EVALUATION OF A STRESS INOCULATION TRAINING PROGRAM AT AN OHIO MALE CORRECTIONAL INSTITUTION

DISSERTATION

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By

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ABSTRACT

Research clearly shows that many prison inmates are characterized by numerous cognitive and behavioral shortcomings including: (a) inadequate stress coping and problem solving abilities and (b) endorsement of procriminal attitudes and cognitive distortions that allow rationalization of law violations. These deficits have been found to be related to criminal conduct leading to incarceration; if deficits are not corrected during incarceration, the ex-offender remains at high risk for re-offending after release. Thus the purpose of this study was to investigate the efficacy of a stress inoculation training program in addressing these two categories of deficits among a random sample of inmates at an adult male Ohio correctional facility. The goal of this psycho-educational seminar was to help inmates correct criminal thinking distortions, and learn more adaptive coping and problem solving skills. This intervention also focused on relapse prevention to help participants anticipate and cope effectively with lapses, and to generalize attitude and behavior change beyond the confines of the training room. Contrary to expectation, results showed no significant pre to post intervention differences on measures of hardiness, criminal thinking, purpose in life, self control and readiness for change. Possible explanations for this finding and its implications for future correctional programming are discussed.

DEDICATED TO:

Karlene, Andrew and Harrison
"It's All Good"

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"To the ALL that is, the ALL that is not, and the ALL that is in between."

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CHAPTER 1

INTRODUCTION

During the 15 year period from 1980 to 1995, the incarceration rate per 100,000 US adult male and female residents increased from 139 to 411 (Bureau, 2002, table 6.22). By 2002 the incarceration rate was 476 per 100,000 adult residents. The result was a Federal and Sate prison population of 315, 974 detainees in 1980, compared to 1,085,022 detainees in 1995, and 1,440,655 detainees in 2002. If in addition to Federal and State prison inmates, one includes adults on probation, parole and in jail, the numbers dramatically swell to 6,732,400 individuals under correctional supervision at the close of 2002 (Bureau, 2002, table 6.1). It is important to note that these statistics do not include the over 110,000 individuals younger than 18 years old under supervision of the juvenile justice system, as of October 2000 (Harrison & Beck, 2003). Macro level data obscures the overrepresentation of minorities among Federal and State prison detainees (see Table 1).

Expressed in percentages, as of 31 December 2002, about 1.2% of white males 25 – 29 years old were in prison, compared to about 2.4% of Hispanic males, and about 10.4% of African American males in the same age group (Harrison & Beck, 2003). Some caution that massive social disruptions are likely from the incapacitation and eventual release of such large numbers of ex-offenders who are concentrated in already fragile, impoverished inner city communities (Irwin & Austin, 1997; Petersilia, 2003)

Age Group	White	Hispanic	Black
18 – 19	331	1,224	2,865
20 – 24	934	2,382	7,409
25 – 29	1,229	2,394	10,376
30 – 34	1,251	2,409	8,885
35 – 39	1,080	2,060	7,893
40 – 44	691	1,850	4,939
45 – 54	376	1,030	2,344
55 +	96	272	479

Table 1: Incarceration rate per 100,000 residents of each group

1.1. Risk Factors Among Inmates and the Need for Rehabilitation Programming

Besides the racial disparities and the sheer size of the prison population, there is the unfortunate reality that many individuals who enter correctional institutions do so with a variety of deficits, shortcomings and risk factors for continued criminal involvement. For purposes of this study, offender deficits reported in the literature are ordered into six categories:

1) Demographic background factors – long term pattern of criminal involvement, one or both parents involved in criminal activity, growing up in an impoverished environment, child abuse, having a high risk personality profile (Maruna 2001).

2) Educational/vocational deficiencies – anti-education bias, school failure, poor educational achievement, and inadequate job skills (Cheatwood, 1988; Homant, 1984), leading to few legitimate opportunities in the community (Maruna, 2001).

3) Psychological distress – depression, low self esteem (Roundtree, Edwards & Dawson, 1982), anxiety, lack of meaning and purpose in life (Whiddon, 1983), deficits in treatment motivation (Beech & Fisher, 2002; Berkovich, 1995; Howells & Day, 2002), and major mental disorders (Howells & Day, 2002).

4) Drug and alcohol abuse (Maruna, 2001; Peat & Winfree, 1992; Zamble & Porporino 1990).

5) Criminal thinking errors - endorsement of pro-criminal, antisocial sentiments, and association with delinquents or groups that encourage such attitudes (Andrews & Bonta 1994), and rationalizations and cognitive distortions for law violations (Blinn, 1995; Gibbs, 1996; Samenow, 1983; Yochelson & Samenow, 1977).

6) Stress coping and problem solving skills deficits - anger, hostility, impulsivity, and weak of self control (Howells & Day, 2002; Valliant, Ennis & Raven-Brooks, 1995; Wormith 1984), concrete reasoning and lack of social perspective taking (Ross,

Fabiano & Eweles, 1988), deficient social skills (Marshall, Turner & Barbaree, 1989), restricted repertoire of non-violent problem solving, conflict resolution and coping strategies (Sappington 1996).

Offender deficiencies, especially those related to inadequate stress coping and problem solving skills, are particularly problematic. In an 18 month coping study of 133 randomly selected men beginning terms of incarceration in federal prisons in Canada, Zamble & Porporino (1990) found that efforts at resolving ordinary life situations were seldom deliberate, persistent or systematic. Instead problem resolution and coping strategies tended to be sporadic, unplanned, and often included physical confrontation and threats. Not surprisingly these responses were counterproductive and failed to remediate solvable problems or ameliorate unsolvable ones. In fact, Zamble and Porporino (1990) concluded that inappropriate problem solving and coping deficits are "a central cause of the maintenance and repetition of criminal acts, if not their origin" (p 57). In another study by Bornstein, Weingardner, Rycharik, Paul, Naifeh, Sweeney, and Justman (1979), when assertive behavior of state prison inmates was compared with that of men having no criminal record, results demonstrated that while both groups were equally assertive, offenders often assumed that violence was the only available means of conflict resolution. Offenders' behavior was characterized by considerably more aggression in expressing their rights and feelings. Andrews and Bonta (1994) reported that weak self control, along with antisocial personality, and pro criminal attitudes were among the strongest, most consistent correlates of criminal behavior. Wormith (1984) stated that if self control is a necessity for normal personality development and socialization, then "the criminal is often seen as the personification of its absence" (p. 598).

During incarceration, coping and problem solving deficits tend to exacerbate problems encountered in the coercive correctional environment, often leading to institutional misconduct, violence and other forms of antisocial behavior, referred to as prisonization (Homant, 1984; Zamble & Porporino, 1990; Van Voorhis, Cullen & Applegate, 1995). Ortman, (2000) defined prisonization as a subculture of attitudes, values and behavior norms which run counter to institution rules. This creates an unsafe working and living environment for prison staff and inmates alike. Wright (1993) suggested that the lack of tangible goals and unavailability of programming contributes to inmate misconduct. On the other hand, programming adds focus and meaning to

inmates' lives, thus reducing the probability of problems during incarceration. Wright noted that inmates in prison environments with lesser accessibility to self development activities had a greater number of rule violations. Inmates involved in programming, work assignments, classroom activities, or other legitimate behaviors were less likely to spend time idle on the yard or in underground activities, and had a reduced propensity to strike out due to boredom, frustration and tension. DiIulio (1991) reported a strong consensus of anecdotal evidence from correctional practitioners as to the utility of inmate self-improvement programs to smooth day to day prison operation. In particular, DiIulio concluded that programs serve as valuable incentives for good behavior on the part of inmates, which translates into reduced prison violence.

Besides contributing to improved behavior during incarceration, prison programs also have implications for post release behavior. Researchers agree that conditions of ordinary imprisonment generally do not change behavior. Individuals, already ostracized from society after having experienced numerous personal failures, are likely to become more bitter, angry, hateful, and socially maladjusted (Irwin & Austin, 1997). If deficits are uncorrected while under correctional supervision, the ex-offender with limited coping skills, still unable to handle the strains of daily living and working in free society becomes more vulnerable to negative environmental pressure (Gonzalez, Dawkins & Hokanson, 1979; Zamble & Porporino, 1990). Prosocial intentions after release from prison are often sabotaged by impulsivity and limited self control (Wormith, 1984), placing the individual at increased risk for return to deviance and re-arrest (Blinn, 1995; Henning & Frueh, 1996; Zamble & Porporino 1990). In fact, crimes committed by former inmates presents a substantial criminal justice challenge considering that 97% of all prisoners are eventually released or paroled, (Mathias, Mathews, & Sinberg, 1989) and recidivists account for a substantial percentage of crimes (Henning & Frueh, 1996).

Smith (1984) suggests that criminal offenders are themselves aware of the importance of developing good coping skills. In a survey of inmate concerns, he found that detainees had a strong preference for support and the provision of program opportunities to better themselves. While it is illegal to force inmates to attend mandatory rehabilitation programming, except in the case of education programs for those at a grade level below 12, courts have ruled that prisons cannot be operated in a way that hinders inmates' own attempts at rehabilitation (Palmer, 1991b). Finally, availability of rehabilitation programs is consistent with the principle of humane custody.

Based on available evidence, it would seem prudent to provide programming opportunities to reduce inmates' deficits and shortcomings, particularly those related to problem solving and stress coping before return to society. Such efforts would contribute to reduced violence in prison, improved post release behavior, and help break the cycles of repeat incarceration (Irwin & Austin, 1997; Taylor, 1992).

1.2. <u>Correctional Rehabilitation Efforts – Criticisms and Limitations</u>

A variety of programs have been developed to address offender deficiencies. Interventions include: writing skills (Blinn, 1995); academic and vocational education (Gerber & Fritsch, 1996; Roundtree, Edwards & Dawson, 1982; Taylor, 1992); cognitive education (Dugid, 1992; Ross, Fabiano, & Ewles, 1988); moral education (MacPhail, 1989); transcendental meditation (Abrams & Siegel, 1978); self esteem enhancement, 1995; Gonzalez, Dawkins & Hokason, 1979; Roundtree, Edwards & Dawson, 1982); and development of a greater sense of purpose and meaning in life (Whiddon, 1983). Some programs have specifically targeted inmates' lack of ability to cope with the strains of living. These include life skills training (Gendreau, Grant & Leipciger, 1979; Marshall, Turner & Barbaree, 1989); interpersonal skills training and conflict resolution (Bornstein, et al., 1979); self control (Wormith, 1984); and anger management (Smith & Beckner, 1993).

Although studies of correctional programs often report positive findings, the literature remains equivocal. Conflicting, inconsistent research results, coupled with continued high levels of overall recidivism have led to serious questions regarding rehabilitation program effectiveness (Martinson, 1974; Palmer, 1995; Sechrest, White & Brown, 1979). One source of inconsistent research results is methodological deficiencies such as lack of random assignment, control groups, or statistical controls for potential pre-treatment group differences, that make it difficult to rule out alternative explanations (MacKenzie, 2000). A second source of conflicting research results is treatment integrity or poor implementation of programs. Van Voorhis, Cullen, and Applegate (1995) cited programs not well grounded in research theory, or programs with a sound theoretical base but not properly implemented due to inadequately trained program facilitators, poor inmate participant motivation, and/or prison security restrictions that hindered full program participation by inmates. A third factor contributing to conflicting, inconsistent results in the correctional literature is the problem of differing

program goals and outcome measures (Andrews & Kiessling, 1980). Researchers agree that the ultimate goal of prison rehabilitation programs is the reduction of recidivism, i.e., a significant drop in the instance of post release criminal behavior (Andrews & Bonta, 1994). However, as previously discussed, offender deficits fall into several different categories, naturally leading to different interventions, with different outcomes and different measures of program success. For example, programs to address offender depression, poor writing skills, or drug/alcohol abuse education may be considered successful and of great utility, when judged against the respective goals of relieving depression, improving writing skills, or changing attitudes toward addictive behavior, and assessed via paper and pencil measures and observations of inmate behavior while still incarcerated. Nevertheless, it is possible that these programs may be found 'unsuccessful' if measured against the criteria of reduced recidivism after release from prison some time later. Thus the perception that rehabilitation programs do not work, is an inaccurate conclusion given that the original intent of a program may have been something other than recidivism reduction.

In sum, as a product of these three factors (methodological deficiencies in research design; improper program implementation; and a wide range of programs targeting different offender deficits), one can see the potential for inaccurate, conflicting results when such vastly different programs, all labeled "rehabilitation" are included in the different meta analyses and literature reviews, and are all assessed via the sole success criteria of post release recidivism reduction.

1.3. Principles of Effective Correctional Rehabilitation Treatment

Despite methodological deficiencies and organizational challenges in conducting and evaluating research in correctional settings, and the often conflicting results of literature reviews, the overall weight of outcome evidence supports the potency and legitimacy of offender rehabilitation programming in reducing recidivism. Correctional programs found most effective in reducing recidivism are those based on the Risk-Need-Responsivity (RNR) model of offender rehabilitation (Andrews & Bonta, 1994; Andrews, Zinger, Hogue, Bonta, Gendreau, & Cullen, 1990; Antonowicz & Ross, 1994). The risk principle suggests that treatment should be provided to offenders according to risk level, with priority given to offenders at the highest risk of recidivism. The second, need principle, suggests that of the multitude of offender deficits and risk factors, treatment

should focus only on those risk factors, also called criminogenic needs, which are empirically related to reductions in recidivism. In other words, changes in criminogenic needs have been found to be related to changes in the probability of post release recidivism, while changes in non-criminogenic needs are not likely to reduce the probability of recidivism.

According to the responsivity principle of the RNR model, effective correctional programs are presented in a manner consistent with the learning style of offenders. The responsivity principle suggests that the most effective offender programs are structured, focused, and based on social learning, cognitive behavioral principles of interpersonal influence, skill enhancement, and cognitive restructuring. Specific training techniques include behavioral rehearsal, role playing, modeling, detailed verbal guidance and explanations, as well as a focus on training in problem solving, reasoning, self control, and relapse prevention.

1.4. <u>Critique and Extension of the RNR Model</u>

The case for the overall validity and value of the Risk-Need-Responsivity model of offender rehabilitation has been made. Nevertheless, some have critiqued the narrow focus on criminogenic risk reduction, as necessary but not sufficient to offender rehabilitation. Maruna (2001) examined differences between a sample of desisting ex-offenders and a sample of ex-offenders who continued their involvement in criminal pursuits after release from prison. His results suggest that in spite of similarity in post release environmental conditions and criminogenic risk factors, the two groups were clearly differentiated by the self narrative or the internal dialogue they maintained about their lives. Maruna labeled the internal narratives of the desisting ex-offenders a "redemption script," which permitted the individual to make sense of the chaos and shame of past criminal behavior (p. 87). The redemption script allowed the desisting ex-offender to coherently explain his or her current change in behavior, after years of failed attempts, as well as generate a sense of hope regarding the future. On the other hand, the internal narratives of those ex-offenders continuing in criminal behavior were labeled a "condemnation script" (p.75). These individuals saw themselves as "doomed to deviance," victims of circumstances, whose future was predetermined by their past criminal conduct (p. 74). Accordingly Maruna believes that besides the RNR focus on

reducing criminogenic risk factors, a focus on restructuring the offender's internal narrative would enhance rehabilitation and recidivism reduction.

1.5. <u>Summary</u>

Evidence presented thus far suggests that incarcerated offenders are often characterized by a large number of categories of deficits and risk factors including: (1) demographic background factors; (2) educational/vocational deficiencies; (3) psychological distress; (4) drug and alcohol abuse; (5) criminal thinking errors; (6) stress coping and problem solving skills deficits. Despite methodological shortcomings which have lead to conflicting meta analysis results, a review of the literature suggests that the most effective offender rehabilitation programs are those based on the principles of risk, need, and responsivity of the RNR model. Effective programs are characterized by a structured, multifaceted, cognitive behavioral approach. In working with correctional populations, the RNR model also highlights that it is essential to also target criminal thinking errors if one expects a reduction in the probability of recidivism. Thus in addition to a focus on stress coping and problem solving deficits, this study also addressed criminal thinking errors. Additional research suggested that the RNR model can be enhanced if in addition to a rather narrow focus on criminogenic risk reduction, correctional interventions also addressed issues related to the offender's internal self narrative. Considering the above conclusions about effective correctional programming, the prevalence of stress coping skills deficits among prison inmates, and the relationship of criminal thinking errors to recidivism reduction, an approach thought to have potential for application to offender rehabilitation is stress inoculation training.

Stress Inoculation Training (SIT)

SIT is derived from a review of major findings in the areas of stress research and behavior change. From the SIT perspective, stress is viewed not as a condition of the external environment (i.e., work related stress), nor simply as a psychological or physiological internal response (Meichenbaum, 1985). Instead, stress is viewed as the result of a cognitively mediated, constantly changing, reciprocal transaction between the individual and the environment. Stress is a function of the individual's perception of the internal and or external demands of an event or situation, and their ability to mobilize resources. Thus, coping refers to cognitive and behavioral options to tolerate, reframe, minimize, reduce, or eliminate the internal and/or external demands of the stressful transaction (Meichenbaum, 1985). In terminology comparable to that used by Maruna (2001), Meichenbaum (1993) summarizes SIT as a way to "help clients to experientially rescript their lives, or to create a new narrative about their ability to cope" (p. 385).

According to Meichenbaum (1985), the reciprocal nature of stress highlights that in attempting to respond to stress, individuals often are inadvertently complicit in generating reactions in others which serve to maintain or increase rather than reduce, the very problems for which they seek relief. Stress prone individuals tend to engage in unconscious, automatic cognitive distortions (e.g., personalization, dichotomous thinking, magnification of negative possibilities while minimizing positive aspects of the environment) which bias the perception, interpretation and memory of experiences in such a way as to confirm and sustain an already pessimistic appraisal bias. This can be problematic considering that life is often ambiguous, allowing events to be interpreted in more than one way depending on one's basic assumptions (Cameron & Meichenbaum, 1982). With disconfirming stimuli filtered out or ignored, and negative beliefs confirmed, a self fulfilling prophecy is created and perpetuated. An example is the individual who is concerned with issues of equity. He or she will likely scan the environment for signs of potential injustice and tend to misread events as personal affronts. Such untested assumptions can lead to interpersonal consequences that confirm the individual's initial concerns (Meichenbaum, 1985).

Presented in individual, small group or large group format, SIT is not a single technique, but a generic term for a set of clinical guidelines for a multifaceted training regimen designed to develop effective coping skills (Meichenbaum, 1985). Rather than following a rigid formula or a loose assortment of unrelated methods, SIT provides a

flexible paradigm which allows the selection of a systematic interconnected coping package best suited to participants' cultural and situational stressors and coping needs (Meichenbaum, 1985). Using didactic teaching, cognitive restructuring and rescripting, problem solving, relaxation training, behavioral and imaginal rehearsal, self monitoring, self reinforcement and other cognitive behavioral strategies, SIT develops "psychological antibodies" or multiple coping responses to resolve current problems as well as to "inoculate" the individual or group against future stressful situations (Meichenbaum 1985, p. 21). Since maladaptive coping is often related to lack of preparation and surprise, SIT exposes individuals to milder stressors as a way to enhance their ability to cope with more severe life situations (Meichenbaum, 1993). The gradual exposure of trainees to stressful situations, first via role-play and visualization in the classroom and then in vivo in their normal environment, while applying newly learned coping skills, is the inoculation procedure which prepares them to adaptively cope with stress (Feindler & Fremouw, 1983). In short, SIT helps participants to understand the transactional nature of stress, and to develop and rehearse specific coping responses for use under conditions of stress and anxiety (Cameron & Meichenbaum 1982)

The stress inoculation training paradigm has been applied to individuals, couples or groups, on a preventive or treatment basis, in both clinical and non-clinical settings. Meichenbaum (1993) cited over 190 studies of SIT to address anger control problems among samples of adults, adolescents, children, and brain injured patients; students with test, public speaking, dating and performance anxiety; problems with phobias; stress reactions among chronically stressed community residents, and people coping with life transitions such as adjustment to high school, college or medical school; and patients suffering chronic pain, headaches and arthritis. Populations include psychiatric and medical patients, high school and college students, as well as high stress population groups including police officers, military recruits and drill instructors, and nurses. However, to date only one published study has examined SIT in correctional setting. Schlichter and Horan (1981) assessed the effectiveness of a SIT program on the anger management skills of a sample of 36 institutionalized juvenile delinquents 13 to 18 years old. Participants were randomly assigned to one of three conditions: individual hour long SIT-based anger management training sessions twice per week over a 5 week period; equivalent sessions of anger management training, excluding key elements of the SIT paradigm; or no treatment control group. Though the study found results for the SIT

group to be superior to the other conditions, generalizability of results was limited by attrition which resulted in very small sample sizes, and questionable validity of data from behavioral observations of participants by overworked staff. In regard to the overall SIT literature, several methodological limitations have been identified. These include absence of multiple measures, lack of checks for manipulation and demand characteristics, and absence of control groups (Meichenbaum, 1985).

1.7. <u>Research Rationale and Hypotheses</u>

Among incarcerated offenders, a number of categories of shortcomings and deficits contribute to behaviors leading to incarceration, as well as misconduct and violence during confinement. If not corrected while in prison, there is an increased probability of recidivism after release. Evidence suggests that addressing criminogenic risk factors, particularly criminal thinking, and stress coping/problem solving skill deficits, is one of the most effective approaches to offender rehabilitation. Additional research suggests that restructuring the content of offenders' internal narrative about their past behavior is related to their ability to confront the 'brick wall' of challenges after release and maintain desistance from crime. Accordingly the purpose of the present study was to investigate the effectiveness of a cognitive behavioral intervention, derived from the principles of stress inoculation training, in correcting criminal thinking errors, and increasing the adaptive coping and problem solving skills of a random sample of offenders at an Ohio adult male prison.

The intervention was presented in a 2-hour, group format, conducted twice per week for 12 weeks or a total of 48 hours of program time per participant. This exceeds typical SIT group programs which generally range in length from 8 - 15 sessions of 75-90 minute duration (Meichenbaum, 1993). The greater program length was expected to enhance the probability of significant change given the coercive nature of the prison environment (Eccleston & Sorbello, 2002; Howells & Day, 2002). It was hypothesized that inmates in the treatment group who completed this program would evidence a statistically significant positive change in their pre to post intervention scores on paper and pencil measures of hardiness, criminal thinking, purpose in life, self control, and readiness for change as compared to participants in a control condition. Similarly, it was hypothesized that participants in the treatment group would evidence a statistically significant improvement in behavior as assessed by a reduced incidence of institutional

misconduct. A third hypothesis was that the seminar would receive a favorable evaluation via an anonymous critique to be completed by participants in the treatment group, indicating a positive impact as perceived by participants themselves.

  The following chapter includes a review and summary of the offender treatment and rehabilitation literature. Part one focuses on the history of offender rehabilitation in America. This includes a discussion of support for the rehabilitation ideal among the public, correctional and criminal justice officials, and a discussion of the debate on the effectiveness of treatment efforts. Attention also focuses on non-program variables (e.g., staff and institutional characteristics) that tend to hinder rehabilitation program effectiveness. Part two summarizes the literature on stress inoculation training.

CHAPTER 2

LITERATURE REVIEW

2.1. <u>History of the Rehabilitation of Incarcerated Offenders</u>

Correctional institutions originally functioned primarily to punish offenders, and to protect the public by warehousing individuals away from law-abiding citizens, with little consideration of the welfare of the individual offender. Prisons were to deter potential criminals, punish those found guilty of crimes, and provide for public safety by incapacitating and supervising convicted criminal offenders (Irwin, 1974). The earliest Western attempt at prison reform and prisoner rehabilitation occurred in England in the mid 14th century when the belief that criminals were worthy of rehabilitation first emerged (Roberts, 1984).

