

Table of Contents

About the Authors	v
Preface	xi

PART 1: MANAGEMENT ISSUES FOR MENTAL HEALTH PRACTITIONERS

Chapter 1: Issues of Power and Oppression

Overview	1-2
Introduction	1-2
Power and Control Dynamics in Correctional Facilities	1-3
Classification	1-3
Factors in Classification	1-3
Control Through Classification	1-4
Programming	1-4
Programs Help Control Inmate Behavior	1-4
Therapeutic Programs Complement Security	1-5
Physical Intervention	1-6
Punishment	1-6
Power in Correctional Psychology	1-7
The Stanford University Prison Experiment	1-7
Factors Affecting Correctional Officers' Use of Power	
Over Inmates	1-8
Racism in Correctional Institutions	1-9
Inmate Responses to Power Dynamics	1-11
Effects of Power on Inmates	1-12
Developing the "Con Code"	1-12
Inmates' Ways of Escaping the Stress	1-13
Violence	1-13
Escape	1-13
Substance Abuse	1-13
Psychosis	1-13
Suicide	1-13
Positive Responses to Stress	1-14
Religion	1-14
The Arts	1-14
Breaking the Cycle of Abuses of Power	1-14
Staff Power Stances	1-16
Position Power	1-16

Connection Power	1-17
Coercive Power	1-17
Personal Power	1-17
Expert Power	1-17
Information Power	1-18
Power Stances	1-18
The Colonialist: Control the Native Populations	1-19
The Missionary: Save Souls	1-21
The Advocate: “Bleeding Hearts”	1-21
Correctional Psychologists and Their Stance of Power	1-22
The “Tough” Stance	1-22
The “Soft” Stance	1-22
The Professional, Neutral Stance	1-24
Responses to the Stress of Working in Corrections	1-24
Burnout Triggers for Correctional Psychologists	1-24
Burnout Patterns	1-25
Classical	1-25
Bureaucratic	1-26
Cynical	1-26
Paranoid	1-27
Strategies for Stress Management	1-27
Conclusion	1-28

Chapter 2: The Mission of a Mental Health Unit in Corrections

Overview	2-2
Introduction	2-2
Medical Model vs. Rehabilitation Model	2-2
The Setting Determines the Function	2-3
Mental Health Unit in Jails	2-3
Arrest-Related Cases	2-3
Trauma of Arrest	2-3
Substance-Abuse-Related Problems	2-4
Individuals Arrested for Behavior Related to	
Mental Illness	2-4
Functions of Jail Mental Health Unit	2-4
Staffing Profile	2-5
Mental Health Units in Prisons	2-5
Prison Reception Units	2-5
High Turnover.	2-5
Staffing Profile	2-6

Maximum-Security Facilities	2-6
Challenging Population	2-6
Need for Close Cooperation With Custody Staff	2-6
Staffing Profile	2-6
Medium-Security Facilities	2-7
Treatment Programming for Heterogeneous Population	2-7
Staffing Profile	2-7
Minimum Security Facilities	2-7
Preparation for Release	2-7
Staffing Profile	2-8
Facilities for Female Offenders	2-8
High Emotions and Abuse Issues	2-8
Staffing Profile	2-9
Conclusion	2-9

Chapter 3: Establishing a Mental Health Unit Within an Institution

Overview	3-2
Introduction	3-2
Building Bridges	3-2
To the Community	3-2
Reaching Out to the Community	3-2
Bringing the Community Into the Correctional Institution	3-3
To Supervisory Agencies	3-3
To the Department of Corrections	3-4
To a Specific Institution	3-5
To Inmates	3-5
Establishing the Program	3-6
Staff Development	3-6
Appropriate Qualifications	3-7
Personality Characteristics Compatible With Prison Work	3-8
Providing Appropriate Training	3-8
Training in Techniques	3-8
Training in Transference and Countertransference	3-9
Training in Safety Issues	3-11
Selecting Treatment Modalities	3-12
Looking at the Research: What Works?	3-12
Problems With the Research	3-14
Specific Types of Programs	3-14

Resources Available	3-17
Needs Assessment	3-17
Finalizing the Plan	3-17
Maintaining One's Sanity	3-19
Conclusion	3-20

