

The importance of the social climate to rehabilitation outcomes in forensic settings

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Indigenous Education and Research Centre



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The physical environment and the psychosocial climate varies enormously, both between and within institutions.

Lots of talk about things like:

‘prison culture’ ‘hypermasculinity’ ‘gangs’

‘prison violence’ ‘rehabilitation’

Correlates of prison climates

- **Deaths in custody** – “prison culture and atmosphere should be a focus for suicide prevention efforts as much as interventions for 'vulnerable' prisoners or modifications to the physical environment” (e.g., Morgan, 1994).
- **Staff sickness and absenteeism** - long hours, work overload and pressure, lack of control over work, lack of participation in decision making, poor social support, and unclear management and work role (e.g., Michie & Williams, 2003).
- **Prison violence** - prison structure (supervision and security level, population mix, and prison size), staff features (length of employment and experience), temporal aspects of the prison (how a person's time and space are organised), location (recreational areas, cell), and prison management style (Gadon et al., 2006).
- **Use of force** - staff perceptions of social climate are significantly correlated with readiness to use force (Griffin, 1999; Zimbardo, 2009).

How much of the psychosocial climate of a prison is determined by environmental factors?

- Overcrowding
- Staffing levels
- Time out of cell
- Quality of food
- Temperature

... and how much by the people who live and work there?

**Widely held view that most
modern prisons do not provide
environments that are
conducive to successful
rehabilitation.**

**Some have argued that it isn't
possible...**



Some questions:

What are the characteristics of a good prison social climate?

How does the environment influence, and be influenced by, the delivery of offender rehabilitation?

How might prisoner perceptions of personal safety impact on their rehabilitation?

What responsibilities do we as psychologists have when working in secure settings?

Raises bigger questions about the purpose of prisons and the role of health practitioners in secure settings.

**The degree of civilization in a
society can be judged by
entering its prisons.**

(Dostoevsky, The House of the Dead, 1862)

**“If prison is the answer then
what was the question?”**

**If you were to design a prison...
what would it look like and why?**

(and where would you rather work?)



Place of Punishment?

Prison 'as
punishment' not
'for punishment'

“...designed to be places of punishment”

(Homel & Thompson, 2005)

Many prisoners experience prisons as aversive and extremely stressful environments in which to live (US: Toch & Adams 2002; UK Liebling 2004).

“Despite the fact that the core values of most modern correctional systems explicitly espouse rehabilitative ideals in their mission statements, few would maintain that prisons are not punishing environments” (Day & Ward, 2010).

“Prison is not a healthy place. It’s pretty well established that many who wind up there aren’t in great health to begin with, and their sentences can exacerbate underlying issues. Solitary confinement destroys already fragile minds. Incarceration robs men and women of their youth - regurgitating aged shadows back into the streets. Beatings and abuse at the hands of officers lead to injury and even death, and violence between inmates is seen as common enough to pass as normal”.

Bruce Western (2018)

The Iraq War

Punishment and torture techniques illegally applied in detention centers in Guantánamo Bay Naval Base, Abu Ghraib Prison in Iraq, Bagram Airbase in Afghanistan, and “black sites” operated by the CIA in Europe and elsewhere.

US military psychologists “reverse engineered” versions of a Survival, Evasion, Resistance, Escape (SERE) technique, designed to help US prisoners-of-war to withstand torture.

Major ethical breaches were only acknowledged later by the APA (Hoffman, 2015).

Psychologists were complicit



Included
waterboarding,
“walling”,
forced stress
positions, and
the deliberate
deprivation of
necessities such
as sleep and
warmth.

What we shouldn't do

Psychologists shall not knowingly engage in, assist, tolerate, direct, support, advise, facilitate, plan, design, or offer training in torture or other cruel, inhuman, or degrading treatment or punishment under any and all conditions, nor shall they participate in any procedure where such treatment is threatened. Psychologists may not enlist others to employ these techniques in order to circumvent this policy's prohibition. Moreover, psychologists shall not provide knowingly any research, instruments, or knowledge that facilitates the practice of torture or other forms of cruel, inhuman, or degrading treatment or punishment

(APA Code of Ethics, 2014)



**Place of minimal
enrichment?**
(spartan and no better than
how members of the
community live?)

.. not 'holiday camps'





**Place of
efficiency
and cost
effective-
ness?**



**Place to further
political agendas?**
(for many Indigenous peoples in
Australia, prisons are political spaces)



Place of healing?




