



CORRECTIONAL INTERVENTION PROGRAMS

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Efforts to change deviant behavior in correctional facilities date back to the 1800s, when Jacksonians created institutions to reorganize wayward and deviant behaviors (Hogan et al., 2012). Correctional interventions mostly involve group treatment along with group exercises. Science supports the evolution and changes that occur in small group settings (Glick & Prince, 2016). When offenders are grouped together with a common purpose, this helps the

rehabilitative process. The success of group therapy is due in part to the interactions and developments that occur when practitioners put inmates together with common goals and purposes (Glick & Prince, 2016). This enables incarcerated individuals to learn from one another; these behaviors that would be learned from one another in a group setting should be positive behaviors which will aid in the rehabilitation process. Correctional



treatment yields the largest reductions in criminal behavior when it is provided to the highest risk offenders (Skeem & Polaschek, 2020).

According to Folk et. al (2016), a treatment target that is increasingly used to reduce recidivism risk in general population incarcerated individuals is critical thinking. Criminal thinking is the attitudes, beliefs, and rationalizations that

an offender may use to rationalize criminal behaviors. This supports criminal actions before, during, and after the offense occurs. Criminal thinking can be reduced through the intervention process that can happen in a correctional facility. The National Institute of Corrections promotes thinking for a change as a group intervention, which focuses on cognitive restructuring, social skills training, and problem solving (Folk et. al., 2016).

Group Treatment in Corrections

A group is a microcosm of society in that groups offer vicarious learning and support purposes (Glick & Prince, 2016). Some individuals feel comfortable in a small group, and some do not at first. Group therapy can be a great learning and rehabilitative experience for all that are involved in the process. According to Glick & Prince (2016), despite the variety of goals or purposes, group therapy may have one thing that remains true: a group as a whole is paramount to the success in achieving the goals that individual members may have in the rehabilitation process.

The study of group operations is called group dynamics. This can be defined as the interactions between group members that influence their attitudes and behaviors when they are put together in a group purpose (Glick & Prince, 2016). When groups are facilitated, members of the groups will take on different roles within the dynamics of the group. According to Glick & Prince (2016), the roles of group members will be: interrogator, follower, gatekeeper, harmonizer, scapegoat, storyteller, isolate, and energizer. It is an important part of the process to have these roles within a group; it will assist the rehabilitation process.

Group treatment can be an issue within the correctional facility because of a variety of reasons. These challenges include budgetary

constraints, understaffing, or incarcerated individuals who are on restrictive movements within a facility due to behavioral issues. The attitude about difficult clients is important because a number of these characteristics such as hostility, poor motivation, and poor learning are not indicators that the client is unsuitable for treatment programs (Skeem & Polaschek, 2020). Behavioral issues prevent incarcerated individuals from participating in group treatment programs and proposes the question of, what should the process be for treatment programs of inmates who are on administrative segregation status. To reach incarcerated individuals who are in restrictive or segregated housing with mental health issues, some correctional facilities will use therapeutic cubicles such as phone booth size barred cells arrayed to permit a number of incarcerated individuals to participate in a group intervention while remaining safe from other incarcerated individuals and staff (Folk et. al., 2016).

Correctional Treatment Programs

One intervention that is designed for incarcerated individuals who are in restrictive housing and that targets criminal thinking is "Escaping the Cage." According to Folk et. al (2016), this is a self-directed intervention that is aimed at maximizing adaptive behaviors so that individuals with serious mental illness can return to general population with a decreased risk to themselves and others. This program consists of nine treatment modules with 46 handout worksheets, which incarcerated individuals complete independently. Mental health clinicians provide feedback on these assignments and discuss challenges or areas for growth. Criminal thinking is the target of the Escaping the Cage program, but not the primary focus of this type of intervention (Folk et. al., 2016).

Cognitive behavioral and behavioral treatment programs are based on social learning principles. Cognitive skills programs are based on the theoretical premise that the offending behavior is linked to inadequate thinking skills such as interpersonal problem solving, moral reasoning cognitive style, self-control, and perspective talking (Heseltine & Day, 2011). These programs seek to enhance certain skills such as self-control, critical reasoning, problem solving, interpersonal perspective talking, socio moral decision making, and victim awareness (Heseltine & Day, 2011). All of these skill enhancements will help the offender from reoffending upon release and reintegration back into the community. Multimodal programs treat all deficits simultaneously; skill-based programs teach offenders skills that they need to resist antisocial behaviors (Mackenzie, 2005).

During the initial stage, group members should learn and be encouraged to be objective with their thoughts, feelings, and beliefs within the group setting. According to Glick & Prince (2016), the facilitator should model behavior that is open and present to group members and be able to demonstrate their own level of objectivity with regard to group members; objectivity is defined as the ability to entertain information without judgement, blaming, moralizing, making excuses, or reacting.

