

**Assessment of the Intervention Stepwise Driving for Individuals with Drink and Drug
Driving Offences**

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Abstract

Stepwise driving represents the first instance of targeting both drink and drug driving offences in a single intervention, within the probation service of England and Wales. This research gathered self-reported perceptions of practitioners and people on probation, to examine the benefits and limitations of Stepwise Driving and evaluate the initial impacts the intervention had on them. Seventeen interviews were conducted through video- and audio-conferencing, transcribed, and analysed through a thematic analysis. Interviewees expressed that the intervention was perceived as an interesting, valuable, and encouraging eye-opener. Open, genuine and non-judgmental environments made individuals feel comfortable and able to share experiences. Most people on probation felt equal among each other and practitioners supported them while learning together. However, practitioners and people on probation were concerned that potential issues such as stigmas and judgement would occur, particularly between individuals who drove under the influence of alcohol and those who drove under the influence of other drugs. Since the intervention was developed in a short time frame it can be stated that there is a potential for further optimization. For example, since the intervention is for individuals with a low risk of reoffending, people outside this category may not receive efficient help tailored to their needs. Thus, individuals assessed as medium or high-risk of reoffending, or currently experiencing challenges such as addictions may not be appropriate for referral to the programme and may need to be excluded. Furthermore, the content and materials seem in need of adjustments in form of additional quality information and less stereotypical video clips. The intervention was overall perceived as efficient in educating individuals who were drink driving, drug driving, or both, but due to its novelty further research is necessary.

Keywords: Stepwise Driving, mixing drink and drug driving offences, educational approach

Assessment of the Intervention Stepwise Driving for Individuals with Drink and Drug Driving Offences

Drink and drug driving are serious social problems that can cause significant harm to individuals, properties and society as a whole. It can result in accidents and injuries, affecting the drivers as well as other individuals. The negative impacts are far-reaching, including emotional trauma, financial burdens, and even loss of life (Stringer, 2021). 1.3 million people die each year due to road traffic crashes and 50 million suffer non-fatal injuries, over a quarter of those road deaths are attributed to drink and drug driving, which can affect families, communities, and the economy (Allsop, 2020; World Health Organization [WHO], 2022). In 2016, a total of 517,000 motoring offences were documented to have occurred in England and Wales (Cuthbertson, 2017). Particularly traffic fatalities are one of the leading causes of death in the UK, each year around 23,038 people get killed or seriously injured (Kirk et al., 2020; Snow, 2022). Driving requires complex attention and information processing. Drugs and alcohol can impair these functions by slowing reaction times and visual processing. A blood alcohol concentration of 0.1% or above can increase the risk of serious injuries by 78 times compared to driving sober; regardless of drivers driving skills or frequency of drinking (Møller et al., 2015). Alcohol is therefore the main cause of accidents and premature deaths, affecting not just the drunk drivers but other individuals as well (Willis et al., 2004). Moreover, among others, habitual drink drivers without prior drink driving convictions and 75% of drivers with suspended licenses continue to drive and seem to be resistant to rehabilitation (Willis et al., 2004).

Driving while under the influence of other drugs than alcohol, has increased in recent years. Drug use can influence drivers' concentration and psychomotor functioning and lead to overconfidence (Armstrong et al., 2005). A study from Australia suggested that up to 40% of road fatalities and 10% of road injuries may involve drug use (Armstrong et al., 2005). In

another study in England, 40% of students reported that they were driving whilst under the influence of cannabis before and 50% took the drug in combination with alcohol (Terry & Wright, 2005). Thus, there appears to be an overlap between drink driving and drug driving, evidenced by the increasing numbers of accident-involved drivers who tested positive for both drugs and alcohol (Davey et al., 2005; Kelly et al., 2004). Consequently, it may prove beneficial to address both together.

Research indicates that individuals who engage in drink or drug driving have less knowledge compared to other drivers, in terms of understanding the legal limits of alcohol consumption or being aware of the detrimental effects of alcohol and drugs on driving abilities and overall road safety (His Majesty's Prison and Probation Service Crown, 2020). Thus, rehabilitating driving offenders can be a challenging task, since many of them do not perceive themselves as being a danger but instead feel “fit to drive”. The lack of knowledge and awareness poses a significant problem, particularly since it leads additionally to high recidivism rates (Mills et al., 2008). This occurs regardless of whether fines, incarceration, vehicle impoundment or licence revocation are carried out. The lack of effective countermeasures makes it increasingly important to find appropriate interventions (Willis et al., 2004). This motivated the development of a new probation intervention in England and Wales, named Stepwise Driving. Stepwise Driving aims to contribute to the prevention and reduction of drink and drug driving and the serious social problems and risks caused by it. Knowledge gaps are, for example, addressed through education, where individuals learn about information such as the effects of alcohol and drugs on driving (His Majesty's Prison and Probation Service Crown, 2020).

Stepwise Driving

Stepwise Driving is a structured intervention for individuals with driving offences, regarding drink and drug driving in England and Wales. The intervention has an insight-

oriented psycho-educational focus regarding alcohol and drug driving effects, safer driving, consequences of dangerous driving and coping with disqualification (His Majesty's Prison and Probation Service Crown, 2020). Practitioners were assigned to the programme by His Majesty's Prison and Probation Service and people on probation were referred to the programme through their probation officers. Participants are guided in groups or in a one-on-one format through the intervention by two practitioners. They deliver the intervention to help people on probation focus on positive life goals they have set for themselves. Additionally, participants are encouraged to expand their consequential thinking, reduce impulsive behaviours and problem solve to reduce the likelihood of putting themselves in a situation that increases their risk of driving when under the influence of alcohol or other drugs. This can be achieved through improvement of individual strengths and the development of new skills to aid maturity and social competence (e.g., what do participants already know about the topic? What might help them process the new information?). Furthermore, diverse means and methods are used to challenge participants' "old me" thinking, improve their self-confidence and reduce their anxiety, to ensure that participants do not fall back into old and harmful patterns (His Majesty's Prison and Probation Service Crown, 2020; Walter et al., 2019).

Underlying theories

The methods of Stepwise Driving are underpinned by established theories and principles. These include psychoeducation, the strength-based approach and self-monitoring, which provide a solid theoretical foundation for the programme's effectiveness. Additionally, due to the limited availability of evidence-based interventions, addressing the mixing of drink and drug driving offences, the focus remained primarily on the risk factor substance abuse and how to address and reduce it.

Stepwise Driving is comprised of psychoeducational content to challenge messages regarding unsafe driving behaviours. Several interventions have been implemented to reduce drink driving by addressing the offenders problematic drinking and focus for example on the offenders thinking and attitude about drink driving (Palmer et al., 2012). Driver education programs, regarding the risks of drug driving, have proven to be efficient as well, in increasing deterrent attitudes and knowledge (Razaghizad et al., 2021). Such prevention programmes provide norms and knowledge against drinking and drug use, as well as drug resistance skills. This is to reduce social influences and motivations, to use substances by increasing general, personal and social competences (Griffin et al., 2004). Psychoeducational interventions are one of the most common used approaches. According to a meta-analysis by Wells-Parker et al. (2006), 55% of interventions were educational or used an educational component. The psycho-educational framework can be used to restructure cognitions and improve behaviours that led to drink and drug driving, such as the social acceptability of driving under the influence (DUI), through skill and knowledge development (Raftery & Edwards, 2021). Psychoeducation is a therapeutic approach with a focus on goal setting and skill teaching, such as communication or coping skills, to achieve a goal. It teaches personal and interpersonal skills and attitudes which can be used to solve psychological problems and enhance life satisfaction (Authier, 1977). Furthermore, Toal (2018) found that psychoeducation was the most effective approach for correcting myths, influencing attitude change and enhancing the quality of life. Research indicates that people on probation who participate in and complete educational interventions, have a lower likelihood of reconvictions (Palmer et al., 2012; Robertson et al., 2009). Furthermore, educational interventions are often combined with counselling or probation supervision, which can also help to reduce or prevent recidivism or reconviction (Wells-Parker et al., 2006). Studies have shown that educational types of approaches, theories and tasks can reduce recidivism rates

and help individuals in different societies worldwide in form of self-sufficiency (Vandala, 2019).

The strengths-based approach should be taken into consideration since using the approach can also lead to increased engagement of individuals, through the focus on positive qualities, happiness and well-being of participants. Particularly when people on probation engage in taking drugs, alcohol or both, it may indicate that they have currently issues with using their strengths efficiently, which can be resolved through using the strength-based method (Peláez et al., 2019). Moreover, self-monitoring is addressed in the portfolios, in which different materials help participants to monitor their behaviours, thoughts and feeling (His Majesty's Prison and Probation Service Crown, 2020). Individuals can regulate their self-representation through monitoring their expressive behaviours, to appear how they desire to be seen by others. Thus, if social or interpersonal cues change regarding what is appropriate, the individual can adjust as well (Gangestad & Snyder, 2000).

Combining drink and drug driving offences. Stepwise Driving is designed for people on probation with a history of either drink or drug offences. This decision was made because the psychological literature suggests that both drink and drug driving have similar antecedents, and similar interventions have been shown to be effective. It is however important to take into account that a combined intervention increases the development complexity and resources like costs, time and the need for expertise. Nevertheless, drink or drug driving address similar issues, behaviours and cognitive processes, yet although multiple interventions have been developed for either drink driving offences or drug driving offences individually, there is a lack of data and evidence for specific interventions mixing both (Davey et al., 2005). Drink and drug driving interventions fall both into the category of substance abuse and share underlying factors, such as the social and economic environment like education or character traits like age (Subbaraman & Kerr, 2015). Practitioners in

Stepwise Driving can direct intervention sessions to risk factors, such as substance abuse, and address them, which can reduce said risks and therefore decrease the likelihood of reoffending (Bonta & Andrews, 2007). The underlying theories of Stepwise Driving demonstrate the effectiveness of the intervention content; thus, it can be expected that the merging of drink and drug driving cohorts into one programme will be efficient. However, given the limited evidence regarding the mixing of individuals with drink and drug driving offences, an in-depth examination of the target groups is required.

Target population

Stepwise Driving is designed for people on probation who are assessed as low risk, have a need to address deficits in their thinking or behaviour and have a drink or drug driving offence. The Offender Group Reconviction Scale (OGRS) scores are utilised by the intervention teams as one way, to assess suitability for the structured intervention Stepwise Driving (His Majesty's Prison and Probation Service Crown, 2020). The OGRS is a predictor of re-offending based on static risks, which include, for example, factors such as age, gender and criminal history (see Appendix A for details on the OGRS). Additionally, the Rehabilitation Activity Requirement (RAR) aims to give the Probation Service greater flexibility to determine the rehabilitative interventions delivered to people on probation, to promote rehabilitation and reduce recidivism. Probation officers can refer people on probation to an approved structured intervention with RAR. Short, structured interventions target lower risk individuals as preventative approach (Birkett, 2018). Stepwise Driving is an approved intervention that has been implemented and delivered by intervention teams across different regions in the Probation Service (see Appendix B for an explanation of RAR).

