

Running head: CORRECTIONAL SETTING

Challenges Psychologists Encounter

Working in a Correctional Setting

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### Dedication

This project is dedicated to my parents, Dorothy Broomfield and Leonard Broomfield. My mother has inspired me and has given me the confidence, strength, and courage to face life's many challenges. My father, Leonard Broomfield, passed away at the age of 59 years when I was 12 years old. His memory is my will to continue to move forward. . . . Katherine

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## Introduction

*“It is a humbling experience to work in prisons.” - Lee Rome, MD*  
(cited in Kupersanin, 2001, p. 9)

Psychologists encounter various challenges in providing mental health services in a correctional facility. This literature review will provide the reader with an in-depth examination of the challenges encountered while providing psychological services from behind the prison wall. It is notable, however, that despite the importance of this topic, there was limited current information to review.

Kupersanin (2001) said that “working as a psychologist in a correctional setting is like practicing in a foreign country. Prisons have their own culture and can be described as a self-contained society with its own language, customs, and rituals” (p. 3). Members of the correctional community include inmates, staff, guards, administrators, and health personnel. Each community member must understand the rules of the culture, as it plays a vital role in providing stability to the environment (Kropp, Cox, Roesch, & Eaves, 1989). Each chapter examines four specific challenges psychologists encounter working in a correctional setting. Chapter 1 examines the prison culture, the role of a Correctional psychologist, and the enormous caseload psychologists face working in a correctional facility (Sapers, 2005). In addition, this chapter examines the high prevalence of mental illness among inmates found in both Canadian and American correctional facilities.

Chapter 2 examines the barriers psychologists encounter in achieving an effective therapeutic relationship. Inmates have an array of issues, from addictions to victimization, that need to be addressed in therapy. They are often looked upon as highly resistant clients who are

fearful that information shared in therapy may cause further legal ramifications and jeopardize their opportunity for early parole.

Chapter 3 examines the rich trove of ethical dilemmas encountered in a correctional setting. It is thought that Correctional psychologists face more ethical decision-making situations than psychologists in private or community settings (Haag, 2006). Typical ethical issues include confidentiality, obtaining informed consent, dual roles, and responsible caring.

The final chapter discusses the complexities of forensic assessments that are required for corrections agencies and the National Parole Board of Canada. Assessments are a comprehensive tool used to determine the best intervention approach for an inmate's correctional programming and parole process (Bonta, 1997). Correctional staff, such as parole officers, program officers, and psychologists, assess inmates regarding their needs and risks, mental health issues, and eligibility for early parole. Information gathered for assessment reporting must be accurate in order for staff to determine the appropriate correctional programs and parole eligibility, yet correctional staff face obstacles in obtaining truthful information because of the population's high rate of deceitfulness, malingering, and impressions management (Skeem, 2005). In addition, psychologists in a correctional environment face the challenges of working with inmates who have committed heinous crimes. This can evoke strong emotions in psychologists towards clients, thereby increasing the likelihood of biased thinking.

### *Procedures*

This project consists of a literature review that examines current research on the challenges and barriers of practicing psychology in a correctional setting. Electronic databases used for the literature review include PsycARTICLES, PsycINFO, MEDLINE, Journal of Forensic Psychology, Psychology and Behavioral Sciences Collection, PsycARTICLES,

Sociological Abstract, Social Sciences Wilson Abstract, and American Association for Correctional and Forensic Psychology. Literature from 1997 to 2006 is emphasized in this review. Search terms include the following keywords: inmates, prison, treatment, corrections, therapeutic alliance, working alliance, prison environment, prisoner's code of ethics, ethics, confidentiality, informed consent, dual roles, forensics, psychiatry, mental illness, assessments, and mental health services.

Specific websites were targeted in addition to online database searches and web-based searches. Examples include government websites such as those sponsored by the Correctional Service of Canada (CSC) Research Branch and the United States Federal Bureau of Prison.

Finally, for the literature review the author has sought out further consultation with forensic psychologists at Calgary provincial jails and Alberta federal institutions (Corrections Services of Canada) to gather material pertinent to this topic.

### *Project Rationale*

This literature review supports the development of professional practice that combines current information on subjects recognized as corrections, forensics, and counselling psychology. There are several reasons for this literature review. First, researchers in the field of forensic psychology have noted a need for appropriately trained forensic practitioners and are concerned that graduate-level training in psychology may not provide the background information needed to work in a correctional setting (Borum, 1996; Haag, 2006; Ogloff, 1995). It is important to have skilled and trained professionals who can provide the best services for inmates and to ensure proper rehabilitation for those who eventually return to the community. Psychologists who do not have experience working with a forensic population may feel unprepared to assist inmates with mental health services. Therefore, it is important to bring together current



information about correctional practice. Correctional work poses unique challenges to the traditional delivery of mental health services (Ogloff, 1995). Psychologists must understand that security needs supersede mental health needs (Haag, 2006). Psychologists also need to learn to balance and uphold the ethical decision-making guidelines of the Canadian Psychological Association with their duties to uphold the security and safety of the institution. This balancing act is no easy task.

The second rationale for writing this literature review is that there has been an increase in the number of psychologists who are employed in corrections (Boothby & Clements, 2002). Correctional psychologists perform multiple and sometimes competing roles; they are responsible for psychological assessments, treatment, crisis intervention, numerous administrative functions, and consultation with prison officials (Haag, 2006). At the same time, relatively little has been written about the work-related experiences of these professionals (Boothby & Clements, 2002; Ogloff, 1995).

An Attorney General message from the Department of Justice Canada (2006) asks: “At what capacity do our prisons operate? And, do they need to be punitive or rehabilitative institutions”? On one end of the spectrum, there is a need to have punitive measures where inmates receive the basic necessities, face restrictions, lockdowns, and lose their freedom. Our society believes that we must punish inmates for the harm they have caused to their victims. On the other end of the spectrum is a belief that inmates need help, not punishment, and that our jails need to be treatment centres rather than punitive centres. We as a society are interested in the rehabilitation and successful community integration of our prisoners. Correctional institutions have the responsibility of balancing punishment and rehabilitation requirements and correctional staff must work within this reality (Justice Canada, 2006)

It would seem that many inmates do not want to be rehabilitated, as is evidenced by the fact that many refuse to participate in prison programs (Simpson, 2004). So, if rehabilitation cannot be properly achieved within a punitive setting, should the focus be on punishment and leave rehabilitation out of the equation? The problem lies in that most inmates will eventually be released from prison. A memo from the Department of Justice Canada (2006) states that in spite of the fact we do not want prison to be a soft place to stay, most members of society hope that correctional staff will have a positive effect on inmate rehabilitation so that inmates can eventually live and function in the real world as productive, law-abiding citizens.

The memo from the Department of Justice Canada (2006) adds that crime begins in the community and through public awareness of our prisons and rehabilitation services. Canadians can set the tone for correctional officials with regard to what is expected in corrections, and it is the writer's intention to inform readers of the challenges of providing psychological services.

Protection for society is the fundamental consideration, but to the degree that the challenges noted in this review are brought to light and acted upon, it is hoped that through public awareness this information about inmate rehabilitation will bring positive changes for clients who receive psychological services in corrections settings.

## Chapter 1: Basic Challenges of Psychologists Working in a Correctional Facility

This chapter provides a brief overview of the Correctional psychologist's role, the historical foundations of this discipline, and a survey of basic challenges confronted by psychologists who work correctional facilities.

### *The Role of a Correctional Psychologist*

A Correctional psychologist is a healthcare professional who provides psychological services to inmates in a penal institution (Haag, 2006). According to both Haag (2006) and Smith and Sabatino (1990), the prison psychologist is responsible for assisting in the rehabilitation of inmates and in their reintegration into society. The responsibilities of a prison psychologist include: (a) psychological assessment, (b) delivery of rehabilitative programming, (c) staff consultation, (d) addressing the psychological concerns of inmates in segregation, (e) crisis assessment and intervention for staff and inmates, (f) court testimony, and (g) research activities. However, the main responsibility of the Correctional psychologist is traditional psychological services such as counselling, assessments, and interventions (Ogloff, 1995).

### *Historical Foundations of Correctional Psychology*

Bartol and Bartol (2004) indicate that the discipline of Correctional psychology first emerged in 1913 in the state of New York where a psychologist was hired to work in a reformatory for women. The main function of psychologists employed in correctional systems during the 1910s and '20s was to detect a condition known as "feble-mindedness" which was believed to result in criminal behaviour. Prison wardens wanted to develop a prison classification system for measuring inmates' intelligence for work programs (Bartol & Bartol, 2004). The classification was based on the mental testing performed during World War I on servicemen in the Armed Forces (Daly, 2000). Consequently, the discipline of psychology entered into the

correctional system upon the development of psychometric testing and its applications (Bartol & Bartol, 2004).

Corsini (cited in Daly, 2000) commented that in the 1930s and '40s there was an increased growth of practitioners in the field and a broadening of the role beyond that of a "mental tester." Dr. Corsini commented about psychologists' enormous caseloads and estimated that during the 1940s, approximately 200,000 inmates confined in U.S. correctional facilities were attended to by a mere 80 psychologists.

In the 1970s, the discipline received more exposure because of the American Association of Correctional Psychology (AACP), which published an article about the involvement of psychologists in the criminal justice system. The publication maintained that the role of a correctional psychologist had broadened under the influence of the development and growth of clinical psychology. In the 1980s, internship programs for psychiatrists were offered in major rotations in corrections. The residence programs were beneficial for both inmates and residents, as the inmates had more opportunities to be seen by a mental health professional and the residents were fulfilling the forensic medical requirements for residency (Association of Psychology Postdoctoral and Internship Centers, 2006).

Watkins (1992) stated that psychological services were offered in Canada's correctional institutions in the late 1950s. In comparison to the U.S., Correctional psychologists in Canada offered no mental health services but were employed primarily to screen inmates for security classification and placement for assigning custody levels, job assignments, rehabilitation programs, and placement to other correctional facilities. Due to public demand for rehabilitation services in the 1990's, prison officials began requesting more treatment and diagnostic services (Watkins, 1992). Psychologists hired to work in the penal system perceived it as a hierarchical,

paramilitary, and inflexible system whereas the correctional staff had difficulty in accommodating psychologists who strived for independence from the system. In the 1990s, the Commissioner of Corrections resolved this problem by hiring psychologists at the National Headquarters level, which allowed for policy change and the implementation of a psychology unit in each prison in Canada. Today in Canada, the discipline is maturing and a concern for professional registration, status, and further forensic training is required (Haag, 2006).

In the United States, the opportunities and demand for psychologists in corrections has rapidly expanded due to the growth in the U.S. prison population—a startling number of two million inmates. As a result of the increased number of mentally ill offenders, nearly 2,500 mental health professionals have been employed in the U.S. corrections system (Aufderheide & Brown, 2005). In Canada, there is some difficulty in determining the number of psychologists working in Canadian prisons due to a lack of specialized registration records for “Forensic psychologist” at the provincial level and the Canadian Psychological Association. There are an estimated 245 psychologists in both community and penal institutions (Haag, 2006).

