

Impact of Therapeutic Community Training on Knowledge and Attitudes of Correctional Officers

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Abstract

Therapeutic Communities (TCs) have demonstrated success in providing inmates with a second chance in life. This study is an evaluation of TC training of correctional officers. A mixed methods strategy was employed, informed by the attribution theory and the self-determination theory, whereby it is assumed that changing the knowledge and attitudes of the officers would have a positive effect on the motivation of the inmates. In this study, the impact of the training on the knowledge gained and at-

attitudes changed were gauged. A total of 63 officers received TC training. Results of an open ended survey were coded into themes. Additionally, self efficacy of the officers was assessed quantitatively, regarding their use of TC concepts. Validation strategies included inmate responses about treatment by the officers. Results indicated that officers recognized the need for a cognitive shift about authority in the jail and in the attitudes toward the inmates. Validation by the inmates as documented by their positive beliefs about the officers, further confirmed this shift in knowledge and attitudes. Implications for positive social change, by reducing recidivism, rehabilitating inmates into becoming productive members of the community and fostering the growth of safer communities are imminent.

Keywords: therapeutic community training, correctional officers, inmates, second chance, attitudes.

Background and Significance

The concept of the Therapeutic Community (TC) is in strong contrast to the ‘nothing works’ belief about rehabilitation in correctional settings. Wexler (1995) traces the history of the TC which has its roots in early American religious groups. These groups used concepts of self help and tools such as mutual criticism and penance to help rehabilitate those who shared their wrongdoing and experiences with the community. Initial attempts of this group founded in 1840 included attempts to rehabilitate alcoholics. The 1930s ‘Great Depression’ saw a surge of self-help groups.

The self-help principles (Katz & Bender 1976; Kennard 1983; Levy 1976; Wexler, Falkin & Lipton 1988) characterizing TCs include the (a) beliefs of shared problems, common needs and joint efforts in dealing with them; (b) a high level of trust and a sense of mutual suffering thus facilitating confrontation and thereby healing; (c) active participation via structured experiences aimed at developing self-sufficiency, competence, and healing. Critical to the success of the TC is the role of the advisor and the helpers who empower the community and increase their own self worth. Additionally, intrinsic to the success of the TC is the self-help network which accepts those perceived as deviant and provides a sense of belonging. Consequences to increase prosocial behaviors and decrease handicapping/ destructive behaviors are initiated within the security provided by the self-help network.

The present study is an attempt to build this self-help network by training correctional officers in the jail about the TC principles. The assumption of this training intervention is that it will initiate cognitive restructuring for the officers so that their initial perceptions of the inmates as deviant and as social rejects will change. As Polden (2010) indicates, the principle of democratization, or the TC’s culture of self-help and self control is contrary to the correctional culture of “unquestioning obedience”. The officers, it is expected, will after the training, be more accepting and understanding of the inmates and serve as a part of the self-help network to facilitate the rehabilitation of the vulnerable inmate population.

Theoretical Foundations

This study synthesizes two theories—Attribution theory and the self-determination theory (SDT) to justify the use of the TC and inclusion of the correctional officers in the TC. According to the attribution theory (Kelley, 1967), social conformity can result in motivational blocks such as the ‘self fulfilling prophecy’ whereby individuals will act to conform with social expectations. SDT on the other hand, explains the role of social context which frames and impacts motivational processes and psychological development.

Training the correctional officers is expected to change their perceptions of the inmate as a marginalized individual, to that of a individual worthy of a second chance. This change in perceptions is thus expected to im-

impact the 'self-fulfilling prophecy' or 'attributions' of the officers and thereby of the inmates as well. This change in attributions is in turn expected to improve motivation to live a productive life upon reentry into the society and facilitate the psychological development, of the inmate.

