RAP Training

- SPECTRM Review
- Individual Assessment
  - Correctional History
  - Structured Assessment of Correctional Adaptation
- Running RAP groups
  - Basic Training
- Manual Orientation
  - What’s inside
- Implementing RAP
  - Questions, Comments, Concerns
Individual Assessment

The *NEW and Improved* Correctional History
Areas of Consideration –

Prison / Jail Life

Which specific facilities
What were they like
What were the CO’s like
What were the inmates like
What was the toughest thing
How did you get by
Can you tell me about the inmate code
How important is it
Areas of Consideration –

Disciplinary Time

What kinds of infractions
Keeplock/SHU
Tell me about one
What was the experience like
Areas of Consideration –
Culture

If I were going upstate –
what would be important for me to know
SACA: Structured Assessment of Correctional Adaptation
SACA Objectives

- Research
  - Construct validation
  - Treatment Efficacy
- Clinical Tool
  - Engagement
  - Profile
What do you think of the staff here? How do they treat you? Are you treated fairly? Are there particular staff you like or don’t like? How come? Are you treated with respect? How important is that to you?

What would be an example of someone disrespecting you? What would you do about it? Do you feel you can trust the staff? Are there particular staff you can trust? What makes them trustworthy? How can you tell who to trust? Do you feel you can share information with staff? Are there things you would not share with staff? About yourself? About others? How come?
Vignette #2: If you got into an argument about what TV channel to watch and it turned into a fight that led to staff intervening. And when it was all over the staff member who got involved asked you to come get staff to help next time an argument like this began. Would you take this advice? If no, Why wouldn’t you? How would taking the advice be a problem?
SACA 12
Items and Scoring

Respect
Trust
Manipulation
Stonewalling
Vigilance
Bid Mentality

Posturing
Wolfing
Doing Your Own Time
Stigma of Mental Illness
Malingering
Dissembling
SACA Sample Item/Definition

**Possible Ratings**

<table>
<thead>
<tr>
<th>0 = no</th>
<th>1 = maybe</th>
<th>2 = yes</th>
<th>X = omit</th>
</tr>
</thead>
</table>

**Rating Item**

1. Respect

**Respect**

*expresses concern over being disrespected*
*indicates that disrespect from others is a challenge or provocation*
*perceives staring as disrespectful*
*describes innocent behaviors of others as disrespectful*
Purpose

- Promote Cultural Re-adaptation by
  - Developing trust through shared experience
  - Challenging prison and jail attitudes
  - Introducing new problem solving skills
RAP: Group Processes

CONNECTING
War stories

EXPLORING
Psycho-Education: Setting Differences and Similarities: Scripts

CHANGING
Cognitive Behavioral Technology: ABCD analysis
Connecting

- Develop trust
- Debrief
- Rediscover self worth
Connecting through stories

- Stories as debriefing
- Breaking the isolation
- Nothing “deep” or too personal
- Glamorizing?
Exploring

- Learned behavior
- Rules
- Cues
Topics

- About principles of “cultural” adaptation
- Differences between prison/jail & program/community
- Rules
- Scripts
Prisons and Programs

<table>
<thead>
<tr>
<th>Issue</th>
<th>Jail / Prison</th>
<th>Hospital / Program</th>
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<tbody>
<tr>
<td>Purpose of stay:</td>
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<tr>
<td>Why are people in ...?</td>
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<tr>
<td>Locked environment:</td>
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<tr>
<td>Why are the doors locked?</td>
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<tr>
<td>Peers:</td>
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<tr>
<td>Who do you live with?</td>
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<td>Release or discharge:</td>
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<td>Who determines release/discharge?</td>
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<tr>
<td>What determines getting out?</td>
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# Prisons and Programs

<table>
<thead>
<tr>
<th>Issue</th>
<th>Jail / Prison</th>
<th>Hospital / Program</th>
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<tbody>
<tr>
<td>Purpose of stay:</td>
<td>To be punished</td>
<td>To get help</td>
</tr>
<tr>
<td>Why are people in ...?</td>
<td></td>
<td></td>
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<tr>
<td>Locked environment:</td>
<td>To keep people in ... so they don’t hurt anyone in the community</td>
<td>To keep people safe</td>
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<tr>
<td>Why are the doors locked?</td>
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<tr>
<td>Peers:</td>
<td>Other convicts</td>
<td>People who are sick and need help</td>
</tr>
<tr>
<td>Who do you live with?</td>
<td></td>
<td></td>
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<tr>
<td>Release or discharge:</td>
<td>Judge and parole board</td>
<td>Determined by doctors with input from other staff</td>
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<tr>
<td>Who determines release/discharge?</td>
<td>Specific: Release date and “good time”</td>
<td>Dependent upon judgment:</td>
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<tr>
<td>What determines getting out?</td>
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<td>Participation in treatment</td>
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<td>Progress in program/recovery</td>
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<td></td>
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<td>No behavioral incidents</td>
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<td></td>
<td></td>
<td>Availability and ability to use services and supports beyond the hospital/program</td>
</tr>
</tbody>
</table>

**Summary**

This is not a prison or a jail. We are here to help, so you can get to where you want to be!
Script Theory

- Scripts = learned patterns
  - Thinking & behaving
  - Automatic

- Learned from a variety of sources

- Scripts are appropriate to place

- Are all prison/jail scripts bad?
Exercise: Using Scripts

List below the sequence to things you do as part of the experience of going to an expensive restaurant vs. going to a local fast food chain. If you had to direct someone else who had never had those experiences, what are the actions/behaviors you would list to direct them from start to finish?

<table>
<thead>
<tr>
<th>Going to a Four Star Restaurant</th>
<th>Going to a Fast Food Restaurant</th>
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<tbody>
<tr>
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</table>
Changing

- Recognize conclusions
- Flexible in responding
- Develop more effective, culturally appropriate alternative behavior
Changing with ABCD

Albert Ellis, RET -- Script theory one step further

Think differently

Changes emotions

Changes behavior
ACTIVATING
EVENT

+ 

BELIEF

Reaction

CONSEQUENCE/CONCLUSION
Re-entry Themes

- Do Your Own Time
- Respect
- Snitches Get Stitches
- Intimidation
- Trust
- Vigilance
- Bid Mentality
According to the ABC Model, none if us react directly to the world or the events in it. Rather, between event and reaction lies our beliefs. If we want to change the consequences, our reaction, which can be an idea, a feeling or a behavior, then we have to change or dispute our beliefs. For each description below, identify the missing components: Activating event, Belief, Consequence. Then think how you might challenge or Dispute the Belief in order to change the Consequences.

<table>
<thead>
<tr>
<th>Description</th>
<th>ABC Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ronald, who has just been released from prison, is the newest client in you program. When Steven, another client, bumps into him in the crowded community room, Donald starts screaming and shoving Steven.</strong></td>
<td></td>
</tr>
<tr>
<td>A (Activating event)</td>
<td></td>
</tr>
<tr>
<td>B (Belief)</td>
<td></td>
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<tr>
<td>C (Conclusions)</td>
<td></td>
</tr>
<tr>
<td>D (Disputation)</td>
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</tbody>
</table>
What’s Inside?
Several group members are aware that another member, Charles is seriously planning a suicide attempt. The hospital staff is completely unaware of this plan. Charles makes an attempt that is unsuccessful, but serious enough to put him in a medical ward for an extended period of time. At the next group meeting, the group members angrily confront the group facilitators about why they did not prevent Charles from making the attempt. When the hospital staff explained that they were unaware of Charles’ plan, and then asked why group members did not come to the staff. The group members looked confused at first and then said, “A man has to do his own time.”
Sample Session – All in One

- **CONNECTING FOCUS**
  - Allow time for members to share their views of this situation and how they might have faced similar situations in prison or jail.

- **EXPLORING FOCUS**
  - Introduce the topic of “doing your own time” and describe it as an often-reported skill employed for self-protection in prison and jail.

- **CHANGING FOCUS**
  - Activating event: Knowledge of suicidal ideation
  - Belief: “Do your own time”
  - Conclusion: Suicide attempt
  - Disputation: Other possible beliefs
    - I can help someone
    - It’s safer here in the hospital
Structured Assessment of Correctional Adaptation
SACA

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Amory Carr, Ph.D.
Michael Steinbacher, M.A.
Barry Rosenfeld, Ph.D.

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Structured Assessment of Correctional Adaptation
SACA

Instructions for Interviewers

This semi-structured interview is designed to be used along with the Structured Assessment of Correctional Adaptation (SACA) rating scale. The authors recommend that the questions in each section be used as a guide for the interview about the interviewee’s experience of incarceration and his experience of his current treatment environment.

Interviewee responses should be recorded in the space provided. For ease of recollection and rating, interviewers should use the SACA 12 item grid that follows each section to note all the items that apply to the responses generated.

The SACA 12 should be rated following completion and review of the full interview.

Contact Information

For more information regarding training and implementation of SPECTRM workshops, the SACA or the SPECTRM RAP group, contact Merrill Rotter at merrill.rotter@gmail.com.

References


Patient Name: 

Interviewer: 

Structured Assessment of Correctional Adaptation
SACA

Preamble:

We’d like to spend about 45 minutes with you to find out your thoughts and feelings about what it's been like for you here. Things like: What you might think of the program, how you feel you’ve been treated, whether you think the program is meeting your needs. You need not answer every question to complete the interview. But I may follow-up with you to get an idea as to why you don’t want to answer the question.
We're interested in how individuals like yourself think and feel about being in this program:
What do you think of the staff here? How do they treat you? Are you treated fairly?
Are there particular staff you like or don’t like? How come?
Are you treated with respect? How important is that to you?
What would be an example of someone disrespecting you?
What would you do about it?
Do you feel you can trust the staff? Are there particular staff you can trust?
What makes them trustworthy? How can you tell who to trust?
Do you feel you can share information with staff? Are there things you would not share with staff? About yourself? About others? How come?
Do you think the staff cares about you? If no, why not? How can you tell?
Do you ever think staff does not have your best interest in mind? Can you give me an example. Do you ever think staff only pretends to be helpful? Can you think of an example of that?

[You mentioned... (from answers above)...How do you handle that?]² Some people say they have to do things like: keep to themselves, not talk with staff, not ask staff for anything, get their own needs met anyway they can... [Repeat: one at a time]

+---------------------------------+----------------+------------------+---------------------------+
| Respect | Trust | Do Your Own Time | Stigma of Mental Illness |
|-----------------+----------------+---------------------+--------------------------|
| Vigilance       | Bid Mentality  | Posturing           | Wolfing                  |
| Stonewalling    | Malingering    | Dissembling         | Manipulation             |
+---------------------------------+----------------+---------------------+--------------------------+
What do you think about the other clients here? Do you get along with them? Are there particular clients you are closer to? How come?
Do the other clients treat you with respect? How important is that to you? Can you trust the other clients? Do you feel comfortable sharing information with them? Do you hangout with them? -or hangout by yourself? How come? Do you feel safer when alone?

[You mentioned... (from answers above)...How do you handle that?] Some people say they have to keep to themselves, act and or talk tough, or keep silent, for example...[Repeat: one at a time] Have you found anything like that helpful/necessary?

<table>
<thead>
<tr>
<th>Respect</th>
<th>Trust</th>
<th>Do Your Own Time</th>
<th>Stigma of Mental Illness</th>
</tr>
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<tr>
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<td>Malingering</td>
<td>Dissembling</td>
<td>Manipulation</td>
</tr>
</tbody>
</table>

How do you feel about mental health treatment here? What treatment(s) are you receiving? Individual therapy? Group therapy? Medication? Are you more comfortable with one as opposed to the others? Such as prefer the individual to group therapy, or the opposite? How come?
Do you have concerns about confidentiality? Are you ever concerned about trusting the person or people that you talk with in treatment?
Do you find that talk therapy easier to handle or is it harder to handle than medication? What makes [it] harder?
Is sharing in a group harder than in a private office or vice versa?