As prison populations continue to rise and the number of mentally ill inmates increases, correctional systems are in constant need of recruiting mental health professionals (Boothby & Clements, 2002). Mental health professionals may avoid working in corrections due to concerns regarding professional legal ramifications, clients’ emotional and behavioural volatility, resistance to treatment, and other problems encountered (Granello & Hanna, 2003).

Choosing to work in corrections tends to occur because of an interest in offenders and legal issues (Boothby & Clements, 2002). Additional factors that influence a career in corrections include a preference for brief interventions that focus on crisis management, tolerance for higher-than-normal levels of environmental stimulation, the ability to adapt to immediate situational

demands, and the diversity of presenting problems among inmate populations (Granello & Hanna, 2003).

Working in corrections offers opportunities for growth and experience as well as assisting a population in need of psychological services. Although positions are plentiful, turnover rates are high, primarily because psychologists are often not prepared for the hostile environment (Granello & Hanna, 2003).

### *The Culture within Correctional Facilities*

Under the Criminal Code of Canada, the segregation and administration of inmates falls under the responsibility of federal and provincial governments. Correctional Services of Canada (federal level) is responsible for inmates who serve a sentence of 2 years or more (Department of Justice Canada, 2006). These correctional facilities are typically known as penitentiaries, institutions, or prisons. Provincial governments are responsible for inmates who serve 2 years less a day and these facilities are also known as local jails, remands, or correctional centres (Department of Justice Canada, 2006). The goal of any correctional system (federal or provincial) is to assist offenders and reduce the recidivism of criminal behaviour (Department of Justice Canada, 2006). It is also the function of a correctional system to administer offenders' sentences in the manner that best ensures that inmates are prepared for their return to society as law-abiding citizens at the earliest possible opportunity (Department of Justice Canada, 2006).

Life in prison represents "a culture that is based on an adversarial system and a unique social microcosm" (Haag, 2006, p. 95). Haag also stated that this unique microcosm is frequently characterized by (a) a paramilitary staff hierarchy, (b) an "us versus them" separation between staff and inmates, (c) continual separation from mainstream society, (d) a perceived hierarchy

among the inmates that is often linked to their respective crimes, (e) an obvious presence of gangs, and (f) social pressure among the inmates themselves to conform to antisocial values.

Prison can be described as a tense and frightening place. The following description is typical of many institutions. Upon entry to a facility, electronically controlled gates and high fences topped with barbed wire make new inmates feel they are entering another world quite inescapable (Dvoskin & Spiers, 2004). They begin to observe that every inmates move is monitored by video cameras. Through a single file process, offenders are taken to a admissions unit where a “symbolic depersonalization” transition occurs—they are unhandcuffed, stripped, probed, given a uniform, and bestowed the status of inmate (Anderson, 1999). There are unique experiences in prison: overcrowded conditions, long waits for essential services, deprivation of security as well as exposure to violence, theft, and assault. While in the compound, several hundred inmates share the same environment throughout the day.

The prison environment negatively affects the people who live and work within the facility. To understand the prison culture it is necessary to mention the central conflict between the correctional officers and inmates (Dvoskin & Spiers, 2004). Correctional officers enforce the rules and regulations and the inmates enforce the culture of the prison. This basic conflict dictates the culture and imposes a volatile relationship between inmates and staff. An often unspoken yet well-known truth is an “us against them” mentality that easily describes the line between inmates and staff (Haag, 2006). Dvoskin and Spiers (2004) stated communication between the two can be sparse, inconsistent, disruptive, and sometimes even hostile.

There is a division among the inmates based on their respective crimes (Haag, 2006). The type of crime committed determines the hierarchy among the inmates and the respect or

disrespect received by their peers. There are many gangs in prison based on race and/or culture which inmates may join for protection from rival gangs and to ensure one's survival.

Dvoskin and Spiers (2004) stated the provision of mental health services in correctional facilities is an important step in reducing the stressfulness of the environment for correctional officers and inmates, as the potential for violent outbreaks among inmates and assaults on the unarmed and outnumbered staff is an ever-present concern. Although there is an inherent power differential between staff and inmates, there is also a mutual dependence on each other. Inmates and staff indisputably rely upon on one another in order to maintain order, safety, and security of the facility. Staff depend on inmates to follow facility rules.

The American Association of Correctional Psychology (2006) recommends a ratio of 1:375 for psychologists to inmates. In the United States and Canada, psychologists are often the sole treatment providers in large institutions and are responsible for hundreds of inmates. In fact, the estimated average psychologist-to-inmate ratio in the United States are 1:750 for masters and doctoral staff combined and a 1:2,000 ratio in some state jurisdictions (Boothby & Clements, 2002). The Correctional Services of Canada Commissioner requested a ratio of 1:100 for psychologists to inmates (Ogloff, 1995), yet there were no regulations on prison ratios at the Alberta provincial level and the prison ratios tended to be much higher. For example, the Calgary Remand Centre typically had a 1:700 psychologist-to-client ratio. However, due to recent changes in legislation, the Calgary Remand Centre has increased their number of psychologists and now has a 3:700 ratio (Konde, 2007).

One of the contributing factors to burnout is the enormous caseload many psychologists have in prison facilities. Large caseloads make it very difficult to provide adequate services to all inmates (Boothby & Clements, 2002). To resolve this problem, it is recommended by Boothby



and Clements (2002) that more professionals need to be on site to assist with the workload and to consult with colleagues about treatment-related issues. This helps to buffer potential negative feelings about the job and to prevent a high rate of job burnout.

### *Offenders as Clients*

Typically clients are inmates who are legally convicted and incarcerated for an indefinite period of time (Haag, 2006). They have a multitude of handicaps, including poor functioning skills; cultural, political, and economic circumstances; as well as negative childhood and family experiences, substance abuse, health, education, and unemployment issues (Glaser & Florio, 2004; Grady, 2004; Nicholls, Lee, Corrado, & Ogloff, 2004; Robinson, Porporino, & Beal, 1998).

Sapers (2005) examined the admissions of inmates to Canadian federal institutions in 1967 compared to admission rates in 2004. The study indicated that there has been a 60% increase in the admission of offenders with mental disorders and an 84% increase in those with substance abuse issues.

It is estimated that 20% of male offenders in Canadian federal institutions suffer from a mental illness (Welsh & Ogloff, 2003). Within the female inmate population, an estimated 38% of women offenders suffer from mental illness (Nicholls et al., 2004). Mentally ill inmates do not always comprehend the rules of incarceration, and display behaviours such as delusions, mood swings, hallucinations, and illogical thinking which correctional staff are not always trained to recognize and/or manage. The breaking of rules and aberrant behaviour leads many mentally ill inmates to isolation cells which may further compound a mental health problem (Allen, as cited in Sapers, 2005).

Mental health professionals have become increasingly concerned about the number of persons with mental illness in jails and prisons (Conroy, 1990; Lamberti et al., 2001; Morgan, Rozycki, & Wilson, 2004; Neault, 2005; Nicholls et al., 2004; Sapers, 2005). The most commonly treated mental health problems among female and male inmates include high rates of depression, anger, anxiety, adjustment issues, psychoses, substance abuse, fetal alcohol syndrome, and a high rate of personality disorders such, as borderline and narcissistic personality disorders (Dr. Levine, personal communication, 2005). Most interventions efforts focus on alleviating the high rates of depression, anxiety, and anger disturbances (Glaser & Florio, 2004; Monahan, 2004; Morgan et al., 2004).

Statistics Canada (2006) reports that sixty-eight percent of inmates claim to be drug users, with 42% of inmates having reported to be alcohol users in the month prior to incarceration (Statistics Canada, 2006). The majority of incarcerated men and women have suffered repeated traumas throughout their lives (Byrne & Howells, 2002; Nicholls et al., 2004; Robinson et al., 1998; Welsh & Ogloff, 2003). Many have also been abused and have experienced violence for throughout their lives. Frequent themes for women offenders include sexual and physical abuse and a history filled with prostitution and violence (Byrne & Howells, 2002).

White (2003a) stated when inmates enter an institution, they must learn to adapt to a harsh and rigid routine, subjected to a stigmatized status, loss of freedom, sparse living conditions, deprivation of privacy, and surrendered autonomy. They experience considerable emotional stress and have an overriding preoccupation with both physical and psychological survival. Various stress factors might lead one inmate to become aggressive or violent, while another may become depressed or suicidal. Inmates' frames of reference are often shaped by

their needs, fears, and wishes (Smith, 1999). Many of their needs and wishes cannot be satisfied while incarcerated, with the most powerful need of inmates being to access their freedom (Smith, 1999).

Haney (2001) writes of the bleak circumstances with penal institutions: "Prison is a barely controlled jungle where the aggressive and the strong will exploit the weak, and the weak are dreadfully aware of it" (p. 8). Inmates perceive the prison as a dangerous place and become hypervigilant for signs of threat or personal risk (White, 2003a). Inmates develop a "prison mask" that is unrevealing and impenetrable (Anderson, 1999). They learn to project a tough image that keeps all others at a distance. Admissions of vulnerability to persons inside the immediate prison environment lead to potentially dangerous situations and may invite further exploitation. Haney (2001) concluded that inmates avoid high traffic areas and reportedly spend additional time in their cells as a precautionary measure against victimization causing periods of further isolation.

Inmates are forced to become remarkably skilled at assessing their own behaviours; they anticipate every aspect of their behaviour and how it may affect others and strive to make such calculations second nature (Haney, 2001). Inmates can develop emotional flatness that may lead to a chronic and debilitating state in social interaction and relationships. Upon parole, this can create a permanent and unbridgeable distance between themselves and other people (White, 2003a).

To enable inmates to survive in prison, it is vital that their anxieties are addressed (White, 2003a). Opportunities need to be made available for them to share their thoughts and feelings in a therapeutic setting. This can begin the healing process, especially when combined with learning coping skills to deal with their current living situation.

Considering the statistical information provided earlier, a Correctional psychologist with a caseload of 1:375 will likely have 75 inmates who have a diagnosable mental health disorder, 240 who are dependent on drugs, 157 who are dependent on alcohol, and 37 who have thought about or attempted suicide in the last year. One may conclude that if you change the name from “prison” to “hospital,” you might not notice the difference in clientele.

### *Suicides*

Research conducted on suicides in a prison setting that the suicide rate is three times higher than in other settings (Fruehwald, Frottier, Matschnig, & Eher, 2003; Laishes, 1997; Serin, Motiuk, & Wichmann, 2000). An important research observation noted in regards to completed suicides in prison is the history of inmate’s attempts prior to incarceration. Time restraints prevent most psychologists from gaining a detailed understanding of an inmate’s attempt history. Prison suicides are of great concern to psychologists because of the difficulty in assessing an inmate’s level of risk. As well, government agencies are also concerned about suicides because they are responsible for the safety and protection of the inmate while incarcerated and the safety of other inmates and staff who may experience trauma associated with suicide.