Concerned authorities established the Bridwell House of Corrections in 1557 to cope with an alarming increase in crime as large numbers of displaced farm families and discharged soldiers sought refuge and new opportunities in the cities. Unlike the punishment focus of other institutions, Bridwell was supervised by a distinguished board of governors and operated on the philosophy that discipline, development of strong work habits, and meaningful vocational training would contribute to reformation of offenders. Twenty years later, the success of the Bridwell experiment could be seen in that inmates were engaged in 25 trades such as making nails, spinning wool, mending, milling corn and baking. The Bridwell philosophy was soon adopted by cities in England, as well as other European countries. Unfortunately, Bridwell's success could not insulate the program from the political and economic realities of the time. As England expanded into a world empire, the chronic shortage of overseas labor led to passage of laws, as early as 1597, legalizing the overseas transportation of convicts. Consequently, by the late 1750's Bridwell became just another jail, used primarily as a temporary holding facility for those awaiting trial, sentencing, transportation overseas, or execution (Roberts 1984). However, the Bridwell view of inmates as other than "worthless rogues", and as

people capable of reformation established the direction and philosophy of correctional systems in most Westernized countries throughout the world (Roberts 1984, p. 84). The rehabilitation legacy continues to inform the ideology of correctional administrators, justice officials and researchers in the US today (Clear & Cole, 1990).

2.2. <u>Support for the Rehabilitation Ideal</u>

More than simply warehousing, today's rehabilitative ideal is based on recognition of the need for prisons to provide programs to help improve the lives of the constantly increasing number of criminal offenders (Hamm & Schrink, 1989). Bonta (1996) agrees that public safety via incarceration is an important goal of corrections however, he views this only as a short-term solution. In the long run, he insists, public safety is best assured by rehabilitative treatment to reduce the risk of recidivism. Similarly, Jancic (1998) cites former US Supreme Court Chief Justice Warren Burger as concluding that "we must accept the responsibility that to confine offenders behind walls without trying to change them is an expensive folly with short term benefits – winning battles while losing the war" (p. 152). While U.S. courts have repeatedly ruled that inmates do not have a constitutional right to rehabilitative treatment, Palmer (1991b), stresses that court opinion has made it clear that inmates cannot be hindered in efforts toward their own rehabilitation and toward avoiding physical, mental, or social deterioration. In fact "lack of meaningful rehabilitative opportunities" has been the cause why several state prison systems have been found unconstitutional (Palmer, 1991b, p. 157). Among top corrections officials today, a positive attitude toward the rehabilitative ideal is still evident. Reginald Wilkinson, Ed.D., currently Director, Ohio Department of Rehabilitation and Correction since 1991, Vice Chair for North America of the International Corrections and Prisons Association, and Past President of the American Corrections Association, views prisons not only as places to lock up felony offenders but also to "offer rehabilitative programs to help offenders turn their lives around…. [and] ensure that they leave us in better shape than we received them" (Wilkinson, 1997, p. 1).

Public support for rehabilitation can be seen in various public opinion surveys. Evidence suggests there is a perception that crime is on the increase and that prisons are not tough enough. Yet, in spite of a zeitgeist of get-tough on crime by wider use of imprisonment, longer sentences and reduction in prison amenities, the public does indeed support rehabilitation of offenders (Henning & Frueh, 1996, McCorkle, 1993). In

a national survey (McGuire & Pastore, 1997), participants were asked "Once people who commit crimes are in prison, which of the following do you think should be the most important goal of prison: rehabilitation, punishment, or crime prevention/deterrence?" Overall results were as follows: 48.4% selected rehabilitation; 33.1% selected crime prevention/deterrence; while only 14.6% selected punishment. A closer look at specific demographic characteristics of survey respondents indicates even stronger support for offender rehabilitation among younger (50.7% of 18 to 24 year olds supported rehabilitation as compared to 46.3% of those 60 years and older); college educated (54.9% of college graduates supported rehabilitation as compared to 47.6% of non-high school graduates); or Black respondents (56.4% of Blacks supported rehabilitation as compared to 47.9% of White respondents). Sundt, Cullen, Applegate, and Turner (1998) found that between 1986 and 1995, although public opinion regarding the rehabilitative role of prisons has declined, there is still substantial support for rehabilitation among a sample of urban residents. The decrease in support for rehabilitation was likely the result of a noticeable increase in momentum of the penal harm movement. However, the authors of this report concluded that a third of the respondents still endorsed rehabilitation as the main emphasis of prisons, while more than half of the survey respondents endorsed expanding programs for prisoners. Most importantly, this study found that a majority of the sample, particularly younger more educated, still viewed treatment programs as the best policy for dealing with the prison population.

2.3. <u>Decline in Support for Correctional Rehabilitation</u>

Several decades ago, two criticisms tended toward lowered support for offender treatment and rehabilitation among the public. The first criticism was an outgrowth of the general turmoil and calls for justice of the late 1960's, when some humanitarian social scientists criticized rehabilitation in correctional settings (Irwin, 1974). Besides questioning the efficacy of rehabilitation efforts, the primary concern was the passive nature of rehabilitation, (i.e., focus on simply producing conformity to prison rules and adjustment to societal status quo, without personal growth). Incarceration in general and correctional programming in particular, were considered tools of repression and brainwashing by the upper-class establishment not only to curb crime, but also for social control of disadvantaged groups (Palmer, 1991a). Nevertheless, overall support for the rehabilitative ideal remained strong, and criticism actually had a positive effect in that it

lead to a greater focus on development of programs based on an active conception of rehabilitation. Newer programs focused on reshaping offenders into more effective, self sufficient and socially competent individuals; a goal in line with the rehabilitative ideal (Irwin, 1974).

A second more debilitating criticism of offender rehabilitation programs began in the mid 1970's. Although there were high overall levels of public and governmental support for offender rehabilitation, there were no comprehensive assessments of rehabilitation effectiveness. Prompted by several prison strikes, riots and other disturbances in the sixties, public attention to questions of crime, punishment and rehabilitation reemerged (Martinson, 1974). Based on a belief in the rehabilitative ideal, and to support the goal of converting state prisons from a custodial to a more rehabilitative focus, the New York State Governor's office commissioned a comprehensive survey of what was known about prison rehabilitation effectiveness (Martinson, 1974). This survey involved a search of all English language offender treatment studies published in the US and other countries between 1 January 1945 and 31 December 1967 (Lipton, Martinson & Wilks, 1975). Numerous studies were excluded on methodological grounds including: studies in the preliminary stages, or with insufficient data presented, making it impossible to replicate or evaluate the treatment; spurious conclusions not supported by data; use of unreliable measures or inappropriate statistical tests; sample sizes too small or lacking comparability between treated and untreated groups; lack of diligence in excluding extraneous factors; and differing measures of treatment success (Lipton, Martinson, & Wilks, 1975). After rejecting 90% of the research available, the final survey was based on 231 interpretable, acceptable studies (Martinson, 1974)

Prior to release of the full 1400 page manuscript of the project's results (see Lipton, Martinson & Wilks, 1975), Martinson (1974) acknowledged that among studies used in the analysis, there was a lack of methodological rigor. Large variations in program length, frequency of contact, participant demographics, and follow-up period made it difficult to rule out competing hypotheses and draw definitive conclusions. Nevertheless, early in his article, Martinson (1974) asserted that "with few and isolated exceptions, the rehabilitative efforts that have been reported so far have no appreciable effect on recidivism. Studies that have been done since our survey was completed do not present any major grounds for altering that original conclusion" (p. 25). After

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systematically summarizing evidence regarding the general lack of effectiveness of specific rehabilitative treatment approaches (e.g., educational and vocational training, individual and group counseling programs), Martinson again returned to the question of overall treatment effectiveness, under the subtitle "Does Nothing Work?" Here he stated that the problem was not lack of evidence of effective rehabilitation programs. Instead, the problem was that effective programs were isolated instances, with no clear pattern of efficacy for any particular treatment method. He again reiterated that methodological problems made it difficult to rule out competing hypotheses to account for much of the recidivism reductions found. For example, he questioned whether recidivism reduction was due to treatment effect or to the tendency for offenders over 30 years old to recidivate at a lower rate? Martinson's overall conclusion was that though some programs may work, the poor quality of research prohibited definitive answers to questions about treatment effectiveness.

Some credited Martinson with forcing planners and practitioners to engage in much needed introspection about what their programs were really accomplishing (Luger, 1975), and critical thinking about the quality and validity of the evidence for or against treatment successes and failures (Fagan, 1990). Unfortunately, at the crest of growing skepticism about rehabilitation effectiveness, "nothing works" was the only message widely circulated by the mass media (Big Change In Prisons: Punish – Not Reform, 1975; Fagan, 1990). Soon the global optimism of the 1960's was replaced with a sense of extreme pessimism (Palmer, 1991a). Prison rehabilitation programs appeared headed for extinction, as the nothing works rhetoric quickly became established doctrine, leaving criminal justice policy makers, managers and especially researchers shocked and discouraged (Adams, 1977). Citing fear, anger, and even talk of abolishing prisons in response to his findings, Martinson (1975) retreated from his nothing works stance. He explained that his conclusions were tentative and that his now famous nothing works phrase, used for shock effect, was never intended to summarize over 20 years of research. Nor were his conclusions intended to be the sole criteria for evaluating correctional practices. Martinson further cautioned that isolated treatment programs, injected into ongoing prison systems, should not be expected to significantly impact recidivism. Nor should prisons be held accountable for the failures of the larger criminal justice system and society itself, in reducing recidivism. As the nothing works debate continued, Martinson (1979) even more explicitly rejected his often quoted nothing works

article. In light of "overwhelming" evidence from a new review of 555 research studies involving over a million sentenced offenders in the period following World War II, Martinson (1979) stated:

> The very evidence presented in the [1974] article indicates that it would have been incorrect to say that treatment had no effect…. On the basis of the evidence in our current study, I withdraw this conclusion. I have often said that treatment added to the networks of criminal justice is 'impotent,' and I withdraw this characterization as well…. The most interesting general conclusion is that no treatment program now used in criminal justice is inherently either substantially helpful of harmful. (p. 254).

Even as Martinson repudiated his hard-edged conclusions, anti-rehabilitation rhetoric took hold with a speed some felt could not be attributed solely to careful analysis of the evidence on treatment effectiveness (Andrews, et al., 1990). The rapid spread of pessimism has been attributed to the influence of various conservative sociopolitical elements, who believed rehabilitation to be synonymous with leniency. Hence, these groups mobilized behind Martinson's notoriety and his nothing works conclusion to justify cutting correctional program budgets and shifting toward a law-and-order, get-tough-on-crime, deterrence philosophy (Gendreau, 1996a; Luger, 1975; Sundt, Cullen, Applegate, & Turner, 1998). Fagan (1990) noted that criminal justice reformers, frustrated with sentencing inequities and perceived abuses of rehabilitation also helped spur the ready acceptance of the nothing works doctrine. Additionally, the public found Martinson's conclusion persuasive. The high recidivism rate suggested that rehabilitation efforts of the day were indeed not working (Fagan, 1990).

Disenchantment with rehabilitation effectiveness was further spurred by additional literature reviews that were seen by rehabilitation critics as supportive of nothing works. One such review was the report of the National Academy of Science's Panel on Research on Rehabilitative Techniques (Sechrest, White & Brown, 1979). The Panel report stated that "although generous reviewer of the literature might discern some glimmers of hope, those glimmers are so few, so scattered, and so inconsistent that they do not serve as a basis for any recommendation" (p. 3). Unfortunately, as with Martinson's paper, these few select sentences were highlighted out of context to the exclusion of the broader theme of the full document. The broader emphasis of this report was on the need for continued research since there was not enough evidence to permit sound conclusions, rather than that rehabilitation has failed or does not work. Sechrest, White and Brown (1979) highlighted the many problems that plagued the

literature and must be addressed if future researchers are to draw fair and accurate conclusions about treatment effectiveness. Common problems included: atheoretical treatments, devoid of consideration of research design; interventions that were narrow in scope or presented in isolation rather than as complex combinations; and weak or minor forms of potentially strong interventions not correctly or fully described, nor delivered. They also found fault with Martinson and others' standard use of recidivism as the true, absolute outcome measure of program success or failure.

First, although recidivism is an appropriate long range goal of any correctional program, the large number of factors operating independently of the influence of any program make it difficult to distinguish whether failure (i.e., recidivism among participants after release) was due to program characteristics or other non-program factors. The second problem with use of recidivism statistics is disparity in measurement. Since there is no common definition, those rearrested, reconvicted or reincarcerated for new crimes, as well as technical parole or probation violations due to failure to report to his or her parole officer on time, or drinking alcoholic beverages, are frequently indiscriminately aggregated and labeled recidivists. Large numbers of parolees are returned to prison on technical violations for behavior not forbidden to the general public, or that would be considered a minor offense for which the person would not have been sent to prison if he or she were not already on parole. In the view of the Panel, these situations do not represent recidivism; these are failures of the parole system. Besides the large number of factors influencing recidivism, and the lack of a common definition, there is the third problem of multiple sources of recidivism data used in different studies. Data sources include records for those reincarcerated at the same institution or in the same jurisdiction, FBI data, police and court records, as well as self reports of arrests, convictions, reconvictions etc. One can see that use of data from local, state and federal sources will produce different conclusions about levels of recidivism. To counter these problems with use of one outcome measure, Sechrest, White and Brown (1979) recommended the use of additional measures including changes in personality, attitude improvement, institutional adjustment, development of vocational skills, and employment success to assess program effectiveness. Although the overall Panel report was critical of Martinson's conclusion as unwarranted based on available data, selected aspects of the Panel report were nevertheless cited by rehabilitation critics as proof that Martinson was correct.

2.4. <u>Revision of the Nothing Works Hypothesis</u>

Despite a misperception that the Panel Report supported the nothing works hypothesis, a revisionist camp challenging the nothing works doctrine began to emerge as early as 1977 (Hamm & Schrink, 1989). The Panel report and Martinson's thesis were critiqued as being methodologically flawed, oversimplified and distorted (Adams, 1977), more concerned with the "how" of intervention than the "what" (Quay, 1977), and premature (Gendreau & Ross, 1979). Adams (1977) objected to Martinson's handling of partial treatment effectiveness. Adams noted that Martinson tended to reject as having no rehabilitative effect, any correctional treatment that succeeded with only a portion of its participants. Thus, Martinson discounted about half of his 231 studies, even though there was evidence of success with some participants. Adams (1977) also expressed concern over Martinson's response to the finding that within years or months of treatment, even significant improvements gained from treatment, are often lost upon the offender's return to the original environment. This 'reversal of effect' phenomenon was ignored by Martinson. The result is that correctional programs whose short-term success was subsequently erased by unfavorable post release environments, tended to be counted as treatment failures, confounding the interpretation of program results.

Quay (1977) cited a flaw in Martinson's overemphasis on research design, data analysis, and recidivism outcome measures to the exclusion of other issues important to program effectiveness. One such issue is therapeutic integrity (i.e., adequacy of program implementation). Elements of therapeutic integrity include factors such as whether the treatment was actually carried out as designed, for the appropriate duration, and by appropriately trained/supervised personnel. In other words, did the intervention actually deliver what it was supposed to deliver? To illustrate his concern, Quay (1977) noted Martinson's citation of a group counseling program by Kassebaum, Ward and Wilner (1971), as evidence of a sophisticated, rigorously designed program which was found to have no significant effect on parole success 36 months after program completion. Martinson explained the lack of follow-up results as evidence that group counseling does not work in corrections. While Quay (1977) concurs with Martinson's conclusion that the program was well designed but yet unsuccessful, he arrives at an entirely different explanation for this obvious rehabilitation program failure. In his reanalysis of the data, Quay noted a lack of program integrity. First, many of the group counselors were poorly trained and technically incompetent to administer group

counseling. They were administrative and clerical personnel, caseworkers, guards, and technical staff workers. In addition, less than one third of the group leaders expressed belief in the efficacy of group counseling in reducing parole violations. Third, the counseling groups were plagued by a host of problems including poor attendance, apathy, and lack of emotional involvement on part of participants. In essence, group counseling never took place. This made it impossible for anyone to derive conclusions about group counseling effectiveness. Considering that Martinson consistently ignored program integrity issues, his conclusions are thus "generally unproductive" to the debate of what works (Quay, 1977, p. 341).

Stating a desire to avoid arguments based on emotion, or scientifically questionable, outdated analysis, Gendreau and Ross (1979) offered a "bibliotherapy" of effective correctional treatment. Their conclusions were derived from a review of 95, published studies focused on treatment of delinquent antisocial behavior, published between late 1973 and 1978. Minimum criteria for selection of studies were the use of a quasi-experimental design, and statistical data reported. Gendreau and Ross concluded "something works" in that 86% of the studies reported success in community and institutional settings, across a range of interventions such as family intervention, contingency management, and counseling. In their review, Gendreau and Ross (1979) proposed three issues which help to explain the previous apparent failure of rehabilitation programs. First, is over reliance on a single-method vs. a multi-method approach to treatment. Single method programs neglected important individual learning differences (e.g., age, race, employment history, anxiety, or sociopathic traits), among correctional program participants. Second is over reliance on recidivism as the sole measure of success, obscuring other meaningful program gains. The third issue cited is not enough treatment. To emphasize their point, these authors noted estimates suggesting that in 1976, the U.S. spent less than $100 per year, per inmate, on social services, and extended rehabilitation services to only 5% of the inmate population. On the micro level, Gendreau and Ross question the extent to which therapeutic treatments were adequately implemented by properly trained staff. Like Adams (1977), they cited the Kassebaum, Ward and Wilner (1971) group therapy study, to suggest that much correctional failure is due to diluted and incorrectly implemented treatment. On the macro level, Gendreau and Ross (1979) characterized the correctional system in North America at the time, as disjointed, fragmented and eager to persist in the nothing works

doctrine by labeling offenders as untreatable. In so doing, responsibility for offenders' improvement or deterioration could be avoided.

The 1979 review by Gendreau and Ross, was later reprinted as the first article among a compendium of studies in an edited book Effective Correctional Treatment (Ross & Gendreau, 1980), directed at countering the nothing works perspective. In weighing the evidence, the editors stress consideration not only of the nature of the intervention but also the characteristics of the practitioners, the participants, and the appropriateness of the measures of change. The repeatedly stated theme of the book was that although there are no panaceas, some correctional treatment programs do work.

2.5. Conflicting Post-Martinson Views on Rehabilitation Effectiveness

In spite of Martinson's own reinterpretation of his results and work of the revisionists, an unsettled atmosphere' remained until the middle 1980's (Palmer, 1991a). Palmer identified four different views during this period that illustrated the controversy over rehabilitation treatment effectiveness. The first view simply held that nothing worked. On the other extreme were optimists who maintained a strong belief in current treatment efficacy. In between these extremes was a third group which held that although rehabilitation was not a total failure, programs seldom worked, or worked only with certain subgroups of 'amenable' offenders, leaving most offenders largely unresponsive to treatment efforts. Lastly, there were those who believed that although some treatments might work, we simply did not know what worked due to flaws in almost all program design and or implementation.

A major reason for these conflicting views of treatment efficacy is the ongoing state of sometimes confusing and inconsistent evidence from correctional program literature reviews, despite the rise in the use of meta analysis as a statistical strategy for objectively integrating results from a large collection of independent studies (Dowden & Andrews, 2000; Lipsey, 1992; Losel, 1996). In his reexamination of results of meta analyses of offender treatment research from 1975 to 1989, Palmer (1995) found inconsistent results across the various analyses (i.e., some programs produced positive results in one study and negative results in another). He concluded that these inconsistent results, which also confounded Martinson's review, were due to several factors including individual interventions being merged into large undifferentiated

categories such as individual therapy, group therapy, confrontation, physical challenge etc. As a result of being merged into undifferentiated categories, many individual programs appeared unsuccessful in terms of recidivism reduction. Yet, when examined separately, these same individual programs often showed significance in treatment effect, a fact obscured by grouping.

A second factor contributing to inconsistent results was the use of differing criteria to select individual programs for inclusion in different meta-analyses and literature reviews. Thus, the programs that comprised each analysis were not identical from one analysis to the next. Differing definitions of programs which led to overlap of program components was a third problem leading to inconsistent meta analysis results. For example, one intervention labeled 'behavioral training' may have been defined in ways that substantially overlapped with interventions labeled 'cognitive-behavioral' training in another analysis. Or, the 'group counseling' category in one study might have included programs which also involved vocational training, while in another study the 'group counseling' category might have involved educational training, or aspects of social skills as defined in another analysis. Antonowicz and Ross (1994) commented on the serious reporting limitations which characterized the offender research literature, making analysis problematic. Reporting deficiencies include lack of information on offender demographics (e.g., age, sex, race, criminal history; program description; staff characteristics). Other limitations included inadequate control or comparison groups, no data on sample sizes, or use of sample sizes too small to enable statistical tests.

Besides the methodological problems in assessing correctional treatment programs, researchers since Martinson also now recognize that treatment effectiveness can be complicated by additional variables and conditions external to actual program content. Just as Bridwell's decline was due to external political and economic conditions which had nothing to do with the actual efficacy of the Bridwell program, so too today there are non-program factors that hinder full development, implementation and assessment of offender rehabilitation efforts. Some argue that rehabilitation failure is more a critique of corrections' sporadic and superficial implementation of proven or promising innovations, rather than a failure of program substance (Gendreau, 1996b; Hamm & Schrink, 1989).

2.6. <u>Non-program Factors Hindering Treatment Effectiveness</u>

Though the rehabilitative ideal is an important feature of correctional practice in the U.S., the amelioration of offender deficits is only one of several competing roles of prisons. According to Clear and Cole (1990), in addition to rehabilitation and resocialization of offenders, prisons also serve the functions of retribution, deterrence, and incapacitation. Retribution, also called 'deserved punishment' or 'just deserts' is the modern version of the biblical 'eye for an eye, tooth for a tooth' justification for incarceration. According to this view, the ideals of fairness and justice require that those who break the law be made to repay their debts to society. Under the retribution concept, prisons serve to punish offenders by confinement for a length of time in proportion to the seriousness of their crime. Another function of prison is deterrence, general and individual. Under general deterrence, the incarceration of offenders conveys to the general populace at large, the caution that sanctions will follow from law violations, thus inhibiting those who may be predisposed to criminal behavior. Specific or individual deterrence is targeted to changing behavior of those already convicted. Here, the notion is that the pains of imprisonment will deter the individual offender from continued criminal behavior. The final function of prison is incapacitation. This is based on the thought that crime may be prevented or averted if offenders are physically restrained, banished, locked away or otherwise removed from general society.

These potentially conflicting roles of prisons foretell the difficulty facing correctional officials in effectively and efficiently operating prisons, while also fully supporting the implementation of effective rehabilitation programs. Hamm and Schrink (1989) proposed that successful program implementation depended on the presence of public officials and prison administrators with a positive orientation toward the rehabilitative ideal, as well as the existence of organizational structures and systems that are supportive of rehabilitation, and the personal motivation and resolve of individual correctional workers. Yet in practice, correctional administrators usually have limited ability to fully control critical aspects of prison function. Instead, prisons are influenced by various constituencies, each with different sometimes incompatible agendas that can lead to a clash of interests (Clear & Cole, 1990; DiIulio, 1991; Hamm & Schrink, 1989). For example sentencing courts determine prison workload (i.e., the number of inmates); legislatures specify budgets; appellate courts influence operating policies; civil service systems and employee labor unions affect personnel policies; inmate advocates,

humanitarian organizations and religious groups seek changes in prison conditions; professional associations such as the American Correctional Association and the American Bar Association advocate for professional certifications; while law enforcement groups and victim advocates seek to influence parole board decisions on when inmates are released. The outcome is a system described as rife with goal conflict and goal ambiguity; a state of affairs that would be considered an intolerable recipe for failure in a private corporation (Clear & Cole, 1990).