Empirical foundations

Therapeutic communities involve a 'systems transformation' which is contradictory to the commercial, individualistic, and materialist values of this country (Dickey & Ware, 2008). The therapeutic community as practiced in a Category B prison with approximately 240 inmates, comprised of the correctional officers, staff, and inmates was critical for the rehabilitation of their inmates. They report that the success of the TC includes officers with "a remarkable capacity for being understanding and concerned about offenders who would be vilified elsewhere. In return, not only do prisoners respond by utilising effectively the safe therapeutic space and opportunity available to them to resolve internal conflicts, understand their early life experience and the impact that these have had upon them, alongside addressing their offending behaviours; they also show concern and understanding towards prison officers" (Brookes, 2010; p. 44). The role of the self-help network in facilitating positive outcomes has been documented in various endeavors. For example, assessments of 350 clients from six TCs across Australia indicate that clients who felt supported by the staff were motivated to being in treatment and that motivation to being in treatment was positively related to psychological well being in the early stages of the therapeutic process (Klag, Creed, & Callaghan, 2010). The positive impact on mental health after a period of three months in a drug treatment TC has been documented among a sample of 200 clients in New Zealand (Mulder, Frampton, Peka, Hampton, & Marsters, 2009).

Results from a TC in Australia (Polimeni, Moore, Gruenert, 2010) including a meta-analysis (Sacks et al., 2010) of TC from three studies revealed positive outcomes from a modified TC for clients with co-occurring (COD) disorders. The four comparisons from 3 studies (N = 569) for clients with COD included clients ((homeless persons, offenders, & outpatients) assigned either to an modified TC or a control condition of standard services. The modified TC was characterized by more flexibility, less intensity, and more individualization (Sacks, 2010). Results indicated that low intensity TC had a higher retention than the moderate TC with homeless clients; modified TCs had lower reincarceration rates than those in non TCs, and TCs with aftercare had the lowest reincarceration rates than just the in prison TC and the non TC groups, for offenders. In outpatient substance abuse programs, TCs had an impact on psychological well being and housing stability. TC programs were also successful in treating triple diagnoses clients, with co-occurring disorders and AIDS symptoms. The Polimeni et al. (2010) analyses of data also revealed significant improvements in MMPI-2 clinical measures of depression, paranoia, schizophrenia among a sample of 351 clients in a TC residential community over a period of four months. Similarly, measures of impulsivity involving 138 substance abusers in a TC, showed a significant decline over a nine month period (Bankston et al., 2009).

The importance of the TC 'climate' has been identified by researchers (Cristofanelli et al., 2010). Factors such as communications between TC staff /decision makers, quality of group processes such as involvement, support, and staff role clarity in relation to clinical tasks in the TC have been identified as pertinent to the functioning of the TC. The Modified TC for the dually diagnosed homeless clients, with increased staff involvement among other elements, has also revealed significant improvements in communication and collaborations between staff (Siddiqui, Astone-Twerell, Hernitche, 2009). Related to these findings is research that has acknowledged the importance of fostering positive social interactions in a TC because of their impact on expressed-in anger among the schizophrenic clients living in a TC (Fassino, Amianto, Gastaldo, & Leombruni, 2009). Consideration of these variables becomes even more pertinent to the present study because the participants of this study, male inmates, have a high risk of attrition from TCs (Lopez-Goni, Fernandez-Montalvo, Illescas, Landa, Lorea, 2008).

TCs have thus demonstrated success in initiating positive social change for the vulnerable inmate population.

Building a community in the correctional system requires a dramatic albeit difficult shift in the thinking and belief systems of all stakeholders. To initiate this shift, those officers working in the jails closest to the inmates were recruited and exposed to the TC concepts via training to stimulate the building of the TC in the penal setting.

Research Design

Methods

The intent of this concurrent embedded mixed methods study is to describe and identify the changes in knowledge related to Therapeutic Communities. In the study, self efficacy about the practice of therapeutic communities was assessed after a therapeutic community training intervention. At the same time the understanding about therapeutic communities and changes in the attitudes towards inmates were explored using open-ended survey questions administered to correctional officers from the jail, at the training site.

This mixed methods design was selected to capture the advantages of both the qualitative and quantitative designs. Qualitative designs allow the researcher to explore and describe processes without leading the participant toward any structured response. Quantitative designs on the other hand, allow the researchers to predict and generalize the outcomes to other settings. The concurrent embedded design captured the advantages of both the designs. The timing of the survey was concurrent, that is the survey was administered with its qualitative and quantitative components at the same point in time. Weighting of the qualitative and quantitative strategies was equal, and the mixing of the data took place successively whereby qualitative data was converted into quantitative data and analyzed.

Research Questions

The following research questions were posed:

Do the theories of attribution and self-determination explain the impact of training on the changes in understanding about TCs and attitudes towards inmates?

How do the officers describe a therapeutic community after their training about TCs?

How do the officers describe an inmate before and after their training about TCs?