## Chapter 2: Therapeutic Relationships within Correctional Settings

This chapter examines the barriers psychologists encounter in achieving an effective therapeutic relationship. Inmates have issues that need to be addressed while incarcerated, however, they are often fearful about revealing personal information. This chapter will also look at issues regarding trust, power struggles, and client apprehension around participating in therapy.

Traditionally, psychologists are trained to develop therapeutic relationships with their clients (Hiebert, 2001). They are trained to direct clients through active listening, engaging skills, empathy, building trust, and co-operation. Psychologists are also trained to follow the ethical standards set out by the Canadian Psychological Association, and the agency policies set out by their employers. In a community setting, clients can give permission to their psychologists to consult with others about their case histories and can decide how much information they want to communicate with others (De Jong, 2001). If clients do not want a psychologist to contact previous therapists, doctors, or professionals of any kind, the psychologist must respect these wishes. Clients also choose the psychologist they want to work with, which may help in building trust and developing a therapeutic relationship with the psychologist (De Jong, 2001).

Haag (2006) states that psychologists hired to work in corrections are required to establish a different kind of professional understanding when working with their clients.

Thus, as will be discussed later in this chapter, there are fundamental differences in the role of psychologists working in a correctional setting compared to psychologists working in private or agency settings.

*Theoretical Foundations of Counselling*

Most counselling theories assume that psychologists are working with voluntary, motivated clients (De Jong, 2001). The assumption in counselling theories is that clients choose to get help and are motivated to resolve their own problems (Taft, Murphy, Musser, & Remington, 2004). For the majority of psychologists working in community settings, it would be difficult to comprehend the intricacies of conducting therapy in such a hostile environment as a prison (Elliott, 2002). It is essential to understand the prison experience, as this serves as a vehicle for forming a therapeutic relationship (Grillo, 2007). Being familiar with some of the general obstacles that are inherent in the correctional setting versus traditional therapeutic settings, plus learning to adapt general clinical skills to a prison environment, is crucial when attempting to develop a therapeutic alliance while working with inmates (Grillo, 2007).

Willshire and Brodsky (2001) stated current counselling research indicates the need for a counselling framework that combines both knowledge about the professional practice of psychology, and the specific context within corrections. Few efforts have been made to develop a conceptual frame of reference for counselling inmates. Without such a model, we might assume that clinical practice in corrections is simple practicing psychology with clients who happen to be living in a prison. Psychologists who are employed in a correctional setting need to understand that the correctional setting is fundamentally different from the setting in which traditional psychologists practice (Ogloff, 1995; Taft et al., 2004). For example, the environment is at times harsh and hostile, making it difficult to therapeutically build rapport with inmates. In addition, when and where you will see an inmate is often decided by others as security of the institution supersede all other requests.

*Developing a Therapeutic Alliance in Prison*

Counselling in a correctional facility is a vital and necessary part of helping prisoners return to society with new insights and fresh ideas on how to have a more fulfilling life. However, there are common experiences in the prison setting that often work against creating and maintaining a strong therapeutic alliance. In what follows, I will discuss the following barriers that make it more difficult to develop a therapeutic alliance with an inmate client: difficulties in demonstrating unconditional positive regard; impediments to assuring confidentiality and building trust; prison power dynamics; inmates perceptions and fears of prison psychologists; and the prison code that is part of prison culture.

One such barrier is the difficulty in achieving unconditional positive regard for one's client. It is commonly held that unconditional positive regard, though initially discussed by Carl Rogers, is a key ingredient to any successful therapeutic encounter. This practice of unconditional positive regard is not always appropriate to use with a forensic population (Kupersanin, 2001; Willshire & Brodsky, 2001). Although psychologists attempt to convey this to their inmate clients, it can be difficult because of the psychologist's personal reservations or judgements towards their clients that may leak through and impair the therapeutic process (Arcaya, 2000; Kupersanin, 2001; Willshire & Brodsky, 2001). A more useful concept to follow within a correctional environment is non-judgemental counselling technique also referred as "unconditional neutral regard," which means an acceptance of the person without having any biases (Willshire & Brodsky, 2001, p. 155).

Beyond these more generic impediments to the creation of a strong working alliance, there are additional specific issues that require examinations. These include trust and

confidentiality, power, perceptions and fears, prison code, goal setting, and motivation and task setting.

### *Trust & Confidentiality*

Developing trust with inmates, especially for individuals perceived to be in authority, is another barrier in achieving a therapeutic relationship (Anderson, 1999; Gagliardo, 2000). There is fear among inmates that information obtained in a therapeutic relationship could be used and may hurt or benefit their prospects for parole. Although psychologists inform inmates of their rights to confidentiality, this basic fear will keep most inmates from seeking psychological services (Gagliardo, 2000; Morgan et al., 2004).

Generally, the prison culture is a distrustful and distant way of life and discourages inmates from expressing fear, hurt, or distress (Anderson, 1999). Inmates experience a tremendous loss of privacy in prison and tend to suppress their thoughts and emotions (Haney, 2001; White, 2003a). Many inmates have a history where basic trust has never been developed and they are often victims of past abuse, which may be reinforced in the prison culture. Inmates quickly learn to become hypervigilant to signs of threats where weakness may be exploited for personal favours (Haney, 2001). Given that trust is a concern for this population, maintaining a therapeutic relationship requires building trust, effective clinical skills, and open communication (Elliott, 2002; Gagliardo, 2000). It is also important for psychologists to provide clear information regarding the limits of confidentiality because this is often a source of concern for clients (Taft et al., 2004). Issues of confidentiality between inmates and correctional psychologists is discussed in further depth in Chapter 3.



### *Power*

The inherent power imbalance in the client-psychologist relationship is intensified in a correctional setting (Brodsky & Galloway, 2003; Ramsey, 1997). Psychologists must be very aware of power imbalances, as they know a great deal about the client from file notes, reports, and records. Most inmates may hold a stereotypical image of psychologists, as seen in movies, television, and minimal first-hand experience. Inmates typically know very little about psychologists, and often believe that psychologists use covert psychological techniques to obtain personal information about them and their criminal history. Inmates may be cautious in sharing such information because they know that it can be included in correctional reports, and thus impact the amount of time they are incarcerated. For this reason, inmates often resist efforts by prison psychologists to gather information (Brodsky & Galloway, 2003). On their part, psychologists may experience heated struggles to gain power and control over the interviewing process, which can take an emotional toll on psychologists (Anderson, 1999; Ramsey, 1997).

### *Perceptions & Fears*

Inmates' perceptions and attitudes toward mental health services tend to be negative, and this directly impedes the ability to provide psychological services (Morgan et al., 2004). Many negative views about therapy are based on the client's past experiences. Psychologists are perceived as "police" and counselling sessions are viewed as "snitch" sessions (Elliott, 2002). These views may have been reinforced by a history of counselling with few positive outcomes (Elliott, 2002). Inmates may perceive some psychologists as overly judgemental and moralistic and do not appear to listen to them and or understand what they may need.

Inmates are often fearful of how documentation of mental health services may be used against them as they progress through the criminal justice system (Morgan et al., 2004; Willshire

& Brodsky, 2001). This can also impede the development of a therapeutic alliance. Inmates are preoccupied with their wish for freedom. Inmates fear that any information will be used against them and prevent their early parole, and these fears prevent most inmates from seeking any treatment services (Granello & Hanna, 2003). In most cases, inmates manipulate the therapeutic process for some type of parole advantage (Robinson et al., 1998). Some inmates may try to derail or hinder psychologists from gathering personal information and change the focus to less intrusive, safer topics that reinforce their perspective of how they are the victim of the criminal justice system (Elliott, 2002). Inmates also fear that exposing their emotions or vulnerabilities will result in information being revealed to staff or other inmates and they may be ridiculed by others (Morgan et al., 2004; Willshire & Brodsky, 2001).

Another barrier to developing a therapeutic alliance is inmates' fears caused by lack of understanding of the nature of therapy and their role in it (Romig & Gruenke, 2002). Even though a psychologist may take steps to clearly outline the role of client and psychologist, confusion may persist due to the complex nature of the therapeutic relationship within the prison setting. Some inmates may feel pessimistic about the benefits of therapy due to previous experiences in the criminal justice system, being negatively judged by the psychologist, and condemnation for their actions (Brodsky & Galloway, 2003). Kennedy and Serin (2000) suggested that, when working with inmates, psychologists also have to consider the client's legal dilemma. For example, clients may appear resistant when they are actually concerned about further legal consequences. Finally, it should be noted that inmates who have criminal charges pending may be reluctant to seek treatment while incarcerated for fear that information given to a psychologist may be used against them.

*Prison Code*

Inmate populations use the prison code as a part of their social structure. The code is a set of rules of conduct for offenders. These rules are not written in a book or taught in a class; rather, they are survival rules learned through other inmates (Miller, 1999). These rules must be followed or repercussions will occur to inmates who refuse to follow them (Wilson & Snodgrass, 1989). It is impossible for a prison to eliminate the code unless the needs of the code are fulfilled by other means and/or replaced (Miller, 1999).

The golden rules of the prisoner's code of silence are: (1) Do not talk to anyone who works inside the prison and do not collaborate with anyone other than fellow prisoners while in prison; (2) Never talk to any Correctional psychologist because there is no faster way to be labelled mentally and emotionally unfit; and (3) Do not trust a Correctional psychologist, as they will reveal information that can jeopardize your chances for parole (Miller, 1999). The prison code is the cause of destruction in most rehabilitative practices. It hinders treatment objectives and cooperation between inmates and psychologists. These unwritten codes of conduct create barriers to building trust and developing a therapeutic alliance (Miller, 1999)

*Working Alliance Model*

To help further understand the barriers in providing therapeutic services within correctional settings, it is helpful to consider the working alliance model, an organizing construct used to describe the relationship between a psychologist and a client (Hiebert & Jerry, 2002). This relationship is characterized by efforts of both the client and the therapist to work collaboratively on whatever issues or tasks are at hand. The working alliance refers to a counselling framework that can be used in all forms of communication for the purpose of

providing structure that eventually concludes with achieving the goals mutually set during counselling (Hiebert & Jerry, 2002).

The working alliance model consists of the following. First, it is client-centred; this implies the process is centred around the client concerns and is made explicit to the client with full client involvement in all aspects of the process. Second, the process involves setting mutually agreed upon goals within the working relationship. Third, there is an evaluation process and a development of intervention plan for the client (Hiebert, 2001).

