

Counselling in Prisons
A summary of the literature

June 2010

Alison Brettle, Brettle Innovations Ltd
on behalf of BACP

Introduction and Overview

This bulletin summarises studies that have been conducted relating to the psychological treatment of counselling in prisons, focussing on systematic reviews and randomised controlled trials to provide high quality evidence of research relating to psychological therapies. It is based on a search of Medline, Psychinfo the Campbell Collaboration database and the Cochrane Library. Individual studies have not been critically appraised; evidence for this bulletin has been based on abstracts of the authors' conclusions alone and thus should be treated with a degree of caution.

This evidence is presented in summary tables. These are followed by an alphabetical listing of all the studies located (some of which are not presented in the summary tables as they represent lower levels of evidence).

In summary, the studies presented suggest:

- Little consensus on the effectiveness of psychological treatments for sex offenders; a need to modify treatment for those with learning disabilities
- Treatment programmes with cognitive elements reduce recidivism for serious juvenile offenders
- Evidence of the effectiveness of CBT in preventing recidivism
- Mixed evidence regarding treatment for substance abuse
- Mixed evidence regarding the effectiveness of therapeutic communities, however the most promising results surround the effectiveness of therapeutic communities for the treatment of substance abuse
- Promising results surrounding the effectiveness of counselling when used alongside methadone treatment in preventing substance misuse on release up to 12 months
- A lack of UK based studies
- A lack of high quality studies (including those within the systematic reviews)

Level of evidence: systematic reviews

A range of systematic reviews provide evidence of the effectiveness of psychological therapies. The majority noted the lack of good quality studies that are included in their reviews and meta-analyses and the need to view the conclusions with caution.

| Author | Condition | Therapy | Authors' Conclusions |
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| Ashman, L. and L. Duggan (2004). | Learning disabled sex offenders | Various interventions | This systematic review conducted by the Campbell Collaboration reviews a variety of treatment approaches including medication and talking therapies. The review found that the small group of sex offenders with learning disabilities pose a particular challenge as talking therapies need to be modified to account for the offender's limited understanding. No randomised controlled trial evidence was located regarding the treatment of learning disabled sex offenders. |
| Bilby, C., B. Brooks-Gordon, et al. (2006) | Sex offenders | Psychological interventions | This review assessed the efficacy of a range of psychological interventions for sexual offenders from quasi-experimental and qualitative studies. The authors concluded that there is little consensus on the effectiveness of different treatment programmes. Insufficient information on the primary studies and poor reporting of some aspects of the review process, including the validity assessment, make the reliability of this conclusion difficult to determine. |
| Garrido, V. and L. A. Morales (2007). | Serious (violent and chronic) juvenile offenders | CBT | This systematic review was conducted by the Campbell Collaboration of treatment effectiveness in secure corrections for serious juvenile offenders. The review shows that treatment programs with cognitive elements in particular reduce general recidivism (relapse into crime) and especially recidivism into serious crime. |
| Lipsey M, Landenberger NA, et al. (2007). | Offenders | CBT | This meta-analysis confirmed the findings of positive CBT effects on the recidivism of offenders that have been reported in other recent meta-analyses (Landenberger & Lipsey, 2005; Lipsey, Chapman, & Landenberger, 2001; Lipsey & Landenberger, 2006; Pearson et al., 2002; Wilson, Bouffard, & MacKenzie, 2005). The mean odds ratio indicated that the odds of not recidivating in the 12 months after intervention for individuals in the treatment group were 1.53 times as great as those for individuals in the control group. This represents a reduction from the .40 mean recidivism rate of the control groups to a mean rate of .30 for the treatment groups, a 25% decrease. The most effective configurations of CBT produced odds ratios nearly twice as large as the mean, corresponding to recidivism rates of around .19 in the treatment groups, more than a 50% decrease from the .40 rate of the average control group |
| Loesel, F. and M. | Sex offenders | Various interventions | Protocol only (Campbell Collaboration) – review not yet complete |