Chapter 4: A Framework for Preventing Suicides in Adult Correctional Facilities

Overview	4-2
Introduction	4-2
Scope of the Problem	4-2
Who Is Most Likely to Commit Suicide?	4-3
Demographic Factors	4-3
Stress/Vulnerability Factors	4-3
Common Parameters of Suicides in Correctional Facilities	4-4
Methods	4-4
When Are Suicides Most Likely to Occur?	4-4
Effect of Sentencing on Suicide	4-4
A Framework for Understanding and Responding to Prisoner Suicide	4-5
Case Law Governing Suicide Prevention in Correctional Facilities	4-5
National Standards and Guidelines	4-5
American Correctional Association Standards	4-7
American Medical Association Standards	4-8
American Public Health Association Standards	4-9
National Commission on Correctional Health	
Care Standards	4-9
American Psychiatric Association Task Force Reports	4-12
Essential Components of a Suicide Prevention Program	4-12
Administrative Support	4-13
Identification and Response	4-14
Screening and Assessment	4-14
Service Planning and Follow-up	4-14
Housing	4-14
Levels of Supervision	4-15
Treatment	4-15
Communication and Reporting	4-15
Intervention	4-16
Aftermath of Suicide	4-16
Assistance for Staff	4-17
Mortality Review	4-17
Conclusion	4-18

Chapter 5: Prison Gangs and Their Impact on Management and Treatment in Correctional Settings

Overview	5-1
Introduction	5-2
Emergence of Modern Prison Gangs	5-2
Gang Structure	5-3
Movement to a National Scope	5-3
The Midwest Model	5-4
Community—Inside and Outside	5-4
Dealing With Member’s Alliance to the Gang	5-5
Focus on Threat, Not Power	5-5
Treatment and Program Dilemmas Growing Out of the Inmate Code	5-6
Control and the Impact on Treatment Options	5-7
Rise of the Super-Max Prison	5-7
Correctional Psychologists in Super-Max Prisons	5-8
How Do Gangs Affect the Provision of Rehabilitative Services?	5-8
Steering Inmates Away From Gang Membership	5-9
Assisting Vulnerable Inmates	5-10
Handling Gang-Related Information	5-10
Preventing Program Cooption	5-10
Conclusion	5-11

Chapter 6: Legal and Ethical Issues Related to the Mental Health Treatment of Incarcerated Persons

Overview	6-1
Introduction	6-2
Confidentiality	6-2
Conflict Between Confidentiality and Statute or Regulation	6-2
Confidentiality Waived Because Mental State Placed in Issue	6-4
Confidentiality and Non-English-Speaking Inmates	6-6
Confidentiality and Civil Commitment of Sexually Violent Persons	6-6
Duty to Warn	6-7
Duty to Protect	6-8
Duty to Prevent Suicide	6-9
Deliberate Indifference	6-9
Failure to Train	6-11
Immunity	6-11
Duty to Provide Care	6-12
Consent Decrees	6-12
Failure to Provide Care	6-12

Informed Consent	6-13
Conclusion	6-13

PART 2: SERVICES FOR SPECIAL POPULATIONS

Chapter 7: Treating the Offender With Mental Illness

Overview	7-2
Introduction	7-3
Recisivism Rates	7-3
The Role of Mental Illness in Criminality	7-4
Mental Illness and Violence	7-5
Containment or Correction?	7-6
The Punishment Model	7-7
Is Punishment Necessary and Sufficient for Behavioral Change?	7-7
Does Increased Punishment Produce Negative Impact?	7-7
Punishment Redefined	7-8
Defining Mental Illness	7-9
Developing the Treatment Program	7-10
Need for Specificity	7-10
The Specifics of the Program	7-11
Who?	7-11
What?	7-11
When?	7-12
Where?	7-12
How?	7-12
Why?	7-12
Sample Treatment Paradigms	7-13
Evidence-Based Treatment for Schizophrenia	7-13
Evidence-Based Treatment for Borderline Personality Disorder	7-16
The Structure of the Treatment Program	7-18
The Residential Unit: Model and Composition	7-18
The Clinical Treatment Team	7-19
The Crisis Intervention Team	7-19
The Referral Process	7-20
Components of the Treatment Program for Acute Care of the Offender With Mental Illness	7-20
The Most Common Prison Mental Health Crisis Referrals	7-20