The working alliance refers to a specific set of skills that are purposeful and intentionally applied within the context of a counselling scenario. These skills, when utilized during counselling, help enhance meaningfulness, engage people, clarify and provide comments, and offer skills for attending. Skills that help enhance meaning consist of overviewing, goal setting, transitioning, reviewing, summarizing, and providing information.

The working alliance can be used for the purpose of creating “a strong working alliance [that] encourages self-exploration and the disclosure of relevant information and helps people feel ready to risk trying new approaches for dealing with a problem situation” (Hiebert, 2001, p. 2). By implementing a strong working alliance, clients are allowed the opportunity to encourage self-exploration; and the disclosure of relevant information strongly affects the counselling outcome (Hiebert & Jerry, 2002).

Complimenting the working alliance model is Rogers’ (1992) view on the necessary conditions for therapeutic change. These include:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.

3. The second person, whom we shall term the therapist, is congruent or integrated into the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavours to communicate this experience to the client.
6. The communication to the client of the therapist empathic understanding and unconditional positive regard is to a minimal degree achieved. (p. 827)

The working alliance model may be compromised within a correctional setting with the simple use of engaging skills. Psychologists use engaging skills to initiate and maintain a client's involvement in the counselling process. By asking questions, a psychologist is able to get a clear picture of the client's concerns and goals, and the direction needed for their accomplishment. Questioning reminds inmates of past interactions with police, the courts, and correctional staff. Willshire and Brodsky (2001) added that psychologists who ask a lot of questions may be viewed as hindering the therapeutic process by upholding defensive responses with the inmates.

Inmates often deny they have committed an offence or claim no recollection of the event; this is called "the dance of denial" (Willshire & Brodsky, 2001, p. 5). To create meaningful and directive feedback and to deter the psychologist from using a question-and-answer type of therapy, it is beneficial to make statements rather than ask questions (Willshire & Brodsky, 2001).

### *Goal Setting*

Within the working alliance model, a key assumption that seems to have generated from practice is that establishing mutually agreeable goals will help the client develop a greater sense of ownership over both the process and outcome of therapy, and foster a sense of accomplishment in achieving the end goals (Hiebert & Jerry, 2002). When clients are allowed to present goals for therapy in terms that are relevant to their own goals, client trust and cooperation will result (Hiebert & Jerry, 2002).

In a correctional setting, counselling arrangements tend to not be client-centred (Willshire & Brodsky, 2001). Inmates are deeply immersed in rules and regulations and are accustomed to institutional decision-makers to make choices for them (Haney, 2001). The psychologist, rather than the client, tends to set goals for therapy and to decide on treatment priorities. Psychologists are expected to focus on rehabilitation, which means focusing on inmates' criminogenic needs and the risk factors that caused the inmates to commit crimes (Willshire & Brodsky, 2001). Inmates may wish to focus on wanting to convince the psychologist that the crime was not as severe or that the victim provoked the situation (Elliott, 2002).

### *Motivation and Task Setting*

Offenders are typically characterized by a lack of motivation, which becomes a concern for psychologists who request homework to be completed in therapy. Psychologists need to set limits on behaviour regarding attendance, participation, degree of involvement, and completion of homework (Pan & Lin, 2004; Williamson, Day, Howells, Bubner, & Jauncey, 2003). Rules of therapy also have to be set early and clearly. Psychologist may be able to assist in motivating a offender in wanting to set goals. However, offender willingness to address identified criminogenic needs is more likely to occur as offenders prepare for parole (Bonta, 1997).

Agreement on goals and tasks can be limiting in a prison setting; this often breaks down the opportunity to build a working alliance relationship.

Some hold the view that the prison setting is so fraught with impediments to fostering client motivation that psychologists should be hired eternally. Dr. Raymond Corsini, who spent many years working as a prison psychologist at San Quentin Prison, published an article in 1949 entitled “Functions of the Prison Psychologist,” in which he discussed the past and present techniques of Correctional psychology (Daly, 2000). In his journals he stated, “Inmates are fearful that frank disclosures of personal problems may mean additional punishment and this keeps the great majority of men from complete rapport” (Daly, 2000, p. 45). To counteract this phenomenon, Corsini suggested that all therapists, including counsellors, chaplains, doctors, psychiatrists, and psychologists, be employed by outside agencies rather than by correctional institutions (Daly, 2000).

In England, Her Majesty’s Prison Rye Hill employs Correctional psychologists who are contracted to attend the prison but who do not work for the correctional services. Correctional staff reported that since the introduction of psychologists to the prison there has been a reduction in violent outbursts, suicide attempts, and assaults on guards. The guards stated that they noticed a reduction in stress and anxiety in the inmates. The inmates reported feeling more comfortable working with psychologists when they knew the therapists were not employed with the correctional services (Her Majesty’s Prison Rye Hill, n.d.). The inmates were consequently more willing to open up and talk about personal issues. Even with these findings, in many situations the hiring of external psychologists will not be an option, and thus it is incumbent that correctional psychologists continue to develop ways to motivate a reluctant inmate clients.

### Chapter 3: Ethical Dilemmas

This chapter examines the rich trove of ethical dilemmas encountered in a correctional setting. It is thought that Correctional psychologists face more ethical decision-making situations than psychologists in private or community settings (Haag, 2006). Typical ethical issues discussed in this section include confidentiality, obtaining informed consent, dual roles, and responsible caring

Psychologists working in a correctional setting face a plethora of ethical dilemmas (Haag, 2006; Ogloff, 1995). Working in corrections poses unique challenges to the traditional delivery of mental health services, and psychologists who understand the challenges faced in correction are likely to be more effective in treatment services (Haag, 2006).

The majority of psychologists receive little training in ethical issues for a correctional setting and this creates several problems (Haag, 2006; Ogloff, 1995). First, new psychologists are unaware of the ethical dilemmas and decision-making situations they may face (Ogloff, 1995). Second, psychologists who work in correctional facilities need to be aware they will face conflict between their ethical obligations and their employment duties and must learn professionally to resolve these conflicts (Ogloff, 1995). Traditionally, psychologists in Canada are trained in ethical decision-making using the guidelines under the Canadian Psychologist Association Code of Ethics. Additionally, psychologists are taught that their greatest ethical responsibility is to the individual receiving their direct services. An ethical conflict is created when psychologists are bound by two governing bodies. On one hand psychologists must comply with provincial ethical guidelines and rules of conduct. However, in the correctional system, there is also a duty to uphold the security of the institution and ensure the safety of their colleagues, other inmates, and the community outside of the institution (Ogloff, 1995). The



conflict between provincial ethical guidelines and correctional systems practice is best resolved when the correctional psychologist understands security requirements oversee the psychological requirements of the inmate.

*Who is the Client?*

Haag (2006) and Ogloff (1995) concur that correctional work can be quite confusing regarding who the client is at any particular moment. New trainees are often surprised to find the individual they are assisting with psychological services may not be the client. Therefore, who is the client? Is it the inmate? Or is it the correctional agency (or perhaps society at large) that employs the psychologist? The answer to this question needs to be examined in order to gain a better understanding of the client and psychologist interactions that take place. There are many instances when the client is someone other than the person with whom one is directly working (Haag, 2006; Ogloff, 1995). Moreover, there are many situations in corrections where the client is, in fact, society at large (i.e., the government is indeed working on behalf of the general public) (Haag, 2006).

For further clarity, it is important to set forth the Corrections and Conditional Release Act (Department of Justice Canada, 1992), which states that in Canada,

The purpose of the federal correctional system is to contribute to the maintenance of a just, peaceful and safe society by 1) carrying out sentences imposed by courts through the safe and human custody and supervision of inmates; and 2) assisting the rehabilitation of inmates and their reintegration into the community as law abiding citizens through the provision of programs in penitentiaries in the community. (p.2)

The Government of Canada has the responsibility of protecting the public and helping maintain a safe correctional environment (Ogloff, 1995). To further assist in clarifying who the

client is, it is helpful to keep in mind that there are two main types of services offered by Correctional psychologists. Ogloff, (1995) maintains psychologists are required to perform risk assessments or be involved in rehabilitative programming that addresses risk. Ogloff maintains that in this type of service, the government is typically the client. In this particular type of service, psychologists do not owe strict confidentiality to inmates receiving psychological services. The second type of service is when psychologists perform traditional psychotherapeutic activities; in this case, the inmate is more likely to be thought of as the client. In both situations it is essential that clients be fully informed of the limits to confidentiality prior to participation. Haag (2006) asserted that within a correctional facility, the level of confidentiality expected is less than what a client would expect from an outside agency. This is because of the security and safety issues commonly found in institutional environments. Psychologists need to be clear about who the client is during any psychological activity and are obligated to inform clients about their limitations in psychological services at the earliest possible opportunity (Haag, 2006). It is also important to clarify and to ensure that the person being assessed or treated is aware of the psychologist's roles and obligations to the client (Ogloff, 1995). This often implies informing both the individual receiving services and third parties as to what they will and will not be privy to prior to the commencement of any psychological activities (Haag, 2006).

### *Issues of Confidentiality*

Confidentiality is one of the fundamental qualities of a therapeutic relationship. Confidentiality arises out of the client's common-law right to privacy (Scott, 1985). This means that a professional is ethically and legally bound not to disclose any personal information about a client unless the client has consented or the professional is otherwise legally bound or authorized to release the information (Scott, 1985). Confidentiality provides the client with a safe

environment to disclose and protects a client from harm due to one's own or others' judgements or actions (Scott, 1985). A client may not want to disclose meaningful and personal information to the psychologist unless there is assurance that this information will not be revealed to anyone but the psychologist (Haag, 2006). Confidentiality contributes to a more open, honest, consenting relationship and helps promote increasing autonomy and maturity (Scott, 1985).

It is vital for Correctional psychologists to understand any limitations to confidentiality and to accurately communicate these to all interested parties. Moreover, this issue regarding confidentiality may be compromised by the numerous security concerns in a prison environment (Haag, 2006). Due to such concerns (e.g., contraband, weapons, escape planning) psychologists regularly struggle with issues of confidentiality, much more so than psychologists who work outside of the prison environment do (Haag, 2006). It is important to mention that within a correctional facility the warden is the person in charge. Because of the paramilitary-style chain of command, orders from the top are expected to be followed. Frequently, this hierarchy also causes a struggle between prison administrators and Correctional psychologists because the values regarding confidentiality, client relationships, and autonomy in decision making are considered secondary to the needs of institutional security (Haag, 2006). Ultimately, it is the psychologist's responsibility to resolve these competing demands.