[You mentioned... (from answers above)...How do you handle that?] Some people say they might be thought of as a snitch, if they seem to close to staff - does that concern you? Does concern about snitching ever influence your thoughts or behavior here? Some clients have said that the best idea is just to "stonewall" and not talk with staff or share important information" Have you found that necessary?
What medications are you taking? What are the medications supposed to do for you? Do they work? Do you notice any side effects? Are there any side effects that are particularly troublesome to you? Which ones? Do you have concerns of any kind about taking the medication prescribed for you? Do you think of it as being problematic in any way? Have you ever been concerned about taking medication because it identifies you as having a mental illness? Some people have said that being identified as mentally ill may let others see them as weak or vulnerable? Have you felt that way? Have you ever been concerned that taking medication may take you “off-point” and not ready to respond quickly enough if attacked? How have you dealt with that? Some people have refused meds or cheked their medication Have you ever found that necessary?
Do you feel safe here?
(If “no”):
What are you concerned about?
How do you deal with it? Some people say they can or can’t turn to staff or turn to other clients. Who can you turn to, if anybody? Or do you have to rely on yourself?
Other clients have said they find one or more of the following techniques useful. Which if any have you found necessary:
- Handle problems on your own?
- Act tough?
- Keep to yourself?
- Stay out of other people’s business?
- Stay extra-alert?
- Get group support (e.g. with a gang)
- Avoid being labeled as mentally ill...
[Repeat: one at a time]

[(If “yes”): Is this a safe place or are you making sure it is safe for yourself? How are you keeping it safe?] Some clients have said they find one or more of the following techniques useful to ensure their safety. Which if any have you found necessary:
- Handle problems on your own?
- Act tough?
- Keep to yourself?
- Stay out of other people’s business?
- Stay extra-alert?
- Get group support (e.g. with a gang)
- Avoid being labeled as mentally ill...
[Repeat: one at a time]
Do you find there are a lot of rules around here? What kind? What are the most important ones? Which ones are most troublesome for you?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Respect
Trust
Do Your Own Time
Stigma of Mental Illness

Vigilance
Bid Mentality
Posturing
Wolfing

Stonewalling
Malingering
Dissembling
Manipulation

Are there also patient rules (that is, rules that patients abide by and may enforce, but are not tied to program or staff rules)?

________________________________________________________________
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Respect
Trust
Do Your Own Time
Stigma of Mental Illness

Vigilance
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Stonewalling
Malingering
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Manipulation

How do these rules compare to those in jail or prison? How does the environment here compare in general? What is similar? What is different?
Outside of treatment what other needs do you have? [If necessary suggest money, cigarettes, other consumer goods, freedom] How do get those needs met? Does staff help?

Some say they also find it necessary to handle or “play” people in order to get what they need or want. Have you found that necessary? How about threatening or frightening others to get what you want? Ever Loansharked? Ever Dealt drugs or cigarettes here? Is joining or being part of a gang or group of patients helpful in getting what you want?
Have you been diagnosed with a mental illness? Which ones? Do you believe you have a mental illness? If no, why are you here?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

How do you think people with mental illness are thought of here? By staff? By other clients? Is having a mental illness a problem here? How so? Some people have said that being identified with a MI makes them vulnerable to being taken advantage of or attacked? Have you ever felt that way here? Do you ever feel the need to under-report, play down or deny symptoms you were actually having? How come? What about the reverse: Do you ever feel the need to exaggerate symptoms or report symptoms you were not having? How come?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
How do you get out of here? What are the criteria? What should they be? Some people have said that d/c plans are irrelevant. If they behave they should be released... or they should have a definite getting out date. You?

What are your thoughts about how the program is like/unlike jail and/or prison?
Do you think having done jail or prison time changes you...or maybe not?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Respect
Trust
Do Your Own Time
Stigma of Mental Illness
Vigilance
Bid Mentality
Posturing
Wolffing
Stonewalling
Malingering
Dissembling
Manipulation

Do you think it effects your experience here....and in what way?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Respect
Trust
Do Your Own Time
Stigma of Mental Illness
Vigilance
Bid Mentality
Posturing
Wolffing
Stonewalling
Malingering
Dissembling
Manipulation

Does having done time make it easy or harder here or maybe neither?

________________________________________________________________
________________________________________________________________
________________________________________________________________
Vignette #1:
Sometimes staff asks a client to alert them if he/she sees another client getting into trouble - perhaps picking up or perhaps pushing up on (intimidating, threatening) some other client. Could you do that? ... help staff in that way?  **If no** = Why wouldn’t you?  Would that violate an important rule for you?  Would you see that as not doing your own time or snitching?  What if the “trouble” was that the client was becoming symptomatic - suicidal, for instance - Could you do that? ... help staff in that way?  **If no** = Why wouldn’t you?  Would that violate an important rule for you?  Would you see that as not doing your own time or snitching?  Would there be any situation in which you would report to staff?  If it were for you personal benefit, let’s say, for favors or money?  **If no** = Why not?

Vignette #2:
If you got into an argument about what TV channel to watch and it turned into a fight that led to staff intervening.  And when it was all over the staff member who got involved asked you to come get staff to help next time an argument like this began.  Would you take this advice?  **If no** = Why wouldn’t you?  How would taking the advice be a problem?
Vignette #3:
You are in the day room with a few other patients and one of the patients is staring right at you without looking away. Several patients notice this staring. What, if anything, would your response be? What do you think the staring means? What do you think the other patients might think it means? Does what they think matter?

________________________________________________________________
________________________________________________________________
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________________________________________________________________

Vignette #4:
Steve had problems with his medication. When asked by his doctor, he admitted that it was making him feel weaker, drowsy and slower. In fact, he almost got into a fight because he couldn’t get out of the way quickly enough. His friends told him that he was fine without his meds, so he started cheeking. Do you think that this was a good option in this situation? Do you think this was the appropriate thing for him to do? How would you handle this?

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Respect  Trust  Do Your Own Time  Stigma of Mental Illness
Vigilance  Bid Mentality  Posturing  Wolfing
Stonewalling  Malingering  Dissembling  Manipulation
Vignette #5:
Peter was a smart person who felt that in this life everyone looks out for their own interests. He felt he had to play people in order to get by. One way he did this was by lending people money or cigarettes in exchange for two or three times as much as he lent. Do you think this is what Peter needed to do in order to survive? Have you found yourself doing the same thing? Here? Were there any other options?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Vignette #6:
Tyrone was new to the unit. He wanted the others to know not to mess with him. So he bragged about one guy he cut up in the past. He felt he has to let them know he could hold his own and that no one should disrespect him. He did this talking tough or threatening them. Do you think that Tyrone behavior is reasonable in this situation? Do you think that talking tough is a good idea for him? Is that something you’ve found useful here?
**Vignette #7:**
Tyrone also thinks that in this environment, people do not respect you unless you have a crew to back you up. In one case, Tyrone heard that Pedro was telling other patients that Tyrone stole his music tapes. So Tyrone took his crew and beat up Pedro so that he wouldn’t spread these rumors. Better to handle this apart from staff. Do you think his handling of these kinds of problems is a reasonable solution? Have you ever found it important to do the same?

**Vignette #8:**
Jimmy was on the inpatient unit and having problems with some of the other patients on the unit. A few of them threatened to hurt him unless he repaid a loan. He just had to get out of there! So when his doctor asked him how he was feeling he said that he was fine even though he was hearing voices telling him to hurt himself. Is this something that Jimmy had to do in order to survive? Are there other options in this situation? What would you do?
Vignette #9:
G. is a patient in a similar situation. He owes someone on the unit money and needs to make some fast. He used to take a medication that made you “high” when you take it. So when his doctor checked up on him, he pretended to have the symptoms so he could be get the medication and sell it to others. Is G.’s behavior a reality for people in his situation? Have you ever found yourself doing this here?

Did you learn anything - any lessons perhaps - in jail or prison that are of value here?
## Structured Assessment of Correctional Adjustment [SACA]

### Scoring Sheet

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<thead>
<tr>
<th>Rater:</th>
<th>Date:</th>
<th>Name:</th>
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#### Possible Ratings

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<th>2 = yes</th>
<th>X = omit</th>
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<tbody>
<tr>
<td>1. Respect</td>
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<tr>
<td>2. Trust</td>
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<tr>
<td>3. Manipulation</td>
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<td>4. Stonewalling</td>
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<td>5. Vigilance</td>
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<tr>
<td>6. Bid Mentality</td>
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<tr>
<td>7. Posturing</td>
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<tr>
<td>8. Wolfing</td>
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<tr>
<td>9. Doing Your Own Time</td>
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<tr>
<td>10. Stigma of Mental Illness</td>
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<tr>
<td>11. Malingering</td>
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<tr>
<td>12. Dissembling</td>
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**Total Score:**

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### Evidence

<table>
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<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>Evidence to the contrary or no issue with...</td>
</tr>
<tr>
<td>1</td>
<td>Possible / less serious / conflicting evidence of...</td>
</tr>
<tr>
<td>2</td>
<td>Definite / serious evidence of...</td>
</tr>
<tr>
<td>X</td>
<td>Evidence is absent or unavailable</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>ITEM</th>
<th>BEHAVIORAL EXAMPLES</th>
</tr>
</thead>
</table>
| Respect      | expresses concern over being disrespected  
indicates that disrespect from others is a challenge or provocation  
perceives staring as disrespectful  
describes innocent behaviors of others as disrespectful                           |
| Trust        | indicates generalized lack of trust in staff or peers  
expresses undue concern over confidentiality of interview  
refuses to answer interviewer’s question  
may trivialize importance or need for trust  
indicates cynicism regarding other’s intention to help |
| Manipulation | indicates necessity of using manipulation to achieve goals  
describes ego syntonic use of manipulation                                                                 |
| Stonewalling | ascribes to prison code of silence  
expresses contempt for those who snitch  
indicates concern over being perceived as a snitch  
expresses hesitation to talk to staff  
expresses expectation snitching will result in negative consequences  
may trivialize importance of communication with staff                          |
| Vigilance    | expresses need to maintain high levels of alertness  
describes avoidance of areas where vigilance is difficult to maintain                  |
| Bid Mentality| equates program participation as sentence or mandate  
indicates intention of running out the clockexpresses getting through vs. therapeutic gain  
as only motivation for participation  
describes current program in jail or prison language                                  |
| Posturing    | use of non-verbal threats/ intimidation which may include body language, mock fighting, dress, tattoos, colors, hair style, hand shakes |
| Wolfing      | use of verbal threats / intimidation  
expresses need to talk tough  
brags about using force, intimidation, violence in the past |
| Doing Your Own Time | expresses importance of not asking others personal questions  
expresses necessity of keeping out of others business  
uses statements such as “seeing but not seeing”  
expresses expectation that others will not intrude                                           |
| Stigma       | equates mental illness and weakness  
expresses concern that others equate mental illness and weakness  
expresses concern that identification as mentally ill can lead to exploitation  
expresses concern that mental illness is associated with institutional restrictions |
| Malingering  | intentional production of false or grossly exaggerated symptoms  
endorses need for or utility of such behavior                                                                                   |
| Dissembling  | conceals or minimizes symptoms  
edorses need for or utility of such behavior                                                                                   |
RAP Group Progress Note

<table>
<thead>
<tr>
<th>Case File No.</th>
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<tbody>
<tr>
<td>Facilitators:</td>
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**GROUP PARTICIPANTS: First Names Only**

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**Connecting**

**Exploring**

**Changing**

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<th>Bid/Jail Attitude</th>
<th>Do/Own Time</th>
<th>Freedom</th>
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<td>Medication</td>
<td>Respect</td>
<td>Snitching</td>
<td>Stigma</td>
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<tr>
<td>Trauma</td>
<td>Trust</td>
<td>Vigilance</td>
<td>Other</td>
<td>Other</td>
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</tbody>
</table>

**Goals for next group**
Re-Entry After Prison/Jail
A Therapeutic Curriculum
For Previously Incarcerated People
With Mental Illness or Substance Use Disorders

Merrill R. Rotter, MD
Jackie Massaro, LMSW

2011 Edition
Citation

The recommended citation for this manual is: Re-entry After Prison/jail: A Therapeutic Curriculum for Previously Incarcerated People with Mental Illness &/or Substance Use Disorders. Rotter, M.R., & Massaro, J. (2011).
ACKNOWLEDGMENTS

THE SPECTRM PROJECT

AUTHORS

Merrill Rotter, MD

Jackie Massaro, LMSW

Michael Steinbacher
The Challenge: Clinical Impact of Doing Time

Approximately 16% - 19% of individuals incarcerated across the US have serious mental illness and approximately 45% - 50% have substance use disorders (Mumola and Karberg, 2007; Bradley-Engen et al., 2010; Steadman et al., 2011). When they return to the community, they arrive at treatment services with needs and expectations quite different from those of people without the experience of incarceration. Many have acquired repertoires of beliefs and behaviors that while adaptive in prison and jail, interfere with success in utilizing these services and readjustment to the community.

Providers who are unaware of these different beliefs and behaviors can miss or misread early warning signs of adjustment to place, program and treatment, which may result in lost opportunities for early and empathic engagement.