Cultural place?





**Place for
independent
living?**



Yoga, herbs, and sunshine: New Zealand opens 'humane' jail for most violent inmates

“A state of the art prison, where the most violent and dangerous offenders can spend their days practicing yoga, sunbathing in the grass and tending to their own herb gardens, is set to open in New Zealand.

The “humane” jail, on the outskirts of Auckland, cost a whopping NZ\$300 million to complete and is the first of its kind in the country. The prison will be run as a “**defacto mental health unit**” and will be the only specialist facility for maximum-security male offenders in New Zealand.”

“maximum security inmates would spend around 19 to 20 hours a day in cells. But the new prison had a strong emphasis on rehabilitation including industry training, treatment and education, with programmes aimed to prevent re-offending”

Andy Langley, Auckland prison director



The Istanbul Statement (2007)

Solitary confinement generally describes a prisoner who spends between 22 and 24 hours alone in a cell and engages in limited meaningful contact with others.

The United Nations Special Rapporteur: 15 days is the limit between what can be considered a period of solitary confinement and that which constitutes “prolonged solitary confinement” (UNHRC, 2011).

Many prisoners experience lengthy periods confined to their cells.

Long history

(Casey & Day, 2018)

“**separate**” and “**silent**” **prisons** were common in the US and Europe from the late 18th century up until the late 19th century. Two models:

- the *Pennsylvania System of Penology* - prisoners confined to their cells all day, wore hoods during transport around the prison, and sat in isolation booths while in church - when left alone with their conscience and a Bible, they would reflect inwards, meet God, repent and eventually return to society as morally cleansed.
- *the Auburn model* - prisoners subjected to harsh discipline and worked, ate and prayed together during the day (albeit under a regime of silence) but were confined to solitary cells at all other times.

Harmful effects?

- Mental health professionals and historians conclude that segregation causes psychological harm (Shalev, 2017; Scharff Smith, 2011)
 - *UK and European research*
- Others point to evidence that it causes no serious or long-lasting psychological damage (Arrigo & Bullock, 2008; Grassian, 2006)
 - *primarily US-based and relies on studies that have used small samples and lack scientific rigour (i.e., non-random samples)*

Cognitive disturbances, ranging from lack of concentration to confusional states
Short attention span
Poor concentration and memory
Confused thought processes

Anxiety, ranging from feelings of tension to full blown panic attacks
Persistent low level of stress
Irritability or anxiousness
Fear of impending death

Perceptual distortions, ranging from hypersensitivity to hallucinations
Distortions of sensation (e.g. walls closing)
Disorientation in time and space
Depersonalisation/derealisation
Hallucinations (e.g. objects or people appearing in the cell, or hearing voices when no-one is speaking).

Depression, varying from low mood to clinical depression
Emotional flatness/blunting
Emotional lability (mood swings)
Hopelessness
Social withdrawal; loss of initiation of activity or ideas; apathy; lethargy
Major depression
Self harm and suicide

Paranoia and Psychosis, ranging from obsessional thoughts to psychosis
Ruminations of a violent and vengeful character (e.g. against prison staff)
Paranoid ideas – often persecutory
Psychotic episodes or states

Anger, ranging from irritability to rage
Poor impulse control
Outbursts of physical and verbal violence against others, self and objects

Effects vary with the:

- pre-morbid adjustment of the individual
- the context, length and conditions of confinement
- previous experience of trauma
- the involuntary nature of confinement as punishment
- confinement that persists over a sustained period of time.

Our research in Australia...

Difficult to operationalise what is meant by constructs such as 'climate', 'culture', and 'milieu'.

Previous research hampered by the absence of a suitable method to reliably measure the climate of a particular institution:

- Establish factor structure and construct validity of a new measure.
- Compare ratings of social climate for a mainstream prison and one which specialises in the delivery of rehabilitation.

Various measures and methods...