Haag (2006) offers a further illustration. If an inmate informs a psychologist during a session that an escape attempt is about to take place, the psychologist is faced with a dilemma. Should the psychologist inform correctional authorities and risk revealing the client's identity to others in the institution? Or should the psychologist maintain confidentiality? If an inmate escapes and serious harm occurs to others, the psychologist may face charges regarding failing to warn prison officials. Haag (2006) and Konke (2007) add that all correctional employees within

the penal environment (at the federal level and provincial level in Canada) are peace officers and have an obligation to report any breach of security. As well, if the psychologist warns prison officials, the client could be harmed because of the psychologist's actions (e.g., the inmate may be labelled a "rat" by other inmates), and being named a rat in prison is a severe ramification for the inmate (Haag, 2006). Thus, Correctional psychologists need to be explicit prior to the initiation of psychological services as to how such situations will be handled (Haag, 2006).

Haag (2006) stated there are limitations to confidentiality which have to be considered within a correctional environment. These include concerns such as escape plans, physical injury, or the taking of hostages in addition to the typical limitations of psychological contact (e.g., harm to self, others, or a child). It is also important to mention that correctional management may ask for information beyond what is necessary for the security of the institution. What is important to mention is that psychologists must ensure that all interested parties are clear on what types of information will or will not be kept confidential (Haag, 2006). Thus, whenever psychologists obtain client information indicating that an inmate may harm him/herself, another inmate, or a member of the public, or that the inmate may engage in behaviour that jeopardizes the safety and security of the institution, the psychologist has the obligation to share that information with case management, security personnel, and other relevant decision makers (Ogloff, 1995).

### *Competency*

Haag (2006) suggested it is important that psychologists only offer services in areas in which they are competent. A fundamental question that needs to be asked is, "At what point is someone competent to work as a Correctional psychologist?" Many psychologists are not specially trained in forensic psychology, nor have they acquired supervised psychological experience in a correctional environment (Ogloff, 1995).

A psychologist is ethically obligated to be professionally competent in any realm in which he or she works (Canadian Psychological Association [CPA], 2000). For example, the CPA Code of Ethics, Ethical Standard II.6, provides that “in adhering to the Principle of Responsible Caring, a psychologist would offer or carry out (without supervision) only those activities for which they have established their competence to carry them out for the benefit of others” (CPA, 2000, p. 6).

Correctional psychologists must demonstrate professional competence in the area deemed to be their sub-specialty (e.g., assessment, forensic roles, and judicial or administrative rules governing their roles) (Ogloff, 1995). Because there are no clear guidelines for determining if, or when, a psychologist has attained professional competence in any given area, psychologists must ensure that their work falls within their realm of evidence, as provided for in the Code of Ethics (Haag, 2006; Ogloff, 1995).

Psychologists recognize corrections as an area that requires regular supervision for graduate students, both to provide additional training and to monitor their progress (Haag, 2006). Trainees should be supervised to ensure sound and effective clinical practice in corrections. Given the intricacies faced, such as increased knowledge pertaining to corrections, the dangers and stresses intrinsic to environment, and the reality that many psychologists in prison coordinate the work of others, it is critical for ongoing supervision to be arranged (Haag, 2006). It is also essential for educators and supervisors to give top priority to and regularly review the quality of the supervision they are providing (Haag, 2006).

Although there is certainly a considerable overlap between the activities of a Correctional psychologist and those of a mainstream psychologist, there are also numerous unique qualities to the work. To help bridge this gap, it is suggested by Haag (2006) that psychologists receive

approximately 1 year of supervised practice in a correctional environment in order to have a basic idea of the issues involved in correctional practice. Moreover, new correctional psychologists should participate in training with regard to the issues related to their work. In addition, Correctional psychologists need to consult regularly about daily issues in practice with their colleagues or experts in the area of forensic psychology (Ogloff, 1995). The process of ensuring demonstrable competence involves active self-evaluation and keeping oneself intellectually and emotionally current in areas of correctional competence (Haag, 2006).

### *Legal Process*

Haag (2006) maintains that in addition to realms of competency within the ethical principle of responsible caring “it is important for all psychologists to be aware of and abide by the relevant legislation as determined by location and policy environment; [however,] the burden of knowledge is somewhat more explicit for Correctional psychologists” (p. 104). In Canada, this implies that a Correctional psychologist needs to be aware of the Charter of Rights for all parties engaged in a correctional psychological intervention as well as correctional legislation and policies pertaining to the specific environment within which they are working. Psychologists must also have knowledge of provincial and territorial legislation that governs the practice of psychology.

### *Misuses of Psychological Information*

Haag (2006) discusses the abuse of psychological information that can occur frequently in institutional environments. There is an obligation on the part of psychologists to ensure that the information they obtain about an inmate is used for appropriate purposes. It is common for correctional staff to focus on negative information obtained in psychological reports and ignore any positive information written about inmate. This bias can also lead to “psychologist

shopping” within a correctional setting. Staff may shop for psychological opinions until they find an opinion they happen to agree with. This often occurs without psychologists being aware of it, therefore it is important for psychologists to be cautious of such practices and to request the purpose to why the information is needed.

### *Multiple Relationships*

The issue of multiple relationships is a frequently occurring ethical issue in the correctional environment (Haag, 2006). A survey completed by members of the American Psychological Association (APA) found that the second-most-frequently reported ethically troubling incident involved dual or blurred roles with clients (Scott, 1985). Clearly, dual role conflicts are not unique to the field of Correctional psychology. However, the potential for such conflicts is undoubtedly harder to avoid in the prison environment. Working with inmates requires clear explanations of one’s potential roles as well as explanation of other treatment barriers within a secure setting (Scott, 1985).

Most inmates recognize that Correctional psychologists hold two key roles: 1) a clinician, whose primary concern is for the well-being of the client, and 2) an evaluator, whose primary responsibility is to protect the public and aid authorities on how to handle the inmate (Ogloff 1995). According to Evans and Hearn (as cited in Scott, 1985), this issue arises when a psychologist is both a therapist and an evaluator (a mixing of therapy and evaluation for parole), with both roles occurring with the same client or receiver of services.

Multiple relationships may lead to problems in maintaining rapport with clients. Having dual roles leads to confusion as to the role of the psychologist, creating ambiguity in terms of who is benefiting from the psychological relationship, and leads to a blurring of professional

boundaries (Haag, 2006). To be clear, the mixing of psychological roles should be strongly discouraged in Correctional psychology (Haag, 2006).

If at all possible, different psychologists should be used to perform separate psychological roles (Haag, 2006). If this is not possible, psychologists need to explicitly clarify that there is a conflict in the roles in a manner that is easily understood to the inmate. There is no reason to suspect that a psychologist would allow his or her dual roles to overlap, suggesting that the therapist who obtains personal information in therapy may use this information to determine the client's readiness for parole. However, it may be suspected that an inmate may be less willing to provide personal information required for an effective intervention and this effecting the therapeutic process (Elliott, 2002).

Section III.33 of the Canadian Code of Ethics (2001), states that psychologists should avoid dual or multiple relationships (e.g., with clients, research participants, employees, supervisees, students, or trainees) and other situations that might present a conflict of interest or that might reduce their ability to be objective and unbiased in their determination of what might be in the best interest of others. (p. 85)

The regulations for Correctional psychologists within Correctional Services and provincial agencies seem to have made dual role conflicts difficult to avoid, which creates an environment that can seriously undermine the therapeutic goals and relationship formed between the therapist and the individual inmate.

### *Informed Consent*

The principle of informed consent requires that clients fully understand and freely agree to treatment (Ogloff, 1995). Informed consent is a prerequisite to treatment because clients are required to consent to mental health services and be provided with information on the possible



risks and likely benefits of using such services (Scott, 1985). Mental health treatment is defined as any treatment designed to alter the behaviour or mental functioning of an individual (Ferszt, Richman, Held, & McGowman, 2003). Mental health professionals must inform their prospective clients of the risk and benefits of the proposed treatment and of the risk that may result from possible disclosure (court or legal authorities) or information potentially damaging to the recipient of services (Olgoff, 1995).

Informed consent involves three components: being informed, making a voluntary decision, and being competent to give consent (CPA, 2000). The CPA Code of Ethics presents a number of considerations. Regarding informed consent, first, in order to give informed consent, the clients and/or guardians must be given the information they need to be fully informed (CPA, 2000). Principle I.24 of the CPA Code of Ethics, mandates that

. . . clients understand the purpose and nature of the activity; mutual responsibilities; likely benefits and risks; alternatives; the likely consequences of non-action; the option to refuse or withdraw at any time, without prejudice; over what period of time the consent applies; and how to rescind consent if desired. (p. 51)

The principle of integrity requires that the information given be clear and straightforward (CPA Code III.14) (CPA, 2000). The psychologist must exercise care during the process to not coerce the client's decision (CPA Code, III.31) (CPA, 2000). Although the client's decision should be voluntary, clients may feel pressured by loved ones or authorities. The psychologist should not add to the other pressures and should attempt to alleviate them. Moreover, once informed consent is given and treatment has begun, it is the psychologist's duty to be alert for any signs, including non-verbal ones, that the individual has changed his or her mind and wishes to discontinue (CPA Code, I.30) (CPA, 2000). Consequently, psychologists obtaining informed

consent from their clients is one of the best methods for ensuring that their welfare will be protected (CPA, 2000).

The ethical principles require that the client's right to provide free and informed consent must be safeguarded by treatment professionals (Ogloff, 1995). Special effort ought to be made to ensure that inmates actually want to receive psychological services by explicitly asking them questions pertaining to their desire to participate in psychological activities (Haag, 2006). Furthermore, if inmates prefer not to partake in services, but still insist on providing consent, it is important to exercise caution before proceeding (Haag, 2006).

The maintenance of an ethically sound therapeutic relationship may be potentially compromised in prisons and prison-like institutions (Scott, 1985). Ogloff (1995) stated that for informed consent to occur, a non-coercive relationship with mutual power between the mental health practitioner and the client must exist. Thompson (as cited in Scott, 1985) points out that an "unequal power balance in the relationship and the omnipresent threat of consequences to the client makes full consent impossible" (p. 5). In the treatment of incarcerated inmates, the threat of punishment or the removal of privileges is so great that it makes informed consent an unattainable ideal in the treatment of inmates (Ogloff, 1995).

There are a few consent issues that are unique and relevant to a Correctional psychologist's practice. Although the possibility of forced consent is unique, it is difficult to suggest that the client is actually being psychologically or physically forced into consenting to treatment, because they realize the benefits of participating in psychological intervention (e.g., they may be looked upon more favourably by the Parole Board) (Ogloff, 1995).

In order to satisfy the "knowing" requirement of informed consent, psychologists must make full disclosure to inmates regarding the purpose, procedures, risks, and benefits. In

institutions, clients often may not be considered competent to give consent (Ogloff, 1995). For the consent to be valid, inmates must have the mental capacity to understand and make intelligent, informed decisions as to whether to participate in treatment based on the information provided by the psychologist (Ogloff, 1995). This implies vigilance from Correctional psychologists at all times during and after psychological services (Haag, 2006; Ogloff, 1995). An additional problem is that ethical guidelines regarding informed consent usually require inmates to be free to withdraw their consent at any time without prejudice or negative consequences (Scott, 1985).