The Approach: Cultural Competence

Education in penal institutions may be informal but it is powerful and enduring. It affects many aspects of re-entry including subsequent treatment and risk management. By viewing the experience of incarceration as a cultural adaptation, providers can better establish rapport, engage people in treatment and enhance the therapeutic alliance. Understanding the experience of incarceration is key to developing cultural competence; it helps to dispel the mystique of former inmates, reduces the anxiety of working with them, increases empathy and improves understanding of behavior.

The Intervention: Cognitive Behavioral

Applying psycho-educational and cognitive-behavioral technologies, the SPECTRM Project has designed this RAP manual to assist providers of all disciplines in working with previously incarcerated people with mental illness and/or substance use disorders.

This manual was created to assist people in making the transition from correctional facilities to therapeutic settings and the community. The RAP manual

- is organized for group therapy, but it is equally applicable to individual and unstructured interactions
- follows a simple, interactive format
- provides outlines and materials on a variety of re-entry themes

The Objective: Therapeutic Engagement
The SPECTRM Project continues its effort to foster the therapeutic alliance between providers and previously incarcerated people with mental illnesses and/or substance use disorders in three distinct arenas:

**Training**  
SPECTRM workshops, manuals and videos are designed to improve the provider's ability to meet the needs of people with mental illness and/or substance use disorders who have experienced correctional incarceration.

**Research**  
SPECTRM engages in ongoing investigation into the experience of incarceration and its impact on the use of therapeutic services and readjustment to the community.

**Treatment**  
SPECTRM’s *Re-entry After Prison/Jail (RAP) Therapeutic Program* is designed to facilitate transition from correctional institutions to therapeutic settings and the community.

**Project Staff**

**Merrill R. Rotter, MD**  
Director, Division of Law and Psychiatry, Albert Einstein College of Medicine  
Merrill R. Rotter is the Director of the Division of Law and Psychiatry in the Department of Psychiatry of Albert Einstein College of Medicine; Director of Forensic Services, Bronx Psychiatric Center; consultant to the Division of Forensic Services of the New York State Office of Mental Health; and Medical Director, New York State TASC Mental Health Diversion Program. Dr. Rotter has presented internationally and published on issues in forensic mental health such as the insanity defense, mental health diversion, dangerousness, distinguishing between deviance and disorder and treating the mentally ill offender.

**Jackie Massaro, LMSW**  
STEP Professional Education  
Jackie Massaro is an instructional design specialist and master trainer consulting with the SPECTRM Project since 1994. She works closely with the National GAINS Center, the SOAR Center and the CMHS Transformation Center. Ms Massaro is also a clinical social worker experienced in working with people with correctional histories. She has written, designed, developed and delivered continuing education for professionals in substance abuse, mental health, youth services, social services, and criminal justice settings.

**Michael Steinbacher**  
Unit Chief, New York State Office of Mental Health, Sing Sing Correctional Facility  
Michael Steinbacher has been involved with the SPECTRM Project since 1994. He is currently Unit Chief for the New York State Office of Mental Health Satellite Unit at Sing Sing Correctional Facility. Mr. Steinbacher worked for several years implementing groups utilizing the *Re-entry After Prison* therapeutic curriculum at the Bronx Psychiatric Center and has played a lead role in continued research.
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The SPECTRM Project, founded in 1995, researched and developed a model for therapeutic engagement of persons with mental illness and/or substance use disorders who have experienced incarceration. It incorporates best practices in offender treatment ("Risk/Needs/Responsivity"), trauma-focused intervention and cultural competence. SPECTRM works with providers and clients to enhance opportunities for therapeutic engagement necessary for maximal clinical benefit, program completion and decreasing the likelihood of return to jail or prison.

This manual has six sections that provide background information and specific instructions for conducting a RAP group.

*The Clinical Impact of Doing Time* describes the theoretical foundation of the RAP Program. It encapsulates the primary issues of adaptation to incarceration as cultural adaptation, and how re-entry involves relinquishing the culture of incarceration and re-adaptation to therapeutic environments and the community.

*The RAP Program* describes the process of re-adaptation and how RAP facilitates that process. It begins with a discussion of the three tasks of re-adaptation, connecting, exploring and changing and a variety of intervention strategies including:

- **Connecting** through war stories and active listening
- **Exploring** the attitudes, beliefs and behaviors dictated by the culture of incarceration through script theory
- **Changing** by challenging incarceration scripts through the ABCD model

*Sample Sessions* provides a structure to help RAP group facilitators plan for sessions. These materials are supplemented by more information about Re-Entry Themes.

*Strategies & Techniques* provides additional guidance for using psychoeducation and cognitive behavioral techniques including "scripts" and the "ABCD model."

*Conducting the Group* provides fundamentals necessary to conduct a RAP group. It discusses facilitator qualifications, how to select group members and the logistics of getting started.

*Materials* provides a variety of templates for handouts, a group process note and additional topics for discussion.

*Resources* contains:
- Bibliography
- Web Sites
Since the 1970's, treatment for persons with serious mental illness has shifted from hospital settings to community settings. While living in the community allows persons with serious mental illnesses a much broader range of freedom, it also presents them with numerous challenges. The most significant challenges include the availability of street drugs, insufficient treatment services and few social supports. These and a variety of additional social factors have resulted in the incarceration of increasing numbers of persons with mental illness. As people with serious mental illnesses cycle through the justice system, the experience of incarceration leaves its mark. It has also become increasingly evident that both men and women with substance use disorders, particularly those with justice-system involvement, tend to have co-occurring mental illnesses, including trauma-related disorders.

The exposure to incarceration that justice-involved persons with mental illness or substance use disorders share frequently impacts their ability to work collaboratively with providers in the community. Enhancing treatment engagement improves the benefit the person receives from treatment, maximizes chances of program completion, and increases the likelihood of successful re-entry into the community and avoiding recidivism. A cultural approach to enhancing therapeutic engagement is also supported by best practice literature in the treatment of criminal offenders: the Risk, Needs, Responsivity model. This model calls for directing care decisions with attention to the risk level of the offender, targeting treatment toward the clinical needs associated with criminal behavior, and doing so in a way that is responsive to the person’s current condition, learning style, values and beliefs. Values and beliefs shaped by exposure to the correctional culture are exquisitely important to many of our clients. (Kennedy, 2000; Andrews & Bontz, 2010; Rotter & Carr, 2011; Rotter, 2010)

Upon entering correctional facilities, people must leave the lives they knew in the community behind, entering a new culture to which they must adapt. Adaptation to this culture is necessary for survival. Upon leaving jail and prison, people must readapt to the culture of the community and of therapeutic settings. In order for them to make this difficult transition and to achieve success in the community, they will need the assistance of culturally competent service providers; that is, providers who understand the culture of incarceration.

When people leave jail and prison they generally have limited awareness of the shifts in attitudes, beliefs and behaviors that will be necessary to successfully transition to therapeutic settings and the community. At the same time, few service providers understand the culture of incarceration and its impact on readjustment to the community. The SPECTRM Project seeks to narrow this cultural gap through research, education and treatment. This program, Re-entry After Prison/jail or RAP, presents a model for helping persons with serious mental illness and/or substance use disorders to relinquish those aspects of the culture of incarceration that interfere with their re-entry into the community, their adjustment to therapeutic settings and achieving their own personal goals.
Cultural Adaptation

The Culture of Correctional Facilities

Correctional facilities vary in structure and specific purposes. Stays range from short-term detention until trial to long-term sentences dictated by the courts. Correctional facilities are often given ratings according to the level of security provided – minimum, medium, maximum or even “super-max.” The physical structures range from converted schools or psychiatric hospitals to facilities specially designed and constructed for incarceration with maximum security. While each facility is unique in its specific purpose and structure, the social systems that develop within them have much in common.

As in any social system, incarceration facilities develop a culture. The culture of incarceration has its own values, attitudes, and beliefs. It develops a language, an economy, a range of lifestyles, hierarchies of power and a set of both formal and informal rules. Upon entering a correctional facility, the inmate must adapt to this culture in order to survive. The process of adaptation often requires keen skills of observation and a broad range of coping skills. The capacity to cope with the experience of incarceration is affected by the strengths, challenges and supports of each individual. Differences in capacity will vary depending upon:

- Specific mental illness
- Severity of the illness
- Current or past substance abuse
- Trauma history
- Character pathology
- Ethnic / cultural background
- Educational and/or work experiences
- Gender issues
- Family supports
- Supports in the community
- Supports within the facility
- Access to effective treatment

Adaptation

The process of adaptation requires understanding and adopting the appropriate attitudes, beliefs and behaviors – jail and prison survival skills. Within correctional facilities, there are two interdependent sets of rules: the official facility rules, conveyed and enforced by corrections officers and the informal code of behavior that develops among the inmates.

This “inmate code,” revolves around three primary themes:

- Respect (including issues of strength and weakness)
- Minding one’s own business
- Trust

Essentially, the code dictates that respect is imperative. It is equally important to give respect and to receive respect. Only the weak person does not demand respect, and weak individuals are often victimized. Polite behavior communicates respect.

The code also dictates that a person must “do his/her own time.” This means that the person should mind his/her own business. So, the individual should avoid staring, eavesdropping or showing interest in the lives of others (unless there are reciprocal agreements as in gangs). This code also instructs the inmate not to be an informant to guards, staff or other inmates (don’t snitch!). Association or conversations with guards will often give the impression of “talking to the police,” or “snitching” and should be avoided, yet as powerful as the directive not to snitch might seem, a system of informants does exist. In order to do your own time, the person must avoid
revealing personal information. Sharing any personal information can make an individual vulnerable, making it essential not to trust anyone.

The culture of incarceration also engenders loss of personal power, self-esteem, self-respect, and loss of control over personal destiny. Limitations in movement, personal space and privacy all require psycho-social adjustment. Social pressures from intimidation, gambling, extortion, drug trafficking and gang pressures create a pervasive atmosphere of threat that engenders fear and requires constant vigilance.

**Mental Illness and the Experience of Incarceration**

While the culture of jail and prison has an impact on all inmates, the stresses of correctional environments are experienced differently by those with mental illnesses. People with mental illness generally have a diminished capacity for coping and adaptation. They are seen as weak, and as a result, they are frequently victimized in prison. Victimization in prison or jail can take many forms. It may be as subtle as regularly having one's commissary stolen or becoming economically indebted by accepting gifts of cigarettes. In order to repay a debt, the person may be required to perform chores, accept blame for an infraction or even assault another inmate. Victimization may include physical or sexual abuse as well.

It is often assumed that persons with mental illness in prison or jail will be housed separately and protected from the general population. This is generally not the case. Persons with mental illness usually live in general population. In fact, persons with mental illness in prison frequently spend more time in disciplinary settings than those who do not have mental illness. This may be because they find it more difficult to negotiate the complex rules of the correctional facility, or it may be because they are saddled with blame for altercations between other inmates.

People with mental illnesses in jail or prison are at a distinct disadvantage. They must cope with a highly stressful environment, with few coping skills. However, adopting the culture of incarceration is the basis of survival.

**Returning to the Community**

When people leave correctional facilities and return to the community, they carry their culture, the culture of incarceration, with them. The adaptations made in jail and prison have become their survival skills. Upon returning to the community, frequently the attitudes, beliefs and behavior learned in jail and prison interfere with successful adjustment to therapeutic settings and the community. Former inmates enter therapeutic environments with values diametrically opposed to those of service providers. In correctional facilities one does not trust, keeps to oneself, and demands respect. In the therapeutic setting, people are expected to develop trust, interact and relate with others.

When providers are unaware of the culture of incarceration and its impact, they misinterpret behaviors that are held over from prison and jail. These behaviors are considered to be maladaptive, and they may be misconstrued as symptoms of the mental illness. When providers misinterpret the underlying reasons for behavior, they frequently devise “solutions” that are inappropriate or ineffective. For example, if the behavior is interpreted as a symptom, the attempted solution may be to consider medication or medication change. Clearly, if behavior is due to a cultural set, medications will not positively affect a solution.
Randall

Randall has been transferred from prison directly to a psychiatric hospital. His diagnosis is schizophrenia. His record indicates that he is stabilized on medications, but he needs supported housing, which is currently unavailable. Randall often sits by himself in one corner of the room where he can observe everyone, constantly scanning the room. He does not interact with others, tries to walk away when staff speak to him, and refuses to participate in group.

What is the underlying reason for Randall’s behavior?

**Standard Response:** Staff assume that Randall is experiencing paranoia and negative symptoms of depression. They recommend a medication evaluation.

**Cultural Considerations:** Staff may be correct that Randall is experiencing increased symptoms. However, given his recent history of incarceration, his vigilance may be a carry over from the necessary vigilance in prison – an environment of pervasive threat. His isolation is typical behavior for an inmate, particularly one that has a serious mental illness and is vulnerable. In prison, talking to people in authority is interpreted as snitching; snitching makes one vulnerable to retribution (snitches get stitches).