What is the efficacy of the officer regarding applying the TC principles at the work site?

Furthermore, to validate the impact of the training on the officers, inmates were surveyed as well. The research question posed was:

Does the training of the officers have an impact on the inmate attitudes towards the officers?

Hypotheses

The hypotheses for the quantitative research questions were:

Ho: There will be no difference between the attitudes towards the inmates prior to the training in comparison with those after the training.

H1: There will be a significant difference between the attitudes towards the inmates prior to the training in comparison with those after the training.

Ho: There will be no difference between the different themes related to the knowledge about TCs after the training.

H2: There will be a significant difference between the different themes related to the knowledge about

TCs after the training.

Ho: The self efficacy of the officers towards implementing the TC principles will be below average after the training.

H3: The self efficacy of the officers towards implementing the TC principles will be above average after the training.

Participants

A total of 63 participants (correctional officers) attended a four day course conducted thrice to date (November to June, 2011) on Therapeutic Communities in Residential Substance Abuse treatment. Majority of the participants were female (approximately 60%), and included those who had worked for more than 3 years in corrections (approximately 35%).

Measures

A survey which included eight open-ended questions was administered to all 63 participants after the training. Fourteen officers were administered both pre and post surveys which included the open ended questions and a structured set of General Self Efficacy questions (adapted from Schwarzer & Jerusalem, 1979). Examples of adapted questions included: Thanks to my resourcefulness and learning about TC, I know how to handle unforeseen situations; Using TC knowledge, I can solve most problems if I invest the necessary effort. The 10-item survey had a 4-point response scale with 1 = Not at all true, 2 = Hardly true, 3 = Moderately true, 4 = Exactly true. Examples of open-ended questions are: What is your understanding of the Therapeutic Community; What do you see that may impede the development of this program? An inmate is...

Procedure

The survey was administered to the officers at the county training site. Officers took 15 to 30 minutes to complete the survey at each administration. Pre tests were administered prior to any information about the TCs on the first day of the training. Post tests were administered on the last day of the training prior to wrap up activities and certificate distribution. A scheduled time was set for survey administration by the trainers. All surveys were confidential, and included the informed consent per the guidelines of the APA Ethics Code. To enable comparison of the pre and post test responses, 4-digit codes were used as identifiers.

Results

The SPSS was used to analyze the data. The open ended responses were coded into themes and descriptive and non parametric statistics were used to test the hypotheses.

The first research hypothesis, that there will be a significant difference between the attitudes towards the inmates prior to the training in comparison with those after the training, was tested by coding the responses about inmates, into themes. In response to the open ended question: An inmate is... The following themes were identified: A Positive theme was defined as an inmate who was a "person in need of help" and someone who "made a mistake". A Negative theme was defined as an inmate who was a person who commits an "offense against law" and who is "allegedly breaking the law". Comparisons of the responses pre and post training revealed significant differences, $\chi^2(2, N = 13) = 4.95, p = .026$. That is, 9 negative themes and 4 positive themes were identified on the pretest and 7 positive and 6 negative themes on the post test.

The second research hypothesis, that there will be a significant difference between the different themes related to the knowledge about TCs after the training, was evaluated, with knowledge defined as an understanding about the TC, primary concepts identified related to TC, and whom the officers considered as the 'rational authority'.

In response to the following questions: What is your understanding of the Therapeutic Community? Responses were categorized into, 'together' or 'inmate focus'. Examples of the category 'together' are: Helping the client make a change in their life, to save individuals in receiving a second chance in life, environment designed to bring individuals together for a common purpose...to facilitate change through membership and participation. Examples of the category 'inmate focus' are: Getting inmates to admit that they have issues, helps an individual understand to become a better person and ...be able to function in society, healing ...and self improvement mentally occurs.

Responses to this question yielded the following results. Majority of the participants (n = 37) indicated that this community included, "inmates as having issues"(inmate focused) versus "together" (n = 24). However, no significant differences were found in these themes.

In response to the question about the concepts you learned in the training; several themes were identified. Responses were categorized into, 'team', 'communication', 'environment focus', 'cognitive behavior' or 'evidence based approach'. Examples of Team include: it is a journey not a destination, we need to all ...work through to help others, Examples of Communication include: Listen and learn that there are other methods than mine, Examples of Environment focus include: Creating an environment of therapeutic care, creating atmosphere for change. Examples of Cognitive Behavior include: Open mind, every person has things going on in their lives, believe in change, we need to all self inventory, dealing with self, humility, you must be the change before you can help others; Examples of Evidence based approach include : awareness, spirituality, healing.