When an inmate withdraws his/her consent to take part in treatment and or assessment, the Parole Board could view this unfavourable. If consent is not given, a psychologist must write a report based on information gathered from earlier information gathered upon intake to the correctional facility and previous obtain information in the inmate's file.

#### Chapter 4: Assessments

This chapter discusses the complexities of forensic assessments that are required for corrections agencies and the National Parole Board of Canada. In addition, I discuss obstacles to obtaining truthful information because of high rate of deceitfulness, malingering, and impressions management (Skeem, 2005).

A recent report published by Sapers (2005) from the National Board of Correctional Investigations offered recommendations for Corrections Canada regarding the need for improvements in risk assessments reporting. The report discussed the 2005 murder of a female parole officer who visited a paroled inmate's home in Yellowknife, Northwest Territories. The inmate had served time for attempted murder and sexual assault. An ensuing investigation concluded that there were numerous shortcomings that may have contributed to this tragedy. For

this discussion, I would like to focus on the two independent risk assessments that were performed on the inmate. The first assessment, completed in 1988, concluded that the inmate was violent and a high risk to reoffend. A second assessment, completed in 2004 near the end of the inmate's sentence, concluded that the inmate was a low to moderate risk to reoffend without giving evidence as to why the risk level changed. However, one of the psychologists failed to overlook a report that the inmate was expelled from a community-based program for violent behaviour towards staff. The investigation report revealed that the psychologists at the institution were not properly trained in assessment writing and failed to examine the inmate's violent behaviour. This report highlighted the importance of assessments within a correctional setting as it is an essential instrument for determining an inmate's risk to reoffend and to ensure public safety (Correctional Service of Canada, 2007). Finally, this report demonstrated the difficulty in achieving assessment accuracy, as psychologists are not always able to predict future behaviour, nor offer the same assessment decision (Sapers, 2005).

### *Purpose of Inmate Assessments*

Brodsky and Galloway (2003) and Lowenkamp and Latessa (2005) assert that there is tremendous emphasis in corrections on the use of assessments. Assessments are required by the Correctional Service of Canada and the National Parole Board for the purpose of information sharing and decision making (Ogloff, 1995). Virtually all inmates are subjected to a variety of assessments from the time they enter a correctional facility until their release date. . Types of assessments include Psychological and Parole Assessments. They are an essential instrument used to provide police, courts, and correctional staff with information about the inmate to enhance their roles in protecting the public (Hesselink-Louw, 2004). The assessments in

conjunction with the psychologists professional training and judgement will determine the offenders readiness for parole, and probability of successfully reintegration into the community without committing additional crimes.

Leschied (as cited in Hesselink-Louw, 2004) stated that differentiating high-risk offenders from low-risk offenders is an essential step in offender management. The assessment information will help to specify the area and level of risk in question, institutional placement, decisions about the inmates security classification, intensity of intervention needed, programming they will receive for treatment to take place, their eligibility for temporary absences, and their parole release date (John Howard Society, 2000). Assessment information is also designed to reduce the risk to the institutional community and increase the safety of the public (Department of Justice Canada, 1992).

A multidisciplinary team approach is used to assess inmates. Such teams typically include parole officers, program officers, correctional officers, psychologists, and/or a psychiatrist. Extensive information gathering occurs upon the commencement of the inmate's arrival at the institution. The case management team compiles relevant information about the inmate from a number of sources, including police, the court, victims, families, friends, and correction workers.

### *Psychological Assessments*

Over the years specific changes have occurred to set the stage for a contemporary assessment protocol for psychologists working in corrections. First, the Correctional Service of Canada authored a clinically oriented manual called *Forensic Psychology: Policy and Practice in Corrections*, which described best practices for psychologists working in correctional settings (Ogloff, 1995). Secondly, psychologists at the national level facilitated changes to the referral

criteria for psychological assessments to reflect offender case needs and mental health concerns. These changes are now part of the revised Commissioner's Directive 840, which governs the delivery of psychological services in the Correctional Service of Canada. Third, these initiatives provided the backdrop for the development of Correctional Standards of Practice, which inform psychologists about the important questions and content areas involved in the various types of assessments needed for psychological services (Ogloff, 1995).

According to Ogloff (1995), inmates are required to be evaluated by psychologists as part of a screening process known as a Psychological Intake Assessment (PIA). A psychological intake assessment is the most critical aspect of the intervention process because it informs correctional staff about the inmate's mental health and psychological functioning (Department of Justice Canada, 1992).

A psychologist will perform diagnostics tests to detect cognitive and memory functioning, the presence of any mental illnesses, substance abuse, suicide risk prediction, and treatability (Ogloff, 1995). If the offender is a sex offender, additional tests will be used in an attempt to determine inmate's sexual preferences and deviant behaviour and history (Department of Justice Canada, 1992). Psychological reports also assist the members of the National Parole Board in making parole release decisions (Motiuk, 1997). Professional opinions and assessments reports provide critical information about an inmate's behaviour and whether the inmate will require further professional help to deal with his/her issues and whether an individual is seen as a serious risk to re-offend (Department of Justice Canada, 1992).

### *Challenges with Assessments*

Assessments are conducted primarily for the benefit of various personnel within the criminal justice system (Department of Justice Canada, 1992). Because reports are legal

documents that are subject to perusal by a variety of individuals, psychologists have little control over how their findings will be used and understood (Haag, 2006). Haag (2006) adds, “the danger in correctional environments is that the psychological assessment becomes an end in and of itself, and inmates’ results are then simply placed in inmate files” (p. 100).

Various personnel within the criminal justice system (e.g., lawyers, administrators, probation-parole officers, psychiatrists, and psychologists) may read psychologists’ assessments. Many individuals with an interest in an inmate’s case may read the contents of the report and are free to make their own interpretation of the report without the psychologist having the opportunity to provide clarification for information written (Haag, 2006). This makes it difficult for psychologists to tailor their comments about a particular individual or to suit the needs of specific referral sources (Haag, 2006). Therefore, psychologists often find themselves in the midst of disagreement when presenting their results to other readers who may have conflicting ideas regarding what is the best course of action (e.g., displeasing a parole officer by advocating for lenient programming, or when an inmate reads their report to find a recommendation such as denial of parole).

### *Technical Demands of Assessments*

Correctional psychologists are required to master a broad range of scientifically validated assessment methods and strategies and then systematically gather information from a variety of sources (Ogloff, 1995). The information is then weighed according to the best available clinical and actuarial methods to generate accurate, useful predictions (Ogloff, 1995). Correctional psychologists use a variety of actuarial tools according to the typology of the crime committed. Some notable assessment scales are: Level of Service Inventory (LSI-R), Violence Risk Appraisal Guide (VRAG), Sex Offender Needs Assessment Rating (SONAR), Psychopathy

Checklist – Revised (PCL-R), Spousal Abuse Risk Assessment (SARA), sex offender assessment (Static 99), Statistical Information on Recidivism (SIR), and Historical, Clinical Risk Management (known as HCR-20). Additionally, psychologists are required to administer suicide assessment and neuropsychological assessment as well as standardized psychological and clinical assessments used by psychologists in a community setting.

### *Malingering and Impression Management*

There is a serious issue with regard to potential lying, malingering, or “impression management” in correctional settings (Mills & Kroner, 2005). The DSM –IV-TR has defined “malingering as the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as military duty, avoiding work, obtaining financial compensation, evading criminal prosecution or obtaining drugs”(p.739).

Fagan & Kirk’s (2003) review of malingering literature concluded that malingering occurs in approximately seventeen percent of cases in forensic settings. Correctional environments may contribute to malingering behaviour as a tool for survival when placed in a negative environment and when faking a mental illness may result in a positive outcome (Fagan & Kirk, 2003) For example, substance abusers may engage in feigning psychiatric symptoms to obtain psychotropic medications. Or an accused criminal may fake mental illness to avoid criminal charges and be found non criminally responsible (NCR).

Inmates have a tendency to deny they have undesirable traits and to claim socially desirable traits, saying things that place themselves in a more favourable light (Mills & Kroner, 2005). In portraying themselves in as a positive light as possible, inmates tend to exclude from view anything that would block them from attaining their goals (e.g., freedom, less sentencing,



day passes from a locked facility to the community or faking psychological symptoms and obtain drugs, to pay off debts to other inmates) (Mills & Kroner, 2005).

Mills & Kroner, (2005) state in correctional practice, there is a responsibility to ensure the information obtained during an interview and or assessment is accurate, to note the sources of information, and to question any inconsistencies that may be found. Whenever possible, psychologists should confirm the accuracy of information acquired with the inmates during assessments (Haag, 2006). Correctional psychologists, therefore, have the task of penetrating through an inmate's façade before they can accurately assess their client's behaviour (Mills & Kroner, 2005).

### *Inmates Assessment Refusal*

A common situation in correctional practice is for inmates to refuse to consent to psychological assessment (Ogloff, 1995) Inmate guardedness arises because the evaluation results are not confidential and are used to decide important matters about the inmate's future (Willshire & Brodsky, 2001). An inmate can refuse to give consent and participate in any type of assessment. It is the psychologist's responsibility to ensure the inmate is aware at all times of the implications of the refusal. The National Parole Board can, however, require inmates to consent to assessment as a requirement for early parole (Wishah, personal communication, 2005). This is not considered forced consent because the inmate obtains a benefit in exchange for compliance (Haag, 2006). Psychologists are responsible in protecting the best interest of society, and at times there may be pressure to ignore the inmate refusal to participate and proceed with assessment regardless of whether consent was freely given (Haag, 2006).

The issue of refusal of services was recently addressed in the Federal Court of Canada in a case where a psychologist chose to perform a risk assessment on an inmate without the

inmate's consent (Inmate Welfare Committee, *William Head Institution v. Canada*, 2003; cited in Haag, 2006). Finally, the court decided that a psychologist is justified in performing such an assessment because it is deemed to be in society's best interest. According to Truscott (cited in Haag, 2006), the Alberta College of Psychologists shared the opinion of the court on this matter by indicating that "risk assessments are . . . not psychological services provided for the benefit of the inmate . . . they are for the benefit of the community" (Haag, 2006, p. 101).

Haag (2006) asked the fundamental question that needs to be considered: Is it ethical to make a formal psychological statement of risk about individuals who do not wish to have a statement of risk made about them? He answers:

It appears almost indefensible to ethically perform a risk assessment that has not been ordered by the courts or another legal authority on anyone who does not wish to be a part of an assessment. As such, an action would represent disrespect for the dignity of persons and could be conceivably based on inaccurate information and would therefore be inconsistent with the CPA ethics code. (Haag, 2006, p. 102)

### *Biases in Report Writing*

Correctional psychologists often evaluate individuals who have engaged in heinous crimes (e.g., robbery, assault, and rape). The offences committed often result in harm to other people, and being subjected to this information tends to stir the psychologist's emotions (Arcaya, 2000). Personal biases rather than the factual material ensuing from an assessment of the client's background, or the client's behaviours may arouse a psychologist's emotions (Arcaya, 2000). How a psychologist reacts to a client's personality and characteristics can distort therapy—this is known as countertransference. Countertransference refers to the psychologist's emotional reactions elicited by a client (White, 2003b). It is composed of two responses: those based on

issues such as race, gender, age, sexual orientation, and problem type; and emotional reactions generated by the psychologist (White, 2003b).