Substance abuse treatment providers may be prone to similar confusion in that there are many individuals in such programs with diagnosed or undiagnosed mental illnesses (including traumatic stress disorders). Another source of confusion for all providers is between cultural mal-adaptation and lack of motivation for recovery. For this provider, Randall’s refusal to participate may be seen as program resistance rather than an incarceration-based concern that sharing might be unsafe.

**Therapeutic Intervention**

In the above scenario, if Randall is merely acting as he has always acted to keep safe in prison, changing his medication will not alter his behavior. In fact, changing his medication may destabilize his symptoms if his current medication has proven to be effective. Therapeutic intervention may require acknowledging his background and helping Randall to recognize that he is in a hospital, not a prison. Randall probably needs help understanding that the cultural requirements in a hospital and in the community are different than those in prison. These are the kinds of interventions offered by the RAP program.

The table below summarizes some of the behaviors reflecting the transference of inmate code to therapeutic setting and typical responses of service providers who are unaware of the person’s cultural dilemma.
<table>
<thead>
<tr>
<th>Prison Code Cultural Dictates</th>
<th>Therapeutic Setting: Behaviors</th>
<th>Misinterpretation by Providers</th>
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<tbody>
<tr>
<td>Do your own time</td>
<td>Lack of involvement in treatment &amp; therapeutic activities</td>
<td>Resistance</td>
</tr>
<tr>
<td></td>
<td>Lack of involvement with staff &amp; other recipients</td>
<td>Depression</td>
</tr>
<tr>
<td>Don’t trust anyone</td>
<td>Does not speak to staff</td>
<td>Resistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paranoia</td>
</tr>
<tr>
<td>Don’t snitch</td>
<td></td>
<td>Respect</td>
</tr>
<tr>
<td>Respect</td>
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<td>Intimidation</td>
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<tr>
<td>Strength / Weakness</td>
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<td>Character pathology</td>
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<tr>
<td></td>
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<td>Denial; resistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paranoia</td>
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</table>

**Narrowing the Gap**

People with mental illness and/or substance use disorders who have cycled through the criminal justice system are forced to cope with incarceration, yet many are probably ill equipped to do so. They must find ways to cope with stress, adapt to an environment of pervasive threat and intimidation, and to negotiate complex sets of rules from the department of corrections as well as other inmates. Repeated or extended exposure to this type of culture will force them to learn behaviors and attitudes necessary for survival in the correctional system. Upon release from the culture of incarceration, these behaviors carry over into the community and therapeutic settings. While adaptive in prison, these behaviors interfere with adjustment and utilization of offered services.

Providers – clinicians, case managers, addictions counselors, residence counselors and others – are often unaware of the signs of the adjustment issues inherent in moving out of a correctional institution and back to the community. A clear gap exists between providers and consumers of services with a history of incarceration. This gap can be closed with changes on each side.

To establish a positive therapeutic alliance, providers must develop:
- Sensitivity to the experience of incarceration
- A willingness to listen and to ask the person about the experience of incarceration
- A more complete understanding of the person’s needs and behavior
- An awareness of the necessary adjustments in approach

The SPECTRM Project conducts professional education and training for providers as a means to achieve these objectives.

For persons with serious mental illness and/or substance use disorders to successfully re-adapt upon re-entry to the community from jail or prison, they must develop:
- An awareness of the impact of incarceration
- New skills for coping and adaptation
- A plan for recovery

The SPECTRM Project’s Re-entry After Prison/Jail - or RAP - therapeutic program provides a set of tools for service providers to help persons with serious mental illness and/or substance use disorders to achieve successful re-entry.
The Purpose of the RAP Program

RAP provides a framework and structure to assist people with serious mental illness and/or substance use disorders with Re-entry After Prison and jail. It helps people to successfully transition back to their communities, better utilize therapeutic services and strengthen recovery.

RAP is based in a cultural competence model. As discussed in The Clinical Impact of Doing Time, the attitudes, beliefs and behaviors acquired in the culture of incarceration can interfere with re-adaptation to the community and to therapeutic settings. RAP promotes cultural re-adaptation by challenging prison and jail attitudes and beliefs and by introducing new skills that will help individuals to achieve their own personal goals.

The program is based in two evidenced-based practices: psychoeducation and cognitive behavioral therapy. RAP group leaders teach participants (as well as facilitate members to teach each other) about the process of re-adaptation from the culture of incarceration back to the community and therapeutic settings. Group leaders also help participants to examine attitudes and beliefs learned in jail and prison and how this relates to their behavior. To help people relinquish behavior that interferes with readjustment and achieving personal goals, RAP uses elements from two cognitive behavioral therapies. It uses the “ABCD model” from the Rational Emotive Behavioral Therapy of Albert Ellis (Ellis & Grieger, 1977) and “script theory” from SilvanTomkins (Tompkins, 1987). RAP has adapted these approaches to help challenge and alter “jail” thinking and to promote positive behavior change.

RAP is designed to be used primarily in a group setting. The RAP group should be one component of an overall program of treatment and supportive services. RAP is targeted to one issue – a history of incarceration. By assisting with the challenges of cultural re-adaptation, RAP eases the re-entry process by enabling individuals to better use therapeutic and supportive services in their pursuit of recovery.

Three Tasks of Adaptation

The RAP program conceptualizes re-adaptation as a process comprising three tasks: Connecting, Exploring and Changing. These tasks are not necessarily sequential, but rather develop simultaneously. RAP guides individuals through this process. Group work is an ideal setting to Connect, Explore and Change. The group will develop cohesion and its members will develop insight and behavioral change in increments according to the capacities of its members and the unique qualities of each group.

Connecting

One of the most important opportunities in the RAP group is the chance to connect with others. Group members share common experiences in their incarceration and efforts to re-enter their communities. As they learn to readapt to society, it is often easier to first make connections with others who have similar histories. Connecting is a primary objective of the RAP group.
In the RAP program, learning to connect begins with telling stories about jail and prison experiences. Initially, these jail “war stories” do not touch on deeply personal issues, but rather tend to focus on common experiences. Nonetheless, telling stories is essential to beginning the process of connecting with others.

On the surface, it may sound as if the men swapping recipes were glamorizing their incarceration experience. However, for individuals who have for extended periods carefully distanced themselves from others, recounting stories of incarceration is the first step towards sharing with others and learning some basic trust. While telling a story begins as a one-sided communication, it eventually grows into conversation. Unlike in many substance abuse treatment programs, where counselors prohibit “war stories,” in the RAP group telling such stories is encouraged. In the drug-treatment program, war stories are avoided in order not to idealize the lifestyle. In the RAP group context, like the war veteran, the telling of stories is a mechanism to connect with others, and to establish a base for trust. Connecting is the initial step that leads to exploring and changing.

Story telling also serves as a kind of “debriefing.” Many people regard incarceration as a traumatic time in their lives. About 33 percent of men and 55 percent of women enter prison with histories of trauma. (National GAINS Center, 2006) Some former inmates were verbally or physically victimized in jail or prison, while others witnessed repeated acts of violence. The inmate code endorses isolation, much like the isolation of trauma victims. Like trauma survivors, telling stories of incarceration is a way to share the experience with others and serves to help people move beyond the trauma and forward in the process of re-adaptation.

Finally, connecting with others provides a pathway to rediscover one’s self-worth. By imprisoning people, society communicates that the “convict” has no value to the community and therefore he or she is removed from it. Many aspects of the incarceration experience are demeaning. Women returning to the community speak of “verbal beat-downs;” that is, verbal abuse used as a means of control. Family members sometimes cut off contact. Over time, the inmate’s sense of self-worth (however little that may be) is eroded. People who feel worthless often have difficulty forming relationships, keeping jobs, and re-establishing themselves in the community. In the RAP group, leaders can facilitate the process of connecting by encouraging positive interaction and promoting communication. RAP strategies (as seen in the above example), underscore the strength, resilience and worth of individual members.

The Riker’s Island Food Network: Swapping Recipes

Early in a RAP group session, Frank shared his struggle with staying sober since his arrest, incarceration, and subsequent hospitalization. He noted with pride that he had several years of clean time. “Big deal,” retorted a fellow group member, “you’ve been in jail the past six years.” Frank proceeded to defend the effort necessary for his sobriety and said, “Are you kidding. You can get anything you want in prison. I used to steal bread from the kitchen, put it in a container with water, cover it with a towel, and hide it under my bed. After a while, it turns into hootch.” George chimed in that while this was a good idea, he used to take pears from the mess hall, let them sit in water with some yeast, and tightly cover it for about one week. George claimed that his approach made a much better liquor. Raoul questioned the need for yeast stating that it was hard to get. Other group members took turns swapping their own recipes and debating the merits of each.
In making connections with others, RAP group members come to understand that whatever challenges they faced in jail and prison, remarkable strength was necessary to survive the experience; strength that can be tapped to become successful members of their respective communities.

Exploring

Another key objective of RAP is to help individuals to explore the patterns of thoughts and behavior learned during incarceration and how these patterns hinder or help them in their life in the community. Early in the RAP program, it is important to begin to compare life "inside" jail/prison with life out in the community. Often men and women are not even aware how completely they have adapted to incarceration, the extent to which they have adopted a new culture, or that they have learned to think and behave according to the rules of that culture. These adaptations become so basic to survival, that when people leave incarceration and return to the community, they automatically act and react according to the rules they have learned. This can interfere with re-adaptation and successful re-entry. RAP helps people to explore the differences between the rules and behavior learned in prison with those of life in the community.

Of course, a key aspect of life after prison for individuals with mental illness and/or substance use disorders is their involvement in therapeutic services. People who have been incarcerated for extended periods often respond to a therapeutic setting as if it is an extension of their sentence. These individuals complain that the hospital or program is no different than jail/prison. Certain environmental cues can compound this thinking. For example, in some psychiatric hospitals heavy doors bang and those in authority have rings of keys, very much like a prison setting. These attitudes can be seen in how they refer to the program or hospital using inmate jargon, equating services as mandates and “getting through” as the only reason for participation. When people try to “run out the clock” (count the days until release) as they did in jail/prison, they fail to utilize the therapeutic services offered and miss an important opportunity to enhance their recovery.

Psycho-education

Psycho-education is a strategy to facilitate the task of Exploring. It involves teaching people about their illnesses or disorders and the issues that can impact on recovery. Teaching people with histories of incarceration about the principles of cultural adaptation provides a framework to better understand the differences between the incarceration and clinical program environments. RAP also teaches the principles of script theory and the ABCD approach to help with problem solving (used in the task of Changing). In a RAP group, the education begins with the invitation to join and with establishing the purpose of the group in the first session.

Groups often begin with a discussion comparing jail and prison with therapeutic settings, and they come back to this topic from time to time. These discussions will often note the similarities

This Is a Hospital, Not a Prison

Stephan wants to get out of the hospital. He complains, “I’ve been here for two months! All I did at home was break a chair! And it has been at least two weeks since I’ve done anything wrong. It’s time for you to let me out? Why am I still here?”
between the environments. The table below summarizes questions and issues that are often part of that discussion. (A handout is available in the Materials section.)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Jail / Prison</th>
<th>Hospital / Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of stay:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why are people here?</td>
<td>To be punished</td>
<td>To get help</td>
</tr>
<tr>
<td>Locked environment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why are the doors locked?</td>
<td>To keep people in … so they don’t hurt anyone in the community</td>
<td>To keep people safe</td>
</tr>
<tr>
<td>Peers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who do you live with?</td>
<td>Other convicts</td>
<td>Other people who need help</td>
</tr>
<tr>
<td>Release or discharge:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who determines release/discharge?</td>
<td>Judge and parole board</td>
<td>Determined by doctors with input from other staff</td>
</tr>
<tr>
<td>What determines getting out?</td>
<td>Specific: Release date and “good time”</td>
<td>Dependent upon judgment:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Participation in treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Progress in program/recovery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- No behavioral incidents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Availability and ability to use services and supports beyond the hospital/program</td>
</tr>
<tr>
<td>Staff:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What does it mean when you talk to staff?</td>
<td>Talking to corrections officers can be seen as “snitching”</td>
<td>Talking with staff is necessary to make progress in recovery and to meet requirements of the program</td>
</tr>
</tbody>
</table>

While there are similarities between the two environments, this is not a prison or a jail. We are here to help, so you can get to where you want to be!

Individuals will often bring issues to the group that demonstrate that they continue to hold on to learned attitudes and beliefs, behave according to prison/jail rules and react to cues in the
therapeutic environment that are reminiscent of the incarceration experience. These are opportunities for group leaders (and veteran group members) to teach about relinquishing the inmate code and readapting to life in the community.

