messages, with view to resolve the issue. This is demonstrative of the power peers hold in holding and managing situations.

Members reflected on the usefulness of experiencing inevitable conflict in the TC setting in giving them a template in how to manage it:

'being in a room of people whose personalities are constantly clashing has also actually helped in some way because that happens on the outside…it's happening in a slightly safer, more comfortable space' (Jess). Zoe

However, six members expressed that staff were relied upon to ensure the overarching safety within the group:

'[staff] don't take over. I mean initially the group was trying to be sort of run by clients I suppose, but you still got to have somebody there as I said, just to make sure things don't take off in a- in the wrong direction' (Daisy).

There appeared to be a contradiction with Daisy's statement in the fact that staff do not resolve situations but are still expected to step in and help. This serves to dilute the responsibility between staff, peer mentors and members and helpful when learning to navigate relationships. This would not be the case in a traditional residential TC, whereby staff would not be expected to get involved at all.

Flo, a member of the newer TC recounted on connecting with staff both within and after the group: *'having staff members there and also having their support outside of the group as well, um not just in the weekly session that we have'*. Through extra telephone support, staff helped her manage the challenges the conflict caused. She felt that the conflict was prolonged, as it was up to members to bring it up and it would have been helpful if staff intervened sooner.

Julie mentioned how a staff member helpfully acknowledged and managed her emotional intensity when they saw her getting irate:

> *'She insulted [staff member]. And really I was sitting with [staff member] next to me. I'm gonna go to start on this…I started heating up myself and [staff member] saw it coming and told me to slow down 'cause he knew'.*

Julie spoke about an intense, instinctual urge to stand up for a staff member, which illustrates the strong familial therapeutic relationship that had developed with them. This shows that members can develop empathy and compassion towards others who theoretically and perceivably 'hold power', which perhaps was confusing.

Staff helped members to deal with conflict by facilitating a special learning space for members to come together and talk, which helped with healthy reconciliation and reconnection with peers:

> *'I explained to [the other member] how she'd made me feel and everything she said, 'oh I didn't realise how I made you feel… now I understand that you didn't do it.' Then I got an apology.' (Lauren)*

2.4.3 Theme 3: Engaging in Co-production

The final group experiential theme related to members' experiences of co-production. Co-production gave members chances to work together with both staff and peers, allowing them to gain a sense of purpose and agency. Members therefore described having an opportunity to step out of the 'patient' role into more empowered positions. This required joint efforts from the group and communication to ensure effective planning and decision making:

> *'... you brainstorm ideas… with the help of everyone… [for our] Halloween party…people are going to bring various food items and we are going to decorate the place' (Jordan)*

Zoe took up the co-produced opportunity to work with peer mentors and staff to induct a new member into the TC, thus breaking the traditional 'us and them' phenomenon inherent within mental health services. She conveyed appreciation in being involved. Yet, from her unsure tone of voice and the responsibility being casted upon her by staff members, she appeared hesitant about the value she offered to the process:

> *'They wanted a group member to kind of go in… we could answer the questions… give a different perspective than the professionals… It was really weird being on the other side, but I did actually really enjoy it'.*

The TCs founding members elaborated on their positive experiences of 'first-hand' co-production. Together, they evolved and structured the TC from the ground up, thoughtfully integrating TC principles. This ensured that the TC worked towards helping members effectively in alignment with the group's needs. Members appeared to enthusiastically embrace the sense of ownership, dedication, and responsibility in such roles. The strong emotion and tone of excitement conveyed by Lauren may be indicative of the prior lack of power members had in decisions around their treatment before joining the TC:

'…I was very proud of at the time…[we] decided between us which was the right right way to go. It was…sort of like you had to. Try things out to see if they work.' (Lauren)

The TC has continued to evolve, considering several challenges members may have in engaging with therapy. For example, Jordan described the creation of safety benches, which were designed by the group. This allowed members to physically step away from traditional therapeutic community processes flexibly. This also created a new role for members to try facilitating.

'if you [can't] actively partake in the group… sit on one of the safety benches…after 10 minutes, [a] designated safety bench manager…come[s] and ha[s] a one-on-one chat… [they encourage you to] bring it back to group' (Jordan)

As seen in traditional democratic TCs, the equality of decision making was further acknowledged through creating and adapting boundaries for the group. Members described such decision-making processes as being coproduced within the group, with everyone's thoughts being included. This appeared especially important to Daisy in ensuring nobody felt left out or blind-sided, thereby firmly cementing the ethos of members sharing responsibility in managing the TC:

'…it's not just changed by the staff and they think, 'Oh yeah, we need to put that in, so we're going to', no…the group discuss it as a whole.' (Daisy)

Co-production gave members opportunities to create workshops and groups which were external to the TC meetings. These were described as voluntary 'spokes of the TC experience' (Tom), which provided additional enrichment and variety for those who joined., These were sometimes co-designed by peer mentors and staff and brought a sense of achievement from members who created them:

'I actually did a workshop called 'All About Me'... So we could find out different things about each other. That wasn't necessarily mental health related or difficulty related…' (Jess)

Tom's co-production of a young person's group with staff was integral towards developing a sense of purpose, self-belief and important professional teamworking skills. They were given opportunities to exercise integrity and person-centred leadership in designing something which aligned to their current stage of life. Tom appeared to believe the group beneficial to others going through similar transitions into adulthood and a rare chance to navigate through it together:

'...we cocreated this this space…I felt almost a sense of of ownership, maybe or a sense of "hey I am capable of doing a nice thing" - that was very meaningful to me.'

Other pieces of work Tom led on included the development of a co-produced TC newsletter, which captured the interest of healthcare professionals and resulted in securing paid employment. This instigated more feelings of recognition and worthiness.

Co-production assisted members to freely showcase their individual talents, express their creativity and connect with their passions. Zoe expressed how the group valued her contributions towards a new logo for the TC and signified a move towards herself acknowledging her ability to make a difference in this moment:

'I am a photography student, so I kept looking at the (TC logo) and there was one bit on there that just really annoyed me…I just said look, can I redo the picture... we ended up [with] kind of a few options and we picked a beautiful sunset.' (Zoe)

Three members reflected on the external opportunities co-production brought, with attending and presenting together at public events and conferences, which provided new

possibilities and experiences. This appeared unintimidating for Linus, who took comfort in having his peers alongside to help him focus and disseminate information about his TC confidently:

'...we had a meeting from all the different communities from across the UK... I didn't actually present by myself... [everyone] had their own parts' (Linus)

Abigail reflected on a challenging experience of co-production running a creative writing workshop, in which her peers had not prepared for it as was required. This appeared to leave her feeling disappointed, disempowered, and self-critical. It appeared that Abigail was taken back to a place of insecurity, through recollection of her past. Abigail reported how she required acknowledgement from staff to move forward from the difficult situation:

'It was... horrible...[it] reminded me of the stress of being a teacher... I went home...sent a message a little bit later, saying how I felt...[staff] replied and apologised for not seeing it and seeing that anxiety.' (Abigail)

2.5 Discussion

Our study used IPA to qualitatively understand experiences, perceived impacts and change mechanisms within a community-based 'fusion' TC. This was done through interviewing 11 active members, graduates, and peer mentors across the two sites. IPA enabled insight into convergent and divergent experiences of members, giving a richer understanding into people's individual experiences (Smith et al., 2021). The crossover of the concept-TC and democratic TC structure were reflected in the results, allowing insight into potential change mechanisms of 'fusion' TCs (Haigh & Lees, 2008).

The results of the study revealed three main themes pertaining towards understanding the processes of change and experiences of members within the TC. Exercising vulnerability

within community meetings and self-reflection via individual reflective spaces helped members notice and learn from past experiences and motivate them towards making personal changes in their lives. However, some members struggled to open up and communicate with the group, hindering their progress. Learning to navigate relationships helped build integral connections with peers and staff, both through positive, inclusive experiences and challenging 'conflict' experiences. Participation in coproduction opportunities both within the TC, that benefited the group (e.g., adapting the TC structure), and external to the TC (e.g., public events) served to promote empowerment, purpose and confidence.

The findings of our study align with Pearce and Pickard's (2013) two main mechanisms of change, as the themes encompass the sense of belonging and agency that members either fully experienced or struggled to experience. Our study provides novel evidence of effective, dynamic co-production within a community-based fusion TC.. The TC appeared to emphasise on a user-led service, which was conducive in promoting growth for those involved and provide authenticity for those receiving the service (Lees et al., 2019). Co-production further extended empowerment through linking members strengths with local community and employment opportunities after graduation. Conventional empowerment processes within TCs typically include gaining consensus on group decisions, taking on roles within community meetings and domestic chores in residential TCs that benefit the group (Kennard, 2004). Co-production appeared to benefit the 'fusion' TCs, enabling groups to work together to adapt conventional aspects of DTCs to processes more accommodating to members. These adaptations were shown to support the other identified change mechanisms and could reduce the likelihood of drop-out, which is a prevalent issue across TCs, particular at the start of therapy (De Leon & Schwartz, 1984; Morris, 2014). The constant changes that occur within the TC due to coproduction demonstrates the adaptability of the group. This was opposed to Clarke's (2015) finding that members needed consistency to achieve synchronicity and familiarity with the TC group and its processes. As the present research findings show

changes were discussed and agreed upon by all members, the TC's key principle of democratisation appeared to lead to greater compliance of the changes (Rapoport, 1960).

The gradual process of exposing oneself to vulnerability, through sharing stories and relating to others' situations in community meetings appeared useful to members. This provided opportunities to openly explore emotions, learn coping strategies and communicate via group feedback. This may have furthered the building of connections and inclusivity within the groups. This aligns with findings by Hodge and colleagues (2010), who showed that sharing difficulties enabled relationships to develop through acknowledgement of other's suffering. Further, relating to one another's difficulties and learning that things could get better provided them with optimism; this has been shown to be crucial in improving individuals' mental and physical wellbeing (Loat, 2004; Conversano et al., 2010). However, some members experienced difficulties in sharing, with cultural barriers (e.g., hesitancy in sharing personal stories outside of family) and age differences reducing the central TC principle of permissiveness of freely expressing themselves without negative consequences (Rapoport, 1960). Scott (2011) exemplifies how 'unconscious shame' creates disconnection and difficulties in group communication, which may explain these findings. However, other studies have found similar cultural barriers, pertaining to a member's race, religion, family values etc were experienced in prison-based TCs, which left members shut down, as they were perceived to be unaccepted by others (Brookes et al., 2012; Jones et al., 2013). This suggests a need for TCs to consider ways of employing culturally informed support to help such members.

Vulnerability through self-reflection within the group via feedback and reflective spaces invited members to pause and look inwards to understand their journey, and this appeared captured between phases of the 'fusion' TC model. Thus, the concept of reality testing whereby members were regularly confronted with aspects of themselves was achieved within the TC (Rapoport, 1960). Reflection requires agency, thus individuals have to consciously

choose to undergo this process and remain accountable to what they find (Shuker, 2018; Pearce & Pickard, 2013). However, self-reflection appeared to extend to encompass vulnerability, as members expressed avoidance of their past and a disconnection with themselves that needed to be explored to move forward. The findings connected to prison-based DTC research, whereby residents used small groups to reflect on difficult experiences of criminal activity which helped them see the perspectives of victims and their families affected by their crimes (Dolan, 2017). Whilst group reflection is beneficial, our findings show members appreciated and thrived with privacy in planning and reflecting separately from community meetings, suggesting the importance of these spaces in contemplating future change and personal development. Incorporation of such spaces in new and existing TCs could therefore be helpful.

Connection amongst peers appeared to be an important change mechanism, in both positive interactions and navigating challenges (e.g., conflict). Members appeared able to build up a secure network of peers, to develop skills in socialisation and conflict resolution. This served to create healthier ways to navigate interpersonal situations, through freely communicating with others verbally and non-verbally, encompassing the principle of communalism (Phutela, 2015; Rapoport, 1960). This theme appears to align with Haigh's (2013) quintessence TC theory in highlighting the importance of ‘secondary emotional development’ in creating opportunities for members to experience developing secure attachment (via peers and staff) and experience healthy disputes safely. Haigh (2013) recognises these opportunities may not have been available to TC members in early childhood, growing up in dysfunctional circumstances. Members obtained a recovery identity as they got to know others beyond their difficulties through normalising activities, which was a key change process (Paget, 2008). This further promotes a natural and genuine caring connection, which provides an ideal foundation for trust (Bell, 1994). However, a future pitfall to this exists in sustaining the recovery identity following discharge, given how members demonstrated they can become too attached to the relationships of the TC and

struggle to engage in outsider groups (Best et al., 2014). This highlights how connections with the external community through co-production can be useful in socialising and preparing members to maintain progress following graduation.

Across all themes, staff and peer mentors appeared to play a larger role in providing tailored support to members to sustain progress, with members seemingly relying on them to contain the group at times. This appeared through facilitating reflective spaces, managing some conflicts within the group, providing phone support for members outside community meeting hours and supporting co-production projects. Harrison (2023) discusses how leadership was inherent in early TCs was necessary in establishing and upholding group boundaries, thus advocating the need for staff leadership. The employment of experts by experience are described by Lees and colleagues (2019) as the 'third position' in mental health services, providing valuable support to patients and staff in delivering care (Davidson et al., 2012). Whilst staff involvement could be seen as a divergence from the TC theory 'community as method' and the emphasis of peer support (Pearce & Pickard, 2013), it may be a necessary provision for protecting modern day therapeutic communities within the NHS (Haigh, 2017). Thus, the importance of equipping and preparing staff and peer mentors in supporting TCs effectively is highlighted.

2.5.1 Strengths and Limitations

The study was unique in exploring perspectives of members from an established TC site and a newer TC site with the same therapeutic and structural principles. Although, this was less considered in the research, the findings gave some insights into similarities and differences in experiences. The study utilised participants who were currently engaged as a group member, which enabled a more accurate insight into 'present' experiences of a phase, as it was being lived through. The study also included members who were 'founding members' of both TC sites, generating a longitudinal perspective of the communities itself,

which aligned with members' experiences. This was helpful in providing insight into how the communities evolved from inception.

There were several limitations in the research. Firstly, peer mentors were asked to look back on their own experiences of the TC whilst they were active members which created a retrospective account. As such, their experiences as a group member may have been influenced by their peer mentor experiences. The criteria for members to have completed two phases (one year of their treatment) may have resulted in missed processes of change that could have occurred in the first phase, which members may have forgotten to mention retrospectively. Including members currently completing their first and second phases could help capture these experiences in-vivo. An extended analysis of members' patient documentation, written feedback as demonstrated by Janeiro and colleagues (2018), may enable more accuracy in members reflections.

The researcher was aware of their presence as an outsider entering into a tight-knit community. This may have influenced some members' responses within the interviews, particularly when discussing challenges. A longitudinal qualitative approach, whereby the researcher interviews members at each phase completion timepoint, would be beneficial in tracking each individual member's journey. This approach could form a more trusting relationship between the researcher and participant and increase the chance of participants' sharing more sensitive issues. Sharing the coding manual with participants could have provided an opening for further conversations about generated ideas, which may have been helpful in eliciting more information and increase rigour. Adopting a quantitative longitudinal approach to evaluate which elements of the 'fusion' TC across phases may be helpful alongside interviews, using TC specific measures such as the Survey of Essential Elements Questionnaire (SEEQ) (Melnick et al., 2000; Melnick & De Leon, 1999).

On a wider scale, TCs are unique to their service member needs and ways of working, making them heterogenous services by nature (Campling, 2001; Sacks et al., 2008). Thus,

findings may not necessarily be applicable for many reasons e.g., time and space practicalities, funding, and diagnostic populations, but could be adaptable.

2.5.2 Implications and Future Research

The empirical findings have important implications in inspiring and enhancing existing TCs. As demonstrated, TCs will inevitably be a treatment intervention for a diverse range of individuals from different backgrounds. Needs (2018) acknowledges the unequivocal importance of creating a therapeutic environment that is conducive in establishing trust and social support. Through co-production, theme three mostly emphasised how the TC environment was creatively and thoughtfully constructed by members to enhance these aspects through projects. This emphasises the need for TCs housed within the NHS to encourage suggestions from those utilising services to improve patient experience and engagement within appropriate recovery-focused environments (Marshall et al., 2019; Pilgram, 2018).

Cultural differences can impact members' engagement in sharing and connecting with others. Cultural aspects appear less outrightly addressed within the Core Standards and Values for TCs (Paget, 2008). This may be helpful in acknowledging directly, to promote the need for supporting diversity and adapting therapeutic elements in TCs (Bunt et al., 2008). Such adaptations may include providing open spaces for TC members to discuss and celebrate cultural differences as part of therapy which could allow for a more inclusive environment (Jones, 2018). Additionally, when members first enter the TC, they could be asked about their style of communication and whether any adaptations need to be considered to help them adjust to TC. Pearce and Dale (2018) assert the importance of training for TC clinicians, involving learning about the theoretical underpinnings of TCs, alongside relational practice and experiential training through visiting established TCs. Supplementing this with cultural training for TC staff may help to promote understanding into how client, staff, and organisational backgrounds can serve to create diversity among group processes encountered

within the TC (Jones, 2018). Furthermore, the training could highlight how the influence of the socio-political environment TCs are embedded in, can impact individual change (Mallow & Cameronkelly, 2006).

The results across all themes emphasise the role of staff in managing members, through complex situations, risk and assisting with co-produced projects. Alongside, peer mentors are experts-by-experience who provide a vital layer of lived experience informed knowledge to guide active members. Lees et al. (2019) advocate for the continued supervision of mentors as their roles evolve, to ensure they are well informed to provide help to others. Care needs to be taken to ensure they are feeling mentally and physically well enough to function within their role. This extends to active members exploring experts-by-experience opportunities whilst undertaking their own TC therapy. Future research could explore how fusion TCs are experienced by staff to complement this study and expand insights into supporting staff. The results indicated that reflective spaces in between phases helped members reflect on progress. Reviews are integral parts of TC treatment; however, in DTCs these are done in front of the whole community, rather than individually (Pearce & Haigh, 2017). Further research into how reflective spaces or 'reviews' with members work within TCs may provide further insights into aspects of change, beyond the TC's weekly community meetings.

2.5.3 Conclusion

The study explored mechanisms of change through residents engaging in a fusion TC setting. The study revealed themes pertaining to embracing vulnerability through sharing with the group and personal reflection, navigating relationships through building connections with others and managing conflict together and engagement in co-production. The discovered themes provide evidence of change mechanisms which align with existing research, thus reducing the ideological status of current theory (Shuker, 2010). The findings also highlight processes that could be implemented into existing TCs and provide insights into how TC

practice could be more informed to accommodate the growing diversity of TC members and support staff development.

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Updated 30-09-2022

Appendix B Search Strategies for Systematic Review

Database	Search Strategy
PsycINFO (EBSCO) CINAHL Plus with Full Text (EBSCO) MEDLINE (EBSCO)	"therapeutic communit*" AND (MH "Incarcerated" OR MH "Incarceration" OR MH "Prisons" OR (prison* OR forensic* OR incarcerat* OR offender* OR perpetrat* OR imprison* OR convict* OR inmate* OR detain* OR resident*) AND (experienc* OR perception* OR view* OR understanding* OR opinion* OR response* OR qualitative* OR theme* OR attitude* OR perspective* OR interview* OR “focus group*” OR observation* OR explorat* OR investigat* OR analys* OR DE "Qualitative Methods")
Scopus	(TITLE-ABS-KEY ("therapeutic communit*") AND TITLE-ABS-KEY ((prison* OR forensic* OR incarcerat* OR offender* OR perpetrat* OR imprison* OR convict* OR inmate* OR detain* OR resident*) AND (experienc* OR perception* OR view* OR understanding* OR opinion* OR response* OR qualitative* OR theme* OR attitude* OR perspective* OR interview* OR "focus group*" OR observation* OR explorat* OR investigat* OR analys*)))
ProQuest	(summary(("therapeutic communities" OR "therapeutic community")) AND summary(prison* OR forensic* OR incarcerat* OR offender* OR perpetrat* OR imprison* OR convict* OR inmate* OR detain* OR resident*) AND summary(experienc* OR perception* OR view* OR understanding* OR opinion* OR response* OR qualitative* OR theme* OR attitude* OR perspective* OR interview* OR ("focus group" OR "focus groups") OR observation* OR explorat*OR investigat* OR analys*)) AND (la.exact("ENG") NOT stype.exact("Books" OR "Conference Papers & Proceedings" OR "Trade Journals" OR "Magazines" OR "Wire Feeds" OR "Blogs, Podcasts, & Websites" OR "Encyclopedias & Reference Works" OR "Speeches & Presentations" OR "Newspapers" OR "Working Papers") AND pd(19620101-20231231))

Appendix C Coding Manual for Thematic Synthesis

Theme	Subtheme (if relevant)	Description of theme (or subtheme if using subthemes)	Codes included (bullet point)	Example Quotes (5-6 per theme or 2-3 per subtheme)
Importance of Safety in the Therapeutic Environment				
	Establishing Safety in the Physical Environment	How the DTC is set up to facilitate safety for residents	TC Wing Facilities	11. When food is consistently poor or inadequate in quality, especially in the prison environment where prisoners have no power to alter it, it can have a depressing effect on mood, which may in turn effect behaviour. (A) 10. Conditions we live in: sanitation facilities, lack of amenities or upkeep. This is the 21st Century; they need to get their act together. Other prisons stay on top of all infrastructure faults and are aware of the impact this can have – here they aren't so complaints get in the way of therapy. 4. The importance of perceived safety for rehabilitative efforts is highlighted by Blagden and Perrin (2016), who reported that individuals convicted of sexual offences were more likely to engage in treatment if they perceived the prison environment to be safe. (A)
			Creating a sense of normality in the environment	7. I've unpacked my bags and all my stuff's up on my wall…Cause that was one of the things I've noticed on the other wings, it should be on my file or something. It's always, I'm always prepared to move and get that ready to go and that. Right. But this is not the case now I've come here and after about four weeks I've unpacked and then put some pictures up and stuff like that. That felt weird because it was like I kept thinking I'm not

				ready to move if…you know what I mean. I felt a bit on edge and that and then I've come down here and I've unpacked straight away, put all my stuff in my cell, made it a bit like a bedroom as much as I can. (Matthew, lines 397-407).
			Safety in structure	9. It was a safe environment because everyone knows like the constitution up there […] the boundaries up there helped me be comfortable and take on board what other people were saying (Nick). When I first went up there, agendas were very tight, very strict on the most tiniest of things. And it was a good thing for me cause it kept me on my toes (Richard). 11. There's bullying in every prison, but a lot less here because of the structure and challenging'. 7. Mark described tolerance as crucial for the community, explaining that there was no other way but to learn to live with others: In my last prison, I could form friendships and relationships differently. If someone annoyed me, I could distance myself from them. Right. I kind of, there'd be no objection to that. There'd be no fallout from it. There'd be no staff criticism for doing so. No expectations. That's exactly, that's it. And here there is no distance. No, if someone annoys you, get used to it (Mark, lines: 432-438).
			Lack of structure and consistency/presence (staff)	3. However, a number of participants expressed concerns about the perceived high turnover of staff, and the impacts this had, in terms of relationships and the therapeutic process: There has been changes in the uniformed staff as well which makes a big change because you have got to discuss your personal issues your private issues like you do with one personal officer and (then another) again and again and you start to lose interest with it (John). 4. Repetition of the word "struggle" suggests a battle in which the participant wants to change but feels he is being held back by others' negative behavior, including "staff breaking boundaries." 3.Well sometimes the facilitators don't deal with the structure as they are supposed to (Tom).

			Safely managing emotions within community	1. Linked to this was developing new skills to manage the material to ensure that they do not act out on their emotions. This included developing their perspective taking skills and alternative view points, which can be difficult to those prone to black and white thinking. Often this can be very challenging.
	Navigating Relational Safety and Unsafety	How a safe environment can facilitate safe relationships with others – increasing a sense of belonging, inclusion and closeness	Development of Close Relationships with other residents	8. In connection with the subtheme describing the gradual nature of change, one resident spoke about group support and cohesion 'taking time' and 'improving over time'. Talking about the closeness he now felt in his therapy group, he concluded: '. . . it takes a long time to get there but once there it's great'. Another resident stated: 'group support is vital . . . positive feedback makes such a difference, makes you feel good and want to keep on going'. 7. All participants described the emphasis of the therapeutic community on relationship building between residents and between residents and staff. 3. Relationships with other residents were also generally felt to be very different from those in other prisons, as barriers were broken down. 3. [Relationships] were also described as "essential" and the overall perception was that they were the main component that promoted change at Grendon. 9. Though acknowledged as only "for now" (Edward), Richard was one of many participants to explicitly compare the environment to a family: It's quite strange, It's like a family element, it's like thinking that you're in a big family and somebody's caring for you, somebody's watching out for you. It is a nice warm feeling you get (Richard). 9. The sense of caring for others and experiencing care was emphasised when participants talked of their relationships with other community members: There's a camaraderie between you and your group members when you are with them for a long time […] you get a big buzz when you see someone complete (Richard). 9. You do get some quite close relationships there I feel. Close bonds because you're trusting people with your deepest and darkest secrets […] There's fellas up there know things about me my parents don't know (James).