According to Arcaya (2000), countertransference in the administration of psychological assessments is rarely discussed. “This distortion manifests itself when evaluators, instead of basing their conclusions primarily on the empirical data obtained during the interview, unknowingly permit their own ideology, values, and feelings to intrude and influence their assessment recommendations and decisions” (p. 4). Although such countertransference-like tendencies are liable to appear in any assessment situation, they are most prominently observed within the criminal justice system (Kupersanin, 2001).

According to Kupersanin (2001) countertransference is perhaps the most significant issue in the correctional setting. Psychologists can adopt one way of approaching all criminal justice clients. When such a way is predictable and habitual, this may stem from unconscious motives similar to the kinds of countertransference encountered in psychotherapy. Three kinds of countertransference reactions (known as biases) will be discussed in this section.

*The helper bias.* According to Arcaya (2000), this is a frequently encountered distortion. The helper bias is based on a kind of “antibureaucratic philosophy in which psychologists have countertransference feelings towards authority and institutional systems as a whole” (p. 4). Subsequently, they are indifferent and uncooperative with their employer. This stance leads the psychologist to take the side of the inmate in practically every instance, and the needs of the inmate are more important than the agency’s needs or the concerns of the community. This lack of understanding of the agency’s perspective often leads them to make highly idealistic or unreasonable recommendations that cannot possibly be carried out under the budgetary and physical constraints of their employers (Arcaya, 2000).

*The prosecutorial bias.* Arcaya (2000) stated the prosecutorial bias considers inmates with suspicion and tends to make negative value judgements about inmates' futures. This bias is prosecutorial because the psychologist assumes they are an extension of the judicial system. The psychologist is more likely to consider the inmate's behaviour in a condemning rather than a clinical fashion. Judgements are made from a rigid, detached viewpoint and they tend to project their own unacceptable and unconscious traits onto the inmate. In addition, their report recommendations are likely to be conservative and guarded. The psychologist predictably tends to favour the interests of the community over the welfare of their inmates. Psychologists who uphold a prosecutorial bias believe that rehabilitation and reintegration into the community are unlikely to be achieved by the majority of inmates. This defence mechanism makes it very difficult for psychologists to offer a fair-minded judgement and, instead, they use a critical attitude that splits the world into good versus bad people.

*The uncommitted bias.* Psychologists often allow themselves to be affected by the political pressures of their work environment (Arcaya, 2000). They are more responsive to the implicit demands of the institution for which they work than to the needs of the inmate or of the community. These psychologists avoid taking risks because they dislike conflict and controversy. The client-inmate is seen in terms of a category or a type. This view blocks the psychologist from making a real effort to understand the forces that brought this individual to the attention of the criminal justice system (Arcaya, 2000). Psychologists write their evaluations anticipating that administrators like to read reports, making hopeful rather than pessimistic predictions about the inmate. This makes their job easier and minimizes friction with other professionals.

Kupersanin (2001) stated psychologists often experience emotional reactions that can mirror the inmate's behaviour and interpersonal style. Such experience may create a barrier to proper diagnosing and treatment. Kupersanin (2001) adds that a psychologist will work with some inmates who may be threatening and may be fearful and use punitive measures toward the inmate. Other inmates may appear helpless and a psychologist may feel the need to rescue the inmate. These experiences may cause the psychologist to unconsciously withhold or provide services that are not clinically needed for treatment (Kupersanin, 2001).

#### Risk Assessment for Violent Offenders

Risk assessment carried out through rose-tinted glasses can be fatal (Bloom-Cooper, Hally, & Murphy, 1995). Over the past three decades, risk assessment for violence has become an acquired professional ability for mental health professionals working in correctional facilities (Farrington, 2004). A question often asked by mental health professionals is whether "violent" or "sex" offenders require a different approach to theory, assessment, and treatment. Hesselink-Louw (2004) and Ogloff (1995) concur that sexual and violent offending are different types of crimes and therefore require a different approach to assessment, intervention, and treatment. These authors conclude that separate processes appear to contribute to sexual and violent offending and that risk assessment for violence or sexual offending consequently needs to be considered separately in predicting the probability of recidivism. Furthermore, their crimes tend to create a great deal of public apprehension and their behaviours tend to be aberrant and may be repulsive to others (Hesselink-Louw, 2004). Separate assessments are required to help guide psychologists in therapeutic interventions and offender management in order to determine further risk of reoffending (Farrington, 2004).

Risk assessments are fundamental to the criminal justice process because they are a means for distinguishing between inmates who may or may not reoffend and pose a risk to public safety (Bonta, 1997). Risk assessments gather information and evaluate the probability of a future act (Hart; cited in John Howard Society, 2000). Two terms often used within the context of describing risk are “dangerousness” and “risk.” These terms are used interchangeably because both concepts convey tendency to cause harm to others or oneself. At the heart of any risk assessment process lies the question of whether an inmate will engage in violent behaviour upon release (John Howard Society, 2000).

There are mandatory criteria for administering risk assessment: persistent violence, gratuitous violence, referrals for detention, conditional release reviews for offenders with indeterminate or life sentences, and high-risk sex offenders (John Howard Society, 2000). The concept of violence risk state is relatively new to the academic field (John Howard Society, 2000). After inmates are found to be dangerous offenders under Section 752 of the Criminal Code of Canada, they are incarcerated for an indefinite period of time. For a select group of inmates, risk assessment may be required by the court before sentencing or prior to release from any correctional institution (Department of Justice Canada, 1992).

Risk assessments for inmates are performed routinely by psychologists throughout the correctional system prior to release or after a breach or critical incident (Skeem, 2005). An inmate’s risk assessment is an integral part of the criminal justice process that involves courts, provincial/federal institutions, and the National Parole Board (Department of Justice Canada, 1992). The National Parole Board considers inmate scores on a variety of statistical risk assessment measures that are compiled by staff. The National Parole Board assesses the risk posed by each inmate on a case-by-case basis, taking into account a number of factors other than

just risk scores, including the inmate's behaviour while in prison. Decisions concerning an inmate's release dates are made based on the best judgement of corrections officials and National Parole Board members (Motiuk, 1997).

When a federal inmate commits a violent or serious crime after being released from a correctional facility, the ability of correctional staff to assess and manage the risk posed by inmates is called into question (Wishah, personal communication, 2005). As public apprehension is paramount, ensuring public safety becomes a stressful decision for a psychologist to determine whether or not an inmate should be released back into the community (Wishah, personal communication, 2005).

It is well-established in the research that psychologists in corrections can identify offenders who are most likely to reoffend if they choose from what has become a wide array of risk prediction instruments to guide them in their assessments (Skeem, 2005). The most common form of professional assessment is where a psychologist interviews the offender, consults previous records, and then forms a judgement about the offender's risk by using their own knowledge and experience to weigh the information they have collected. Finally, the best predictor of future harm is previous offending behaviour that involved serious harm (Hesselink-Louw, 2004).

Hesselink-Louw (2004) cautions that all types of risk assessments are fallible. The most reliable method involving the use of risk assessment is a combination of judgement and experience, reliance on actuarial services, theoretical explanations of criminal behaviour, and empirical findings on recidivism. The Correctional Service of Canada utilizes a combination of actuarial risk prediction and clinical prediction tools that guide the assessment process (John Howard Society, 2000). The prediction of risk is inherently prone to error, and there has been a

great deal of controversy about the accuracy of risk assessments (Skeem, 2005). Assessments, which are accurate, will provide a fair and ethical classification for offenders. Inmates will often provide misleading and/or irrelevant information and it is the evaluator's job to sort out pertinent information that accurately assesses the inmates intentions and reactions. Psychologists must evaluate the inmate's behaviour; failure to do so may result in the inaccuracy of the risk assessment.

On the basis of risk assessment, high-risk inmates may be kept in custody for longer periods of time and, once released, may be supervised more closely than low-risk inmates. Inmates who have committed a series of violent offences may be declared dangerous and incarcerated indefinitely (Skeem, 2005).

Current research studies have looked at the clinical decision making of risk assessment and the relationship between risk factors and risk judgements (Farrington, 2004). Yet from a clinical perspective, Kvaraceus (cited in Prins, 1999) stated, "Nothing predicts behaviour like behaviour" (p. 118). The use of clinical judgements has shown to under-perform in comparison to actuarial instruments with respect to violent prediction. Loza (2003) argued that the issue is not whether psychologist should or should not engage in predicting recidivism, but how to improve the assessor's skills to make an accurate prediction.

Hollin, (2001) stated that "performing risk assessment is a complex and volatile practice and that it is possible to predict violence, dangerousness, and recidivism and to have such predictions confirmed true positive" (p. 119). Given that an accurate prediction could mean the difference between liberation and incarceration, these assessments must be conducted with great caution.



Predicting offender recidivism is a contribution that psychologists can make to prevent further criminal acts. This practice, however, does not occur without controversy. The benefits to society outweigh the costs to the individual, and predictions could prevent a great number of violent acts (Hesselink-Louw, 2004). McGuire (cited in Hesselink-Louw, 2004) suggested that psychologists who make cautious predictions are making much safer recommendations than those who recommend release for someone who later commits violent acts.

Hesselink-Louw (2004) further suggested that an incorrect prediction that a person will not commit violent acts may result in legal, personal, and professional repercussions for the predictor (i.e., disciplinary action), whereas no negative consequences exist for making the safe prediction that an individual is dangerous. Hesselink-Louw (2004) added that broad predictions of dangerousness and recidivism more readily protect society than a lack thereof. There is therefore increasing emphasis on professional liability where the provider “knew” or “should have known” of an individual’s tendency towards violent behaviour. This supports the general principle that it is easier to predict relatively frequent events than to predict uncommon events (Hesselink-Louw, 2004).

### *Issues in Assessment Training*

Webster, Müller-Isberner, and Fransson (2002) stated that given the ethical and legal obligations involved in the practice of conducting risk assessments, more attention is needed in the field of mental health to improve technology, as is more instrumentation to aid in assessment. Clinical assessments are based on the professional opinions of psychologists and psychiatrists who take a more holistic approach to predicting whether an inmate will reoffend (Skeem, 2005). This typically involves a judgement by a mental health professional concerning the risk a specific individual poses (Skeem, 2005). A psychologist may also use rating schemes or

checklists, and may take into account any available information about the inmate's personality and behaviour and the details of the crime itself (Motiuk, 1997). The risk factors used in clinical assessment are different for each person and can change over time (Webster et al., 2002). These individual characteristics, taken as a whole, give clinicians a picture of the person in question and enable them to make decisions about the potential harm the inmate poses (Webster et al., 2002).