Besides the problems of legislative mandates, judicial oversight, budgetary constraints, and the influence of special interest groups, there is pressure on corrections officials stemming from the constant threat of violence, inherent in a prison environment where large numbers of often violent people are involuntarily confined for extended periods, in relatively austere living arrangements, with numerous restrictions on personal, physical and social freedom. The constancy of potential violence can be especially debilitating considering the extraordinarily negative publicity generated by one incident such as a prison stabbing or murder (Clear & Cole, 1990). To explain the disinclination toward advocacy for inmate rehabilitation initiatives, Hamm & Schrink (1989) speculate that many officials have become primarily concerned with order, budgets, staff morale and making sure that "all hell doesn't break loose" in their prison (p. 172). At the middle management level, Clear and Cole (1990) point to conservative thinking as a contributor to the lack of support for offender programs among prison staff. It is easier for managers, promoted after years of line experience, to continue the familiar routines and business as usual, than to challenge conventional thinking and practices. Friends still in the ranks create a challenge for the new manager trying to exert the full authority needed to implement change. Samenow (1984) considers rapid burnout and demoralization to be a greater occupational hazard to correctional workers than physical attack. Quoting a senior corrections official, Samenow illustrated the cycle of loss of enthusiasm: "The first year, the new guy can't do enough *for* the criminal. The second year, he can't do enough *to* the criminal. The third year, he doesn't give a damn" (p. 248).

Clear and Cole (1990) also discuss the principle of "least eligibility" as another non-program factor often serving to limit the full realization of the potential of offender rehabilitation programming (p. 33). Least eligibility reflects public ambivalence toward offender rehabilitation. According to Clear and Cole, though the public is supportive of

rehabilitation in general, sentiment is hostile toward overly creative programming for offenders, or the provision of free opportunities or high quality services not available to law abiding citizens. It is argued that programs such as free college courses or surgical procedures for cosmetic purposes would be a reward for those found guilty of law violations. Those under correctional supervision are thus 'least eligible' for social services. The result of this seldom articulated principle is that prison programs are often weaker, less innovative versions of those available in free society. In the same way, Uggen and Piliavin (1998) suggest lack of political support rather than program efficacy as a hindrance to correctional rehabilitation effectiveness. In discussing the disparity between the high level of funding for research on punitive, deterrent programs when compared to funding for programs focused on social and material assistance to offenders, these authors hint of a possible dilemma if social opportunity programs should prove too effective. Consistent with the principle of least eligibility, officials would face a dilemma if they supported full implementation of social programs for offenders. On the other hand, criticism would result if they opposed or withheld proven recidivism reduction programs.

The overall sum of these factors and conditions is that bureaucratic efficiency, avoidance of conflict or outside scrutiny, and job security, rather than innovation and professional leadership have often become the primary focus of many correctional managers and staff. The result, a suboptimal environment (Ham & Schrink, 1989) that is antithetical (Irwin, 1974) to offender rehabilitation, often relegating treatment to an incidental rather than a primary focus and compromising program effectiveness. For example, in attempting to conduct an anger management intervention among a sample of male institutionalized juvenile delinquents, Schlichter (1979) reported that workers' ratings of detainees' behavior was of questionable validity. Workers were described as "minimally cooperative" due to staff shortages which left them overloaded with routine work (p. 14). Another consequence of staff shortages was an emphasis on group control versus individually focused treatment. Likewise, Eccleston and Sorbello (2002) found that unit fights, prison lockdowns, and unavailability of adequate classroom space often interrupted smooth operation of treatment efforts.

In his discussion of non-program issues that hinder rehabilitation, Gendreau (1996b) referred to theoreticism as one of two obstacles. He defines theoreticism as the tendency to accept or dismiss competing research findings and information which are

not part of one's personal values and experiences, or do not fit the accepted paradigms of one's occupational, political, academic, or clinical perspective. Thus criminal justice administrators, academics and professionals from criminology, economics, law, management, psychiatry, psychology, social work, sociology and the police all generate their own literature on effective rehabilitation treatments. However these efforts are based on a limited parochial perspective, without reference to other disciplines that have much to offer. For example, Gendreau noted that many psychologists don't appreciate the need to read sociological journals, thereby discounting the fact that some sociological theories have implications for the delivery of effective correctional treatments. Likewise, drug treatment specialists are generally unaware of the corrections literature, even though the clientele served by both systems are almost undistinguishable. Technology transfer is a second obstacle hindering rehabilitation efforts. In essence, much of the research results being generated are published in professional or academic journals, to the profit of relatively few practitioners, most of whom receive information via workshops rather than by reading journals. According to Gendreau, the combined results of theoreticism and lack of technology transfer is that much of what is already known about effective treatment is not being implemented by policy makers, practitioners and scholars.

2.7. <u>Something Works</u>

Despite the various program and non-program related factors which plague the correctional literature, positive treatment effects have been fond for males and females, adults and juveniles, in community and institutional settings and with low as well as high risk offenders (Dowden & Andrews, 2000; Morgan & Flora, 2002). Izzo and Ross (1990) conducted a meta analysis of 46 evaluation studies of treatment programs for juvenile offenders, 11 to 18 years old. Results were gleaned from 317 studies published in refereed journals between 1970 and 1985. To be selected, studies had to include empirical data resulting from experimental or quasi experimental designs, and contain measures of change in recidivism as an outcome variable. Studies that reported only subjective evaluations, vague program description, or insufficient data to support conclusions or permit reanalysis were excluded. Results indicate that programs based on a theoretical principle were five times more effective than those that had no particular theoretical basis. It was also found that programs that included a cognitive component,

(i.e., problem solving, negotiation skills training, interpersonal skills training, rational emotive therapy, role play and modeling, and cognitive behavior modification) were twice as effective as those that did not.

Lipsey (1992) conducted a comprehensive meta analysis of 443 published and unpublished studies of institutional and non-institutional treatment focused on reduction, treatment or amelioration of delinquent behavior among persons 21 and younger. Publication date had to be after 1950, in the US or substantially English speaking countries (e.g., as Canada, England and Australia). Reports were eligible for inclusion only if methodology included one or more randomly assigned treatment vs control comparison groups. If non-random assignment was used, there had to be information about group equivalence and matching prior to treatment, as well as data on participant characteristics (e.g., sex, age, delinquency history). Data on quantitative outcome variables, including at least one delinquency variable had to be reported. Results showed that 285 (64%) of the studies produced positive effects in favor of the treatment group, with reductions in recidivism ranging from 10 to 20 percent. Method of treatment was the factor most strongly related to effect size. The strongest relationship with effect size was found for the cluster of variables representing type of treatment and treatment provider. Structured, behavioral, skill oriented, and multimodal treatments were more effective than those less structured and focused (e.g., group, individual counseling). A modest positive relationship also was found between effect size and the duration, frequency and amount of treatment. In other words, the most fully implemented programs outperformed the rest. Overall, in answer to the question of whether treatment reduces delinquency, Lipsey's results suggest that there is a positive, meaningful and practical effect of treatment.

Antonowicz and Ross (1994) restricted their meta analysis to 44 rigorously controlled studies of juvenile and adult offenders published between 1970 and 1991. All studies in analysis included an experimental or quasi experimental control group design, and reported on community based follow-up recidivism outcome measures. In 20 of the 44 studies (45%), recidivism reduction in favor of the treatment group ranged from 27% to 90%. More significantly, they also found no support for the assumption that correctional treatment is only effective with motivated, treatment amenable or low risk offenders. In fact only 8% of the successful programs were conducted with well-motivated participants. The other 92% of the programs achieved positive results with

offenders who were mandated by court order or coerced by possibility of reduction in supervision or control. There was no significant difference in success between high and low risk offenders. In general, successful programs more often employed a sound conceptual model, were multifaceted, and included some type of role playing or modeling. Successful programs also targeted offenders' antisocial attitudes, behaviors and peer associations while also providing social, cognitive skills training and increasing offenders' self control, self management and problem solving skills.

Researchers caution however, that in spite of programs producing large effects for one or more subgroups of offenders, there is no panacea treatment showing evidence of consistent and major effectiveness when applied broadly to all offenders (Andrews et al., 1990; Antonowicz & Ross, 1994; Palmer 1991a, 1995). There is no single panacea that works with all offenders or addresses all risk factors. Nonetheless, besides dispelling the nothing works hypothesis and demonstrating that something works, the cumulative evidence provides a solid understanding of what works in corrections, and points clearly to characteristics of effective correctional rehabilitation intervention (Andrews, Bonta, & Hogue, 1990; Van Voorhis, Cullen & Applegate, 1995; Gendreau, 1996b; Gendreau, Little & Coggin, 1996). What works can be summarized in the widely accepted Risk-Need-Responsivity (RNR) model of effective correctional treatment.

2.8. <u>What Works: Principles of Effective Correctional Treatment</u>

        The RNR model of offender rehabilitation is based on more than 20 years of ongoing research by Andrews and colleagues: Andrews & Kiessling, 1980; Gendreau & Ross, 1980; Andrews, Kiessling, Robinson & Mickus, 1986; Andrews, et al., 1990; Andrews, Bonta & Hogue, 1990; Andrews & Bonta, 1994; Andrews, 1996; Bonta, 1996; Gendreau, 1996a; Gendreau, 1996b; Gendreau, Little & Coggin, 1996; Dowden & Andrews, 2000.

        2.8.1. <u>The Risk Principle</u>

        Considered the most significant advance in offender rehabilitation (Ogloff, 2002; Ward, 2002), the first element of the RNR model, the risk principle, states that treatment should be matched to the risk level of the offender, with priority given to offenders at the greatest risk of recidivism. Low risk cases are assigned to minimal treatment or no services at all. The practice of providing more intensive and extensive treatment to higher risk offenders and minimal service to low risk offenders is based on evidence suggesting that the effects of intensive treatment were positively related to recidivism reduction with high risk cases, while being associated with no change or poorer outcomes than was less intensive treatment (Andrews, Bonta & Hogue, 1990). High risk offenders benefit most from intensive treatment, while lower risk offenders do well with minimal service and may in fact not change or even become worse (i.e., higher recidivism), if exposed to intensive treatment interventions (Andrews, Bonta & Hogue, 1990; Bonta, 1996; Gendreau, 1996b). This common sense approach of matching higher risk offenders with higher intensity treatment is often ignored in practice by workers who prefer to work with low risk, motivated clients, and those workers who do not believe in providing any but the most minimal service to all offenders (Andrews & Bonta 1994).

        Although support for the risk principle has been reported within community based correctional facilities and halfway houses, child welfare and family service agencies, as well as incarcerated adults (Andrews et al., 1986; Lowenkamp & Latessa, 2002), this widely accepted principle was not supported in a study of probationers by Antonowicz and Ross (1994). These authors found no difference between high and low risk offenders in their response to varying intensity of services. In other words, positive effects can be found with both high and low risk offenders. Similarly, Dowden and

Andrews (2000) concluded that although treatment programs were more effective for higher risk offenders, the difference was not statistically significant. Nevertheless, the risk principle is considered an important element of correctional intervention. Particularly in an environment of fiscal constraint, expanding need, and where scarce resources cannot be provided to all, nor randomly assigned by lottery, treatment is most efficiently and effectively allocated if provided to offenders of the highest risk of recidivism in accordance with the risk principle (Andrews et al. 1990).

2.8.2. The Need Principle

The risk principle suggests *who* should receive the most intensive treatment (i.e., the highest risk offender). The next question is *what* should be the focus of treatment, given reduction in the probability of recidivism as the ultimate goal of correctional intervention. This question is answered by the second principle of the RNR model – the need principle. This principle emerges from the risk principle in that recidivism reduction necessitates confronting the offender's various risk factors. If risk factors are thought of as due to deficits or needs experienced by the offender, then confronting these risk factors can be thought of as meeting the offender's needs. For example, risk factors such as endorsement of antisocial attitudes and values, association with pro-criminal associates or groups, drug abuse, lack of educational or vocational skills, low self esteem and personal distress, suggest that offenders need a prosocial attitude change, to stop taking drugs or affiliating with antisocial peers. They also need education or job training, improved self esteem, or relief from personal distress (Andrews & Bonta, 1994).

An important aspect of the need principle is that it differentiates between criminogenic and non-criminogenic needs. The distinction is that changes in some offender risk factors as a result of intervention have been found to be associated with changes in the probability of recidivism; these are referred to as criminogenic needs. On the other hand, changes in some risk factors as a result of intervention were not found to affect the probability of recidivism; these are referred to as non-criminogenic needs (Andrews et al, 1990). An illustration of the relationship between changes in criminogenic needs and changes in recidivism can be seen in a study of probationers reported by Wormith (1984). Probationers were assessed for their level of identification with criminal others at intake and 6 months later. In general, all were judged to be at moderate risk of recidivism at intake. Nevertheless, during the period of the study, risk

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levels decreased for some, remained the same for others, and increased still for others. Those whose risk scores decreased at reassessment had a recidivism rate of only 10%. Those whose scores did not change had a recidivism rate of 38%, while those whose identification with criminal others increased during the six months between intake and reassessment had a recidivism rate of 57%. In other words, increases in pro-criminal sentiments were associated with increased recidivism while recidivism decreased for probationers who had fewer pro-criminal identifications.

The practical significance of the need principle is that it draws attention to criminogenic needs as the appropriate targets of treatment (Dowden & Andrews, 2000). Of the multitude of offender needs, successfully targeting criminogenic needs allows one to gain influence over the "factors that make a difference" in reducing the probability of recidivism (Andrews et al., 1990, p. 22). Because criminal behavior cannot be directly observed while under correctional supervision, treatment must therefore focus on changing criminogenic aspects of the individual and his or her situation (Andrews & Bonta, 1994). Empirical research has found that the most promising, criminogenic targets of change include: reducing criminal thinking, deviant attitudes, feelings and peer associations while increasing identification and association with prosocial role models; replacing the skills of lying stealing and aggression with more prosocial alternatives; increasing offender's ability to recognize risky situations and apply concrete, well rehearsed self management, and problem solving strategies; reducing chemical dependencies; shifting the density of personal, interpersonal and other rewards and costs for criminal and non-criminal activities in familial, academic, vocational, recreational and other behavioral environments, so that prosocial alternatives are favored; (Andrews, et al., 1990).

Less promising, non-criminogenic targets of change include: attempts to increase offender self esteem without a simultaneous reduction in deviant thinking, feelings and peer associations; increasing cohesiveness of deviant peer groups; focusing on personal distress variables (e.g., anxiety and depression), not linked to criminal conduct; anxiety and emotional empathy, or attempting to turn the offender into a better person oriented toward prosocial goals, without providing concrete assistance in realizing these goals (Andrews et al., 1990). Essentially, criminogenic needs are risk factors that fall into the last three categories of offender deficits identified earlier (i.e., drug/alcohol abuse, criminal thinking, and coping/problem solving deficits), while non-criminogenic needs are

those found in the first three categories of deficits (i.e., demographic variables, education/vocational deficiencies, and psychological distress) (Andrew et al., 1990; Wormith, 1984).

Andrews, Bonta and Hogue (1990) acknowledged that from the standpoint of improving overall prison safety, and providing a caring and supportive environment, correctional professionals may choose to target a multitude of offender risk factors and personal, emotional distress variables including anxiety, alienation, feelings of inadequacy, depression, and low self-esteem. However, although offenders have a right to the highest quality service for their various risk factors and deficits, the need principle cautions that targeting non-criminogenic variables as the only outcome of an intervention will likely be irrelevant to recidivism reduction, unless it happens to indirectly impact criminogenic needs. For example, Wormith (1984) found that increased self esteem, as a result of intervention, was negatively related to post release success among offenders who also increased in their identification with criminal associates. In other words, simply increasing self esteem without changing criminogenic attitudes made the individuals feel better, but did not reduce the propensity toward criminal behavior.

A key contribution of the need principle of the RNR model is the focus on correction of criminal thinking errors is an essential aspect of offender rehabilitation. Without a focus on criminal thinking, either direct or indirect, any effort toward offender rehabilitation will likely not be effective. In fact some researchers consider criminal thinking errors, also called distortions and neutralizations, as a primary underlying causal factor in criminal behavior (Samenow, 1984; Yochelson & Samenow, 1976 1977).

2.8.1.1. Techniques of Neutralization.

Based on Sykes and Matza (1957), Andrews and Bonta (1994) elaborated on the cognitive distortions characteristic of criminal subcultures in rationalizing law violations. These techniques of neutralization serve to motivate and rationalize illegal behavior as well as deflect censure, blame and guilt. Neutralizations allow the individual to resolve the contradiction between corrupt behavior and normative standards as well as to avoid the definition of themselves as deviant or criminal (Coleman, 2002). It is interesting to note that these techniques of neutralization are equivalent to thinking patterns used by non-offenders in making behavioral choices in everyday, moral situations. The difference is the frequency and extensive use of these rationalizations by offenders.

According to Walters (2002), individuals can continue patterns of violence and criminal behavior indefinitely as a consequence of neutralizations.

Techniques of neutralization include: (1) denial of responsibility - the notion that the act was accidental or the result of factors beyond the individual's control such as poverty, negative peers, or bad parenting. "I couldn't help it, I was raised in poverty and everyone knows the only way out is through crime." Since the individual has no control he or she is free to act and remains guilt free. (2) The denial of injury – the belief that no one was hurt so even if the act was technically a crime, there is really no wrong. "I didn't hurt anyone", "We just took the car for a ride around town." In employing this rationalization, the offender admits responsibility for the act, but not for any serious consequences. (3) The denial of the victim. In situations where responsibility and or injury are difficult to deny, the offender may neutralize guilt by denying that the injury is wrong in light of the circumstances. There is really no injury to a victim, but rightful retaliation or punishment to a wrongdoer. The offender reverses roles and transforms himself into an avenger while the victim is seen as the transgressor. "She got what she deserved" or "he had it coming for disrespecting me." Thus attacks on homosexuals, abuse of disobedient wives and kids, and theft from 'crooked' store owners is rationalized as appropriate. (4) Condemnation of the condemners – authority figures and those who disapprove of the offender's actions are rejected and themselves condemned as immoral, hypocritical or criminal. Thus "lawyers are no good", "courts can be fixed", "the police are brutal" and "everyone has their own racket." (5) Appeal to higher loyalties – behavior motivated y the demands and immediate interests of the gang, family or peers takes precedence over norms and rules of the larger social order. "I had to shoot him for trying to sell drugs in our territory." (6) Appeals to long term good may also be made by the offender in order to neutralize wrongdoing. Thus burning a video store to stop pornography or taking hostages to publicize a social wrong is considered appropriate.

Klockars (1974) added "metaphor of the ledger" as another neutralization. The offender is able to evaluate himself or herself as a decent person because on the whole, credits for good acts and charitable deeds outweigh debits for criminal violations. "Sure I've done some bad things in my life. Who hasn't? Everybody's got a skeleton in his closet somewhere. But you gotta take into account all the good things I done too. You

take all the things I done in my life and put 'em together, no doubt about it, I gotta come out on the good side" (Kloakars, 1974, p. 151).

Among white collar criminals Coleman (2002) identified four additional neutralizations for occupational crime including: the claim that the law itself was unnecessary, unfair or unjust, thus business regulation violations are justified; the claim that criminal behavior (e.g., accounting fraud or embezzlement) was needed for business survival or to help one's family financially; the claim that "everyone is doing it," so it is unfair to single out one person unless all violators are brought forward; and the claim of entitlement or that the offender deserved the stolen items, allowing pilferage to be rationalized as an entitlement due to underpaid employees from exploitive employers.

2.8.1.2. <u>Thinking Errors.</u>

Gibbs, Potter and Goldstein (1995) discuss four thinking errors found to be characteristic of delinquent individuals. The word "error" is intentionally used to clearly convey to the delinquent that his or her thought distortions are wrong, inaccurate, contrary to the real world, and in need of correction, versus being excusable as merely "different" (Gibbs, Poter & Goldstein, 1995, p. 13). Four thinking errors include: (1) self centered – assigning such significance to one's own opinions, desires, rights and immediate feelings as to disregard the legitimate rights of others or one's own long term interests; (2) minimizing/mislabeling – portraying antisocial behaviors, name calling or belittling others as acceptable, even admirable, and harmless or not as bad as they really are; (3) assuming the worst – attributing hostile intent to others' actions, believing that bad things are inevitably going to happen, and thinking that improvement is not possible in one's own or others' behavior; (4) blaming others – blaming outside forces (e.g., another person or group, alcohol, bad mood, past discrimination or abuse) versus taking responsibility for one's deviant behavior, or blaming innocent others for one's misfortune. These four thinking errors lead to 12 problem behaviors:

1. Low self image	7. Mislead others
2. Inconsiderate of self	8. Easily mislead
3. Inconsiderate of others	9. Alcohol or drug problem
4. Authority problem	10. Stealing
5. Easily angered	11. Lying
6. Aggravates others	12. Fronting

2.8.3. <u>The Responsivity Principle</u>

In addition to providing services to the highest risk offenders (*who* should receive treatment), and carefully targeting criminogenic needs (*what* risk factors should be targeted for change), effective correctional programming also depends on *how* treatment services are presented. Andrews, Bonta and Hogue (1990) caution that criminal offenders are not college students in class or business persons attending a weekend retreat. Thus the third element of the RNR model suggests that the delivery of treatment should use methods consistent with offenders' motivation, emotional and cognitive abilities, and learning styles, and to which they will understand and respond. This principle is referred to as the responsivity principle (Andrews, et al., 1990). Consistent with the responsivity principle, the most effective style of treatment in influencing offender populations has been found to be structured and focused, multifaceted (i.e., using a variety of treatment components and techniques, as opposed to one single-method) (Andrews, et al., 1990; Andrews & Bonta, 1994; Antonowicz & Ross, 1994). 'Structured' means use of direct training methods such as behavioral rehearsal, role playing, and coaching (Andrews & Bonta, 1994). Other structured methods include modeling, graduated practice, and providing detailed, direct verbal guidance, explanations and suggestions (Andrews et al., 1990). Treatments based on social learning and cognitive behavioral principles of interpersonal influence, skill enhancement, and cognitive restructuring were also found to be effective for use with offender populations (Palmer, 1995). Problem solving, reasoning, self control, and self instructional training are other frequently used techniques (Gendreau, 1996b). Effective programs were of sufficient duration and frequency to allow meaningful contact between presenters and participants, and was of sufficient integrity to ensure that what was delivered was consistent with the planed design (Andrews & Bonta, 1994; Antonowicz & Ross, 1994; Gendreau 1996b; Gendreau, Little & Coggin, 1995; MacKenzie, 2000). Finally Gordon, Moriarity and Grant (2000) emphasize relapse prevention as an important aspect of effective intervention.

2.9. <u>Ineffective Methods of Treatment</u>

MacKenzie, (2000) noted that while there is conclusive evidence from several meta analyses that many correctional rehabilitation programs work, with at least some offenders in some situations, she notes that vague, nondirective, unstructured efforts focused on disclosure and insight do not work in reducing recidivism. Neither do old-style military oriented correctional boot camps. Some types and styles of intervention should be avoided under most circumstances particularly with high risk or interpersonally and cognitively immature participants (Andrews et al., 1990; Andrews & Bonta 1994). These include traditional psychodynamic and non-directive client centered, highly verbal, insight oriented therapies, as well as unstructured, permissive, peer oriented group counseling approaches. Typical targets of these therapies (i.e., reduction of neurotic misery), are not criminogenic risk factors. In addition, emotional expression and ventilation (Andrews & Bonta 1994), and appeals for self reflection and interpersonal interaction particularly among low maturity inmates, are to be avoided (Andrews, Bonta & Hogue 1990).

According to Samenow (1983), an early finding of a psychoanalytic investigation into the psychological and sociological factors that give rise to crime, was that after hundreds of hours of intervention, the individuals had not changed. Notwithstanding much insight from probing of early experiences, fantasies, psychosexual development, and conflicts, it was later learned that this sample of male criminals, declared not guilty by reason of insanity, had not altered their deviant behavior. Even while participating in the insight oriented program, they continued to engage in antisocial conduct including violation of hospital rules, stealing, and drug/alcohol use. Samenow concluded that long term, intensive insight oriented treatment had resulted in "criminals with insight rather than without insight" and more excuses for crime (p. 244).