			Developing Small Connections	7. So I'm telling this small group here, and you talked, you tend to bond with the smaller groups as well because that helps of course. Here you go. Small group. (Peter, lines 59-65). 3.Small group therapy. Participants felt these groups to be both hugely important and mostly positive, and where "the work is done". 5. When it came to other residents, relationships based on trust and mutual respect was also important. For some, it was easier to form relationships with small group members, as trust is limited to smaller numbers.
			Connecting with those like themselves	6. The experience of belonging featured as a central theme for participants, however, for many participants this seemed to be intrinsically connected to their having other BME residents within the therapeutic setting.
			Learning to tolerate others	Mark described tolerance as crucial for the community, explaining that there was no other way but to learn to live with others: In my last prison, I could form friendships and relationships differently. If someone annoyed me, I could distance myself from them. Right. I kind of, there'd be no objection to that. There'd be no fallout from it. There'd be no staff criticism for doing so. No expectations. That's exactly, that's it. And here there is no distance. No, if someone annoys you, get used to it (Mark, lines: 432-438).
			Exercising Acceptance and Non-Judgement	7. One participant acknowledged that interacting with sex offenders is normal for Grendon: I find that I don't care if I go to A wing and talk to people that are sex offenders. No problem for me. And I think also other people can that it's a downfall, right? Because you have to mix with these people, if you want a progress in this place, there's things you have to go and do with people from A wing. So I know I've never held that view [of avoiding sex offenders] from day one (Mark, lines 30-35). 11. Men with long histories of prolific and serious offending, impoverished or damaging childhoods and extensive experience in the prison system may find themselves being consistently treated with respect and positive regard for the first time in their lives… 8. Discussions were given to the degree to which change came through being around different people and accepting others' differences. One participant suggested that: 'One person's issue may not be important to others but if it's affecting his progress then it is important'.

				5. Furthermore, being accepted in the TC, and treated as a human being, was also communicated by two participants as beneficial: It's having that human contact that makes you more human than just being left on your own like a lot of people in jail are […] You treat people like animals then they are going to become animals. You treat them like people, they are gonna become people. 5. Just being accepted as a person again, rather than a monster […]It's being accepted for who you are and not what you've done.
			Acceptance of Self fosters Acceptance of Others	5. One participant described difficulties forming therapeutic relationships because of the filicide, but also suggested by not judging others, he may be treated the same
			Forming therapeutic relationships with staff	7. When I walked in reception here, the officer put his hand out, like...to shake my hand, you alright, my name is [...] and I just stood there, and I was like looking at him like, what are you doing? and I was like, wait, what are you doing? And he was like that's how we do things here mate. 11. …how they (staff) interact with inmates, their honesty, care, not taking sides, respect they show. They're the crucial components of success'. 11. I was gobsmaked! I began to realise it is a good place after that. Very welcoming and nice feelings. Induction was very informal with everyone using first names. I felt odd with it at first, it gave me a 'conning me' feeling, but I got used to it (Unplanned) 3. Even if an officer just makes a conversation "oh hiya how are you today" or whatever it goes a long way. You don't have to sit down for hours and talk to them but just little things like that makes a difference (Jacob). 5. Three participants reflected on the importance of supportive therapeutic relationships with consistent staff, which were built on trust and respect

				9. Relationships are encouraged between staff and residents “They’re not just a uniform are they” 8. You get to know staff, just the fact that you can call em by their first names […] You step off a bus transport […] and it’s “oh hello, my name’s[…]” it’s very cordial, it’s informal. I think that helps in that respect. (M)
			Staff protecting prisoners from harm to and from others	4. …the staff are brilliant I have to be honest they did stop a lot, well they tried to, but it was very difficult. I went through a lot of hell, but it done me good really. 3. If I’m having a spill out and I’m swearing and f-ing and blinding making threats I was just put in segregation and left (in previous prisons) so I would build up more resentment and more injury, whereas here staff tend to say look come and sit down and talk and they ask me what’s actually going on and they explore with me so I understand what is really going on and where it stems from (Andy). 11. ‘In the system there is bullying all the time, it doesn’t happen here, or occasionally, they get shipped out.’
			Residents feeling free from bullying and violence	9. There was a feeling amongst the participants that the GTC was physically safe as expressed by James: I done 33 months up there and I never saw one fist connect to anyone. Me being one of them, one of the lively ones up there I did lose my temper a lot […] and some of the things you do say to each other up there in anger you’d never get away with on another wing because you ‘d be in a lot of trouble. You’d get physically badly hurt for less. So it is safe (James).
			Difficulties accepting others	7. Matthew described accepting and tolerating all aspects of community living has been challenging so far: My first one [small group] lad in my group who was a sex offender and I didn't know before that, that was my first group before my big meeting, you know, anything. And when he said it he was sat next to me and everyone in the room went dead quiet because they said the blood had drained up on my face and I was shaking and um, I was just standing there and everyone thought I was just going to attack him. I was really

				struggling I couldn't even talk at for about a good 15, 20 minutes. I couldn't talk, I couldn't take my eyes off of him. Um, and then, uh, the meeting ended and staff talked to me and asked me if I was all right and I was just, it's just a shock to have someone sit down in front of me and say it up and not be able to do anything about it. It was tough man! (Matthew, lines: 169-181).
			Experiences of bullying and racism	6. Well it made me angry [receiving racist comments] but I came here for a reason so I had to swallow that. (Participant C) 4. P1 states his "defences were up" when questioned about his previous prison, and he describes lying to try and keep himself safe. (A)
			Experiencing prejudice and stigma	2. P – You'll get a group of black guys walking on the yard and they're automatically labelled as, ''ah look at them they're back into their gang culture behaviour, loud, walking with a bit of a swagger and so forth and so forth''. You get a number of white people walking in their group but it's not an issue, when they do it. 4. You know it's it's still the same mentality here as a mains prison. You know we're still sex offenders, and the people still hate us. You know, it's not equal at all. Erm, I don't know how you put it, it's just still that mainstream mentality. I hear it most days, you know, fucking rapist and this that and the other and you know, I just walk by and ignore it all. . . (P4, lines 303–307) 6. Umm, I guess it makes you feel like you don't belong to this place, obviously I had that feeling quite a few times, even when I was outside, thinking that you don't actually belong to the country in a way, but that's how you feel, you feel you know this is not my place. (Participant A) 5. One participant described difficulties forming therapeutic relationships because of the filicide (A)
			Feeling isolated from peers	2. D – When I first came to Grendon I found it a struggle because I was the only West Indian there. I felt lonely and lost. I use Jamaican patois and I've had to change the way I talk.

				6. Participants expressed that they found it difficult relating to others as there was a lack of BME prisoners: when I was on (the assessment and induction) wing it wasn't that many foreign, umm it was one, one black person and that was it, and it was only me and him .. . it was a bit hard, umm, I couldn't really with regard to the cultural background I couldn't really link in with anyone, except one person, umm the person who is here now and that was the first person I got closed to, sort of thing .. . you sort of bond to foreign people more. (A and resident) 6. What became apparent was that for many participants they experienced a sense of isolation and a perception that, at some point within their journey at Grendon, they did not ‘‘belong’’; this experience was closely linked to their experience of being part of a minority (A)
			Expectations from others to fit in	2. S – When I came here I think I was the only black person on the induction wing and these things do matter to me. I do pick up on these things and I could tell straight away that the ethos of this place was that they want you to fit in with their middle class white people – I picked that up straight away. 2. D – When I first came to Grendon I found it a struggle because I was the only West Indian there. I felt lonely and lost. I use Jamaican patois and I've had to change the way I talk. 7. he explained that he entered a dilemma about his place within the therapeutic community and whether he should ‘sacrifice’ his values to remain in the community: I believe this [my opinion] is right, so I'm gonna carry on with that. Even though that potentially could mean de-selection like…to me, conforming…when conforming means compromising my morals (Mark, lines: 199-204). 4. P1 stated he came from a prison which houses men with a range of different offences. This lie protects P1 as it enables him to construct a new identity and avoid the “sex offender” label.
			Seeing me as a person, rather than as my crime	5. Prior to working on their offences, participants recalled fears about how they would be received by others. Three participants outlined the usefulness of discussing shared lifestyle factors beforehand, as this allowed others to see the individual, rather than just

				the filicide: Find out about being me and not my crime […] It also takes all that pressure off […] if they said to me – right you need to start talking about this [filicide] – then I think there might have been a good chance I would have said you are joking aren't you, you can't make me do anything. (A)
Opening Up to Vulnerability				
	Sharing with Others in Therapy	The process of sharing life experiences and opening up to sharing.	Opening Up to Sharing	8. 'feeling safe enough to share with each other is a major thing that you have to go through here'. 1. It also leaves group members feeling vulnerable, exposed and like they are judged by others. Participants talked of being out of their comfort zone and allowing their "masks" to come off, exposing themselves to potential ridicule by others. (A) 7. And it's so massively different to mainstream. Yeah. Um, it's just, even the, the actual prisoners themselves seem to be much more relaxed as much more, less, less than, uh, less on the edge and let their guard down (Stephen, lines 145-148). 11. Some men spoke about 'dropping the mask' or their 'attitude' (A) 3. The way they are if I'm feeling down or I'm feeling good, talk about it and that's what I've never done before always bottled it all up and end up spilt out on someone so innocent and basically it's changed my life totally my whole outlook on life is […] it just feels good now (Charlie). 5. Generally the living is really good […] I have known people [on the TC] that I've talked to about stuff that I never discussed with my own family. 9. Participants reported taking risks with self-disclosure and not experiencing negative consequences: The first couple of times it's[…] it feels really really exposed […] you give people a lot of ammunition, in theory […] But I was up there 3 years, I've been gone a year. Yeah, well, still again nothing terrible has happened (Sean). As you do it once or twice you get used to it – you find out it's not so bad, nothing bad can happen (Edward).

			Trusting Others	1. It was the developing trust that makes me feel safe. I could not do it without that trust. 7. I think trust is huge and if you don't have that trust… everyone here' s in the same boat…when you've got to sit with these people and talk about your own trauma and trust that they're not going to use that against you. They're not going to manipulate it in any way (Stephen, lines 204-207). 3. […] so people after a certain amount of time (they) start feeling safe and they can talk (Daniel). 5. You are stepping into a completely unknown, and putting trust or faith in people that you've never met, and if you have never put trust or faith in people you do know intimately […] then. (M)
			Feeling relief in sharing	8. Others who had made the step in asking for help talked about an ease and sense of relief; one resident summarises this as: 'it feels like a massive weight has been lifted off my shoulders'. 3. It was also a relief when residents finally discussed this, and was a big step in the process of change: […] I just spoke about my offence last week and the relief that I had about talking about it was unbelievable […]I think that's one of the biggest things. It's easy to talk about your offence but it's putting it across, make people listen to it, listen to that, bear that pain. What you put your victim through […]and it's giving them (the victims) a voice that's the biggest thing it's giving them a voice (Phil). 3. 'It was important for me to speak about things that I wasn't able to…Because of the nature of my offence… in the system it was eating me up in a way' (Resident, Dolan, 2017) 9. 'To be able to go to vulnerable places to speak about something from the past is one thing… [it] gets you into a good habit of doing it in the [present]…So instead of brushing stuff under the carpet… you're… more willing to deal with it as it happens.'

			Learning how to share through watching peers	9. Many participants expressed that knowing and seeing other men go through similar processes encouraged them to be open: I was thinking well he speaks, he speaks, he speaks, so let me speak. We're all in the same boat, we're all sharing. So I wasn't alone in that sense, I wasn't alone (Nick). 5. 'By seeing other people expressing emotion, and being supported for it…, then that only encourages you to do the same.'
			Helping Others = good for development	8..It would seem that there is an emergent key role of the 'engaged' TC member helping others. 5. Some participants also reflected on the need to have purpose to engage, such as feeling they were helping others whilst helping themselves: I've helped people in therapy and they've helped me, it's a 50/50 thing, you take on board some of theirs and you off load some of yours.
			Listening to Others	9. I'm now a listener in the jail, and I hear all sorts […]I'm not as judgemental as I used to be (James).
			Experiencing non-judgement	7. We have to exercise all of our own points of view and not often being able to talk by express my own point of view and have my own standpoint that um, I feel that kinda helps cause there's a confidence in that, people will either agree or disagree with you, but uh, you don't really get any really negatives from that. So I think, uh, yeah, I think it just helps cause I know I don't really have to be worried about what I am putting one putting out there (Andrew, lines 18-25). 3. Although some found this difficult, they felt it was important to continue working on this: […] they are all sad when they are listening to it but they are very supportive. No-one judges me and stuff like that (Jamie).
			'I don't understand therapy'	8. For the participants, part of 'identifying the unknown' related to not knowing what therapy really was. One focus resident succinctly states: 'I couldn't understand the TC concept at all to begin with'. 4. P7 believes that therapy should focus on an individual's offence, akin to the approach of structured treatment programs (Ward & Stewart, 2003). Therapy within TCs has no formal structure or standardized course content (Bennett & Shuker, 2017), representing

				a move away from the traditional manualized interventions typically undertaken by individuals with sexual convictions. Not being able to "accept and understand" the reality of therapy within the TC, P7 dropped out to complete "the appropriate courses" elsewhere. (A) 5. Having limited options for treatment meant participants undertook the TC. Two participants communicated they felt lost at times in the TCs, and considered more guidance could be offered through consistent treatment assessments and/or verbal communication from staff (A)
			Fear of Opening Up Fear of Losing Control	8. A resident explains: 'offloading emotional baggage leaves you feeling childlike . . . afraid and scared . . .' 7. It is possible that this narrative is an indicator of some level of resistance from Matthew in terms of attempting to maintain control over some parts of himself as he witnesses himself changing and being influenced by the social environment around him. For Matthew, identity change in the context of the therapeutic community might mean that his position in the 'outside' community threatened, because of the development of this new identity. 4. The silence of other residents within the group may represent "masking," a defensive strategy used by male prisoners to stifle or contain emotions that could convey weakness within a culture of emotional stoicism (Crewe et al., 2013, p. 63). 9. Participants described battling with their defences as the expectation to talk openly and to connect with and express emotions in therapy clashed with norms around prison behaviour where display of emotions other than anger is seen as a sign of weakness: I wasn't expecting people, certainly what I would call the calibre of some of the people up there to be so open about personal issues, for example abuse issues, upbringing. All this stuff I knew I had to, really, speak about at some point because they were my core problems. And even though I went up there for that, all of a sudden I wasn't sure about that […].

			Concern about how experiences would effect others	5. One issue described by all participants, in terms of resilience, was the impact their own material might have on others, and how listening to other individuals' might affect them. (A)
			Difficulties Trusting Others	1. Although many spoke of the difficulty tolerating painful emotions, the focus group also revealed that positive feelings can also be difficult to tolerate, leaving them feeling uncomfortable and possibly struggling to trust other group members as well as staff. 4. "it's very hard for me to trust because I've had my past issues through childhood. . .I'm very wary of trusting the prison staff. . .and the rest of the inmates" (lines 888–890). 3. Although not all residents felt they could trust others: I mean I'm a criminal myself like but and so I know than better to trust the buggers. Like you want me to walk into a room and start trusting them? nah they have had a life of being devious and everything you know what I mean (Phil). 3. And sometimes their trust was misplaced: […] people have spoke intimately about deep things issues and then people use it against them you know […] which that is really hurtful (Jason). 5. a general sense of anxiety was raised by participants when placing trust in peers
			Cultural barriers to sharing	6. it was hard for me because my culture played too much part, I keep things in the family, so you understand, it was like it was worse like that, go and express your feelings, what's going on in your family, what's going on in your past. Like in our culture ... it's like you have broken the code of the family, you can't do that, go outside. (Participant D)
			Nobody being authentic - faking	8. Particular aims and motives of residents were recognised to impact upon the nature, course and extent of change. Residents distinguished between 'genuine' residents and 'fakers'. One resident commented: 'some people are not here for the right reasons, they are not here to change. When the real work begins they leave'. Another resident stated: 'a lot of people say stuff as a front, all for image . . . I don't think they came here for the right reasons'. Participants voiced their concerns that the fakers interrupted therapeutic progression for those with genuine aims.

				7. This culture of 'shadow motivations' do not seem to be exclusively a characteristic of mainstream prisons. Instead, to my surprise, Peter described how even in the supportive environment of a TC, individuals may have hidden agendas. The 'targeted' individual is unable to recognise that someone approaches them with an ulterior motive, until a third person or an outsider, offers a different perspective. 4. An important theme that emerged across all participants' narratives was the notion that other residents were faking their way through therapy. Participants frequently drew contrasts between how their peers presented within therapy groups and outside on "the landings" and doubted the authenticity of other residents' contributions in group meetings. 4. '(residents) pull out because they think that it's all s***…they can't quite get to the point where it means something to them…everyone else is being fake…you think why the f*** am I doing this? No one else is f****** doing it'
			Lack of Authenticity – staff Not being involved	2. C – They want you to do things differently, they want you to challenge people and be challenged but they are not willing to be challenged and challenge themselves. 8. An emergent theme here was of mistrust of self and others. One resident said: 'Staff are not held accountable enough compared to the residents. How can I trust them if it's not equal?'. 10. I don't think the place works. Majority are here to get Cat C and parole…. Staff don't care. (2 yrs 1 month). 4. The failure of staff to uphold the values of the TC resulted in participants feeling there was a double standard, which damaged therapeutic relationships and wasted opportunities for pro-social modeling. (A)
			Unable to bring authentic selves to therapy	2. C – It's hard, very up and down. You are judged straight away, for your colour and me for my size, for the way you talk, for the way you act. I feel that they don't really understand where I'm coming from and a lot of them don't really care either. If I'm honest I don't really know who I am. They are trying to make us like them, they're not

			Not being understood	letting me still be black, they're not letting me still have my culture, and they're trying to take that away from me. 6. The majority of participants also expressed that they were censored (not able to express their opinions, feelings, and emotions) due to other's behavior: They just get immediately defensive [when discussing racism], not, yeah upset cause some peoples walked out some point, you know when people try to explain how they feel they have got up and walked out, but it's, it's clearly that people feel really defensive, absolutely defensive, over, over this thing so it makes it really difficult to work on. (Participant H) 5. All participants recalled not feeling believed or understood at times, which increased mistrust, feeling gossiped about, or even intimidated (A)
	Learning and Reflecting Through Therapy	Learning and reflecting on shared stories and experiences and the impact of this - achieved through the therapeutic process		
			Therapy is a slow, difficult process	8. 'you have to take it step-by-step . . . there's a lot to take in . . .' and: 'I expected more at the start, but I soon realised that things took time'. 6. However, participants expressed that understanding did develop as they progressed through therapy: People are learning more, little, little baby steps but people are learning more I suppose, so it doesn't mean, it doesn't mean it's stagnant. (Participant H) 9. All participants referred to therapy as being difficult with "ups and downs" and requiring determination

				5. This concept of "journey" was similar between participants and included positive and difficult experiences 10. [The therapy is] overwhelming and repetitive.
			Opening Up to Looking Inwards	2. Other prisoners, whilst acknowledging that Grendon did impact on their cultural identity, felt that the TC experience would afford them the opportunity to look into themselves. (A) 5. Participants also described learning about themselves (from questions and receiving feedback) through others: You can be asked a question [in a small TC group] […] They can just like make a statement, and at the time it kinda pissed you off because it's true […] You don't wanna see yourself that way. (N) 8. One participant describes how his aim was to 'come here and change myself from criminal to non-criminal'. However, that a 'massive understanding of myself and others is a benefit that didn't occur to me I would gain'. 8. Participants recognised that another significant event was a profound realisation of unknown self. 8. 'you have to take it step-by-step . . . there's a lot to take in . . .' and: 'I expected more at the start, but I soon realised that things took time'.

			Developing an understanding of self	2. ‘‘L’’ also understands the root of his offending behaviour is linked to an understanding of his personal identity (A) 8. ‘other residents and TC therapy staff helped him find the ‘pieces’, but that it was up to himself to put the pieces together and see the ‘full picture’’ 1. Therapy illuminates hidden parts of the self which can be a difficult process. 4. Learning about oneself, and not just offending, was considered positive by all participants: You can start of talking about ‘oh yeah, I was wearing flip flops in the dining room’ and the next thing you know you are talking about this and that […] Where does this link to and where does that link to, and then it’s going back to the index [offence], and it’s like ‘how did we get here?’ but it all links and it’s all part of who you are and your life, and if you want to change the way you are […] You need to be looking at all these things. (N)
			Gaining insight from others through feedback	8. The concept of difference and conflict was illustrated by one resident telling the following story. He explained that he had been sexually abused as a child and found it difficult to be in therapy with sex offenders. Whilst struggling with this, somebody had suggested that he might find some empowerment/release in telling his story to a sex offender. The man came to agree that if he chose to do so, he would have the opportunity to communicate the ways in which victims can suffer and potentially gain an understanding of the reasons behind some sex offending. From this, it would seem that difference and adversity could be channelled towards facilitating mutual change. (A) 7. Peter describes a case of ‘prison politics’: I’ve had conversations with people, they’ve said listen, you’re hanging around with the wrong person here, you need to look at why he’s hanging around with you…this fella is going to drag you down…I obviously take that on board (Peter, lines 672-675)

				3. Talking through problems with staff and other residents allowed individuals to explore the reasons for their behaviour, and this led to them accepting responsibility for problems that arose as well as for finding solutions. 9. It took me quite a while I don't know how long it was in the end, over a year of twenty-one people telling me "what!?!""that's not ok"– I don't know it took quite a while to think "could it be me – could I be in the wrong here" eventually the idea they must all be crazy – it kind of wore off (Sean).
			Understanding how one's past can impact the present	8. Another man talked about the significance of finding out that his childhood had an effect on the way he lived and experienced life as an adult. 3. For many, small group therapy was the first time they had talked about their childhood, and finding shared experiences in that process was acknowledged as essential, but difficult, particularly sharing and listening to stories of childhood abuse. This led to an awareness, not only of where their own pathways to offending originated, but greater understanding of those who had endured adverse situations. 9. Participants spoke about how their relationships with staff and community members would mirror difficult relationships in their life, helping them reflect on repeating patterns that they were previously unaware of.
			Benefits of Reflecting on crimes	2. L – Another reason for being at Grendon is so I can learn a bit about myself, why I do these things, to try and change my thought process and my behaviour to a better way. To stop doing things that make me end up in trouble. 1. They also spoke of hearing the offences others commit as important. Simultaneously, this encourages a reflection on their own offending and past experiences and how they may wish to resort to their default offending mode of acting on it, exposing both staff and other residents to potentially dangerous situations. Such experiences challenge ingrained criminal values. (A) 1. participants could also see the benefits of working through this, in allowing them to work through their offending and emotional turmoil

				7. Perhaps residents are able to engage in reconciliation and accept that everyone deserves the opportunity to desist from crime, irrespective of who or how they have harmed in the past. 3. Discussing their offences in detail and the impact on their victims was highlighted by participants as being valuable and integral to the process of change, and this was not something they had been able to do in other prisons.
			Acknowledging perspectives from victims	3. There was also empathy expressed for their victims and their families as well as other residents, particularly those who had experienced physical and sexual abuse. 2. ‘‘P’’ reveals how the TC at Grendon has pushed him to acknowledge his victims. 2.‘You’ve got to think about other people – if you don’t think about other people you’re not going to care about yourself and then you’re going to create more victims’ (Resident, Brookes et al., 2012) 10. ‘Equally important is the ability to understand the consequences of one’s actions, to develop victim empathy, to take responsibility for one’s actions and not to justify one’s criminal behaviours’ (Author, Sullivan, 2007) 3. Whilst uncomfortable and often painful it was an essential part of the process of changing behaviour, as was acknowledging the victims and the damage that had been done.
			Seeing Criminal Self reflected in others	1. [I] struggle with hearing others I can link in [with]. Feel like they’re talking about my past, my history, my offending. Constantly reminded of what I’ve done by listening to others. [It’s] never easy. 3. And hearing people talk, how they follow the pattern […] well 90% of them their lifestyle their upbringings have been so parallel with mine (Charlie).
			Difficulties facing and acknowledging past	1. A salient theme that emerged was how therapy can encourage group members to face reality which evokes feelings of shame, guilt and self-loathing (A)

				1. Although therapy can be a very uncomfortable place for group members, residents talked of the various strategies they use to cope with the material. These can be categorised into healthy and less healthy ways of coping. Participants talked of comparing themselves to other people, using downward social comparison in order to make themselves feel better and of using food/humour to manage uncomfortable emotions: I felt my past, my history, my offending was better than anyone else. […] self-imposed hierarchy of "he's worse than me." Some people use food or have a laugh about it, make a joke about it. When things become difficult I think how can I make it funny. 5. When it came to talking about offending, especially filicide, all participants experienced shame.
			Noticing Change in Others = easier	8. Residents also recognised each other's pace of change: 'noticing change in someone else happens more often than me noticing it in myself'. 9. Sometimes, in your own situation you can't see the wood for the trees but you can see the same stuff for other people – it's easier. I don't think you want to see if in yourself.
Life Within and Beyond the DTC		Roles and responsibilities for residents, learning life skills and experiences of reflecting on life beyond the DTC		
			Opportunities to go further within the DTC TC jobs	7. Involvement in decision-making was described by Stephen who was recently allocated to the wing from the assessment unit: like for instance, the chairman, so you, you'll be invited to meet people like yourself or you'll be invited to interview members of staff, uh, applying to work in Grendon, which would never happen in mainstream (Stephen, lines 97-100).

			Community work	7. We do a lot here [in Grendon] that socially engages us, we do lots of work with universities. We have lots of charity events that we get involved with. Like it's not about just being locked up 23 hours a day, you know what I mean and attending work [talks about attending work in mainstream], there's a lot more social engagement here with the outside. (Nathan, lines: 193198) The interview findings indicated that belonging in the community and feeling valued, involved, heard and understood alleviated previous experiences of exclusion and allowed residents to find meaning in belonging to the community. 7. '…I was amazed at the sort of inclusion that the prisoners have and there's certain jobs that you can get that in a way helps that process along with the individual' (Resident, Kontosthenous, 2020) 3.Having a voice in meetings and participating in running the community allowed residents to feel responsible not just for themselves but for the wider community. This moderated behaviour to some extent, and also promoted pro-social behaviour and compromise. 5. Some participants also reflected on the need to have purpose to engage, such as feeling they were helping others whilst helping themselves 11. We have family days when we put on a meal, family can see your cell, we play bingo. It's a very positive part. I've had five visits and two family days – brilliant! Nowhere else in the country has this. (planned)
			Building connections with wider society, beyond prison walls Connecting with family	11. Visits occupy a place of great importance to men in prison and to long-serving prisoners in particular. 5. Furthermore, three participants described how helpful it was to have support from outside sources (i.e. family/peers), which provided some comfort and motivation when the TC felt difficult. 1. I try to think of more positive stuff […] nice times with my family to distract me.