Harm to Self and Others	7-21
Withdrawn and Isolated Behavior	7-24
Bizarre Behavior	7-24
Response Considerations	7-25
Components of the Treatment Program for Chronic Care of the Offender With Mental Illness	7-26
Primary Treatment	7-26
Psychopharmacology	7-26
Psychotherapy: Cognitive-Behavioral Model	7-27
For Substance Abuse	7-29
Relapse Prevention	7-30
Adjunctive Treatment: Skills Training	7-31
Medication Group	7-31
Assertiveness Training	7-32
Anger Management Group	7-33
Stress Reduction/Relaxation Management Group	7-34
Empathy Group	7-35
Survivors' Group	7-36
Social Skills Group	7-38
“Facts of Life” for Treatment Professionals in Correctional Settings	7-39
Program Evaluation	7-40
Conclusion	7-40

Chapter 8: Delivering Psychological Services to Incarcerated Men With Developmental Disabilities

Overview	8-1
Introduction	8-2
Historical Overview of the Treatment of DD Offenders	8-2
DD Offenders in Correctional Institutions	8-3
Demographic Overview	8-3
Special Needs of DD Inmates	8-4
Special Hardships of DD Inmates	8-4
The San Carlos Correctional Facility	8-5
Development of SCCF	8-5
Identification of DD Inmates in the Colorado System	8-5
Welcome to the SCCF DD Unit	8-6
Profiles and Identified Needs of the SCCF DD Inmate	
Population	8-7
Delivery and Services Provided	8-11
Anxiety and Depression Management	8-12
Coping Skills	8-12

Mental Illness Education	8-14
Sex Offender Treatment	8-15
Survivors of Abuse and Trauma	8-16
Conclusion	8-17

Chapter 9: Treating Female Offenders

Overview	9-2
Introduction	9-2
Current Facts and Figures	9-2
History of Female Incarceration	9-2
Types of Offenses	9-4
Psychological Issues to Consider When Working With Women	
Inmates	9-4
Prior Victimization	9-4
Battered Women's Syndrome and PTSD	9-5
Depression and Other Psychiatric Disorders	9-6
The Troubling Dilemma of Suicide	9-7
Drug and Alcohol Abuse	9-7
Sexual Risk Issues: HIV and Drug Use	9-8
Medical Care and Medication	9-9
Counseling Issues Related to Family Relationship Styles and	
Work	9-10
Families and Children	9-10
Relationships Among Inmates	9-10
Work and Economics	9-11
Revictimization by the System	9-11
Exacerbation of Women's Sense of Powerlessness	9-11
Prison Conditions Foster Loneliness, Stress, Crowding	9-12
Loneliness	9-12
Stress	9-12
Impact of Prison Crowding	9-14
Treatment Research	9-14
Treatment Issues and Recommendations	9-16
General Recommendations	9-16
Goals of Mental Health Providers	9-17
Group Therapy	9-17
Confidentiality	9-17
Feminist Therapy	9-18
Ideal Staff Attributes for Therapists Working in Prison	9-19
Conclusion	9-19

Chapter 10: Treatment and Management of Offenders With Severe Personality Disorders

Overview	10-2
Introduction	10-2
Identifying the Difficult to Treat	10-2
Methodological Concerns in Treatment Research	10-3
Nonequivalence of Control Group	10-3
Heterogeneity of Treated Groups	10-3
Different Concepts and Assessments of SPD	10-3
Developmental Aspects	10-3
Comorbidity With Other Psychiatric Disorders	10-3
Process Data on Interventions	10-4
Treatment Integrity	10-4
Outcome Criteria	10-4
Evaluation of Different Types of Interventions	10-4
Pharmacological Treatment	10-4
Psychotherapy, Behavior Modification, and Educational Measures	10-5
Treatment Challenges With SPDs	10-6
Neurological Difficulties	10-6
Motivational Problems	10-7
Treatment Concerns	10-7
Elements of an Effective Treatment Program for SPDs in a Correctional Setting	10-8
Clearly Structured and Distinct Setting	10-8
Prosocial Institutional Climate and Regime	10-8
Treatment Goals	10-9
Framework for Treatment of the SPD	10-10
Engagement	10-10
Pattern Analysis	10-10
Pattern Change	10-10
Pattern Maintenance	10-10
Client Assessment	10-11
Preservice Assessment of Resident	10-11
Exclusionary Criteria	10-11
Specific Assessment Tools	10-12
Assessing the Client's Goal Attainment	10-13
Transitioning Clients Out of the Program	10-13
Staffing Issues	10-14
Conclusion	10-14