Majority of the participants (n = 28) indicated that one of the top concepts included, " cognitive behavior" or changing the way you think, $\chi^2(4, N = 57) = 35.37, p = .000$.

In response to the following question about TCs, who is the rational authority? responses were categorized into, 'us', 'me' or 'they'. Examples of Us include: The community, we are, individuals that create the TC. Examples of Me include: I am, self; Examples of They include: Chief jailer, warden etc., clinical staff. Responses to this question yielded significant results, $\chi^2(2, N = 58) = 36.66, p = .000$. Majority of the participants (n = 41) indicated that the rational authority included us "we are".

Results also indicated some interesting findings. For example, when officers were asked on what would assist them in executing their role in the TC, responses were categorized into, 'roles and responsibilities', 'additional training', 'specific training', 'cognitive behavior therapy', or 'evidence based practices'. Results indicated that a majority (n = 30) asked for "additional training", $\chi^2(5, N = 56) = 62.93, p = .000$.

Results related to the test of the third hypothesis, that the self efficacy of the officers towards implementing the TC principles will be above average after the training, was testing using a one-sample t-test, and the $\mu = 20$, given that the range of the scores was 10 to 40. Results indicated a significant difference of the total self-efficacy score from the average, $t(12) = 20.44, p = .000$; Meantotal = 37.08, SE = .84. The highest mean self-efficacy score was for the following item 8: If I am confronted with a problem regarding TC, I will be able to find several solutions; Mean = 3.71, SE = .13. A one-sample Kolmogorov-Smirnov test indicated a support for the hypothesis that the distribution of the total self-efficacy scores was normal with a mean of 37.08 and a standard deviation of 3.01. Furthermore, a one sample binomial test on the self-efficacy item 8 indicated that the responses to the item, moderately true and exactly true were with equal probabilities (.5).

Validation check

Responses to the TC training were validated by assessing the attitudes of jail inmates in the Second Chance program. All inmates completed the optional survey anonymously and returned them to a file folder in the jail pod. Surveys were administered by one of the clients in the program, in the absence of any supervisory staff. The adapted 10-item self efficacy scale, administered to the 22 inmates to gauge the efficacy towards the officers implementing the TC principles, was evaluated against the average using a one-sample t-test, and the $\mu = 20$, since the range of the scores was 10 to 40. Results indicated a significant difference of the total self-efficacy score from the average, $t(21) = 2.54$, $p = .019$; $Meantotal = 23.55$, $SE = 1.39$. Furthermore, responses to the statements, on the 4-point scale, If I am in trouble, I will not hesitate to ask the officers for help ($Meantotal = 2.91$, $SE = .23$), and I believe the officers want to help me in my recovery ($Meantotal = 2.59$, $SE = .20$) had the highest scores of agreement.

Discussion

Training the officers about TCs had a significant impact on the knowledge gained and attitudes changed. Officers recognized that implementing the TC concepts involved ‘changing the way you think’ and that to do so they would need additional training. The concept of shifting the rational authority from me or they to ‘us’ indicates a dramatic shift in the thinking of the officers. Additionally, the shift in the perceptions of inmates as those who need help, and who were therefore eligible for a ‘second chance’ is noteworthy. Validation by the inmates as documented by their positive beliefs about the officers, further confirms this shift in knowledge and attitudes. As researchers have noted, the staff ‘buy-in’ of the TC model is necessary for the survival of the program (Siddiqui et al., 2009). Furthermore, as Cristofanelli, Fassio, Ferro, and Zennaro (2010) emphasize, it is important for research as well as clinical practice to recognize the importance of relationships or climate factors in the behavioral changes of clients.

Although the results of the training are encouraging, these results were impacted with threats to validity which are acknowledged here. For example, since all officers work in the same jail, the possibility of “diffusion of treatment” by hearing about the program from other staff, threatens the ability of drawing conclusions about the sole impact of the training. Furthermore, only the last batch of officers was pre tested. A pre and post test would have enabled the researchers to use powerful parametric statistics which would have provided powerful confirmatory analyses.