- **Moos' Correctional Institutions Environment Scale (CIES)** - outdated item content, too long for repeated clinical use, low internal consistency of some scales, time and effort required for completion with disturbed and unmotivated populations, lack of validity.
- **Prison Social Climate Survey (PSCS)** - only measures staff perceptions.
- **Measuring the Quality of Prison Life (MQPL+)** - in-depth, descriptive analysis, using the Measuring the Quality of Prison Life (MQPL) and Staff Quality of Life (SQL) surveys with detailed observation and interviews with staff and prisoners. Six researchers spend at least 70 person days in total conducting, analysing, and writing up the work.

Essen Climate Evaluation Schema

15 items completed by staff and prisoners.

Three factor—analytically supported scales:

Therapeutic Hold (perceptions of the extent to which the climate is supportive of therapy and therapeutic change);

Cohesion and Mutual Support (whether mutual support of a kind typically seen as characteristic of therapeutic communities is present);

Experienced Safety (tension and perceived threat of aggression and violence).



Items and Factor Structure

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Rotated principal axis factor matrix for the EssenCES scale items (total sample)

Item	Inmates' Cohesion and Mutual Support	Therapeutic Hold	Experienced Safety
There is good peer support among inmates	.83		
Inmates care about their fellow inmates' problems	.82		
When inmates have a genuine concern, they find support from their fellow inmates	.81		
The inmates care for each other	.76		
Even the weakest inmate finds support from his fellow inmates	.74		
Staff members take a lot of time to deal with inmates		.85	
Staff take a personal interest in the progress of inmates		.81	
Staff know inmates and their person histories very well		.72	
In this unit, inmates can openly talk to staff about all their problems		.64	
Often, staff seem not to care if inmates succeed or fail in their daily routine/program		.61	
There are some really aggressive inmates in this unit			.71
Some inmates are afraid of other inmates			.70
Some inmates are so excitable that one deals very cautiously with them			.65
At times, members of staff feel threatened by some of the inmates			.65
Really threatening situations can occur here			.58

Convergent validity

- More positive prisoner perceptions of the social climate were associated with higher levels of **readiness for treatment** (small, but significant, positive association between EssenCES and the CVTRQ scores $r(111)=.23, p<.05$).
- More positive staff perceptions of the social climate were associated with higher levels of levels of **staff wellbeing** (a moderate, significant positive association was noted between EssenCES and WES-10 scores $r(109)=.45, p<.001$).

= some psychometric support for the construct validity of the scale.

Staff and prisoner comparisons

Means, standard deviations, F ratios and effect sizes for prisoners, clinical staff and operational staff on total EsseNCES scores and subscale scores

	Prisoners		Operational Staff		Rehabilitation Staff			
	M	SD	M	SD	M	SD	F	η^2_{par}
EsseNCES Total	42.50	7.26	43.87	7.08	46.44	6.59	4.07*	.03
Social Cohesion and Mutual Support	13.35	4.55	12.45	3.00	13.94	3.10	2.04	.02
Therapeutic Hold	12.80	4.24	16.58	3.48	16.88	2.99	29.17**	.23
Experienced Safety	16.34	3.91	14.84	3.71	15.63	3.78	3.65*	.03

Note: * $p < .05$, ** $p < .01$

Rehabilitation staff rated more positively than prison staff & prisoners.

Prison

comparisons

Means, standard deviations, t-values and effect sizes for subscale scores on the Essences for prisoners (n=134) and staff (n=109).

	Rehabilitation Prison		Mainstream Prison				
	M	SD	M	SD	t	D	95% CI
Prisoners							
Essences:							
Essences Total	43.79	6.71	41.51	7.54	1.74	.32	-4.87-0.32
Social Cohesion and Mutual Support	12.68	4.62	12.73	3.76	0.08	.01	-1.36-1.47
Therapeutic Hold	14.10	4.60	12.87	4.18	1.64	.30	-2.72-0.26
Experienced Safety	17.13	3.44	16.25	3.68	1.43	.25	-2.09-0.34
Staff							
Essences:							
Total Score	46.26	5.30	41.03	5.53	4.64**	.96	-7.46--2.99
Social Cohesion and Mutual Support	18.02	3.46	15.85	3.26	3.46*	.69	-3.42-0.93
Therapeutic Hold	14.33	2.66	12.01	3.02	4.05*	.81	-3.45--1.18
Experienced Safety	14.71	4.13	15.29	3.48	0.80	.15	-0.87-2.05

Note: * p<.05, ** p<.01.

