

LECTURE 3
(Public Lecture)

Offender Rehabilitation and Reform

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The United States has now achieved a milestone unprecedented in its history. The Pew Center on the States (2008) report estimates that 1 in 99 Americans are incarcerated in U.S. jails and prisons today. This represents over 2.3 million adults. If one considers not only those incarcerated on a given day, but also those who are admitted to prisons and jails in a given year, the numbers are staggering. Over 12 million Americans are booked into jails alone in any given year (Veysey, 2010). While 1 percent of the population is horrific, these odds still represent a good bet to the average citizen. The non-incarcerated population may still rest assured that arrest and prison time will not intrude upon their lives. However, if one considers any time spent incarcerated, nearly 3 percent of adults (1 in 37) have been incarcerated (Bonczar, 2003). This 2001 statistic is expected to grow progressively worse over time. In fact, if incarceration rates remain the same, 6.6% of people born in 2001 will be imprisoned at some time in their lives (Bonczar, 2003). While we may think that we are not affected by mass imprisonment, correctional budgets, health and social services, and public safety all are increasingly overburdened.

Much of our sense of security comes from the recognition that persons arrested and sentenced to jails and prisons are not randomly selected from U.S. society. They are disproportionately poor people, and they are largely people who belong to ethnic minority groups. These facts allow mainstream society to consciously and unconsciously assign them to the “them” category, reassuring the “us” category that we are morally superior. If there is in fact a “them,” then they are by necessity different from the “us.” It should come as no surprise, then, that our investigations of offender rehabilitation focus on their problems. We know that many offenders, particularly the incarcerated population, have serious health, addiction and mental health

conditions. They also have poor educational and employment skills, marginal housing and often come from poor, violent neighborhoods and dysfunctional families.

Much of the responsibility for offender reform falls to community corrections agencies and focus largely on reentry issues. While reentry is the current buzzword, reentry is not new. Reentry is after all the reason parole was created many years ago. Like the early conversation about parole, the discourse of reentry centers largely on the lamentable and often deplorable conditions in which offenders find themselves. Facing legal and structural barriers to success, formerly incarcerated people often have health and behavioral health problems that can create additional burdens and little social capital or personal resources that can assist in creating a normal life. It is a short logical step from the problem to the solution. Logically, if offenders have a particular set of identifiable problems, remedying those problems will reduce criminality. This is, in fact, how most criminal justice organizations function. The gold standard of evidence-based correctional practice today is based upon standardized assessments that estimate each offender's risk of future criminal behavior and his or her criminogenic needs (see Andrews and Bonta, 2010). These needs fall into several life domains, including the "big four," comprised of history of antisocial behavior, (that is, past delinquent and criminal behavior), antisocial personality patterns (generally associated with the personality tendencies to repeatedly engage in risky, dangerous and/or aggressive behavior and a disregard for others), antisocial cognition (that is, attitudes, values and beliefs that rationalize, excuse or directly support criminal behavior) and antisocial peers (that is, a preponderance of criminal peers over conventional peers). These together with the other domains of difficulties in: (1) family/marital circumstances, (2) school/work, (3) recreation/leisure, and (4) substance use/mental health comprise the essence of what we believe causes criminal behavior and what we believe can reform offenders.

However, this assumes that these problems are directly and causally related to the offender's criminal behavior—in the past AND in the future. For example, while research has demonstrated that certain pre-existing problems, such as drug addiction or criminal peers, are related to criminal behavior, it is not clear that curing the addiction or isolating the individual from these friends, family members and acquaintances will result in a crime-free lifestyle. The way into criminality isn't necessarily the way out in reverse as if all we need to do is de-program (or deconstruct) the criminal. There is no greater truth than this: no one, neither the expert nor the individual offender, can erase the past; the experiences, memories and connections that make a person who he or she is today. No one can nor should hope to achieve a pure and innocent state. What we can do together is to embed the past in a life narrative that gives meaning and substance to the past; even uses the wisdom of past experience as expert knowledge to demonstrate an authentic change and give back to society.

Life contexts and the meanings we ascribe to them may explain much of how people transform their sense of self from criminal to conventional citizen. Correctional programming in many ways is no different than medical, psychiatric or substance abuse treatment. These formal interventions by nature are symptom focused, and therefore, deficit-based. Ameliorate the symptom, and the disease process is contained and managed, if not eliminated. Improving patient outcomes, integrative medicine focuses on the whole person and the role of social contexts in which illness processes are embedded. Twenty-five years ago, Dr. Arthur Kleinman (1988) stated that medicine plays two roles; control of disease processes and the management of the illness experience. More recently, Dr. Jack Coulehan (2005) similarly stated that medicine plays both an instrumental and symbolic role. Medicine provides direct medical interventions to

produce positive health outcomes. More importantly, the diagnosis of illness and the ontological meaning of that illness are constructed in the physician/patient interaction. Coulehan goes on to say that how illness is embedded in the life narrative has important implications for recovery. Persons who believe they will recover or who have narratives that find positive meaning in the illness experience are more likely to survive life-threatening illnesses than those who don't. While it is unclear what physiological mechanisms are at work to produce this puzzling result, this same phenomenon is repeatedly observed in other disciplines whether it is called a placebo effect, a Hawthorne effect, or is ascribed to unmeasured personal characteristics.