			Belief for a better future	1. Maintaining their motivation also appeared to be important, as participants talked of how reminding themselves of why they were in therapy supported them at times when therapy was difficult: My family spurs me on and motivates me. [This is].. part of my transition of who I want to become. 7. Indeed, even when disillusioned, residents were still able to foster hope: [Being here] it is challenging, but I guess, you know, the alternative is equally challenging you know, probably it would be more comfortable to go back to day to day [means to return to mainstream prison. But to then cope with the fact that essentially I'm probably not getting out of jail would be a lot more challenging of course. Whereas here, day to day is very much more challenging but I have hope I feel closer to release than I've ever been (Mark, lines: 141-148). 9. Participants were also motivated by a desire to progress through the prison system and give themselves the best chance of a positive future. 9. I was very aware it was a case of if not now then probably never […] if you don't sort your shit out you might not be a part of your children's future (Sean). 9. Family and friends, relationships are a lot better. I'm much easier to get along with now, be open with, yeah it's easier now (Edward).
			Building on TC learning to move forwards	7. Mark's account of his options as described here is very realistic, grounded and practical. His engagement with the therapeutic community allows him to experience hope for the future and makes release a tangible reality. I think the most, the most important thing to say that I've understood is when I leave here I'm going to be vulnerable. And as a 40 year old man, it's difficult to say that, but it's the truth. I have to understand and acknowledge, the first two years in open conditions and then when I'm released, probably the first five years I will be a vulnerable human being. And what that means is it doesn't mean that I'm going to allow people to walk all over me or I'm going to relapse back into drugs or it's all going to go wrong. I just have to acknowledge that actually that you know that um, I've got lots of faults and I've got lots of weaknesses

				that there are things in life that I've still not learnt and I've got to learn. (Nathan, lines: 462-473). 9. I'm being reflective, being thoughtful, being kind that's the person I want to be (Nick).
			A lack of connection with wider society = not good for recovery Not accepted back within own community	2. To successfully ''knife off'' the past, one may need to develop a new template for living, where issues of race, ethnicity and culture can be important considerations in the process of re-entry back into the community. 2. For black men reintegration back into the community is fraught with many tensions and competing conflicts. Maruna (2010) sees the absence of well orchestrated and familiar rituals in the reintegration process as a barrier to successful desistance 2. W – That's the struggle I'm going through now . . . a lot of my old associates have been cut off. They've been killed through beefing on the streets. There's still a lot of people, family members, my dad, cousins who are still out there and they're part of me, so I would like to get out and totally go in a different direction because I'm sick of that life. If I move out of Manchester and move to London I'm still going to be in the ghetto, I'm still going to be around certain people because I've never lived around ''normal'' people, everyone I've lived around have been gang bangers, drug dealers, weed smokers, go to the blues, that's my life, so I've never known any different. 6. what would happen is like, if I was to adapt to the way therapy expect me to adapt and do my therapy and address my offending behaviour, if I was to go back within my culture that would be a problem. (Participant G) 7. I look at some people and they've just gone too far and I'm not sure whether it's the forcing yourself to do it, consciously sit there and think I'm going to do this or I'm going to do that today…they plan what they're going to do and that is really how they have changed their personality so much. They've gone from a quiet big criminal to that kind of person, from a big personality. Just such a, I don't know what the word would be. It'd be like a robot. Interviewer: So what would that feel like? Would it be scary? Yeah. Cause I think I couldn't be like this where I live outside. How they are here you couldn't do that outside (Matthew, lines: 287-301).

			Inability to integrate back into mainstream prison	8. Residents spoke of having to remove their 'criminal mask' at Dovegate in order to change. However, many worried about a time when the mask might have to be put back on. One participant explained: 'I have a fear that if I break the criminal code, what is going to happen to me when I go back to a normal prison?'. Another man said: 'returning to mainstream is a problem because people will think you are over-analysing everything, that you've gone soft . . . so, do you try and tell them you've changed or hide it?'. 7. People in mainstream environments can…they, there's no support network there. No. Maybe you don't trust someone. Then how you letting go be able to go and speak to them about something important […] or ask for help because you would think that they're in capable or too busy or whatever to…to help you with your own, with your own problem, which might not be property or you know, your canteen or…might be something about the way you feel and your emotional needs at that time. (Stephen, lines 211-222)
			Distraction from Real Therapy	4. why can't it just be the work? . . . Why does there have to be stuff like rep jobs and jobs thrown into the mix to test you, I don't see that as therapeutic, it kind of is challenging my thought process of therapy. So, the idea, and I said in group as well, I know looking in the dictionary for a, you know, a a explanation of the word (therapy) is probably my way of justifying leaving or something. . .in there it says therapy is, you know I dunno, calming. I don't think it says challenging, but basically it's not feeling calming anymore.

Key: 1 - Akerman & Geraghty (2016), 2 - Brookes et al., (2012), 3 - Dolan (2017), 4 – Duncan et al., (2022), 5- Jacobs and Shuker (2019), 6 – Jones et al., (2013), 7- Kontosthenous (2020), 8 – Miller et al., (2006), 9- Ross & Auty (2018), 10 - Sullivan (2006), 11- Sullivan (2007)

Appendix D Excerpts from Systematic Review Reflective Log

15th December – Supervision Meeting

I had a supervision meeting to discuss my Stage 2 screening results. From Stage 1 screening, I had 46 full text papers to screen through. Upon discussion with my supervisors, a collective decision was made to refine my inclusion and exclusion criteria regarding the type of study to include.

Ethnographies

Ethnographies and book chapters were excluded as we decided that the voice of the participants were intertwined with the voice of the authors, thus the resulting ideas were a mix of the two, whereas primary qualitative research e.g. IPA, focus groups, thematic analysis that focused on the residents of democratic-based prison TCs were arguably more grounded in the thoughts, reflections and experiences of the population.

Core Psychotherapies in Democratic Prison-Based TCs

Articles that focused upon core psychotherapies were excluded, as upon further reading, these were optional for residents to attend, thus were not representative of the core TC experience provision that is mandatory for all residents Harrett (2017) “a proportion of men undertook core creative therapies in addition to…” and “no previous research undertaken at Grendon measuring the added values of art therapy and psychodrama to the whole therapeutic process”.

Book Chapters

There were also a number of book chapters that I read through, which had summarised research papers. Where possible, I sourced the original research papers to determine if these could be included in the qualitative synthesis. We decided to exclude books and book chapters.

Jones et al. (2013) reflection:

I couldn't help but feel incredibly sad at times when I was reading this paper. My experiences of working in TCs have always felt really inclusive and accepting of each others diversity; we celebrated and highlighted occasions, everyone was interested in learning about each other's traditions and values…inherently that's what makes a person unique and different right? It makes me wonder what could be done to promote this in organisations and settings and how was it ingrained in [my] TC? And why is the issue of culture not been addressed in other papers which talk about participant's sense of belonging? Is this to do with the population the TC holds? Does it just not come up? Reflecting on EDI issues has been the ethos of our course and naturally as someone of a minority background I am drawn towards the impact of culture. It's just really sad to hear that others experience this, in a place where they have come to rehabilitate. How do we make this better for people?

Appendix E CASP Quality Assessment Table

	Was there a clear statement of the aims of the research?	Is a qualitative methodology appropriate?	Was the research design appropriate to address the aims of the research?	Was the recruitment strategy appropriate to the aims of the research?	Was the data collected in a way that addressed the research issue?	Has the relationship between researcher and participants been adequately considered?	Have ethical issues been taken into consideration?	Was the data analysis sufficiently rigorous?	Is there a clear statement of findings?	How valuable is the research?
Ackerman & Geraghty (2016)	Y	Y	Y	C/T	Y	N	Y	Y	Y	Y
Brookes, Glynn & Wilson (2012)	Y	Y	Y	C/T	Y	Y	C/T	C/T	Y	Y
Dolan (2017)	Y	Y	Y	Y	Y	N	Y	C/T	Y	Y
Duncan, Winder, Blagden & Norman (2022)	Y	Y	Y	C/T	Y	N	Y	C/T	Y	Y
Jacobs & Shuker (2019)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Jones, Brookes & Shuker (2013)	Y	Y	C/T	C/T	C/T	N	C/T	C/T	Y	Y
Kontosthenous (2020)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Miller, Sees & Brown (2006)	Y	Y	Y	Y	Y	N	C/T	Y	Y	Y
Ross & Auty (2018)	Y	Y	Y	Y	C/T	Y	C/T	Y	Y	Y
Sullivan (2006)	Y	Y	Y	C/T	C/T	N	C/T	N	C/T	Y
Sullivan (2007)	Y	Y	Y	C/T	Y	N	N	C/T	Y	Y

Appendix F Qualitative Health Research Author Guidelines

Qualitative Health Research (QHR) has specific guidelines! While Sage Publishing has general guidelines, all manuscripts submitted to *QHR* must follow our specific guidelines (found below). Once you have reviewed these guidelines, please visit *QHR*'s submission site to upload your manuscript. Please note that manuscripts not conforming to these guidelines will be returned and/or encounter delays in peer review. Remember you can log in to the submission site at any time to check on the progress of your manuscript throughout the peer review process.

1. Deciding whether to submit a manuscript to *QHR*

1.1 Aims & scope

QHR provides an international, interdisciplinary forum to enhance health and health care and further the development and understanding of qualitative health research. The journal is an invaluable resource for researchers and academics, administrators and others in the health and social service professions, and graduates, who seek examples of studies in which the authors used qualitative methodologies. Each issue of *QHR* provides readers with a wealth of information on conceptual, theoretical, methodological, and ethical issues pertaining to qualitative inquiry.

Rather than send query letters to the Editor regarding article fit, *QHR* asks authors to make their own decision regarding the suitability of their manuscript for *QHR* by asking: Does your proposed submission make a meaningful and strong contribution to qualitative health research literature? Is it useful to readers and/or practitioners?

1.2 Article types

The following manuscript types are considered for publication.

- Original Research Studies: These are fully developed qualitative research studies. This may include mixed method studies in which the major focus/portion of the study is qualitative research. Please read Maintaining the Integrity of Qualitatively Driven Mixed Methods: Avoiding the "*This Work is Part of a Larger Study*" Syndrome.
- Pearls, Piths, and Provocations: These manuscripts should foster discussion and debate about significant issues, enhance communication of methodological advances, promote and discuss issues related to the

teaching of qualitative approaches in health contexts, and/or encourage the discussion of new and/or provocative ideas. They should also make clear what the manuscript adds to the existing body of knowledge in the area.
- Editorials: These are generally invited articles written by editors/editorial board members associated with *QHR.*

Please note, *QHR* does NOT publish pilot studies. We do not normally publish literature reviews unless they focus on qualitative research studies elaborating methodological issues and developments. Review articles should be submitted to the Pearls, Piths, and Provocations section. They are reviewed according to criteria in 2.2.

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2. Review criteria

2.1 Original research

Reviewers are asked to consider the following areas and questions when making recommendations about research manuscripts:

- **Importance of submission: Does the manuscript make a significant contribution to qualitative health research literature?** Is it original? Relevant? In depth? Insightful? Is it useful to the reader and/or practitioner?
- **Methodological considerations**: Is the overall study design clearly explained including why this design was an appropriate one? Are the methodology/methods/approaches used in keeping with that design? Are they appropriate given the research question and/or aims? Are they logically articulated? Clarity in design and presentation? Data adequacy and appropriateness? Evidence of rigor?
- **Ethical Concerns**: Are relevant ethical concerns discussed and acknowledged? Is enough detail given to enable the reader to understand how ethical issues were navigated? Has formal IRB approval (when needed) and consent from participants been obtained?
- **Data analysis, findings, discussion**: Does the analysis of data reflect depth and coherence? In-depth descriptive but also interpretive dimensions? Creative and insightful analysis? Are results linked to existing literature and theory, as appropriate? Is the contribution of the research clear including its relevance to health disciplines and their practice?
- **Manuscript style and format**: Is the manuscript organized in a clear and concise manner? Has sufficient attention been paid to word choice, spelling, grammar, and so forth? Did the author adhere to APA guidelines? Do diagrams/illustrations comply with guidelines? Is the overall manuscript aligned with *QHR* guidelines in relation to formatting?

- **Scope:** Does the article fit with *QHR*'s publication mandate? Has the author cited the major work in the area, including those published in *QHR*?

2.2 Pearls, Piths, and Provocations

The purpose of papers in this section is to raise and discuss issues pertinent to the development and advancement of qualitative research in health-related arenas. As the name Pearls, Piths, and Provocations suggests, we are looking for manuscripts that make a significant contribution to areas of dialogue, development, experience sharing and debate relevant to the scope of *QHR* in this section of the journal. **Reviewers are asked to consider the following questions when making recommendations about** articles in the Pearls, Piths, and Provocations section.

- **Significance**: Does the paper highlight issues that have the potential to advance, develop, and/or challenge thinking in qualitative health related research?
- **Clarity**: Are the arguments clearly presented and well supported?
- **Rigor**: Is there the explicit use of/interaction with methodology and/or theory and/or empirical studies (depending on the focus of the paper) that grounds the work and is coherently carried throughout the arguments and/or analysis in the manuscript? Put another way, is there evidence of a rigorously constructed argument?
- **Engagement**: Does the paper have the potential to engage the reader to 'think differently' by raising questions, suggesting innovative directions for qualitative health research, and/or stimulating critical reflection? Are the implications of the paper for the practice of either qualitative research and/or health clear?
- **Quality of the writing**: Is the main argument of the paper clearly articulated and presented with few grammatical or typographical issues? Are terms and concepts key to the scholarship communicated clearly and in sufficient detail?

2.3 Common reasons for rejection

QHR most commonly turns away manuscripts that fall outside the journal's scope, do not make a novel contribution to the literature, lack substantive and/or interpretative depth, require extensive revisions, and/or do not adequately address ethical issues that are fundamental to qualitative inquiry. Submissions of the supplementary component of mixed methods studies often are rejected as the findings are difficult to interpret without the findings of the primary study. For additional information on this policy, please read Maintaining the Integrity of Qualitatively Driven Mixed Methods: Avoiding the "*This Work is Part of a Larger Study*" Syndrome.

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3. Preparing your manuscript for submission

We strongly encourage all authors to review previously published articles in *QHR* for style prior to submission.

QHR journal practices include double anonymization. All identifying information MUST be removed completely from the Abstract, Manuscript, Acknowledgements, Tables, and Figure files prior to submission. ONLY the Title Page and Cover Letter may contain identifying information. See Sage's general submission guidelines for additional guidance on making an anonymous submission.

Preferred formats for the text and tables of your manuscript are Word DOC or PDF. The text must be double-spaced throughout with standard 1-inch margins (APA formatting). Text should be standard font (i.e., Times New Roman) 12-point.

3.1 Title page

- The title page should be uploaded as a separate document containing the following information: Author names; Affiliations; Author contact information; Contribution list; Acknowledgements; Ethical statement; Funding Statement; Conflict of Interest Statements; and, Grant Number. Please know that the Title Page is NOT included in the materials sent out for Peer Review.
- Ethical statement: An ethical statement must include the following: the full name of the ethical board that approved your study; the approval number given by the ethical board; and, confirmation that all your participants gave informed consent. Authors are also required to state in the methods section whether participants provided informed consent, whether the consent was written or verbal, and how it was obtained and by whom. For example: "Our study was approved by The Mercy Health Research Ethics Committee (approval no. XYZ123). All participants provided written informed consent prior to enrollment in the study." If your study did not need ethical approval (often manuscripts in the Pearls, Piths, and Provocations may not), we still need a statement that states that your study did not need approval and an explanation as to why. For example: "Ethical Statement: Our study did not require an ethical board approval because it did not directly involve humans or animals."

3.2 Abstract and Keywords

- The Abstract should be unstructured, written in narrative form. Maximum of 250 words. This should be on its own page, appearing as the first page of the Main Manuscript file.
- The keywords should be included beneath the abstract on the Main Manuscript file.

3.3 Manuscript

- Length: 8,000 words or less excluding the abstract, list of references, and acknowledgements. Please note that text from Tables and Figures is included in the word count limits. On-line supplementary materials are not included in the word limit.
- Structure: While many authors will choose to use headings of Background, Methods, Results, and Discussion to organize their manuscript, it is up to authors to choose the most appropriate terms and structure for their submission. It is the expectation that manuscripts contain detailed reflections on methodological considerations.
- Ethics: In studies where data collection or other methods present ethical challenges, the authors should explicate how such issues were navigated including how consent was gained and by whom. An anonymized version of the ethical statement should be included in the manuscript (in addition to appearing on the title page).
- Participant identification: Generally, demographics should be described in narrative form or otherwise reported as a group. Quotations may be linked to particular participants and/or demographic features provided measures are taken to ensure anonymity of participants (e.g., use of pseudonyms).
- Use of checklists: Authors should not include qualitative research checklists, such as COREQ (COnsolidated criteria for REporting Qualitative research). Generally, authors should use a narrative approach to describe the processes used to enhance the rigor of their study. For additional information on this policy, please read Why the *Qualitative Health Research* (QHR) Review Process Does Not Use Checklists
- References: APA format. While there is no limit to the number of references, authors are recommended to use pertinent references only, including literature previously published in *QHR*. References should be on a separate page. *QHR* adheres to the APA 7 reference style. View the APA guidelines to ensure your manuscript conforms to this reference style. Please ensure you check carefully that both your in-text references and list of references are in the correct format.
- Authors are required to disclose the use of generative Artificial Intelligence (such as ChatGPT) and other technologies (such as NVivo, ATLAS. Ti, Quirkos, etc.), whether used to conceive ideas, develop study design, generate data, assist in analysis, present study findings, or other activities formative of qualitative research. We suggest authors provide both a description of the technology, when it was accessed, and how it was used (see https://www.sagepub.com/chatgpt-and-generative-ai).
- Manuscripts that receive favorable reviews will not be accepted until any formatting and copy-editing required has been done.

3.4 Tables, Figures, Artwork, and other graphics

- Tables, Figures, Artwork, and other graphics should be submitted as separate files rather than incorporated into the main manuscript file. Within the manuscript, indicate where these items should appear (i.e. INSERT TABLE 1 HERE).
- In general, identifying features should not be contained within images. For example, in photographs faces should generally be concealed using mosaic patches – unless permission has been given by the individual to use their identity. This permission must be included at the time of submission.
    1. TIFF, JPED, or common picture formats accepted. The preferred format for graphs and line art is EPS.
    2. Resolution: Rasterized based files (i.e. with .tiff or .jpeg extension) require a resolution of at least 300 dpi (dots per inch). Line art should be supplied with a minimum resolution of 800 dpi.
    3. Dimension: Check that the artworks supplied match or exceed the dimensions of the journal. Images cannot be scaled up after origination.
- Figures supplied in color will appear in color online regardless of whether or not these illustrations are reproduced in color in the printed version. For specifically requested color reproduction in print, you will receive information regarding the costs from Sage after receipt of your accepted article.

3.5 Supplemental material

- **Core elements of the manuscript should not be included as supplementary material.**
- ***QHR*** is able to host additional materials online (e.g., datasets, podcasts, videos, images etc.) alongside the full-text of the article. For more information please refer to Sage's general guidelines on submitting supplemental files.

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4. Submitting your manuscript

QHR is hosted on Sage Track, a web based online submission and peer review system powered by ScholarOne™ Manuscripts.
Visit https://mc.manuscriptcentral.com/QHR to login and submit your article online.

IMPORTANT: Please check whether you already have an account in the system before trying to create a new one. If you have reviewed or authored for the Journal in the past year it is likely that you will have had an account created. For further guidance on submitting your manuscript online please visit ScholarOne Online Help.

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5. Editorial policies

5.1 Peer review policy

QHR adheres to a rigorous double-anonymized reviewing policy in which the identities of both the reviewer and author are always concealed from both parties.

Sage does not permit the use of author-suggested (recommended) reviewers at any stage of the submission process, be that through the web-based submission system or other communication. Reviewers should be experts in their fields and should be able to provide an objective assessment of the manuscript. Our policy is that reviewers should not be assigned to a manuscript if:

- The reviewer is based at the same institution as any of the co-authors
- The reviewer is based at the funding body of the manuscript
- The author has recommended the reviewer
- The reviewer has provided a personal (e.g. Gmail/Yahoo/Hotmail) email account and an institutional email account cannot be found after performing a basic Google search (name, department and institution).

Qualitative Health Research is committed to delivering high quality, fast peer-review for your manuscript, and as such has partnered with Web of Science. Web of Science is a third-party service that seeks to track, verify and give credit for peer review. Reviewers for Qualitative Health Research can opt in to Web of Science in order to claim their reviews or have them automatically verified and added to their reviewer profile. Reviewers claiming credit for their review will be associated with the relevant journal, but the article name, reviewer's decision, and the content of their review is not published on the site. For more information visit the Web of Science website.

The Editor or members of the Editorial Team or Board may occasionally submit their own manuscripts for possible publication in the Journal. In these cases, the peer review process will be managed by alternative members of the Editorial Team or Board and the submitting Editor Team/Board member will have no involvement in the decision-making process.

5.2 Authorship

Manuscripts should only be submitted for consideration once consent is given by all contributing authors. Those submitting manuscripts should carefully check that all those whose work contributed to the manuscript are acknowledged as

contributing authors. The list of authors should include all those who can legitimately claim authorship. This is all those who meet all of the following criteria:

(i) Made a substantial contribution to the design of the work or acquisition, analysis, interpretation, or presentation of data,
(ii) Drafted the article or revised it critically for important intellectual content,
(iii) Approved the version to be published,
(iv) Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship, although all contributors who do not meet the criteria for authorship should be listed in the Acknowledgments section. Please refer to the International Committee of Medical Journal Editors (ICMJE) authorship guidelines for more information on authorship.

Authors are required to disclose the use of generative Artificial Intelligence (such as ChatGPT) and other technologies (such as NVivo, ATLAS. Ti, Quirkos, etc.), whether used to conceive ideas, develop study design, generate data, assist in analysis, present study findings, or other activities formative of qualitative research. We suggest authors provide both a description of the technology, when it was accessed, and how it was used. This needs to be clearly identified within the text and acknowledged within your Acknowledgements section. Please note that AI bots such as ChatGPT should not be listed as an author. For more details on this policy, please visit ChatGPT and Generative AI.

5.3 Acknowledgements

All contributors who do not meet the criteria for authorship should be listed in an Acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, or a department chair who provided only general support.

Please supply any personal acknowledgements separately to the main text to facilitate anonymous peer review.

Per ICMJE recommendations, it is best practice to obtain consent from non-author contributors who you are acknowledging in your manuscript.

1.3.1 Writing assistance

Individuals who provided writing assistance, e.g., from a specialist communications company, do not qualify as authors and so should be included in the Acknowledgements section. Authors must disclose any writing assistance – including the individual's name, company and level of input – and identify the

entity that paid for this assistance. It is not necessary to disclose use of language polishing services.

5.4 Funding

Qualitative Health Research requires all authors to acknowledge their funding in a consistent fashion under a separate heading. Please visit the Funding Acknowledgements page on the Sage Journal Author Gateway to confirm the format of the acknowledgment text in the event of funding, or state that: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

5.5 Declaration of conflicting interests

It is the policy of *Qualitative Health Research* to require a declaration of conflicting interests from all authors enabling a statement to be carried within the paginated pages of all published articles.

Please ensure that a 'Declaration of Conflicting Interests' statement is included at the end of your manuscript, after any acknowledgements and prior to the references. If no conflict exists, please state that 'The Author(s) declare(s) that there is no conflict of interest'. For guidance on conflict of interest statements, please see the ICMJE recommendations here.

5.6 Research ethics and participant consent

Research involving participants must be conducted according to the World Medical Association Declaration of Helsinki

Submitted manuscripts should conform to the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals:

All manuscripts **must state that the relevant Ethics Committee or Institutional Review Board provided (or waived) approval.** Please ensure that you blind the name and institution of the review committee until such time as your article has been accepted. The Editor will request authors to replace the name and add the approval number once the article review has been completed. Please note that in itself, simply stating that **Ethics Committee or Institutional Review was obtained is not sufficient. Authors are also required to state in the methods section whether participants provided informed consent, whether the consent was written or verbal, and how it was obtained and by whom.**

Please do not submit the participant's informed consent documents with your article, as this in itself breaches the participant's confidentiality. The Journal

requests that you confirm to us, in writing, that you have obtained informed consent recognizing the documentation of consent itself should be held by the authors/investigators themselves (for example, in a participant's hospital record or an author's institution's archives).

Please also refer to the ICMJE Recommendations for the Protection of Research Participants.

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6. Publishing Policies

6.1 Publication ethics

Sage is committed to upholding the integrity of the academic record. We encourage authors to refer to the Committee on Publication Ethics' International Standards for Authors and view the Publication Ethics page on the Sage Author Gateway.

6.1.1 Plagiarism

Qualitative Health Research and Sage take issues of copyright infringement, plagiarism or other breaches of best practice in publication very seriously. The Committee on Publication Ethics (COPE) defines plagiarism as: "When somebody presents the work of others (data, words or theories) as if they were his/her own and without proper acknowledgment." We seek to protect the rights of our authors and we always investigate claims of plagiarism or misuse of published articles. Equally, we seek to protect the reputation of the journal against malpractice. Submitted articles may be checked with duplication-checking software. Where an article, for example, is found to have plagiarised other work or included third-party copyright material without permission or with insufficient acknowledgement, or where the authorship of the article is contested, we reserve the right to take action including, but not limited to: publishing an erratum or corrigendum (correction); retracting the article; taking up the matter with the head of department or dean of the author's institution and/or relevant academic bodies or societies; or taking appropriate legal action.

6.1.2 Prior publication

If material has been previously published it is not generally acceptable for publication in a Sage journal. However, there are certain circumstances where previously published material can be considered for publication. Please refer to the guidance on the Sage Author Gateway or if in doubt, contact the Editor at the address given below.

6.2 Contributor's publishing agreement

Before publication, Sage requires the author as the rights holder to sign a Journal Contributor's Publishing Agreement. Sage's Journal Contributor's Publishing Agreement is an exclusive licence agreement which means that the author retains copyright of the work but grants Sage the sole and exclusive right and licence to publish for the full legal term of copyright. Exceptions may exist where an assignment of copyright is required or preferred by a proprietor other than Sage. In this case copyright in the work will be assigned from the author to the society. For more information please visit the Sage Author Gateway.