Delivery mode

Stepwise Driving is delivered at probation offices in England and Wales. Before participating in the intervention, participants need to complete a pre-intervention module, to

become group room ready. Such a module helps individuals to consider benefits of group or one-on-one work, and how they can overcome personal engagement barriers. Participants can also reflect and share thoughts with their supporters during the pre-intervention. The practitioner teams, volunteers, peer mentors, peer supporters and probation service officers can assist and support the participants (His Majesty's Prison and Probation Service Crown, 2020). Afterwards, men and women can participate in either a group setting, or in a one-on-one format. The one-on-one format is reserved for cases where people feel unable to participate in a group context, due to personal reasons such as work, mental health issues or rejection of the group context (His Majesty's Prison and Probation Service Crown, 2020). If it is not possible for in-person meetings remote access delivery can be used, in a safe manner and responsive to participants needs (His Majesty's Prison and Probation Service Crown, 2020). People on probation are guided through the intervention by two practitioners, at least one of them is trained in an Accredited Programme (AcP). The Accredited programme does not necessarily have to be related to driving; any Accredited Programme is acceptable (see Appendix C for detailed information on Accredited Programmes). Furthermore, Stepwise Driving utilises the framework of Drink Impaired Drivers (DID) in its creation and development, although the DID AcP has been de-commissioned across the Probation Service in England and Wales. DID, similar to Stepwise Driving, aimed to challenge attitudes and behaviour, increase the knowledge of alcohol and its effects, promote safer driving and raise awareness of the effectiveness and consequences to people on probation, victims and the wider community.

The intervention consists of six sessions, which take place once a week and last about 90 minutes, include a total of 24 exercises which cover understanding own behaviours, taking self-responsibility and social competence (His Majesty's Prison and Probation Service Crown, 2020). The sessions can take place in up to 8 weeks due to the regulation that a maximum of

two consecutive sessions can be missed, which have to be made up in catch-up sessions.

Participants cannot cancel or leave the intervention at will. However, if they decide to withdraw from the programme, this will have consequences. These consequences can include verbal warnings, participation in another programme, sanctions or the initiation of a formal breach, depending on the probation officer. Additionally, violating a court sentence, breaching conditions or even committing another offence can lead to incarceration (Galvin et al., 2021). Nonetheless, if there is evidence to demonstrate that the programme is unworkable for participants, they will not receive such consequences.

Intervention materials

The materials used in Stepwise Driving were developed to educate participants and give them the knowledge they need to concentrate on their needs and strengths, instead of defining themselves based on their crime. Experts-by-experience developed animated clips, to appropriately meet participants learning needs (His Majesty's Prison and Probation Service Crown, 2020). Additionally, the clips are designed to achieve learning outcomes such as understanding the covered topics or engaging in critical thinking about the ideas presented in the clips. The Clips, which are accessible through online links, have the advantage that they can be started and stopped if relevant information, in line with participants interests and needs, are presented (Morris et al., 2021). Thus, the group can engage in discussions about the content of the clips at any time (His Majesty's Prison and Probation Service Crown, 2020). Research has shown that video clips are an approachable opening for a conversation and inspire discussions, which can improve individuals' engagement and enthusiasm in intervention programs (Morris et al., 2021). In addition to discussions, participants can engage in exercises which are based around the video clips, to improve their knowledge. Research found that students who watched video clips to study had higher scores (31 from 43) than those who did not (28 from 43), which could indicate the effectiveness of educational

video clips (Romanov & Nevgi 2007). Furthermore, students tended to remember vivid and instructional activities and videos better than the regular lecture content, since they were perceived as unique (Cherney, 2008). However, since digital tools, like video clips, are being newly integrated into the probation service, further evaluation is required.

In addition to the clips, participants received a leaflet which summarizes Stepwise Driving with visualisations and phrases regarding the interventions structure and delivery. They also obtained exercises in form of worksheets to ensure consolidation and deepening of the received information and what has been learned. Furthermore, individuals were encouraged to create a portfolio in which different materials and exercises can be used to support their progress, to improve their self-monitoring and processing of information (His Majesty's Prison and Probation Service Crown, 2020). It included information such as the access of community support (e.g., Samaritans) and exercises like a drink diary, a learning log (e.g., thoughts and feelings) or breathing exercises. The objectives of the tasks, the participants had for guidance, included the exploration of drinking cultures, legal and illegal drugs, the introduction to safe driving behaviours, learning skills to manage high-risk situations and encourage participants to plan and manage future risks. However, since the intervention combines novel objectives, materials, impacts and participants, it needs a thorough evaluation to ensure its effectiveness.

Current study

This research paper aims to evaluate the new implemented intervention Stepwise Driving, which is necessary to identify its potential strengths and benefits, as well as to detect any potential weaknesses or risks. This study investigated the self-reported experiences of practitioners who delivered Stepwise Driving, as well as people on probation who participated in the programme, to explore how the intervention has affected them. The programme, which addresses the combination of individuals with drink or drug driving offences (or both),

represents an initial attempt to integrate both cohorts into one intervention. Moreover, it is important to analyse its potential to minimize prospective harm and maximize help (Rivera et al., 2020). The goal is to answer the research question “What are the benefits and limitations of Stepwise Driving as an intervention mixing drink and drug driving and what perceptions did practitioners and people on probation report regarding the impact of the intervention on them?”.

Methods

Participants

The practitioners that delivered Stepwise Driving, at least once, and the practitioners that created the intervention, from England and Wales, were invited to participate in the study, to ensure comprehensive and sufficient insights. Additionally, the people on probation, who completed Stepwise Driving were also invited to participate, to gain as many diverse insights as possible. Also, to gain accurate and detailed insights into the programme’s advantages and disadvantages, male and female individuals were permitted to participate in the following study. Data was collected from 17 individuals, seven of which participated and completed the Stepwise Driving programme, and eight who guided the participants as practitioners through the programme. The two practitioners who created Stepwise Driving were interviewed as well, to understand the underlying psychology of the intervention and prevent any potential programme misunderstandings. Furthermore, practitioners’ experiences in the probation service ranged between two and 30 years and delivered Stepwise Driving between 1 and 2 times. They consisted of both accredited trained (n=6) and non-accredited trained (n=4) practitioners. The proposed delivery model was 1AcP:1Non-AcP to ensure there was an experienced practitioner delivering Stepwise Driving. However, participants taking part in the study did suggest that in operational practice this was not always feasible due to the limitations in staffing resourcing. Limited information about participants characteristics

was given to preserve their anonymity, encourage honest responses, and protect their safety and privacy (Knott et al., 2022).

Design

A qualitative research design with thematic analysis was used for this study to analyse semi-structured interviews to evaluate Stepwise Driving. Semi-structured interviews adopted a participant centred approach prioritizing and encouraging their perspectives, to obtain a more holistic understanding of their experiences (Adeoye-Olatunde & Olenik, 2021). Such interviews were a flexible method which adapted questions to fit participants, contexts and situations, and explored emerging topics that were not originally part of the interview. The new, interesting and detailed information, obtained by semi-structured interviews, were then later summarized into patterns and themes during the thematic analysis. Additionally, the semi-structured interview questions made it possible to gain deeper and richer insights into the programme (Adeoye-Olatunde & Olenik, 2021; García-Moya et al., 2019).

Practitioners were contacted and invited through their work email and people on probation through their phone number by the senior policy manager from His Majesty's Prison and Probation Service (HMPPS) division: Reducing Reoffending Interventions, Operations and Investment. The voluntary interviews regarding the Stepwise Driving programme evaluation took place via videoconferencing (camera and microphone) for the practitioners and over audioconferencing (audio only) for the people on probation. During the audioconferencing the interviewers left their cameras on as well, to be able to communicate with each other, while people on probation, which were connected by a phone, were not able to see the interviewers or be seen by them. This was done to ensure privacy and safety for participants and interviewers as well as efficient communication (Gray et al., 2020). Additionally, audioconferencing and videoconferencing had similar advantages such as saving time and easy communication from suitable and different places (Heiselberg &

Stepińska, 2022). Furthermore, Microsoft Teams was chosen for the online data collection since it was compatible with multiple devices and systems, and the data and privacy were secured through encryption (Al-Saggaf & Williamson, 2004; Buchal & Songsore, 2019; El Azzaoui et al., 2022; Waller et al., 2020; Zaadnoordijk & Cusack, 2022). In addition, as the interviewers and interviewees were in different countries and cities, this flexible tool allowed for remote work from everywhere with an internet connection. Thus, a wider audience could be reached easier, from a comfortable place of their choosing (Torresin et al., 2022; Zaadnoordijk & Cusack, 2022).

Procedure

The interview durations and modalities were tailored to accommodate participants individual schedules and needs. The interviews took place between November 2022 and April 2023, and varied in length from 14 minutes to one hour and seven minutes. This encompassed the introduction to ensure the interviewees comprehension of the procedure, the main interview, and the debriefing to answer questions and prevent misinformation, which was enhancing the interview experiences (Greenspan & Loftus, 2022; Hughes, 2004; Kyriazis et al., 2022; Upadhyay & Lipkovich, 2020).

The procedures were almost identical for practitioners and people on probation. In the beginning of the interviews the interviewers would introduce themselves and initiate a short icebreaker in the form of small talk (“How are you?”). The interviewers and participants would talk about their day and how they are doing in general. This was done to help participants become more comfortable with the uncommon interview situation, reduce their anxiety and enable them to talk about the programme openly and in detail (Corbin & Morse, 2003). Additionally, it was important to build a rapport between the interviewers and the participants to create a pleasant environment which encourages open, accurate and rich conversations (Vallano & Schreiber Compo, 2015).

Subsequently, the consent forms were clearly and concisely discussed with the practitioners (see Appendix D for the practitioners' consent form) and people on probation (see Appendix E for the consent form of the people on probation), to ensure their accurate understanding of the process. The consent forms included that the interviews' aim was to collect the participants' experiences and opinions about Stepwise Driving and that the interviews and the collected data would be treated confidentially. Confidentiality would only be breached when a situation demanded it, such as potential harmful disclosures that indicated that the interviewee may be putting themselves or others at risk. Additionally, personal data that could lead to the identification of participants would be anonymized to guarantee their safety. It was explained, in addition, that there were no right or wrong answers, that the participants could talk as much or little as they wanted and that the interview would take approximately 40 minutes. Furthermore, participants could withdraw from the interview and the study without reason and at any point in time, before, during and after the interview, until this study was published.