Exploring Using Script Theory

Script theory was developed by Silvan Tompkins. RAP uses this approach, adapting it to help people explore the patterns of thoughts and behavior held over from prison life.

Scripts are defined as learned patterns of thoughts and behavior. People learn how to think and behave by observing others in their environment and mimicking them. The person then repeats these behaviors and over time, the behaviors become habitual. The behaviors become set, like a script in a movie. Often these behaviors become so automatic that people are no longer aware of them. Behaving according to scripts is very common. It is only when scripts become inflexible or when they are used in the wrong setting that they become problematic. RAP helps people to identify prison/jail scripts, and when these scripts become maladaptive.

Introduce the Concept of Scripts

The first step is to introduce the concept of scripts:

- Scripts are habits, or learned patterns of thoughts and behavior
- They are influenced by family beliefs, religion, and aspects of culture
- People learn scripts in a variety of places: home, neighborhoods, places of worship, school, work, or “in the street”

It is important to understand that scripts are often associated with a specific environment or situation. For example, a person may behave one way at home and another in school. When people find themselves in new situations or environment, they try to adapt, that is, they try to figure out the appropriate behaviors or scripts. People do this by carefully observing others and asking questions.

Mismatched Dinner Companions

The staff and clients of a treatment program went on a picnic in the park. Program staff were serving up fried chicken, potato salad and greens. Eugene had served ten years in prison, he was on parole and new to the program. He approached the line, took a plate, a spoon and a drink. Once he was served, he moved away from the others and sat alone at a picnic table. A staff person saw him, so she took her plate and went to sit with him. She tried to engage Eugene in a conversation. Each time she posed a question to Eugene, he would put down his spoon, look up and respond to the question with as few words as possible. He would then try to resume his meal. After many attempts, the staff eventually gave up and left him alone.

Discuss Concrete Examples

Learning about scripts is best done by asking the group to help provide examples. Tasks:

- Illicit a simple example from the group
- Compare it to a similar setting
- Discuss possible problems in using a script in the wrong setting
- Finally, compare the “everyday/anyplace” script with a similar jail/prison script
- Discuss using the jail/prison script in the wrong setting
Examples for Exploring With Scripts

What is the typical “script” for eating at a café, diner, or classic restaurant?

- There is usually someone to greet customers, direct them to a seat and to offer a menu
- The individuals select their choices and a waiter or waitress takes the customers’ orders
- The waiter or waitress brings the drink and food to the table
- Individuals eat at their own pace and generally have a conversation during the meal
- The waiter or waitress returns to see if the people would like anything else (such as dessert or coffee) and later brings a bill
- The restaurant staff clean up after the customers leave

How does this compare with eating at a fast-food restaurant?

- Customers first go to a counter to place their orders
- They get their own food and drink
- Then they select where they choose to sit and probably talk while eating
- If they want more, they go to the counter to purchase additional items
- They are expected to clean up after themselves

Discussion: What would happen if someone went to a fast-food restaurant and used classic restaurant behaviors?

What is the script for eating in the prison mess hall?

- Inmates stand in line and take a tray and a spoon
- They receive a plate of food and a drink
- They take a seat at a table
- There is little conversation
- The inmates eat their food and respectfully excuse themselves when they leave the table
- Each person cleans up after him/herself

Process the discussion. Help group members to examine their own behavior.

- Has anyone noticed that they treat the (cafeteria, lunch room, dining hall) … like a prison mess hall?
- Do you eat like you did in prison?
- Has this posed a problem for you?
- Is this behavior that should change?

Applying Scripts

After teaching about scripts, group leaders will help members explore how minor mishaps can be traced back to prison scripts. Many can be helped to return to earlier scripts, learned before prison. As trust builds in the group, more significant issues can be tackled. (See Strategies & Techniques for a more in-depth discussion about scripts.)
Changing

RAP strategies to promote Changing build on the connecting that happens through war stories and the new awareness of attitudes and behavior gained through exploring the prison/jail culture through script theory. The next step is to recognize how prison/jail attitudes and beliefs affect behavior and to develop alternate behaviors that avoid negative consequences and facilitate achieving personal goals.

Motivation for change often begins with a desire to avoid negative consequences. RAP provides opportunities and techniques to help each person change in ways that promote achievement of personal goals and successful recovery. It is a safe forum to practice new ways of thinking and behaving. These new responses must be practiced repeatedly in order to replace the old patterns. Once again, a key topic is to change how the person adjusts to the therapeutic setting and uses the services offered.

RAP has adapted the “ABCD model” of Rational Emotive Therapy (RET) as a tool to promote Changing. Strategies emphasize addressing adaptive and maladaptive responses to each person’s current environment. Real life examples are a mainstay.

Changing with ABCD

The RET ABCD model is a structure to help people identify the scripts that no longer work and to learn new ways of thinking and behaving. The method involves helping people to identify the activating events (A) to which they have strong emotional responses and the thoughts or beliefs (B) associated with these activating events. This is followed by helping people to examine how they act in response to those beliefs, or the conclusions (C). Finally, it challenges these beliefs through disputation (D).

In a similar way, RAP helps people to abandon old prison/jail scripts that have become core beliefs about how the world works and how to interact with others. It helps them look at behavior that is based in jail and prison scripts (behavior that is based in attitudes and beliefs based in the “inmate code”), determine if that behavior works for them, and develop alternate beliefs and behaviors.

<table>
<thead>
<tr>
<th>The ABCD Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong> = Activating event</td>
</tr>
<tr>
<td><strong>B</strong> = Beliefs</td>
</tr>
<tr>
<td><strong>C</strong> = Conclusions</td>
</tr>
<tr>
<td><strong>D</strong> = Disputation</td>
</tr>
</tbody>
</table>
Review Script Theory

Facilitators should review script theory with the group and reiterate that people can change their behavior by changing their beliefs. The facilitators can then introduce the group to “ABC” part of the model. The group can practice the technique using contrived (but relevant) situations. Using the ABC’s of the model, the group can explore how patterns of thinking can affect behavior. Later the group will apply the model to real situations in the lives of the group members. Facilitators will help group members to:

- Identify the activating event and conclusions (jail/prison behavior)
- Identify the jail/prison belief that led to the behavior
- Challenge the belief
- Explore how the person may behave differently, when they think differently about the event

How ABC Works

John meets up with some old friends who invite him to play hoops. He enjoys spending the evening with old friends.

<table>
<thead>
<tr>
<th>A</th>
<th>Activating event</th>
<th>Invitation is offered to play hoops</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Beliefs</td>
<td>This is good, I miss having some care-free fun</td>
</tr>
<tr>
<td>C</td>
<td>Conclusion</td>
<td>Play hoops, reconnect with old friends, possibly see more</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of each other</td>
</tr>
</tbody>
</table>

Applying ABC

Joachim left prison and went directly to a psychiatric hospital. In the day room, the television is on at a very loud volume. Joachim asks Federico to turn down the volume, but Federico ignores him. Joachim interprets this behavior as disrespectful, becomes angry and threatens Federico.

<table>
<thead>
<tr>
<th>A</th>
<th>Activating event</th>
<th>Federico ignores Joachim</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Beliefs</td>
<td>Joachim feels disrespected and becomes angry</td>
</tr>
<tr>
<td>C</td>
<td>Conclusion</td>
<td>Joachim threatens Federico</td>
</tr>
</tbody>
</table>

Disputation

The facilitators guide the group to consider a different underlying reason for Federico’s behavior. The group is asked, “Could there be another reason why Federico ignored Joachim other than to be disrespectful.” The facilitator then looks for responses such as:

- Federico does not hear well
- Federico is very ill and listening to the voices in his head and therefore does not hear Joachim
- Federico is experiencing sedating side effects from medication and is “tuned out”

After considering the alternate “beliefs,” the group then considers the various possible behavioral responses (or “conclusion”).

- If a person cannot hear you, what would you do? (e.g. simply raise your voice or try to get his attention in another way)
- If the person is ill, what would you do? (e.g. leave him be and just adjust the volume yourself)
- If the person is over-sedated, what would you do?
After providing some sample situations of using jail/prison scripts in ways that may not work, facilitators can elicit real situations from the group. (See Strategies & Techniques, The ABCD Model for more detailed instructions for using this model.)

The Process

These three processes – Connecting, Exploring and Changing – occur on a variety of levels. In each session, group members may connect to the other individuals in the group, to the group facilitators and to the group itself. Over time, they will learn how to transfer this skill to other situations, connecting to other people. In each session, individuals will explore new ideas and new approaches. As the group process develops, group members will spend more time exploring new ideas and less on connecting. Within each group session, individuals will make changes. Initially, these changes may appear to be very small, but the first changes are always the most difficult ones. In time, the focus will shift from tentative exploration of ideas and shift to determined efforts to change.
As discussed in Part 1, people re-entering the community and returning to therapeutic settings from jail and prison are faced with cultural re-adaptation. RAP helps them to identify the attitudes, beliefs and behaviors that reflect the inmate code and to explore how these aspects of culture can be maladaptive in the community. RAP helps participants to:

- Identify jail thinking and behavior, that is, the inmate code
- Recognize the problems associated with the inmate code in therapeutic settings and the community
- Replace “jail” thinking and behavior with new skills for problem solving, coping and adaptation

Jail and prison cultural adaptations emerge as themes. To become “culturally competent” in working with people with histories of incarceration, it is necessary to be aware of these themes and how they facilitate adaptation during incarceration. Some of these re-entry themes are described below.

Key Themes

There are many jail and prison phrases used to describe the key themes of the culture of incarceration. These include “doing your own time,” “respect,” and “snitches get stitches.” These beliefs are often enforced through another belief, that “intimidation” is necessary to remain safe. The culture of incarceration clearly dictates that jail and prison are very dangerous places that require “vigilance.” When people leave jail and prison, particularly if they transition through a hospital or other treatment program, they continue to act as if they are still in jail and that the therapeutic setting is simply a continuation of their “bid” or sentence.

Do Your Own Time

One of the most powerful codes of prison and jail, “do your own time” means that the person should mind his own business, be self-reliant and should ignore the actions of others. This is sometimes referred to as “seeing without seeing.” Minding ones business is a key survival skill in jail and prison. Individuals that become involved with others in any way can make themselves vulnerable. If other inmates are involved in any illegal behavior or rule infraction, one is expected to look the other way. In the same respect, if one individual comes to another’s aid or support, he or she may incur that individual’s debts or enemies.

Therapeutic settings expect individuals to interact with peers, share, offer feedback and develop relationships. All of these therapeutic directives are counter to the theme of “doing your own time” within the culture of incarceration.

RAP Goals
The long-term goal is for group members to learn ways to feel safe, connect with others and utilize therapeutic services.
Respect

Prison and jail are environments where people feel that their dignity has been stripped away. In order to retain some semblance of dignity and self-respect, inmates develop a strong (if not exaggerated) value for respect, particularly from one another. Persons who are not accorded respect are seen by others as weak, and these weak individuals are often victimized. Inmates report that in prison, everyone is very polite. The smallest accident can be interpreted as a provocation. Even when the person is clear that the other person’s intentions were not provocative, it is essential that others do not perceive that he has allowed someone to act disrespectfully towards him (because this in turn implies that he is weak). The issue of respect often becomes an issue in therapeutic settings. Individuals whose symptoms of mental illness are not well controlled will often behave in ways that are interpreted as disrespectful by former inmates, causing conflict.

RAP Goals
The long-term goal is for group members to gain perspective about legitimate expectations of respect and to relinquish behaviors associated with jail/prison demands for respect.

Snitches Get Stitches

In jail and prison, snitching is considered a serious offense and can be very dangerous. Any communication with staff is considered snitching. In prison, snitching is punished by cutting or some other violent assault. Inmates learn that it is dangerous to offer any information about other people. This belief is evidenced in “stonewalling.” This refers to keeping information from provider staff and others. Refusing to provide any information protects against the risk of being seen as a snitch. This self-protective behavior is often misinterpreted as a lack of cooperation in therapeutic settings.

RAP Goals
The long-term goal is for group members to relinquish beliefs that talking with staff is equivalent to “snitching,” which would incur dangerous consequences.

Intimidation

In jail and prison, it is essential to display strength and not to show any signs of weakness. Inmates mask emotions, especially fear. Tests of strength come in the form of a willingness and ability to fight. Since threat is pervasive in the milieu of jail and prison, intimidating and threatening behavior is often a form of pre-emptive self-protection – it communicates “don’t mess with me.” Intimidation also serves as a way to demand respect. Intimidation (threat or menacing) behaviors include verbal threats (sometimes referred to as “wolfing”), physical gestures (posing) and (cliquing) grouping with others in a gang-like manner for self-protection. It is important for providers to understand the cultural context of intimidation, rather than to see it as simple aggression.