2.10. <u>Limitations and Enhancement of the RNR Model</u>

Ogloff (2002) cautions that despite advances in offender rehabilitation as a result of the Risk-Need-Responsivity model, there is still a need for additional research on how best to intervene with offenders to reduce their risk of recidivism and to address their psychological needs. Some researchers have raised concerns about the RNR model's exclusive focus on risk management and avoiding harm to the community, top the exclusion of improving offenders' functioning and quality of life (Ward, 2002). Ward

argues that the focus on negative treatment goals such as risk reduction, and teaching offenders how to lessen their chances of incarceration, is a problem orientated perspective that identifies what is wrong, without providing constructive guidance to offenders on how to secure a better life in an optimal way. He believes the aim of rehabilitation programs should also be to equip offenders with the necessary internal and external resources to live more fulfilling, meaningful, coherent lives, rather than to merely reduce risk. In Ward's view, criminogenic needs are internal or external obstacles that frustrate acquisition of valued human goods. Thus, identification of criminogenic needs is only the first step in the rehabilitation process.

The necessary next step is to instill in the individual, the internal competencies (e.g., knowledge, skills, beliefs and values), and provide the external supports necessary to counter the influence of criminogenic risk factors. This will allow the individual to achieve valued goods in socially acceptable ways. Ward (2002) acknowledges that cognitive behavioral programs implemented under the RNR model do in fact seek to instill internal competencies necessary to live more prosocial lives however, in the absence of an explicit 'good life' conceptualization, this process is generalized and hit-or-miss. Though Ward sees a focus on criminogenic risk reduction as necessary but insufficient to offender rehabilitation, he does not advocate abandoning or ignoring the RNR model. Rather, he views the model as incompletes and calls for an extension of its scope and conceptual reach to more explicitly address offender complexities, strengths and needs beyond criminogenic risk reduction.

In comments supportive of Ward, Ogloff (2002) agreed that there is value in the RNR model's focus on criminogenic risk factors, in light of psychologists' past practice of attending almost exclusively to offenders' psychological and emotional well being (i.e., non-criminogenic factors) that did not contribute to reducing their likelihood of re-offending. Nevertheless, he agrees that some non-criminogenic factors such as psychological distress, may impede responsivity to treatment and are thus worthy of attention, together with criminogenic factors. Consequently, he calls for extension of the RNR model to include a balance between criminogenic factors as well as those responsivity factors not directly related to offending.

Beech and Fisher (2002) also make a case for targeting non-criminogenic aspects of offenders' function. For instance, in regard to sex offenders, some practitioners argue that it is possible to work with total deniers in treatment since

reduction in level of denial has not been found to reduce the probability of recidivism; that is denial is a non-criminogenic need. However additional research casts doubt on the conclusion that it is not necessary to target denial. Beech and Fisher argue that targeting denial is an important first stage in treatment. Admitting details of the offense allows the offender to more easily identify, openly discuss, and effectively work on feelings, attitudes, thinking patterns and other factors that contributed to offending in the first place. Openness will more likely lead to meaningful therapeutic change which, in turn, will reduce the probability of re-offending. On the other hand, those who continue in denial are more likely to blame others and not assume responsibility for their behavior. Deniers will perceive no reason for change and are more likely to drop out of treatment; a risk factor for recidivism. Thus denial, though not identified as a criminogenic factor, it thought to be important in recidivism reduction (Beech & Fisher 2002). Further evidence of the need for a greater focus on non-criminogenic heeds can be seen in victim empathy programs for sex offenders. Beech & Fisher (2002) cite evidence that sex offenders may become more rather than less victim blaming if, in accord with the RNR risk reduction model, they are confronted with the harm caused to victims too early in programming. It is hypothesized that early in treatment, offenders' feelings of self shame, guilt and low self esteem may prohibit them from being able to accept and process additional negative input about their behavior. It is only after they have learned enough coping skills that they are able to face negative information about victim harm.

Qualitative research by Maruna (1997, 2001) also supports the assessment of the RNR model as being important but incomplete. Maruna suggests that while the RNR model is valuable in providing an understanding of risk factors, it contributes nothing to deciphering the complex process of how ex-offenders go about initiating and maintaining desistance from crime. Maintaining a crime free lifestyle, particularly in the face of widespread social stigma and limited career opportunities, is dependent on more than reducing risk factors. Simply telling someone not to do something via negative motivation, without giving them a viable positive alternative, leaves a vacuum for those who don't know what else to do or lack the appropriate skill to implement behavior change. Accordingly Maruna views the RNR model as a deficit model emphasizing handicaps and obstacles faced by offenders, rather than highlighting strengths, abilities and alternative behavior patterns.

Since internal self narratives, neutralizations, and verbalizations play an important role in rationalizing deviant behavior, Maruna (2001), proposes that desistence from crime involves a reworking of these internal variables. In fact he suggests that avoiding or changing criminal self narratives, verbalizations and rationalizations has been at the core or correctional rehabilitation. Maruna (2001) observes that story telling in an important, element in the success of twelve step programs like Alcoholics Anonymous (AA), which are often found in prison settings. According to Maruna, the primary text for AA, _The Big Book_, is simply a 400 page edited volume of 20 life stories (i.e., narratives) of the original founding members of the organization. At AA meetings around the world, members continue to read *Big Book* recovery stories, and listen to additional life narratives told by advanced AA members. These stories provide a template with which newer members implicitly model and rewrite their own life narratives. Maruna cites Thune (1997) who states that the process of storytelling and re-biographing is more than mere mimicry; it actually is the AA recovery process.

Maruna (2001) proposes that long term rehabilitation is a similar process of fashioning and refashioning a dynamic internal self narrative, also referred to as life story, personal myth, or identity. An individual's narrative integrates his or her perceived past, present and anticipated future into a unified whole, providing coherence and meaning to life, and acting as a guide to behavior. The development of an internal narrative favorable to desistance from crime is analogous to a strengthening of the individual's resolve to stay out of crime. According to Maruna (2001) this hardening of resolve helps explain differential rates of recidivism. Maruna compares the obstacles facing the ex-offender (e.g., poverty, few legitimate job opportunities, drug and alcohol addiction, social stigma) to a brick wall. The wall can be surmounted, but only with great effort. Whether the ex-offender recidivates (i.e., returns to a familiar life of crime), or persists in overcoming the obstacles is dependent on his or her internal narrative.

In a study of 97 career criminals in Liverpool, England, Maruna (1997, 2001) found no significant differences in personality traits and external socio-environmental conditions between those ex-offenders who continued in crime versus those who desisted from crime. The key differentiator was the internal self narrative. The recidivists were found to hold a condemnation script while those ex-offenders who desisted from crime held a redemption script. The redemption script of the desisting ex-offender was a logical internal narrative to redeem themselves from the shame, guilt and

culpability for their offending, the stigma of past failures, having a criminal record, and the potential emptiness and void as they struggled to find new meaning in a life away from crime. A redemption script allows the ex-offender to reinterpret or reframe criminal activities as being due to structural and environmental forces over which they had little control (e.g., they were forced into drugs and crime as a result of poverty and bleak circumstances). However, with the help of a higher power or someone who had faith in the ex-offender, they have been empowered to break the cycles of crime and imprisonment. The reliance on an external source is significant in that after many years of a life of chaos and dysfunction, punctuated by numerous failed attempts to go straight, the desisting ex-offender has likely lost faith in his or her own ability to control their own destiny. Others will also find it hard to believe that such a person has truly changed their ways. The redemption script allows for the creation of a logical, believable, respectable narrative to rewrite a criminal past as a logical prelude to desistance and a productive life. This adaptive narrative allows the ex-offender to find meaning in suffering; the idea that one's mistakes can make one a stronger person or that something good can emerge out of otherwise bad circumstances. After being changed, the former deviant becomes a "wounded healer" and role model who uses a shameful past life story, orally or in writing, as a cautionary tale to guide the younger generation in the right direction (Maruna, 2001, p. 11). Empowered with a sense of coherence and meaning in life, the redeemed ex-offender can persist and overcome the brick wall of obstacles. As noted earlier, this is the process of Alcoholics Anonymous programs today where recovery stories (i.e., redemption narratives) of successful former alcoholics are used to guide newer members of the organization.

On the other hand, Maruna (2001) found that ex-offenders confronting the same brick wall, but holding a condemnation script tended to perceive their lives as predetermined based on their negative past. They tended to have little expectation of being able to change the fate given to them or to achieve success in legitimate ways. External stigma and an internalized sense of shame result in feelings of being powerless to change (Maruna 2001, p. 118). The following interview comment from a 33 year old male recidivist illustrates the lack of hope and low sense of personal efficacy of an ex-offender facing the brick wall with condemnation script. "I'm just happy to plod along, and I know I've got a [drug] habit. I'm at a stage now where I'm resigned to the fact that

I'm an addict and I'm going to be an addict to the day I die, and nothing's going to change that" (Maruna, 2001, p. 76).

Theorists in other disciplines have independently come to similar, complimentary conclusions about the significance of personal narrative in influencing behavior. Based on collaboration with Joseph Campbell, the noted mythologist, Keen (Keen & Valley-Fox, 1989) emphasize the importance of becoming aware of and rewriting the personal myths that guides one's life. According to Keen, a myth is analogous to the unconscious organizing software, DNA, or meta-programs which determine the way one perceives reality and behaves. Myths operate at the cultural, family or individual level by proving a set of stories and explanations for why things are the way they are. These sanctioned maps of the path of life provide consensus and social order, and give the individual or community a way to integrate diverse experiences into a coherent whole, and a guide to appropriate behavior. Myths are imbedded in the traditions, values, rites of passage, ceremonies and legends that help answer important questions such as: 'Where did I come from? What happens to me when I die? What is the purpose of my life?' and a host of others. Myths encourage people to hold onto sacred, time honored formulas and ways of perceiving and behaving. To the extent that myths are healthy and creative, they provide security, continuity, encouragement, and a sense of identity. However, to the extent that myths are unhealthy and rigid, they generate pathology and selective blindness. For example, Keen comments that myths like those of the Kennedy family provide the inner drive to strive for excellence and service to country, as well as the resilience to overcome hardship and tragedy. On the other hand, in alcoholic, abusive, or criminally deviant families, the operating myth may serve to carry on patterns of abuse, failure, and criminal behavior as one generation of abused children perpetuate the same unhealthy myths to the next generation, and so on.

To live unconscious of one's internal narratives, particularly if they are destructive, is to be caught in a repeating tape loop of neurotic, limiting beliefs and cognitions. Verbalizations such as "Well, I'm just not the kind of person who…" or "I never could…" or "I wouldn't think of…" are often manifested in repeated dysfunctional behavior patterns that stagnate and sabotage growth (Keen & Valley-Fox, p. xiv). Though unconscious, the influence of the operating myth is quite real. While one sibling lives a life directed by the myth of the obedient child, the other sibling, living the myth of the rebellious child or the black sheep, may grow up to a life of dysfunction. To remain

vibrant Keen urges periodic rewriting of the personal myths or life narrative we live by. To further illustrate the importance of being the author of our life narrative, Keen examined the common root of the word 'authority' and 'authorship.' He observed that the author of a story has power over the actions of the characters. Thus we gain personal power and authority to the extent that we understand and become the author of the myths that inform our lives. Growth necessitates reinventing ourselves by integrating new themes into our personal story, myth or narrative.

The notion that personal myths and internal narrative influence behavior is consistent with the labeling perspective on antisocial behavior and crime. According to Walters (2002), adherents of the labeling perspective propose that initial acts of delinquency are evenly distributed across the population, with lawbreakers being indistinguishable form non-lawbreakers. However, for those who are officially labeled as deviant (i.e., criminal, convict, psychopath etc.) the result is a psychological and physical distancing from conventional society, as access to legitimate social and vocational opportunities is curtailed. Moreover, the labeled individual is drawn to like minded peers and begins to develop a new identity consistent with the deviant label. In effect, the deviant label becomes self fulfilling in that it generates the very behavior officials sought to eliminate.

However, Walters (2002) cites evidence suggesting that, particularly for disadvantaged, impoverished, or minority individuals, community suspicion toward criminal justice institutions (i.e., police and courts) has lead to a diminishment of the negative influence of official deviance labels. Instead the destructive, stigmatizing impact of deviance labels occurs not directly from imposition of the label by criminal justice officials, but indirectly through the unofficial labeling conveyed by family and peer groups, and internalized by the individual. In effect, the impact of the label stems from the individual's own self narrative or myth of self as criminal or deviant. A vivid example of the negative power of self labeling is given by Upchurch (1997) in his autobiographical narrative of his transformation from juvenile delinquent and maximum security inmate, to urban peace activist and lecturer. He described himself as "thoroughly niggerized" by his family and his environment:

> I was a nigger in the womb. Not just black. Not just male. A nigger…. I was niggerized by my mother. Her tolerance for drug addicts, whores, pimps, dope sellers, hustlers, sexual deviants, and foul-mouthed gangsters impressed on me the hollow value of my existence at an early age. My emotional development was accompanied by insults and put-downs: 'You're a dumb cocksucker.' 'You're a stupid

mother fucker who ain't never gonna be shit.' 'You're just like your lazy-assed father' (Upchurch, 1997, p. ix).

The end result of this unofficial, internalized labeling process was a life of violence and self destructive criminal behavior. Upchurch's 30-plus years of repeat incarcerations ended only after he rediscovered his humanity through the accidental discovery of the works of literature. Challenged by the works of Mark Twain, W.E.B. Du Bois, Carter G. Woodson, Victor Hugo, Malcolm X and Maya Angelou, Upchurch found the soul he though was lost forever, and took responsibility for his own "deniggerization" (p. xii).

Implicit in these critiques and proposed enhancements of the RNR model is a recognition of the need to consider additional variables beyond criminogenic risk factors, which may serve to mediate an offender's response to treatment. It is interesting to note that the intent of the responsivity principle of the RNR model is to address individual difference variables that act as mediators in influencing offenders' ability to respond to intervention. Andrews and Kiessling (1980) stated that certain variables (e.g., age, criminal history, or sex) are likely to act as mediators and set limits on the extent to which any given intervention is likely to result in variations in recidivism rates. Andrews and Bonta (1994) stressed the importance of moderator variables which interact with correlates, risk factors and predictors of criminal behavior, to produce individual variation in criminal conduct. They noted for example that the risk factor "attitudes favorable to drug use" may be moderated by "social support for drug use" such that favorable attitudes are strongly linked to drug use when social support for drug use is high, but weakly linked to drug use when support for use is low. Unfortunately, they also noted that only a few of the possible responsivity variables have been studied. Also, as used in most studies, responsivity refers primarily to program design characteristics (e.g., flexibility, degree of structure, and method of presentation), not to offender individual difference variables (Howells & Day 2002).

Based on Maruna (2001), Ward (2002), and additional lines of research on behavior change, particularly related to smoking, alcohol, drug use and other addictive behaviors, three individual difference variables seldom discussed in the offender rehabilitation literature, are hypothesized to be important in mediating offender responsivity to intervention and thus have the potential to improve correctional rehabilitation program effectiveness. These additional responsivity variables are: readiness for change and having a sense of purpose in life.

2.10.1. <u>Readiness for change</u>

Most offenders enter treatment with an ambivalent attitude toward change, or dysfunctional attitudes toward the nature of their problems (Howells & Day, 2002). Either they enjoy their offending behavior, have few behavior alternatives, don't believe they have the ability to change (Beech & Fisher, 2002), or are unwilling to change (Hemphill & Howell, 2000). Howells and Day (2002) consider low readiness for change an impediment that may make it difficult to establish an alliance, rendering the individual resistant to a change intervention. Thus enhancement of readiness is viewed as vital to rehabilitation treatment effectiveness. The transtheoretical model of change addresses readiness issues. Based on studies of changes in smoking and other health related behavior habits, Prochaska, DiClemente, and Norcross (1992) found that across theoretical orientations, personal change can be conceptualized as a process unfolding over time and occurring along a continuum of five stages: precontemplation, contemplation, preparation, action, and maintenance. Individuals in the precontemplation stage may enter a change program but only under coercion from spouse, employer, parents, or courts. They are either unaware or under-aware of their problems, are defensive, and have no intention of changing. People in the second stage, contemplation, are aware of the problem, are seriously thinking of changing in the next 6 months, but are not quite ready. Instead, they procrastinate, struggling with the pros and cons of changing. During the third stage, preparation, originally called the decision making stage, the individual has a plan and the intention of taking action within the next month. He or she may have already taken some small action in the past, such as buying a self help book, attending a recovery group or consulting a counselor. In the case of someone in the process of quitting smoking, he or she will have smoked 5 less cigarettes than usual. In the fourth stage, action, overt visible behavior change is evidenced. Behavior has been successfully altered from 1 day to 6 months. Because action is observable, change is usually associated with the action stage. The fifth and final stage, maintenance, consolidates gains attained during action stage as confidence increases and new behavior patterns are reinforced. The maintenance stage starts 6 months from start of the action stage and continues until the behavior is no longer a problem. Maintenance may last a lifetime.

According to Prochaska, DiClemente and Norcross (1992), long term change usually comes only after several failed attempts as most individuals are unable to

achieve meaningful change on the first attempt. Thus relapse is the rule rather than the exception. After each relapse, the individual may return to the precontemplation stage struggling with internal feelings of failure and demoralization, and a resistance to thinking about change. Movement out of precontemplation toward another attempt at change occurs only if the individual is able to reframe failure as a learning experience and is willing to try again. In addition to outlining what attitudes and behaviors characteristic of each stage, the transtheoretical model also identifies the processes and tasks that need to occur in order for movement from one stage to the next to happen (Prochaska & DiClemente, 1992). Movement from pre-contemplation to contemplation involves consciousness raising to become aware of causes, consequences, and solutions to problem behavior, as well as defenses mechanisms that maintain behavior. To move from contemplation to preparation requires the ability to set goals and develop an action plan for change, as well as the acquisition of healthy behaviors to replace old patterns. During the action stage, an increase in self efficacy or belief in one's own ability to change is needed. Since change is stressful, the individual will need the support and understanding of helping relationships. To prepare for the maintenance stage, one needs to develop a relapse prevention plan to address the inevitable de-motivation that occurs after a relapse. Prochaska and Prochaska (1999) compare the process of change to a marathon in that it requires detailed preparation. They caution that as in a marathon, one will likely hit 'heartbreak hill' or a time of psychological demoralization, and may relapse (i.e., drop out) if not properly prepared for change. Thus moving too quickly from precontemplation to action can be detrimental to long term change.

A considerable number of studies have confirmed the validity, utility and generalizability of the transtheoretical model across a large variety of clinical problems (Castonguay & Goldfried, 1994). For example, Prochaska, Velicier, Rossi and Goldstein (1994) observed clear commonalities across a broad range of problem behaviors and a wide variety of populations with such behaviors. Problem behaviors include smoking, cocaine use, weight control, dieting, adolescent delinquency, safe sex, sunscreen use, exercise, and mammography screening. More relevant to offender populations is the finding that the degree of improvement gained from program participation was predictable based on pre-treatment level of readiness for change (Howells & Day 2002). Thus readiness for change is hypothesized to be an important mediator influencing offender responsivity to treatment.

2.10.2. <u>Purpose in Life</u>

Based on personal observations and insights during his 1943 - 1945 concentration camp internment, Frankl (1984) developed a new approach to psychotherapy which he termed logotherapy. Frankl theorized that those who had a task yet to do (i.e., a sense of life meaning and purpose), were most apt to survive the concentration camp or any other trying circumstance. According to Frankl, the 'will to meaning,' or each person's searching and striving toward actualizing one's unique life purpose, is the primary universal motivation and responsibility in life. However, no one can dictate another's purpose. Instead each individual must determine his or her own life meaning and purpose, and accept the responsibility their answer directs. Moreover, finding purpose and meaning is a critical aspect of healthy functioning, especially when one is faced with life's unavoidable frustrations and suffering (Frankl, 1973). An increased sense of meaning in personal existence gives the individual a greater inner strength or hardiness to withstand illness and psychological stressors (Kobasa, 1979). Meichenbaum (1993), in describing stress inoculation training, notes that the role of the trainer/therapist is to help individuals cope better with stress by among other things, facilitating discovery of a sense of meaning and explanation of what happened and why it happened. Even when faced with life threatening circumstances, as in Nazi concentration camps, the individual with a sense of meaning was more likely to survive (Frankl, 1984). Working with cancer patients, Yalom (1980) similarly observed that individuals facing death, but with a sense of life purpose, were able to yet live better, more full lives. Frankl (1984) frequently quoted Nietzsche, "he who has a *why* to live can bear almost any *how*" [italics in original quote] (p. 9).

The human need for meaning in life reflects an automatic, neurologically determined impulse to impose order on un-patterned stimuli (May & Yalom, 1989). This tendency is well illustrated by the familiar Gestalt laws of perceptual organization such as closure, or the tendency to perceive a broken circle as complete, and the tendency to divide visual scenes into figure and ground. One experiences dysphoria until one is able to fit a situation into a recognizable pattern. In like manner, people experience feelings of unease when confronted with a seemingly un-patterned world. Consequently, individuals strive for an explanation, pattern or meaning for their existence. Estimates are that 20% - 30% of the typical psychological practitioner's case load consists of clients with meaninglessness as the presenting clinical complaint (Crumbaugh &

Henrion, 1988; Yalom, 1989). Further, it is estimated that this condition affects in some degree more than half of the general population. This high incidence of meaninglessness can be partly attributed to the fact that our changing culture leaves people with a reduced capacity to find meaning in activities and institutions which provided pre-industrialized people with life meaning. There is less emphasis on religious and other traditions, reduced connection to nature and each other, and a greater sense of alienation in the technological work world (Yalom, 1980). Attachment to family, country, God or some other institution or entity larger than self is one necessary condition for meaning (Seligman, 1990).

Frustration of the will to meaning (i.e., failure to find a purpose for existence), results in existential vacuum. Symptoms of existential vacuum include a sense of meaninglessness, boredom, apathy, emptiness, vague or lack of goals and direction in life, and reduced motivation to continue the struggle for survival. In other words, "when we don't find Nietzsche's *why* for our life, we get tired of putting up with the *how* of it" (Crumbaugh, 1973, p. 227) [Italics in original quote]. If the condition of existential vacuum continues without relief, existential frustration results, and may lead to noogenic neurosis. Frankl (1984) differentiates "noogenic neurosis," generated by a lack of meaning in life, from conventional psycho-neurosis (p. 106). Psychopathology associated with noogenic neurosis includes "alcoholism, depression, obsessionalism, delinquency, hyperinflation of sex and daredevilry … conformity (doing what others do) and submission to totalitarianism (doing what others wish)" (Yalom, 1980, p. 450). Kish and Moody, (1989) found low life purpose scores to be significantly negatively related to scores on MMPI scales suggestive of psychopathology including neurotic (D, Hs, Hy), psychotic (Pa, Pt, Sc, Ma) and sociopathic (Pd).

From the perspective of logotherapy, behaviors such as alcohol addiction, substance abuse and criminal involvement can be understood as due to the inability to form and pursue meaningful goals, and make sacrifices needed to achieve those goals. This suggests that individuals who have a clear sense of purpose should be better able to abstain from drinking and criminal conduct than those who do not. Ungar, Hodgins, and Ungar (1998) found confirmation of this hypothesis in a study of 84 male and female adult outpatients at two counseling centers. All were diagnosed alcohol dependent based on DSM IV criteria, had been using alcohol for an average of 14 years, and had never received psychiatric treatment for disorders other than substance abuse or

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depression. At 3, 6, and 12 month intervals following initial assessment, participants were interviewed to gather data about crises (defined as strong temptations to drink which did not result in alcohol use), and relapses (defined as any alcohol use during the 12 month period of abstinence). Results indicated that 68% of participants experienced at least one relapse while 24% remained alcohol free. All of the abstinent participants and 27 of the relapsers experienced at least one crisis episode. Those who cited a meaningful goal as the reason for abstinence were less likely to relapse and experienced less severe relapses than those who cited reasons for abstinence based on factors such as lack of availability of alcohol, physical sickness, disgust of intoxication, or lack of enjoyment from drinking. In other words, setbacks in the recovery process were associated with a lack of a clear sense of purpose.