Treatment programs for offenders have the largest reductions in criminal behavior when they are:

- the target of relatively intensive services toward higher risk offenders, leaving lower risk offenders with little or no therapeutic attention.
- focus treatment services on changing empirically documented risk factors for crime.

- deliver interventions in a manner that maximizes offenders' engagement in the treatment process and ability to use the treatment services to make changes (Skeem & Polaschek, 2020).

One item that is lost through individual interventions is the benefit that comes about from the group process in cognitive behavioral treatment groups (Glick & Prince, 2016). This type of correctional intervention can also change the organizational culture within an institution; many correctional staff feel that their job is to make sure the offender is confined. These types of therapies would give correctional staff another purpose and could help them feel that they have a vested interest in the offender's rehabilitation process.

Correctional Treatment Group Facilitators

The need to control program fidelity and dosage has created a need for remedies to meet the demand for positive interventions; this movement has imposed the role of interventionist on the supervising agents (Glick & Prince, 2016). The style and approach of the facilitator of a group will play a significant part in the development of a group (Glick & Prince, 2016). Some individuals have the ability to lead a group and have the ability to keep a conversation flowing in an appropriate direction, while others may not have this ability; this is an area in which proper training needs to be done.

According to Glick & Prince (2016), the strategic training initiative in supervision model puts the direct line officers receiving intense training and follow up coaching; separate training was developed for supervisors, teaching them how to support and encourage their effective practices in community supervision and trained line staff in developing, maintaining, and applying new

skills. Under these models the role of the supervisor is an interesting role within itself. The supervisor is to implement a particular cognitive behavior invention by doing the following: understand the staff roles in the pilot initially and the program roll out throughout the system, clarifying the role of the supervising agent as an agent of change, maintain staff motivation and enthusiasm for program, and affirming their staff's traits and talents (Glick & Prince, 2016).

The preferred style of a group facilitator is one that blends a following directive style into a structured guiding style that reinforces autonomy while teaching and educating (Glick & Prince, 2016). The facilitator is the person who should be setting the agenda and the goals for the treatment group. According to Glick & Price (2016), a group should have a co-leader and a co-facilitator for many reasons, co-facilitation provides a less myopic view of the groups dynamics that promotes diversity in response to didactic delivery. In corrections, it may not be possible to have a co-leader and a co-facilitator for group interventions due to staffing issues; this is where it is important that incarcerated individuals fill in the proper roles within the group dynamic.

Conclusion

There are many types of correctional intervention programs that can be used within a correctional facility. Group based programs yield the best results for the rehabilitation process for offenders. As mentioned, group programs allow offenders to discuss and learn from one another; the group members will take on various roles within the group setting that will help the group process and retain information from members of the group. High risk and low risk offenders should be involved in correctional intervention programs;

if incarcerated individuals are in administrative segregation, they should still be receiving treatment programs with proper safety being taken into consideration.

The facilitation part of the group setting is key to the success or failure of a group setting; in corrections, there are many issues that can affect the facilitation aspect such as staffing, funding, and program room space. It is crucial to the rehabilitative process in the criminal justice system that these programs be administered in an effective manner. Enabling correctional staff to aid with the correctional intervention process will give staff another purpose then their original duties of making sure the incarcerated individual is confined, it would give staff a vested interest in the success of incarcerated individuals in the preparation for their release back into society. ■

References


- Folk, J. B., Disabato, D. J., Daylor, J. M., Tangney, J. P., Barboza, S., Wilson, J. S., Bonieskie, L., & Holwager, J. (2016). Effectiveness of a self-administered intervention for criminal thinking: Taking a Chance on Change. *Psychological Services, 13*(3), 272–282. <https://doi-org.saintleo.idm.oclc.org/10.1037/ser0000079>
- Glick, B., & Prince, R. (2016). Implementing successful cognitive-behavioral interventions. Civic Research Institute.
- Heseltine, K., Sarre, R., & Day, A. (2011). Prison-based correctional rehabilitation: An overview of intensive interventions for moderate to high-risk offenders. *Trends & Issues in Crime & Criminal Justice, 412*, 1–8.
- Hogan, N. L., Lambert, E. G., & Barton-Bellessa, S. M. (2012). Evaluation of change, an involuntary cognitive program for high-risk inmates. *Journal of Offender Rehabilitation, 51*(6), 370–388.
- Mackenzie, D. L. (2005). The importance of using scientific evidence to make decisions about correctional programming. *Criminology & Public Policy, 4*(2), 249–257. <https://doi-org.saintleo.idm.oclc.org/10.1111/j.1745-9133.2005.00019.x>
- Skeem, J. L., & Polaschek, D. L. L. (2020). High risk, not hopeless: Correctional intervention for people at risk for violence. *Marquette Law Review, 103*(3), 1129–1148.

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