RAP Goals
The long-term goal is for group members to relinquish the use of intimidation as a mechanism of maintaining safety and garnering respect, to avoid sanctions and other negative consequences associated with these behaviors.
Trust

Trust is a powerful issue for many people leaving prison, but particularly those with mental illness whose symptoms can make trust even more difficult. Difficulty with trust is also a feature of individuals with histories of trauma. In addition, the culture of incarceration dictates that trusting another person can make one vulnerable, and can be very dangerous. It is very difficult for a person returning to the community and therapeutic settings to believe that anyone is concerned with his best interests.

One indicator of distrust is manipulation. The term “manipulation” generally means to exert influence on other people for personal gain. It sometimes requires the person to be more or less dishonest in representing him or herself. Manipulation is a survival skill that protects the individual while exacting some cost to others. Reliance on manipulation may stem from lack of trust and interferes with the cooperation expected in therapeutic settings.

**RAP Goals**
The long-term goal is for group members to develop sufficient trust to begin to connect with others and to utilize the therapeutic services offered in the hospital/program.

Vigilance

Prison has a pervasive atmosphere of threat. Survival requires that people maintain vigilance. When people return to therapeutic settings and the community, they may have difficulty relinquishing this vigilance, particularly if they are very anxious and find coping with daily life difficult. Extreme vigilance may be a sign of post-traumatic stress disorder or may be confused with paranoia, but it is often a hold over from the jail/prison experience.

**RAP Goals**
The long-term goal is for group members to develop sufficient sense of safety that they can relinquish exaggerated vigilance.

Bid

People who have been incarcerated for extended periods of time often respond to the program as if it were an extension of their sentence or “bid.” They refer to the program and activities with jail/prison language, equate the program with a mandate, and participant only to get through what are seen as requirements. Environmental cues such as banging of locked doors, rings of keys jangling, having to respond to individuals in authority are reminiscent of the incarceration environment and can trigger “jail / prison” behavior. When people try to “run out the clock,” expecting that they will be released at some predetermined time like a jail sentence, they lose an important opportunity to make use of the therapeutic services provided.

**RAP Goals**
The long-term goal is to help group members derive maximum benefit from therapeutic services (hospitals and programs).
Additional Re-entry Themes

In addition to the key themes, many other common themes emerge that reflect jail and prison thinking and behavior. There is a great deal of overlap among these themes.

Freedom

Persons who were recently incarcerated will often see therapeutic settings as restricting their freedom (as in prison or jail), and will frequently want to know how long they must remain in treatment. It is understandable that they crave freedom, however, they will often confuse any rules or structure with limitations on their freedom. The many issues around rules, roles and limits are incorporated into this theme. Discussions about freedom will overlap with discussions of environments because rules and limits often change with the environment. Complaints that the conditions of parole or probation restrict freedom are also common.

RAP Goals
The long-term goal is for group members to recognize that rules serve important purposes, and they are necessary to provide structure; and that the rules and the structure of the program do not make the program the same as prison or jail.

Isolation

A successful survival technique for many people in prison or jail is simply to avoid being noticed. While “laying low” is a skill in jail/prison, in therapeutic settings this behavior is seen as “isolating.” In turn, “isolating” can be interpreted as a symptom of mental illness or a lack of cooperation. In addition, the self-reliance necessary to follow the inmate code of “doing your own time,” often results in a profound sense of isolation in many people.

RAP Goals
The long-term goals are for group members to recognize that “laying low” is no longer necessary, to take an active role in the therapeutic services offered, and to begin to connect with other group members, facilitators and program staff.

Medication Makes You Weak

People with serious mental illness resist taking medication for many reasons. Some people deny their illnesses, others are reluctant to rely on medication for their well-being. Others refuse medication, preferring street drugs. In prison, people who take medication are tagged as weak. In addition, many medications are sedating and make it difficult to maintain vigilance against attack. These issues compound one another and will affect the person’s willingness to take medication. Some individuals will be mandated to accept medication as part of mandated treatment, often raising issues discussed under the theme of “freedom.” Providers can help individuals to evaluate whether the use of medication continues to place them at risk, or if it might serve to further recovery.

RAP Goals
The long-term goal is the acceptance of medication as a means of managing mental illness. In time, members will begin to:

- Recognize the potential benefits of taking medication.
- Recognize that taking medication is not a sign of weakness.
- Be able to weigh the potential benefits with the disadvantages of taking medication.
- Begin to take an active role in decisions about medications.
- Recognize the consequences of refusing medication if this is a part of mandated treatment, parole or probation conditions.

**Strength**

Closely related to issues of respect are issues around strength and weakness. The strong survive, while the weak are victimized in one way or another. From the outset, new inmates may be provoked by others to determine if they are willing to fight; looking tough may be the best way to avoid trouble. However in the therapeutic setting, such demonstrations of strength are regarded as threatening or intimidating behaviors.

Within the culture of incarceration, any sign of physical, emotional or mental weakness makes the person vulnerable. Ideally, all emotions are kept in check (particularly fear, sadness, anxiety, missing ones family or even positive feeling such as joy over a child’s accomplishment) and no personal information is revealed. In the same regard, many who could benefit from mental health services will refuse such services because having a mental illness defines a person as weak. This need for self-reliance can be misinterpreted by provider staff as character pathology, resistance, refusal to participate in therapeutic activities, psychiatric decompensation, overt aggression or a pre-cursor to actual violence. It can be very frustrating for helping professionals whose clients do not appear to want their help.

**RAP Goals**

The long-term goal is for group members to redefine strength and weakness, to learn new ways of self-protection and to gain respect of others without use of aggression; and to be able to move beyond self-reliance and accept help from others.

**Other Challenges of Re-entry**

In addition to relinquishing the inmate code and developing new (or rediscovering old) beliefs and behavior, there are some additional challenges that people face in returning to the community. These also emerge as themes.

**Stigma**

People with mental illness and/or substance use disorders face layer upon layer of stigma from society. A history of incarceration further stigmatizes the person in the community and in therapeutic settings. Stigma can create or exacerbate many obstacles to returning to community life and engagement in therapeutic services.

**Loss/Grief**

Incarceration results in multiple losses. People lose not only their freedom, but friends, family, community, and possessions. The normal process of grief is sometimes confused with depression, and, in fact, grief may trigger symptoms of depression. Providers should recognize this distinction and help individuals to resolve their grief. At re-entry, people become acutely aware of how much time was “lost” and fearful about the many difficulties and challenges of
starting over. It is essential to identify the many challenges of re-entry, including cultural re-adaptation.

Trauma

Over thirty percent of men and over fifty percent of women who are incarcerated report histories of physical and sexual abuse prior to incarceration (xxxx, xxxx). Many are victimized in jail or prison. Many others are psychologically traumatized by the incarceration experience. When trauma is not identified in the therapeutic setting and treated, it can interfere with recovery. RAP helps people to understand the impact of trauma and the role it can play in how people think and behave. It prepares and encourages them to pursue trauma-specific treatment if necessary.

Guilt

Many people engage in behaviors in prison that are counter to their values. These may include aggression against others, lack of action to protect the weak, or being psychologically or physically victimized. Upon release, guilt for these behaviors begins to emerge. People may also feel guilt for not being available to children, parents, partners, or other family. This guilt is often deeply hidden, but it can interfere with recovery. Note that there can be significant overlap in feelings of guilt with experiences of trauma. RAP helps group members to recognize how guilt can disrupt relationships and threaten recovery. In time, they should learn to relinquish guilt for past experiences in prison.

Summary

The themes described here reflect the culture of incarceration. As facilitators become “culturally competent,” they may identify additional themes. Through strategies of Connecting, Exploring and Changing, RAP helps people recognize the themes of the culture of incarceration, that the “inmate code” can dictate behavior, and that jail/prison behavior can interfere with successful re-entry, recovery, and achievement of personal goals.
SAMPLE SESSIONS

RAP is designed as a structured, yet flexible and responsive intervention. The structure is necessary to ensure a controlled, safe and supportive environment for sharing challenging and traumatic experiences. The structure also ensures that the critical elements of RAP are covered; that the learning, shifts in thinking and changes in behavior necessary for re-adaptation to take place.

In order to be responsive to the needs of the group, RAP does not offer a prescribed course or series of topics. Therefore, group leaders must structure each session. At the same time, group leaders should maintain an awareness of the overall progress of the group. This section provides some samples to give group leaders a sense of how sessions can be structured.

Getting Started

Beginning Each Session

Each session should begin with the following:

- Greetings
- Introduction of any new members
- Review of the purpose and content of the group
- A brief recap of the previous session
- An invitation to follow-up on the previous discussion

Early in the life of the group, leaders will make the introductions and provide reminders. As the group develops, these tasks should be relegated to group members.

Session Content

Again, early in the life of the group, leaders will direct the content of the group. As the group develops, group leaders should encourage members to provide the content for discussion. Member-generated content should be processed within the framework of connecting, exploring and changing. (See Sample Sessions below.) The group’s readiness will determine the focus of a given session. In time, group members will be sufficiently connected to move on to exploring and changing.

In the absence of a relevant issue or experience raised by a member, the group leader may introduce a topic. Group leaders should track the progress of connecting, exploring and changing and direct the discussion according to the needs of the group. In the Materials section, see the sample RAP Group Progress Note template for documenting the topics and issues discussed in the group, the interventions employed and the group’s progress in the process of re-adaptation.
Sample First Session

Introducing RAP

At the beginning of the group and at the beginning of each session, group facilitators should introduce the group.
- We have a group for people who have been in jail and/or prison because incarceration often changes people
- Some of those changes can get in the way of successful life in the community
- In jail or prison, people learn to negotiate and to adapt; they figure out how to get by
- Some of the ways individuals protect or take care of themselves in jail/prison, ensure their survival
- These include changes in attitudes, beliefs and behaviors
- Yet these jail/prison survival strategies can actually get in the way once they get out
- Back in the community, some of these attitudes, beliefs and behaviors can prevent people from meeting their own goals and making it in the community

Confidentiality

Establishing confidentiality is important in any group therapy. In a RAP group, it deserves more extensive discussion given the trust issues that are inherent in the cultural challenge. In the first session, confidentiality and the limits of confidentiality (e.g. to ensure safety) need to be addressed explicitly.

Establishing a Connection

Knowledge of Jail and Prison Environments

It is often helpful for group leaders to demonstrate some knowledge of jail and prison experiences.

- Offer a specific example of a behavior that works in prison/jail
  - Let me give you an example
  - When a person is in prison or jail, he or she may develop a “look”
  - This look may say, “If you mess with me, there are going to be serious consequences”
  - The “look” keeps people at a safe distance
- Offer for a comparison an example of how that same behavior might not work
  - In this program, having a tough look has an even stronger effect; it can scare away the very people who are here to help you!
  - Staff may have no idea about what it is like in jail/prison or how dangerous it can be
  - They only know that you are looking pretty tough and menacing
  - When people act in a threatening or aggressive way in the program, it can result in consequences; (group leaders may choose to refer to agency guidelines for discipline or successful program completion)

Jail & Prison Language

- The examples offered use specific language that may include local slang
- Group facilitators should of course, use their own words
- Only use jail and prison slang with which you are very familiar
Purpose of the Group

Clearly state the primary purposes of the group, that is, “what we do in this group."

- Talk about prison and jail experiences
- Examine attitudes, beliefs and behaviors acquired during incarceration
- Determine if “jail behaviors” are interfering with personal goals
- Learn new ways to think and act that will help people to keep out of jail/prison, achieve personal goals, and pursue recovery
## Sample Session Format – Connecting

<table>
<thead>
<tr>
<th>Content</th>
<th>Sharing of common experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal</td>
<td>To develop group cohesiveness, initial trust, opportunities for debriefing, rediscovering self-worth</td>
</tr>
<tr>
<td>Method</td>
<td>Active listening; sharing stories</td>
</tr>
<tr>
<td>Example</td>
<td>The Riker’s Island Food Network: Swapping Recipes</td>
</tr>
</tbody>
</table>

Early in the session, Frank shared his struggle with staying sober since his arrest, incarceration and subsequent hospitalization. He noted, with pride, that he had several years of clean time. Big deal, retorted a fellow group member, who pointed out that Frank had been incarcerated for the past 6 years. Are you kidding, Frank replied. You can get anything you want in prison. In fact, Frank explained, he used to steal bread from the kitchen, put it under his bed with some water, cover it with a towel and wait for the liquid to ferment into liquor. George chimed in that that was a good idea, but what he used to do was to take the pears from the mess hall and let them sit in water with some yeast, tightly cover for approximately 1 week and then enjoy his cell-made hootch. Raoul questioned the need for yeast stating that it was hard to get and then all members took turns swapping recipes and debating the merits of each.