- **Staff at the therapeutic prison rated the climate more positively than staff at the mainstream prison.**
- **No differences between prisoner ratings across prisons.**

Social climate and protection

- **Protective custody prisoners** reported that they experienced the environment as **less safe** than their mainstream (non-protective custody) counterparts.
- Those housed in **protective custody AND incarcerated for longer than six months** rated the social climate significantly more positively (therapeutic hold and social cohesion) than protective custody prisoners incarcerated >six months and those not in protective custody.

(Reynolds et al., 2016)

What did this all mean?

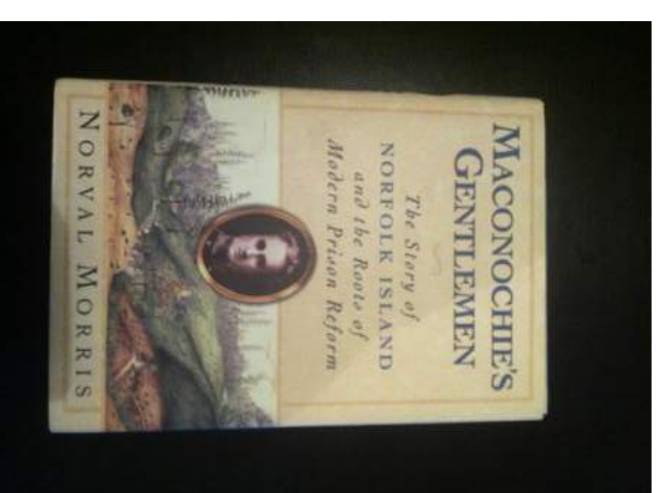
- EssenCES is a straightforward measure that can be completed by both prison staff and inmates in only a few minutes, and seems to capture key aspects of a social climate relevant to rehabilitation.
- Reasonable psychometrically.
- Draws attention to differences in how staff and prisoners view about the climate and importance of consulting officers and prisoners
- **Most useful for within group comparisons and repeated assessment to assess how climate changes over time and the impact of any new initiatives?**

But can we improve environment?

Lots of attempts, few evaluations...

- a prison in Dallas County painted the prison walls pink (Borghese, 2006).
- introduce pets (puppies, birds) to help offenders learn basic social skills (Fournier et al., 2007).
- prison arts programs? (Davey et al., 2015)
- staff training - increasing staff awareness of aspects of the social climate will positively influence their behaviour which will, in turn, affect the broader workplace culture (Nesset et al., 2009).

Captain Alexander Maconochie



... indeterminant sentences, marks that counted towards early release, post-release support....



The Quakers



John Howard –

“‘seminaries of vice’ where
experienced criminals pass on
criminal values like a plague when
they are housed with each other with
no control over their association”
State of the Prisons (1777).

Elizabeth Fry –

“punishment is not for
revenge, but to lessen crime
and reform the criminal”



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Australian prison vocational education and training and returns to custody among male and female ex-prisoners: A cross-jurisdictional study

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Abstract

The current study examined the impact of vocational education and training in the custody setting on returns to custody among Australian adult prisoners from selected jurisdictions. Vocational education and training, education, and behavioural change programme participation

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The rise of behaviourism

The era dawned when prisons had no greater aspiration than ‘humane containment’ and the delivery of the offender’s ‘just desserts, while juvenile offenders were consigned to boot camps and to custodial regimes designed to administer a ‘short, sharp, shock.



Therapeutic Communities (TCs)

De Leon (1997): ‘**community as method**’ or the “purposive use of the peer community to facilitate social and psychological change in individuals.”

- **Concept TC:** setting of therapeutic goals that promote social adjustment - abstinence-based, hierarchies, rewards (**behaviour modification**)
- **Democratic TC:** democratisation; communalism; reality confrontation; and permissiveness (**re-socialisation**).

Four principles of Concept TCs

Community - those who have been there longer expected to serve as positive role models for newer members.

Hierarchy - reflects both the structure and the need for members to 'act as if' they accept the values and rules of the community until they are internalised.

Confrontation - challenging negative behaviour by the community in a safe setting where feelings can be freely expressed.

Self-help - placing responsibility for change on the individual.