Before the recording began, the interviewers confirmed that the participants consented to being recorded and ensured that they knew the recording was starting. The recordings were later used to guarantee an accurate representation of participants experiences and opinions. A dictaphone was used to record the interviews and guarantee secure and high-quality audio files, due to sensitive data and a personal preference. After starting the recording three questions were asked to ensure an informed choice for the participants and a safeguard for the researcher: "Do you agree to take part?", "Do you give your permission for me to audio record your interview?", and "Do you have any further questions?". Participants were provided the choice to decline recording and answer the second question with a "no". In such cases, an interviewer would have taken notes on their consent and general interview details instead. However, in the context of this study, this alternative did not occur.

The semi-structured interview guides of both practitioners (see Appendix F for the practitioners' interview guide) and people on probation (see Appendix G for the interview guide of people on probation), thus the main interview part, started with basic questions. The first set of questions were directed at both cohorts' background and preparations for the programme. Practitioners were questioned regarding the training they received, and participants were asked about their Stepwise Driving preparation with their probation officers, their first thoughts of the intervention and their referral to it. Those type of questions helped to introduce participants into the topic and stay unbiased and open minded about it, due to an open narration without prompts (Roberts, 2020). Increasingly more specific questions followed addressing the benefits and limitations of the programme itself, while leaving room for interviewees to introduce their own narratives and identify possible impacts of the programme. The usage of media clips was discussed, as well as mixing drink and drug driving, real life applications and future-plans of participants. Rapports between participants, between practitioners and between participants and practitioners were also explored. Especially questions regarding the mixing of drink and drug driving, such as "What are your first thoughts on a programme that has both drink and drug driving content?" (People on probation) or "How did participants who had a drink/drug driving offences relate to drug/drink related sessions?" (Practitioners) were important, since an intervention choosing a mixing approach was new. These questions helped to get detailed answers about and deeper insights into participants perceptions regarding Stepwise Driving to evaluate the intervention (Roberts, 2020). Cool-down questions such as "Has delivering Stepwise Driving facilitated the opportunity for ongoing professional development?" (Practitioners) or "Is there anything you would like to add before we end the conversation on Stepwise Driving today?" (People on probation) were asked to allow individuals to add information that were not discussed before (Liu et al., 2019).

After the main interview the debriefing was conducted to build a comfortable atmosphere and help participants feel more relaxed. In addition, participants had the option to ask potential follow up questions they might have had (Capogna et al., 2022). Furthermore, participants were acknowledged and thanked for their participation and insights to encourage them to participate in future studies. Practitioners were additionally asked if they would like to be notified upon the study's completion and have it send to them, for example, for their professional improvement.

The research was commissioned by His Majesty's Prison and Probation Service. Furthermore, ethical approval was granted by His Majesty's Prison and Probation Service (approval codes 211102 and 221135) and by the board of ethical commission of the faculty of Behavioural, Management, and Social Sciences of the University of Twente (approval code 221387).

Data analysis

AmberScript, an AI automated transcription tool, was used to transcribe the interview audio recordings, which had to be deleted after being transcribed due to ethical obligations and to ensure individuals privacy and safety. The transcripts were read and controlled for mistakes, since AmberScript has an 85% machine-made accuracy, which provided first insights into the data and helped to become familiar with it (Dhieb-Hania, 2006; Van Noordt & Misuraca, 2020). The transcripts were then being read through a second time to understand participants experiences better. During this process the most important insights were highlighted, such as statements that directly or indirectly addressed the research question or indicated importance to the interviewees.

Subsequently, the transcripts were evaluated through thematic analysis, which helped to gain efficient insights into how the Stepwise Driving programme was perceived by practitioners and people on probation (García-Moya et al., 2019). Thematic analysis had the

benefit of identifying patterns (of meaning) and key data features within and across qualitative data (Transcripts). This occurred through a two-stage review process where themes were reviewed against coded data and the entire dataset, to gain a comprehensive understanding of participants' thoughts and feelings regarding the intervention. In addition, the inductive or data-driven approach was used to learn about the benefits and limitations of Stepwise Driving from participants. This approach focuses more on the data itself than existing literature, which was useful since the intervention was novel (Deterding & Waters, 2021).

The coding process used the semantic approach to focus on the surface meaning of what people conveyed in the transcripts. Additionally, the positivist approach was used where qualitative data was analysed objectively to avoid biases and ensure reliability and replicability of the study (Braun & Clarke, 2021, 2022). Furthermore, instead of using predefined categories, the categorization of the highlighted information was done by referencing to research objectives and key interview and research questions, such as experiences regarding mixing drink and drug drivers into one intervention (Smith, 2015). The highlighted information within the data that shared similar meanings were compared and assigned to the same category if they overlapped, or separated if they showed inconsistencies. Highlighted information of the same category was then summarized into themes and named through labelling the text manually with notes. Afterwards, those rough themes were analysed, organized, merged and refined into clear main themes and subthemes, to identify key messages from the interviews (Drechsler, 2023; Hoyos, 2022). In addition, the modification and consolidation of the themes was used to allow the development of a coherent and comprehensive coding framework that accurately represents the themes (Hoyos, 2022). At the end, the final themes and sub-themes received a generic term, formed out of the

notes that were used to label the text, in order to present conclusively the reported information.

Results

The thematic inductive analysis synthesises the individual experiences and opinions of the practitioners of Stepwise Driving and the people on probation who participated in the intervention. This occurs in order to answer what the benefits and limitations of Stepwise Driving are, as an intervention mixing drink and drug driving, and what perceptions individuals reported regarding its impact on them. The interview responses were combined into one framework to triangulate between the theoretical objectives and actual experiences of delivering Stepwise Driving and encompass the main intervention findings. The coding process led to the development of 4 themes and 10 sub-themes, as can be seen in Table 1. The themes describe how practitioners and people on probation experienced the structure, content and theoretical background of Stepwise Driving and how the intervention was implemented and delivered with it. The themes also include how individuals felt about mixing drink and drug driving, in one intervention for the first time, as well as the resulting observations and relationships between practitioners and people on probation.

Table 1

Themes and sub-themes from the analysis of the practitioner and people on probation interviews regarding Stepwise Driving

Themes	Sub-themes
Intended and unintended consequences of design	Structure Resources Building Rapport Appropriate referrals

Learning with an educational approach	Advantages and disadvantages of an educational approach Topic rationale
Inconsistencies in implementation and delivery	Diverse perspectives in professional development Adaptations to design
Mixing drink and drug driving	Effects of group composition Meaningful relevance to both cohorts

Intended and unintended consequences of design

The theme *Intended and unintended consequences of design* explores the impacts of the programme development and delivery, and contrasts this with the intended outcomes and objectives of the programme. It was also assessed how practitioners and people on probation were building professional rapport, as well as for whom Stepwise Driving was most suitable and for whom it was not.

Structure

The sub-theme *structure* emphasizes the arrangements and organisation of Stepwise Driving components. Additionally, the evaluation assesses the order and coherence of the program, while analysing its clarity and the interactions among its various parts. Moreover, the sub-theme focuses on what impacts the Stepwise Driving framework has on participants and practitioners.

The time available, to create Stepwise Driving and cover necessary materials, which drove the decision-making process of the intervention development, was limited. It was intended that the intervention gives justice to every area and topic and meets parameters, such as the equal inclusion of “Alcohol and Driving” and “Drug Driving” materials. The practitioners voiced that this was however not easy, since not every detail the practitioners would have liked to include could be covered. A new and shorter intervention was the goal,

and Stepwise Driving was more perceived as an introduction onto the right track. They explained that: “We tried to make the sessions relatable to everyone. So, if someone was there for drug driving, the drink driving sessions would still be useful and vice versa” (Practitioner 001). The practitioners agreed however, that adjustments related to intervention content and structure should be made in the future. Practitioners and people on probation said that on the one hand too much information was put into the relatively short intervention. They argued that, based on their experiences from other programmes, additional sessions would be beneficial, particularly for participants who require more time to accept how problematic their behaviour is. On the other hand, practitioners and people on probation voiced that the intervention content was sometimes still too shallow or repetitive. Having repeatedly a discussion, show a video and fill out a worksheet was said to lead to participants paying less attention. Thus, a more flexible structure was conveyed to be helpful in terms of delivery, to keep participants engaged, and information could be reduced or removed, to avoid repetition. Individuals with drink and drug driving offences were included into the intervention due to the overall structure of stepwise driving as intended. However, more sessions and a more flexible structure were requested to improve participants’ engagement.

The sessions themselves of Stepwise Driving were well received and perceived as coherent as intended. The programme which started with getting to know each other and building relationships was followed by talking about participants goals and ended with future coping strategies for risk situations improved the participants engagement. Especially, the one-on-one meetings, between practitioners and people on probation, were perceived to help practitioners learn about the personal lives of participants and use that information to match their needs with the intervention, to improve their engagement effectively:

Always within the 1 to 1, you'll be kind of learning about their life... They'll tell you about their life and tell you about the issues that they've come across. And then you

can say we'll cover this in the program, which will really help with that. We'll signpost forward and sort of relate it back to them. Which kind of hopefully helps as well as you go through, people sort of be a bit more engaged and feel it's more relevant to them. (Practitioner 006)

The explanation of the programme structure can improve the understanding of the intervention process for the people on probation. It becomes more evident to them what to expect and how it relates to them on a more personal level. A personal connection to the programme was assumed to improve their involvement during the intervention.

Resources

The sub-theme *resources* examines how certain materials and mediums were used and if they were perceived as helpful, for different learning types. It was assumed that they benefit a diverse range of participants in regard to reaching and helping them to manage their situations better and have their learning needs met more efficiently. Nonetheless, according to practitioners and people on probation, this did not always seem to be the case.

Some clips using animations however, got mixed reactions as in prior studies (Morris et al., 2021). They were perceived as condescending and patronising by some practitioners and people on probation, due to overly stereotypical and non-relatable examples, which was not intended by the intervention. Practitioners discussed that clips with real people would be more relatable:

I know some of these examples have been done with real people, I think sometimes that can be more relatable. I think there was that sort of attitude, especially when the Pops were a bit we'd be treated like children because they're like cartoons. (Practitioner 008)

Thus, video clips without animations and with generic examples, relevant for the target audience, seemed to be perceived as catching the attention more efficiently for most

participants. Additionally, it was proposed that more clips would be useful to choose from, depending on relatability of the participants and applicability in the individual group settings. Clips regarding drink and drug driving story variants or comprehensive action planning for participants future were proposed. However, the videos should not explain excessive information since it was reported that it could lead to repetitive information.

Technical issues also frequently occurred, which led to (content) misunderstandings that could impact the efficiency of the intervention and the engagement of the participants. The video clips could not be played without an internet connection, and it was difficult for practitioners to explain everything themselves that would have been otherwise displayed in the videos:

My problem is the internet and our difficulties, the time it takes us to faff around and get this connection...it would be a much more useful to have a DVD or a CD that that could be played. (Practitioner 009)

Thus, making the video clips available offline and practitioners less reliant on the internet was said to reduce delays and problems occurring within the intervention sessions.