To this point, one of the more interesting facts cited by the European correctional evidence-based practices proponents comes from the psychotherapy literature (McNeill et al., 2005). A meta-analysis of this literature found that 40 percent of "success" was attributable to personal factors, 30 percent to the therapeutic relationship, 15 percent to expectancy or a placebo effect, and 15 percent to the specific modality. Forty percent, the person-specific attributes, are typically considered random factors. While studies included in the meta-analysis varied on the person-specific constructs measured (e.g., locus of control, self efficacy), there is no consistent set of variables. The "random" factors may, in fact, be systematic elements that remain unmeasured largely due to a lack of consensus regarding the importance of these variables in personal change. However, the importance of what people bring to the change endeavor cannot be underestimated.

While this largest predictor set is the intangibles that people bring with them, the second most important is the human connection reflected in the therapeutic relationship. A further 15 percent can be attributed solely to the belief that change can happen; that is, the placebo effect or expectancy factor. This leaves the remaining 15 percent to the intervention itself. Yet in

designing and implementing our correctional programs, we disregard individuals' strengths, resources and desires (the 40 percent), don't hire people who have excellent relational skills (the 30 percent), don't believe that hope matters (the 15 percent), and rely on the remaining 15 percent to solve the problem. We throw away 85 percent of the resources that could be mobilized to support offenders in their reform.

Most of the discussion on offender reform focuses on programs operated by community corrections agencies. Traditionally community corrections has had two mandates: public safety through supervision and assisting offenders to remain crime free. Implicit in this is the ability to provide surveillance together with linkages to needed services. In many respects, community corrections agencies as they currently function are exactly the wrong context using the wrong people to achieve the wrong goals. Community corrections agencies across the US operate under a risk and needs model. Using validated risk instruments, criminogenic needs are targeted to reduce recidivism and improve community safety. Here's the catch. Many of the criminogenic needs are related to personality structure. Humans are constantly in a state of flux, incorporating new experiences and knowledge into a largely stable set of personality traits and their attendant behaviors. All humans experience change. Every significant change is accompanied by a period of adjustment and stress. Behaviors may change, but the essence of the person persists. However, we believe that offenders must change core personality characteristics in order to remain crime-free. Somehow offenders are seen as essentially different and are expected to make dramatic changes not required of others who make life transitions. Maruna (2001), in *Making Good*, makes an interesting observation. Common personality characteristics that offenders exhibit, like anti-authoritarianism and risk-taking, that are directly related to criminal behavior are the very same characteristics that distinguish innovators whom we, as a society, highly value. The

challenge, therefore, is not to try to change personality traits (which are difficult to change in any event), but to maximize and redirect these traits toward positive behavior.

Corrections professionals find themselves in the unenviable position of being both enforcer and helper. Some corrections staff persons are very good at engaging offenders in their own change process; others are abysmally poor. No standard exists for interpersonal skills, nor is there a priority placed upon hiring those with these skills. More importantly, the knowledge of how offenders remain crime-free resides within the offender community, not in the expert community. When asked offenders can describe exactly how they changed and what they needed to sustain their change. Commonalities exist and generally reflect basic human needs; hope, people who believed in them, meaningful things to do. Rarely do the successful state that symptom or behavioral control was key. Sometimes they say that treatment or programming had a positive effect, but often this had more to do with the relationship with the therapist or parole/probation officer than problem reduction.

The greatest criticism of corrections-based efforts is that they operate under flawed and often unacknowledged assumptions, including:

- (1) offenders are essentially different from all other human groups;
- (2) reducing problems will reduce criminal behavior;
- (3) if services are made available, offenders will use them; and
- (4) services actually accomplish what they are designed to do.

Even if we were to be able to create the perfect set of comprehensive and integrated services targeted to what offenders want and need, “fixing” offenders’ problems only brings them halfway back. Community corrections programs may accomplish the role exit component, but do not address the role entry component. Telling someone to stop being criminal may work for a

period of time, but that person needs a replacement identity, and this identity may be chosen only by the individual who is in the process of change. Only offenders can accomplish the changes necessary to become a productive member of society. No matter how coercive or punitive, corrections can't do it nor can treatment. The most these organizations can do is create the environments and conditions in which change is likely to occur.

The Nature of Change

In my intellectual journey to understand how people overcome enormous difficulties in their lives to find a place of healing and contentment, I have learned a few things. The first and most important is that what people say helped them and what experts believe helps are two very different things. Second is that overcoming problems is a human endeavor; the process is very similar whether the change is from "criminal" to "citizen" or is from "married" to "divorced."

I would like to propose a general model of identity transformation that can be applied equally well to people who want to shed criminal identities and to those who want to leave behind the identity of addict. It begins with the basic requirements that will allow for change to occur, including satisfaction of basic needs (for example, housing, clothing, food) and emotional and physical safety. No one can make substantial changes in their lives if their time is consumed with meeting survival needs.