PART 3: TREATMENT MODALITIES**Chapter 11: Origins, Case Management, and Treatment of the Substance-Abusing Offender**

Overview	11-2
Introduction	11-2
Drug Use and the Criminal Justice System	11-3
Criminal Justice Response to Substance Abuse	11-3
Treatment in Institutions	11-4
Facility Ownership and Treatment Program	
Operation	11-5
Facilities Providing Substance Abuse Treatment	11-5
Facilities Providing Select Nontreatment Substance Abuse Services	11-6
Models for Understanding Substance Abuse	11-7
Biological Factors Involved in Substance Abuse and Criminality	11-7
Genetics and Criminal Behavior	11-7
Genetics and Substance Abuse	11-8
Reward Deficiency Syndrome	11-8
Brain Functioning in Criminal Behavior	11-9
Brain Functioning in Substance Abusers	11-9
Environmental Factors in Substance Abuse and Criminality	11-9
Biopsychosocial Theories	11-10
Eysenck's Theory of Criminal Behavior	11-10
Mednick's Biosocial Theory of Criminal Behavior	11-10
Moffitt's Life-Course-Persistent Offender Theory	11-11
Biopsychosocial Studies of Criminal Behavior and Substance Abuse	11-11
The Interaction Effect	11-11
Inheritability	11-13
Psychophysiological Functioning	11-13
Biosocial Interaction	11-13
Neuropsychological Functioning	11-14
Maternal Rejection	11-14
Neuropathology	11-15
Model for Comprehensive Substance Abuse Treatment	11-15
Screening and Assessment	11-16
Identification of Inmates With Potential Substance Abuse Problems	11-16
Follow-up Assessment of Targeted Offenders	11-17
Treatment Planning	11-18

Cognitive-Behavioral Therapy on an Offender's Unit	11-19
Initial Phase of Treatment	11-19
Positive Peer Communities	11-19
Personal Identity	11-20
Anger Management	11-20
Empathy Training	11-21
Discipline	11-21
Treatment Techniques	11-21
Behavioral Techniques	11-21
Clearly Structured Days With Progressive Privilege Levels	11-21
Use of Room Restrictions Plus Self-Analysis	11-22
Psychoeducational Techniques	11-22
Emotional Skills	11-22
Cognitive Skills	11-23
Behavioral Skills	11-23
Pharmacological-Behavioral Treatment	11-24
Intensive Case Management	11-25
Conclusion	11-26

Chapter 12: Something Works—Therapeutic Communities in the Treatment of Substance Abuse

Overview	12-2
Introduction	12-2
Rehabilitation/Habilitation	12-3
Therapeutic Community Treatment Model	12-3
Democratic Model	12-3
Rational Authority Model	12-4
Essential TC Elements	12-4
Phased System of Treatment	12-4
Orientation	12-4
Primary Treatment	12-7
Reentry	12-7
Community-Based Treatment	12-7
Understanding Some of the Aspects of Change in the TC Process	12-8
Focus on Behavioral Expectations	12-8
Stages of the Change Process	12-9
Precontemplation	12-9
Contemplation	12-9
Preparation and Action	12-9
Maintenance and Termination	12-9
Change Stages Not Linear	12-9

Stage-Based Interventions	12-10
The Delaware TC Experience: KEY/CREST	12-11
Genesis and Implementation of Program	12-11
Outcome Data	12-12
Effective Treatment for Drug-Involved Offenders	12-12
Ten-Year Longitudinal Study	12-13
Three-Year Mark	12-13
Summary	12-15
Recommendations for the Twenty-First Century	12-16
Conclusion	12-16

Chapter 13: Remediation of Coercive Sexual Behavior

Overview	13-1
Introduction	13-2
A Hypothetical Model of Coercive Sexual Behavior	13-2
The Treatment Model for Sex Offenders	13-4
What Can We Conclude About the Effectiveness of Psychotherapy?	13-4
Recidivism Studies	13-5
Difficulties Studying Recidivism	13-5
The Problems With Base Rates	13-6
Suggestions for Dealing With Research Problems	13-6
Problem Areas Addressed in Treatment	13-8
Social Competence	13-8
Empathy	13-9
Cognitive Distortions	13-11
Anger	13-14
Sexual Fantasy and Deviant Sexual Arousal	13-14
Antisocial Personality/Lifestyle Impulsivity	13-18
The Use of Drugs to Complement Psychotherapy	13-20
The Antiandrogens	13-20
SSRI Antidepressants	13-22
LHRH and GnRH	13-23
Legal and Ethical Issues Related to Medication	13-24
Informed Consent	13-24
Eighth Amendment Protection	13-24
Mandatory Medication	13-24
Overview of Drug Therapy	13-26
Conclusion	13-26