Other materials, like the learning log, were perceived as helpful tools in regard to influencing decision-making, as from the intervention intended. The log is a self-monitoring tool to reflect on individuals' thoughts and feelings which allows them to look back at different situations and make better choices. Furthermore, the quizzes were well received but the answer link did not seem to work consistently, and some answers were missing after using the link. However, it was also highlighted that more quizzes and more supportive background information for the portfolio would be useful, such as booklets on alcohol or alcohol wheels. Such materials could summarize information for participants and help them move forward. It was also talked about a pro forma e-mail or attachment including material copies (worksheets

or links to videos) for group members which start the intervention through e-mail, as helpful overview. Thus, they are able to work at their own pace, but in a more uniform way.

Building rapport

The sub-theme *dynamics* deals with the relationships between people on probation and the practitioners. Particularly, practitioners' behaviour regarding participants and the one-on-one meetings were assessed. The relationships should be based on mutual understanding and trust, to create cooperation and a comfortable atmosphere, to engage participants better in the intervention and in the groups.

Practitioners were perceived as open and honest, which helped participants to share their experiences and perceive their environment as a safe space. Participants conveyed that they were at first worried the environment would include moody staff or that only their wrongdoings would be in focus, which was refuted. Instead, the staff smiled and joked with participants which made them feel at ease. Additionally, most participants perceived the practitioners to be understanding and accepting: "...was such a genuine person... they were so down to Earth... they were just like us...normal people" (Participant 001). Participants expressed that practitioners explained verbally to them that they will not judge, which helped participants to feel welcome and supported, and made it easier for them to express themselves. Furthermore, it seemed easier for participants to open up when practitioners themselves shared experiences or stories, which ensured a better personal connection. Even participants that were reluctant and felt uncomfortable in the beginning voiced that practitioners made participants feel reassured and more comfortable. Additionally, practitioners encouraged doubtful participants to try and take something from Stepwise Driving by ensuring participants that they can decide how they want to participate and to what extent, without any pressure.

Mixed reactions regarding the establishment of a professional rapport between practitioners and people on probation, within the given time frame, were observed. Practitioners have the opportunity to build a relationship with participants during the programme sessions and the one-on-one meetings. During those sessions individuals shared their feelings, personal issues or other information openly and in a private and safe setting, which encouraged them, increased their confidence and supported their learning. These types of sessions were conveyed by participants to be particularly helpful when issues came up that they did not want to discuss during the group sessions, like the intervention intended. However, it needs to be taken into account that participants are often directed and assigned to the intervention, consequently some do not want to participate, and it can take time to build a relationship and change their minds. Due to the limited time, it can be challenging sometimes to understand everything that occurs in people's lives and how to tailor to all of their required needs:

We get to meet them on a series of 1 to 1 sessions, that way you can have a chat with them for an hour. This is not being rude. More like a production line. We've got these six people, need to go through the programme, put them on the programme and then by the time you finish it there's another programme ready to run and another six people. So, it's way more emphasis on the programme doing the work rather than the staff. (Participant 004)

Even though it can be complicated, most practitioners and participants voiced that they were able to build rappings with each other, during the intervention as it was intended.

Appropriate referrals

The sub-theme *appropriate referrals* deals with information regarding people on probation assessment in terms of which individuals are appropriate for Stepwise Driving and which factors could render them inadmissible. Stepwise Driving is an intervention intended

for low-risk individuals, and it is important to assign suitable participants, to ensure meeting their needs.

The correct and appropriate assessment of individuals for Stepwise Driving is important and necessary. Practitioners observed that individuals should be referred much sooner after their offence to Stepwise Driving. Several previous individuals participated in Stepwise Driving at the end of their order. Thus, they often already accomplished a lot of other programmes or change before Stepwise Driving and might not perceive it as relevant or necessary anymore. Due to the programmes before Stepwise Driving, individuals might have already learned similar information before. To avoid such inappropriate referrals, it was proposed that individuals could go through the circle of change before admission to the intervention, to assess where participants are in regard to making change (Jaber et al., 1997). Such personalized introductions or self-assessments might help to identify participants position, needs, engaging motivations and if they are suitable for the intervention.

The focus of acquiring knowledge and helping participants realise the consequences of their actions, was helpful after their first offence. However, questions arose like: “Would a participant, which offended a second or multiple times, have their needs met and get something out of the programme, if it did not work the first time?” Or “Why did someone (re-)offend again?”. Some participants might need more than knowledge, to change their behaviours and attitudes in order to avoid recidivism: “That would have to be a bigger picture then, of how are they going to benefit from this course?... They know the information...” (Participant 007). A more skill or behaviour focused intervention might be needed to meet the needs of a broader cohort, since knowledge alone might not be sufficient. Thus, some participants might benefit more from another programme, or Stepwise Driving might need adjustments. According to the RNR model, the intervention intensity should always match the risk level of the participant, for the intervention to be effective (Viglione, 2018).

Practitioners voiced that some participants committed a drink or drug offence (or both) and were simultaneously occupied with predominant challenges such as PTSD, addictions, substance abuse or other similar problems. Such participants should not be referred or court-ordered to participate in Stepwise Driving, since it might not be suitable or sufficient for them, at the current time. Instead, substance misuse groups, other programmes or therapy might be more suitable for them currently, because Stepwise Driving does not cover such information in appropriate detail or depth. A practitioner suggested that for example an addiction needs to be treated first to avoid impairment, since such individuals are often not able to take different perspectives than their own into account. Thus, they would not be able to focus and engage in the intervention efficiently. Participants might be able to participate in Stepwise Driving after their treatment.

Learning with an educational approach

The theme focuses on the strengths and weaknesses perceived regarding supplies, exercises and information used in Stepwise Driving, whose task it was to educate individuals. The intervention intended to provide information and increase individuals' knowledge to improve their decision-making process and help them to make better choices regarding individual life goals, away from offending and without feeling punished or reprimanded.

Advantages and disadvantages of an educational approach

The sub-theme *advantages and disadvantages of an educational approach* evaluates the benefits and limitations of the educational content in Stepwise Driving. It was assessed what practitioners and participants received well and what could be improved, in relation to different learning approaches.

People on probation are encouraged on their resistance journey through the psychoeducational theory. The specific educational focus of Stepwise Driving is precisely tailored to its intended context and group of participants. The education participants received

was perceived as “big eyeopener” and just listening to it helped participants to think differently about factors and consequences of offences or challenging situations: “I’ve looked at things differently. And I’ve learned a lot from it as well... And to look at the other person and to be a changed person at the end of it” (Participant 005). Now that participants have the right knowledge and understand the consequences of their actions, they voiced that they would not repeat their mistakes and they felt more empowered to make informed decisions. Since more time goes towards specific education, informing and knowledge distribution, cognitive behavioural therapy (CBT) is not used in Stepwise Driving. However, a practitioner suggested that the combination of psychoeducation and CBT together, like in other programs, would provide a better model:

...the drink impaired drivers programme was decommissioned and it has filled that gap...we have to be careful...what we're finding is there's a lot of people that are being referred to the programme that might also need a little bit of something else as well, sort of like better solutions ...I think the drink impaired drivers programme that was sort of the psychoeducational and the CBT together. I felt it was a better model actually. But again, the structured intervention, it's short, sharp intervention....
(Practitioner 005)

A lack of CBT could be problematic for individuals who may need more than just education or knowledge to change, learn or improve.

Even participants who were reluctant in the beginning of the programme realised that instead of a dictating environment “you shouldn't do this, you shouldn't do that”, it was an educational and engaging environment. Knowledge regarding participants offence and how they can move away from offending helped them to feel involved in the programme and more confident in themselves. They were able to move on with their lives and did not want to repeat what they did, since the educational content “put things into perspective” for them.

Furthermore, since most information were not perceived as common knowledge practitioners also learned together with the participants which in turn helped participants to feel more comfortable and equal. Thus, the programme was able to impact participants and practitioners through its educational, inclusive and engaging approach regarding self-worth. Moreover, participants who finished the programme expressed that they were “doing good”, they felt like they were in a better position because they “learned what they needed to know” to move on.

Topic rationale

This sub-theme captures which topics and contents within Stepwise Driving were perceived as particularly interesting and valuable for participants education. Novel information was remembered in detail, said to be beneficial for everyday life and applicable and engaging for most participants.

Several intervention topics were discussed to have been received positively, and individuals seemed to value especially novel information, which were perceived as interesting. Multiple individuals remembered the information about alcohol units since they were not aware of how impactful alcohol and their units can be, and how they impair the driving ability. Additionally, the mathematical equation helped participants to calculate how alcohol breaks down in the body and when they are able to drive again:

I was shocked because I didn't realize, sometimes it could take three days, three to fully for it all fully to be out of your system... that stuck in my brain because like most people think, oh, if I go to sleep now, tonight, tomorrow morning, I'll be sober, it'll be okay. But no, it didn't work like that. (Participant 004)

Participants and practitioners had similar eye-opening experiences regarding alcohol units. Since it was such a surprising topic for them, they tended to perceive it as very interesting which led them to remember this information better and potentially use it later.

The topic of prescribed drugs seemed to keep practitioners and participant's interest particularly. Several participants and practitioners conveyed that they did not take prescription drugs and their legal and illegal limitations in any form into consideration in connection to driving before the intervention: "...you never realize the physical effects it had on you... it was a big eye opener for me..." (Participant 002). Participants expressed that they did not know drowsiness could come from prescription drugs or that you are not always allowed to drive on them. The awareness and thinking outside the box helped participants to deeper understand how dangerous illicit driving under legal drugs, not just illegal ones, can be and what was considered safe instead.

Several participants voiced that they encountered forgotten information during the intervention, since many took their driver's license test a while back. The highway code and the safer driving session (e.g., breaking distances and break reaction times) were perceived to be helpful in renewing participants knowledge. Also, practitioners found it easier to deliver this session since it was also interesting for them. Thus, they felt more passionate about delivering it, which in turn resulted in a better engagement of participants. The programme seemed to be meeting the genuine need for education in everyday life situations, which supports the psychoeducational model.

Inconsistencies in implementation and delivery

The theme *inconsistencies in implementation and delivery* focuses on the comparison of practitioner's training, delivery and guidance during the programme. Additionally, adaptations of the programme, made by practitioners, offer crucial insights into the programme's reliability. Different methods and adaptations, to meet participants needs, might be useful but can also lead to issues such as changing the original programme into a completely new one.

Diverse perspectives in professional development

The sub-theme analyses the various training types from different locations that the practitioners received regarding their preparation for the delivery of Stepwise Driving. The quality of the training was assessed to improve its reliability, if necessary, to ensure that all practitioners are efficiently trained. It was also examined how practitioners cooperated with each other to improve their personal and professional development.