The first critical component is empowering relationships. This is the linchpin of redemption, recovery and wellness. This is essentially the effect of the looking glass self, gazing through another's eyes at the human value and positive possibilities of the self - where consistent positive regard may be interpreted by the individual, sometimes for the first time, that he or she is deserving of love and belonging. Being in this relationship gives people the confidence and courage to explore new roles and their attendant skills. Often, when someone has been involved

with the correctional or treatment systems, his or her breadth of possible roles has been reduced to a very few, and he or she is often *solely* characterized by his or her status as an offender, addict or psychiatric patient. Taking on and practicing new roles that are valued by society, such as student, employee, volunteer or advocate, is the first step in assuming a new identity. Taking on a new role also means that the individual must learn the skills necessary to be successful in that role, including personal, educational, vocational and interpersonal skills. Further, having a role or roles that are valued both by the self and by society and developing and practicing the skills associated with that role build self-esteem and self-efficacy. Experiences in positive relationships and the development and practice of new skills and roles build confidence and change the way people view themselves and their own histories. This leads directly to recontextualization that we define as the ability of individuals to reframe their experiences and redefine themselves through a new life narrative. These last three components, valued social roles, skills development, and recontextualization, are at the heart of identity transformation. A new person rises from the proverbial ashes using their past negative experiences as wisdom and sources of strength as well as a way to recast their narrative toward a meaningful life through giving back and as a way to justify their right to a fresh start.

Effective Correctional Programming Based upon Desistance Theories

Reflecting for a moment on the essential differences between correctional programming that is based upon traditional theories of criminality and those based upon desistance theories, these following things appear central. First and foremost, traditional theories emphasize what's wrong with a person. The assumption is that if we can correct the deficits, we can produce a good citizen. The knowledge of how to reform resides with the correctional or clinical expert. The end goal is the cessation of criminal behavior.

Desistance theories, on the other hand, suggest that to truly reform, the individual must choose and practice a new identity to become a pro-social conventional person. This means that programming must identify and support the assets, resources, and personality characteristics that can be mobilized in the reformation process. The only true expert in plotting the course to reform is the individual him- or herself. The end goal of this process is self-determined, whether it is to own a business, be a good parent, own a home or be a mentor.

Let's go back for a moment to the current gold standard of risk and needs assessment in the context of this model. Addressing the problems of antisocial history, personality, cognitions, and peers, of addictions, of deficits in home, work and leisure reduces the focus of transformation to a narrow point. Even if successful, the end result is a non-criminal criminal. That is, we have effectively stripped the person of all his or her negative aspects, but we have not given much attention to a replacement self. We can educate and give a person a job and stable housing, but if these things are not meaningful to the individual, how can they sustain themselves? Essentially, this brings a person halfway back to society. We need also to invest in creating opportunities for people to fulfill their hopes and dreams to be full participating members of society. Helping people to focus on a desired future self – not the past self with all of its problems - on what is necessary for success, and in making personal investments in the future will naturally move individuals away from criminal peers, thinking and activities.

However, there are three predictable challenges that typically are encountered during a transformation process of this nature. First, when people make dramatic shifts in their primary identities, they may or may not be supported by their existing family and friendship networks. In order to sustain a new identity, a new network must be established with willing and hope-filled peers and partners. Second, available alternative roles may be limited. The number and nature of

alternative roles are largely dependent on roles known to the individual, and, therefore, the breadth of possible roles may be limited due to a lack of exposure. Roles also may be limited by society's level of tolerance. We want people to stop being criminals, but we do not necessarily want them to teach in our schools or be our neighbors or bosses. Until we are truly willing to have formerly incarcerated people as our neighbors, friends, and colleagues AND trust them with our most valued assets, our children, we will never achieve full restoration. Third and relatedly, possessing a stigma of criminal (or addict or mentally ill person, for that matter) is a visible blemish on the fabric of the moral character. It is a small leap to form the link between immorality and lack of trustworthiness. Trustworthiness, however, is the collateral used to get a job, buy a house or babysit for a neighbor's child. Stigma discredits the individual and reduces trust. Thus, any trust that is extended will be minor, and the person's behavior in any new role will be highly scrutinized.

How can community corrections assist in the desistance process, then? I would like to suggest the following: (1) hire officers who have good interpersonal skills and truly believe that people can change; (2) invest in officer training, such as motivational interviewing techniques, to truly hear and support efforts to transform; (3) normalize the programming, that is, focus on developing strong connections to normal educational and job training opportunities that are available to any citizen; (4) create leadership opportunities, such as peer mentors, who have the lived experience to guide and assist –this helps both the mentor and the mentee; and (5) work with businesses, local leaders and community members to de-stigmatize persons with criminal records- perhaps through ad campaigns and speakers bureaus – to give them a true second chance.

This means that we need to shift the fundamental scope of work in community corrections. If this is too much of a stretch, build partnerships with peer to peer or community programs that do this kind of work. The investment pays off quickly. People who get college educations have an extremely low rate of criminal involvement as do people who own businesses. They become tax paying citizens; they no longer need public support or incur public costs of incarceration; and they become resources for others in need of similar support.

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