It is duly noted that although it is beyond the boundaries of this study, it is important to track the longitudinal applications of the TC concepts and investigate their impact on recidivism and productivity of the inmates in the community. In the meanwhile, this training sets the framework for a social–context that facilitates motivations and healthy psychological development for the vulnerable population. Polden (2010) communicates the importance of TCs succinctly. She says “TCs and the staff who work there are the unsung success story of our creaking and overcrowded prison system. . . . officers depend, sometimes literally for their lives, upon each other’s unwavering courage and loyalty and the knowledge that the moment the alarm goes off each will run unhesitatingly towards whatever danger there may be, rather than (like the rest of us) away from it. This trust has enabled difficult issues to be brought to supervision, mistakes to be explored and learnt from and, sometimes in personally painful and demanding circumstances, support to be offered and given” (p. 519). This evaluation of the training of correctional officers acknowledges its impact and more importantly captures the role of these ‘unsung’ heroes, the correctional officers, in the TC process. The findings of a cognitive shift, albeit the first step in a long journey towards rehabilitation of the inmates, are the first but critical initiatives toward the empowerment of the officers, inmates, and the community as well. The potential for initiating positive social change by taking this first step, for reducing recidivism, rehabilitating inmates into becoming productive members of the community and fostering the growth of safer communities are imminent.

References:

- Bankston, S. M., Carroll, D., Cron, S. G., Granmayeh, L. K., & Marcus, M. T. (2009). Substance abuser impulsivity decreases with a nine-month stay in a therapeutic community. *The American Journal of Drug and Alcohol Abuse* , 35, 417-420. DOI: 10.3109/00952990903410707.
- Cristofanelli, S., Fassio, O., Ferro, L., & Zennaro, A. (2010). Relational and organizational aspects of therapeutic communities as treatment factors: The CFCQ (Climate factors in therapeutic community questionnaire). *BOLLETTINO DI PSICOLOGÍA APPLICATA*, 261-262, 95-104.
- Fassino, S., Amianto, F., Gastaldo, L., & Leombruni, P. (2009). Anger and functioning amongst inpatients with schizophrenia or schizoaffective disorder living in a therapeutic community. *Psychiatry and Clinical Neurosciences* , 63, 186-194. DOI:10.1111/j.1440-1819.2009.01940.x.
- Kelley, H. (1967). Attribution theory in social psychology. *Nebraska Symposium on Motivation*, 15, 192-238.
- Klag, S. M. (2010). Early motivation, well-being, and treatment engagement of chronic substance users undergoing treatment in a therapeutic community setting. *Substance Use and Misuse* , 45, 1112-1130, DOI: 10.3109/10826080903499562.
- Lopez-Goni, J., Fernandez-Montalvo, J., Illescas, C., Landa, N., & Lorea, I. (2008). Determining socio-demographic predictors of treatment dropout: Results in a therapeutic community. *International Journal of Social Welfare* , 17, 374-378. DOI: 10.1111/j.1468-2397.2008.00584.x.
- Mulder, R. T., Frampton, C., Peka, H., Hampton, G., & Marsters, T. (2009). Predictors of 3-month retention in a drug treatment therapeutic community. *Drug and Alcohol Review* , 28, 366-371. DOI: 10.1111/j.1465-3362.2009.00050.x.
- Polden, J. (2010). Behind locked doors: An exploration of therapeutic processes within a prison therapeutic community. *British Journal of Psychotherapy* , 502-521.
- Polimeni, A.-M., Moore, S. M., & Gurenert, S. (2010). Mental health improvements of substance-dependent clients after 4 months in a therapeutic community. *Drug and Alcohol Review* , 29, 546-550. DOI: 10.1111/j.1465-3362.2010.00175.x.
- Ryan, R., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist* , 55 (1), 68-78.
- Sacks, S., McKendrick, K., Sacks, J. Y., & Cleland, C. M. (2010). Modified therapeutic community for co-occurring disorders: Single investigator meta-analysis. *Substance Abuse* , 31, 146-161. DOI: 10.1080/08897077.2010.495662.
- Schwarzer, R., & Jerusalem, M. (1995). Generalized self-efficacy scale. In J. W. Weinman, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, U.K.: NFER-NELSON.
- Siddiqui, N., Astone-Twerell, J., & Hernitche, T. (2009). Staff perspectives on modified therapeutic community services for homeless dually diagnosed clients: An exploratory pilot study. *Journal of Psychoactive Drugs* , 41(4), 355-361.