6.3 Open access and author archiving

Qualitative Health Research offers optional open access publishing via the Sage Choice programme and Open Access agreements, where authors can publish open access either discounted or free of charge depending on the agreement with Sage. Find out if your institution is participating by visiting Open Access Agreements at Sage. For more information on Open Access publishing options at Sage please visit Sage Open Access. For information on funding body compliance, and depositing your article in repositories, please visit Sage's Author Archiving and Re-Use Guidelines and Publishing Policies.

Appendix G NHS and University Approvals

Health Research Authority

London - Camberwell St Giles Research Ethics Committee
2 Redman Place
Stratford
London
E20 1JQ

Telephone: +442071048276

Please note: This is the favourable opinion of the REC only and does not allow you to start your study at NHS sites in England until you receive HRA Approval

30 August 2023

Miss Candida Fernandes

Dear Miss Fernandes

Study title:	**An Exploration into Therapeutic Community Members' Experiences: A Qualitative IPA Study to Investigate Processes of Change**
REC reference:	23/LO/0603
Protocol number:	79605
IRAS project ID:	323693

Thank you for your letter of 24 August 2023, responding to the Research Ethics Committee's (REC) request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair and Lead Reviewer.

*Researcher's address was redacted

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised, subject to the conditions specified below.

Good practice principles and responsibilities

The UK Policy Framework for Health and Social Care Research sets out principles of good practice in the management and conduct of health and social care research. It also outlines the responsibilities of individuals and organisations, including those related to the four elements of research transparency:

1. registering research studies
2. reporting results
3. informing participants
4. sharing study data and tissue

Conditions of the favourable opinion

The REC favourable opinion is subject to the following conditions being met prior to the start of the study.

Confirmation of Capacity and Capability (in England, Northern Ireland and Wales) or NHS management permission (in Scotland) should be sought from all NHS organisations involved in the study in accordance with NHS research governance arrangements. Each NHS organisation must confirm through the signing of agreements and/or other documents that it has given permission for the research to proceed (except where explicitly specified otherwise).

Guidance on applying for HRA and HCRW Approval (England and Wales)/ NHS permission for research is available in the Integrated Research Application System.

For non-NHS sites, site management permission should be obtained in accordance with the procedures of the relevant host organisation.

Sponsors are not required to notify the Committee of management permissions from host organisations.

Registration of Clinical Trials

All research should be registered in a publicly accessible database, and we expect all researchers, research sponsors and others to meet this fundamental best practice standard.

It is a condition of the REC favourable opinion that **all clinical trials are registered** on a publicly accessible database within six weeks of recruiting the first research participant. For this purpose, 'clinical trials' are defined as:

- Notification of serious breaches of the protocol
- Progress and safety reports
- Notifying the end of the study, including early termination of the study
- Final report
- Reporting results

The latest guidance on these topics can be found at https://www.hra.nhs.uk/approvals-amendments/managing-your-approval/.

Ethical review of research sites

NHS/HSC sites

The favourable opinion applies to all NHS/HSC sites taking part in the study, subject to confirmation of Capacity and Capability (in England, Northern Ireland and Wales) or management permission (in Scotland) being obtained from the NHS/HSC R&D office prior to the start of the study (see "Conditions of the favourable opinion" below).

Non-NHS/HSC sites

I am pleased to confirm that the favourable opinion applies to any non-NHS/HSC sites listed in the application, subject to site management permission being obtained prior to the start of the study at the site.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	*Version*	*Date*
Copies of materials calling attention of potential participants to the research [Research Advert for TC Network]	V2	11 August 2023
Copies of materials calling attention of potential participants to the research [Research Poster for TC Members]	V2	11 August 2023
Evidence of Sponsor insurance or indemnity (non NHS Sponsors only) [University of Southampton Verification of Insurance Form]		01 August 2022
GP/consultant information sheets or letters [Information Sheet For Clinicians]	V2	11 August 2023
GP/consultant information sheets or letters [Correspondence Template to TC Key Clinicians]	V2	11 August 2023
Interview schedules or topic guides for participants [Interview Schedule for TC Members]	V1	28 April 2023
IRAS Application Form [IRAS_Form_16062023]		16 June 2023
Letter from sponsor [University Sponsor Letter]		06 June 2023
Letters of invitation to participant [Correspondence Templates for Online Interview Participants]	V2	11 August 2023
Other [University Insurance Letter]	N/A	06 June 2023
Other [NHS-to-NHS Confirmation of Pre-Engagement Checks]	N/A	28 April 2023
Other [Participant Demographics Form]	V1	28 April 2023
Other [University of Southampton ERGO Ethics Committee Application Form]		28 April 2023
Other [University of Southampton Doctoral Thesis Research Budget	V1	28 April 2023

Sheet]		
Other [Participant Debriefing Form]	V2	11 August 2023
Other [2023- TWIMC ELPL Letter - LUPCV2 Public and Products Liability Cover Evidence]	V1	28 July 2023
Other [REC Amendments Document 11082023]	V1	11 August 2023
Participant consent form [Online Consent Form]	V2	11 August 2023
Participant consent form [Opting In Research Form for TC Members]	V2	11 August 2023
Participant consent form [Consent Form]	V2	11 August 2023
Participant information sheet (PIS) [Participant Information Sheet]	V2	11 August 2023
Referee's report or other scientific critique report [Provisional University Research Proposal and Feedback]	V1	28 April 2023
Referee's report or other scientific critique report [Provisional University Research Proposal Supplement and Feedback Response]	V1	28 April 2023
Research protocol or project proposal [Qualitative Research Protocol]	V2	11 August 2023
Summary CV for Chief Investigator (CI) [CI/Student Research CV]		28 April 2023
Summary CV for supervisor (student research) [Supervisor CV Katy Sivyer]		28 April 2023
Summary CV for supervisor (student research) [Supervisor CV Tess Maguire]		28 April 2023
Summary CV for supervisor (student research) [Supervisor CV Natasha Berthollier]		28 April 2023

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

User Feedback

The Health Research Authority is continually striving to provide a high quality service to all applicants and sponsors. You are invited to give your view of the service you have received and the application procedure. If you wish to make your views known please use the feedback form available on the HRA website:
http://www.hra.nhs.uk/about-the-hra/governance/quality-assurance/

HRA Learning

We are pleased to welcome researchers and research staff to our HRA Learning Events and online learning opportunities– see details at:
https://www.hra.nhs.uk/planning-and-improving-research/learning/

IRAS project ID: 323693 Please quote this number on all correspondence

With the Committee's best wishes for the success of this project.

Yours sincerely

Chair

Email:camberwellstgiles.rec@hra.nhs.uk

Enclosures: "After ethical review – guidance for researchers" *[SL-AR2]*

Copy to:

Lead Nation England: approvals@hra.nhs.uk

*Redacted name of Chair and Name of HRA Approvals Manager

30 August 2023

Dear Miss Fernandes

HRA and Health and Care Research Wales (HCRW) Approval Letter

Study title:	**An Exploration into Therapeutic Community Members' Experiences: A Qualitative IPA Study to Investigate Processes of Change**
IRAS project ID:	**323693**
Protocol number:	**79605**
REC reference:	**23/LO/0603**
Sponsor	**University of Southampton**

I am pleased to confirm that **HRA and Health and Care Research Wales (HCRW) Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?
HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.

Please see IRAS Help for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?
HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non-NHS organisations to obtain local agreement in accordance with their procedures.

What are my notification responsibilities during the study?

The standard conditions document "*After Ethical Review – guidance for sponsors and investigators*", issued with your REC favourable opinion, gives detailed guidance on reporting expectations for studies, including:

- Registration of research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics, and is updated in the light of changes in reporting expectations or procedures.

Who should I contact for further information?
Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is **323693**. Please quote this on all correspondence.

Yours sincerely,

Dear Candida Fernandes

Re: Letter of Access for Research - An Exploration into Therapeutic Community Experiences

[Local Trust] confirms your right of access to conduct research through the organisation for the purpose and on the terms and conditions set out below. This right of access commences on 13/09/2023 and ends on 30/09/2024 unless terminated earlier in accordance with the clauses below.
As an existing NHS employee you do not require an additional honorary research contract with this NHS Trust. We are satisfied that the research activities that you will undertake in [local trust] are commensurate with the activities you undertake for your employer. Your employer is responsible for ensuring such checks as are necessary have been carried out. Your employer has confirmed in writing to this organisation that the necessary pre-engagement checks are in place in accordance with the role you plan to carry out in the organisation. Evidence of checks should be available on request to [Local Trust].
You have a right of access to conduct such research as confirmed in writing in the letter of permission for research from this NHS organisation. Please note that you cannot start the research until the Principal Investigator for the research project has received a letter from us giving permission to conduct the project.
You are considered to be a legal visitor to [local trust] premises. You are not entitled to any form of payment or access to other benefits provided by this organisation to employees and this letter does not give rise to any other relationship between you and this NHS organisation, in particular that of an employee.
While undertaking research through [Local Trust], you will remain accountable to your employer [Trust] but you are required to follow the reasonable instructions of your nominated manager [NAME] in this NHS Trust or those given on her behalf in relation to the terms of this right of access.
Where any third party claim is made, whether or not legal proceedings are issued, arising out of or in connection with your right of access, you are required to co-operate fully with any investigation by this NHS Trust in connection with any such claim and to give all such assistance as may reasonably be required regarding the conduct of any legal proceedings.

You must act in accordance with [Local Trust's] policies and procedures, which are available to you upon request, and the Research Governance Framework.
You are required to co-operate with [Local Trust] in discharging its duties under the Health and Safety at Work Act 1974 and other health and safety legislation and to take reasonable care for the health and safety of yourself and others while on [Local Trust] premises. Although you are not a contract holder, you must observe the same standards of care and propriety in dealing with patients, staff, visitors, equipment and premises as is expected of a contract holder and you must act appropriately, responsibly and professionally at all times.
If you have a physical or mental health condition or disability which may affect your research role and which might require special adjustments to your role, if you have not already done so, you must notify your employer and [Local Trust] prior to commencing your research role at this site.
You are required to ensure that all information regarding patients or staff remains secure and **strictly confidential** at all times. You must ensure that you understand and comply with the NHS Confidentiality Code of Practice and the Data Protection Act 1998. Furthermore you should be aware that under the Act, unauthorised disclosure of information is an offence and such disclosures may lead to prosecution.
[Local Trust] will not indemnify you against any liability incurred as a result of any breach of confidentiality or breach of the Data Protection Act 1998. Any breach of the Data Protection Act 1998 may result in legal action against you and/or your substantive employer.

You should ensure that, where you are issued with an identity or security card, a bleep number, email or library account, keys or protective clothing, these are returned upon termination of this arrangement. Please also ensure that while on the premises you wear your ID badge at all times, or are able to prove your identity if challenged. Please note that this NHS Trust accepts no responsibility for damage to or loss of personal property.

This letter may be revoked and your right to attend the organisation terminated at any time either by giving seven days' written notice to you or immediately without any notice if you are in breach of any of the terms or conditions described in this letter or if you commit any act that we reasonably consider to amount to serious misconduct or to be disruptive and/or prejudicial to the interests and/or business of this NHS Trust or if you are convicted of any criminal offence. You must not undertake regulated activity if you are barred from such work. If you are barred from working with adults or children this letter of access is immediately terminated. Your employer will immediately withdraw you from undertaking this or any other regulated activity and you MUST stop undertaking any regulated activity immediately.

Your substantive employer is responsible for your conduct during this research project and may in the circumstances described above instigate disciplinary action against you.

If your circumstances change in relation to your health, criminal record, professional registration or suitability to work with adults or children, or any other aspect that may impact on your suitability to conduct research, or your role in research changes, you must inform the NHS organisation that employs you through its normal procedures. You must also inform your nominated manager in this NHS organisation.

Yours sincerely

(NAME)

Head of Research & Development

University of Southampton

ERGO II – Ethics and Research Governance Online https://www.ergo2.soton.ac.uk

Submission ID: 79605
Submission Title: An Exploration into Therapeutic Community Members' Experiences: A Qualitative IPA Study to Investigate Processes of Change
Submitter Name: Candida Fernandes

The Research Integrity and Governance team have reviewed and approved your submission.

You may only begin your research once you have received all external approvals (e.g. NRES/HRA/MHRA/HMPPS/MoDREC etc or Health and Safety approval e.g. for a Genetic or Biological Materials Risk Assessment).

Appendix H Information Sheet for Clinicians

INFORMATION SHEET FOR CLINICIANS

Study Title: An Exploration into Therapeutic Community Experiences

Researcher Name: Candida Fernandes

ERGO Number: 79605

IRAS Number: 323693

Study Purpose and Aims

Over many years, Therapeutic Communities (TCs) have developed and changed to best support individuals in their recovery. A lot of research have shown that TCs are effective in helping people to make more informed, meaningful choices in their lives and achieve a sense of purpose and belonging. TCs have evolved to become more adaptable to fit with the need to support people with complex presentations and also the current commissioning provisions to fund the therapy offered. There remains little research in understand how the TC works to do this and the processes people go through when they do engage with TC treatment.

The aim of this research is to find out more about how TCs help people by talking to them about their experiences of the TC.

Eligibility

For participants to be eligible, they will need to have:

- completed **at least one year** of their adult, non-residential TC programme

- Graduates of adult, non-residential therapeutic communities

- Over the age of 18

- Have a good understanding of spoken and written English

-Able to consent to participate in the study themselves

- Be physically and psychologically able to participate in a 60 minute interview

Participants **not** eligible:

- Members of the TC who have been attending for less than 12 months

- Under 18 years old

- Members who are from residential therapeutic communities

The Interview:

I will be offering interested participants an opportunity to take part in an interview which will last approximately an hour. Just before, I will ask participants some short demographic questions (age, gender, ethnicity). These interviews will be recorded to be transcribed for analysis.

I will be speaking to participants about:

- Joining their TC
- Different elements of the community meeting
- Any helpful and challenging experiences
- Impacts their TC experience may have/may have had in their day to day life
- Leaving the TC or plans after treatment

After the interview, participants will debriefed fully and given the opportunity to ask any questions they may have. They will also be given a £25 Love-To-Shop voucher upon completing the interview.

Participants will have up to two weeks from the interview to contact me to remove their data from my study, should they wish to do so. After this two week period, removal of data will not be possible.

Risks

To avoid financial inconvenience, participants will be reimbursed for travel expenses where they are required to travel into a clinic/community venue for their interview outside of their normal travel to their community group meeting. Where possible, I will try to arrange face-to-face interviews before or after participant community meetings so no extra travel is required.

Participants will be asked to reflect on their experiences of participating in their TC programme. This will encompass thinking about both positive as well as challenging experiences, which may cause some distress. Participants will be asked to share as much as they feel comfortable sharing with me in the interview; this will be written in the participant information sheet and said verbally in a statement before the interview starts.

There will be opportunities for participants to take breaks if needed and they will always have the right to stop the interview at any point.

Should participants become significantly distressed, I will (with their knowledge) contact a key clinician to ensure ongoing support for them.

For medium and long term support, I will also ensure they have a list of relevant and appropriate services e.g. emergency services, their GP or external support services like The Samaritans or Mind, thus providing avenues for follow up. We, as researchers, would ensure that everything done is transparent.

Confidentiality

All participants contact details, video/audio recordings and interview transcripts, collected will be stored on the University of Southampton File Store which is secure and encrypted. Once interviews are transcribed, the video/audio recordings will be deleted. Participants will be interviewed individually to ensure that responses to interview questions are confidential. All transcripts will be anonymised.

Next Steps:

Please do read through the Participant Information Sheet yourself first.

Please could you identify members (both active members and graduates) in your therapeutic community who fit the eligibility criteria.

Please talk to them about the research study, using the advert and go through the participant information sheet. They can also take a copy home with them to read through.

Please ask members and support if necessary fill in an Opt-In Research Form, which will be used to assess eligibility and collect phone/email addresses to arrange the interviews.

Please collect the completed Opting In Research Forms and either scan and email them to me or I will collect from your service in person.

Many thanks.

Further Information:

If you have a concern about any aspect of this study, you should speak to the researchers who will do their best to answer your questions. Please contact myself (Candida Fernandes) on tcresearch@soton.ac.uk or my research supervisor Katy Sivyer K.A.J.Sivyer@soton.ac.uk.

If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, rgoinfo@soton.ac.uk).

Appendix I Participant Research Advert

Appendix J Participant Information Sheet

Participant Information Sheet

Study Title: An Exploration into Therapeutic Community Experiences

Researcher: Candida Fernandes

ERGO number: 79605
IRAS Number: 323693

You are being invited to take part in the above research study. To help you decide whether you would like to take part or not, it is important that you understand why the research is being done and what it will involve. Please read the information below carefully and ask questions if anything is not clear or you would like more information before you decide to take part in this research. You may like to discuss it with others but it is up to you to decide whether or not to take part. If you are happy to participate you will be asked to sign a consent form.

What is the research about?

My name is Candida Fernandes and I am a Trainee Clinical Psychologist, studying for my Doctorate of Clinical Psychology at the University of Southampton.

As part of my doctorate, I will be conducting research within the topic of Therapeutic Communities (TCs). I am interested in finding out how people experience the TC, explore things that happen in the TC that people find challenging and things that help people feel better.

This research is being funded by the University of Southampton Clinical Psychology Doctoral Programme.

Why have I been asked to participate?

You have been asked to take part in this research as you are either:

- A current member of a non-residential TC*
- Or you have completed a non-residential TC* programme in the past.

*A non-residential TC is a TC that does not have members stay overnight; instead they come into a community venue for their groups and meetings and then go home.

What will happen to me if I take part?

If you do decide to take part, you will be contacted by me to arrange an interview. You will get to pick whether you would like a:

- face-to-face (in person) interview in a community venue or clinic room
- A telephone interview at a time that suits you
- Or an online interview via Microsoft (MS) Teams at a time that suits you
-

You will also be able to ask any questions you have about the study.

For those in TCs and who prefer face to face interviews:

I will try to arrange your interview on the same day at the same venue, either before or after your community meeting.

If this is not possible and you will be travelling to a community site or clinic room, your travel expenses will be paid for.

Please do let me know if there are any other necessary and reasonable adjustments that could be made to support your participation.

In the interview, you will be asked about your experiences of your TC programme, including:

- Different elements of your community meeting
- Any helpful and challenging experiences
- Impacts your TC experience may have/may have had in your day to day life

The interview will last about 60 minutes.

After the interview, you can ask any questions you may have. You will be given a written debrief to recap the purpose of the study, a reminder of your rights to confidentiality, what will happen to the results of the study and signposts to further support and reading.

All interviews will be video and/or audio-recorded, which needs to be done for the study. Interviews conducted online via MS Teams will be video and audio recorded. This is because the researcher will listen to the recording afterwards, and write it up, word for word. The researcher will then use the written record to understand key themes to explore how people make sense of their experiences in a TC. After a script has been written up, the video and audio recordings will be deleted.

Are there any benefits in my taking part?

After completing the interview, you will receive a £25 Love-to-Shop voucher to thank you for your participation.

A wider benefit is that you will be furthering our understanding of the TC which may help towards improving the treatment for people who access TCs in the future.

Are there any risks involved?

The study will ask you to think about your experiences of being in your TC, including any challenges you may have faced. Therefore, there might be some questions which may be difficult to answer. If you do find something is too hard for you to talk about, please do not

worry. Just let me know if you need a break or do not want to answer and we will move on. You can also ask for a break at any time during the interview.

If you do feel distressed at any point after you take part in the study, please do contact a key clinician in your therapeutic community.

If you would like more help, you will be able to access the following resources for support:

- Your GP
- The Samaritans Helpline: 116 123 (for free, 24/7 support) www.samaritans.org
- Mind Infoline: 0300 123 3393 (available 9am-6pm Mon-Fri excluding bank holidays) www.mind.org.uk for more information and access to crisis support

If you feel at serious risk of harm or suicide and need emergency help, please go to your nearest A&E or phone 999.

What data will be collected?

All data collected, as described below, will be saved securely on the University of Southampton File Store.

Opting in forms, which have your email address and phone number have been collected by me. This will be stored to contact you to set up your interview and send your Love-To-Shop voucher to you after your interview. If you would like to have a summary of my study's results, I will use your details to send this to you. All details will be saved into a secure, password-protected spreadsheet.

All Opting in forms and consent forms will be electronically stored and saved on the file store. Paper copies of opting in forms and consent forms, once scanned and uploaded to the File Store, will be destroyed and put in a confidential waste bin.

Interview data will be collected by me. In addition to interview data, your age, gender and ethnicity will also be collected by me to accurately describe the people who take part in the write up of this study. This will be stored on the file store in a password-protected spreadsheet. This information will not be linked to your interview.

Will my participation be confidential?

Your participation and the information we collect about you during the course of the research will be kept strictly confidential. However, if you were to say something that would put you or anyone else at risk of harm or if you disclose any professional malpractice, I may need to share information with other professionals outside of the research team, as per local trust policy guidelines.

As said above, the data collected for this study will be stored securely on the University of Southampton Research File store and accessed via my university laptop. The File store is encrypted and the laptop itself, password protected. I will also be storing data on a secure

(password protected) memory stick which will be locked away in a secure filing cabinet when not in use.

You will be given a participant ID number when you are booked in for an interview. This will be stored in a secure, password protected spreadsheet, away from all your other forms.

Your interview will be anonymised and kept with interviews from other participants. Anonymised quotes from your interview may be used in the report and may be published in the future.

Video and audio recordings will be uploaded as soon as possible to the secure, password protected File Store and deleted off the electronic recording device (if face to face or telephone). Video interviews from MS Teams calls will be downloaded and saved to the File Store and deleted off the teams chat. All audio and video files will be deleted once I have written a script of your interview. Your script will be kept anonymous and I will change any identifiable information you may have mentioned (e.g. your name, other people you may have mentioned and services).

The University of Southampton will keep typed, electronic copies of the interviews for a minimum of 10 years after the study has finished or 10 years from publication, whichever is the longer. At the end of this period, they will be securely destroyed.

Only members of the research team and responsible members of the University of Southampton may be given access to data about you for monitoring purposes and/or to carry out an audit of the study to ensure that the research is complying with applicable regulations. Individuals from regulatory authorities (people who check that we are carrying out the study correctly) may require access to your data. All of these people have a duty to keep your information, as a research participant, strictly confidential.

Do I have to take part?

No, it is entirely up to you to decide whether or not to take part. If you decide you want to take part, you will need to sign a consent form to show you have agreed to take part.

Taking part in the study will not affect your healthcare or therapy in any way.

What happens if I change my mind?

You have the right to change your mind and withdraw before the interview without giving a reason and without your participant rights or any routine care you receive being affected. Please contact the researcher (Candida Fernandes) by emailing [email]

If you feel uncomfortable or do not wish to continue the interview, you have the right to stop at any time. This will not affect your healthcare or therapy.

If you wish to withdraw permission for me to use your interview in my research, you can do so up until two weeks after your interview has taken place by emailing me on the address

above. After two weeks, it will not be possible to withdraw your interview, as it will have been written out, anonymised and kept with the interviews of other participants.

What will happen to the results of the research?

Your personal details will remain strictly confidential. The study will be written up as a journal article intended to be published in a scientific journal that will be accessible to other researchers and the public domain. Research findings made available in any reports or publications will not include information that can directly identify you.

A summary of findings from the study will be sent to participants who opt in to receive these via the consent form.

Where can I get more information?

If you have any questions, please do contact myself (Candida Fernandes) by emailing [email]

What happens if there is a problem?

If you have a concern about any aspect of this study, you should speak to the researchers who will do their best to answer your questions. Please contact myself (Candida Fernandes) on [email] or my research supervisor [name and email address].

If you remain unhappy or have a complaint about any aspect of this study, please contact the University of Southampton Research Integrity and Governance Manager (023 8059 5058, rgoinfo@soton.ac.uk).

(For participants currently in a TC run within the NHS) Should you wish to make a complaint via the NHS, please contact your local Patients Information Service (PALS). The [local trust] PALS team are open to support from 9am to 4pm, Monday to Friday, excluding Bank Holidays.

If you contact [local trust] outside of this time and leave a message with them, and they will get back to you within 5 working days. Their number is 0118 904 3467 or you can email [local trust PALS email]

Data Protection Privacy Notice

The University of Southampton conducts research to the highest standards of research integrity. As a publicly-funded organisation, the University has to ensure that it is in the public interest when we use personally-identifiable information about people who have agreed to take part in research. This means that when you agree to take part in a research study, we will use information about you in the ways needed, and for the purposes specified, to conduct and complete the research project. Under data protection law, 'Personal data' means any information that relates to and is capable of identifying a living individual. The University's data protection policy governing the use of personal data by the University can

be found on its website (https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page).

This Participant Information Sheet tells you what data will be collected for this project and whether this includes any personal data. Please ask the research team if you have any questions or are unclear what data is being collected about you.

Our privacy notice for research participants provides more information on how the University of Southampton collects and uses your personal data when you take part in one of our research projects and can be found at http://www.southampton.ac.uk/assets/sharepoint/intranet/ls/Public/Research%20and%20Integrity%20Privacy%20Notice/Privacy%20Notice%20for%20Research%20Participants.pdf

Any personal data we collect in this study will be used only for the purposes of carrying out our research and will be handled according to the University's policies in line with data protection law. If any personal data is used from which you can be identified directly, it will not be disclosed to anyone else without your consent unless the University of Southampton is required by law to disclose it.

Data protection law requires us to have a valid legal reason ('lawful basis') to process and use your Personal data. The lawful basis for processing personal information in this research study is for the performance of a task carried out in the public interest. Personal data collected for research will not be used for any other purpose.

For the purposes of data protection law, the University of Southampton is the 'Data Controller' for this study, which means that we are responsible for looking after your information and using it properly. The University of Southampton will keep identifiable information about you for 10 years after the study has finished after which time any link between you and your information will be removed.