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| Schmucker (2002). | | | |
| Mitchell, O., D. L. Mackenzie, et al. (2006). | Substance abuse | Incarceration-based drug treatment | This Campbell Collaboration review aimed to synthesize the extant evidence regarding the effectiveness of incarceration based drug treatment in reducing drug relapse and recidivism. In relation to psychological therapies: Group counseling programs exhibited reductions in re-offending but not drug use. Therapeutic communities (TCs) exhibited the strong and consistent reductions in drug relapse and recidivism. However many of the included evaluations were methodologically weak, which limits the ability to draw firm conclusions from these evaluations. |
| NHS Centre for Reviews and Dissemination (1999) | Personality Disorders and Mentally Disordered Offenders | Therapeutic Communities | <p>There is accumulating evidence, albeit it at a low level of research, of the effectiveness and particular suitability of the therapeutic community model to the treatment of personality disorder, and particularly severe personality disorder. In the absence of conclusive evidence of the effectiveness of any alternative treatment we ought to protect and develop those therapies which can demonstrate some efficacy in treating personality disorder.</p> <p>There is also evidence of the efficacy of therapeutic communities, modified for prison security needs, in managing difficult prisoners, and significantly reducing serious prison discipline incidents after admission, including fire setting, violence, self-harm and absconding. The placement of a therapeutic community within a secure environment however poses some problems. There are often conflicts between the need to maintain security and control (which is regarded as the primary task of prisons) and the provision of therapeutic community treatment, since therapeutic communities ideally devolve major decisions regarding organisation, rules, treatment, sanctions, admission and discharge, to its clients.</p> |
| Smith, L. A., S. Gates, et al. (2006). | Substance related disorder | Therapeutic communities | Cochrane Systematic review to determine the effectiveness of TC versus other treatments for substance dependents, and to investigate whether effectiveness is modified by client or treatment characteristics. Seven studies were included. Two trials evaluated TCs within a prison setting: one reported significantly fewer re incarcerated 12 months after release from prison in the TC group compared with no treatment, RR 0.68 (95% CI 0.57, 0.81). In the other, people treated in prison with TC compared with Mental Health Treatment Programmes showed significantly fewer re incarcerations RR 0.28 (95% CI 0.13, 0.63), criminal activity 0.69 (95% CI 0.52, 0.93) and alcohol and drug offences 0.62 (95% CI 0.43, 0.90) 12 months after release from prison. The author's concluded that there is little evidence that TCs offer significant benefits in comparison with other residential treatment, or that one type of TC is better |

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| | | | than another. Prison TC may be better than prison on it's own or Mental Health Treatment Programmes to prevent re-offending post-release for in-mates. However, methodological limitations of the studies may have introduced bias and firm conclusions cannot be drawn due to limitations of the existing evidence. |
| Whittington, R., W. Barr, et al. (2008). | Violent behaviour | All treatment from forensic mental health services | Systematic review of intervention strategies for the prevention, treatment and management of violent behaviour by adults in contact with forensic mental health services or the criminal justice system. Campbell Systematic Reviews. Protocol only – review not yet completed. |

Level of evidence: reviews (non-systematic)

The studies below review a range of treatments and conditions, however it was not clear from the abstract whether these were systematic reviews or meta-analyses. Therefore no judgement can be made regarding the quality of the review evidence.

| Author | Condition | Therapy | Authors' Conclusions |
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| Desai, R. A., J. L. Goulet, et al. (2006) | Juvenile detention facilities | Mental Health Care | The objective of this article is to provide an overview of the existing literature on mental health services in juvenile detention and to make suggestions about future research needs. Specifically, it highlights the tension surrounding the provision of mental health care in juvenile detention, presents data on the prevalence of psychiatric problems in detention settings and what types of services are currently provided, and draws on the larger child and adolescent mental health literature to suggest what types of services might be most appropriate for juvenile detention settings. We conclude that, although there are some suggestions of promising interventions that may be appropriate, much more research, specifically in detention settings, is needed to determine their effectiveness. |
| McMurran, M. (2007). | Substance misuse | Substance Misuse Treatments | What works in substance misuse treatments for offenders? Findings: This review shows that the evidence is strongest for the effectiveness of therapeutic communities and cognitive-behavioural therapies. Purely behavioural therapies are ineffective, as are boot camps and group counselling. Maintenance prescription for offenders addicted to heroin, especially if combined with psychological treatment, shows promise. Arrest-referral schemes, court-mandated drug rehabilitation and drug courts can be effective, but improvements in multi-agency working are also necessary. Conclusions: There is evidence that treatment for substance abuse in correctional settings can work to reduce reoffending, and so it is worth focusing on how the effectiveness of these interventions may be improved. Improving completion rates, developing programmes aimed at specific drug- and alcohol-related offences, introducing stepped care and designing programmes to meet the needs of specific groups of offenders are all considered. (PsycINFO Database Record (c) 2009 APA, all rights reserved) |
| Quinn, A. and W. Shera (2009). | Incarcerated young people | Dialectical Behaviour Therapy | The intent of this article is to encourage the wider use of dialectical behavior therapy (DBT) with young offenders. It includes an extensive review of the evidence-base to date and describes some of the creative modifications that have been made to standard DBT program format to meet the particular needs of various groups in both |