Noblejas de la Flor (1997) conducted a study to assess the inner meaning fulfillment of male and female drug addicts enrolled in a therapeutic educational program in Madrid, Spain. Of the 125 participants, 40 were in "Reception" (first stage, newly arrived), 40 were in "Community" (middle of program), and 45 were in "Integration" (the last stage, re-encountering their habitual work and life). In addition there were 33 people in "Follow-up" (graduated at least 2 years earlier). Groups were compared to a sample of 841 "normal" subjects in the local population. The reception group, considered the most problematic for drug problems, reported a significantly lower sense of meaning in life compared to a sample of 841 normals. In addition, increasingly higher levels of meaning in life was demonstrated as groups progressed through the program.

Padelford (1974) found a significant negative correlation between purpose in life and drug involvement among high school students. Among a sample of college students, Sappington and Kelly (1995) found that anger problems and purpose in life were negatively correlated. A sample of shoplifters were found to have a lower sense of life meaning than a sample of non-shoplifters (McShane, Lawless, & Noonan, 1991). More directly related to incarcerated criminal offenders, Whiddon (1983) found that 18 of 20, or 90% of incarcerated participants in a logotherapy group designed to instill a greater sense of purpose and meaning, reported starting their criminal activity at a time when they were without direction in life, had few goals, and experienced feelings of boredom and worthlessness. After participation in the group, a greater sense of purpose in life was accompanied by a significant improvement in behavior. This result was consistent across six different groups of offenders participating in the logotherapy

program. Maruna's (2001) interviews with active offenders suggested that active offenders struggled with a creeping sense that their existence was meaningless, and that criminal behavior might be used as an attempt, albeit sometimes ineffective, way of filing the empty void in their lives. A 33 year old male active offender commented that he had "come to a time where I'd had enough of it you know. I'd had enough of prison and all the lifestyle that goes with it you know, and just the uselessness of everything. You know, just feeling useless. I would still go out robbing and making money and spending it on something else, but it was still not fulfilling to me and still felt like I was wasting myself" (Maruna, 2001, p. 119).

These studies collectively support the hypothesis that purpose in life is related to criminal behavior. Thus developing a greater sense of meaning and purpose in life is hypothesized to be important to rehabilitation and long term desistance from crime. Developing a strong sense of purpose in life is thought to be analogous to the notion of revising the offender's condemnation script to a more positive redemption script.

2.11. <u>Stress Inoculation Training</u>

Analogous to medical inoculation against biological diseases, stress inoculation training (SIT) is designed to nurture coping skills and positive expectations, not only to more effectively deal with specific immediate problems but also to proactively address future difficulties. The goal is not to eliminate stress, but to understand the nature and impact of stress, and to learn a variety of interpersonal and intrapersonal skills to constructively manage stress (Meichenbaum, 1985). According to the transactional model, stress is perceived as a transaction between demands and coping resources. When resources exceed demands, the situation is perceived as a challenge and resources are applied to resolve the situation. Stress occurs when perceived internal or external demands exceed coping resources. Within the transactional framework, stress can be reduced by decreasing demands, increasing resources, or both (Pierce, 1995). Under SIT, stress is conceptualized as any transactional experience in which the person perceives that debits are exceeded by credits, and feels overtaxed. If resources are available then the situation is perceived as a challenge, otherwise the experience is deemed stressful. Individual differences in perceptions help explain fact that different people experiencing the same stimulus do not all perceive stress.

SIT training is organized into three distinct phases, each of which is applied, but not necessarily in a strict sequence (Meichenbaum, 1993). Pierce (1995) noted that in practice, some aspects of different phases may overlap, be repeated, or be deemphasized as participants' needs and length of training dictate. Phase 1, Conceptualization, consists of establishing a collaborative working relationship between participant and trainer. Meichenbaum (1985) stressed that clients often enter treatment with a paralysis of will stemming from an internal dialogue of demoralization, helplessness and hopelessness. Within the context of the relationship between trainer and participant, information about presenting concerns and symptoms is gathered via interviews, questionnaires, psychological testing and self monitoring procedures. Assessment is followed by reframing or reconceptualizing the individual's or group's stress experience and symptoms in explanatory terms that imply hope, problem solving, and amenability to change rather than hopelessness and despair (Meichenbaum, 1985). Generalized, undifferentiated, uncontrollable and sometimes overwhelming symptoms and feelings are reframed into more specific addressable challenges. Past positive achievements and prior accomplishments can be the source of an increased sense of control on the part of the client. According to Pierce (1995), progress in the conceptualization phase can be assessed by the extent to which the individual demonstrates an understanding of their feelings and behavior, and can contribute to a workable plan for stress and coping.

Phase 2 is Skill Acquisition and Rehearsal. The primary focus of this phase is the development of specific coping skills. After extensive work with groups of delinquent youth, Gibbs, Potter and Goldstein (1995) stressed that awareness of problems and motivation for change is only the first step in the change process. Their work in developing positive peer group cultures demonstrated that after group members developed the motivation to change themselves and their peers, the situation quickly deteriorated as members resorted to their usual strategies of hostility, name calling, harassment, yelling and physical confrontation in their commendable, though misguided attempts to help each other change. The key missing element was lack of training in specific positive helping skills such as communication, problem solving, anger management, and identification of thinking errors. Wormith (1984) similarly cautioned that instilling motivation for change, without also providing the necessary tools and techniques for change, can have detrimental effects on offenders who are become

frustrated with their inability to achieve the newly acquired but unrealistically high outcomes.

The SIT literature does not suggest specific coping techniques, nor the sequence of presentation. Instead, a range of coping strategies are considered, from which the trainer and participant collaboratively choose the most appealing and effective approaches to address specific problems identified in Phase 1. The key is not which specific strategies are used, rather that the individual possesses an array of choices and flexibility in applying those choices depending on situational demands (Meichenbaum, 1985). The availability of multiple options increases the likelihood that, given differences in participants' preferences, an appealing and effective choice will be made (Pierce, 1995). SIT recognizes that different stressors call for different coping responses. Since coping is not a single act nor static process, and since different stressors call for different responses, the individual is encouraged to develop a flexible repertoire of skills to adjust his or her coping behavior to fit the ongoing demands of a situation, or to adjust to new situations. Instrumental or problem focused coping skills are direct action strategies calculated to directly address the problem situation or change the environment. These strategies may include training in problem solving, social skills, assertiveness training, and lifestyle changes. Making participants aware of their capacity for choice and teaching lateral thinking skills for creatively generating and evaluating multiple solutions to problems allows greater acceptance of responsibility (Walters, 2002). Palliative, or emotion focused coping skills are strategies intended to enhance emotional regulation and relieve physical distress symptoms in those circumstances where the client has little control over circumstances. Palliative coping recognizes the possibility that acceptance, compromise, retreat, distortion, or even denial may be the most adaptive short term response in certain situations where stressors can neither be altered nor avoided. Enhancement of palliative coping skills is considered important in prison settings where incarcerated offenders wrestle against their restrictive environment, leading to authority conflicts and maintenance of negative emotions and distress (Eccleston & Sorbello, 2002).

Specific palliative skills that may be taught include cognitive restructuring, altering the meaning of a situation to reduce the likelihood of it being labeled a stressor, diverting attention, meditation and relaxation. Although instrumental and palliative coping skills vary from person to person, relaxation is often selected as the first skill

taught since most people can quickly gain proficiency in this coping skill. Early success with relaxation training increases sense of efficacy, which can facilitate later training in other coping skills (Meichenbaum & Deffenbacher, 1988). Phase 2 also focuses on recognizing and addressing readiness for change, maladaptive attributions, beliefs and cognitions, feelings of purposelessness, and other internal factors that may interfere with one's ability to apply coping strategies already possessed or being learned during SIT. For example, an individual who perceives himself as inadequate or unlovable may handicap himself by misreading interpersonal situations, avoiding opportunities, or behaving in maladaptive ways that inhibit the ability to apply coping skills that are learned. When successful change occurs, the trainer is encouraged to ensure the trainee makes internal attributions for improvements (Meichenbaum & Deffenbacher, 1988)

The third phase of SIT, Application and Follow-Through, emphasizes behavioral rehearsal, role playing, modeling and other techniques to practice, refine and transfer coping skills outside the training setting. Learning to accurately appraise a situation and having a set of coping skills is of limited value unless these skills are regularly applied in day to day, as well as novel or demanding situations (Pierce, 1995). Through imagery rehearsal, role playing, and graduated in vivo exposure, participants newly acquired coping skills are tested and strengthened across time and settings. Gibbs, Potter and Goldstein, (1995) stress the value of classroom role playing followed by practice of those skills within the institution as a way to enhance generalizability and transfer of responsible behavior beyond the classroom, to the institution and beyond, to the post release environment. They cite participant observer studies reporting that some institutionalized delinquent youth can live comfortably with the duality of demonstrating genuine caring and respect in the classroom while simultaneously engaging in antisocial behaviors while not in view of staff. In these instances the training room is simply a "greenhouse" for improved behavior, which is not exhibited in the real world.

A key element of Phase 3 is relapse prevention, or inoculation for possible failure. Based on research on substance abuse (Matlatt & Gordon, 1985), relapse prevention procedures prepare participants to effectively respond to future stressful events, setbacks and failures that are likely to occur. To cope with the possibility of relapse, participants are helped to anticipate high risk situations and to rehearse effective ways of contending with setbacks. Particular emphasis is placed on the nature

of participants' thoughts and self attributions regarding failure. If setbacks are viewed as insurmountable or inevitable, or attributed to unchangeable, internal, stable character traits, exacerbation of stress and feelings of helplessness are likely to occur. As a result, participants are encouraged to attribute failure to less stable, external factors such as insufficient effort or incorrect strategy. This type of attribution implies that future success is still possible. Participants are also educated to view lapses not as causes for catastrophizing, discouragement, or a confirmation of their inability to handle stress, but rather as learning experiences and opportunities for growth. In cases of failure, participants can also be assigned the task of examining why coping efforts failed, and how a similar situation can be handled more effectively next time (Pierce, 1995).

SIT may be as short as a single one-hour application for surgery patients to as long as 40 one hour sessions for psychiatric patients. Typical treatments usually consists of from 8 to 15 one-hour individual sessions, or the same number of 75-90 minute group sessions (Meichenbaum, 1993). In many SIT studies, 'trainee' rather than 'client' or 'patient' was used. Similarly, 'mental toughness training' rather than 'stress reduction training' was used. Meichenbaum (1993) stresses that this nomenclature serves to emphasize the educational rather than psychotherapeutic framework of SIT. Use of this more appealing terminology also serves to increase participant acceptance of treatment. For similar reasons, in working with antisocial youth and adults, Gibbs, Potter and Goldstein (1995) refer to group meetings designed to increase skill and address deficits in problem solving and anger management, as 'equipment meetings' because "there is nothing 'sissy' or weak about getting equipment" (p. 16). Gibbs, Potter and Goldstein also refer to the moral development component of training as 'social decision making' to avoid potentially misleading connotations.

The following chapter presents information on the participants, the treatment intervention, measures and procedures used to assess seminar outcomes.

CHAPTER 3

METHOD

3.1. <u>Participants</u>

A randomly generated sample of 130 adult male inmates incarcerated at a Southern Ohio state prison was provided by the Ohio Department of Rehabilitation and Correction. The population at the institution was approximately 1600 inmates, 45% of whom were classified as Level 1 security, while 54% were classified as Level 2. Note that Ohio prisons use a 5 tier classification. Level 5 inmates are the most closely supervised, followed by level 4, level 3, level 2 and level 1. The only criterion for selection for this study was a prison release date on or after 31 Dec 2004, to ensure availability to complete the program, without being distracted by pre release activities. In accord with institution procedures for inmate movement, groups of approximately 25 inmates from the random sample were issued a written notification or "pass" to report to a classroom in the psychology department for an orientation on the nature of the research, procedures, potential risks and benefits, confidentiality, and informed consent. Of those inmates who volunteered to participate and signed consent forms, half would be assigned to the experimental condition while the other half would be assigned to the no-treatment control condition, in alternating sequence.

From the sample of 130 inmates, three individuals had already been released from the institution. Among the remaining inmates, 65 did not show up as instructed despite being aware of prison rules which stated that an inmate may face disciplinary action for failure to respond to a written pass. Of the 62 inmates who reported to the psychology building as instructed, many were 10 to 15 minutes late and a majority expressed great consternation and anger at being asked to attend the orientation session. Thirty seven inmates immediately left the room after being informed that participation was voluntary. Four other inmates were willing but unable to participate in the study – two because of conflicts with college classes and two who had been granted

early release with a departure date earlier than seminar completion date. Twenty one inmates stayed to hear the entire introduction, signed consent forms and volunteered to participate. All of the 21 volunteers were assigned to the experimental condition. The following week, the 65 inmates who did not show up as originally scheduled were issued another pass to report to the psychology building; only two of these individuals responded. Both made no effort to conceal their irritation and promptly exited the room after being informed of the voluntary nature of the study.

In planning this study, power analysis (alpha .05; medium effect size .06, power .80) suggested a sample size of 44 participants per condition (Keppel, 1991). In order to generate a sufficiently large number of participants for the experimental and no treatment control conditions, voluntary signup sheets were posted in the common areas of inmate housing units (see Appendices A and B). Case managers assigned to the housing units were briefed by the investigator on the nature of the research in order to answer any questions that might arise from inmates reading the signup sheets. In addition, the investigator, who had been working as a psychology intern at the institution for the previous six months and well known by many inmates, visited the housing units on several occasions. These visits were used to answer inmate questions and to help allay any potential suspicion about the research. Via the signup sheets, 48 additional inmates signed up for the experimental condition, bringing the total number of volunteers in the experimental condition to 69. Another 56 inmates signed up for the no treatment control condition.

3.1.1. Experimental Condition

The 69 participants in the experimental condition were divided into two groups. One group was scheduled to meet from 9:00 a.m. to 11:00 a.m. on Tuesdays and Thursdays, while the other group was scheduled to meet from 1:00 p.m. to 3:00 p.m. on Wednesdays and Fridays. The content of each group was identical and participants were instructed to attend the other group if they were unable to attend their assigned group on any given day. This flexibility was designed to accommodate the many instances where personal needs (e.g., phone calls, medical/dental appointments, or family visits) or institutional procedures (e.g., random urine testing or security lockdown) may preclude a participant's attendance during his assigned group.

On the first day of the two experimental groups, 14 volunteers were absent. Information on the nature of the research, procedures, potential risks and benefits, informed consent, and confidentiality was again reviewed and consent forms signed by those who had not already done so. Pre assessment packets were also administered. Over the course of several weeks, a total of 47 participants were dropped from the rosters due to poor attendance. Because of the experiential nature of the seminar and to encourage each participant to take responsibility for himself and his own learning/rehabilitation, only 3 unexcused absences were allowed. An absence was considered unexcused if the individual did not exercise the option of attending the alternate group, or meet out of class with the facilitator for a review of the missed class' content. One participant was dropped after missing several group sessions due to being placed in disciplinary confinement for fighting. Two other inmates were unable to complete the seminar: one declined further participation after being assigned to a coveted institution job which precluded group attendance, while the other was granted early release. As a result, 19 participants in the experimental condition completed the seminar. On the next to last day of seminar, post assessment packets were handed out along with an anonymous critique and instructions to return both the completed assessment packet and the critique on the last day. During data analysis, four participants were excluded due to excessively high scores on the Anomalous Responding subscale of the How I Think Questionnaire, suggesting disingenuous responding (Barriga, Gibbs, Potter, & Liau, 2001).

Thus from an initial sample of 69 inmates who volunteered to participate in the experimental condition, 15 participants or 21.7% of the sample were included in data analysis (Table 2). The mean age for the experimental group was 32.67 ($SD = 6.83$, range: 20 - 43). There were 8 (53%) who reported they did not graduate high school, 3 (20%) who reported high school graduation or G.E.D. completion, and 4 (16%) who reported some college, college graduate, or graduate school. Eleven (73%) reported their marital status as single, 1 (7%) married, and 3 (20%) as separated, divorced, or widowed. There were 8 (53%) participants who reported their racial/ethnic group as African American, 5 (33%) who reported Caucasian, and 2 (13%) who reported Hispanic/Latino, Native American, or other. Nine (60%) participants reported that they were employed 40 or more hours per week at time of arrest, 1 (7%) reported working less than 40 hours per week, and 5 (33%) reported being unemployed at time of arrest.

Eleven (73%) reported living in a city/urban community, 2 (13%) reported a suburban community, and 2 (13%) reported a rural/country home community. Ten (67%) participants were convicted on a Fourth or Fifth degree felony, 3 (20%) participants had a Third degree felony, while 2 (13%) had a second degree felony conviction. No participants were committed on their first degree felony conviction. Twelve (80%) participants were serving time on their first felony conviction, 2 (13%) had been incarcerated 3 times, and 1 participant had four prior incarcerations.

		Experimental Condition			Control Condition	
		N	%		*N*	%
Education	No HS	8	53		4	25
	HS Grad or GED	3	20		7	44
	College[1]	4	16		5	31
Marital Status	Single	11	73		9	56
	Married	1	7		0	00
	Other[2]	3	20		7	44
Race/Ethnicity	African American	8	53		5	31
	Caucasian	5	33		11	69
	Other[3]	2	13		0	00
Job Status (Hours worked per week at time of arrest)	40 or more	9	60		8	50
	Less than 40	1	7		4	25
	Unemployed	5	33		4	25
Hometown	City/Urban	11	73		10	62
	Suburban	2	13		3	19
	Rural/Country	2	13		3	19
Felony Degree	First	6	40		6	37
	Second	4	27		3	19
	Third	3	20		2	12
	Fourth or Fifth	2	13		5	31
# of Prior Incarcerations	None	12	80		8	50
	One	0	00		7	44
	Two	0	00		1	06
	Three	2	13		0	00
	Four	1	7		0	00
Age	Average	32.67			31.06	
	Median	32			28	
	Range	20-43			20-47	

[1] College - 'Some College,' 'College Graduate' and 'Graduate School' education categories combined.
[2] Other - 'Separated,' 'Divorced,' and 'Widowed.'
[3] Other - 'Asian,' 'Hispanic/Latino,' 'Native American,' and 'Other' racial/ethnic categories combined.

Table 2. Demographic Summary of Seminar Participants

3.1.2. <u>No Treatment Control Condition</u>

For the no treatment control condition, the 56 inmates who volunteered via signup sheets were issued a pass to report to the psychology building for an orientation to the research. Twenty nine inmates reported as instructed. After information on the nature of the research, procedures, potential risks and benefits, informed consent, and confidentiality was presented, three inmates declined to participate, leaving 26 who signed consent forms and completed pre-assessment packets. Participants were then told to expect a pass to complete another assessment packet in approximately 12 weeks. When later notified at the 12 week point, 18 of the 26 participants in the no treatment control condition returned and completed post assessment packets. During data analysis, two participants were excluded due to evidence of anomalous responding, leaving 16 valid pre and post assessment packets for the no treatment control condition, from an initial sample of 56 inmates.

The mean age or the no treatment control group was 31.06 (SD = 4.84, range: 20 - 47). There were 4 (25%) who reported they did not graduate high school, 7 (44%) who reported high school graduation or G.E.D. completion, and 5 (31%) who reported some college, college graduate, or graduate school. Nine (56%) reported their marital status as single, none were married, and 7 (44%) as separated, divorced, or widowed. There were 5 (31%) participants who reported their racial/ethnic group as African American, 11 (69%) who reported Caucasian. There were none who reported Hispanic/Latino, Native American, or other. Eight (50%) participants reported that they were employed 40 or more hours per week at time of arrest, 4 (25%) reported working less than 40 hours per week, and 4 (25%) reported being unemployed at time of arrest. Ten (62%) reported living in a city/urban community, 3 (19%) reported a suburban community, and 3 (19%) reported a rural/country home community. Nine (56%) participants were convicted on a Fourth or Fifth degree felony, 2 (13%) had a Third degree felony, while 4 (25%) had a Second degree felony conviction, and one (6%) participant was committed on a First degree felony conviction. Eight (50%) of participants were serving time on their first felony conviction, seven (44%) had been incarcerated two times prior, and one (6%) participant had two prior incarcerations.

3.2. <u>Program Description and Procedures</u>

The intervention was conducted in a group seminar format based on the principles of Stress Inoculation Training (SIT). Group met in 2-hour biweekly sessions over a 12 week period for a total of 48 program hours. This writer served as group facilitator. The purpose of the intervention was to increase inmates' repertoire of coping and problem solving skills to better solve interpersonal and intrapersonal challenges. The seminar was also designed to address issues related to a reduction in criminogenic risk factors, particularly criminal thinking errors, as well as revision of internal self narratives. Each participant was given a seminar workbook to guide discussion and provide a place to take notes.

Several aspects of the seminar content and format were calculated to generate an atmosphere of unconditional positive regard and to increase participants' sense of esteem and belief in their ability to set and persevere toward attainment of pro-social goals i.e., to have a meaningful life not involving criminal activity. In numerous ways, the underlying message to each participant was that he was a human being and not just another nameless inmate. For example:

> Each session began with a few minutes of administrative announcements from the facilitator and an open-ended discussion of important happenings at the institution. This was followed by group verbal recitation of the poem *Namaste* (see Appendix C). *Namaste* was printed in the seminar workbook and also posted on large flipchart sheet on the front wall of the room. It was explained to participants that in certain cultures, the word *Namaste* is used as a greeting and a sign of respect to an honored guest. Thus, *Namaste* was used at the start and end of each seminar to acknowledge that in spite of our many differences (e.g., ethnicity, education, socioeconomic level, and criminal involvement), we are the same at our core level of being. This ritual was designed to foster a sense of mutual respect for self and others. Criminal behavior was never condoned or excused however, participants were encouraged to distinguish between their inner worth as human beings and their criminal behaviors. The overarching message was: "Your behavior may be 'bad,' but this does not make you an intrinsically 'bad' person. Further, you have the capacity to change your behavior."

> The choice of *Don't Quit*, as the program title, based on a poem of the same name, was intended to convey the notion of perseverance in life. In addition, this title was intended to avoid possible stigma associated with program participation. Appealing, non therapeutic sounding nomenclature is an important consideration in working with prison inmates (Gibbs, Potter & Goldstein, 1995).

> In addition to receiving a workbook, participants were also given another folder with a compilation of motivation quotes. Participants were encouraged to review these

often, particularly when facing stressful situations. Participants were also taught and practiced visualization and relaxation techniques. This was to provide an immediate self-help strategy to help relieve the "24-7" (i.e., 24 hours per day, seven days per week) stress of prison living life.

Facilitator and participants addressed each other as "Mister" followed by last name. Neither the customary "inmate," nor first names were allowed during group. All participants were required to remove head coverings and maintain good personal hygiene and appearance (i.e., clean institution uniform, shoes laced, shirt tucked in, and head/facial hair well groomed). In addition, participants were informed that the facilitator would make no inquiries into any participant's criminal history before or during seminar. This was to avoid possible facilitator bias and to increase the sense of acceptance of all participants regardless of their particular criminal behavior. Files were reviewed for data collection purposes only after completion of the seminar. Nevertheless, in the course of discussions, participants often voluntarily disclosed personal information, including their criminal involvement.

Verbal persuasion and vicarious learning were accomplished via frequent use of stories and metaphors, newspaper and magazine articles, poems, quotes, and videos, all with a positive motivation emphasis. Numerous contemporary role models who have overcome difficult circumstances were highlighted and discussed, particularly those who were ex-offenders. An example is Carl Upchurch (1998). In his autobiography, *Convicted In The Womb*, Mr. Upchurch chronicles his journey from elementary school dropout, through almost two decades in and out of the juvenile and adult criminal justice systems, to become a peace activist, speaker and seminary student. Videos and DVDs shown and discussed included: *The Power of Vision* which stresses the importance of a personal life vision in building a successful future; *Men of Honor*, depicting the heroic struggles of Carl Brashear, who overcame racism and the loss of a leg to become the first African American to achieve the classification of Navy Master Diver; and *The Gift Of Grab*, highlighting the careers of several well known former star professional football players whose attention to game fundamentals, discipline and work ethic led to hall of fame induction.