Democratic TCs

The prison is a **‘living learning situation’** where everything that happens between members (staff and patients) in the course of living and working together, in particular when a crisis occurs, is used as a learning opportunity.

Prison provides a range of life situations in which members can **re-enact and re-experience their relationships in the outside world**, with opportunities provided through a group and individual therapy process to examine and learn from any difficulties that are experienced.

(Kennard, 2004)

Focuses our attention on:

- the values of prisons and psychologists:
respect, humanity, relationships, trust, fairness, order, well-being and decency (see Liebling & Arnold, 2002).
- safety as the foundation for therapeutic change
- the need for more trauma informed care
- the importance of **personal safety**



Feeling safe is widely considered to be key to therapeutic change across most psychotherapeutic approaches (Bachelor et al., 2010).

- An initial goal is to provide a safe environment in which clients can examine threatening aspects of their experience.
- Therapists aim to provide a secure base from which clients can explore and reflect on painful experiences (Mikulincer et al., 2013).
- A consequence is the ability to self-disclose (Watson et al., 1998).

empathic responding is the most effective way to make clients feel safe.

Safety and Trauma

Few interventions directly address trauma in offenders.

Trauma-related altered states of consciousness impact on the capacity and willingness to self-regulate offending behaviour:

- a loss of felt intention to manage thoughts (i.e., intrusive)
- rumination
- memories of past experiences of intense emotion (positive or negative)
- frequent urges to act antisocially.

- not just PTSD, but experiences such as intense sexual arousal, euphoric states linked with substance misuse, everyday experiences of emotions like love and hatred.
(Jones, 2018)

Principles of a Trauma Informed System

• Trauma Understanding

- If the person does not understand trauma, they are likely to adopt behaviors and beliefs that are negative and unhealthy.
- In understanding trauma and stress, they can act compassionately and take well-informed steps towards wellness.

• Safety & Stability

- Trauma violates physical, social, and emotional safety. This results in a sense of threat and need to manage risks.
- Increasing stability in daily life and having core safety needs met can minimize stress reactions and allow for focus on resources of wellness.

• Cultural Humility & Responsiveness

- Since we all come from diverse social and cultural groups, we may experience and react to trauma differently.
- If we are open to understanding these differences and respond to them sensitively, we make each other feel understood and wellness is enhanced.

Characteristic of Trauma-Informed Services		Example of Area of Practice
Recognise the impact of violence and victimisation on development and coping strategies		Recognition of the difficulties survivors face in seeking services increasing of sense of safety and hope Staff understanding of the effects of traumatic life events on individual development
Identify recovery from trauma as a primary goal		Offer specialised services that address past trauma integration of trauma care into non specialised services
Empower the client and encourage service-user involvement in designing and evaluating services		Support the client to take charge of their life and control over their actions Collaboration with the client to encourage sense of control over important life decisions Involvement of service users to design services Involvement of service users as a part of ongoing evaluation

Are based in a relational collaboration and create an atmosphere that is respectful of survivors' need for safety, respect, and acceptance	Recognise the need for healing in a context in which interpersonal relationship are the opposite of traumatising. Creation of a place perceived as safe and welcoming for survivors who are give clear information which is consistent and predictable
Emphasise clients' strengths, highlighting adaptations over symptoms and resilience over pathology	Focus on resilience rather than highlighting pathology Minimise the adverse Possibilities of effective strategies: intervention approaches that avoid re-traumatising clients
Strive to be culturally competent and to understand each person in the context of his/her life experiences and cultural background	Deep understanding of the client's cultural context

Therapeutic Process (Middleton, 2008)

Characteristics of abusive environments

Logical therapeutic response

Absence of boundaries	Sound boundaries modelled
Double bind communications	Non-blaming communication
Rejection	Acceptance
Chronic uncertainty	Stability and predictability
Lack of safety	Emphasis on safety
Lack of trustworthy individuals	Modelled trustworthiness
Lack of respect	Emphasis on respectful dealings
Maintenance of family secrets	Focus on truth and openness
Use of threats/intimidation	Even-handedness and gentleness
Sexualised behaviours	Non-sexualised/professional
Exploitation	Non-exploitative
Never experiences apologies	Apologies appropriately given

The importance of positive affect to rehabilitation

(Howells, 2004)

Positive affective states:

- promote sociability
- facilitate the recall of positive material in memory
- reduce risk taking
- foster cognitive complexity in problem solving
- promote more thorough decision-making
- promote more humanistic motivation.