The group leader ended the session, noting that clearly resourcefulness, creativity and self-reliance were an important element for many members of the group in surviving the incarceration experience.
<table>
<thead>
<tr>
<th>Connecting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step</strong></td>
</tr>
</tbody>
</table>
| **Greeting** | ▪ Welcome to the RAP Group  
▪ Reiterate purpose of the group  
  o Invite veteran member to describe  
  o This the SPECTRM RAP group in which we discuss our  
  prison or jail experiences and how they may or may not  
  affect us here at *insert program name* and in the community |
| **Introduce new members** | ▪ (Option 1) Leader can introduce a new member  
  o Can you tell the group your first name  
  o Welcome to the RAP group  
▪ (Option 2) Ask new members to introduce themselves |
| **Check in** | ▪ How is everybody  
▪ Who has something to discuss in group today?  
  o Begin with a simple inventory before starting into the content |
| **Where to Start:**  
**Member Directed Content** | ▪ Any pressing issues  
  o While it is good to follow up with any “unfinished business,”  
  this can be tabled for any pressing issues  
▪ Previous session follow up  
  o If there are no pressing issues, begin with a summary of the  
  last group and where the discussion left off  
  o Determine if any additional discussion is necessary on this  
  topic  
  o Next determine if the group should begin here or if a new  
  situation takes priority  
  o The conversation can be continued by inquiring about similar  
  issues to those discussed in the previous session, or move  
  on to new situations  
▪ New situations  
  o Encourage discussion of any new situations |
| **Leader Directed Content** | Engage members in a conversation:  
▪ Where were you incarcerated?  
▪ What was it like there?  
▪ What has it been like here for you? |
| **Focus of the Session** | ▪ The group leader must decide if it is best to keep the focus on  
  *connecting*  
▪ Generally, keep the focus on connecting when most members  
  are new to the group  
▪ If the opportunity is presented, the group leader may move on to  
  *exploring or changing* |
<table>
<thead>
<tr>
<th>Sample Session Format – Exploring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
</tr>
<tr>
<td><strong>Goal</strong></td>
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<tr>
<td><strong>Method</strong></td>
</tr>
<tr>
<td><strong>Example</strong></td>
</tr>
<tr>
<td>Step</td>
</tr>
<tr>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Greeting</strong></td>
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<td></td>
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<tr>
<td><strong>Introduce new members</strong></td>
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<tr>
<td><strong>Check in</strong></td>
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<td></td>
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<tr>
<td><strong>Psychoeducation</strong></td>
</tr>
<tr>
<td>Leader Directed Content</td>
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<tr>
<td></td>
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<td></td>
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<tr>
<td><strong>Script Theory</strong></td>
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<tr>
<td>Leader Directed Content</td>
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<td></td>
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<td></td>
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<tr>
<td><strong>Script Theory</strong></td>
</tr>
<tr>
<td>Member Directed Content</td>
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<tr>
<td><strong>Focus of the Session</strong></td>
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<td></td>
</tr>
</tbody>
</table>
## Sample Session Format – *Changing*

<table>
<thead>
<tr>
<th><strong>Content</strong></th>
<th>Challenges and experiences in therapeutic settings and the community (home, job, school, relationships)</th>
</tr>
</thead>
</table>
| **Goal**    | ▪ Recognize consequences  
▪ Become flexible in responses  
▪ Develop more effective, culturally appropriate alternative behaviors |
<p>| <strong>Method</strong>  | ABCD Model |
| <strong>Example</strong> | Group members are fit to be tied. They were concerned that two members of the group had been locked in all weekend as a result of a fight that began on Friday evening in the day room. It began quietly enough with a disagreement in the day room. They had all been enjoying the baseball playoff game, when one of the group members proceeded to sit right in front of the television blocking another’s view. Verbal complaints quickly escalated into a physical altercation between the two. Staff was called to intervene, and when things calmed down, each participant was interviewed. Each blamed the other and each was instructed to call staff for help should this event recur. No one in the group thought that made sense. |</p>
<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
</tr>
</thead>
</table>
| Greeting           | ▪ Welcome to the RAP Group  
                   | ▪ Reiterate purpose of the group  
                   |   ▪ Invite veteran member to describe  
                   |   ▪ This the SPECTRM RAP group in which we discuss our prison or jail experiences and how they may or may not affect us here at insert program name and in the community |
| Introduce new members | ▪ (Option 1) Leader can introduce a new member  
                   |   ▪ Welcome to RAP group, can you tell the group your first name  
                   | ▪ (Option 2) Ask new members to introduce themselves |
| Check in           | ▪ How is everybody?  
                   | ▪ Who has something to discuss in group today?  
                   |   ▪ Begin with a simple inventory before starting into the content  
                   | ▪ Any pressing issues  
                   | ▪ Previous session follow up |
| Leader Directed Content | Changing sessions should focus on Member-Directed Content |
| Member Directed Content | Discussion/Activity: Apply the ABCD Model, helping group members to identify alternate behaviors.  
                   | ▪ What’s the script? *(The analogous situation in a prison/jail setting)*  
                   |   ▪ Example: Don’t talk to staff  
                   | ▪ What’s the activating event?  
                   |   ▪ Example: The person sits blocking others’ view  
                   | ▪ What is/are the belief(s)?  
                   |   ▪ Example:  
                   |     ▪ He is being disrespectful  
                   |     ▪ Show strength  
                   |     ▪ Handle it yourself; don’t snitch, don’t talk to staff  
                   | ▪ What is the conclusion? How does the person act as a result of the above belief? How is it problematic?  
                   |   ▪ Example: Physical altercation, loss of privileges  
                   | ▪ What’s the disputation? How else might one think it? What other beliefs/behaviors are possible?  
                   |   ▪ Example:  
                   |     ▪ Staff is here to help resolve disputes  
                   |     ▪ Asking for help is not “snitching”  
                   |     ▪ Asking for help is not a sign of weakness  
<p>| Focus of Session   | ▪ Group leader must decide to keep the focus on changing or to shift to connecting or exploring |</p>
<table>
<thead>
<tr>
<th><strong>Sample Session Format – All in One</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Content</strong></td>
</tr>
</tbody>
</table>
| **Goal**                             | Connect with others  
Explore prison/jail thinking and behavior  
Develop more effective, culturally appropriate alternative behaviors |
| **Method**                           | Active listening  
Psychoeducation  
ABCD Model |
| **Example**                          | Several group members are aware that another member Charles is seriously planning a suicide attempt. The hospital staff is completely unaware of this plan. Charles makes an attempt that is unsuccessful, but serious enough to put him in a medical ward for an extended period of time. At the next group meeting, members angrily confront the group facilitators about why they did not prevent Charles from making the attempt. The facilitators explained that they (and other staff) were not aware of Charles’ plan, and then asked why group members did not come to the staff. The group members looked confused at first and then said, “A man has to do his own time.” |
All in One

Many groups may take this form, particularly once the group has been running for a while.

<table>
<thead>
<tr>
<th>Step</th>
<th>Task</th>
</tr>
</thead>
</table>
| Greeting              | • Welcome to the RAP Group   
                      |   • Reiterate purpose of the group                                   
                      |   o Invite veteran member to describe                               
                      |   o This the SPECTRM RAP group in which we discuss our prison       
                      |   or jail experiences and how they may or may not affect us         
                      |   here at insert program name and in the community                 |
| Introduce new members | • (Option 1) Leader can introduce a new member                        
                      |   o Can you tell the group your first name                          
                      |   o Welcome to the RAP group                                        |
                      | • (Option 2) Ask new members to introduce themselves                |
| Check in              | • How is everybody                                                   
                      |   • Who has something to discuss in group today?                    
                      |   o Begin with a simple inventory before starting into the content |
                      |   • Any pressing issues                                             
                      |   • Previous session follow up                                      |
| Member Directed       | Active Listening                                                      |
                      | Content                                                             |
                      | Allow time for members to share their views of this situation and   |
                      | how they might have faced similar situations in prison or jail.    |
| Leader Directed       | Psychoeducation                                                      |
                      | Content                                                             |
                      | Introduce the topic of “doing your own time” and describe it as an  |
                      | often-reported skill employed for self-protection in prison and jail|
                      | Elicit examples and vignettes from the group, giving the group     |
                      | members an opportunity to demonstrate their expertise about        |
                      | “doing your own time” and its importance                            |
                      | Discuss relevant differences between prison and program, re: need  |
                      | to do your own time                                                 |
                      | Ask the group if they have seen people using this type of           |
                      | behavior in the therapeutic setting                                 |
| Member Directed       | ABCD Model                                                            |
                      | Content                                                             |
                      | • What’s the script? (The analogous situation in a prison or jail   |
                      |   setting)                                                          |
                      |   o Example: Don’t talk to staff                                    |
                      | • What’s the activating event?                                      |
                      |   o Example: Charles is planning suicide attempt                    |
                      | • What is/are the belief(s)?                                       |
                      |   o Example:                                                       |
                      |     • It is not my business                                        |
                      |     • A man needs to do his own time                               |
                      |     • Handle it yourself; don’t snitch, don’t talk to staff         |
                      | • What is the conclusion? How does the person act as a result of   |
                      | the above belief? How is it problematic?                            |
                      |   o Example: No one talks to staff; Charles attempts suicide        |
| Focus of the Session | It is likely that one group session will not accommodate the time necessary for all three methods  
|----------------------|------------------------------------------------------------------  
|                      | This may encompass more than one session                         |
|                      | ▪ What’s the disputation? How else might one think about this situation?  
|                      | ▪ What other beliefs/behaviors are possible?                       |
|                      | ▪ Example:                                                        |
|                      |       ▪ Staff is here to help                                      |
|                      |       ▪ Talking to staff is not “snitching”                        |
|                      |       ▪ Coming forward to help someone else does not make me more vulnerable; it is the right thing to do |
|                      |       ▪ People can and should support one another in recovery      |
CONDUCTING THE GROUP

Getting Started

Facilitators

The RAP program is best conducted by a team of two facilitators who remain consistent throughout the group. Facilitators can be of any discipline. A background in cognitive behavioral therapy and psychoeducation is helpful but not necessary. Familiarity with jail and prison experiences is strongly recommended (see Program Delivery Resources).

Group Composition

This program is meant for individuals with a history of incarceration. Its purpose is to help participants relinquish behaviors learned or reinforced in jail and prison that interfere with successful readjustment to the community and engagement in therapeutic services. The facilitators may choose group members using various parameters including age, gender, cognitive capacity or symptom severity. In mixed groups, the pace should be altered to fit the capacity of all group members. Some facilitators choose to exclude individuals with very severe symptoms.

Logistics

All logistical arrangements should be planned well in advance of beginning the group. It is recommended that the facilitators seek the support of supervisors, administration and support staff. Before getting started, establish:

- Group size
- Frequency of group meetings
- Times and location of meetings
- Materials and equipment that may be useful

Group Size

Group size should be large enough for a group process to develop and small enough for each person to feel comfortable in participating. Approximately eight to ten members is ideal for a strictly process-oriented group, however due to the psychoeducational nature of many sessions, RAP groups can accommodate more people.

Frequency

The group should meet one to two times per week in order to keep the process moving, refresh memories and develop skills. (Two sessions each week helps to promote greater continuity.) In time-limited programs, increasing the frequency of sessions should be considered to provide optimum exposure to the various topics.
**Time**

In order to promote regular attendance and avoid confusion, group session times should be set and should work well within other agency offerings. The length of each session should be consistent in order to avoid conflict with other commitments. The length should be determined in part on the capacity of the individuals and the number of individuals. That is, the length of group should be long enough to engage members, but not go beyond the ability of participants to concentrate and focus. Ideally, the time frame should allow each person to be included in the discussion. Consider a minimum of thirty minutes and a maximum of sixty minutes. A schedule should be provided to each member and posted. Once the time boundaries have been established, it is very important to begin and end on time.

**Location**

The location of the group should also be consistent. The space that is chosen for meetings should be a quiet, private place that is free from interruptions. The structure of the room should be appropriate for a learning situation (like a small class or seminar) that strongly encourages participation of all members (like a group therapy session). The room should be comfortable, psychologically positive, well lighted, well ventilated and physically safe. Room size should be appropriate for the number of participants. Rooms should be accessible to people with disabilities.