During the last day of seminar, participants from both experimental groups were combined into one group for an informal graduation ceremony. Original plans for a formal graduation ceremony in the presence of visiting family and friends were cancelled due to the small number of graduates and inability of most family members to travel to the institution. Each graduate was congratulated, applauded by peers and individually presented his Certificate of Excellence (see Appendix D). Certificates were designed to look well and serve as a tangible symbol of graduates' capacity to follow through toward accomplishment of a worthwhile goal. Paperback copies of the book, *Man's Search For Meaning*, by Viktor Frankl were presented to each of the three participants with the best attendance (two had perfect attendance and one had only one missed session). The success experience of program completion would help serve to undermine the "culture of failure" (Roundtree et al, 1979, p 17), while strengthening participants' sense of personal efficacy (Bandura, 1977).

3.3. <u>Measures</u>

Reduction in the probability of post release recidivism is the ultimate measure of program success. In lieu of actual recidivism statistics, intermediate measures of program success may be used (Sechrest, White & Brown, 1979). Seminar outcomes were assessed using a packet of four paper and pencil self-report instruments, stapled in counterbalanced order, (see Appendix E). Measures included: Hardiness Scale; How I Think Questionnaire; Purpose in Life Test; Self-Control Schedule; and Stages of Change Scale. To assure data confidentiality and anonymity, a unique ID number was assigned to each participant and used to match pre and post assessment data packets. The ID number was constructed based on each participant's date of birth (expressed as a Julian calendar date) and last initial. For example, participant John Doe, born on 7/27/1980 (Julian calendar date - 202) would have an ID code = 202D. Although response bias is a concern in any psychological assessment process, it has increased significance in a correctional setting, where the population is more inclined to engage in various forms of deception. As recommended by Paulhus (1991), response bias was addressed by advising participants that the assessment packet contained a method to detect disingenuous or insincere responses (see the Anomalous Responding subscale of the How I think Questionnaire, discussed later).

Criminal history data including number of prior incarcerations and felony degree (i.e., First, Second, Third, Fourth, or Fifth degree, with first degree felonies being more serious than fifth degree felonies) was collected from official institution records, after completion of the seminar. Institution misconduct records for participants in both conditions were also tabulated from official records. Participants' subjective perception of seminar effectiveness was assessed using a brief 10 item paper and pencil critique developed for this purpose.

3.3.1. <u>Hardiness Scale (HS)</u>

The HS is a 45-item instrument which measures dispositional resilience or hardiness of an individual's personality (Bartone, Ursano, Wright & Ingraham, 1994). This variable has been shown to relate to how one approaches, interprets and copes with stressful events and experiences. In general, hardiness can be thought of as a stress buffer, and has been shown to be associated with high levels of well being. Kobasa, Maddi & Kahn (1982) define hardiness as "a constellation of personality

characteristics that function as a resistance resource in the encounter with stressful life events." (p. 169). Through cognitive appraisal, stressful experiences are rendered less meaningless, overwhelming or undesirable. The personality dispositions of hardiness, which serve as subscales of the HS are commitment, control and challenge. Commitment is the tendency to identify with and find meaning in the life events, things and persons in their environment. Committed persons have an active versus a passive, avoidant approach to their environment (*Most of my life gets spent doing things that are worthwhile*). Control refers to the disposition toward a sense of autonomy and influence versus helplessness in regard to life's contingencies. Persons high on the control dimension will exercise greater imagination, knowledge, skill and choice in attempting to influence events and outcomes (*Planning ahead can help avoid most future problems*). Challenge fosters openness to change, growth and flexibility as a normal way of being, in contrast to a focus on stability and security (*I like a lot of variety in my work*).

To complete the HS instrument, respondents rate items on how true each statement is for them, on a 4-point scale from 1 (*not at all true*) to 4 (*completely true*). Scores from each item are summed, with higher scores indicating more hardiness. The internal consistency (alpha) coefficients were .62, .66 and .82 for the challenge, control, and commitment subscales, respectively. As a total summated scale, the HS had an alpha of .85. HS scores were predictive of mental and physical health, and found to be sensitive to changes in level of stress.

3.3.2. How I Think Questionnaire (HIT)

The HIT is a 54 item instrument developed by Barriga, Gibbs, Potter and Liau (2001) to measure inaccurate, self serving cognitive distortions used to rationalize antisocial behavior, and then to protect the self concept by neutralizing guilt, distress or cognitive dissonance as a result of the act. Participants respond to HIT items along a 6-point Likert scale from *agree strongly* to *disagree strongly*). Items comprise four cognitive distortion subscales include: Self-Centeredness - focus on short term needs, rights and feelings to the disregard of others' rights and interests (*Getting what you need is the only important thing*). Blaming Others - denial of responsibility and misattribution of blame for one's victimization to external others and sources (*If I made a mistake, it's because I got mixed up with the wrong crowd*). Minimizing/Mislabeling - depicting antisocial behavior as harmless, acceptable or even admirable (*Everybody breaks the*

law, it's no big deal). Assuming the Worst - misattribution of hostile intent to others, considering the worst case scenario as inevitable in social situations, or assuming improvement in one's own or other's behavior as impossible (*You should hurt people first before they hurt you*). In addition, there are four antisocial behavior subscales that involve direct and indirect confrontation of a victim. These behavior subscales are: Opposition-Defiance (*Rules are mostly meant for other people*). Physical Aggression (*People need to be roughed up once in a while*). Lying (*Sometimes you have to lie to get what you want*). Stealing (*You may as well steal, if you don't take it, somebody else will*). An overall score is derived from all 8 subscales.

       An Anomalous Responding (AR) scale consisting of 8 items is intended to screen for disingenuous, incompetent or otherwise suspect responding. For example, disagreement with the item (*Sometimes I get bored*), can be interpreted as implausible and therefore inaccurate. Profiles with unusually high AR scores should be interpreted with caution and possibly excluded from data analysis. Seven "positive filler" items (*When friends need you, you should be here for them*) are not scored, but intended to camouflage the distortion items, encourage full use of the response scale, and to counterbalance the abrasive content of the distortion items.

       Content and face validity. Graduate students were able to classify items by self serving and behavioral categories with a high degree of accuracy. Internal consistency estimates for cognitive distortion, behavior and AR subscales were high, with alphas ranging from .63 to .92. For the overall score, internal consistency estimates range from .92 to .96. HIT scores correlated significantly with self and parent report of antisocial behavior thus demonstrating convergent validity. HIT also correlated significantly with established measures of anger and with and school suspensions among a high school group and institutional misconduct among a sample in incarcerated youth. Divergent validity was demonstrated from no significant correlations between HIT scores and measures of intelligence, grade point average and academic achievement. Evidence for construct validity was seen in that HIT scores, as hypothesized, were inversely correlated with measures of moral maturity, judgment, and empathy. High test-retest reliability was exhibited at 1-week interval: r=.91. Adult norms are not yet available however, research with incarcerated juveniles suggest that HIT has very good reliability and validity with adults (Birraga, Gibbs, Potter, & Liau, 2001; Gibbs, personal communication, 22 Jan 2004; Potter, personal communication, 11 Feb 2004).

3.3.3. Purpose In Life (PIL) Test

The PIL Test is a 20-item attitude scale constructed within the orientation of Frankl's logotherapy (Crumbaugh & Maholick, 1964). It is used to measure the degree to which individuals experience life as meaningful, how much they feel like somebody that matters and how strongly they have developed a sense of purposeful direction in life. Respondents are asked to rate each item on a scale from 1 to 7, based on different qualitative phrases for each item. An example item and phrase is "My personal existence is:" 1 - *utterly meaningless, without purpose*, to 7 – *very purposeful and meaningful*. Another item and phrase is *I am a:* 1 – *very irresponsible person*, to 7 – *very responsible person*. Scores for each item summed to arrive at a PIL score ranging from 20 to 140. Scores of 113 and above suggest definite feelings of life meaning, scores 91 and below suggest lack of meaning, while scores between 92 through 112 are of uncertain definition. However, higher scores generally suggest a stronger sense of life meaning and purpose (Crumbaugh & Henrion, 1988; Hutzell, 1988).

Split half reliability correlations ranged from .77 (Spearman-Brown corrected to .87) to .85 (Spearman-Brown corrected to .92). Test-retest reliability data from various studies were as follows: 1-week coefficient of .83 ($N = 57$ church members); 6-week coefficient of .79 ($N = 37$ college students); and a 12-week coefficient of .68 ($N = 17$ penitentiary inmates). Evidence for construct validity (i.e., that PIL measures life meaning), is demonstrated from studies which reported significant differences in mean PIL scores of different groups thought to experience different levels of life meaning. For example, there was a statistically significant predicted drop in mean score for groups of 'normals' ($M = 115.07$, $SD = 13.87$, $N = 30$), first sentence penitentiary inmates ($M = 99.07$, $SD = 18.72$, $N = 30$), recidivist penitentiary inmates ($M = 86.80$, $SD = 15.35$, $N = 30$). Similarly, religious graduate students and ghetto residents differed significantly in mean PIL score as expected (Hutzell, 1988).

3.3.4. Self-Control Schedule (SCS)

The SCS is a 36-item instrument designed to assess individual repertoire of self-control skills and tendencies to apply self-control methods to the solution of behavioral problems (Rosenbaum, 1994). It can be used as an indicator of client changes in therapy. Behaviors for this measure were derived from the literature on stress coping therapies. Items are rated on a 6-point Likert type scale of responses ranging from *Very*

characteristic of me to *Very uncharacteristic of me*. Examples of items include: *When I have to do something that makes me anxious, I try to visualize how I will overcome my anxiety while doing it* and *When I find it difficult to settle down and do a task, I look for ways to help me settle down*. The SCS has good to excellent internal consistency, with alphas that range from .72 to .91, and good to excellent stability, with test-retest correlations for 11 months of .77 and for four weeks of .86. Construct validity is good, with correlations with Rotter's Internal-External Scale and the Irrational Beliefs Test in the predicted direction. No additional psychometric data are available.

3.3.5. **Stages of Change Scale (SOCS)**

The SOCS provides a measure of where clients currently are along four distinct stages of change: precontemplation, contemplation, action, or maintenance (McConnaughy, Prochaska & Velicer, 1983; McConnaughy, DiClemente, Prochaska & Velicer, 1989). There are eight items measuring each of the four scales for a total of 32 items. Items are rated along a 5-point Likert scale with 1 indicating *strong disagreement* and 5 *showing strong agreement*. Sample items from each scale are as follows: pre-contemplation (*As far as I'm concerned, I don't have any problems that need changing*); contemplation (*I have a problem and I really think I should work on it*); action (*anyone can talk about changing; I'm actually doing something about it*); and maintenance (*I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it*). Validity data indicates that SOCS scores predicted treatment completion and treatment success. Internal reliability coefficient alphas for each 8-item scale were as follows: precontemplation, .88, contemplation, .88, action, .89, and maintenance, .88.

3.3.6. **Institution Misconduct Report**

Each institution maintains data on inmate disciplinary infractions. This behavioral data is traditionally viewed as an indicator of prison adjustment or maladjustment (Flanagan, 1983). The disciplinary record for participants in treatment and control groups was collected and analyzed for the 30 day period immediately prior to start of intervention and for the period of the intervention. Criminal history data collected included the number of prior incarcerations, and felony degree.

3.3.7. Participant Critique of Seminar Effectiveness

Participants' subjective impression of seminar effectiveness was assessed via an anonymous critique at the end of the seminar for those in the treatment group (see Appendix F). Participants were asked to rate 10 items, on a Likert scale from 1 (*strongly disagree*) to 6 (*strongly agree*). Questions were designed to elicit participants' feelings about the usefulness of seminar content to their lives; their perceptions of the facilitator and how seminar was conducted; whether they felt they were able to apply ideas and skills while incarcerated, and would be able to apply seminar ideas after release from prison. In addition, there were four open-ended questions: "What do you like most about our seminar?" "What do you like least about our seminar?" "How can we improve our seminar?" "What is the most important lesson you have learned thus far?"

3.4. Analysis of Data

Frequencies, means, and standard deviations were calculated based on participants' demographics and criminal history data: age, education, marital status, race/ethnicity, job status at time of arrest, hometown, felony degree, and number of prior incarcerations. Independent samples *t*-tests on pre assessment means on each dependent measure were conducted to assess pre treatment differences between the experimental and no treatment control groups. Paired samples *t*-tests statistics were computed for participants in the experimental group to asses the significance of pre to post intervention changes (i.e., the effect of the intervention), on scores for each dependent measure. Paired samples *t*-test statistics were also computed to assess changes in pre to post scores for each dependent measure for the no treatment control group participants. To assess the effect of the intervention across levels of each independent variable, post hoc one way ANOVA statistics were computed for participants in the experimental condition, using Bonferroni correction to compensate for familywise Type I error (Keppel, 1991). An alpha level of .05 was used for all statistical tests. In addition, frequencies, means and standard deviations were computed for each of the 11 seminar critique items. Participants' responses to open-ended critique questions were also summarized and content analyzed. All statistical tests were performed using the Statistical Package for the Social Sciences for Windows, Version 13.0 (2004).

CHAPTER 4

RESULTS

The purpose of this study was to examine the effectiveness of a self-improvement seminar presented to a sample of adult male inmates at a Southern Ohio correctional institution. It was hypothesized that participants in the treatment group who completed this program would evidence a statistically significant positive change in their pre to post intervention scores on paper and pencil measures of hardiness, criminal thinking, purpose in life, self control, and readiness for change as compared to participants in a control condition who did not participate in the intervention. A second hypothesis was that participants in the treatment group would evidence a statistically significant improvement in behavior as assessed by a reduced incidence of institutional misconduct. A third hypothesis was that the seminar would receive a favorable evaluation via an anonymous critique to be completed by participants in the treatment group, indicating a positive impact as perceived by the participants themselves.

Independent samples *t*-tests on pre treatment means revealed no significant differences between the experimental and the control groups on each of the dependent measures at the start of the study (see Table 3).

4.1. <u>Hypothesis 1</u>

To assess the overall effectiveness of the seminar, paired samples *t*-tests were conducted to compare pre to post seminar mean scores on all dependent measures for participants in both conditions. Results indicate that as expected, there were no statistically significant pre to post changes for the control group. However, contrary to expectation, there were also no significant pre to post changes for the experimental group (see Table 4). This non significant result suggests that the intervention had no significant effect on the participants' pre to post assessment scores. According to Keppel (1991), additional post hoc analyses are not permitted after a non-significant

overall *t* statistic, except in the case of research studies. Consequently, though the overall *t* statistic in the current study was not significant, additional post hoc ANOVA statistics were computed to assess the possibility of significant differences based on age, education, marital status, and ethnicity for participants in the experimental group. Contrary to expectation, in the current study, there were no significant differences across levels of the independent variables.

Measure		N	M	SD	t / p
Stage of Change Scale: Precontemplation	Exp. Group	25	14.6	5.6	t = -.946, p = .349
	Control Group	24	16.2	6	
Stage of Change Scale: Contemplation	Exp. Group	26	34.2	4.6	t = -.833, p = .409
	Control Group	25	35.2	4	
Stage of Change Scale: Action	Exp. Group	26	33.2	5.2	t = -.612, p = .543
	Control Group	25	34.1	5.2	
Stage of Change Scale: Maintenance	Exp. Group	27	28.7	6.4	t = -.324, p = .747
	Control Group	24	29.2	5.4	
Hardiness Scale: Total	Exp. Group	29	132	8.8	t = .622, p = .537
	Control Group	19	130	10.5	
How I Think Scale: Total	Exp. Group	31	2.2	0.44	t = -.400, p = .691
	Control Group	26	2.2	0.86	
Purpose In Life Scale: Total	Exp. Group	30	96	16.7	t = -.243, p = .809
	Control Group	25	97.3	21.3	
Self Control Scale: Total	Exp. Group	28	26.1	27.2	t = -.440, p = .662
	Control Group	21	29.7	29.1	

Table 3. Pre Treatment Means:
Experimental Group vs No Treatment Control Group

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MEASURE	TIME	*N*	*M*	*SD*	*t / p*
Stage of Change Scale: Precontemplation	Pre	11	15.3	4.9	*t* = .150, *p* = .884
	Post		15.0	5.0	
Stage of Change Scale: Contemplation	Pre	10	33.6	3.7	*t* = .578, *p* = .578
	Post		32.9	4.8	
Stage of Change Scale: Action	Pre	10	34.1	2.4	*t* = .896, *p* = .394
	Post		33.5	3.2	
Stage of Change Scale: Maintenance	Pre	11	29.4	4.7	*t* = 1.426, *p* = .184
	Post		28.0	4.8	
Hardiness Scale: Total	Pre	13	129.7	8.2	*t* = .783, *p* = .447
	Post		132.7	9.5	
How I Think Scale: Total	Pre	15	2.3	0.43	*t* = -.546, *p* = .549
	Post		2.2	0.69	
Purpose In Life Scale: Total	Pre	14	92.1	17.9	*t* = -.465, *p* = .649
	Post		93.9	14.4	
Self Control Scale: Total	Pre	12	15.8	25.9	*t* = -.639, *p* = .536
	Post		20.6	12.5	

Table 4. Pre to Post Assessment Scores for Experimental Group

4.2. <u>Hypothesis 2</u>

Data on the incidence of misconduct for each participant in both conditions were extracted from official institution disciplinary records. Results show that there were few disciplinary incidents for participants in both conditions. Among participants in the experimental group (completers and dropouts), three had one disciplinary infraction each on file for the 30 day period prior to start of the seminar. For the no treatment control condition, only 1 participant among the completers and dropouts had a disciplinary infraction for the same period. At post assessment, only one participant in the experimental condition had a disciplinary sanction. There were no disciplinary infractions for those the no treatment control condition.

4.3. <u>Hypothesis 3</u>

To assess participants' impression of the value and efficacy of the intervention, overall mean scores and standard deviations for each critique questions were calculated (see Table 5). Results indicate that on a 6-point Likert scale (1 – *Strongly Disagree* to 6 – *Strongly Agree*), participants reported being glad they took the seminar (Question 10 – $M = 6.00$, $SD = 0.0$). They felt comfortable to express themselves during seminar (Question 2 – $M = 5.88$, $SD = .50$) and believed other seminar participants were also interested in improving themselves (Question 6 – $M = 5.13$, $SD = 1.21$). Participants also believed they learned a lot (Question 7 – $M = 5.69$, $SD = .70$), that the seminar content was relevant to them (Question 1 - $M = 5.25$, $SD = 1.23$), that they would be willing to take a follow-up seminar if one was available (Question 8 – $M = 4.94$, $SD = .854$), and that they would recommend this seminar to others at the institution (Question 9 – $M = 5.50$, $SD = .816$). Critique data also suggested that participants were thinking about the seminar material outside of the classroom (Question 3 – $M = 5.75$, $SD = .683$), were currently applying ideas learned (Question 4 – $M = 5.00$, $SD = 1.21$) and expected to continue to apply ideas learned after release from prison (Question 5 – $M = 5.00$, $SD = 1.21$).

Seminar Critique (Treatment Group)	N	M	SD	Mode
1. The content of this seminar is relevant to me.	16	5.25	1.23	6
2. I feel comfortable to say what I really think or feel in seminar. (If not comfortable, use back of this sheet to explain what would make you more comfortable)	16	5.88	0.50	6
3. When I return to my normal routine, I continue to think about the things we discussed in seminar.	16	5.75	0.68	6
4. I am applying ideas from this seminar right now.	16	5.00	1.21	6
5. I believe that I will be able to apply ideas from this seminar after release and return home.	16	5.00	1.21	6
6. I believe the other people in our seminar are interested in improving themselves.	16	5.13	0.95	6
7. I have learned a lot from this seminar.	16	5.69	0.70	6
8. If there was a follow-up seminar after this, I would take it.	16	4.94	0.85	4
9. I would recommend this seminar to other guys at this Camp.	16	5.50	0.81	6
10. Overall, I'm glad I took this seminar.	16	6.00	0.00	6

Table 5. Participants' Seminar Critique – Quantitative Ratings

CHAPTER 5

DISCUSSION

5.1. <u>Major Finding: No Significant Pre to Post Change on Dependent Measures</u>

The first hypothesis was not supported in this study - there were no overall significant pre to post differences for participants in the experimental condition for any of the dependent measures (i.e., Hardiness Scale; How I Think Questionnaire; Purpose in Life Test; Self-Control Schedule; and Stages of Change Scale). In addition, post hoc analyses revealed no significant pre to post differences for education, marital status, ethnicity, work history and prior offenses. This finding was contrary to expectation. Flanagan (1983) noted that inmate age and marital status is a potent indicator of disciplinary involvement i.e., younger, single inmates tend to have higher disciplinary infractions than older married inmates. Andrews and Kiessling (1980) stated that inmate characteristics such as age, criminal history and sex are potentially important factors in differentially affecting participant responses to treatment effectiveness.

In addition, similar previous research at another Ohio adult male correctional institution (Forde, 2000) involved a sample of 331 volunteer inmate participants in the experimental condition and an additional 93 inmate participants in the dropout group. At post assessment, for participants in the experimental condition, there were significant increases in scores on dependent measures including hardiness, self esteem, self efficacy and purpose in life. More germane to the present discussion, there were significant pre to post differences in scores based on experimental participants' demographic variables including age, race and education. For example pre treatment means on measures of hardiness, self esteem, self efficacy and purpose in life were generally higher for African American participants than pre treatment means for Caucasian participants. However, Caucasian inmate participants' pre to post scores on these dependent measures improved, in some cases significantly, such that at post assessment, Caucasian participants' scores were essentially equivalent to the scores

African American participants. In other words, the seminar appears to have had the effect of benefiting Caucasian participants most, while raising both racial groups to an equivalent level at post assessment.

This finding (Forde, 2000) raised the question of a possible ceiling on levels of hardiness, self esteem, self efficacy and purpose in life, in a correctional environment intentionally designed to reduce autonomy and personal control. This hypothesis is consistent with previously cited research which concluded that PIL scores for prison inmates, drug users, ghetto residents, shoplifters and alcoholics generally tend to be lower on average than similar scores for other more "normal" groups such as architects, college students, and addicts in later stages of recovery. A similar pattern of associations between deviant and normal groups was also observed for self esteem scores (Carroll 1978; Graeven, 1977; Steffenhagen, 1978; Brown, 1980; Shorkey, 1980). Since Caucasian inmates entered the program with lower scores on these measures, they may have had more room for improvement. On the other hand African Americans, who started the program with relatively higher levels on these scales may have had less room for improvement before reaching this possible ceiling for offender groups in general. On the question of why African American participants had higher levels of self reported hardiness, self esteem, self efficacy and purpose in life at pre assessment, Forde (2000) suggested that African American participants may be more accustomed to less than equal treatment and may have developed more robust coping styles as compared to majority group members.

In regard to the current finding of no overall significant pre to post intervention changes for participants in this study, two probable explanations for this finding will be explored: small sample size due to a high level of inmate refusal to participate and attrition, and low treatment effect that may be due to issues if treatment integrity.

5.1.1. Small Sample Size

Power analysis suggested a minimum of 44 participants in the experimental condition and an additional 44 inmates in the no treatment control condition. A random sample of 130 inmates at the selected institution was provided by the Ohio Department of Rehabilitation and Correction. Among the 130 randomly selected inmates, three had already been granted early release, while 65 refused to show up for an orientation to the study, despite the potential for disciplinary action for such a refusal. Of the 62 who

reported as instructed for an orientation to the research, the majority angrily declined participation, leaving only 21 who signed consent forms and were assigned to the experimental condition. This represents a pre treatment refusal rate of 83.8%.

As a consequence, the study migrated from a randomized experimental design to a quasi-experimental design. Voluntary signup sheets, posted in common areas of each dormitory were used to solicit additional volunteers to increase the size of the experimental group, and to solicit volunteers for the no treatment control condition. The signup sheets resulted in a total of 69 and 56 inmates signing up for the experimental and no treatment control conditions respectively. However despite having voluntarily signed up to participate in either condition, large numbers of inmates did not show when notified to report for an informed consent orientation and start of the research. Of those who signed consent forms and completed pre assessment questionnaire packets for both conditions, a majority failed to complete post assessment packets. For the experimental condition, 50 of the 69 volunteers had poor attendance and did not finish the seminar, nor complete post assessment packets – an attrition rate of 72.4%. Among the 56 participants in the no treatment control condition, 38 did not complete post assessment questionnaire packets – an attrition rate of 67.8%.