LINKING POSITIVE PSYCHOLOGY TO OFFENDER SUPERVISION OUTCOMES

The Mediating Role of Psychological Flexibility, General Self-Efficacy, Optimism, and Hope

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This study examines the relationships between indicators of offender supervision outcomes and dimensions of positive psychological states (PPS). Results of a confirmatory factor analysis (CFA) revealed that the first-order positive psychology constructs converge to form a higher order construct of PPS which was inversely associated with supervision outcomes. Furthermore, the mediating effect of PPS on the relationship between criminogenic risk factors and all offender supervision outcome variables was statistically significant, suggesting that offenders with heightened PPS are likely to have fewer criminogenic risk factors and are less likely to be reported for technical violations, charged, reconvicted, and imprisoned. The implications of these findings for correctional theory, practice, and policy conclude the article.

Keywords: psychological flexibility; self-efficacy; optimism; hope; offender; supervision

Community-based offender supervision practices have long focused on those factors that causally contribute to recidivism. This involves, in part, the use of supervision sessions to address problems linked to substance abuse, pro-criminal influences, anti-social attitudes, disengagement from employment or education, and dysfunctional relationships (see Andrews & Bonta, 2010). While these are well-established predictors of supervision outcomes, there have also been suggestions that effective supervision should focus on identifying and enhancing those human strengths that promote optimal functioning (e.g., McNeill & Weaver, 2010; Pratt & Eriksson, 2013; Ward, Day, & Casey, 2006; Ward & Maruna, 2007; Ward, Melsner, & Yates, 2007). Community corrections workers are thus given potentially conflicting advice about what they should target and how they should work, and have

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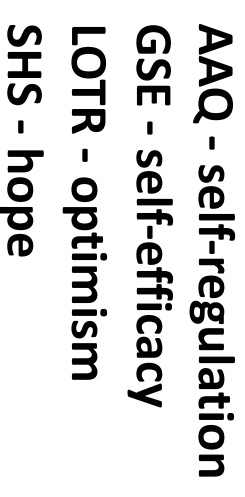


Figure 5. Model relationships among offender risk need inventory-revised, positive psychological states, and reconvicition ($N = 287$). $p^{**} < .01$, $p^{***} < .001$.

This brings us back to ethics...

“All allied health professionals who work with offenders need to consider issues of fairness, due process, and how they can best *promote the welfare of those in receipt of their services*” (Adshead, 2013).

- our role is to help people become competent members of the community?

A competent adult can... **live, learn, love, leave a legacy.** (Arabena 2018)

Psychologically Informed Planned Environments (PIPES)

A core focus on the importance and quality of relating and relationships. Key elements:

Improved relationships and interaction

- Staff actions and behaviours
- Interaction between prisoners

Formalised support for offenders

Behavioural monitoring and management

The contrast...

Correctional managerialism or “seeing the worst in people”

- over-emphasis on risk and an under-focus on need and rights
- too much standardisation of professional practice
- managerial focus on cost containment and a culture of auditing
- increased emphasis on procedures, routines, surveillance and compliance with operational standards

(Mark Hardy)

Conclusions and Observations

- Easy to focus on individual client work or group program delivery and ignore the setting in which this is offered.
- Easy to measure a social climate and facilitate discussion about how it might be improve - psychologists have much to offer
- Good starting point is taking the personal safety of both prisoners and staff seriously
- Interesting opportunities arise with therapeutic community models and trauma informed care – we need to educate ourselves and then others.
- Lots of pressure to comply with institutional and organisational expectations – don't forget our professional and ethical responsibilities to our clients

Grounds for optimism

Prisons around the world have “undergone important humanising processes in the last two decades, especially with regard to staff culture, physical facilities and prisoner entitlements”.

This does not necessarily mean that imprisonment is any less painful than it has been in the past, but rather that threats are now likely to more psychological in nature rather than simply a consequence of authoritarian regimes.

A greater appreciation of the nature and impact of these threats will, inevitably, facilitate the delivery of more engaging and ultimately more effective rehabilitation.

(Shefer, 2010).

Thank you

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