

# JAIL BULLETIN

NUMBER 115

JANUARY 1995

The Jail Bulletin is a monthly feature of the Crime Commission Update. The Bulletin may be used as a supplement to your jail in-service training program if officers study the material and complete the attached "open book" quiz. The Bulletin and quiz may be reproduced for use by your staff. **We welcome any jail training material you would like to contribute to the Bulletin.**

## **THE PSYCHOLOGY OF REHABILITATION - PART II SUBSTANCE ABUSE - THE KEY IN REACTING TO INMATE BEHAVIOR**

Chemical use and criminal personality disorders are common among criminal offenders. It is estimated that 70 percent of offenders suffer from chemical dependence, and, of those, the majority also have anti-social personality disorders.

A chemical use disorder is any use of alcohol or mood-altering drug(s) that cause or contribute to the development of personal problems. A criminal personality disorder is a deeply entrenched personality trait that causes or contributes to criminal behavior, inhibits rehabilitation or contributes to the recurrence of that behavior.

Because their behavior is driven by underlying personality and chemical use disorders, punishment alone will not stop offenders from using alcohol and drugs or from committing new crimes. Offenders also must receive treatment for their conditions, both during incarceration and as a condition of probation or parole. The disorders must be treated together. Their relationship is characterized by mutual predisposition, symptom reinforcement and reciprocal relapse.

The symptoms of chemical dependency can lead to and certainly reinforce anti-

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social and criminal behaviors, which in turn encourage heavy and regular use of alcohol and drugs. Offenders often use alcohol and drugs to overcome personal deterrents to crime, such as fear of consequences and problems of conscience. Similarly, anti-social and criminal behaviors lead to use of alcohol and drugs, which become necessary to help offenders cope with the stress of their behavior.

The most effective institutional programs, such as those run by Interventions, Inc. in Dallas, Texas, and the Gateway Foundation in Illinois, teach four basic skills: **self-motivation, initiating abstinence, maintaining abstinence and personal growth.**

**Self-motivation.** Abstaining from alcohol, drugs and criminal behavior requires the offender to have direct, personal confrontation with the adverse consequences of their use, and awareness of consequences if treatment is not followed and access to treatment alternatives. Such alternatives are structured rehabilitation programs involving education, group and individual therapy, and association in groups such as Alcoholics Anonymous. During this phase of treatment, the offender participates in motivational counseling that explains chemical dependency, criminal personality disorder and the recovery process; it also breaks down denial and resistance to treatment.

**Initiating abstinence.** The offender learns about the thoughts, feelings and behaviors that lead to the use of alcohol, drugs and criminal behavior and learns how to develop a sober, responsible lifestyle that supports recovery.

**Maintaining abstinence.** The offender learns to identify high-risk situations and warning signs that can lead to relapse. Warning signs include romanticized thinking about criminal behavior, refusing to manage disturbing feelings or associating with heavy drinkers or active criminals.

**Personal growth.** This develops through in-depth life-style change. The offender learns to make amends for the damage done to others and to replace old, irresponsible habits with new ones that include proper diet, exercise, stress management and moral and spiritual development. Without this long-term process of total lifestyle change, relapse usually occurs.

The goals of recovery from chemical dependency are the following:

- ! abstaining from alcohol and drugs and treating withdrawal symptoms;
- ! identifying and changing addictive thoughts, feelings and behaviors;
- ! identifying and changing addictive lifestyle patterns; and
- ! changing values to create a personal preference for sober living.

The goals of recovery from criminal personality disorders are the following:

- ! abstaining from criminal thinking and behaviors as well as alcohol and drug use;

- ! identifying and changing anti-social thoughts and feelings that lead to criminal behavior;
- ! identifying and changing criminal lifestyle patterns; and
- ! changing values to create a personal preference for responsible living.

To achieve these goals, treatment must include a combination of cognitive, affective, behavioral and social restructuring.

**Cognitive restructuring.** The offender works to change his or her way of thinking about alcohol, drugs and criminal behavior. This involves shifting from addictive to sober thinking and from criminal to responsible thinking. **Addictive thinking** is directed at protecting the right to drink and use drugs, denying the adverse consequences of substance abuse and exaggerating the consequences of abstinence. **Sober thinking** involves breaking denial, recognizing the problems caused by alcohol and drug use, and recognizing the benefits of sober living. **Criminal thinking** aims to protect the right to criminal and anti-social behavior. **Responsible thinking** involves respecting the rights of others and participating in society.

**Affective restructuring.** The offender learns to manage emotions without using alcohol, drugs or addictive behaviors. This involves several skills;

- ! recognizing inner experiences;
- ! differentiating among thoughts, body sensations (such as hunger or fatigue) and emotions;
- ! learning an emotional vocabulary;
- ! labeling inner experiences with that new vocabulary;
- ! communicating feelings verbally and non-verbally;
- ! managing unpleasant feelings while sober; and
- ! resolving issues that create unpleasant emotions.

**Behavioral restructuring.** The offender learns alternatives to using alcohol, drugs and criminal behavior. This involves:

- ! identifying high-risk situations that lead to alcohol, drugs and criminal behaviors;
- ! clarifying old, self-defeating coping strategies and identifying new, effective ones; and
- ! overcoming resistance to using the new strategies.