Different regions provided different forms of training to help practitioners gain expertise in delivering Stepwise Driving. This can affect how practitioners experience their training and how prepared they feel afterwards. It was said that several methods are used to ensure that the practitioners are efficiently prepared to deliver Stepwise Driving and receive quality training. Feedback and suggestion discussions as well as recording and video monitoring sessions were perceived as supportive, especially by less experienced practitioners. Other training measures such as group supervision and conversations between treatment managers and practitioners, workshops, walk through sessions and role play helped to discuss any issues around the intervention's delivery. However, practitioners expressed mixed opinions. Only talking through the programme delivery, for example, was not perceived as enough, some practitioners voiced the need for a deeper walk through of Stepwise Driving content as well. In-depth methods, focusing on intervention delivery and content, were perceived as more helpful. Additionally, individuals with multiple training options conveyed to feel better prepared in delivering Stepwise Driving.

Practitioners felt mostly capable to deliver Stepwise Driving, however, there were times when their preparedness regarding required knowledge of the intervention content seemed to lack, thus they felt less confident in delivering it. It was often stated that this was due to the varying and sometimes lacking training they received in various regions, one practitioner said: "Yeah, it was fun to do. We delivered it. It was just the fact that. Again, you know, just feeling that I didn't feel prepared with enough background knowledge and

information to deliver it” (Practitioner 002). The fear of lacking knowledge seemed to distress practitioners and when it occurred, they had to look up unclear information themselves, which was perceived as difficult task. This also impacted people on probation, since they did not always get the information they needed, which led to knowledge gaps. Furthermore, the training and the delivery were chronologically far apart, thus, the knowledge was often partly forgotten when it came to the intervention execution. The need for a more in-depth training close to delivery was requested. Practitioners stated that going through the whole intervention several times before delivery and practice delivering it to other practitioners was perceived as helpful for their personal and professional improvements regarding their confidence and intervention knowledge. Thus, when the individual needs of practitioners were met through the training, they felt more appropriately prepared. In comparison to what the practitioners perceived the participants expressed different experiences regarding practitioner’s knowledge and skills. Practitioners were perceived by participants as knowledgeable; “they knew what they were talking about, and they knew what they were doing”.

Two practitioners delivering Stepwise Driving together might help to remedy some of the training issues. Practitioners expressed that they felt more confident, comfortable, and at ease while working together with a (experienced) co-practitioner: “It's always two heads, better than one...” (Practitioner 001). Since they are all from different backgrounds, have different knowledge, experiences, views and thinking styles, they can support each other in terms of covering the information, complement one another if help was needed and exchange ideas. It was also favoured that more experienced (often older), and less experienced (often younger) practitioners deliver together. New employed practitioners discussed that they worked on their improving skill sets throughout the delivery of programmes and during the exchange with co-workers and more experienced practitioners. The more experienced

practitioners helped with their knowledge and skills, while the less experienced ones offered new perspectives and viewpoints.

Adaptations to design

The sub-theme *adaptations to design* focuses on how different probation locations or practitioners adjusted and changed Stepwise Driving according to their and participants needs. When probation offices and practitioners work with different people, they tended to change certain design executions which could lead to different perceptions and interpretations of information. This could also have negative consequences since the programme might not be reliable or equal for everyone, as it was, however, intended.

Practitioners said that while looking at Stepwise Driving and its materials, their focus was mostly on making their own adaptations to it, since they thought it would fit their participants needs better. This might have led to different experiences of the programme for different people due to potential topic skipping or adding new information. Some people on probation might have experienced adaptations as beneficial, but it could also have led to disadvantages such as beneficial information being changed or left out through adaptations. Additionally, some participants seemed to have low literacy and struggled with reading and writing. Thus, practitioners decided to support participants with the writing and completing of the worksheets or adapted the programme through using some of the worksheets as oral discussion, which helped to improve participants confidence and self-esteem. Furthermore, practitioners decided to introduce different mediums such as flip charts for visualisation, without so being suggested in the manual. This was done to convey the information better, when practitioners perceived it as not sufficiently presented. Thus, individual adaptations of practitioners helped participants but also adapted and changed the intervention in some manner. This might have led to positive as well as negative outcomes of how individuals perceived Stepwise Driving.

Mixing drink and drug driving

The sub-theme *mixing drink and drug driving* identifies the information mentioned regarding how practitioners and people on probation perceived the mixing of drink and drug driving in one intervention. The relationships between the programme and the individuals, and between both cohorts and the practitioners were examined, to see if they were able to interact appropriately. In addition, the content was analysed to discover which topics are particularly important for both cohorts, in order to place a greater focus on them.

Effects of group composition

The *effects of group composition* sub-theme analysed the group setting, arrangements and size, as well as the benefits and issues of mixing drink and drug drivers into one intervention. This sub-theme evaluates the experiences of practitioners and participants to find out which stigmas, if there are any, prevail in the intervention groups, between drink drivers and drug drivers.

The mixing of drink drivers and drug drivers can lead to benefits as well as issues. Most practitioners and participants did not encounter judgement or significant issues with mixing people on probation who were drink driving or drug driving, they expressed that they went into the programme with an open mind. Practitioners also avoided to discuss the offences of participants in the group settings, to ensure a neutral and non-judgemental environment. Nevertheless, tension between drink and drug driving cohorts was still experienced, indicating potential concerns regarding stigmas like “us versus them”, which should be taken into account. Mixing individuals creates a complex situation which was sometimes even found to distract from the actual intervention goals. The challenge of mixing cohorts was observed when several participants shared that they felt isolated at first and did not participate as much in the beginning. However, both cohorts realised that, even with different experiences or offending histories, they were in alike situations. Both cohorts

seemed like they did not see themselves as major criminals, but they accepted their offences and the intervention. Thus, they felt more like equals who made mistakes, but that this was not the end, which helped participants to perceive the programme more positively.

Additionally, participants were able to open up and even offload stress among each other, through genuine perceived understanding. This in turn made them feel genuinely heard and improved their confidence to speak more comfortable with each other. The practitioners said that participants were able to support and encourage each other in terms of sharing feelings, answering each other's questions and learning from each other's encounters. Participants voiced that they perceived listening to other participants as "100% positive" because it helped them to understand that they were not the "victim", as some of them thought in the beginning of the programme.

Mixed opinions regarding group compositions were mentioned: "...cross generational, cross gender, cross age, so the demographic of the group is quite different. And sometimes that changes the dynamic within the room, especially around being open to learning..." (Practitioner 009). Lightbulb moments were seen in various individuals and groups within a room, regardless from their demographics or changed dynamics, which can indicate the openness to learning. Furthermore, practitioners said that they had to be aware of more talkative individuals who might take advantage of the group. It seemed to have occurred before that participants tried to convince others forcefully of their opinion: "...when we're looking kind of like alpha male sort of groups and that's challenging..." (Practitioner 010), this type of behaviour was not encouraged by Stepwise Driving. Practitioners voiced that they encountered participants before who tried to take advantage of the group or other participants, trying to get them on their side, which needs to be prevented. Group composition particularly mattered when men and women participated in a mixed group. It was reported that men benefitted seeing women also attend such interventions. Men's and most women's

engagement was improved, and they perceived the group setting as more open, thus they were able to express their views without hesitation. However, it was said that some women benefitted less from the mixing. They choose to participate in the one-on-one session format and voiced that they would not have felt comfortable in a mixed group setting, except when the mixed group was relatively small or female practitioners were present.

Issues also arose when groups did not have an appropriate size. Even though large groups make it easier to have discussions, they also make it on the one hand more complicated to involve everyone equally and on the other hand it was voiced that they decreased participants engagement. It was found that participants often seemed to get along better, have more meaningful conversations and engage more in smaller groups of 5 or 7 instead of 10 to 15. Individuals felt less concerned, intimidated and embarrassed, and more comfortable joining a group and sharing their personal experiences. Additionally, no one was left behind and the environment was perceived as safe, since individuals did not try to push each other to make fun of the programme, as perceived in larger groups. Moreover, struggling with anxiety, depression or other mental health issues in general was said to be a concern where group size mattered. Those types of participants often reject group settings, due to personal issues or prior bad experiences (at school). However, participants anxiety regarding attending a group alleviated and they settled often when they were able to join smaller groups of only 2 or 3 participants.

Meaningful relevance to both cohorts

Meaningful relevance to both cohorts as sub-theme captures how relevant the intervention content was for drink drivers and drug drivers and how both cohorts engaged during the sessions. Stepwise Driving intended to balance the drink and drug information to become a mixed intervention, with an equal emphasis on both sides and a focus on safe driving.

At the beginning of the mixed intervention several participants voiced that they thought the programme had no relevance to or benefits for them. However, over time, both cohorts seemed to find meaning in the provided mixed information. They seemed to listen to all information and voiced that they started to realise that the content of Stepwise Driving did indeed seem to be relevant for most of them, regardless of offence:

...the cognitive effects that other drugs would have on you as well while driving and the alcohol which affects you again by taking prescription drugs. The way the guys brought it across was really good. To be truthful. It was an eye opener. (Participant 002)

Especially, the prescription drugs were perceived to be relevant and relatable for both cohorts. It was voiced by practitioners and participants that it was important to be aware of prescription drugs, since everyone could take them and often many are not aware of their impacts. Furthermore, the topic peer pressure was perceived by several participants as important and applicable, regardless from their offence type: "It's quite easy to get involved in that and it did get covered within the group" (Participant 006). Many found it difficult to say no to others and were thus easily influenced and pressured by them, which led individuals to get involved in drink and drug driving situations. Speaking about this issue during the programme helped participants understand that they were not the only ones experiencing peer pressure, which in turn improved their knowledge about and coping with it. Moreover, participants, which had experiences with both offences, conveyed that they would like more details regarding medical information, like the consequences of drugs on the body and mind, to understand the damage they cause better.

Some participants engaged less in some sessions and voiced that they did not personally relate to certain content that was not applicable to them, due to their offence type. In such cases practitioners and participants agreed that practitioners have the responsibility to

try and engage participants, for example through empowering: “Empowering. And I think it's much more effective for any change process. You don't get as much resistance because it is about people feel respected about being thought about as an individual, as a whole person” (Practitioner 001). Empowering was also important since drink and drug driving was discussed to be an offence that everyone could easily commit without the right knowledge. In addition, to keep participants interested in sessions that did not directly relate to them or their offence, practitioners tried to relate specific drink or drug information to broader topics like decision-making or risk-taking. This action was taken to put information into perspective for participants and increase their engagement.

Discussion

Stepwise Driving is the first intervention regarding mixing drink and drug driving; thus, it was necessary to evaluate its benefits as well as issues regarding mixing these two cohorts into one intervention. This study gives an overview of the implementation of the Stepwise Driving and how the intervention impacted people on probation and practitioners. The individuals interviewed highlighted the positive aspects of the group delivery and the open and safe communication during the programme. Sharing experiences and learning together improved participants knowledge in terms of dealing with obstacles differently in the future and understanding consequences of certain actions. The educational approach included information that were applicable to several individuals. The programme content, materials and their implementations were widely seen as helpful and interesting. However, there is a need for adjustments regarding the programme's length, since it was considered insufficient in terms of requiring additional information and sessions. Also, adjusted materials, particularly less stereotypical and higher-quality clips were requested alongside more materials for visualization of information. Moreover, it is essential to give greater consideration to appropriate referrals to the programme when assessing potential participants.

