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| **Interview Guide phase 1** |
| **Part 1: General and background** |
| 1. Can you tell me a bit about the **history of your program**: How did it come about?    1. What was your role in developing it?    2. Who else was important and in what ways? |
| 1. In your own words, can you please describe in **what your program is trying to achieve** its overall aims?    1. How/ Why do you think your program achieves this? |
| 1. **What has to happen BEFORE a client ends up on the programme**?    1. How are they selected?    2. What work does the therapist do to prepare both themselves and the client for therapy? |
| 1. How do you know that the program has ‘worked’? What are the **markers of success**? Is it completing all twelve blocks or is there more to it? |
| 1. Why **group therapy and not individual therapy**? What advantages does the group have?    1. Is it helpful that the offence accounts/ cognitive distortions are disclosed in a group setting and not on a 1:1 basis? |
| 1. What are the main differences between delivering the treatment within **closed/ secure** and **community based settings**? |
| 1. **xxx blocks**: What are the goals of each of these blocks? 2. Why and how are they achieved? |
| 1. What did you do to **adapt** this program from mainstream treatment?    1. Why did you choose to adapt it in these ways? |
| 1. You said that you are currently **revising the program**.    1. What will be the major changes?    2. What is the rational for those changes? |
| **Part 2: Other questions** |
| 1. How do you know that participants in your program **don’t just learn the socially desired responses**?    1. How do you encourage **genuine change within**? Is that even possible/ measureable? |
| 1. Will therapists keep **newly disclosed incidents** confidential? 2. Why (not)? |
| 1. To what extent are therapists **confrontational or non-confrontational** during treatment?    1. In what ways do you believe this approach helps people change? |
| 1. What are you looking for when you **recruit staff** to deliver the treatment and how do you recruit staff? 2. What personal characteristics? 3. What skills/ qualifications? |
| 1. I have read a lot of contradictory evidence about **victim empathy work**. My understanding is that [explain how it’s supposed to work, but why I think it doesn’t work]. Would you agree with this? |
| **Part 3: Contexts** |
| 1. What **external conditions** make the program work best for individuals?    1. Do these even matter for your service users? 2. **Family background of the person**:   ie there and supportive, absent and not bothered and also families that are complicit – ie who may have perpetrated abuse on the client. |
| 1. For **what kind of person** does the program **work best**? (Describe your ideal service user) 2. Give a **positive case study** example and 3. A **negative case study** example from your practice   and explain what makes them positive/ negative. |
| **Part 4: Autism** |
| 1. Did you write the treatment manual with Autistic spectrum conditions in mind? |
| 1. Do you have men with Autistic spectrum conditions on your treatment?    1. If yes, how are they managing/ coping with the treatment?       1. How do they cope with being in the group? Do you put additional support in to help them with this?       2. How do these men respond to the CBT elements of the treatment compared to the other participants?       3. Overall, do you think that the treatment works as well for this group as for other participants?    2. If not, do you offer anything else for this group, such as tailored individual therapies? |
| 1. Do you work with men with Autistic spectrum conditions who do not have learning disabilities or are learning disabilities the key inclusion criteria? |
| 1. What would need to happen to make your treatment (more) suitable for men with Autism?    1. Can this be done (easily)? How?    2. Or is this kind of therapy in itself not suitable? Why? |
| **Part 4: Testing/ refining overarching program theory** |
| 1. How does the program aim to    1. Change cognitions which contribute to the maintenance of sexual abuse    2. Increase pro-social modes of thinking    3. Teach strategies for dealing with situations which might lead to relapse    4. Increase pro-social modes of conduct 2. Does it deliver on these aims? |
| 1. (In what ways) does it deal with feelings? (CBT: thoughts 🡪 feelings 🡪 actions) |
| **Part 5: Any further comments** |
| 1. Would you like to add anything else? Anything that has not been covered, but which would be really useful to know to help me understand how the program work? |