To safeguard your rights, we will use the minimum personal data necessary to achieve our research study objectives. Your data protection rights – such as to access, change, or transfer such information - may be limited, however, in order for the research output to be reliable and accurate. The University will not do anything with your personal data that you would not reasonably expect.

If you have any questions about how your personal data is used, or wish to exercise any of your rights, please consult the University's data protection webpage (https://www.southampton.ac.uk/legalservices/what-we-do/data-protection-and-foi.page) where you can make a request using our online form. If you need further assistance, please contact the University's Data Protection Officer (data.protection@soton.ac.uk).

Thank you for taking the time to read the information sheet and considering taking part in my research study.

Appendix K Opt-In Research Forms for Members

OPTING IN RESEARCH FORM FOR TC MEMBERS

Study Title: An Exploration into Therapeutic Community Experiences

Researcher Name: Candida Fernandes

ERGO Number: 79605

IRAS Number: 323693

Thank-you for your interest in taking part in my research. I am looking to interview people about their experiences of their therapeutic community (TC).

To take part, you will have either completed **at least one year** of an adult, non-residential TC programme **or** fully completed and graduated from an adult, non-residential TC programme.

If you would like to ask any questions, please ask your key clinician or contact me via my email address: [email]

Many thanks,

Candida

- -

Please tick:

I understand that Candida Fernandes is conducting the above study. ☐

I would like to opt-in to be contacted by the main researcher, Candida Fernandes to book in an interview. ☐

I confirm I have a good understanding of spoken and written English ☐

Please fill in the details below and give this form to a staff member at your TC:

Name ________________________________

Contact number________________________________

Email address ____

Name of Therapeutic Community _______________________________

Have you completed at least one year of your TC Programme? (circle) YES/NO

Have you graduated from your TC programme? (circle) YES/NO

If yes, which year did you graduate? ______________

Appendix L Written Consent Form

CONSENT FORM

Study title: An Exploration into Therapeutic Community Experiences
Researcher name: Candida Fernandes
ERGO number:79605
IRAS Number: 323693

Participant Identification Number*:*

Please initial the box(es) if you agree with the statement(s):

Statement	Initials
I have read and understood the Participant Information Sheet *11/08/2023 V2*, have had the opportunity to ask questions about the study and have had these answered satisfactorily.	
I understand my participation is voluntary and I may withdraw before and during the interview for any reason without my medical care and participation rights being affected.	
I understand that I will have two weeks after my interview to contact the researcher to withdraw my data should I wish to do so and after this point it will not be possible.	
I understand that I may be quoted directly in reports of the research but that I will not be directly identified (e.g. that my name will not be used).	
I understand that taking part in the study involves video and audio recording my interview. The video and audio recording will be stored on a secure File Store and then deleted once it has been written out word for word and anonymised for the purposes set out in the Participation information Sheet.	
I understand that if I was to say something that would put myself or anyone else at risk of harm, the interviewer would need to share information outside of the research team, as per local trust policy guidelines.	
I agree to take part in this research project and agree for my data to be used for the purpose of this study.	

Please initial either yes or no:

Optional Statement	Yes	No
I would like to receive a summary of the findings once they have been written up.		

Name of participant (print name)……

Signature of participant……

Date……

Name of researcher (print name)……

Signature of researcher ……

Date……

Appendix M Online MS Teams Consent Form

Consent Form

Study title: An Exploration into Therapeutic Community Experiences
Researcher name: Candida Fernandes
ERGO number: 79605
IRAS number: 323693

Participant Identification Number:

Please put your initials in the boxes if you agree with the statement(s):

1. I have read and understood the Participant Information Sheet 11/08/2023 V2. I have had the opportunity to ask questions about the study and have had these answered satisfactorily.

Enter your answer

2. I understand my participation is voluntary and I may withdraw before and during the interview for any reason without my participation rights being affected.

Enter your answer

3. I understand that I will have two weeks after my interview to contact the researcher to withdraw my data should I wish to do so and after this point it will not be possible.

Enter your answer

4. I understand that I may be quoted directly in reports of the research but that I will not be directly identified (e.g. that my name will not be used).

Enter your answer

5. I understand that taking part in the study involves video and audio recording my interview. The video and audio recording will be stored on a secure File Store and then deleted once it has been written out word for word and anonymised for the purposes set out in the Participation Information Sheet.

Enter your answer

6. I understand that if I was to say something that would put myself or anyone else in danger, the interviewer would need to share information outside of the research team, as per local trust policy guidelines.

Enter your answer

7. I agree to take part in this research project and agree for my data to be used for the purpose of this study.

Enter your answer

8. Optional: I would like to receive a summary of the findings once they have been written up.

Yes
No

9. Please enter your name

Enter your answer

10. Please enter the date

Please input date (M/d/yyyy)

Appendix N Demographics Form

DEMOGRAPHICS FORM

Study title: An Exploration into Therapeutic Community Experiences
Researcher name: Candida Fernandes
ERGO number:79605
IRAS Number: 323693

Participant Identification Number:

What is your age?_____

What is your gender? _____

What is your ethnic background?

_____

Appendix O Interview Schedule for Members

Interview Schedule for TC Members

Study Title: An Exploration into Therapeutic Community Experiences
Researcher Name: Candida Fernandes
ERGO Number: 79605
IRAS Number: 323693
Date: ____/_____/_________

Time: ______:______

Location: _____

Face to Face Interviews: Dictaphone/Laptop Audio Recording Set up

Online Interview: MS Teams Set Up Teams Appointment – Record Interview

Telephone Interview: Conference call set up

Fill in Consent and Demographics form

Say to participant:

Today, we will be talking about your experiences of engaging in your therapeutic community and to understand how your experience has impacted you.

Feel free to answer questions in a way that is comfortable to you. Please do let me know if you would like a break at any point during the interview. I may take a few notes during the interview, this is to help remind me of things I may come back to. If you want to stop completely, you just need to let me know and you can do so.

Do not hesitate to ask any questions throughout our session today. Do you have any questions for me now before we start?' We will begin the recording now.

Start recording and read the following:

For the purposes of the recording, please confirm that you agree to take part in this research today?

And that you are happy for me to record your interview?

1. **Could you start by telling me a bit about your therapeutic community?**

Prompts: How long is your whole programme? How many hours a week do you meet? What's the environment like? E.g. the building, meeting room, lighting, décor, layout. What's a typical day like in your therapeutic community? Other than the main community meeting, are there any other parts to your programme? (E.g. member workshops, reviews, individual therapy). What was it like joining your therapeutic community? Was it easy or difficult to remain committed to attending

groups and meetings? What made it easy/difficult? (For Graduates: What was it like leaving your therapeutic community?)

2. **What has been your experiences of being with others within your therapeutic community groups and meetings?**

Prompt: Have there been any positive experiences? Have there been any negative experiences? How do you think the structure/activities within your therapeutic community has helped with building relationships? How has it not helped? What's it like being with staff members?

3. **What does being a part of your therapeutic community mean to you?**

Prompts: How would you describe your role within your therapeutic community? What do you think are the expectations of you as a member of your therapeutic community? Do you think this has changed over time?

4. **Are there any parts of your therapeutic community groups or meetings which you find particularly helpful?**

Prompts: Why are they helpful? Were there any experiences or specific events that were special to you or stood out for you?

5. **Are there any parts of your therapeutic community groups or meetings which you find more difficult?**

Prompts: What makes them difficult? Can you describe any particularly difficult experiences that have happened? What happened? What helped you to manage during this time? What could be different to make things easier?

6. **What changes, if any, have you noticed in your life since starting at your therapeutic community?**

Prompts: To what extent do you think these changes have been because of your involvement with your therapeutic community? How has it impacted your: lifestyle, relationship with yourself, relationships with others (family, friends, colleagues etc), your work/education/volunteering, your health and recovery? What have you learnt about yourself since being in your therapeutic community? What have you learnt about other people?

7. **What do you think your life would be like if you didn't join your therapeutic community?**

Prompt: Why?

Finally, is there anything else you would like to add that we haven't already spoken about?

Thank-you for your time.

Give participant Debriefing Form

After interview: Email/Post Written Debrief and Love to Shop voucher to participant.

Appendix P Interview Schedule for Graduates

Interview Schedule for TC Graduates

Study Title: An Exploration into Therapeutic Community Experiences
Researcher Name: Candida Fernandes
ERGO Number: 79605
IRAS Number: 323693

Date: ____/_____/_________

Time: ______:______

Location: _____

Face to Face Interviews: Dictaphone/Laptop Audio Recording Set up

Online Interview: MS Teams Set Up Teams Appointment – Record Interview

Telephone Interview: Conference call set up

Fill in Consent and Demographics form

Say to participant:

Today, we will be talking about your experiences of engaging in your therapeutic community and to understand how your experience has impacted you.

Feel free to answer questions in a way that is comfortable to you. Please do let me know if you would like a break at any point during the interview. I may take a few notes during the interview, this is to help remind me of things I may come back to. If you want to stop completely, you just need to let me know and you can do so.

Do not hesitate to ask any questions throughout our session today. Do you have any questions for me now before we start?' We will begin the recording now.

Start recording and read the following:

For the purposes of the recording, please confirm that you agree to take part in this research today?

And that you are happy for me to record your interview?

1. **Could you start by telling me a bit about your therapeutic community?**

Prompts: How long was your whole programme? How many hours a week did you meet? What was the environment like? E.g. the building, meeting room, lighting, décor, layout. What was a typical day like in your therapeutic community? Other than the main community meeting, were there any other parts to your programme? (E.g. member workshops, reviews, individual therapy). What was it like when you

joined your therapeutic community? Was it easy or difficult to remain committed to attending groups and meetings? What made it easy/difficult? For graduates: What was it like leaving your therapeutic community?

2. **What were your experiences of being with others within your therapeutic community groups and meetings?**

Prompt: What were the positive experiences? What were the negative experiences? How do you think the structure/activities within your therapeutic community helped with building relationships? How did they not help? What was it like being with staff members?

3. **What did being a part of your therapeutic community mean to you?**

Prompts: How would you have described your role within your therapeutic community? What were the expectations of you as a member of your therapeutic community? Do you think the expectations changed over time?

4. **Were there any parts of your therapeutic community groups or meetings which you found particularly helpful?**

Prompts: Why were they helpful? Were there any experiences or specific events that were special to you or stood out for you?

5. **Were there any parts of your therapeutic community groups or meetings which you found more difficult?**

Prompts: What made them difficult? Can you tell me about any particularly difficult experiences that happened? What happened? What helped you to manage during the time? What could have been different?

6. **What changes, if any, have you noticed in your life since your time at your therapeutic community?**

Prompts: To what extent do you think these changes have been because of your involvement with your therapeutic community? How has it impacted your: lifestyle, relationship with yourself, relationships with others (family, friends, colleagues etc), your work/education/volunteering, your health and recovery? What have you learnt about yourself from your time at your therapeutic community? What have you learnt about other people?

7. **What do you think your life would be like if you didn't join your therapeutic community?**

Prompt: Why?

Finally, is there anything else you would like to add that we haven't already spoken about?

Thank-you for your time.

Give participant Debriefing Form

After interview: Email/Post Written Debrief and Love to Shop voucher to participant.

Appendix Q Debriefing Form

DEBRIEFING FORM

Study Title: An Exploration into Therapeutic Community Experiences
Ethics/ERGO number: 79605
IRAS number: 323693
Researcher(s): Candida Fernandes, Trainee Clinical Psychologist, University of Southampton.
University email(s): [email]
Version and date: V2 11/08/2023

Thank you for taking part in my study. Your contribution is very valuable and greatly appreciated.

Purpose of the study

Over many years, Therapeutic Communities (TCs) have developed and changed to best support individuals in their recovery. A lot of research have shown that TCs are effective in helping people to make more informed, meaningful choices in their lives and achieve a sense of purpose and belonging. However, there remains little research in understand how the TC works to do this and the processes people go through to achieve this.

The aim of this research is to find out more about how TC's help people.

The interview you took part in will help us to understand your experiences in the TC. This includes when you first started at your TC, your experience of the activities you took part in when you met at the community meetings and your thoughts about finishing with your TC. We also spoke about things that were helpful and challenging. We also talked about if and how your experiences, have had an effect on other areas of your life.

We hope the results will improve members' experiences and ongoing recovery and help to further shape the wider core values that guide the way TCs are run in future.

Confidentiality

The results of this study will include quotes from interviews to highlight examples which support the findings. The results will not include your name or any other identifying characteristics.

Study results
You will receive a short summary of the research findings when it is completed, if you have asked for this when you signed the consent form. It is also hoped that the findings of the study will be written up and published in a research journal and spoken about in the annual TCTC conference or monthly TCTC community meeting.

Further support

If taking part in this study has caused you discomfort or distress, the following resources are also available:

- If you are a member of a TC at present, do speak to your key worker or member of staff.
- Your GP
- The Samaritans Helpline: 116 123 (for free, 24/7 support) www.samaritans.org
- Mind Infoline: 0300 123 3393 (available 9am-6pm Mon-Fri excluding bank holidays) www.mind.org.uk for more information and access to crisis support

If you feel at serious and immediate risk of harm or suicide, please attend your nearest A&E or call 999.

Further reading

If you would like to learn more about this area of research, you can refer to the following resources:

Core Values of TCs: https://therapeuticcommunities.org/core-values/
How TCs Work: https://therapeuticcommunities.org/how-tcs-work/

Further information

If you have any concerns or questions about this study, please contact Candida Fernandes [email] who will do their best to help.

If you wish to withdraw your interview from the study, please email Candida within two weeks from the date of your interview. It will not be possible to remove your data after this period.

If you remain unhappy or would like to make a formal complaint, please contact the Head of Research Integrity and Governance, University of Southampton, by emailing: rgoinfo@soton.ac.uk, or calling: + 44 2380 595058. Please quote the Ethics/ERGO number which can be found at the top of this form. Please note that if you participated in an anonymous survey, by making a complaint, you might be no longer anonymous.

Thank you again for your participation in this research.

Appendix R Theme Development (PETs and GETs) for Empirical Project

- All names are pseudonyms

Development of Personal Experiential Themes

Version 1

Daisy

Cluster A: The Journey in Understanding and Expressing Emotional Vulnerability through Relationships
Subtheme 1: Tuning in and Understanding the 'Felt Sense' of Emotion in Self and Others
Subtheme 2: Relating to others 'Felt Sense' of Emotion and Finding Comfort in Shared Experience
Subtheme 3: Learning from Others to Accept and Confidently Express My Emotional Vulnerabilities
Cluster B: Reflecting on, Accepting and Learning From the Past and Moving Towards Progress and Discovery
Cluster C: Fostering a Sense of Togetherness Within the Community
Cluster D: 'Working it Out': Strategies towards Healthy Conflict Resolution in the Group
Cluster E: Co-producing Opportunities Tailored to the Needs of the Group

Lauren

Cluster A: Acquiring the Foundations of Trust
Subtheme 1: The Building of Trust in the TC Space
Subtheme 2: The Building of Trust in Others
Cluster B: Acceptance and Growth of Self in Adapting to Life Circumstances
Cluster C: The Development of Assertiveness and Healthy Communication
Subtheme 1: Speaking out: Learning to make my own voice heard within the group
Subtheme 2: Learning to communicate alongside setting healthy boundaries
Cluster D: Emotionally Connecting through Shared Experience, Warmth and Equality

Cluster E: Co-Producing Our TC': Making the TC work for us

Jordan

Cluster A: The Exploratory Process of Discovery
Subtheme 1: Initially Feeling Lost
Subtheme 2: Navigating through and connecting with parts of my identity in the TC
Subtheme 3: Discovering my potential and looking forwards in life
Cluster B: Trying to Foster a Sense of Group Safety
Cluster C: Building Connection, Inclusion and Togetherness through Sharing Experiences within the TC
Cluster D: Co-production fuelling Creativity and Acceptance

Julie

Cluster A: A journey in Being Open to Vulnerability
Subtheme 1: Initially Contending with challenges of ambivalence and 'putting up a front'
Subtheme 2: Slowly letting my guard down and projecting 'the real me'
Cluster B: The Necessary Development in Introspection and Emotional Maturity to Make Changes
Subtheme 1: Looking Within: The importance of self-reflection and 'making peace with my past'
Subtheme 2: Looking Out: Managing and developing my emotional maturity within the TC (presentational/practical strategies)
Cluster C: Developing Relationships, Deep Connections and Inspiration to Help Others

Jess

Cluster A: Expressing and managing Insecurities and a lack of psychological safety in the TC
Subtheme 1: Feeling insecure with relationships and my position/place within the TC

Subtheme 2: Managing insecurity through authority and exhibiting 'power plays' within the TC
Cluster B: Co-production: Valuing Everyone's Contributions and Ideas
Cluster C: The TC Preparing Members by 'mirroring' the Real World
Cluster D: Communicating Together: The Challenge of Striking a Balance between Help Seeking and Helping Others in the TC
Cluster E: Opening up to Sharing and Exercising Vulnerability with Others

Zoe

Cluster A: The Art of Co-Production in Reflecting my Talents, Understanding Who I Am and What I Can Achieve
Cluster B: The Power of Group Communication and Containment: Banding Together to Support Each Other in Difficult Times
Cluster C: The Dance between Vulnerability and Guardedness
Subtheme 1: Opening up and Getting Comfortable with Vulnerability, Uncertainty and Change
Subtheme 2: Retreating From Vulnerability And Not Having My Voice Heard
Cluster D: Noticing my Own Growth and Strengthening My Qualities of Compassion and Resilience

Linus

Cluster A: The Journey of 'Switching On' Vulnerability: Opening Up To Sharing, Relating and Empathising With Others
Cluster B: Using the TC and Self Reflection To Prepare for Community Life and Peer Mentorship
Cluster C: A Sense of Belongingness and Value: Finding my Place and Self-Worth in My TC
Cluster D: The Process of Co-production in progressing the TC

Tom

Cluster A: The Journey In Discovering and Connecting With My Authentic Self Through Embracing Vulnerability
Subtheme 1: Initially Feeling Disconnected from Myself
Subtheme 2: Opening up to Discovering Who I Am and Connecting With Myself
Cluster B: Co-Production: Helping me to Discover My Strengths and Potential

Cluster C: Group Containment and Security in Feeling our Feelings and Finding Our Voices To Support One Another

Abigail

Cluster A: The Process of Opening Up and Exploring my Emotional Vulnerability
Subtheme 1: Shutting Out Uncomfortable Feelings and Suppressing Emotional Vulnerability
Subtheme 2: Dabbling with Emotional Vulnerability: Communicating Feelings in the Group
Cluster B: 'The Group's Not Enough': Experiencing a Lack of Containment and Support
Cluster C: Working to Find Comfort and Connect With Others Through Shared Experience and Being Exposed to Different Perspectives on Similar Issues

Lucy

Cluster A: The Value of Connection in the TC
Cluster B: Strengthening my Vulnerability: Learning to Open Up, Express Myself and Understand Others
Cluster C: The Role of the TC in Preparing Me for the Real World Outside of the TC
Cluster D: Feeling Supported and Understood Through Group Communication

Flo

Cluster A: Gaining Knowledge and Comfort Through Sharing and Hearing Lived Experiences
Cluster B: A sense of Belongingness, Acceptance and Inclusion in the TC
Cluster C: Feeling Supported and Empowered by Others in My Recovery and Ability to Cope and Problem Solve
Cluster D: Feeling Equipped and Prepared for the real world
Cluster E: Developing my Confidence and Playing My Part In Helping Others

Personal Experiential Themes (Version 2)

Daisy

Cluster A: Understanding and Expressing Emotional Vulnerability
Cluster B: Reflecting on, Accepting and Learning From the Past and Moving Towards Progress and Discovery
Cluster D: Fostering Safety, Containment and Fortification within the Group
Cluster E: Co-producing Opportunities Tailored to the Needs of the Group

Lauren

Cluster A: A Sense of Physical and Psychological Safety
Cluster B: Acceptance and Growth of Self in Adapting to Life Circumstances
Cluster C: Exploring My Ability to be Vulnerable with Others
Cluster E: Co-Producing Our TC': Making The TC work for us

Jordan

Cluster A: The Reflective Process of Discovery
Cluster B: Trying to Foster a Sense of Group Safety
Cluster D: Co-production fuelling Creativity and Acceptance
Cluster E: Understanding and Connecting Through Vulnerability

Julie

Cluster A: Letting My Guard Down and Opening Up
Cluster B: The Necessary Development in Introspection and Emotional Maturity to Make Changes

Cluster D: Establishing Trust and Safety In the Group

Jess

Cluster A: The Process of Creating Safety
Cluster B: Co-production: Valuing Everyone's Contributions and Ideas
Cluster C: Challenges in Progression and Discovery: The Need for Feedback
Cluster E: Opening up to Sharing and Exercising Vulnerability with Others

Zoe

Cluster A: The Art of Co-Production in Reflecting my Talents, Understanding Who I Am and What I Can Achieve
Cluster B: The Power of Group Safety in Facilitating Healthy Communication
Cluster C: Retreating From Vulnerability and Not Having My Voice Heard
Cluster D: Noticing my Own Growth and Strengthening My Qualities of Compassion and Resilience

Linus

Cluster A: The Journey of 'Switching On' Vulnerability: Opening Up To Sharing, Relating and Empathising With Others
Cluster B: "Not A Breakdown but A Break-Through": Reflecting On Progress
Cluster C: The Process of Co-production in progressing the TC
Cluster D: Connecting with Others

Tom

Cluster A: The Journey In Embracing Vulnerability
Cluster B: Co-Production: Helping me to Discover My Strengths and Potential
Cluster C: Group Containment and Security in Feeling our Feelings and Finding Our Voices To Support One Another
Cluster D: "The Process of Discovery, Rather than Recovery": Finding and Expressing My Identity and Who I Want to Be

Abigail

Cluster A: The Challenges of Emotional Vulnerability
Cluster B: 'The Group's Not Enough': Experiencing a Lack of Containment and Support
Cluster C: Feeling Stuck and Fragile: The Barriers In Moving Forward with Goals and Life
Cluster D: Experiences and Management of (Perceived) 'unsuccessful' Co-production

Lucy

Cluster B: Strengthening my Vulnerability: Learning to Open Up, Express Myself and Understand Others
Cluster C: The Role of the TC in Preparing Me for the Real World Outside of the TC
Cluster D: Feeling, Safe, Supported and Understood Through Group Communication and Containment

Flo

Cluster A: Group Safety, Containment and Working Through Things Together
Cluster: Embracing Vulnerability and Learning From Others
Cluster D: Feeling Equipped and Prepared for the real world

Empirical TC Study: Coding Manual (PETS and GETS)

Final Personal Experiential Themes (version 3)

Daisy

Cluster A: Understanding and Expressing Emotional Vulnerability		
Recognising and relating with the importance of 'coming as you are' to the group	PTC1, P42, L1095-1105	"And again a lot of other people do what you do. As in me, you know, they put on the hat, they say they're fine when they're not and you see it even when new people come"
Finding comfort in being in the company of familiar faces who 'get it'	PTC1, P5, L124-128, L132-133	[on group therapy format] So supposing in turn you then feel, actually you're not alone, but you can then start working through things because people actually understand. Whereas on the outside, which I call family and friends, don't always understand it. They've never been through it. They, they just don't seem to grasp it. "But in a community like that they do because they've been through it so."
Feeling contained and validated in an experienced situation	PTC1, P4, L90-102	*Thinking back, what was it like when you first started [the TC]?* For me it, it wasn't easy. I will say that, ummm doing group work wasn't my personal choice. I didn't see how at the time that it would work. But saying that once I actually did get into groups, it's quite funny because I do think by talking to others, um although the issue isn't the same, the emotions around the issues are always the same, so you feel like you've got something in common so that when somebody says something you think ohh, you know what, I'm not alone anymore.
Gradually learning to be free in expressing emotions as they are experienced	PTC1, P13 L323-340, P14, L351-360	I just don't cry in front of people. Even so, I've probably have now got upset within a group and at the time I felt awful because I thought, Oh my God, I'm a baby. I've just cried. And but it made me feel so much better.
Edification *(teaching you and learning)* through others members experiences	PTC1, P6, L145-156, P8, L197-211	"But.. I think as the group started to get a bit bigger and there's more people coming in with more (sigh) - not just ideas but with more things that they had gone through. But sometimes you do find that somebody else has got. Maybe it's not. As I said, the issue, but maybe it's a.. uh a medical issue that you're going through that still has done the same thing. You still get very

		down and depressed about it. And then all of a sudden you find somebody else who's gone through that.
Connecting with the felt-sense of trust and safety	PTC1, P10, L248-251, 258-262	it is that trust that, you know, whatever you say within that room stays in that room stays with those people. So it doesn't go anywhere else... "in that group you can say all of that knowing nothing's going to be taken out of context.

Cluster B: Fostering Safety, Connection and Fortification In The Group		
Staff as 'peacekeepers'	PTC1, P22, L578-583, L611-614	"[Staff] don't takeover. I mean, initially the group was trying to be sort of run by.. clients, I suppose, but you still got to have somebody there, as I said, just to make sure things don't take off in a in the wrong direction.
Bringing it back to the group: finding ways to process, manage and learn from conflict together	PTC1, P16-17, L421-431	[arguments experienced in the TC] And also it's spoken about as well. So even if that person did have that feeling towards sort of the end of the group, the following group, there's places where you can write it in a book, if that's how you're feeling, you just need and you can't say it actually to the group do you can actually write it down. And it's actually read out. That's another way of getting it back to the groups so that they all understand how you've actually felt by that.
Learning to bring compassion and understanding to others reactions and behaviours	PTC1, P21, L547-564	I mean, we've had a couple of people, um, slightly down away from an argument that are very- a little bit, uhhhhh.. not aggressive, but maybe verbally. And it scared other people. And you can see it because nobody wants to feedback to that person. They're sort of avoiding eye contact with that person. You do everything not to sort of look that way. And you can you can pick it up in the group. And eventually, as time goes on, even if it is brought back to the group, normally you'll find, as like, a few months later, that person's got a heart of gold. It was just the fact that they didn't know how to verbalise all their issues.