It was perceived that people on probation were assigned to the intervention without considering their needs. With the future improvement of Stepwise Driving, it can be considered as a useful addition to the probation service and a temporal replacement for the Drink Impaired Drivers (DID) programme, for low-risk cases.

Mixing drink and drug driving

Drinking alcohol and taking other drugs are commonly used and mixed nowadays, so most participants did not experience judgement between these cohorts. Participants perceived each other as equals and communicated respectfully and friendly with each other. Additionally, they felt comfortable to share their experiences and stories in the groups and listened to and learned from one another. However, in some groups with both cohorts, tension was experienced from time to time. In cases of tension, it was mentioned that practitioners had the responsibility to proactively mediate the situations and keep control of the groups. Research suggests that practitioners could design a protocol on how to handle interruptions or various tension filled situations (Shamekhi et al., 2018). It might be beneficial to follow a consistent framework with the option of tailoring for different situations, to meet individual needs. Additionally, such protocols could include how to sense disengagements or conflicts, how to get participants attention back or how to enforce structure in an appropriate and ethical way (Shamekhi et al., 2018). Furthermore, practitioners could plan ahead and schedule enough time for potential disputes. During a dispute a skill called *sensing* where one practitioner listens to the surface reactions of the individuals involved in the dispute, while the co-practitioner focuses on the underlying information might be beneficial as well. This type of silent observation can help to identify unspoken needs of participants and help to mediate difficult situations more efficiently (Fierro, 2016).

Educational approach

Stepwise Driving attempted to educate individuals about information around drink and drug driving, which was broadly effective. Participants knowledge was refreshed and expanded, which helped them to improve their decision-making process and make better choices (Alvaro et al., 2018). Practitioners also learned new information together with the participants, since much information was not seen as common knowledge by both sides. Learning together helped participants to feel more equal and less in a punishable dynamic, which in turn helped them to engage more into the education process (Bolitho & Bruce, 2017).

Even though Stepwise Driving was working for most participants, it became evident that the educational approach alone was not sufficient for every individual. The approach did not work as well when participants, who were not directly targeted by the intervention, took part. Participants who, for example, offended multiple times or had a medium to high-risk of reoffending, might need additional tools, skills or strategies to make necessary informed decisions. Hence, they might not benefit from a solely educational approach and could be referred to another intervention. Stepwise driving could also either maintain the educational approach as it is or be adjusted accordingly. Cognitive-behavioural therapy (CBT) could, for example, be used in addition to education. CBT can be adapted to a range of people on probation and anger control or role-playing exercises, for example, could be added to meet a broader range of participants' needs (Lipsey et al., 2007).

Appropriate referrals

The individuals that participate in Stepwise Driving need to be appropriately assessed to ensure that the programme meets the participants needs. The intervention was designed for low-risk individuals which committed a drink or drug driving offence (or both). Thus, the intervention might not be suitable for individuals with more complex treatment needs, such as medium or high-risk individuals. According to the risk principle of the Risk-Need-

Responsivity (RNR) model for example, the level of the service needs to match the level of risk for recidivism from the person on probation. Since Stepwise Driving is a low intensity service, the individuals should be low risk as well (Bonta, 2023; Bonta & Andrews, 2007). Non-adherence to this principle could result in mixing people on probation with varying risk assessments. Since low-risk individuals tend to exhibit more pro-social behaviours than high-risk individuals, such mixing might lead to low-risk individuals getting “educated” in anti-social behaviours and developing antisocial thoughts, which could lead to an increased likelihood of recidivism (Latessa & Lowenkamp, 2006; Viglione, 2018). Furthermore, individuals that repeatedly commit low-risk offences might also not be suitable to participate, since they might not gain enough efficient information from the educational intervention to change their attitudes or decision-making process, away from offending. Such individuals might display antisocial personality patterns in form of impulsive or irritable behaviours which could be targeted by an intervention focused on behaviour change that provides self-management skills or anger management (Corace & Garber, 2014). Moreover, according to practitioners, individuals that experience predominant challenges like PTSD, addictions or similar issues should focus on them first and after that on their potential driving offence. They might need to go on other programmes or to therapy first to deal with such major issues, since Stepwise Driving is not designed for such individuals and challenges (Bilici et al., 2017). Thus, such individuals do not fit the current Stepwise Driving intervention. Individuals could either be referred to different programmes which include such information or Stepwise Driving could add said exercises and a focus on behaviour change, to help such individuals (Bonta & Andrews, 2007; Corace & Garber, 2014). If Stepwise Driving does not adjust to such participants, consequently a large group of people on probation might need to be excluded, due to different expectations in treatment effectiveness (Schmidt et al., 2014).

Adaptations

Several different training methods were used to prepare and train participants for the delivery of Stepwise Driving. Such methods included walking through the delivery and discuss with other practitioners the content and how to deliver most efficiently. The locations with different in-depth methods were perceived to be particularly effective (Viglione et al., 2020). Such methods improved practitioners' confidence and knowledge regarding delivering the intervention. Especially, the delivery together with a co-practitioner was perceived as beneficial (Viglione et al., 2020). The more experienced practitioners supported the new and less experienced practitioners by helping them to improve their skill sets, while less experienced practitioners introduced new perspectives.

Many practitioners mentioned that they adapted or adjusted the programme, beyond the manual and the training, based on their or participants needs. It is important to keep participants and practitioners needs in mind without changing the overall intervention, to keep its quality and reliability (Andrews & Redmond, 2004). Some practitioners for example helped participants who struggled due to their education or reading and writing limitations, they supported them and focused on oral discussions (Arts et al., 2016). While this might help some participants, it could also decrease others engagement if writing, for example, is easier for them than talking. In addition, some groups were guided differently due to the usage of materials that were not suggested by Stepwise Driving, such as flip charts, which were not used by all practitioners. These differences could lead to inconsistencies in knowledge and compromise the overall effectiveness of the intervention (Arts et al., 2016; Platt et al., 2016). It is important to focus on everyone's strengths and needs, while also following the guidelines consistently and only making adjustments, if necessary, in an equitable way, for everyone (Arts et al., 2016).

The materials were mostly perceived as beneficial, they fitted different learning styles and needs, in diverse ways. The video clips for example helped practitioners to explain the

information and guide group discussions, while participants learned visualized, applicable and simplified information (Asogwa et al., 2020; Dangoro et al., 2023). However, some video clips were perceived as condescending and not applicable. Thus, more diverse video clips, away from stereotypes could improve the clips relatability and participants attitude towards them (Dangoro et al., 2023; Pietri et al., 2020). Furthermore, due to technical issues it might be more efficient to offer CD's, DVD's or USB-flash drives including the clips to avoid internet reliance. Materials like USB-flash drives have the advantage that they are convenient in cases of (Ibrahim et al., 2020). In addition, the audios of the videos might need improvement since practitioners discussed that the content was sometimes too unclear. So called "formal listening tests" can be used to assess the audio quality (Zielinski, 2016). Moreover, additional materials were said would be helpful, such as more quizzes or more background information in the portfolio, to ensure a deeper internalization of the information. Quizzes for example, have the benefits of instant feedback and an improved internalization of knowledge learned (Liu, 2019).

The overall structure of Stepwise Driving was seen as coherent, even though the practitioners did only have a limited amount of time and materials to create the intervention from scratch. More sessions were requested by practitioners and participants, since much information was put into a relatively short timeframe, to give participants more time to internalise the information in an appropriate timeframe and get used to the new environment (Gondolf, 1999). Furthermore, the group sizes should be balanced and neither too small nor too large, to ensure an appropriate number of individuals per intervention. Participants often do not show up or cancel their participation, on the other hand large groups make several participants too uncomfortable to share experiences and engage in the programme (Khoshbakht et al., 2020).

Key recommendations

A number of preliminary findings have been obtained through interviewing practitioners and participants involved in Stepwise Driving and these findings have been used to generate a list of recommendations for future iterations. Additionally, these findings and recommendations have been mapped onto the four themes identified in the interviews and are reported below. However, this list is not exhaustive, and further findings and recommendations are anticipated via discussion and reflection amongst the wider probation service in England and Wales.

Mixing individuals with drink driving offences and drug driving offences in one intervention did not display any significant issues currently. However, due to the intervention's novelty careful monitoring of any potential changes regarding occurring issues between both cohorts might be beneficial (Fulcher et al., 2014). If situations with tension were perceived between the groups, practitioners could interfere appropriately, mediate between them and engage them back into the programme content. To improve this process and help practitioners work more efficiently they might benefit from using pre-prepared protocols on how to handle difficult situations (Shamekhi et al., 2018).

Overall, the educational approach of the intervention was perceived as effective for most participants. However, some individuals seemed to need additional information regarding specific behaviour change through coping strategies or stress management. Knowledge alone might not meet everybody's needs efficiently (Arlinghaus & Johnston, 2017). Stepwise Driving could either stay an educational intervention or add behavioural approaches. This could mean that the programme might need an extension with additional sessions to accommodate additional information and help individuals to internalize the information easier and deeper (Faller et al., 2013). Furthermore, it was mentioned that a longer intervention would help participants to become more comfortable over time and build better relationships with practitioners or other participants (Gondolf, 1999). Nevertheless, if

Stepwise Driving should decide to use only the educational approach, individuals with medium- or high-risk assessments or with multiple low-risk offences might not be suitable for the intervention, due to their different needs (Bonta, 2023; Bonta & Andrews, 2007).

Additionally, individuals with issues like addictions might also not be recommendable for Stepwise Driving. They might need to work on their more pressing issues first, before focusing on their driving offence(s) (Bonta & Andrews, 2007). Therefore, the intervention requires either the addition of information regarding addictions or skill exercises, or such people should not be referred to the intervention, since it might not meet their individual needs (Bonta, 2023; Viglione, 2018).

Moreover, when making adaptations to the programme it is important to consider balancing consistency with innovation. To ensure the interventions quality and reliability, it might be valuable to add materials, however, large changes regarding content should be avoided to ensure consistent knowledge (Andrews & Redmond, 2004; Arts et al., 2016; Platt et al., 2016). In addition, most video clips in Stepwise Driving were considered beneficial, since they facilitated the delivery and teaching of information for participants. Yet, some clips were perceived as condescending, which should be avoided to prevent harm maintain participant engagement. Adjustments may be needed (His Majesty's Prison and Probation Service Crown, 2020; Lee et al., 2022). Moreover, the training practitioners receive before delivering Stepwise Driving seemed to differ unintentionally. Individuals in different locations received different training methods to prepare themselves for the intervention delivery. The aim was to improve practitioners' confidence and enhance their knowledge, for effective information delivery (Viglione et al., 2020). Ensuring consistent and high-quality training across all locations may require adjustments.