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| | | | Canada and the United States. In keeping with the movement toward more evidence-based practice, the authors argue that DBT is a promising approach in group work with incarcerated adolescents and should be more widely used. |
| Sukhodolsky, D. G. and V. Ruchkin (2006). | Young people | Youth-, family-, and community-based psychosocial treatments for delinquent behavior | Reviews selected youth-, family-, and community-based psychosocial treatments for delinquent behavior that are likely to be used in the juvenile justice system and evidence-based psychosocial treatments for internalizing disorders that have a potential for being successfully implemented in the juvenile justice system. The authors discuss the practical issues in dissemination and implementation of evidence-based psychosocial treatments in the juvenile justice system. |
| Underwood, L. A. and P. Knight (2006). | Young offenders | CBT | Summarizes a body of literature on juvenile offenders who have specialized postrelease rehabilitative treatment needs. It reviews cognitive-behavioral theoretical models and core postrelease treatment strategies. It presents a review of youth who have specialized needs in light of postrelease practices, describes several model postrelease rehabilitation programs, and reviews outcomes of these programs. |

Level of evidence: Randomised Controlled Trials

The studies below provide evidence of the effectiveness (or otherwise) of a range of psychological therapies which are not covered within systematic reviews or where trials have been published since the above systematic reviews. All the studies included below were randomised controlled trials, and therefore should provide good level evidence of the effectiveness of the treatments concerned, however the quality of each study has not been assessed here. For some studies the nature of the intervention was unclear. These have been listed below (see title list), but not in the following table.

| Author | Condition | Therapy | Authors' Results and Conclusions |
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| Gordon, M. S., T. W. Kinlock, et al. (2007; 2008; 2009). | Substance abuse | Counseling | A three-group randomized controlled trial was conducted between September 2003 and June 2005. Setting: A Baltimore pre-release prison. Participants: Two hundred and eleven adult pre-release inmates who were heroin-dependent during the year prior to incarceration. Intervention: Participants were assigned randomly to the following: counseling only: counseling in prison, with passive referral to treatment upon release (n = 70); counseling + transfer: counseling in prison with transfer to methadone maintenance treatment upon release (n = 70); and counseling + methadone: methadone maintenance and counseling in prison, continued in a community-based methadone maintenance program upon release (n = 71). Findings: Counseling + methadone participants were significantly more likely than both counseling only and counseling + transfer participants to be retained in drug abuse treatment (P = 0.0001) and significantly less likely to have an opioid-positive urine specimen compared to counseling only (P = 0.002). Furthermore, counseling + methadone participants reported significantly fewer days of involvement in self-reported heroin use and criminal activity than counseling only participants. Conclusions: Methadone maintenance, initiated prior to or immediately after release from prison, increases treatment entry and reduces heroin use at 1, 3, 6 and 12 months post-release compared to counseling only. This intervention may be able to fill an urgent treatment need for prisoners with heroin addiction histories. (PsycINFO Database Record (c) 2009 APA, all rights reserved) |
| Sacks, J. Y., S. Sacks, et al. (2008). | Women | Therapeutic Communities/CBT | This random assignment study compared women in a prison Therapeutic Community (TC) program with those in a cognitive-behavioral intervention. Over two thirds of study subjects received a lifetime diagnosis of severe mental disorder, nearly one-half received a diagnosis of PTSD, and virtually all reported exposure to trauma. Preliminary analysis (n = 314) found significantly better six-month post-prison outcomes for the TC group on measures of mental health, criminal behavior and HIV- |