The process of leaving and experiencing 'separation anxiety' from the TC	PTC1, P26, L682-689, P27, L697-699	"I didn't want to leave when it comes to the end… you get friendships you know within that two years, although it's only 2 1/2 hours a week you you do, you get friendships from it. So it was very difficult." "But you have learned a hell of a lot in those two years and it's it's feels a horrible thing that you feel like you're going to lose it. You're going to lose that support."
Feeling welcomed and accepted to be a part of something bigger	PTC1, P27-28, L706-721	I think you're one of many. It's almost like you fit in, no matter sort of who you are… You just fit in, you know, whereas maybe some people felt they've been on their own for years and years dealing with this, and then they come into a group like this where they just seem to fit.

Cluster C: Co-producing Opportunities Tailored to the Needs of the Group		
Co-production as a way of being involved, empowered and assertive in treatment needs/goals	PTC1, P3, L66-79	if a group member comes up with a workshop that they want to do, whether it be on sleep or whether it be on anxiety, they can actually do that. Um, they can actually do that, they can actually run it themselves so they can actually start their own workshop, um, and then put it back to the groups in a week's time.
Developing freedom of expression and being a valued part of the community through group decisions	PTC1, P24, L619-625,	if something's changed within the group, say a rule is changed, it's not just changed by the staff and they think, 'Oh yeah, we need to put that in, so we're going to', no, it'll go back to the group and the group discuss it as a whole.
Finding a place in the wider community with the help of the TC	PTC1, P3, L56-64	once you've actually had your two years as well, I'd like to still say that you can then, sort of move on further from that. You can still do stuff out in the community, voluntary stuff like that, or you can become a peer mentor or, you know, there's quite a lot of things you can do. So even after the two years has finished, it's not just finished. You can be signposted to other things.

Lauren

Cluster A: The Process of Relational Engagement		
Acclimatising to the TC group culture	PTC2, P6, L98-113	the more time you spend with these people, the more you trust them so.
Finding resolution and reparation through reflection and communication	PTC2, P11, L 195-198, L 200-204, 206-213	"Um, I got accused of saying something… we had like a intervention thing where I was with the other lady and the member of staff and. And we saw went through it all at the same time. And when I explained to her how she'd made me feel and everything she said, 'oh I didn't realise how I made you feel. I didn't realise that made you feel so bad, and now I understand that you didn't do it.' Then I got an apology.
Recognising 'the good' in others	P34, L671-673	"People can be more compassionate that you than you think they that they can be, and the empathy people feel for strangers."
Building strong connections and trust in a 'tight-knit' space	PTC2, P5, L86-89	And it's just it's just it's like a small family." That's the only way I can describe it. It's it's just like going. "It's a trusting circle and I think that's very, very important."

Cluster B: Exploring My Ability to be Vulnerable with Others
Subtheme 1: Developing Confidence in Sharing Stories with Others

Being emotionally guided to process difficult events	PTC2, P13, L241-243, P14, L261-263, PTC2, P13, L248-251, L339-340	"I got diagnosed in 2016 with Parkinson's and I was in bits. Absolutely in bits and I needed the support of the group and everybody." "There wasn't one person that didn't come up and say something or give me a hug or, you know, and it was just. It was.. It was a bit overwhelming, but it was wonderful. Yeah, it's.. it's just they were just there for me." "It's just, it's just there for you. It's something that's just there for you and and you're part of it."
Realising the need of mastering vulnerability around others	PTC2, P17, L328-330	"We're all going through stuff. Yeah. And the need to bring that to the to. the group is very powerful in itself."
Stepping out of one's comfort zone	PTC2, P19, L362-364	"it gives me a bit of confidence as well because I'm not good at speaking up in front of people. So the more I've done that, the more my confidence has built."
Making sense of shared experiences together	PTC2, P5, L94-95	"I did find that being around other people that had experienced similar things was helping. Um, being able to get feedback and being able to talk about what, how you're feeling was fundamental to the way to recovery basically."
Maintaining equality and vulnerability with all group members	PTC2, P5, L82-85, P16, L315-219	"Everybody is part of the whole group. I mean, we sit in a circle, which is good because that's.. you've got eye contact with everybody."
Freedom to express true thoughts and feelings and being received 'as you are'	P7 L128-135	"It's.. it's just knowing that people value your opinions and they value what you've got to say is just it. It takes away all the.. it gives you validation…I've.. my my emotions that were going through were justified. They weren't just there for no reason. "
Subtheme 2: The Process of Self Reflection		
Looking back to move forwards in recovery	P20, L376-380	"you get to sit down with people that can tell you how far you've come, even if you can't realise it yourself. And you can then so then you get to see, 'yeah I have done that' and 'yeah, that's what I want to go on to do'"
Bringing 'under the radar' progress made in the TC to the surface	P21, L394-396, 397-398	"Yeah, it was like realising that I had come a bit further than I thought I had. 'cause I didn't think I was getting anywhere, to be honest."... "I was very defeatist and so I got sat down and we we were told and shared with what what I'd done."

Recognising self worth and progress	PTC2, P32, L626-629	"I can sit there and sort of I think, 'yeah, you're not too bad now. You're better than you were.' You know, if I sit and think about it."

Cluster C: Making the TC work for us together		
Excitement from building the group together from scratch	PTC2, P1, L11-13, L15-18, P2, L21-25, P2, L28-32	" me and a couple of others and [staff] put the group together. We basically co-founded it between us. "Amazing, absolutely amazing, to be able to get it from the ground going, it's just sort of like, yeah, and it's just something that I.. I was very proud of at the time and I still take great pride in them."
Purposefully and meaningfully modifying the group together	PTC2, P4, L69-71	"So, um, it's only if we have like a question around the safety boundaries, then we've got to think about maybe we need to change them"
Asserting shared ownership of the TC	PTC2, P9 L167-170	"Because, because I'd been on the ground and I'd helped set [the TC] up, I wanted to see where it was going." "I wanted to see if it would work for others as well as it was working for me, so yeah."
Harnessing abilities to help others through building something that's needed	PTC2, P17-18, L335-338, 430-434	"It's just to be able to give me the opportunity to start something like that and to carry on knowing that it's going to help me and help others"
Contributing altruistic acts of service	PTC2, P34, L665-668	"I mean it's it's giving back. You've you've had so much help yourself. And to be able to give back, is something else. It really is. So it's just sort of like. To mean so much, I guess."
Developing freedom to express ideas	PTC2, P3, L42-45	"It was a case of if I had an idea, I could put it to the group and the group would decide on it and we'd coproduce it between us which was really good. So, it made you feel like your voice was heard."

Jordan

Cluster A: Trying to Foster Relational Connection		
Experiencing reservations about group therapy	PTC3, P7, L194-197, P8, L225-226	"I have very little experience with group therapies before, with therapies anyway, other than talking therapies. What experiences I had was from watching movies…I was quite worried. Like I said, groups, especially groups, have never been with, I still feel frightened."
Inviting transparency to the group	PTC3, P11, L309-314	*So everything gets brought back into the group?* Yeah, it it make sure that we're all on the same footing, every one of us as like equal amount of information. No one feels left out. Which is which is hard to do. You know we have we talk with other people. Yeah, but. We'll try to make everyone as equal as possible.
A sense of compromised safety in the TC	PTC3, P15-16, L459-469, P17, L489-493 P16, L473-475	"I mean, eer, a few months back, there was this woman who joined in various. I am not sure. I think I'm forgetting a name. She wasn't a very good fit and she would pick arguments with her and I feel quite a bit threatened by her… [on feeling vulnerable after a group member upset him] Actually, I wrote a message in the reflective booking, you know that reflective book right? But. I had to write a message there that it really feels like I'm a lion tamer with an angry lioness. And it it does get very scary at times.
Savouring opportunities to reunite and connect with people	PTC3, P27, L804-805, P28, L826-832	I've loved our annual Christmas party where we got to meet a lot of uh, old faces. Uh, well, I saw a lot of old faces…Most times,when I go to a party, it's just me in a corner and with sitting trains, you should go. I'm always left out. I'm not still. I'm very sure I have a person I might have. I mean I went to one friends party. I just want to but he has tonnes of friends and I'm just usually left alone in a corner. That's my space at most parties.
Building strong connections and trust in a 'tight-knit' space	PTC3, P20, L599-604	With… it means that I am in a community of people who I can trust with my inner most…thoughts and thinkings, even with my parents they're private, they have no knowledge. It's not like I enjoy keeping anything secret from them. I don't. And there has been very supportive, but sometimes it's it's just hard to share it with your family, you know, but with [TC group], I don't have any such feelings. I honestly see them as kind of like a second family.

Cluster B: Co-production fuelling Creativity and Curiosity

Collaboratively building group projects meaningfully from scratch	PTC3, P11, L325-333/P12, L337-340, P12, L355-358	*.I: What does co-production mean?* I mean co-production? Well, it has the word production and co as in companion, I guess. Cooperation. Yeah. So cooperative production. So you create something you, you brainstorm ideas, it creates something with the help of everyone inside. What, so, er.. I mean currently we are doing with, you know, making a Halloween party right, next week's Halloween. So people are going to bring various food items and we are going to decorate the place. Yeah. And we have just been brainstorming ideas on how to do that."
Feeling welcomed, involved at community events	PTC3, P28, L841-845	There was that time when we're going to the [national TC conference] meeting where we had a meeting from all the different communities from across the UK and we all went to the entire school of psychiatrists, so we went there.
The art of co-production: contributing to something to make a whole	PTC3, P29, L856-866	We talked about our therapeutic community, how each of our therapy communities worked and how they work. *So you got to present.* Yes. *Gosh, how did you feel presenting?* Luckily, I didn't actually present by myself, everyone from those that came were actually there. Yeah and they had their own parts.
Creating a non-pressurised engagement strategy	PTC3, P13, L370-378	Basically it's very flexible and it kind of shifts around you like if you. You don't want to to talk about something and you're having a real rough day and we have to get a new system, so that's a coproduction, again called the 'safety benches'.

Cluster C: Understanding and Connecting Through Vulnerability		
Subtheme 1: Opening up to Sharing with Other Members		
Experiencing shared difficulties regardless of differences	PTC3, P17, L503-508, P20-21, L612-615	"I found out that even though everyone else was.. well quite a bit older than me, uhhh, we still had similar problems, we still had similar issues and we could still support ourselves in similar manners. There's no ageism there."

Finding comfort in understanding human suffering as a process everyone can relate to	PTC3, P36, L1091-1094	People aren't one dimensional, they are multifaceted. Uhh, It's not like in a, comic book you know. It's different. Even people who are cheery can have dark days. No, it's it takes time just to actually understand what a person is like, what they're going through, yeah.
Finding the right modality to express self	PTC3, P18, L544-549, P25, L763-764	"I have talked to members of [the TC group] about that and how I've been feeling. And usually they tell me to, you know, bring back the group to chat with everyone. And I've tried to. But one of my main faults is that I have trouble speaking with other people. Yeah. So what I do is whenever I'm extremely stressed, I write it in the green book and then people read it out. So I feel like I can write better then I can speak, but that helps."
Removal of a mask and working towards finding a true identity	PTC3, P31, L919-921, L929-933	They always comment on how much I have improved for the last few years. Oh yeah, like it's more feasible to them than it's to me…'cause. I'm living in me, you know?...Sometimes I feel like. I'm. I'm just scared that I might be presenting a better outlook of myself than I actually have, really.
Subtheme 2: Enabling Self Reflection		
A resurfacing of a lost identity	PTC3, P1, L22-23, P13, L387-395, P15, L429-432	"I was basically a crippled old shell of myself, I was" "OK, actually with [the TC]. I can actually start going back to university now. I also have confidence to, you know, start studying again. Yeah. And it feels like my dreams aren't as unnatural as I thought they were."
Discovering and unleashing one's true potential	PTC3, P35, L1060-1065	I guess what I would like to think that's my bigger problem based on that is that I'm better than what I gave myself credit for. I don't read my sound. I wouldn’t want to be prideful or sound a bit arrogant but I guess if I'm living objectively actually done things I’d like never in 100 years imagine that too.

The imposition of setting short term objectives in reflective spaces	PTC3, P32, L957-965	Reflective Spaces for me is quite anx..stressful, quite anxiety provoking. It's important - It's like eating your vegetables. You might not like to do it - well I don't. But you know you have to.

Julie

Cluster A: Developing Relationships and Deep Connections with Others		
Establishing a need for a 'give and take relationship	PTC4, P7, L168-175	Mostly I was. Well, I can't say I I wasn't worried about myself. I wasn't worried about Christmas coming up or birthdays. You know, my son and. I can't say. Um. I was more worried about other group members….I wanted to help them. Yeah. But you know advise? Cause I wanted to help them back.
Encountering visceral feelings of platonic love and containment	PTC4, P10, L260-272	I felt love and I was like, wow. You know, I can't explain this.. to the feeling just like you feel loved. You feel warm in there? You can more or less.. every time you're sitting people talking out..I don't know. Sounds probably stupid. Just like you can feel everybody's like holding their hands on my shoulder. *I: Yeah.* Hugging me.That's the feeling I felt. It's like that time. Bring it all to everything. I don't survive, believe me. Yeah, I know. Just that's how I can't explain. It's I never. I never felt like this before.
Development of a protective, familial bond to the group	PTC4, P11, L282-296	And now I became quite, I'll say um.. Not possessive. What's the right word? Um, It's like defend the group. She insulted [staff member]. And really I was sitting with [staff member] next to me. I'm gonna go to start on this and. She called [staff member] fake. I know I swore at [staff member] before. And [group member], she's young, and I felt like, what the hell? And I started heating up myself and [staff member] saw it coming and told me to slow down 'cause he knew.

Achieving and feeling satisfaction for helping others during difficult times	PTC4, P26, L707-713	But to be there with everybody. And if I can give advice like..what's that.. [group members name]? Yeah, she was having problems I gave a couple of advices. She's so whatever grateful.

Cluster B: Opening Up to the Group and to Self		
Subtheme 1: Letting My Guard Down		
Gradually opening up in expressing feelings	PTC4, P4, L108-111	I started kind of, you know, engaging before on the breaks, obviously. You know, when you when you smoke, you always find friends smoking. And there's something to talk always. Yeah. And yeah. I think, I started opening up more. That's giving it eight months or so. *(nods) Eight months?* Yeah. Bit more talking. Yeah. Or giving, like, you know, let's say doing feedback. Yeah. And support. That's when I started a little bit. Yeah. You know, I got to know the people and my only one regrets, sweets, It's only one regret I have about [the TC]. That I didn't start earlier.
Needing to make a good impression and presenting one's best authentic self to the group	PTC4, P6, L152-166	"What did that feel like to open up in the group? Uh..Very good to know people you know, and it's like good to start talking and it's like. I wanted them to know me. You know, there was no point getting angry with anybody up there, you know? *And how did people respond?* to my anger? Um, Actually, they put it down just ways. They were very tolerant. They're very tolerant and. I think (peer mentor) said to me like (PTC4 name) just start talking. It will get easier and um because I used to have cigarette breaks with her and you know it did."

The incongruency of expressing 'bravado' but accessing support and affirmation when needed the most	PTC4, P9, L219-241	I was told to diagnosed with cancer the first time (group member) was leaving group. I didn't say anything to anybody. I was just. I kept quiet. And I told (staff member). And when (group member) left, I told the group…I kinda forced myself to tell because it's like, you know, because I started jumping and opening up in a group already and uh (pause) I didn't wanna keep it in. Yeah myself I know the previous things. Whatever happened, you know, I was with the group. Yeah. And I felt the help. And that time when I told them, I asked them 'don't feel sorry for me'…Nobody came up to me saying 'I'm sorry to hear that.' No, it's like for some reason it was that. Atmosphere. Yeah. That felt like love. Yeah. Yeah, I think I told you. I said, you know, for the first time I felt it.
Bringing hidden parts of self to the surface	PTC4, P37, L1009-1013	They brought something good in me? I'm not that.. I used to be hiding somewhere deep, very deep in my heart. And little by little, they bring it up. That's what it brought something good in me. And. Yeah, I'm gonna miss them. I'm missing group actually.
Difficulties speaking out in exposed unfamiliar surroundings	P3, L75-79, P4, L85-88	"I wouldn't even tell, you know, just, like, let me say how the week has been what you've been doing. I used to pass that part. I heard them, but everybody wants to talking. Yeah, but me talking? I thought I can't..I don't trust the people because I don't know them."
Subtheme 2: The Necessary Development in Introspection and Emotional Maturity to Make Changes		
The importance of looking back to move forwards and 'facing demons'	PTC4, P34, L920-926	I used to refuse, I don't wanna look back. I want to focus on main goal. Never touch on the past again. That's my main goal. That would say, you know, and. But now I start looking back a little bit

Stepping away from a chaotic life	PTC4, P13, L345-350, L355-356	[on noticing changes from attending the group] I didn't recognise myself. It's like, what the hell is going on? I stopped drinking. My life is boring (giggles) It's like I stop being angry, you know? And even if I had this flip. I can't. No, I used to tell them. I've always been honest with them. I said, look, I've had two days or one day, you know drink. I have. I wasn't worth this. Yeah. And I could learn how to be kind to myself. Yeah. Not to kick off.
Celebrating and recognising one's achievements within the TC with pride	PTC4, P33-34, L908-916	There is always something to learn. new. Always. You know, but for me it's like. I don't really. I might be much happier. 'Cause I can help others.'cause. I've been in all sorts of situations. You know me and I kinda. I learned how to deal with it. I learned how to survive. Yeah. And raise a big step. A very big step for me as I never thought I'm going to do this, you know, two years ago I was thinking never gonna happen. But I did.
Taking the reigns in recovery	PTC4, P7-8, L188-197	I realised that I have to probably was before my last reflective spaces. I realised they're not going to do for me anything? I have to push myself further because I know I can do it. And you know, and if I need any help, you know, support even moral support and that I know they are gonna be there for me. Definitely.

Jess

Cluster A: Building Relationships and Understanding Relational Dynamics		
A lack of membership continuity leading to instability and feelings of uncertainty	PTC5, P6, L155-159, P8, L190-193	At the very beginning, um we had a lot of coming and going, so we had a couple of people that had joined and then one left and then a few weeks after that another left. Then someone new came. So at the beginning it was cut- a lot of coming and going, which made it hard to feel settled enough.

Preparing for 'real life' scenarios in security	PTC5, P25, L666-673	I don't know how to word this (laugh) but. Being in a room of people whose personalities are constantly clashing has also actually helped in some way, because that happens on the outside. *Yeah.* So things we experience on the outside, it's happening in a slightly safer, more comfortable space where there are staff.
Valuing the 'normality' of TC culture in creating a safe space	PTC5, P2, L30-32, L42-45	We go in and because we will get there early, we will all have kind of these random conversations with each other, which I think kind of grounds you before you continue. And then we fall into the lunch break, which is again is pretty much the same as the beginning. Random conversations and kind of moves away from. The general part of [the TC], the general agenda to follow.
A sense of duty in carrying the group when absent	PTC5, P14, L356-360	But it does still mean something to me because I still check in with people. If I'm not there for a session, I still contact people that day and just ask how they are or just say something random just to check in so that people don't know I've forgotten and that just because I'm not there that day, it means I don't care.
Learning to build healthy relationships with others	PTC5, P20, L514-542	Um, well, there's a there's a group member who who knows how much I've got along with this member of staff. I was more sad because then I felt oh, who am I going to feel a more professional relationship with now, 'cause I think we all have our favourite- not favourite person but we all have a professional that we have more of a bond with for whatever reason, that doesn't break any boundaries, but sticks to what obviously what you can and can't do.

Cluster B: Co-production: Valuing Everyone's Contributions and Ideas		
Working together as a community towards shared goals	PTC5, P2, L49-58	And then we move into coproduction, which (laughs) I much prefer compared to the check in and and the support and feedback because it's all about everybody participating, everybody being together and sharing their own ideas and thoughts on something. *Yeah.* So I do really enjoy that section and we talk about any upcoming workshops or anything that people can be involved in or that kind of thing.

Taking initiative in planning a workshop for members	PTC5, P8, L207-216	. I actually did a workshop called 'All About Me', which was the idea behind it was just very general. So we could find out different things about each other.
Bringing opinions and ideas for the 'greater good of the TC' to light	PTC5, P15-16, L398-407	But when there's a problem or an issue or concern that involves all of us in coproduction, I will actually try to find a way to say that.I think that if if I'm experiencing a concern or an issue, then chances are at least someone else. either experiences the same thing or notices the same thing but experiences it differently. So in coproduction, I always try to be honest. If I have noticed something, and then there's obviously been a group discussion about it.

Cluster C: Opening up to Sharing and Exercising Vulnerability with Others: Benefits and Challenges		
Using the TC as a 'testing ground' and dealing with discomfort and expressing true self	PTC5, P25, L637-650	I think I'm more able to share how I'm feeling, if it's a if, it's something that's angering in me. If something is frustrating me or angering me or really getting to me, I've become more able to share that… Try to practise here and there to kind of just give that eye contact.
Being open and transparent with difficulties	PTC5, P30-31, L796-816	And I think it's so eye contact is something that people just expect you to be able to do and to give. And if you're not looking at someone they they might think you're being rude or you're not paying attention, or you don't care about them, you're not concentrating. And sometimes I've felt that within [the TC] more often than not outside, but because I made that clear at the beginning, I think it helped in some way because I was telling- I was telling people that this is something I struggle with. It's not that I'm being rude. It's not that I'm not paying attention. It's just that I struggle with that.
The perception of the group not relating to the differences of a younger female	PTC5, P17, L445-453	I think another reason for [why I struggle with relationships] is I probably feel a bit like a baby in terms of things that I might struggle with now. Yeah, they might have done when they were my age, but they might be years past that by now. But sometimes I feel that the age difference does make it hard to talk sometimes.

Fearing attachment and rejection in interpersonal relationships	PTC5, P17, L430-439	I struggle with relationships of all kinds anyway and when there's people in there that are old enough to be my parent, sometimes I then get scared to talk because I feel like, oh, but this is something I should be able to speak to my own mum about or I should be able to turn to my parents about. But I'm in a room and I can't..
A need for 'give and take' in the TC	PTC5, P10, L244-272	I find that some people, whether they do it by choice or whether it just happens where they take too much rather than give and I think with something like [the TC] the balance needs to be there. It needs to be not every single week, but you can't just take, take take. You have to also try to give back.
The need to have check-in's validated and acknowledged by peers who 'get it' - exchanging vulnerability	PTC5, P11, L276-293	there have been times where it's been from group members. And it and it has been helpful to kind of be acknowledged. But sometimes I find that it's hard for people to understand things if if it's something that doesn't necessarily relate to them or something that they've chosen to forget from their own lives or something like that. But when it has happened, it has been really, really good and really nice. But there have been more sessions for me personally, where it hasn't happened from group members and has happened more staff members.

<u>Zoe</u>

Cluster A: Navigating Relational Development and Group Dynamics		
Strengthening relationships and understanding through contained conflict resolution within the	PTC6, P10, L265-275, P25, L667-675	Um, so we've had that there has been conflict between two members in group. But that was brought to the group, and actually they worked through it with the group. And have actually come out a lot stronger than they were before. Which actually kind of having that - seeing that resolution and seeing and knowing it is a safe place if you, if you are feeling angry, ohh, I wouldn't say angry but you're not feeling great about someone you can actually say 'well, actually.. I think this.' "Everyone involved kind of got their say, um..And. Both parties have grown from it as well and taken on board what the other said.

group environment		
Feeling held and validated through non-verbal cues of support	PTC6, P15, L388-395	[Staff member] was really good at just listening. And ever so often she do something. And you know you do, you'd be given your check in and she just kind of look at you and smile and you know that, you know, she knows exactly where you're coming from.
Feeling supported and safe to 'come as you are'	PTC6, P16, L424-434	There have been times where I've turned up and that everyone just kind of looks at me and they're like like, yeah, we're just gonna leave you alone. We're just when you're ready to talk, we'll listen. But we are not. We're not going to force you. We're just going to leave you with it, as it were. And then there's been other times where I've gone in and I've kind of been bouncing. I look forward to the social element of it because I don't really socialise that much.
Feeling unheard and non-existent in the TC	PTC6, P13, L339-347	we've both noticed that, you know, it's (pause) we know a lot about everyone in the group because obviously you sit, you listen, you pick up on a lot of things. Um, but we can guarantee that if we ask anybody about us in group, me, they'll know two things. Other than that, there won't be much else. Um, they won't really be able to tell you. Because you don't. They listen, but they don't listen. If that makes sense. So it's, yeah, it's a bit of - it can be a bit difficult.

Cluster B: The Art of Co-Production in Reflecting my Talents, Understanding Who I Am and What I Can Achieve

Reflecting on acts of co-production being empowering through collaboration and 'telling my lived story'	PTC6, P6-7, L164-1192	Within [the TC], I've sat in when they've done one of the new people interviews. I call them interviews. I know they're not. It's kind of where they kind of go in and they talk to them to find out whether or not they're suitable. *I: Oh okay!* So I've sat in on one of them. They wanted a group member to kind of go in just to kind of say that we could answer the questions for them obviously better than- Or not better than, but give a different perspective than the professionals. *I: What was that like?* So that's that was quite interesting. It was really weird being on the other side, but I did actually really enjoy it.
Expressing my talents and giving me an opportunity to build my unique identity	PTC6, P20, L525-544	For me personally. It's (pause) the freedom that you get while you're there, you get that. You know, and there's no- and we kind of..we decide how things are gonna be if that makes sense, which is lovely. You know, we've we've recently changed our logo. So our logo is no longer the same as [older TC's logo]… Yeah, now it's a sunset. Yeah, sunset. So yeah, it's yeah, there were and. But again that was something that we all decided on.
Increasing my confidence, shifting negative self-perceptions and embracing personal qualities	PTC6, P21, L561-566	[on creating the new group logo] *how did that feel?* It felt good! Yesterday was the first time it had kind of been put out on everything. So yeah, it was actually really nice to kind of see it all. And hear everyone's positive feedback as well, which was again that that was really good because that is one of those things that I keep being told I'm good, but I'm not. I don't believe I'm as good as everyone reckons, but we'll see.