Overall, a total of 234 prison inmates were contacted via a written pass regarding research participation (130 in the original random sample + 48 additional signup sheet volunteers for the experimental condition + 56 additional signup sheet volunteers via signup sheets for no treatment control condition). From this total of 234, there were inmates who were willing but unable to participate due to scheduling conflicts and early release, inmates who refused to participate, many who started but did not complete the study with a valid set of pre and post intervention assessment packets. This left a grand total of 15 participants in the experimental condition and 16 in the no treatment control condition respectively who were included in data analysis, or an 86.7% overall attrition rate. Such a small sample size results in low statistical power, increasing the likelihood of making an incorrect no-difference conclusion (Cook & Campbell, 1979).

Two likely causes of the high refusal and attrition rate are: the clash with inmate priorities and inmates' general lack of motivation for change. Based on previous work in the psychology department at three different Ohio adult correctional institutions, one phenomenon which has been consistently observed by treatment staff and group facilitators is the precipitous drop in attendance if a class or group happens to fall on

"store day," when inmates are scheduled to purchase food and personal items from the institution commissary. During this research, the store day drop in attendance also occurred. When queried by the facilitator, participants explained that seminar hours from 1:00 to 3:00 p.m. prohibited shopping since the commissary closed at 3:00 p.m. Consequently, it was decided that those who wanted to shop at the commissary would be released from seminar 15 minutes early. The commissary manager gave assurances that she would be open until 3:00 p.m. for seminar participants released at 2:45 p.m. Several participants, expressing the belief that the commissary has a history of unscheduled early closings, remained distrustful of the manager's promises and continued to skip seminar on store day, resulting in being dropped for missing too many groups. Granic and Butler (1998) commented on prison inmates' distrustful world view as an element that can hinder treatment efforts. The start of the fall institution sports season (e.g., football) also resulted in an attendance drop for some participants on those days when seminar attendance conflicted with practice or a game.

Besides the store day phenomenon, high attrition is often problematic in prisons for voluntary programs of all types, due to lack of motivation for change and a general preference for simply "doing my time" playing cards or sports, working out or watching television. On the other hand, attrition is seldom a problem for programs (e.g., anger management, victim empathy, and certain drug/alcohol classes) that are mandated by a sentencing judge or the parole board as a condition of judicial early release or being paroled. In these instances inmates have a very specific and powerful incentive for participation, irrespective of program content or the individual's personal motivation for change. In soliciting participants for this study, there were no such incentives, thus it is not surprising that so many among the random sample refused participation and many in the voluntary sample had poor attendance as the program progressed and attendance conflicted with personal priorities.

5.1.2. Low Treatment Effect

Though an anonymous participants' critique of seminar effectiveness (to be discussed later under Hypothesis Three) suggested that participants maintained a very favorable impression of the value of the intervention, there is evidence that the lack of significant pre to post intervention change in the dependent variables may be partially due to another factor besides the small sample size namely, low treatment effect.

Essentially, interruptions of smooth program delivery raises questions of continuity and whether the intervention planned was the intervention delivered. Presenting programs in correctional institutions can be a difficult undertaking due to numerous non-program related sources of interruptions and discontinuity (Eccleston & Sorbello, 2002). In conducting this study, the institution administration and staff were fully supportive in providing facilities, equipment and full access to participants. Nevertheless, there were numerous unavoidable institution generated interruptions which affected participant attendance and smooth delivery of the intervention. Security related lockdowns for reasons such as urine testing, and security exercises, as well as delays in morning or afternoon population head count and medication disbursement were problematic. Another security related interruption was excessive fog. Policies require that security staff have line of sight visibility of inmates at all times while outdoors. Similarly, the institution fence must be visible to staff from a specified distance. In the event that fog obscures visibility, inmate movement is restricted until fog clears. Additional sources of interruption for some participants were visits from family members, court appearances and medical/dental appointments. In sum, these circumstances resulted in some participants being late for class or absent, necessitating that much time be spent at the start of some classes reviewing material already covered, for the benefit of those who were late or absent. Reviewing previous material was frustrating for those who had already received the information, but deemed necessary since participants' ability to make sense of new material usually required familiarity with the previously covered material.

As a consequence of frequent interruptions, the amount of time available for many planned experiential learning experiences and discussions was curtailed. In some instances, the activity was briefly mentioned but given minimal discussion. For example, several victim empathy and criminal thinking role play scenarios were planned, as was a discussion and practice using 'thought records' to identify and better manage strong feelings. Instead, the victim empathy and criminal thinking scenarios were presented and discussed without practicing the role plays. Similarly, the thought record was briefly explained without the opportunity to solidify understanding by actually completing multiple thought records over a period of several days. Given that role playing, modeling, behavioral rehearsal, imagery rehearsal and other experiential approaches are important elements in practicing, refining, strengthening and ultimately transferring

skills across time and settings beyond the classroom (Pierce, 1995; Gibbs, Potter & Goldstein, 1995), the lack of such experiential activities would be expected to impact treatment effectiveness.

5.2. <u>Major Finding: No Reduced Instances of Institutional Misconduct</u>

There were no instances of participants with large numbers of institutional sanctions for rule violations. This may be a consequence of the aforementioned high attrition rate at pre treatment and during the study. By definition, an inmate whose behavior is such that he is frequently disciplined is likely to be steeped in the antisocial subculture and not likely to be willing to engage in pro-social self improvement activities or programs, particularly on a volunteer basis with no specific secondary gain such as parole or early judicial release from prison. Through a process of self selection, it appears that inmates with a large number of rule violations did not volunteer to participate in this study, leaving study participants who ware generally cooperative with institution behavior regulations and thus received few sanctions. Thus, institutional misconduct data was judged to be unusable for meaningful statistical analysis due to a severe restriction in range.

5.3. <u>Major Finding: Positive Participant Perception of Seminar</u>

Overall, it appears this hypothesis was supported in that critique scores suggest that participants had very strong perceptions that the seminar was a useful and productive experience (see Table 3). On a 6-point Likert scale (1 – *Strongly Disagree* to 6 – *Strongly Agree*) the modal score on all critique questions was 6, while the average of the combined means for all 10 questions was 5.41. Responses to open ended questions appear to corroborate the positive data found in the Likert rated questions (see Figures 1 – 5). For example, in answer to the question "What do you like most about our group?" participants' responses seem to suggest that they appreciated a chance to discuss the kinds of life issues covered in the seminar.

When I learned the phases in changing, it helps me see things that have happened more clearly and what I have to do to change.

Decisions.

Setting goals.

I made the comment to others in the group that Mr. Forde hadn't been corrupted by the DRC [Department of Rehabilitation and Correction] as most employees here have. He seemed like he really cared about us.

Conversations, group output.

The inspiration and energy you feel inside from discussions.

It is real and helpful with life and getting ourselves better.

People coming together trying to improve, change, learn and better themselves.

Experiences in our group of materials and discussions

Mr. Forde was very good at including himself as working the program he have [sic].

We all get along like Brothers and we try to help one another when we see each other on the Avenue.

Everyone had some input, or good question answer examples, etc.

Meditation

When we talk about or [sic] purpose in life and everybody has a reason for being here.

Everything

The "real world" connections pointed out in clarifying philosophical ideas.

Figure 1. Experimental group participants' responses to open ended
question # 11:
What do you **LIKE MOST** about our group?

No break.

Meditation.

N/A.

N/A.

Not enough movies ha, ha!

It took jail for me to participate in this program.

The relaxation exercises.

The short time we had for the group.

People saying one thing and not doing it and not showing up for group.

Some of the people in the group just took it to have something to say they tood [sic].

We didn't really have enough time But I did learned a lot.

Really wish that everyone in either group would of hung in to really see what the group was about.

It ended too soon.

The relaxation.

Nothing.

The pace had to be quite slow because of other, less responsible and/or interested students.

Figure 2. Experimental group participants' responses to open ended
question # 12:
What do you **LIKE LEAST** about our group?

Give one 15 min break.

Keep doing what we are doing.

With a follow-up group.

Maybe make it longer.

More involvement from the group!

Add a couple months to the groups, so you can go in depth with situations, topics, subjects.

More time.

More days, out of the week.

Don't "Improve" Do more groups.

Have it a little more orgize [sic] to follow.

We all need to get a unstanding [sic] and be on time, and get more people interesting in the group.

Use more exercise routine, so you won't get tired of sitting in one spot for 2 hours.

By added follow up groups.

Try not to do so much relaxation everybody has their own way to deal with stress or problems. But every now and then ain't so bad.

By being more involved.

More stringent guidelines for students accountability and adherence to a tight timeline.

Figure 3. Experimental group participants' responses to open ended question # 13:
How can we **IMPROVE** our group?

I learned what I need to do to achieve my goals, learned how to handle hard situations better, learned that it's [i.e., prison] not the end for me, that I still have a chance at a good life.

Don't Quit.

I still have time to make my life to be successful

Relaxation/goal setting. When we started journaling, I'm no good at it so I started writing poems and I've written 35-40 of them so far. They have helped me considerably by working my way through some of my problems.

That being positived [sic], and staying focus on your goals and ambitions should be a privtery [sic] in your life!

Self-discipline, belive [sic] it or not. Represent now, to carry your aura with you on the line. It starts now. Forget there isn't any one to impress, impress yourself, do things that benefit you.

That I can succeed and do better for myself.

Don't quit, and try real hard to improve it gets better later, if you put you [sic] time into it.

How to deal with the struggles of being locked up and to live better when I get out.

That no matter what Don't Give up on your Goal.

How to unstand [sic] my Brother more and their troubles and their stress that we all are dealing with here, and how I can be a great help to my love [sic] ones!

No matter what, I've been through I can still improve an [sic] better myself to satisfaction.

Self restrain

Don't Quit even when things are going the way you didn't plan.

To relax and think before you react, take time and meditate on every situation put it into vision and make it happen.

Freedom is a state of mind that we can control. Happiness is obtainable without regard to physical conditions.

Figure 4. Experimental group participants' responses to open ended question # 14:
What is (are) the **MOST IMPORTANT LESSON(S)** you have learned?

I have found the ideas from Mr. Forde's group to be helpful with my spirituality and help me to see that I have a purpose in life.

For example I try to think before I speak or give a answer to someone!

I have helped guys back at the dorm deal with problems/questions with information I have learned from this group.

In my dorm, the chow hall line and to keep from getting more charges from these fools in here. Thank you Mr. Forde!

When I talk to my brother on the phone he keeps telling me that I shouldn't try to get my degree.

I have told some of my friends in my unit that this is a good class to take and how it has help me to get myself together, we all need a class like this. It deal with a lot of things, but only yourself can make it work for you, with some help from your High Power. The book *We're All Doing Time* is great also we all need to read it.

Finding myself, taking more time out an [sic] think about the positive instead of the negative.

Telling myself hard work will soon pay off, in the long run. Never give up, even if I think it's to [sic] difficult.

The question is easy because I'm doing it now, Namaste!

When you talk about you have to do something now in order to achieve what you want. So I started to do what was needed to get what I want out of life.

No comment.

Figure 5. Experimental group participants' responses to open ended question # 15:
Please give examples of times when you have applied ideas from group.

Facilitator notes suggest that learning about the Transtheoretical Model of change was valuable for many participants, particularly inmates with a history of repeat law violations – those with previous incarcerations as well as those who had successfully evaded arrest and were only now serving their first sentence. After multiple tries and failures to sustain a prosocial lifestyle, some participants expressed a sense of hopelessness about their ability to change. As taught in the seminar, the Transtheoretical model suggests that change is a multi stage process, with the action stage, evidenced by overt behavior change, being the fourth stage in the process, which starts with the precontemplation, contemplation and preparation stages. Awareness of prior stages besides the action stage allowed the inmate in the contemplation or the preparation stage to recognize that he has in fact changed from a time when he was in the precontemplation stage and unwilling to admit a problem or consider the need for change. Though he has relapsed to the old behaviors, he is nevertheless in a different stage in that he now acknowledges a problem (e.g., anger, impulsivity, drug/alcohol addiction etc.) and is willing to work on change. The poem "Autobiography In Five Short Chapters" was used to discuss and illustrate this point (see Appendix G). Many found this discussion to be liberating and empowering in meeting the challenge of living a prosocial lifestyle.

In response to the question "What do you like least about our group?" and "How can we improve our group?" the major complaint centered around too little time and too few group exercises. Perhaps the most positive responses emerged from the question "What is (are) the most important lesson(s) you have learned?" Here the vast majority of comments reflected the theme of perseverance toward goals, best summed up by the following comment: "I learned what I need to do to achieve my goals, learned how to handle hard situations better, learned that it's [i.e., prison] not the end for me, that I still have a chance at a good life." Responses to the last open ended question "Please give examples of times when you have applied ideas from this group," were also consistent with quantitative data. One participant remarked "I have helped guys back at the dorm deal with problems/questions with information I have learned from this group."

5.4. <u>Limitations</u>

Though considered moderately intensive (Eccleston & Sorbello, 2002) by correctional standards the relatively short duration of the current intervention would appear to be a limitation, as noted by participants in their anonymous feedback. Budget constraints, limited staff time available for program facilitation, high inmate turnover, and inmate motivation to tolerate longer duration programs usually limit the availability of lengthy programs and often result in routinely delivered correctional programs being relatively short term. However this current intervention suggests a need for a longer duration. Howells and Day (2002) recommend that to be of sufficient intensity to be a credible agent of significant change among prison inmates, a program should be 40-hours per week for 3 months. A longer duration of the current intervention would facilitate a more in depth coverage of the material and allow offenders to consolidate their understanding program content and better implement behavior change.

It is interesting to note that, as reflected in an anonymous critique, participant's overall view of the seminar experience was positive. Their comments suggested a more positive view of themselves and an improvement in behavior, in contrast to the quantitative evidence which suggested no significant change. Thus, it would appear that the lack of a qualitative component (e.g., structured and open ended interviews of participants regarding their experiences of the seminar) to help explicate possible changes in participants' thought processes is another limitation of this study which should be addressed in future research.

The apparent discrepancy between participants' comments suggesting a positive effect of the seminar and the findings of a non-significant pre to post intervention change hints at another limitation of this study, namely the lack of a method to assess the degree to which participants understood and mastered the material presented. Believing that one has grasped a concept does not necessarily equate to actually having learned and being able to apply the concept in question. Thus periodic objective measurement of participants' learning and retention would be valuable. This could be accomplished via a short quiz covering the main ideas presented during the previous 3 or 4 classes, or after presentation of a major topic module. Discussion of the correct and incorrect answers would provide feedback on participants' understanding of the material, as well as provide an opportunity to correct any misperceptions and fine-tune their understanding of material. Another method to periodically assess participant's

comprehension and ability to apply program content could involve assigning groups of participants the task of designing and presenting an experiential demonstration of their understanding of the material. For example, using role plays, skits, rap songs, poems, artwork etc. participants could demonstrate, in their own words, their understanding. Besides contributing to the learning process, these two assessment methods also provide feedback to the facilitator to allow on-going modification and enhancement of the program.

5.5. <u>Implications for Correctional Programming and Future Research</u>

Due to a researcher's strong interest in careful implementation of a program to ensure treatment effectiveness, researcher facilitated programs are more likely to produce positive effects than if the same program is presented by agency personnel (Lipsey, 1992). Nevertheless, despite the diligence of the investigator in this study, the intervention experienced considerable unplanned variability which likely resulted in a lack of treatment integrity. This suggests that the potential effectiveness of programs administered by already overburdened correctional personnel may suffer not from treatment potency but from delivery failures due to unreliable implementation. Correctional administrators must therefore continue to attend closely to issues of proper staff motivation, training, standardization and monitoring to ensure treatment integrity if programs are to be effectively implemented for the benefit of the inmate population. Though not feasible in many instances, the use of two facilitators, with opportunities to periodically debrief group process and content issues would likely enhance program treatment integrity and effectiveness. Additionally, replication of this study with a longer duration and a larger sample size would be useful.

A major unanticipated factor in this study was the extremely high levels of refusal and attrition among potential participants, suggesting a lack of readiness for change among a majority of the inmate sample contacted. Current correctional practice emphasizes assignment of offenders to treatment based on risk level, since the higher the risk, the more danger the offender represents to society and the greater the need for rehabilitation. However, most programs are voluntary and not likely to influence the high risk offender who is likely to be unmotivated to participate due to low readiness for change. As mentioned earlier, in the case of programs mandated by the sentencing authority or parole board as a condition of early release, there is significantly less

attrition once offenders begin the mandated program. However, anecdotal evidence suggests that there are many instances where offenders may nonetheless choose non-participation in treatment programming and accept a longer period of incarceration. For example as part of the preparation for this research, a visit was made to a Community Based Correctional Facility (CBCF), where drug offenders may be sentenced to a 6-month intensive inpatient treatment program in lieu of a longer sentence in a state prison. Personal communication with CBCF staff indicated that after a short stay at the CBCF, many offenders will choose to be transferred to state prison to complete a longer sentence. The reason: these individuals find it far easier to spend 12 to 18 months in a state prison where they have the option to simply "do time" rather than expend the emotional energy needed to address their addictions as required by the shorter, action oriented CBCF program.

A focus on the enhancement of readiness would appear to be vital for the future in the correctional system if a significant impact is to be made through treatment intervention, particularly with unmotivated offenders (Howells & Day, 2002). Thus, future research should explore the value of assigning participants to correctional programming based on risk (i.e., criminogenic need and dangerousness), as is the current practice, as well as stage of readiness for change (see Table 6).

	LOW READINESS FOR CHANGE	HIGH READINESS FOR CHANGE
LOW RISK	4	3
HIGH RISK	2	1

Table 6: Proposed Inmate Risk x Readiness for Change Classification System

According to Prochaska (1999), the rule of thumb is that 40% of any at risk population will be in the precontemplation stage, another 40% will be in the contemplation stage while only 20% will be in the preparation stage. Unfortunately, most conventional correctional programs are action oriented, how-to programs best suited to individuals in the preparation stage (i.e., for those who have resolved their ambivalence and are ready for concrete, overt action); an approach appropriate for only 20% of the population, and likely to result in high attrition for the 80% of participants not yet ready for action. Thus it would be useful to design programs specifically targeted to individuals in the other earlier stages. The Transtheoretical model theorizes that the goals of a change program must compliment the individual's current stage of readiness for change. Instead of a call to action, offenders in the early stages of change can best be helped by a focus on motivation to change (Miller, 2002).

Following the classification system presented in Table 6, inmates classified as high risk and high in readiness for change (e.g., preparation stage) would fall into box 1. Due to their high readiness for change, these individuals would be expected to respond well to traditional how-to correctional programming. Offenders classified as high risk but low in readiness for change would fall within box 2. Though high risk, they are likely to be in the very early (e.g., precontemplation) stages of readiness for change. In other words, though evidence suggests a need for significant change, they are simply not ready for change. As was probably the case in the current study, one would expect a high refusal rate and a high level of attrition if individuals assessed to be within box 2 are placed into an action oriented treatment program, particularly without a strong incentive for program completion. Thus, programming for these individuals would focus primatily on enhancing readiness for change (Miller, 2002). Programming would focus on tasks such providing feedback on the personal risks of maintaining current behavior and enhancing self efficacy for change. After the individual shifts from precontemplation through contemplation and preparation, one would expect greater participation and benefit from how-to programming. For individuals assessed to be in box 3, a high level of readiness for change suggests that they would be likely to participate and benefit greatly from traditional how-to programming. However, unlike individuals in box 1, those in box 3 are classified as low risk, and thus not given priority in instances where limited resources do not permit provision of services to all. Similarly, because of the low risk level of individuals assessed to fall in box 4, resources would only be allocated on a

space available basis. As with those in box 2, individuals in box 4 would be assigned to motivation enhancement programming on a space available basis when resources permit. In sum, table 6 emphasizes that focusing on risk as well as readiness for change, allows correctional administrators to allocate limited resources in a way that has the potential to address the important issue of risk reduction while also addressing the equally troubling problem of refusal to participate and attrition due to a lack of readiness for change.

For reasons of public safety, the criminal justice system must focus on behavior change and cannot tolerate relapses back to criminal behavior. Nevertheless, it is important to acknowledge that, as discussed earlier, relapse is a common well established phenomenon in the process of human behavior change. Consequently, in accord with the Transtheoretical Model of change, relapse prevention must be an integral part of any correctional program.

Another factor in the high levels of refusal to participate may be due to unfamiliarity with the researcher and the proposed program. Despite staff cooperation and numerous visits to the inmate living areas by the researcher, a large number of potential participants did not know about the study or the researcher and perceived him as another outsider. In conducting similar research (Forde, 2000) in another Ohio adult male correctional institution, the researcher was well known by a great majority of inmates before the start of the research. That particular study was conducted in a room located in the inmate dormitory area, versus the psychology department as was the case with the current study. Physical location within the dormitory area afforded regular informal interaction with potential participants, who came to know and trust the researcher as not just an outsider. Potential participants also perceive value in the program before start of the research.

5.6. <u>Conclusion</u>

The present study found no significant pre to post differences as a result of the intervention. This result may be due to statistical problems stemming from small sample size and a high level of refusal and attrition. Non significant results may also be due to a low treatment effect because of a lack of continuity and treatment integrity (i.e., what was planed was not delivered). The most important, but unanticipated outcome of this research is a highlight on the difficulty of conducting experimental research in a correctional environment. The ethical necessity of informed consent and the general

lack of readiness for personal change among the inmate population tended to hinder program participation among randomly selected inmates, resulting in a non-random sample as well as high attrition among those who stated the program. In addition, the general prison milieu of security related encumbrances on regular, continuous delivery of programming participation emerged as a significant factor. It has been stated that we know "what works" (i.e., what treatment to deliver and which inmate needs to target) in corrections; the results of this research suggests the need for a greater focus on the "how" of treatment delivery.

APPENDIX A

SIGNUP SHEET – EXPERIMENTAL CONDITION

NEW PROGRAM
****

DON'T QUIT!!!
Moving Toward ReDiscovery
and Realization of Your Potential

- ❖ **Focus of program**
  - ➢ **Understanding and coping with stress**
  - ➢ **ReDiscovering your life purpose and setting meaningful goals**
  - ➢ **Overcoming obstacles toward achievement of your goals**
  - ➢ **Relapse prevention**
- ❖ **Program date, time and length**
  - ➢ **Tuesdays and Thursdays**
  - ➢ **9:00 to 11:00 am, E-Building 2nd floor**
  - ➢ **Start Thursday 21 October 2004; twelve weeks**
- ❖ **Facilitator - Hugh A. Forde, M.A., Psychology Intern, x2748 or 2757**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

PLEASE COMPLETE BY END OF DAY TUESDAY 19 OCT 04

NEW PROGRAM

****

DON'T QUIT!!!

Moving Toward ReDiscovery
and Realization of Your Potential

- ❖ **Focus of program**
  - ➢ **Understanding and coping with stress**
  - ➢ **ReDiscovering your life purpose and setting meaningful goals**
  - ➢ **Overcoming obstacles toward achievement of your goals**
  - ➢ **Relapse prevention**
- ❖ **Program date, time and length**
  - ➢ **Wednesdays and Fridays**
  - ➢ **1:00 to 3:00 pm, E-Building 2nd floor**
  - ➢ **Start Friday 22 October 2004; twelve weeks**
- ❖ **Facilitator - Hugh A. Forde, M.A., Psychology Intern, x2748 or 2757**

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

PLEASE COMPLETE BY END OF DAY TUESDAY 19 OCT 04

APPENDIX B

SIGNUP SHEET – NO TREATMENT CONTROL CONDITION

RESEARCH   PARTICIPANTS   NEEDED

Inmates are needed to participate in an Ohio State University sponsored research study designed to improve inmate programming. Participation will consist of filling out a set of written questions next week, and again in December 2004. Each packet WILL take about 45 minutes to complete. Questions will deal with: stress management; problem solving and conflict resolution; views on crime; and your views on life. Participation is completely voluntary.