A broad range of dynamic and static risk factors that determine the offender's risk level are examined, such as employment history, prior convictions, prior violence, prior prison misconduct, gang membership, history of violence, program dropout, disciplinary actions, and substance abuse problems (Ogloff, 1995). Factors such as hostility or anger management problems, antisocial attitudes, peer associations, family environment, and emotional states are also considered (Ogloff, 1995). For example, if an individual is assessed as having been a victim of child or spousal abuse or was considered having an addiction at the time of arrest, the individual is identified as having a need in those areas. The greater the number of identified needs, the greater the likelihood that the inmate will be perceived as high risk, and the greater the amount of intensive correctional programming needed. Also considered are violent offences, mental illness, and a history of substance abuse (Motiuk, 1997).

According to the John Howard Society (2000), the fact of the matter remains that despite improvements, assessing risk continues to be educated guesswork. The implications of risk assessment to inmates are serious, and can result in incarceration for indefinite periods of time and/or stringent parole conditions upon release. The public demands to be protected from individuals who are expected to re-offend, yet it is difficult to accurately predict whether or not inmates will reoffend. However, the Correctional Service of Canada and the National Parole

Board are affected by public pressure to detain potentially dangerous individuals. It can be assumed that inmates who have displayed violence and dangerous sexual behaviour may be judged as high risk and there is the possibility of keeping an inmate in prison longer than warranted by the offence committed (John Howard Society, 2000).

The John Howard Society (2000) adds that governments have the responsibility to assign support and funding to continued research into the assessment of risk. Hart (cited in John Howard Society, 2000) points out that risk assessment classification has serious implications for the inmate and for society. The inmate classification affects the inmate's rights, as it will determine his/her freedom and conditions upon return to society. It also protects the safety of the public, as it will determine whether a dangerous offender will be released with public knowledge back into the community.

Borum (1996) states that when it comes to assessing inmates who are classified high-risk and/or violent offenders:

There are no national professional standards in psychology or other mental health disciplines. Nor have there been many substantial attempts in this field to develop systematic training programs in risk assessment to integrate this training into graduate education in professional psychology or to evaluate how, or even whether, such training can improve clinicians' assessments and judgements. Furthermore, despite a long history of clinical and research interest in and criticism of the clinician's ability to predict violence, few efforts have been made to develop or evaluate interventions to improve decision making in this area. (p. 1)

A comprehensive review of the “best” clinical research indicates that psychiatrists and psychologists are accurate in no more than one out of three predictions of violent behaviour over a several-year period among institutionalized populations (Skeem, 2005).

Borum (1996) adds that continued education and training can help improve the accuracy of risk assessments conducted by psychologists. However, today there still appears to be no articulated training models or curricula for violence risk assessment, nor are there current requirements in professional accreditation that these concerns be addressed.

## Chapter 5

*Conclusion*

We rarely stop to think about whether an inmate's rehabilitation resulted in them being released back to the community in the same condition (or worse) than when they came to prison, or whether the inmate's problems and behaviours that led them to offend were addressed while incarcerated. If the inmate's issues were not addressed while incarcerated, we have to wonder if rehabilitation does work.

Rehabilitation is a frequently used term within the criminal justice system. It is a term used to describe a planned intervention that reduces an offender's criminal activity, whether that reduction is mediated by personality, behaviour, abilities, attitudes, and or values (Hollin, 2001).

It is evident that many inmates are not being rehabilitated because they refuse to participate in prison programs (Simpson, 2004). It is also evident that inmates are reluctant to seek mental health services while incarcerated because they are fearful of how the information gathered by psychologists could impair their prospects for parole (Kennedy & Serin, 1997). Therefore, if inmates are not being rehabilitated then the system is failing; the inmate, the community, and the victims of crime.

This final project was written to augment professional training, by providing relevant information pertaining to the field of Forensic Psychology. Forensic Psychology is the specialized field, which applies the disciplines of psychology and criminal justice system. This literature review focuses on the area of Correctional Psychology. Researchers in the field of Forensic psychology have noted that traditional graduate-level training in psychology may not provide the necessary background information needed to work in a correctional setting (Haag, 2006). Further supervision and training as well as additional coursework pertaining to Criminal Justice may be needed.

Correctional psychologists have multiple and sometimes competing roles, as they are responsible for psychological assessments, treatment, crisis intervention, administrative functions, and consultation with prison officials (Haag, 2006). Yet in Canada, relatively little information has been written about the work-related experiences of these professionals. Therefore, I believe it is important to bring together current information for mental health professionals about the professional practice of correctional psychology.

Correctional work poses unique challenges to the traditional delivery of mental health services (Ogloff, 1995). Psychologists have obtained a specific type of knowledge and training yet may be insufficiently prepared to work in a prison environment. Due to the nature of a prison, newly hired correctional staff must understand the environment is quite different from working in a community agency. First, it is a dangerous place to work and it is important to remain vigilant to your surrounding and to what others are doing around you. It also important to remember the “us against them” mentality, observed by inmates. If you work for a correctional agency you belong to the opposing team and this is difficult position to overcome when providing psychological services.

Psychologists must learn that security of the institution is essential and that psychologists must work within the provisions set forth (Haag, 2006). Psychologist are responsible for balancing inmate needs for psychological services, with the security policies and procedures of the institution.

There are many restrictions when working in a prison and psychologists have to learn to work within this reality (for example, even for the simple requests such as when to meet with their clients).

Psychologists hired to work in corrections are also required to establish a different kind of professional understanding of their work with their clients compared to psychologists working in community setting (Ogloff, 1995). Correctional agencies require psychologists to learn to diversify their professional allegiances (Haag, 2006; Ogloff, 1995). Psychologists are expected to be concerned about their clients' welfare and follow the guidelines set out by the Canadian Psychological Association Code of Ethics. In addition, follow the requirements of their correctional employers security policies (e.g., maintaining institutional order, upholding legal standards, fulfilling governmental mandates, and the general safety of the community) (Haag, 2006). Psychologists who understand these challenges are more likely to effect positive change within their work (Haag, 2006).

Psychologists working in a correctional setting also face a plethora of ethical dilemmas (Brosky, 2003; Haag, 2006; Ogloff, 1995). There is very little written in the academic literature concerning the ethical problems in corrections, and even fewer recommendations on how a psychologist should proceed when faced with such problems. Because psychological services fall under correctional administration policies, rather than mental health services this is often the reason why many of these ethical issues exist.

An additional ethical issue that arises for psychologist is having dual roles; 1) a clinician, whose primary concern is for the well-being of the client, and 2) an evaluator, whose primary responsibility is to protect the public and aid authorities on how to handle the inmate (Ogloff 1995). This issue arises when a psychologist is both a therapist and an evaluator (a mixing of therapy and evaluation for parole), with both roles occurring with the same client. The question is can a psychologist really accomplish the dual correctional demands of protection of society and treatment of the offender.

Newly hired psychologists may not understand the difficulties of conducting counselling in a prison. Inmates like to talk to someone who may assist them with a current issue and or a situation. Often inmates want to talk about a telephone call they received from their family and how upsetting the conversation was to them. When an opportunity arises to ask more questions and to learn about the offender's past, or about the crimes they committed, some offenders see this as intrusion into gaining personal information and are fearful at how this information may be used against them especially when seeing the parole board.

Can an offender really feel free to open up and discuss their problems, when psychologist make recommendations to decision makers. One of the most difficult challenges a psychologist faces is developing a therapeutic relationship with an inmate. Inmates are distrustful that information shared in counselling may jeopardize their chances for parole or may be revealed to correctional staff, parole members and other inmates. There may be resistance by inmate when trying to obtain personal information. All of these barriers deter the development of a therapeutic relationship. Reassurance means little to most inmates.

Prisons is a culturally diverse place, with individuals ranging from 18 to 80 years of age, male or female, and a variation in culture and races. Psychologists should have knowledge to work with cultural diverse populations to address their client's needs. It is also a population, which requires urgency as tensions are high and anxiety is ever-present concern. Staff and inmates expect immediate problem solving approaches to mental health treatment. Working with inmates you need to have to have a wide range of knowledge to handle the many situations presented.

Correctional psychologists are also required to perform risk assessments on inmates who are deemed a threat to community safety. Information gathered for assessment reporting must be



accurate in order to determine an inmate's parole eligibility, and risk potential. Yet, psychologists must separate truth from fiction because of the population's high rate of deceitfulness, malingering, and impressions management. In addition, psychologists are subjected to distressing reports about an inmate's heinous crimes, which often evokes an emotional reaction for psychologists. Another concern is developing personal biases in assessment and report writing.

Finally, it is important to note correctional psychologists often suffer from high levels of stress and burnout, given the demanding roles they experience, lack of time and resources, the work environment, and the many challenges of working with inmates who can be dangerous people. Yet, it is a field that offers exciting and rewarding experiences if a professional learns to incorporate their clinical skills with the challenges of a correctional environment.

This literature review was written primarily for graduate-level counselling students who may have limited knowledge about the challenges mental health professionals' face working in a correctional setting. However, the literature review will increase the professional development of any professional who may work with an inmate and/or parolee released from prison.

Professionals such as counsellors, correctional officers, parole officers, program facilitators, and provisional psychologists may benefit through gaining an increased understanding of such challenges in providing psychological services. Often inmates are released from prison with parole condition for mandated counselling. By understanding the inmate's resistance to seek professional services while in prison, a professional on the outside may be able to discuss the fears and assist the inmate into developing a therapeutic relationship outside of the prison walls.

Part of my challenge in developing this final project was the task of finding current up-to-date research within the Canadian context. In fact, it was difficult to find any current up to date

correctional mental health literature designed to orient a mental health professional to correctional environment. The research literature available also focused on male offenders and I found little information to discuss about female offenders.

Specific websites targeted were online database searches such as Correctional Service of Canada Research Branch and the United States Federal Bureau of Prison. Many of the journal articles and books were not up-to-date. This literature review was strengthened through my access to informal discussions with Correctional psychologist at the provincial and federal levels and through my work within a prison setting. More research is needed in this area, as Correctional Psychologist must continue to explore new training for future Correctional psychologists.

It is hoped that interested Canadians who read this literature review will have a better understanding of what is involved in the assessment, treatment, and rehabilitation of offenders within a correctional system. Finally, it is my hope that this final project will provide readers with a better appreciation of the challenges Correctional psychologists face working in a correctional environment, and herein that rehabilitative services to clients returning to society will be improved. It is important for the Canadian government to continue to ensure the rehabilitation of prisoners and to make the prevention of reoffending a major target of prison policy.

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