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| | | | risk behavior. These findings suggest the short-term effectiveness of prison TC treatment for female offenders with substance use disorders, and underscore the importance of adapting treatment to address mental health. (PsycINFO Database Record (c) 2009 APA, all rights reserved) |
| Sullivan, C. J., K. McKendrick, et al. (2007). | Substance abuse | Therapeutic Communities | Reports data from a study that randomly assigned male inmates with mental illness and chemical abuse (MICA) disorders (n = 139) to either a Modified TC (MTC) or a comparison group. Analyses revealed that the MTC group had significantly greater declines in alcohol and drug use at 12-months post-prison release. Additional analysis related positive substance use outcomes to reduced contact with the justice system and self-reported criminal activity. Implications for treatment and policy are discussed. |
| Valentine, P. V. and T. E. Smith (2001). | Women | Traumatic Incident Reduction Therapy | An experimental outcome study with trauma-related symptoms was conducted to examine the effectiveness of traumatic incident reduction (TIR). It is a brief memory-based therapeutic intervention and was used to treat symptoms of posttraumatic stress disorder (PTSD), depression, anxiety, and low expectancy of success (i.e., low self-efficacy). A randomized pretest-posttest control group design with 123 female inmates (mean age 32 yrs) in a federal prison, was used to evaluate the efficacy of the interventive procedure. Results showed significant differences between treatment and comparison control conditions on all measures at posttest and 3-mo follow-up intervals except for the PTSD Intrusion subscale at the posttest interval. The marked improvement of the treatment condition by comparison to those in the control condition supports the contention that TIR is an effective intervention with female inmates. The significant results on all measures at the follow-up time interval provide persuasive evidence of the stability of the interventive effects. |
| Vannoy, S. D. and W. T. Hoyt (2004). | Anger | Anger Therapy (CBT principles) | An anger therapy intervention was developed for incarcerated adult males. The therapy was an extension of cognitive-behavioral approaches, incorporating principles and practices drawn from Buddhist psychology. Adult males from a Midwestern low-security prison were randomly assigned to either a treatment group (n=16) or a waiting list control group (n=15). Following a 10-session intervention, treated participants exhibited significant reduction in anger relative to those in the control group. Greater reductions in anger for the therapy group was mediated (p=.07), by greater reduction in egotism relative to the control group. Contrary to predictions, anger reduction was not mediated by increases in empathy. Implications for designing and delivering interventions in prison settings are discussed. (PsycINFO Database Record (c) 2009 APA, all rights reserved) |

Costs and access to therapies

| Author | Condition/Population | Therapy | Authors' Conclusions |
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| Barrett, B., S. Byford, et al. (2006) | Young offenders | Mental health provision | A service use and cost study of mental health provision for young offenders. |
| Barrett, B., S. Byford, et al. (2005) | Severe personality disorder | Mental health provision | A service use and cost study of mental health provision within a special hospital for those suffering from severe personality disorder. |
| Blitz, C. L., N. Wolff, et al. (2006) | Women | Behavioural health treatment | This study examined whether women with behavioral health needs are more likely to receive treatment for these problems in prison or in the community and to what extent prison disrupts or establishes involvement in treatment for these women. Results of a US survey undertaken in New Jersey, suggested that prison appears to improve access to behavioral health treatment among female inmates. Although this conclusion is consistent with the rehabilitation goals of incarceration, it also suggests that some women may have been able to avoid prison if treatment had been provided in the community, especially for substance-related problems. |
| Cummings, D. L. and M. N. Thompson (2009). | Self-harming inmates | Mental health counselors | Suicide is a significant problem within jails and prisons. If self-harming inmates are labeled manipulative and therefore not treated, this may lead to their death, because research demonstrates that these manipulative individuals are at risk of suicide and need treatment. Attention to the role of mental health counselors in jails and prisons is therefore necessary. This paper discusses that role and ways to identify, assess, treat, and prevent suicides in jails and prisons. It provides suggestions for research on suicide assessment with incarcerated individuals who are considered manipulative. (PsycINFO Database Record (c) 2009 APA, all rights reserved) |
| Dear, G. E., K. A. Beers, et al. (2002). Hobbs and Dear (2000) | Prisoners in general | / | Prisoners and officers reported that prisoners would be more likely to approach officers for practical assistance than for emotional support. Both prisoners and officers also reported the same types of problems as being those that prisoners would most likely discuss with officers. The main difference was that officers rated prisoners as being more likely to approach them for support than prisoners reported themselves as being. The types of problems that both officers and prisoners thought prisoners would be least likely to discuss with officers were, for the most part, the types of problems that officers (1) rated themselves as being least competent in responding to and (2) |