You will not be asked details about any specific crime. Identifying information about you, and your answers to questions will not be reported to anyone. Results will only be reported for the institution as a whole. Completion of question packets probably won't give you any direct benefits. However, the results of this study have the potential to benefit everyone in general by helping us develop better programs.

If you are interested and are available now and will be available in December, please select a time below and sign up. You will receive a pass for E-Building to meet with Mr. Forde, who is conducting the study.

THURSDAY, OCTOBER 28, 2004, 1:30 PM	FRIDAY, OCTOBER 29, 2004, 9:00 AM
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____

CASE MANAGERS: PLEASE COLLECT COMPLETED SETS BY 3:00 PM, TUESDAY, OCTOBER 26, 2004
I WILL STOP BY TO PICK THEM UP (FORDE X 2748 or 2757)

APPENDIX C

POEM: NAMASTE

NAMASTE

I HONOR THE PLACE IN YOU
IN WHICH THE ENTIRE UNIVERSE DWELLS,

I HONOR THE PLACE IN YOU
WHICH IS OF LOVE, OF TRUTH, OF LIGHT
AND OF PEACE,

WHEN YOU ARE IN THAT PLACE IN YOU

AND I AM IN THAT PLACE IN ME,

WE ARE ONE.

APPENDIX D

EXAMPLE CERTIFICATE OF EXCELLENCE

CERTIFICATE OF EXCELLENCE

LET IT BE KNOWN THAT

JOHN E. DOE, JR.

A123-456

MET THE MINIMUM REQUIREMENTS FOR GRADUATION FROM THE

"DON'T QUIT" PROGRAM.

THIS PSYCHO-EDUCATIONAL GROUP WAS AN OHIO STATE UNIVERSITY SPONSORED RESEARCH STUDY TO ASSESS THE EFFECTIVENESS OF A STRESS INOCULATION TRAINING PROGRAM. TOPICS ADDRESSED INCLUDED: UNDERSTANDING/COPING WITH STRESS; DEVELOPING GOALS AND MEANING IN LIFE; CORRECTING THINKING ERRORS; AND RELAPSE PREVENTION. GROUP WAS CONDUCTED IN 2-HOUR SESSIONS, TWICE PER WEEK FROM OCT TO DEC 2004 AT SOUTHEASTERN CORRECTIONAL INSTITUTION.

14 DECEMBER 2004

_____
HUGH A. FORDE, M.A.
PSYCHOLOGY DOCTORAL INTERN
GROUP FACILITATOR

_____
JANET A. BOWERS, PSY.D.
SUPERVISING PSYCHOLOGIST

100

APPENDIX E

PRE/POST ASSESSMENT PACKET

PARTICIPANT DATA FORM

DATE: _____   ID CODE: _____

AGE: _____

EDUCATION LEVEL (Write highest grade in the blank AND circle one option below):

   Highest grade completed _____

      A.   Did not graduate High School

      B.   G.E.D.

      C.   High School Graduate

      D.   Some College

      E.   College Graduate

      F.   Graduate School

MARITAL STATUS (Circle one below):

      A. Single, never married

      B. Married

      C. Divorced

      D. Widowed

      E. Separated

RACE / ETHNIC ORIGIN (Circle one below):

      A. African American   D. Hispanic/Latino

      B. Asian   E. Native American

      C. Caucasian   F. Other

EMPLOYMENT STATUS AT TIME OF ARREST (Circle one):

8.   Employed

9.   Unemployed

HOMETOWN (Circle one below):

      A. City/urban

      B. Suburban

      C. Rural/country

SUBSTANCE ABUSE HISTORY (Circle one below)

      A. History of drug abuse: Yes / No

      B. History of alcohol abuse: Yes / No

HS

Below are statements about life that people often feel differently about. Circle a number to show how you feel about each one. Read the items carefully, and indicate how much you think each one is true in general. There are no right or wrong answers; just give your own honest opinions.

Not at all true	A little true	Quite true	Completely true
1	**2**	**3**	**4**

1 2 3 4   1. Most of my life gets spent doing things that are worthwhile.

1 2 3 4   2. Planning ahead can help avoid most future problems.

1 2 3 4   3. Trying hard doesn't pay, since things still don't turn out right.

1 2 3 4   4. No matter how hard I try, my efforts usually accomplish nothing.

1 2 3 4   5. I don't like to make changes in my every-day schedule.

1 2 3 4   6. The "tried and true" ways are always best.

1 2 3 4   7. Working hard doesn't matter, since only the bosses profit by it.

1 2 3 4   8. By working hard you can always achieve your goals.

1 2 3 4   9. Most working people are simply manipulated by their bosses.

1 2 3 4   10. Most of what happens in life is just meant to be.

1 2 3 4   11. It's usually impossible for me to change things at work.

1 2 3 4   12. New laws should never hurt a person's paycheck.

1 2 3 4   13. When I make plans, I'm certain I can make them work.

1 2 3 4   14. It's very hard for me to change a friend's mind about something.

1 2 3 4   15. It's exciting to learn something about myself.

1 2 3 4   16. People who never change their minds usually have good   judgment.

1 2 3 4   17. I really look forward to my work.

1 2 3 4   18. Politicians run our lives.

1 2 3 4   19. If I'm working on a difficult task, I know when to seek help.

1 2 3 4   20. I won't answer a question until I'm really sure I understand it.

1 2 3 4   21. I like a lot of variety in my work.

Not at all true	A little true	Quite true	Completely true
1	2	3	4

1 2 3 4   22. Most of the time, people listen carefully to what I say.

1 2 3 4   23. Daydreams are more exciting than reality for me.

1 2 3 4   24. Thinking of yourself as a free person just leads to frustration.

1 2 3 4   25. Trying your best at work really pays off in the end.

1 2 3 4   26. My mistakes are usually very difficult to correct.

1 2 3 4   27. It bothers me when my daily routine gets interrupted.

1 2 3 4   28. It's best to handle most problems by just not thinking of them.

1 2 3 4   29. Most good athletes and leaders are born, not made.

1 2 3 4   30. I often wake up eager to take up my life wherever it left off.

1 2 3 4   31. Lots of times, I don't really know my own mind.

1 2 3 4   32. I respect rules because they guide me.

1 2 3 4   33. I like it when things are uncertain or unpredictable.

1 2 3 4   34. I can't do much to prevent it if someone wants to harm me.

1 2 3 4   35. People who do their best should get full support from society.

1 2 3 4   36. Changes in routine are interesting to me.

1 2 3 4   37. People who believe in individuality are only kidding themselves.

1 2 3 4   38. I have no use for theories that are not closely tied to facts.

1 2 3 4   39. Most days, life is really interesting and exciting for me.

1 2 3 4   40. I want to be sure someone will take care of me when I'm old.

1 2 3 4   41. It's hard to imagine anyone getting excited about working.

1 2 3 4   42. What happens to me tomorrow depends on what I do today.

1 2 3 4   43. If someone gets angry at me, it's usually no fault of mine.

1 2 3 4   44. It's hard to believe people who say their work helps society.

1 2 3 4   45. Ordinary work is just too boring to be worth doing.

HIT

Each statement in this questionnaire may describe how you think about things in life. Read each statement carefully, then ask yourself, "Is it fair to say that this statement describes my thinking during the last 6 months?" Circle one choice for each question.

1. People should try to work on their problems.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

2. I can't help losing my temper a lot.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

3. Sometimes you have to lie to get what you want.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

4. Sometimes I get bored.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

5. People need to be roughed up once in a while.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

6. If I made a mistake, it's because I got mixed up with the wrong crowd.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

7. If I see something I like, I take it.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

8. You can't trust people because they will always lie to you.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

9. I am generous with my friends.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

10. When I get mad, I don't care who gets hurt.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

11. If someone leaves a car unlocked, they are asking to have it stolen.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

12. You have to get even with people who don't show you respect.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

13. Sometimes I gossip about other people.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

14. Everybody lies, it's no big deal.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

15. It's no use trying to stay out of fights.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

16. Everyone has the right to be happy.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

17. If you know you can get away with it, only a fool wouldn't steal.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

18. No matter how hard I try, I can't help getting in trouble.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

19. Only a coward would ever walk away from a fight.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

20. I have sometimes said something bad about a friend.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

21. It's OK to tell a lie if someone is dumb enough to fall for it.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

22. If I really want something, it doesn't matter how I get it.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

23. If you don't push people around, you will always get picked on.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

24. Friends should be honest with each other.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

25. If a store or home owner gets robbed, it's really their fault for not having better security.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

26. People force you to lie if they ask too many questions.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

27. I have tried to get even with someone.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

28. You should get what you need, even if it means someone has to get hurt.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

29. People are always trying to hassle me.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

30. Stores make enough money that it's OK to just take things you need.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

31. In the past, I have lied to get myself out of trouble.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

32. You should hurt people first, before they hurt you.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

33. A lie doesn't really matter if you don't know that person.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

34. It's important to think of other people's feelings.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

35. You might as well steal. If *you* don't take it, somebody *else* will.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

36. People are always trying to start fights with me.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

37. Rules are mostly meant for *other* people.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

38. I have covered up things that I have done.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

39. If someone is careless enough to lose a wallet, they deserve to have it stolen.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

40. Everybody breaks the law, it's no big deal.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

41. When friends need you, you should be there for them.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

42. Getting what you need is the only important thing.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

43. You might as well steal. People would steal from you if they had the chance.

| AGREE STRONGLY | AGREE | AGREE SLIGHTLY | DISAGREE SLIGHTLY | DISAGREE | DISAGREE STRONGLY |

HIT (Continued)

44. If people don't cooperate with me, it's not my fault if someone gets hurt.

AGREE   AGREE   AGREE   DISAGREE   DISAGREE   DISAGREE
STRONGLY   SLIGHTLY   SLIGHTLY   STRONGLY

45. I have done bad things that I haven't told people about.

AGREE   AGREE   AGREE   DISAGREE   DISAGREE   DISAGREE
STRONGLY   SLIGHTLY   SLIGHTLY   STRONGLY

46. When I lose my temper, it's because people try to make me mad.

AGREE   AGREE   AGREE   DISAGREE   DISAGREE   DISAGREE
STRONGLY   SLIGHTLY   SLIGHTLY   STRONGLY

47. Taking a car doesn't really hurt anyone if nothing happens to the car and the owner gets it back.

AGREE   AGREE   AGREE   DISAGREE   DISAGREE   DISAGREE
STRONGLY   SLIGHTLY   SLIGHTLY   STRONGLY

48. Everybody needs help once in a while.

AGREE   AGREE   AGREE   DISAGREE   DISAGREE   DISAGREE
STRONGLY   SLIGHTLY   SLIGHTLY   STRONGLY

49. I might as well lie—when I tell the truth, people don't believe me anyway.

AGREE   AGREE   AGREE   DISAGREE   DISAGREE   DISAGREE
STRONGLY   SLIGHTLY   SLIGHTLY   STRONGLY

50. Sometimes you have to hurt someone if you have a problem with them.

AGREE   AGREE   AGREE   DISAGREE   DISAGREE   DISAGREE
STRONGLY   SLIGHTLY   SLIGHTLY   STRONGLY

51. I have taken things without asking.

AGREE   AGREE   AGREE   DISAGREE   DISAGREE   DISAGREE
STRONGLY   SLIGHTLY   SLIGHTLY   STRONGLY

52. If I lied to someone, that's my business.

AGREE   AGREE   AGREE   DISAGREE   DISAGREE   DISAGREE
STRONGLY   SLIGHTLY   SLIGHTLY   STRONGLY

53. Everybody steals—you might as well get your share.

AGREE   AGREE   AGREE   DISAGREE   DISAGREE   DISAGREE
STRONGLY   SLIGHTLY   SLIGHTLY   STRONGLY

54. If I really want to do something, I don't care if it's legal or not.

AGREE   AGREE   AGREE   DISAGREE   DISAGREE   DISAGREE
STRONGLY   SLIGHTLY   SLIGHTLY   STRONGLY

PIL

Please indicate your opinion by circling a number from 1 to 7 on the scale provided for each statement.

1. I am usually:

completely
bored   exuberant and
enthusiastic

1   2   3   4   5   6   7

2. Life to me seems:

completely
routine   always
exciting

1   2   3   4   5   6   7

3. In life I have:

no goals or
aims at all   very clear goals
and aims

1   2   3   4   5   6   7

4. My personal existence is:

utterly meaningless,
without purpose   very purposeful
and meaningful

1   2   3   4   5   6   7

5. Every day is:

exactly the
same   constantly new and
different

1   2   3   4   5   6   7

6. If I could choose, I would:

prefer never to have
been born   like nine more lives
just like this one

1   2   3   4   5   6   7

7. After retiring, I would:

completely
the rest of my life   do some of the exciting
things I've always wanted to

1   2   3   4   5   6   7

In achieving life goals
    I have:

made no progress
whatever   progressed to
complete fulfillment

1   2   3   4   5   6   7

9. My life is:

empty, filled only
with despair   running over with
exciting good things

1   2   3   4   5   6   7

If I should die today, I
  would feel that my life
  has been:

completely worthless   very worthwhile

1   2   3   4   5   6   7

		often wonder why I exist					always see a reason for my being here	
11.	In thinking of my life I:	1	2	3	4	5	6	7

		completely confuses me					fits meaningfully with my life	
12.	As I view the world in relation to my life, the world:	1	2	3	4	5	6	7

		very irresponsible person					very responsible person	
13.	I am a:	1	2	3	4	5	6	7

		completely bound by limitations of heredity, environment					absolutely free to make all life choices	
Concerning man's freedom to make his own choices, I believe man is:		1	2	3	4	5	6	7

		unprepared and frightened					prepared and unafraid	
With regard to death I am:		1	2	3	4	5	6	7

		thought of it seriously as a way out					never given it a second thought	
With regard to suicide, I have:		1	2	3	4	5	6	7

		practically none					very great	
I regard my ability to find a meaning, a purpose, or mission in life as:		1	2	3	4	5	6	7

		out of my hands and controlled by external factors					in my hands and I am in control of it	
18.	My life is:	1	2	3	4	5	6	7

		a painful and boring experience					a source of pleasure and satisfaction	
19.	Facing my daily tasks is:	1	2	3	4	5	6	7

		no mission or purpose in life					clear-cut goals and a satisfying life purpose	
20.	I have discovered:	1	2	3	4	5	6	7

SCS

Indicate how characteristic or descriptive each of the following statements is of you by using the code given below.

+3 = Very characteristic of me
+2 = Rather characteristic of me
+1 = Somewhat characteristic of me
-1 = Somewhat uncharacteristic of me
-2 = Rather uncharacteristic of me
-3 = Very uncharacteristic of me

1. When I do a boring job, I think about the less boring parts of the job and about the reward I will receive when I finish. +3 +2 +1 -1 -2 -3

2. When I have to do something that makes me anxious, I try to visualize how I will overcome my anxiety while doing it. +3 +2 +1 -1 -2 -3

3. By changing my way of thinking, I am often able to change my feelings about almost anything. +3 +2 +1 -1 -2 -3

4. I often find it difficult to overcome my feelings of nervousness and tension without outside help. +3 +2 +1 -1 -2 -3

5. When I am feeling depressed, I try to think about pleasant events. +3 +2 +1 -1 -2 -3

6. I cannot help thinking about mistakes I made. +3 +2 +1 -1 -2 -3

7. When I am faced with a difficult problem, I try to approach it in a systematic way. +3 +2 +1 -1 -2 -3

8. I usually do what I am supposed to do more quickly when someone is pressuring me. +3 +2 +1 -1 -2 -3

9. When I am faced with a difficult decision, I prefer to postpone it even if I have all the facts. +3 +2 +1 -1 -2 -3

10. When I have difficulty concentrating on my reading, I look for ways to increase my concentration. +3 +2 +1 -1 -2 -3

11. When I plan to work, I remove everything that is not relevant to my work. +3 +2 +1 -1 -2 -3

12. When I try to get rid of a bad habit, I first try to find out all the reasons why I have the habit. +3 +2 +1 -1 -2 -3

13. When an unpleasant thought is bothering me, I try to think about something pleasant. +3 +2 +1 -1 -2 -3

14. If I smoked two packs of cigarettes a day, I would need outside help to stop smoking. +3 +2 +1 -1 -2 -3

15. When I feel down, I try to act cheerful so that my mood will change. +3 +2 +1 -1 -2 -3

16. If I have tranquilizers with me, I would take one whenever I feel tense and nervous +3 +2 +1 -1 -2 -3

17. When I am depressed, I try to keep myself busy with things I like. +3 +2 +1 -1 -2 -3

SCS (Continued)

+3 = Very characteristic of me
+2 = Rather characteristic of me
+1 = Somewhat characteristic of me
-1 = Somewhat uncharacteristic of me
-2 = Rather uncharacteristic of me
-3 = Very uncharacteristic of me

18. I tend to postpone unpleasant tasks even if I could perform them immediately.   +3   +2   +1   -1   -2   -3

19. I need outside help to get rid of some of my bad habits.   +3   +2   +1   -1   -2   -3

20. When I find it difficult to settle down and do a task, I look for ways to help me settle down.   +3   +2   +1   -1   -2   -3

21. Although it makes me feel bad, I cannot help thinking about all sorts of possible catastrophes.   +3   +2   +1   -1   -2   -3

22. I prefer to finish a job that I have to do before I start doing things I really like.   +3   +2   +1   -1   -2   -3

23. When I feel physical pain, I try not to think about it.   +3   +2   +1   -1   -2   -3

24. My self-esteem increases when I am able to overcome a bad habit.   +3   +2   +1   -1   -2   -3

25. To overcome bad feelings that accompany failure, I often tell myself that it is not catastrophic and I can do anything.   +3   +2   +1   -1   -2   -3

26. When I feel that I am too impulsive, I tell myself to stop and think before I do something about it.   +3   +2   +1   -1   -2   -3

27. Even when I am terribly angry at someone, I consider my actions very carefully.   +3   +2   +1   -1   -2   -3

28. Facing the need to make a decision, I usually look for different alternatives instead of deciding quickly and spontaneously.   +3   +2   +1   -1   -2   -3

29. Usually, I first do the thing I really like to do even if there are more urgent things to do.   +3   +2   +1   -1   -2   -3

30. When I realize that I am going to be unavoidably late for an important meeting, I tell myself to keep calm.   +3   +2   +1   -1   -2   -3

31. When I feel pain in my body, I try to divert my thoughts from it.   +3   +2   +1   -1   -2   -3

32. When I am faced with a number of things to do, I usually plan my work.   +3   +2   +1   -1   -2   -3

33. When I am short of money, I decide to record all my expenses in order to budget more carefully in the future.   +3   +2   +1   -1   -2   -3

34. If I find it difficult to concentrate on a task, I divide it into smaller segments.   +3   +2   +1   -1   -2   -3

35. Quite often, I cannot overcome unpleasant thoughts that bother me.   +3   +2   +1   -1   -2   -3

36. When I am hungry and I have no opportunity to eat, I try to divert my thoughts from my stomach or try to imagine that am satisfied.   +3   +2   +1   -1   -2   -3

SOCS

Please read each of the following statements carefully and indicate how much you agree or disagree with each statement. The following scale will be used:

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neither Agree Nor Disagree	Somewhat Agree	Strongly Agree

1 2 3 4 5 ----- 1. As far as I'm concerned, I don't have any problems that need changing.

1 2 3 4 5 ----- 2. I think I might be ready for some self-improvement.

1 2 3 4 5 ----- 3. I am doing something about the problems that had been bothering me.

1 2 3 4 5 ----- 4. It might b worthwhile to work on my problem.

1 2 3 4 5 ----- 5. I'm not the problem one. It doesn't make sense for me to be here.

1 2 3 4 5 ----- 6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.

1 2 3 4 5 ----- 7. I am finally doing some work on my problems.

1 2 3 4 5 ----- 8. I've been thinking that I might want to change something about myself.

1 2 3 4 5 ----- 9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.

1 2 3 4 5 ----- 10. At times my problem is difficult, but I'm working on it.

1 2 3 4 5 ----- 11. Being here is pretty much of a waste of time for me because the problem doesn't have to do with me.

1 2 3 4 5 ----- 12. I'm hoping this place will help me to better understand myself.

1 2 3 4 5 ----- 13. I guess I have faults, but there's nothing that I really need to change.

1 2 3 4 5 ----- 14. I am really working hard to change.

1 2 3 4 5 ----- 15. I have a problem and I really think I should work on it.

1 2 3 4 5 ----- 16. I'm not following through with that I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.

1 2 3 4 5 ----- 17. Even though I'm not always successful in changing, I am at least working on my problem.

1 2 3 4 5 ----- 18. I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.

1 2 3 4 5 ----- 19. I wish I had more ideas on how to solve my problem.

1 2 3 4 5 ----- 20. I have started working on my problems but I would like some help.

1 2 3 4 5 ----- 21. Maybe this place will be able to help me.

1 2 3 4 5 ----- 22. I may need a boost right now to help me maintain the changes I've already made.

1 2 3 4 5 ----- 23. I may be part of the problem, but I don't really think I am.

1 2 3 4 5 ----- 24. I hope that someone here will have some good advice for me.

1 2 3 4 5 ----- 25. Anyone can talk about changing; I'm actually doing something about it.

1 2 3 4 5 ----- 26. All this talk about psychology is boring. Why cant people just forget about their problems?

1 2 3 4 5 ----- 27. I'm here to prevent myself from having to relapse of my problem.

1 2 3 4 5 ----- 28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.

1 2 3 4 5 ----- 29. I have worries but so does the next person. Why spend time thinking about them?

1 2 3 4 5 ----- 30. I am actively working on my problem.

1 2 3 4 5 ----- 31. I would rather cope with my faults than try to change them.

1 2 3 4 5 ----- 32. After all I had done to try to change my problem, every now and again it comes back to haunt me.

APPENDIX F

PARTICIPANTS' SEMINAR CRITIQUE FORM

Participant Feedback/Critique Form

Date: _____

The purpose of this feedback/critique sheet is to allow you the opportunity to give your thoughts on how best to improve our seminar. I'm interested in knowing what you value most about our seminar so we can continue to do these things. It's also important for me to know what's not going well for you, and what improvements you recommend. I appreciate your time and efforts to make our seminar even better.

In the space provided, please rate the first eleven items using the following six-point scale:

1	2	3	4	5	6
Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree

_____ 1.   The content of this seminar is relevant to me.

_____ 2.   I feel comfortable to say what I really think or feel in seminar.
          (If not comfortable, use back of this sheet to explain what would make you more comfortable).

_____ 3.   When I return to my normal routine, I continue to think about the things we discussed in seminar.

_____ 4.   I am applying ideas from this seminar right <u>now</u>.

_____ 5.   I believe that I will be able to apply ideas from this seminar after release and return home.

_____ 6.   I believe the other people in our seminar are interested in improving themselves.

_____ 7.   I have learned a lot from this seminar.

_____ 8.   If there was a follow-up seminar after this, I would take it.

_____ 9.   I would recommend this seminar to other guys at this Camp.

_____ 10.   Overall, I'm glad I took this seminar.

11. What do you **LIKE MOST** about our seminar?

12. What do you **LIKE LEAST** about our seminar?

13. How can we **IMPROVE** our seminar?

14. What is the **MOST IMPORTANT LESSON** you have learned thus far?

15. Please give examples of times when you have applied ideas from this seminar. (Use back of page).

APPENDIX G

POEM: AUTOBIOGRAPHY IN FIVE SHORT CHAPTERS

AUTOBIOGRAPHY IN FIVE SHORT CHAPTERS

CHAPTER ONE
I walk down the street. There is a deep hole in the sidewalk
I fall in. I am lost. I am helpless. It isn't my fault.

CHAPTER TWO
I walk down the same street. There is a deep hole in the sidewalk
I pretend I don't see it. I fall in again
I can't believe I am in this same place. But, it isn't my fault
It still takes a long time to get out.

CHAPTER THREE
I walk down the same street. There is a deep hole in the sidewalk
I see it is there I still fall in ... it's a habit ... but, my eyes are open
I know where I am. It is my fault. I get out immediately.

CHAPTER FOUR
I walk down the same street. There is a deep hole in the sidewalk
I walk around it.

CHAPTER FIVE
I walk down another street.

❖ ❖ ❖

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