Chapter 14: Aggression Replacement Training—A Comprehensive Intervention for Aggressive Youth

Overview	14-2
Introduction	14-2
Brief History of Society's Attempts to Deal With Juvenile Aggression	14-2
The Sociology of Aggression	14-3
Prevalence of Adolescent Aggression/Delinquency	14-3
The Psychology of Aggression	14-5
Primary Traits of Aggressive Youth	14-5
Verbal and Physical Aggression	14-5
Skill Deficiency	14-5
Immaturity	14-5
Withdrawal	14-5
Learning to Be Aggressive	14-6
Approaches to Prosocial and Anger Management Programming	14-6
Custodialism vs. Habilitation	14-6
Approaches and Interventions to Aggression	14-7
The Evolution of Cognitive-Behavioral Programs	14-7
Cognitive Restructuring Programs	14-7
Cognitive Skills Programs	14-8
Aggression Replacement Training: Addressing the Antecedents of Aggressive Behavior	14-9
Structured Learning Training	14-10
Anger Control Training	14-12
Moral Education	14-13
ART Research and Evaluation	14-15
ART—Applications for General Clinical Practice	14-17
Conclusion	14-18

Chapter 15: Men With Attitude—Essentials and Paradoxes in the Group Therapy of Aggressive and Violent Men

Overview	15-2
Introduction	15-2
Setting the Stage	15-3
The Penitentiary: Working in the “Big House”	15-4
Men With Attitude	15-5
Play It as It Lays, or “Wherever You Go There You (All) Are”	15-7
Conceptual Framework of Initial Contact	15-8
Initial Diagnostic Filter	15-10
Further Diagnostic Issues	15-10

Historical Themes Filter	15-12
A Typical “Man With Attitude”	15-12
A Tao of Cognitive Emotional Functioning	15-14
Therapy With an Edge: “It Ain’t Nothin’ Nice”	15-15
Interpretation, Cognitive Restructuring, or Mambo	15-16
Using a Variety of Methods	15-17
Selection and Screening: Beginning and Continuing	15-18
Selecting Participants	15-19
Format of the Group	15-20
Heterogeneous or Homogeneous	15-20
Ground Rules	15-21
To Be and How to Be . . . The Leader of the Group	15-22
Through the Looking Glass: On Moving Beyond Appearances	15-23
(Self)-Analysis Terminable and Interminable	15-23
Do’s, Don’ts, and Cautionary Notes	15-24
“No (Wo)Man Is an Island . . . Entire Unto Oneself”	15-25
Sex	15-25
Just Standard Treatment, or Augmenting the Recipe for Change	15-26
Letting It All Hang Out . . . The Uses of Structure vs. Spontaneity	15-28
Managing Resistances and Blockages in Therapy	15-29
Terminating a Group Member	15-29
Process and Stages in Group Therapy . . Variations on Two Themes	15-30
The Influence of Group Members’ Characteristics on a Classic Model	15-30
From Theoretical Model to Actual Examples	15-31
The Biochemistry of Change	15-32
Determining the Topic “Du Jour”	15-33
Conclusion	15-34

Chapter 16: The Use of Animal-Facilitated Therapy in the Rehabilitation of Incarcerated Felons

Overview	16-1
Introduction	16-2
Beginnings of Animal-Facilitated Therapy	16-2
Pioneering Programs in Institutions	16-2
Switching the Focus	16-2
A Shift in Emphasis	16-3
The Prison Pet Partnership Program: A Model for Adult Offenders	16-3
Assistance Dog Institute: A Model Program for High-Risk Juveniles	16-4
Selecting an Animal-Facilitated Program	16-5
Visitation Programs	16-5

Full-Time Therapy Dogs Partnered With Staff Members	16-5
Residential Animals Cared for by Clients	16-6
Contributing to the Community Through an Animal Care and Training Program	16-7
Conclusion	16-8
Appendices	
Appendix A: Standards—Legal Issues and the Mentally Disordered Inmate	A-1
Appendix B: Bibliography	B-1
Index	I-1