Limitations

Some limitations need to be addressed and considered in this study. The evaluation of Stepwise Driving was conducted through flexible and in-depth semi-structured interviews. They provided rich and detailed information and are helpful for understanding individuals unique and subjective perspectives. However, since the results of this study are based on the self-reports and perceptions of people on probation and practitioner's, generalisability, reliability and accuracy of provided information can be impacted. The results might not be completely generalisable yet, due to the intervention's novelty. There are no inferential statistics backing the study up, thus the results might not be generalisable to other practitioners or people on probation (Povee & Roberts, 2014). In addition, since the number of individuals that delivered or completed Stepwise Driving and had an in-depth understanding of the needed information was limited, purposive sampling was used to select study participants. Individuals who are still training to deliver Stepwise Driving or are in the middle of completing it were excluded, since they did not meet the inclusion criteria. They were not able to contribute, however, other individuals participated voluntarily and were perceived as being interested and motivated to contribute their knowledge appropriately (Campbell et al., 2020).

Moreover, the self-reports were conducted through video and audio for practitioner and via audio for participants. The addition of video with practitioners had the advantage that the interviewers were able to see their facial expressions and body language, while they could only hear participant's voice. The video provides a richer and more accurate communication since individuals can see each other's reactions, which can lead to a comprehensive and meaningful conversation (Heiselberg & Stępińska, 2022; Zaadnoordijk & Cusack, 2022). The voice conversation which made it easier and more convenient to reach participants made it however, impossible to focus on non-verbal cues, which in turn can influence the results of the interviews and their reliability. Participants answers might be misunderstood or

misinterpreted, for example through insufficient audio quality or unclear speaking, which could lead to a communication breakdown. Practitioners and people on probation should carefully listen to each other and speak clearly, to address those issues (Farooq, 2015; Gray et al., 2020; Zaadnoordijk & Cusack, 2022).

A related limitation is that several of the interviews did not take place right after finishing the programme but an uncertain duration afterwards, which might have led to memory limitations. Multiple people on probation and practitioners could not remember everything of the programme and their experiences in detail. The time leap could have led to inaccuracies, omissions or reconstructions of information which in turn could have affected interview participants reliability in regard to the information and answers they gave.

Interviews should be conducted shortly after an event occurred, to ensure reliable answers from participants. If this is not possible due to, for example, scheduling issues, interviewers could address this by carefully considering their selection of questions they are using during the interviews, as was done in this study. Before the interviews of this study took place, the interviewers reviewed the questionnaires, they simplified difficult questions and clarified ambiguous phrasings, to ensure accurate participant answers (Dockrell, 2004; Flin et al., 1992).

It should also be considered that most participants that were willing to participate in the interviewing process of evaluating Stepwise Driving were on the programme because of drink driving. This provided many information and feedback regarding the drink driving content; however, a limited amount of information and experiences were given by participants that attended because of drug driving (Brenner et al., 1996). Thus, the underrepresentation of the drug driving cohort might have prevented the completeness of information and reinforced misconceptions in terms of participants needs (Bungay et al., 2015). To avoid this, further research might be needed.

Conclusion

The present study investigated practitioners and participants perceptions of Stepwise Driving. Overall, the study demonstrated that the combination of individuals with drink and drug driving offences might need careful monitoring. Currently no significant issues have been identified, however, the possibility of potential future concerns should be considered. Additionally, due to the limited number of participants with drug driving offences in this study, it would be beneficial to gather more information from their perspectives. In addition, the educational approach seemed to be mostly effective, but not for all participants. Therefore, Stepwise Driving may need to make the intervention more applicable to a more complex participant group or consider limiting attendance to an intended target population. Furthermore, appropriate participants should be allocated to Stepwise Driving. Individuals with challenges like addictions should potentially not be allocated to the intervention since they might benefit more from addressing their addiction first to avoid impairment. Moreover, the training quality of practitioners varies currently in different locations, thus high performing areas could share their approach with other areas to increase quality throughout the service. However, due to the interventions novelty further research is necessary.

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Appendix A

The Offender Group Reconviction Scale (OGRS)

The Offender Group Reconviction Scale (OGRS) is a risk assessment tool which can be used to measure a predictor score of reoffending for any recordable offence within two years of sentencing. However, the scores cannot be calculated for individuals who do not have any previous convictions. The scale and score estimate the probability that offenders will re-offend and be reconvicted or get a last warning within the period of two years after their release. The score is based on offenders' history of offending and includes six (demographic) variables such as age, gender, criminal history and type of offence, without using clinical judgement. Reliability estimates of ratings are not necessary since all ratings are identical, but they have high levels of predictive validity. OGRS score of 0% to 49% shows a low risk of reoffending, individuals with 50% to 74% have a medium risk and a score from 75% to 99% means a high-risk of reoffending (Wright, 2013). The scores can be used to report background information in reports and inform the court for example, to support them in giving an appropriate sentence to the offenders. They can be helpful if dynamic risk assessment tools like the offender assessment system (OASys) or asset are not available (Copas & Marshall, 1998; Howard et al., 2009).

Appendix B

Rehabilitation activity requirement (RAR)

The Rehabilitation activity requirement (RAR) grants offender managers increased flexibility to determine rehabilitative interventions and activities provided for offenders. The maximum number of days to be completed by the offenders can be specified by sentencers (court or probation officers). RAR can vary in duration between one hour to a whole day, depending on the nature of the session (Robinson & Dominey, 2019). RAR should match the resources available in that area and meet the needs of individuals under supervision. They can additionally be accompanied by curfews, unpaid work hours or a fine also called punitive requirement (Robinson, 2018).

Appendix C

Accredited Programmes

AcPs requirements are available as a sentence of the Court under the Criminal Justice Act 2003. Accredited Programmes (AcP) receive their accreditation by the Correctional Service Accreditation and Advice Panel (CSAAP), an international and independent panel of subject matter experts, which oversees the development, evaluation and approval of programmes. Programmes vary in length and complexity and are targeted according to risk and need, for people assessed as medium or high risk of offending. They have significant impact through assessing, reducing and managing risks, while also managing offenders through their sentence. In addition, they focus on effective risk management, targeting offending behaviour or relevance to offenders' learning style (Annison, 2006). Furthermore, programmes target a range of criminogenic needs including sexual offending, violence, intimate partner violence, substance misuse, general offending, extremism and gangs. Thus, it is necessary that the right programme is delivered to the right person at the right time and in the right way. To reduce re-offending, it is important that management issues such as a supporting environment are addressed, and appropriate staff is selected, trained and supervised (National Offender Management Service, 2013).

Appendix D

Verbal consent form for the practitioners of Stepwise Driving

Introduction: Hello, my name is Rebecca Woolford. I am the Research and Evaluation Manager for the Probation Reform Programme at Her Majesty's Prison and Probation Service.

Hi, my name is Katharina. I am a MSc student for the University of Twente studying Conflict, Risk and Safety Psychology.

We will be conducting the interview with you today.

- **Project details and aim: Project details and aim:** I want to investigate the implementation of the structured intervention stepwise driving into the probation service. Specifically, this study aims to examine the potential of stepwise driving to:
 - challenge unhelpful attitudes towards drink or drug driving
 - and to help promote safe driving.
- **Interviews:** I will have a conversation with you for one hour either by [telephone or video conference] where I will ask a range of questions about your views and experiences of delivering stepwise driving; what did you think worked well and what needs to be improved.

Today's conversation will be about your experiences of delivering the stepwise driving program. We will ask you a range of questions from your professional opinion on what worked well and what needs to be improved with Stepwise Driving. There are no right or

wrong answers to the questions. You can talk as much or little as you want to. The conversation will take approximately 40 minutes.

- **Audio recording:** With your permission, we would like to make an audio recording using a Dictaphone of our discussion to make sure I'm getting an accurate record of the interview. The audio recording will be sent to an official transcript company and then I will delete the audio from the device.

[Instead of recording you, I can take notes in my notebook].

OR [Instead of recording you, Katharina can take notes in her notebook, while I ask you the questions].

- **Data storage:** I will store your interview transcript safely and confidentially on the probation service network. The interview transcript will be kept for 5 years after academic publication.
- **Identifiable:** Pseudo-names will be used in the internal report and academic publication. For example, participant 001, 002 and 003. The risk of identifying you in the internal report and academic publication is minimal as I will only use extracts or quotes in the findings. For example, we will remove names / office locations and throughout any reports we will only reference "a probation service in England and Wales."

Confidentiality: Your interview answers will be kept confidential and anonymous. Confidentiality will only be breached if you disclose that you are going to put yourself or others at risk.

- **Risks:** There are only minimal risks involved in taking part in the interviews due to the subject area of violence and anger. In order to reduce any potential risks, you can choose whether to answer a question or not, pause for a break or stop the interview all together.
- **Rights:** You don't have to take part; you can ask me any questions you want before or throughout; you can also withdraw at any stage of the interview without giving a reason

and without it impacting your job or future invitations to take part in research. After the interview you can withdraw your information/ data until (31/12/2022).

- **Publication plans:** The project will be published in an internal report and in an academic journal.

Audio recording start

	Tick
1). Do you agree to take part?	
2). Do you give your permission for me to audio record your interview?	
3). Do you have any further questions?	

Ok, thanks, let's start.

Appendix E

Verbal consent form for the people on probation

Introduction: Hello, my name is Rebecca Woolford. I am the Research and Evaluation Manager for the Probation Reform Programme at Her Majesty's Prison and Probation Service.

Hi, my name is Katharina. I am a MSc student for the University of Twente studying Conflict, Risk and Safety Psychology.

- **Project details and aim:** I want to investigate the implementation of the structured intervention stepwise driving into the probation service. Specifically, this study aims to examine the potential of stepwise driving to:
 - challenge unhelpful attitudes towards drink or drug driving
 - and to help promote safe driving.
- **Interviews:** I will have a conversation with you for one hour either by [telephone or video conference] where I will ask a range of questions about your views and experiences of participating in stepwise driving; what did you think worked well and what needs to be improved.

Today's conversation will be about your experiences of the stepwise driving program. We will ask you some questions about your views and experiences of what you liked or disliked about the programme. There are no right or wrong answers to the questions. You can talk as much or little as you want to. The conversation will take approximately 20 to 30 minutes.

- **Audio recording:** With your permission, we would like to audio record our conversation to make sure we have an accurate reflection of our conversation today. We will let you know when we start and stop the recording. The audio recording will be sent to an official transcript company and then I will delete the audio from the device.

[Instead of recording you, I can take notes in my notebook].

As we are going to take notes, Rebecca will ask you the questions during this conversation and Katharina is going to take notes.