Offenders learn mental rehearsal techniques, imagery and role-playing to recognize and practice new behavior. They complete the process by practicing new behaviors in safe, low-stress situations and reporting on problems and progress. New behaviors include going to AA meetings instead of to bars, talking with other AA members instead of drinkers and drug users, and talking about angry feelings instead of getting violent.

**Social restructuring.** The offender learns how to repair relationships damaged by the use of alcohol, drugs and criminal behaviors and build effective social systems. These changes target work and employment skills, intimacy skills, social and friendship skills, and developing a balanced lifestyle.

Successful long-term treatment has seven components: **a structure recovery program, individual therapy, recovery education, group therapy, self-help group, family therapy and holistic health care.**

**Structure recovery program.** This program is a schedule of therapeutic activities that provide social reinforcement for sober and responsible behaviors, sets limits against anti-social acting out and imposes immediate consequences for any violation of treatment.

**Individual therapy.** This involves a one-on-one relationship with a therapist and prepares the patient for a group and dealing with problems in a group setting. A long-term therapeutic relationship provides role modeling; relationship training and consistent, direct positive and negative feedback from a trusted authority figure. This role-modeling experience is critical. It may be the first time an offender has a direct relationship with a sober, responsible adult. Through this relationship, the offender begins to see how his or her behavior affects others.

**Recovery education.** This classroom technique is to explain chemical dependency and criminal personality, the process of recovery, and the skills needed for successful treatment.

**Group therapy.** This provides peer support. Group therapy integrates the other recovery program components.

**Self-help group.** This provides consistent contact with others who are recovering and builds a valuable bridge from treatment to independent living. Group therapy breaks patterns of social isolation, forces social interest and provides a controlled environment for experimenting. Chemically dependent offenders tend to put people out of their lives; group therapy forces them to interact.

**Family therapy.** This involves family members in the recovery process. Such involvement encourages lower relapse rates.

**Holistic health care.** This is a daily regimen of activities that foster physical, psychological and social health. Each offender creates a daily and weekly activity plan for his or her needs. The common elements include a healthy diet, aerobic exercise, stress management, recreation and a program of spiritual and moral development.

To succeed, this continuum of care requires a commitment from all levels to involve offenders for three to five years. Such a commitment would represent an evolution in the criminal justice system to recognize the necessity of long-term programs that integrate legal consequences with the use of mandated treatment.

Finally, to achieve the ultimate goal of rehabilitating offenders there must be committed corrections personnel who care about people and treat inmates as individual people instead of numbers. Effective corrections personnel do not take advantage of the power they have been given by the nature of their positions. They do, however, consider how their attitudes and actions toward an inmate affect the possible rehabilitation of that inmate. A correctional person's actions can either worsen a "hatred of authority", or be a positive step toward an inmate's productive life.

Everyone in corrections - whether a warden, a probation officer or a corrections officer, should perform his or her job responsibly and treat offenders fairly. We must have correctional workers who believe people can change and who are willing to be creative and try to do more with less. Research indicates that workers in programs who relate to offenders in positive, interpersonal ways are more effective than those who adhere to the strict discipline characteristic of the military.

## **REFERENCES**

Gorski, Terence T., "Changing Thought Processes - A Prescription for Recovery from Addictive Behaviors", *Correctons Today*, December 1993

Acorn, Linda R., "California Program Helps Women Offenders Make Smooth Transition", *Corrections Today*, June 1992

# QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of inservice training each year. The Jail Bulletin may be used to supplement inservice training if an officer studies the bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspections.

**JANUARY 1995**

**NUMBER 115**

**SUBJECT: The Psychology of Rehabilitation  
Part II**

**NAME:** \_\_\_\_\_

**Substance Abuse-The Key in Reacting to  
Inmate Behavior**

**DATE** \_\_\_\_\_

1. A **chemical use disorder** is any use of alcohol or mood-altering drugs that cause or contribute to the development of personal problems.  
\_\_\_\_\_ True      \_\_\_\_\_ False
2. A **criminal personality disorder** is a deeply entrenched personality trait that causes or contributes to criminal behavior, inhibits rehabilitation or contributes to the recurrence of that behavior.  
\_\_\_\_\_ True      \_\_\_\_\_ False
3. Because their behavior is driven by underlying personality and chemical use disorders, punishment alone will not stop offender from using \_\_\_\_\_ and \_\_\_\_\_ or from committing new \_\_\_\_\_.

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4. Treatment must include a combination of: (Name at least two out of four items)  
1) \_\_\_\_\_ 3) \_\_\_\_\_  
2) \_\_\_\_\_ 4) \_\_\_\_\_
5. A successful, long-term treatment has seven components: (Name at least 4 of them)



5. A successful, long-term treatment has seven components: (Name at least 4 of them)

1) A structured recovery program      4) Group therapy

2) Individual therapy                      5) Self-help group

3) Recovery education                    6) Family therapy

7) Holistic health care

6. To succeed, a continuum of care requires a commitment from all levels to involve the offender for three to five years.

True       False

**CREDIT: One half hour credit for jail in-service training requirement  
ANSWER SHEET SHOULD BE RETAINED BY JAIL ADMINISTRATOR**