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| | | | rated as least appropriate for prisoners to discuss with officers. The consistency between the two studies lends credence to Hobbs and Dear's main conclusion: that prison authorities need to provide prisoners with direct avenues to supportive assistance other than prison officers. (PsycINFO Database Record (c) 2009 APA, all rights reserved) |
| Elliott, W. N. (2002) | Youth offenders | Counselling | The use of three management strategies derived from various experiences in a positive poor culture/guided group interaction program for juvenile offenders has enjoyed considerable success. All three strategies namely redirection, reframing and reversal of responsibility represent indirect approaches to the management of treatment resistance and the avoidance of power struggles in the process. Redirection quite simply involves the counselor's effort to return the focus of attention to the issue or task at hand. Reframing, then, represents the second of the "3R's" of managing resistance. This intervention entails asking offenders to adopt a perspective different from the one they currently embrace. Reversal of responsibility, hereafter referred to simply as reversals, requires the counselor to reflect an offender's words or actions back to him or her in such a manner that the offender must assume personal responsibility for them. Indeed, the "3R's" effectively challenge primary issues, as criminal thinking patterns, but do so without leading the counselor to a beleaguering and demoralizing verbal conflict with an offender. (PsycINFO Database Record (c) 2009 APA, all rights reserved) |
| Kjelsberg, E., P. Hartvig, et al. (2006). | Prison inmates | All non pharmacological interventions provided by psychiatric health services (in Norway) | A survey of interventions suggested (25 %) had some form of psychiatric intervention: 184 (20 %) were in individual psychotherapy, in addition 40 (4 %) received ad hoc interventions during the registration week. Group therapy was infrequent (1 %). The psychotherapies were most often of a supportive (62 %) or behavioural-cognitive (26 %) nature. Dynamic, insight-oriented psychotherapies were infrequent (8 %). Concurrent psychopharmacological treatment was prevalent (52 %). Gender and age did not correlate with psychiatric interventions, whereas prisoner category (remanded, sentenced, or preventive detention) did ($p < 0.001$). Most inmates had a number of defined problem areas, with substance use, depression, anxiety, and personality disorders most prevalent. Three percent of all inmates were treated for a psychotic disorder. Remand prisoners averaged 14 sessions per week per 100 inmates, while sentenced inmates and those on preventive detention averaged 22 and 25 sessions per week per 100 inmates, respectively. Five out of six psychiatric health services estimated the inmates' psychiatric therapy needs as adequately met, both overall and in the majority of individual cases. CONCLUSION: Our results pertain only to prisons |

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| | | | with adequate primary and mental health services and effective diversion from prison of individuals with serious mental disorders. Given these important limitations, we do propose that the service estimates found may serve as a rough guideline to the minimum number of sessions a prison's psychiatric health services should be able to fulfil in order to serve the inmates psychiatric needs. The results rely on the specialist services' own estimates only. Future studies should take other important informants, including the inmates themselves, into consideration. |
| Kubiak, S. P. (2009). | Prison inmates | Therapeutic environment | This study examines the perceptions of male and female inmates in three prisons, comparing those in therapeutic hybrid units (n = 701), with those in non-therapeutic units (n = 329). Inmates in therapeutic units had significantly more positive perceptions of the environment, as well as both staff groups, than inmates within the same prison in non-therapeutic units. Regression analyses suggest specific staff characteristics are associated with these positive feelings and are different for each staff group. (PsycINFO Database Record (c) 2009 APA, all rights reserved) |
| Skogstad, P., F. P. Deane, et al. (2005). | Prison inmates (New Zealand) | Psychological treatments | The aims of the present study were to describe the process of seeking psychological help in prison based on inmate interviews and to assess the impact of several psychological and systemic factors on the intention to seek help in prison. Male prison inmates (N = 52) were less likely to seek help for suicidal feelings than for a general personal-emotional problem. Thoughts about death and suicide were associated with help-negation for prison inmates. Additionally, participants identified negative reactions from staff and other inmates, lack of trust in prison psychologists, and aversive prison procedures for managing suicidal inmates as barriers to the expression of suicidal concerns. Suggestions are made to improve appropriate professional psychological help-seeking by prison inmates. Future help-seeking research in prison populations should incorporate longitudinal designs (e.g., the Theory of Planned Behavior, Ajzen, 1991) to clarify the attitude-behavior relationship. (PsycINFO Database Record (c) 2009 APA, all rights reserved) |
| Williams, M. W., P. Skogstad, et al. (2001). | Prison inmates | Psychological treatments | The aims of this study were: (1) to examine whether individuals seek help from mental health professionals, and (2) to assess the validity and utility of a short form of the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS) for assessing prison inmates' helpseeking attitudes. Results were consistent with previous research, and indicated that male inmates (N = 173; aged 17-71 yrs) have similar scores on the ATSPPHS to other male samples. Stigma-related treatment fears and psychological distress were significant unique predictors of attitudes toward professional psychological helpseeking. (PsycINFO Database Record (c) 2009 APA, |

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Alphabetical Listing of all the studies included in the above tables and studies offering a lower level of evidence

(Abstracts taken from Medline, Psycinfo, Cochrane Library, DARE and the Campbell Collaboration Database)

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Motivational interviewing for substance abuse
Protocol for a Systematic Review of the Effects of Sexual Offender Treatment
Serious (violent and chronic) juvenile offenders: A systematic review of treatment effectiveness in secure corrections
Systematic review of intervention strategies for the prevention, treatment and management of violent behaviour by adults in contact with forensic mental health services or the criminal justice system
The effectiveness of incarceration-based drug treatment on criminal behavior. *Campbell Systematic Reviews*.
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