- **Data storage:** I will store your interview transcript safely and confidentially on the probation service network. The interview transcript will be kept for 5 years after academic publication.
- **Identifiable:** Pseudo-names will be used in the internal report and academic publication. For example, participant 001, 002 and 003.

We will make sure you cannot be identified in our written report, no one will be able to know which answers you gave, because names and office locations will be deleted. Fake names and numbers, such as participant number 001, 005, 009 will be used instead.
- The risk of identifying you in the internal report and academic publication is minimal as I will only use extracts or quotes in the findings.
- **Confidentiality:** Your interview answers will be kept confidential and anonymous. Confidentiality will only be breached if you disclose that you are going to put yourself or others at risk.
- **Risks:** There are only minimal risks involved in taking part in the interviews due to the subject area of violence and anger. In order to reduce any potential risks, you can choose whether to answer a question or not, pause for a break or stop the interview all together.
- **Rights:** You don't have to take part; you can ask me any questions you want before or throughout; you can also withdraw at any stage of the interview without giving a reason

without it impacting your probation order or future invitations to take part in research.

After the interview you can withdraw your information/ data until (31/12/2022).

- **Publication plans:** The project will be published in an internal report and in an academic journal.

Audio Recording Starts

	Tick
1). Do you agree to take part?	
2). Do you give your permission for me to audio record our conversation?	
3). Do you have any further questions	

Ok, thanks, let's start.

Appendix F

Semi-structured interview guides for the practitioners or Stepwise Driving

Title of Project: A process evaluation of stepwise driving: a drink and drug driving structured intervention

Interview number:

Place:

Date:

Time:

Researcher:

Duration:

Background Information

Please describe your role in the probation service

- How long have you been working in this role? (additional question if they do not answer it during their role description)

What is or what would you like your area of specialism to be in?

Have you completed core skills or other forms of training?

Approximately how many times have you delivered stepwise driving?

What delivery format have you used while delivering stepwise driving?

[1:1/group, F2F/ remote] and what would be your preference in delivery format?

Have you delivered other structured interventions to people that have needed help with drink or drug driving?

Training

- How well did the training prepare you for delivering stepwise driving?
- What went especially well during the training? / What was especially positive while having the training?
- How could the training be improved for stepwise driving?
- Would you require any additional training needs for delivering stepwise driving?

Perceptions of delivering stepwise driving

- Post training what were your initial impressions about stepwise driving?
 - *What did you think worked well? / What did you think did not work well? -> What did you think was effective? / What did you think was not effective?*
 - Was the order of sessions in stepwise driving logical?
 - How user friendly did participants find stepwise driving?
 - Did stepwise driving meet the treatment needs of participants?
 - What sessions did you enjoy delivering and why?
 - What sessions did you find difficult to deliver and why?
 - Were there any particular sessions that you found to be most impactful/helpful for participants and why?
 - Were there any particular sessions that you found to be least impactful/helpful for participants and why?
 - How would you improve stepwise driving?
- What support networks have been available to you during the delivery of stepwise driving?
- What informal / formal networks have been available to you before, during and after the delivery of stepwise driving?
 - *Management support networks*

- *Co-delivery support*
- *Therapist/Counselor*

What support networks / social contacts would have been helpful, or would you like to have access to now or in the future, regarding interventions/projects?

Are the timings for planning, delivery and follow up sufficient for stepwise driving?

How have you delivered stepwise driving to participants?

- 1:1 or group
- f2f or remote

What are the advantages of 1:1 delivery?

What are the disadvantages of 1:1 delivery?

What are the advantages of group delivery?

What are the disadvantages of group delivery?

What are the advantages of F2F delivery?

What are the disadvantages of F2F delivery?

What are the advantages of remote delivery?

What are the disadvantages of remote delivery?

Core threads in structured interventions

Did stepwise driving adopt a strengths-based approach? If yes/ no, please explain your answer.

The use of digital media clips in stepwise driving

What did you think of the digital clips in stepwise driving?

- *What digital clip did you like delivering and why?*
- *What digital clip did you not like delivering and why?*

Did the digital clips help you deliver stepwise driving for participants with different learning styles?

Did participants relate to the content or scenarios within the digital media clips?

Did the digital content meet the individual needs of participants?

How can we improve the digital clips in stepwise driving?

Mixing the intervention with people who have drink or drug driving convictions?

What were your first impressions of delivering a programme that mixed both drink or drug driving convictions?

Did these expectations change over the course of the programme?

How did participants who had a drink driving offence relate to drug related sessions?

How did participants who had a drug driving offence relate to drink related sessions?

Do you foresee any risk of mixing a drink and drug driving intervention?

In your professional opinion would you recommend this intervention to both drink or drug driving convictions?

Building a professional rapport with participants

Has stepwise driving facilitated the opportunity to build up a professional rapport with participants?

What have been the main obstacles to building a professional rapport with participants?

And how have you attempted to overcome these?

Perceptions of engagement with stepwise driving

To what extent has stepwise driving extended the treatment options available to people on probation?

- How has stepwise driving compared to previous interventions for people on probation?
- What concerns did the participants have when you were talking to them about stepwise driving?
- Were there any benefits for participants attending stepwise driving?
- Were there any negative outcomes for participants attending stepwise driving?
- What do you think the longer-term outcomes might be for participants? [Mental health, reoffending, resilience, self-efficacy]

Ongoing professional development

- Do you feel confident in delivering stepwise driving to participants with identified drink or drug driving?
- Has delivering stepwise driving facilitated the opportunity for ongoing professional development?
- Do you feel that stepwise driving is sufficiently quality assured to ensure a consistent standard of service?

Concluding question

- Overall, how successful do you feel you have been in your delivery of stepwise driving in a probation setting?
- Would you like to deliver stepwise driving again?

Demographics

Now we would like to ask you some personal questions about your demographics.

- 1). Gender: female, male, prefer not to disclose
- 2). Age Category: 18-29, 30-49, 50-69, 70 years or over
- 3). How long have you worked in the probation service?

4). How long have you been a facilitator?

5). Have you delivered DID (accredited driving programme)?

6). Have you delivered any previous driving structured interventions? Yes/No, If, yes what structured intervention

7). What region do you represent?

8.) Did any issues occur regarding mixing drink / drug offence types in Stepwise Driving?

Yes / No

Appendix G

Semi-structured interview guides for the people on probation

Title of Project: A process evaluation of stepwise driving: a drink and drug driving structured intervention

Interview number:

Place:

Date:

Time:

Researcher:

Duration:

Expectations of stepwise driving

- How did you become a participant in stepwise driving?
- Did you complete any work before attending the intervention with your probation officer?

If yes, please describe what you did

- What were your first thoughts of being referred to stepwise driving?
 - Did you have any doubts about attending stepwise driving?
 - What were your assumptions of stepwise driving?
 - Did you foresee any obstacles in attending stepwise driving? (*work commitments, travel to office via public transport*)

Perceptions and experiences of stepwise driving

- What did you think about stepwise driving?

- *What did you think worked well? / What did you think did not work well? -> What did you like? / What did you dislike? How did it work (out) for you / Did you have positive experiences? / Did you have negative experiences?*
 - o How easy to understand did you find stepwise driving?
 - o What specific learning in stepwise driving did you find useful?
 - o What specific learning in stepwise driving did you not find useful?
 - o Did you learn any new skills in stepwise driving? (do we need this question)
 - o Was there a particular session that you found most helpful?
 - o Was there a particular session / content that you found most helpful?
 - o Was there a particular any parts of the programme that you liked?
 - o Was there a particular session / content that you found least helpful?
 - o Was there a particular any parts of the programme that you disliked?
 - o Did you think that stepwise driving met your individual needs?

How was stepwise driving delivered to you?

- 1:1 or group
- f2f or remote

1:1 delivery	Group delivery	F2F delivery	Remote deliver
<input type="checkbox"/> What did you like about 1:1 delivery?	<input type="checkbox"/> What did you like about group delivery?	<input type="checkbox"/> What did you like about F2F delivery?	<input type="checkbox"/> What did you like about remote delivery?
<input type="checkbox"/> What did you dislike about 1:1 delivery?	<input type="checkbox"/> What did you dislike about group delivery?	<input type="checkbox"/> What did you dislike about F2F delivery?	<input type="checkbox"/> What did you dislike about remote delivery?
<input type="checkbox"/> What are your thoughts on	<input type="checkbox"/> Did you find the		<input type="checkbox"/> Did you face any

attending a group
setting?

perceptions and
experiences of other
participants useful?

challenges with
remote delivery?

- Would you say that you benefited from participating in stepwise driving?
- How could we improve stepwise driving?
- Would you recommend stepwise driving to a peer that was struggling to manage their thinking behaviour about [drink or drug] driving?
- Overall, how did you find participating in stepwise driving?

The use of digital media clips in stepwise driving

- What did you think of the digital clips in stepwise driving?*
 - *What digital clip did you like and why?*
 - *What digital clip did you not like and why?*
- Did the digital clips helped you understand the learning from stepwise driving?*
- Did you relate to the content or scenarios within the digital media clips?*
- Did you feel that the digital content was inclusive to your individual needs?*
- How can we improve the digital clips in stepwise driving?*

Mixing the content of the intervention to include information about drink or drug driving

- Did you know that the programme would look at both drink and drug driving?
- What are your thoughts on a programme that has both drink and drug driving content?
- Did these thoughts change as you went through stepwise driving?
- What were your thoughts on the drug related sessions?

- What were your thoughts on the drink related sessions?
- In the future, would you like to see separate programmes for drink or drug driving? Please explain your answer

Real life application of stepwise driving

- Would stepwise driving help you to handle challenging situations in the future?
- Is there anything that you would still struggle with post completing stepwise driving?
- Did stepwise driving have a therapeutic impact?
 - coping strategies / improving confidence / managing stress etc.
- Did stepwise driving have a wider impact?
 - relationships / mental health etc.

Perceptions and experiences of facilitators delivering stepwise driving

- Did you feel welcomed by facilitators delivering stepwise driving?
- Did you feel supported by the facilitators delivering stepwise driving?
- Did you think the facilitators were knowledgeable about stepwise driving?
- What else could the facilitators do to improve stepwise driving?

Feelings towards continuing probation order

- What positive changes have made a difference to your life so far?
- What are your future hopes?
 - aims, plans or achievements
- Is there anything you would like to add before we end the conversation on Stepwise driving today?

OR

We want to understand how you have found taking part in our conversation today.

- What did we do well?
- How can we improve?
- What are your plans for the rest of the day?
- Is there anything you would like to add before we end the conversation on Stepwise driving today?

We are now going to end the audio recording OR stop taking notes.

We would just like to thank you for taking the time to come and speak to us today about Stepwise Driving. You have taken the time voluntarily to come and talk about your experiences which we really appreciate. Everything we have discussed today will be really useful in providing recommendations for Stepwise Driving and will improve the course for other people in the future. What are your plans for the rest of the day? We wish you all the best for the future.