Engaging with wholesome activities to create and portray a 'sense of self' to share with others	PTC6, P24, L637-645	We did one [co-produced workshop] and it was “all about me” and it was literally just sticking pictures on a piece of paper and it was things that were important to you and things that make you who you are. Um. And even though it was a fun one, it was actually quite hard because you have to really think about who you are as a person. So it kind of worked on both levels. But I really enjoyed doing that one because that one was one of those.. Well, you could just sit with, go back to being a kid and sit with glue and scissors and magazines and cut bits out and stick em on. And yeah, that was..that was fun.

Cluster C: The Benefits and Challenges of Opening Up to the Group and to Myself		
Subtheme 1: Retreating From Vulnerability and Not Having My Voice Heard		
Contending with the uncomfortableness of expressing myself openly in the TC	PTC6, P2, L37-47	*I: OK, So what was it like joining [the TC] and going to the group?* Um, very nervous. Um, it was very weird 'cause. I was actually one of the founding members of the [newer TC], so I was there on the very first day. It was. It was quite scary going into a room with people that you don't really know. And. Kind of having to tell them about what you're thinking and how you're feeling, and. it was.. strange. Strange concept.
Contending with the inner default mode to stay hidden and the exposing nature of the TC	PTC6, P30, L814-825	I'll probably give more advice than I do. Take it. I don't really. I try very hard not to kind of have the spotlight on me if I can help it. That's probably one of the very few things that they kind of negatively say is that I don't do.. I don't have a lot of time in the group. I tend to keep everything my answers very short and I don't kind of go into detail. *I: Why do you think that is?* I think it’s probably just because I kind of I'd rather be in the background than standing in the front. So you know, I don't like. I don't like having attention on me.
Passiveness in taking up space in the TC resulting in feeling unsupported	P11, L275-299	I think at the moment it's. I'm biting my tongue with someone [taking up more room in the TC with check-ins and feedback] just to see what happens. Um, I'm hoping things will get better, but it is (pause) making it seem as though everything the whole group is really there about her, which is not great. *Yeah. How? How are you dealing with that personally?* I'm trying my hardest to ignore it. It does make going quite difficult at times.
Subtheme 2: Encouragement to Reflect Inwards and Strengthen My Qualities of Compassion and Resilience		

Growing sense of resilience through TC Treatment	PTC6, P17-18, L469-485	I was assaulted about a year ago. Um, it was absolutely horrible. And about a month or six weeks later, I went in for my end of phase one reflective space. And it was noticed that I'd become stronger in myself? Um, and they've all noticed that all of them agreed that if what had happened had been at the beginning, I probably would not have coped as well.
Bringing 'under the radar' progress to the surface and reflecting on journey	PTC6, P17, L446-454	It's it's scary because you're getting closer to the time that you're leaving with each [phase]. Umm. But actually it was you don't notice. The little changes that turn into big changes, as much when you go in and you do your, you know your reflective space for that phase and you sit there and you let you kind of listen to the things that staff have picked up about you and and you realise that actually you've come. You've come quite far compared to what you were and that is. That is quite empowering to know that you kind of have - You've done that you've got through that phase and now you're going on to this one
Evoking self-compassion and 'wider picture thinking'	PTC6, P28, L761-771	Yeah, there are times when.. It is hard, but you know, I try to be kinder to myself rather than..I'll try to look for the positive rather than the negative, which isn't always easy, but. I'm able to more.. do that easier. It's taken me. A long time to kind of reach this point. Um, it's. I think. The positive feedback that you get from group at times it kind of gives you that boost to kind of think, well, actually, OK. You know, maybe if I wasn't so harsh on myself, I might see this a bit more.
Learning through guided discovery and reflective thinking	PTC6, P26, 703-716	Um..I'm starting to understand my emotions better. Which is, for me a big thing. Um..I swing from zero to 100 in seconds, so there's that. It's all or nothing. There's no in between. It's all terrible or overly happy…the staff like to ask questions. And they kind of ask.. (cough), ooh excuse me leading questions that kind of make you think and make you kind of stop and think. Well, actually I'm feeling this, but there's also this as well. So yeah, there's that.

<u>Linus</u>

Cluster A: The Journey of 'Switching On' Vulnerability: Opening Up To Sharing and Empathising With Others		
Learning how and building up to be vulnerable in front of others	PTC7, P7-8, L135-148	I think it's for me what is just having that support er and that the having that um - people there that kind of got it because they've been through a kind of, you know, a similar experience to me, although different. But, you know, they could, they could empathise and relate to what what had been going through once I started to open up. I mean, it was a few months before I started to open up. Um, I mean what I used to do is just write things, write little key things down on a piece of paper so that so it helped me to to share.

Finding comfort in bonding through shared experience	PTC7, P4, L60-76	I think it was just because we had people that were um, who were um, who had who had similar experiences. Not the same experiences, but similar. I mean, I think at the time with with [TC] at that time it was just a part of the criteria for er being able to join was if we had hospital admission. You've been in hospital, which is not the case - not the case now.
Fostering a sense of compassion and empathy for others through self-reflection	PTC7, P25, L463-473, P27, L502-514	I think it's given me time to err..Gives me the opportunities to self reflect as well. And just to to be kind of. More self compassionate, I think, and that hopefully that comes out when when you're with people.. I mean, I guess gives you the. Not the ability, but to be able to kind of maybe step into their shoes for a little bit and see what you know, you can see those kind of why that's happened and why this is, you know why why that's why where they are.
The 'rubbing off' of confidence in sharing one's story from peer mentor to member	PTC7, P23, L435-446	I think it helped me to be able to listen. I think when the key- er key components for me as a peer mentor is to be able to listen, you have some kind of, you have some understanding. I think it's.. you can relate. People can- well hopefully, they can relate to you. They can you know because you you kind of you have been yet again in a similar experience or shared experience you so that it gives them that hopefully hopefully it gives them that confidence. And that, you know, trusting you

Cluster B: The Process of Co-production in progressing the TC		
Looking back to the 'shell' of TC as a foundation to build upon	PTC7, P3, L38-59	It wasn't as structured as it as it is now. I mean, it was very much a more kind of - there was some kind, it had. It was loosely like the [tc is] now, but it is much more kind of, you know, structure didn't have the therapeutic values. It was very, very much more of a just err a communal group? If that, if that makes if that makes sense and much smaller..”

Maintaining enduring dedication in building upon the foundations of the TC	PTC7, P13, L237-251	[the tc] was much, much. Looser as a group. Yeah, it was much more. Yeah. There weren't. There weren't any defined roles. Absolute peer mentors. There's no, I don't think we didn't have chairs. We didn't have goalkeepers, we didn't have secretaries, all of these things came along later. *OK. And how did they? How did they come along, like how were decided on?* Um, it kinda just evolved over time I guess
Co-production is heavily reliant on collaborative decision making	PTC7, P14-15, L257-286	*And could you describe the process of how the group came to those decisions?* Well, it was always. It was always…democrat- democratic, as always, you know, it was always agreed by everyone. I mean, one of the things with was [the tc] as well, I think one of the key things that's the flattened hierarchy. So everyone gets a, you know, everyone gets um listened to, everyone gets their say and everyone's um input is valued.
Navigating equality amongst bureaucracy in co-production	PTC7, P14-15, L257-285	So. So yeah, it was definitely a group, but obviously steered by staff members as well.. that you know that these things need to happen and I guess in the you know, we live in the real world, you know it's funding as well.. I mean we don't. You know, you don't look at staff as um staff, they're group members, you know, it's very much. It's very much, you know, a democratic decision. Everything was agreed upon before and and all of the and the changes started to be introduced gradually. You know as all things just to see whether it would how, how, how it would work. Maybe not work, but how? How it would evolve?

Cluster C: Connecting with Others		
Reflecting upon the silver linings of a difficult mental health episode	PTC7, P18, P332-342	somebody said to me, which is kind of um, stuck with me. Said, you know, at the time I left, you know, I'd had a breakdown.. but they said, 'well, maybe it's a breakthrough' and I kind and looking back on it and it may- I think it was because I've, I've met some really lovely people.

A focus on salutogenesis and connection to find my place within the TC	PTC7, P12, L213-224	I felt I kind of belonged, kind of and felt that kind of I was part of a kind of relational group and it was something that kind of er I looked forward to, even though there were. There were times when it was difficult. it had a different approach it was..to you know, I'd been through psychiatrists and various other things. And just had a different approach. Much more relational, much more. You know, seeing the person's value rather than seeing their their illness, I guess.
Fostering a sense of compassion and empathy for others	PTC7, P27, L502-514	[People] are inherently good… I've learned that I've since I've met some great people that are struggling with very difficult things and very difficult um situations and.. Yeah. And I think that they that they're all just trying to kind of. Make the best of what they could with their life that they can, but are struggling and it's very and it's very difficult for them.

Tom

Cluster A: Opening Up to Vulnerability		
Subtheme 1: The Journey In Embracing Vulnerability with others		
Apathetic towards understanding and connecting with 'inner world'	PTC8, P13, L254-258	I think I was ambivalent for quite a long time. Umm. So I would say in the early stages especially it was probably quite difficult um, because I just had no connection really to myself, let alone to anybody else. Um, so it was hard to...feel like I could invest in something that that was, I don't know, meaningful.
Fearing vulnerability in understanding self and others	PTC8, P4, L63-70	But but walking into this room full of strangers and people that I've never met and all of them are looking at you because you're new - Oh, yeah. Scary. And then you have to go in, not just socialising, and like, meet people, which is, which is stressful at the best of times. You also then have to be honest about how you're doing emotionally and to hear how other people are doing emotionally, which is really - Which all of all of those things can be really difficult.

Recognising the 'inauthentic self'	PTC8, P20-21, L395-399	I mean when I joined [the tc], I was very much um you know, I would be smiling and and kind of trying to do jokes and and and and be funny and and blah, but it wasn't real, you know, it was just a kind of mask that I was wearing that I had perfected or at least tried to hone over some degree of time.
Recognising the importance of 'coming as you are' to the group	PTC8, P8, L152-154, P33-346, P33-34, L656-665	" it's all a first name basis and we're all sat in a circle. There's really nowhere to hide and you literally have to look at everybody else, which has, as we've said, is a little bit terrifying to start with but also you can't escape, you know, I mean, you can, you can leave if you really need to.
Using peers as role models and trusting in the process of group togetherness to help	PTC8, P14,L271-286	"I think a part of it was um hearing what other people were going through and and listening to how they navigated their emotions and how they were not afraid to bring whatever it was they were feeling into the room and how was, you know, sometimes we didn't know how to um, express what we were feeling any of us, er sometimes we maybe felt that we couldn’t and that that journey for me um was around, I think. Feeling um, like I could be honest with myself or like I knew how to name what I was feeling, which I didn't always.
Building trust and feeling heard in the group	PTC8, P33, L643-656	Things will be produced and that will result in things being delivered a bit differently or or being talked about differently and and that's kind of revolutionary. Um, And and so so there's a big part of trust around feeling at that level of respect and that level of kind of owning your voice and kind of working out, oh, I do have opinions. I do have things to say and they will be listened to.
Subtheme 2: Looking Inwards for Discovery		
Confidence in the pursuit of uncovering aspects of personal identity	PTC8, P50-51, L991-997	I mean, one of the things that really you know, we talked a little bit about discovery earlier and it's such an ongoing process. But one of the things that the group kind of really helped me start along the the path of was was coming out as queer really. So so we mentioned earlier that I'm non-binary and having I think the the ability to kind of um question the way that society does things is something I felt more confident from being part of the group.
A place of personal acceptance: not being afraid to	PTC8, P51, L1001-1017,	“little things like kind of expressing myself a bit differently, feeling a bit more confident in expressing my gender and and then being able to come out to people kind of being honest with myself, being honest with other people and then being able to kind of broadcast that I think are all things that have stemmed from that process of discovery that started with the group"

express authentic self fully	1021-1023, P54, L1071-1074, 1103-1105	
Reflective Spaces: Pausing and taking stock before making the next move	PTC8, P38-39, L750-764	I think that that ability to pause and reflect is really crucial to to [the TC] programme and and to why the phases work is because you you're not just constantly on the go, you do have built in time to stop and breathe and and look back and and I found that very helpful, yeah.

Cluster B: Co-Production: Helping me to Discover My Strengths and Potential		
Discovering and unleashing one's true potential	PTC8, P20, L383-389	I think in [the tc], what that means is discovering what you're passionate about and then learning how you can harness that. And the group gives you space to do that, which is wonderful.
Excitement in co-designing a needs-based initative	PTC8, P16, L298-315	one of the first things I coproduced with with staff was a young people's group for the for the younger members I have. I met up with a couple of the staff members. And and we we cocreated this this space for the younger members of the group to to come and share how they were getting on and uh, trying to think through the struggles that younger people might face and that was the first time for me that I felt almost a sense of of ownership, maybe or a sense of being, of going hey, maybe I am capable of doing a nice thing. And and. And that was very meaningful to me.

Developing a sense of fulfilment, purpose and duty through co-production with the community through events	PTC8, P9-10, L180-183, P21-22, L414-420	"I think I discovered maybe some of my strengths a little bit. Or maybe I was kind of able to connect with things that I enjoyed in a way that was more uhhh..fulfilling for me perhaps? So things like, for example, for a very short amount of time, we did a little [tc] newsletter um that we would put up on a little notice board that would go up at lunchtime and and I very much enjoyed doing a bit of writing for that."
Feeling recognised and valued for talents and skills exhibited in co-production projects	PTC8, P39-40, L775-782, P41, L801-803	"One week towards the end of my time with the group and and [former staff member] came along to the group. Saw one of the the the newsletters that I done on the notice board. And and came up to me in the lunch break and said in his very kind of grandiose way “Did you do that newsletter?” and I sort of said, “well, you know, we coproduced it” and and he said “great, I'm launching a website and I need somebody to write for the website. Come and do that”. And I was like “ah, OK sure.”

Cluster C: Group Containment and Security in Feeling our Feelings and Finding Our Voices To Support One Another		
The TC as a 'constant', a holding ground for tough experiences and emotion	PTC8 P32, L627-634	"But I think what what separates [the tc] from most other groups and and from most other kinds of therapy is the level of trust really. There is so much trust from the the staff and the other group members that if we're going through something, the group will be able to contain it, will be able to to handle it

Cultivating respect and providing a platform for all experiences to be safely heard	PTC8, P25-26, L490-504	It was about making space for, for myself and and just to feel what I was feeling without, you know, joining myself for it or or getting sort of trapped in a loop of thinking about how I was thinking about things or just having space to breathe, really.
The TC as a physical place of sanctuary	PTC8, P24-25, L475-480	For some people, it's it's being able to have a breather from chaotic lives. That or stressful situations that they've got going on that that for a couple of hours, you can come somewhere else and be honest and be safe and, you know, talk about how you're feeling in a world that isn't going to end. That's that's a really powerful thing.
Allowing oneself to let go off reservations and reach out for support	PTC8, P30-31, L596-605	If you did need a bit of extra support, you were welcome to to ring up and and um and say, look, I'm really struggling with something at the moment. Can can we just talk it through and then we'd nearly always be space for that and it was not something I only did probably once or twice… but I also kind of came to learn that actually it's OK sometimes to to be able to ask for help.
The TC's ability to flex to its members requirements	PTC8, P38, L743-750	the phases are really designed to be quite personalised, so although they're quite time bound in a sense they're and indeed there are expectations of every phase. there is really a sense of this is your space for you to grow, however, feels right for you.

Finding comfort in being in the company of familiar faces who 'get it'	PTC8, P6, L112-119	We would uh.. Tends to be when you arrive and some of the volunteers and the staff are already setting up the group, so um some of the peer mentors will will always be there um which is really nice. ..to walk in and see them setting up and sort of smile and wave, that was quite nice. That was very um calming.

Abigail

Cluster A: The Challenges of Emotional Vulnerability		
The battle between TC group norms and cultural norms in expressing emotion	PTC9, P5, L76-80, L93-97	I struggle to show that emotion and from my background I'm always told you know, don't air your dirty laundry in public. So, I have that sort of in my head constantly in the thinking around that it's it's really always a.. [pause] struggle."
Masking in fear of opening up and sharing true thoughts and emotions with others	PTC9, P2-3, L37-43	In that situation, not show weakness and even in my background with family and all complicated things, I've had some. Sometimes I've got overwhelmed and I've got well.. sort of gone inward as opposed to say this is happening. So um that was always my biggest fear about groups.
Using peers as role models to learn how to freely express self and relating to their experiences	PTC9, P11, L210-225	I've enjoyed seeing other people who have mental health difficulties and how they go about their lives [mm hmm] um I don't know if that makes sense in the sort of the greater scheme, but I've always felt that it's a very difficult conversation to talk about my mental health.

Breaking through barriers: support offered by the TC in learning how to express self	PTC9, P25-26, L521-529	Um I've had to have one reflective space and I can't remember.. exactly what it was called.. But it was like a.. not an intervention, but more of a 'how can we look at this from another perspective and talk things through' because I struggle to communicate with the group as a whole. We were trying to talk about how important it is to try and work on
Family and Friends Sessions: assisting members to 'keep the doors of communication open' to their loved ones	PTC9, P19, L377-391	Um, but also help that some of my friends have come to like a friends and family session. Which [the TC] holds. my friends who are my my strongest support. They come to something like this. To see the other side of my life, yeah, so um, It's been really important for me, even going forward in the future um, to try and keep that thing going with my friends, me, because my family aren't great supports so. So my friends are as important for me to keep that going because I often just shut down and just not be able to communicate with people because I don't want to put them in a position that's awkward.

Cluster B: 'The Group's Not Enough': Experiencing a Lack of Containment and Support		
Feeling undersupported at the TC: the lack of staff-led intensive intervention	PTC9, P8, L155-163	the one thing I found I think I've got quite concerned of, because I've got quite a lot of outside professionals, consultants and stuff and um a lot of stuff going on in my background, there has felt like there have been times where I've questioned, you know, needing a little bit more, one to one support and not be actually able to access that support.
Struggling with a lack of continuity of	PTC9, P22, L444-446, P23, L476-482	"So. So then, I mean, they've already said, you know, try and cope with things like this, like using [gives examples of external local community support provisions] All that sort of thing."

staff in service provisions		
Feeling undersupported at the TC: Feeling ignored and betrayed	PTC9, P14-15, L288-299, P15, 309-311	""[on not receiving a form] So when the Thursday came last week, I almost didn't want to come because it wasn't because I was angry 'cause I definitely wasn't angry with them. I was angry with myself. For having to. Deal with these things. But after the check-in, things fell apart a bit because I was angry and I was upset and I felt like I'd given enough notice to. To get help that was needed and then it goes back down to my trust and feelings around trust and how I. Struggle with that anyway, and that's an example. Reinforces that and I can't trust anyone."
The TC helping members to healthily manage endings	PTC9, P27, L546-557	Um, yeah, they have. So a couple of them. One of the one of the um leaders left at the end of. I mean, what must have been April or March. And I was quite upset when she left (pause) And I didn't feel appropriate to be upset about that. And yet now I'm like okay.. so in a way, and she she enforced the importance of saying goodbye (welling up).

Cluster C: Experiences and Management of (Perceived) 'unsuccessful' Co-production		
Feeling disillusioned and disappointed with the outcome of one's co-produced workshop	PTC9. P9, L173-187	Um so, it was a creative writing work- Mood and Creative Writing workshop…was horrible. It was a horrible experience for me, in a way..because reminded me of the stress of being a teacher. [Mm hmm.] And it reminded me of how…how.. I struggled with that..That part of my um career. So, so it was horrible in a way. And it was a realisation of how hard my previous life had been, so it wasn't necessarily positive, but it was good to do.
The recreation of school teacher life in the TC	PTC9, P9, 179-187, P13, L262-266	[running a creative writing workshop] reminded me of the stress of being a teacher. [Mm hmm.] And it reminded me of how…how.. I struggled with that..That part of my um career. So, so it was horrible in a way. And it was a realisation of how hard my previous life had been, so it wasn't necessarily positive, but it was good to do."

Staff calming the voice of the shaming 'inner critic' taking over	PTC9, P10, L193-201	"I wasn't straight away, but when I went home that day, I literally got into bed and then I sent a message a little bit later, saying how I felt. And, and because I didn't show it within that time, yeah, it was a bit difficult to sort of. Explain that. *I: Yeah. Yeah. And you say that at the time you you didn't, you didn't feel supported, but then you sent that message and then?* They replied and apologise for not seeing it and seeing that anxiety."

Lucy

Cluster A: Learning About Relationships and Relational Dynamics		
Subtheme 1: Fostering Connection Within the TC		
Familiarity breeding connection with others	PTC10, P21, L429-436	I think everyone in the group I've got with and built some sort of connection with everyone in the way in. *How have you done that?* I think it's just coming to group regularly and yeah, just. They come and just come and group regularly. Slowly builds up relationships with different people
Valuing intimate and quality relationships	PTC10, P7, L142-144	Umm, because it's been a small group, it's been quite. It's been much easier to make connections with other people in the group. I think everyone in the group I've got with and built some sort of connection with everyone in the way in.
Cultivation of a deeper level of connection within the TC	PTC10, P8, L153-164	What does being part of [the tc] mean to you? Umm. I think being part of the [newer tc group] um. As I said, it's a small group. It's like.. to me it's like a little family. Yeah. *What makes it like a family?* I'm not sure really. Yeah. Not sure. Really, just feel like a warmth. Yeah, and people were listening. Yeah, you're being, listened and heard. Yeah. And you're not being judged or anything. You've got that time as well.
Feeling anxious about losing relationships with the TC	PTC10, P9, L183-186	I'm quite scared about going into phase four because… I'm scared of what the future's going to be like once I finish with [the TC] and missing the connections with [the group] and. I don't know. It's hard.

Subtheme 2: Managing Relationships and Dynamics within the Group		
Developing healthy ways to assert self and communicate	PTC10, P15, L307-313	If I have a disagreement or an argument with anybody in any relationship or any form. Um, I'm not one that will sit and talk about it. I'm I would sort of argue and carry on the argument to get it sorted [mmhmm] so having that disagreement and having group to help support, helped sorta make me sort of learn to talk it through in a calm environment.
Fortifying relationships collectively through group discussion and support	PTC10, P14, L282-288, P15, 294-306	Um, yeah, there was a bit of disagreement between me and this other group member. The.. it was helpful that it was brought to group, so that the group could help us deal with it. Yeah, and it's made..Us..it made us stronger.
The TC working together as a unit to support members	P7, L131-137, L305-306	People understood. [Yeah.] And they came up with ways.. because when we do feedback after we've like done check-in. [Yeah], I find giving feedback to others quite hard. I never know what to say or word it right so. With the rest of the group understanding that, um has been quite helpful.

Cluster B: Strengthening my Vulnerability		
Subtheme 1: Learning to Open Up and Express Myself		
Flexing and accommodating to the needs of the group	PTC10, P6, L107-113	I've started finding a way of trying to explain in check-in how I'm feeling and yeah, how I'm like feeling and trying to explain more and that's why I've started writing things down [hmm] on my phone. So each week I just read out how I've been feeling that week and what I've been doing. And that helps the group understand you more
Removing the mask: Feeling free to be open and honest about difficulties	PTC10, P6, L121-125	I've always explained that.I will say have learning difficulties. [Yeah.] And I find things. Sometimes things hard to explain and or if I know what I want to say, it may come out wrong or yeah so that's been helpful.
Connecting and making sense of shared experiences together	PTC10, P5, L85-88, P5, L100-101	"it's knowing that I'm not on my own. Um, there's other people that are going through similar situations and we're not the only one suffering" I think it's just knowing that you're not on your own. You're always got that support. "
Growing ability to mentalise and understand other perspectives	PTC10, P20, L409-415	To sort of, to sort of, to try and understand how others feel, and this is something I'm really trying to work on or really well starting to work on because I've always found it hard to understand or understand other people's emotions or how they feel um and everything. So yeah, just trying to understand that other people do have feelings and emotions.
Subtheme 2: Learning to Reflect Inwards		
Attending reflective spaces to keep score on progress made in the TC	P23, L471-473	I do find the reflective spaces are really helpful because it does give you that time to reflect on the. what you've just done in each phase

The TC helping to foster perspective and self-awareness	P17, L345-346	And just like one of the staff said today, I have a lot of in- a lot of insight as well.
Recognising own strengths and qualities	P19, L376-380	When we did the tree of life, that was sort of hard in that it made you realise on what things are good in your life. And what good.. um, what things are good in life and what good skills you have? And yeah, it made me realise.

Flo

Cluster A: Relational Group Development, Containment and Working Through Things Together		
Developing a sense of togetherness and inclusion	PTC11, P5, L91-95	*What has been your experiences of being with others within [the tc]? So the groups and the meetings?* It's really helped me feel part of a community [yeah] um, and really helped me build like relationships and healthy relationships [yeah].
Learning to exercise active cognitive coping	PTC11, P7, L115-128	Yes, I was involved with the conflicts. Not not in a direct way, but in my perception the conflict was about me, so [okay] yeah. *I: What was? What was that like?* Umm, it was really tough [yeah] because I normally avoid conflict, but it made me have to face that conflict and it was a real kind of growing process for me. *I: Umm, what do you think helped in that situation?* Um, having this staff members there and also having their support outside of the group as well, um not just in the weekly session that we have. Um, like the other perspectives that they provide on the conflict. I think the fact that it was up to the group members themselves, whether the conflict was brought up, rather than it being bought up by the staff to solve the conflict, so it went on for longer, I felt than it would have done if it was just brought up.

Being comfortable in 'coming as you are' to the group	PTC11, P3, L51-59	I was really nervous. Umm, I was worried about speaking up, but they were really like helpful and there was no pressure to say anything. [Yeah] Um, I just had to introduce myself and that was it. [mmhmm] And if that's all that I wanted to do, um there was, like, no pressure to talk or share anything I wasn't comfortable with um so it felt really safe and that I wasn't getting any judgment either from any of the members or staff.
Being treated with compassion through community acts of kindness	PTC11, P5-6, L100-108	It's really helped me feel part of a community [yeah] um, and really helped me build like relationships and healthy relationships [yeah]. the experience as a whole, like getting to know other people um and people really kind of caring about you. Like when I've been ill in the past, they've sent like letters like a card like get well soon with like nice comments in it and stuff like that

Cluster B: Embracing Vulnerability and Learning From Others		
Cultivating an understanding of and connecting with human suffering with reflection	PTC11, P20, L395-410	it's really helped me be able to use my experiences and develop that empathy to be able to support others. listening to other people and their experiences [yeah] from kind of thinking, oh, I've gone through that. Umm, what have I learned from that? Like what was it like for me? And then kind of. Then supporting others from my reflections on that.
Relief through verbal offloading of difficulties in the therapeutic space	PTC11, P9, L172-179	I find it very cathartic. Umm. [Yeah.] Being able to share the those things. Umm. And I thought of it just being like a burden lifted off your shoulders.

Uniting through vulnerability and exposure of one's true self	PTC11 P8, L143-150	You share very personal kind of parts of your life umm, helps house..build like a shared experience between people um and also like a lunchtime like conversations with other other people that you get to know them on a level that you wouldn't necessarily know people if you were just to, like, meet them outside the group.
A moment in the 'TC spotlight' to celebrate progress and plan future development	P14-15, L277-293	In the group after your reflective space or the week after, and you get a time in the group to share um how your reflective space went and that's the time for you to share anything you want from the reflective space, like how it went, what your goals are, if they can help you or and just what you discussed as well. And it's a lot more opportunity to discuss it further, but with the the group members as well. …usually they got with really positive things and share what they've noticed (sighs) and about your progress in the last six months as well. And it's just a really supportive time and makes you feel like, yeah, you have made progress like and you have done stuff and it's really nice.
Relying on reassurance and the assistance from staff to consolidate experiences	P12-13, L228-252	but also the… reflective spaces have been like really helpful on processing kind of what the last six months has been for me [hmm] Like what I've gained ummm and… what challenges have been through and what I've gone through and. Stuff that I should be working on for the next six months and looking forward to that as well. So it's been really helpful. Yeah.

Group Experiential Themes

Group Experiential Theme (GET)	Subtheme (if relevant)	Participant	Experiential Statements (ES)	Quotes
Being Emotionally Vulnerable				
	Sharing with others	Lauren	Maintaining equality and vulnerability with all group members	“I mean, we sit in a circle, which is good because that's.. you've got eye contact with everybody. You can address everybody and you can get your feedback from everybody.
		Lauren	Being emotionally guided to process difficult events	"There wasn't one person that didn't come up and say something or give me a hug or, you know, and it was just. It was.. It was a bit overwhelming, but it was wonderful. Yeah, it's.. it's just they were just there for me."
		Daisy	Recognising and relating with the importance of 'coming as you are' to the group	"And again a lot of other people do what you do. As in me, you know, they put on the hat, they say they're fine when they're not "Eventually they show their real self eventually and you just think I know exactly what you're going through because it's like 20 hats you wear for different occasions (laughs)."
		Tom	Recognising the 'inauthentic self'	I mean when I joined [the tc], I was very much um you know, I would be smiling and and kind of trying to do jokes and and and and be funny and and blah, but it wasn't real, you know, it was just a kind of mask that I was wearing that I had perfected or at least tried to hone over some degree of time.
		Tom	Recognising the importance of 'coming as you are' to the group	”…we're all sat in a circle. There's really nowhere to hide and you literally have to look at everybody else, which has, as we've said, is a little bit

				terrifying to start with but also you can't escape, you know, I mean, you can, you can leave if you really need to. I don't mean to make it sound like a horror film, but you have to, you have to be um comfortable with that level of showing up and trying to be equal with other people."
		Jess	Being open and transparent with difficulties	[struggling with eye contact] I made that clear at the beginning, I think it helped in some way because I was telling- I was telling people that this is something I struggle with. It's not that I'm being rude. It's not that I'm not paying attention. It's just that I struggle with that.
		Jess	A need for 'give and take' in the TC	I find that some people, whether they do it by choice or whether it just happens where they take too much rather than give and I think with something like [the TC] the balance needs to be there. It needs to be not every single week, but you can't just take, take take. You have to also try to give back.
		Jess	The perception of the group not relating to the differences of a younger female	I think another reason for [why I struggle with relationships] is I probably feel a bit like a baby in terms of things that I might struggle with now. Yeah, they might have done when they were my age, but they might be years past that by now…sometimes I feel that the age difference does make it hard to talk sometimes.
		Julie	Gradually opening up in expressing feelings	I started kind of, you know, engaging before on the breaks, obviously. You know, when you when you smoke, you always find friends smoking. And there's something to talk always. Yeah. And yeah. I think, I started opening up more. That's giving it eight months or so. *(nods) Eight months?* Yeah. Bit more talking.
		Julie	Encountering visceral feelings of platonic love and containment	I can’t explain this.. to the feeling just like you feel loved. You feel warm in there? You can more or less.. every time you’re sitting people talking out..I don’t know. Sounds probably stupid. Just like you can feel everybody’s like holding their hands on my shoulder. *I: Yeah.* Hugging me.That’s the feeling I felt. It’s like that time. Bring it all to everything. I don’t survive, believe me. Yeah, I know. Just that’s how I can’t explain. It’s I never. I never felt like this before.
		Flo	Relief through verbal offloading of difficulties in the therapeutic space	I find it very cathartic. Umm. [Yeah.] Being able to share the those things. Umm. And I thought of it just being like a burden lifted off your shoulders. Really that you've you've managed to share them.

		Linus	Learning how and building up to be vulnerable in front of others	I think it's for me what is just having that support er and that the having that um - people there that kind of got it because they've been through a kind of, you know, a similar experience to me, although different. But, you know, they could, they could empathise and relate to what what had been going through once I started to open up.
		Linus	Fostering a sense of compassion and empathy for others through self-reflection	. I think it's given me time to err..Gives me the opportunities to self reflect as well. And just to to be kind of. More self compassionate, I think, and that hopefully that comes out when when you're with people.. Not the ability, but to be able to kind of maybe step into their shoes for a little bit and see what you know, you can see those kind of why that's happened and why this is, you know why why that's why where they are.
		Daisy	Edification *(teaching you and learning)* through others members experiences	"But.. I think as the group started to get a bit bigger and there's more people coming in with more (sigh) - not just ideas but with more things that they had gone through… it gives you more ideas then to how you can actually manage something like that. So you again, it's just that you don't feel alone"
		Daisy	Gradually learning to be free in expressing emotions as they are experienced	But I I suppose even now I have slightly problems with it as in terms of crying and stuff like that. I've always had an issue with doing it in front of people or well yeah. Family, friends, anybody. I just don't cry in front of people. Even so, I've probably have now got upset within a group and at the time I felt awful because I thought, Oh my God, I'm a baby. I've just cried.

				And but it made me feel so much better. And I think over the time I've now realised that even if you do get upset, it's not the end of the world..
		Lucy	Flexing and accommodating to the needs of the group	I've started finding a way of trying to explain in check-in how I'm feeling and yeah, how I'm like feeling and trying to explain more and that's why I've started writing things down [hmm] on my phone. So each week I just read out how I've been feeling that week and what I've been doing. And that helps the group understand you more
		Abigail	Family and Friends Sessions: assisting members to 'keep the doors of communication open' to their loved ones	Um, but also help that some of my friends have come to like a friends and family session.it was good because it it just shows that. It showed to me in a way that they both have the same person in mind, if that makes sense, like the group and the providers want to make it easier for me and want me to try and experience being honest and open with people? And my friends who are my my strongest support.
		Abigail	The battle between TC group norms and cultural norms in expressing emotion	I struggle to show that emotion and from my background I'm always told you know, don't air your dirty laundry in public. So, I have that sort of in my head constantly in the thinking around that it's it's really always a.. [pause] struggle."
		Zoe	Passiveness in taking up space in the TC resulting in feeling unsupported	I think at the moment it's. I'm biting my tongue with someone [taking up more room in the TC with check-ins and feedback] just to see what happens. Um, I'm hoping things will get better, but it is (pause) making it seem as though everything the whole group is really there about her, which is not great. *Yeah. How? How are you dealing with that personally?* I'm trying my hardest to ignore it. It does make going quite difficult at times. There are a lot of times where I'll come away and I would have got absolutely nothing from group that day.
		Jordan	Experiencing shared difficulties regardless of differences	"I found out that even though everyone else was.. well quite a bit older than me, uhhh, we still had similar problems, we still had similar issues and we could still support ourselves in similar manners. There's no ageism there."
	Reflecting on Change and Self-Discovery			

		Julie	The importance of looking back to move forwards and 'facing demons'	You know it, like I said, that I didn't see that. Everybody sees how I'm changing what's happening to me. You know, I could not see that, but somehow it's like looking back because before I used to refuse, I don't wanna look back. I want to focus on main goal. Never touch on the past again. That's my main goal. That would say, you know, and. But now I start looking back a little bit
		Julie	Taking the reigns in recovery	I realised that I have to probably was before my last reflective spaces. I realised they're not going to do for me anything? I have to push myself further because I know I can do it. And you know, and if I need any help, you know, support even moral support and that I know they are gonna be there for me. Definitely.
		Linus	Fostering a sense of compassion and empathy for others through self-reflection	I think it's given me time to err..Gives me the opportunities to self reflect as well. And just to to be kind of. More self compassionate, I think, and that hopefully that comes out when when you're with people.
		Tom	Reflective Spaces: Pausing and taking stock before making the next move	**I think that that ability to pause and reflect is really crucial to to [the TC] programme and and to why the phases work is because you you're not just constantly on the go, you do have built in time to stop and breathe and and look back and and I found that very helpful, yeah.**
		Tom	Confidence in the pursuit of uncovering aspects of personal identity	I mean, one of the things that really you know, we talked a little bit about discovery earlier and it's such an ongoing process. But one of the things that the group kind of really helped me start along the the path of was was coming out as queer really. So so we mentioned earlier that I'm non-binary and having I think the the ability to kind of um question the way that society does things is something I felt more confident from being part of the group.
		Zoe	Growing sense of resilience through TC Treatment	I was assaulted about a year ago. I went in for my end of phase one reflective space. And it was noticed that I'd become stronger in myself? Um, and they've all noticed that all of them agreed that if what had happened had been at the beginning, I probably would not have coped as well. Well, I know I wouldn't have coped as well as I have.
		Abigail	Breaking through barriers: support offered by the TC in learning how to express self	Um I've had to have one reflective space and I can't remember.. exactly what it was called.. But it was like a.. not an intervention, but more of a

				'how can we look at this from another perspective and talk things through' because I struggle to communicate with the group as a whole.
		Jordan	The imposition of setting short term objectives in reflective spaces	Reflective Spaces for me is quite anx..stressful, quite anxiety provoking. It's important - It's like eating your vegetables. You might not like to do it - well I don't. But you know you have to.
Navigating Relationships within the Group				
	Building Relationships with Others	Lucy	Familiarity breeding connection with others	I think it's just coming to group regularly and yeah, just. They come and just come and group regularly. Slowly builds up relationships with different people and yeah.
		Lauren	Acclimatising to the TC group culture	the more time you spend with these people, the more you trust them
		Zoe	Feeling supported and safe to 'come as you are'	I look forward to the social element of it because I don't really socialise that much.
		Tom	Finding comfort in being in the company of familiar faces who 'get it'	We would uh.. Tends to be when you arrive and some of the volunteers and the staff are already setting up the group, so um some of the peer mentors will will always be there um which is really nice. And that was another thing that I enjoyed when I started out was I had met some of the peer mentors and I knew they'd kind of been in a similar place. So to walk in and see them setting up and sort of smile and wave, that was quite nice. That was very um calming.
		Daisy	Feeling welcomed and accepted to be a part of something bigger	*how would you describe your role within [the TC]?* Well, I suppose part of a group. Part of the community. Um.. I think you're one of many. It's almost like you fit in, no matter sort of who you are… You just fit in
		Jess	A lack of membership continuity leading to instability and feelings of uncertainty	At the very beginning, um we had a lot of coming and going, so we had a couple of people that had joined and then one left and then a few weeks

				after that another left. Then someone new came. So at the beginning it was cut- a lot of coming and going, which made it hard to feel settled enough.
		Jess	Valuing the 'normality' of TC culture in creating a safe space	We go in and because we will get there early, we will all have kind of these random conversations with each other, which I think kind of grounds you before you continue. And then we fall into the lunch break, which is again is pretty much the same as the beginning. Random conversations and kind of moves away from. The general part of [the TC], the general agenda to follow.
		Jordan	Savouring opportunities to reunite and connect with people	I've loved our annual Christmas party where we got to meet a lot of uh, old faces. Uh, well, I saw a lot of old faces…You know, it was like a party that I actually wanted to be in. Most times,when I go to a party, it's just me in a corner and with sitting trains, you should go. I'm always left out. I'm not still. I'm very sure I have a person I might have. I mean I went to one friends party. I just want to but he has tonnes of friends and I'm just usually left alone in a corner. That's my space at most parties.
		Lauren	Building strong connections and trust in a 'tight-knit' space	And it's just it's just it's like a small family." That's the only way I can describe it. It's it's just like going. "It's a trusting circle and I think that's very, very important."
		Tom	Cultivating respect and providing a platform for all experiences to be safely heard	It was about making space for, for myself and and just to feel what I was feeling without, you know, joining myself for it or or getting sort of trapped in a loop of thinking about how I was thinking about things or just having space to breathe, really.
		Flo	Being treated with compassion through community acts of kindness	It's really helped me feel part of a community [yeah] um, and really helped me build like relationships and healthy relationships… people really kind of caring about you. Like when I've been ill in the past, they've sent like letters like a card like get well soon with like nice comments in it and stuff like that
		Julie	Encountering visceral feelings of platonic love and containment	it was really, really strange for me. But you know, after that time when I felt love and I was like, wow. You know, I can't explain this.. to the feeling just like you feel loved. You feel warm in there? You can more or less.. every time you're sitting people talking out..I don't know. Sounds probably stupid. Just like you can feel everybody's like holding their hands on my shoulder.

		Linus	A focus on salutogenesis and connection to find my place within the TC	I felt I kind of belonged, kind of and felt that kind of I was part of a kind of relational group and it was something that kind of er I looked forward to, even though there were. There were times when it was difficult. You know, seeing the person's value rather than seeing their their illness, I guess.
		Abigail	The TC helping members to healthily manage endings	I was quite upset when she left (pause) And I didn't feel appropriate to be upset about that. And yet now I'm like okay.. so in a way, and she she enforced the importance of saying goodbye (welling up).
		Lucy	Feeling anxious about losing relationships with the TC	I'm quite scared about going into phase four because… I'm scared of what the future's going to be like once I finish with [the TC] and missing the connections with [the group] and. I don't know. It's hard.
	Managing Conflict			
		Jordan	A sense of compromised safety in the TC	" [on feeling vulnerable after a group member upset him] Actually, I wrote a message in the reflective booking, you know that reflective book right? But. I had to write a message there that it really feels like I'm a lion tamer with an angry lioness. And it it does get very scary at times.
		Jess	Preparing for 'real life' scenarios in security	I don't know how to word this (laugh) but. Being in a room of people whose personalities are constantly clashing has also actually helped in some way, because that happens on the outside. *Yeah.* So things we experience on the outside, it's happening in a slightly safer, more comfortable space where there are staff.
		Zoe	Strengthening relationships and understanding through contained conflict resolution within the group environment	Um, so we've had that there has been conflict between two members in group. But that was brought to the group, and actually they worked through it with the group. And have actually come out a lot stronger than they were before…Everyone involved kind of got their say, um..And. Both parties have grown from it as well and taken on board what the other said.
		Daisy	Staff as 'peacekeepers'	"[Staff] don't takeover. I mean, initially the group was trying to be sort of run by.. clients, I suppose, but you still got to have somebody there, as I said, just to make sure things don't take off in a in the wrong direction.
		Julie	Development of a protective, familial bond to the group	She called [staff member] fake. I know I swore at [staff member] before. And [group member], she's young, and I felt like, what the hell? And I started heating up myself and [staff member] saw it coming and told me to slow down 'cause he knew.

		Lauren	Finding resolution and reparation through reflection and communication	"Um, I got accused of saying something…I can't even remember what it was.. that I didn't say and somebody else had said it. So I got the blame for it. So I got (pause) I got some really nasty comments back… we had like a intervention thing where I was with the other lady and the member of staff and. And we saw went through it all at the same time. And when I explained to her how she'd made me feel and everything she said, 'oh I didn't realise how I made you feel. I didn't realise that made you feel so bad, and now I understand that you didn't do it.' Then I got an apology. So."
Feeling Empowered through Coproduction				
		Jordan	Collaboratively building group projects meaningfully from scratch	"Co-production is is.. a part of the chat in [TC group] it has the word production and co as in companion, I guess. Cooperation. Yeah. So cooperative production. So you create something you, you brainstorm ideas, it creates something with the help of everyone inside. What, so, er.. I mean currently we are doing with, you know, making a Halloween party right, next week's Halloween. So people are going to bring various food items and we are going to decorate the place. Yeah. And we have just been brainstorming ideas on how to do that."
		Zoe	Reflecting on acts of co-production being empowering through collaboration and 'telling my lived story'	Within [the TC], I've sat in when they've done one of the new people interviews. I call them interviews. I know they're not. It's kind of where they kind of go in and they talk to them to find out whether or not they're suitable. *I: Oh okay!* So I've sat in on one of them. They wanted a group member to kind of go in just to kind of say that we could answer the questions for them obviously better than- Or not better than, but give a different perspective than the professionals. *I: What was that like?* So that's that was quite interesting. It was really weird being on the other side, but I did actually really enjoy it.
		Lauren	Excitement from building the group together from scratch	" me and a couple of others and [staff] put the group together. We basically co-founded it between us. "Amazing, absolutely amazing, to be able to get

				it from the ground going, it's just sort of like, yeah, and it's just something that I.. I was very proud of at the time and I still take great pride in them."
		Daisy	Developing freedom of expression and being a valued part of the community through group decisions	if something's changed within the group, say a rule is changed, it's not just changed by the staff and they think, 'Oh yeah, we need to put that in, so we're going to', no, it'll go back to the group and the group discuss it as a whole.
		Jess	Taking initiative in planning a workshop for members	". I actually did a workshop called 'All About Me', which was the idea behind it was just very general. So we could find out different things about each other. That wasn't necessarily mental health related or difficul-difficulty related. And I think that kind of helps you get to know people. And a couple of us or a few of us have met up outside, obviously brought that back into the group to discuss it. But I think having that very occasionally has also helped build that up.
		Tom	Excitement in co-designing a needs-based initiative	the groups that are kind of spokes, if you like, of the [tc] experience. I coproduced with with staff was a young people's group for the for the younger members… I met up with a couple of the staff members. And and we we cocreated this this space for the younger members of the group to to come and share how they were getting on and uh, trying to think through the struggles that younger people might face and that was the first time for me that I felt almost a sense of of ownership, maybe or a sense of being, of going hey, maybe I am capable of doing a nice thing. And and. And that was very meaningful to me.
		Zoe	Expressing my talents and giving me an opportunity to build my unique identity	we've recently changed our logo. So our logo is no longer the same as [older TC's logo]… Yeah, now it's a sunset. Yeah, sunset. So yeah, it's yeah, there were and. But again that was something that we all decided on. What was the process around making that decision together as a group? Um..That was actually my fault (laugh).
		Tom	Feeling recognised and valued for talents and skills exhibited in co-production projects	"One week towards the end of my time with the group and and [former staff member] came along to the group. Saw one of the the the newsletters that I done on the notice board. And and came up to me in the lunch break and said in his very kind of grandiose way "Did you do that newsletter?"

				and I sort of said, “well, you know, we coproduced it” and and he said “great, I'm launching a website and I need somebody to write for the website. Come and do that”. And I was like “ah, OK sure.”
		Abigail	Feeling disillusioned and disappointed with the outcome of one's co-produced workshop	Um so, it was a creative writing work- Mood and Creative Writing workshop. it was horrible. It was a horrible experience for me, in a way..because reminded me of the stress of being a teacher. [Mm hmm.] And it reminded me of how…how.. I struggled with that..That part of my um career. So, so it was horrible in a way. And it was a realisation of how hard my previous life had been, so it wasn't necessarily positive, but it was good to do.
		Abigail	Staff calming the voice of the shaming 'inner critic' taking over	"I wasn't straight away, but when I went home that day, I literally got into bed and then I sent a message a little bit later, saying how I felt. And, and because I didn't show it within that time, yeah, it was a bit difficult to sort of. Explain that. *I: Yeah. Yeah. And you say that at the time you you didn't, you didn't feel supported, but then you sent that message and then?* They replied and apologise for not seeing it and seeing that anxiety.”

Appendix S Reflexive Summary and Reflective Log Excerpts

My empirical project is, to me, the most meaningful piece of research I have conducted. I had worked in the therapeutic community for approximately three years prior to the doctorate and so I recognise the impact my 'insider' understanding and experiences has on the research I have conducted. The power of the community was an intriguing concept to me and having heard more about the history of therapeutic communities and the gradual decline of residential (longer term, more intensive) therapeutic communities made me wonder whether the power was declining too due to the macro level factors which determine the formation of the adapted therapeutic communities. There was something keeping it all going and I wanted to understand what this was from the people that directly access the group - would they have any insight into these processes? How well would they be able to understand their own change processes, relative to the community? By directly asking members and graduates about their experiences, the things they liked and found difficult, we could look at how members changed during their time in the community. Further to the puzzle, the exploration of what those changes entail and what they mean to that member would hold information about the power of the processes. I was interested in the contributions that the therapeutic community can hold for the future of community psychology, by way of connection and belongingness and engagement of people, certainly within marginalised settings (which include complex mental health needs). What can the implications of TC process of change research have for the recovery movement, a movement towards integrating and supporting members in their community. In relation to this, the importance of giving a voice to those that are deemed marginalised within the community was important to me which is why I chose to interview people.

I formulated questions based on other studies that utilised IPA as a means of analysis and upon recommendations by Flowers et al.'s IPA book. I tried to make the main questions as broad as possible. The questions were also based on previous research studies exploring mechanisms of change and previous TC qualitative studies and I wanted to ensure I started the interview with more descriptive questions to 'warm' participants up, to talking through their own experiences engaging with the TC and other members, which felt very personal. I knew some of the graduates and peer mentors that I had interviewed; however, I tried hard to elicit more of their understanding through their own voice, rather than them rely on me to 'fill in the gaps' which I acknowledged and reflected on. I did feel that I found it easier to interview those I did not know compared to those who I knew, as I found it easier to integrate and think about their experiences from an outsider perspective, whereas those I knew and could remember the experience, it was harder to distance myself from this; however, I noted down in my journal when my assumptions and own thoughts came up to avoid 'blurring' the experience.

The process of interviewing, transcribing, coding, sorting and refining was intense, and I recognised the pragmatic difficulties with this process as trying to balance placement with research time (the allocated research days really helped) was tricky. The number of participants I had made this trickier and looking back, I may have chosen a slightly smaller number of participants to interview. Coding to start with was so challenging and I felt like I hit walls throughout. I noticed that my experiential statements were starting to become very descriptive and not as interpretative as I started out, so I took some time to re-read my notes from my IPA training and refresh myself with what I was looking for (descriptives, linguistics and conceptual) to extract a higher-level interpretation. However, I managed and I'm glad I did, as I felt like I had captured rich experiences, which both converged and diverged, making for a more interesting final account.

Reflective Log Excerpt: Analysis

Participant has had training and external experiences of TC auditing in addition to lived experience of being within a TC. A 'mature' understanding of how a TC works and how to support members to engage was present. The participant had also been through many rounds of coproduction to develop [TC} as it stands today, which again is not fixed. So a typical day is not a typical day for long..
The participant is distancing themselves away from the patient role and aligning with the 'professionals' in constructing and creating the group " we decided that there was a need for a group to be...put together to prevent people from going into hospital so me and a couple of others and (staff names) put the group together".
Interesting how the participant emphasised on there being no cliques or "sectioning off" - this is something that I had witnessed during my time as a AP, with it being brought into a number of supervisions and reflective conversations with the team around how to manage splitting within the group. Was the participant just not aware of the splits, even though these conversations did take place within peer mentor training?
I really wish I asked this participant how the [TC] group differed from the [other service]
The validation that the participant talks about so emotively really made me question how invalidating her environment may have been prior to join the group. I really feel a huge sense of emotion and vulnerability, around her expression of her anxiety and it's debilitating nature – made me question what could have happened to this lady. I am feeling quite saddened and it made me think of the role of stigma within mental health and how much she tried to cover up her self-perceptions of failure. (discuss in Research Supervision?)
I wondered about the position of the participant in reflecting back on her commitment into the therapeutic community.
I felt really sad to reread this participant's experience of being given her Parkinson's disease diagnosis. Made me think about my position working with the National Health Service and the level of care and compassion needed as a psychologist to talk to clients sensitively about their health needs. The current political climate of the NHS is that its so stretched and perhaps that led to the lack of care and compassion and coldness of the doctor who gave her the news. Elements of compassion fatigue? I found myself feeling relieved that she had the group to come back to and process her experience further.
There's so many switches in pronouns when describing certain aspects of the group and I do think this is because this participant is a peer mentor, so usually on the role of describing elements of the group in introductory sessions to new members so it comes naturally to her, through the training received – introducing some bias? She continues to switch when talking about the co-facilitation of workshops, it's just so evident of how much she has grown in confidence since the days she was an active 'service user' member of the group.
The conceptualisation of a flattened hierarchy is so confused because of the terminology used, along with the ways of describing the inherent differences between a staff member and a service user. Something further to explore with staff members as an area of future research?
This participant reported having a very "defeatist" attitude to begin with, she had no concept of well she had done. It makes me think of what it would be like for her if she had her diagnosis of Parkinson's without the group helping her to move past her defeatist attitude?
The participant talks about giving a member feedback after they have spoken about a particularly harrowing and traumatic experience, but having to sit with that experience – question of support needed in those moments?