**Materials and Equipment**

The facilitators may choose to use an easel pad and/or handouts. It is important to prepare any necessary materials before the group session begins. Materials and supplies that may be useful can include:

- Easel with pad
- Markers
- Masking tape
- Pencils, paper or copies of handouts

**Pace**

**Self-paced**

Each group has a unique composition of people with varied levels of functioning and diverse strengths, limitations and interests. The group should be self-paced, according to the group’s issues, concerns and struggles.

**Flexibility**

In the same respect, the topics covered or exercises accomplished should reflect the unique needs of the group members. Repetition is important. Return to exercises or use exercises with similar purposes to insure that objectives have been met.
Structuring Sessions

Planning

Group sessions are usually more productive with some advance planning. Of course, issues often arise that require attention. Issues should be kept to those that apply to the experience of incarceration and release. If the problem or issue goes beyond the scope of the group, participants can be directed to take the problem to the appropriate treatment group or his/her primary therapist.

Choosing Themes, Activities or Exercises

Facilitators should be familiar with all of the themes, activities, and exercises. Before the group begins, facilitators should prepare for the first several group meetings. A form can be found in the Resources section that can help facilitators keep track of topics that have been covered and techniques or activities that have been used. This note-taking template is very useful to ensure that facilitators continue to move the group forward rather than stagnate around a few topics.

Use the steps listed below as a planning guide.

1. Plan the session with a co-facilitator.
2. Review the tracking form to assess movement of the group.
3. Determine if it is time to move the group from Connecting to Exploring or Changing.
4. Make a flexible plan to pursue a particular theme.
5. Prepare necessary materials - including any easel pad charts or handouts.
6. Prepare the space - making sure the space is safe, comfortable, and free from outside interruptions.

The Group Session

Begin each session with a welcome and any necessary introductions. It can be helpful to review the previous session, preview the current session, and attend to any questions or concerns. At the end of the session, it can be helpful to close the group by summarizing and thanking members for their contributions to the discussion. See Sample Sessions.

Session Review

It is essential for co-facilitators to meet at the end of group to review the session. Include the following in each session review.

Goals and objectives — Discuss whether the planned goals or objectives were met for the session.

Co-facilitation — Facilitators should keep an open dialogue about the process of working together. One facilitator can take the lead in presenting information or conducting exercises; the other can monitor individuals and the process, interjecting where necessary. These roles can shift within one session or shift from session to session. If one facilitator is unavailable, a substitute may be recruited. Be sure to clarify roles and responsibilities as necessary.
Group process — Be sure to note how the group process is progressing. Discuss whether any action is necessary to promote the process.

Concerns about individuals—In the course of the group session, an individual may divulge sensitive information or simply behave in a manner that is not customary. When concerns arise, these should be taken to the primary therapist, case manager or program director as appropriate.

Progress of individuals — In the same way, progress of individuals should be noted, congratulated and brought to the attention of appropriate individuals.

Administrative issues — Identify and resolve any administrative issues that can impact on the group.

Documentation — Each program will have its own policies and procedures regarding documentation of groups. A simple template may facilitate record keeping. Prepare a template (on paper or on a word processing program) that includes places to indicate the following:

- RAP GROUP
- Facilitators
- Date of Session
- Participants First Name Only
- Goals, Group Process, Issues
- Process: Connecting, Exploring, Changing
- Themes

A sample RAP Group Progress Note template is included in the Materials section.

Confidentiality and Other Group Rules

Establishing Group Rules
In any therapeutic group, rules and structures are necessary for group members to feel comfortable and safe. This is even more important for people with histories of incarceration. Connecting with others, sharing personal information, and extending trust all violate old inmate codes. Therefore, it is essential in the RAP Program to attend to confidentiality issues and other group rules in the first session.

Group members should be encouraged to raise and discuss their concerns about group rules and confidentiality. These issues are often raised without prompting from the facilitators. By the end of the session, try to get the group to reach a consensus about the guidelines. Record these guidelines on an easel pad and post them in the meeting room.

As the group rules are developed, be sure that all rules can be enforced by the group facilitators or the agency and that the group’s guidelines are not in conflict with any agency policies.

Group guidelines often include items such as:

- Confidentiality — any personal information discussed in the group sessions should not be discussed outside of the session
- Courtesy and respect — each person should be allowed to voice his opinion without
unnecessary interruption, group participants should respectfully listen while others are speaking (this is in keeping with the inmate code)

- Expressing feelings — group members may express their feelings, including anger, but should ... (specify any behavioral restrictions appropriate to the program setting such as volume of voice or leaving ones seat)
- Fighting — clearly state that fighting is not permitted

Facilitating Groups

Conducting a group requires a variety of skills. These skills are best learned through observation of experienced facilitators, working as a co-facilitator in a mentoring situation and direct supervision (Yalom, 1995).

Group Structure and Process

All types of groups – treatment, educational, task oriented – develop a structure and process.

Structure refers to aspects of the group that might include:

- Cohesiveness of members
- Willingness to include new members
- Hierarchy — to what degree does the group rely on the facilitator as leader, or does the group have clear member leaders, or is it a flat democratic organization

The process of the group refers to:

- How group members communicate (directly or through the leader)
- How group members interact with one another
- The level of intimacy among group members

RAP group facilitators can and should influence both the structure and process. Initially, facilitators will be directive, particularly when using psychoeducational techniques. Over time, facilitators can encourage direct communication between members and the group becomes somewhat self-directed. Whenever necessary, (for example when emotions run high or there is a great deal of conflict), facilitators can resume a more directive role.

Engaging Group Members

Most human service providers already have the skills necessary to embark on this type of program. The same types of skills providers use to engage anyone in a therapeutic alliance will apply to working with previously incarcerated people with mental illnesses and/or substance use disorders. (For more information on group work, see Program Delivery Resources.)

The uniqueness of engaging people with incarceration experiences lies in developing “cultural competence.” That is, the facilitators must have an understanding of the culture of incarceration and the behaviors that are commonly found and accepted in prisons and jails. Codes of behavior learned in prison will impact on the individual’s behavior in the therapeutic setting.
Key elements of relating to people with incarceration histories include:

- Communicating respect
- Expecting respect
- Understanding that providers may be seen as corrections officers
- Accepting that it will take more time for even basic levels of trust to develop
- Having patience

It is recommended that group facilitators participate in *The Clinical Impact of Doing Time*, a training provided by the SPECTRM Project. (See Resources.) Providers should make every effort to develop this cultural competence through academic pursuits, but also understand that a great deal is to be learned from the group members.

**Communication Skills for Facilitating Group Process**

The group process is the key to imparting therapeutic benefits. Rather than offering advice, group facilitators can direct the process of the group by using neutral language, clarification, and positive reinforcement. These are paired with psychoeducation and cognitive behavior strategies discussed in the next section.

*Neutral language* refers to using phrases and expressions that comment without making judgment. RAP teaches people about cultural re-adaptation and provides them with a structure to explore whether their own thinking and behavior works to achieve personal goals. Therefore, the facilitator remains “neutral” and fosters self-examination in group members.

*Clarification* involves obtaining further information from an individual to assure that his or her meaning is properly understood. The facilitator may rephrase the statement and then inquire if the re-phrased statement reflects what the person has attempted to communicate. Clarifying statements are generally posed in the form of a question: “Are you saying that ...” “Am I correct in understanding that you mean ...”

Clarifying statements are sometimes used to highlight or underscore an important point. They can also take on some element of gently confronting or challenging a remark, yet still remaining neutral.

*Example of clarification that underscores a point:*

Group Member:  “Staff asked me if I heard George talking to himself. I’m no snitch. I just walked away.”

Facilitator:  “I just want to make sure that I understand what you are saying. Do you mean to say that you believe that giving staff any information about another person in the program, even if it is about the person’s well-being, is snitching?”

*Example of clarification that gently challenges:*

Group member:  “I’m not so sure about AA meetings. Everyone leaves early to get a drink or a coffee before the meeting is over.”

Facilitator:  “Do you mean to say that the entire membership attending a particular meeting is insincere in its desire to stop drinking?”
Positive reinforcement is an important task in any therapeutic relationship. Group members can be congratulated for demonstrating positive behaviors in a variety of ways. This can be done by the facilitators in group, by other members with encouragement from the facilitators, or offered privately after the group session.

Summary: RAP Uses Cognitive Behavioral Techniques

RAP group facilitators (and group members) may have experience with conducting other group therapy programs. The RAP group maintains a psychoeducational and cognitive behavioral format. There is very little “interpretation” or “confrontation.” While these techniques may work well in other types of groups, they do not fit well within the cognitive behavioral format.
Psychoeducation Strategies and Techniques

Education as a Therapeutic Tool

The process of learning is implicit in most group therapy, however, in some groups, efforts to educate group members are explicit (Yalom, 1995). Teaching people about issues that affect recovery, (such as mental illness, substance abuse, trauma) is often called psycho-education. In the case of RAP, teaching relates to the effects of incarceration on re-entry and recovery. Psychoeducation dates back to the early 1930's, and it has grown in popularity since that time. It has been used since the earliest days of addiction treatment and more recently in treatment of mental illness and co-occurring substance use disorders.

Psychoeducation incorporates elements of cognitive therapy (Yalom, 1995). In psychoeducation, new information can be therapeutic by introducing new ways to “think about the situation.” In cognitive therapy terms, the person’s thinking about the situation is challenged and new ways of thinking are introduced. In RAP, people learn about the effects of incarceration on thinking, explore how the inmate code affects behavior, and change by learning new ways to think and behave.

For education to be a therapeutic tool, it must go beyond simply offering information. To provide therapeutic benefit, the information must be presented in a way that people can utilize to effect change in their lives. Two educational approaches are discussed below.

Presenting Information

The Facilitator’s Role

The focus of RAP is the experience of incarceration, an area where group members often have more knowledge than the facilitators. Group members continually teach facilitators about jail and prison experiences. Facilitators present information about the effects of those experiences on how people think and behave. They teach people the concept of cultural adaptation and re-adaptation. The next step is to help individuals apply this knowledge to their own lives.

With psychoeducation, the discussion begins with the culture of jail and prison and how it often affects a person’s behavior. Concepts are discussed rather than individual behaviors. This general discussion facilitates connecting. As individual issues surface, facilitators help to apply the concepts.

Ensure Learning

Due to the cognitive deficits that frequently accompany mental illness and substance use disorders, some participants will have difficulty with memory, focus and concentration. Individuals will also have varying degrees of education. The facilitators must assess the
capacity of group members and modify techniques accordingly. To ensure learning, think about the following when presenting information.

<table>
<thead>
<tr>
<th>Presenting Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Language</strong></td>
</tr>
<tr>
<td>Use clear, simple language targeted to the capacity of the group members. Avoid innuendo or complex metaphors, particularly when people are experiencing acute symptoms.</td>
</tr>
<tr>
<td><strong>Timing</strong></td>
</tr>
<tr>
<td>Pause frequently and ask for questions. Check in with participants to make sure they have understood.</td>
</tr>
<tr>
<td><strong>Repetition</strong></td>
</tr>
<tr>
<td>Repeat the meaning of terms and definitions frequently. Have participants repeat information back to the facilitators.</td>
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<tr>
<td><strong>Praise</strong></td>
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<tr>
<td>Make sure each person receives frequent praise (verbal, applause, non-verbal) and sincere positive feedback for attendance and any participation.</td>
</tr>
<tr>
<td><strong>Visual Cues</strong></td>
</tr>
<tr>
<td>Visual cues such as handouts, easel pad charts, and posters help focus attention and enhance learning.</td>
</tr>
<tr>
<td><strong>Demonstration</strong></td>
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<tr>
<td>Facilitators should model and demonstrate of skills. It is helpful to have two facilitators so that one can demonstrate while the other leads the group or so the facilitators can interact with each other to better demonstrate a skill.</td>
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<tr>
<td><strong>Practice</strong></td>
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<tr>
<td>Provide multiple opportunities for individuals to practice skills or apply ideas.</td>
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</tbody>
</table>

**Interactive or Guided Discussion**

An essential element of teaching is to engage learners, so in addition to presenting information, be sure to draw participants into an active discussion of the topic. At the same time, guide the discussion so that the goals and objectives of the session are met. Engage as many members as possible in discussion, but also keep an awareness of time spent.

**Activities**

Activities should be used to ground learning and to shift attitudes and behavior. Activities can involve brainstorming lists of ideas, problem solving or role play. Some activities may be structured with handouts. Before engaging in activities, be sure to be clear on the purpose of the activity. (See the Resources section for sample handouts.)

**Use of Visual Aids**

Visual aids are used to focus attention and enhance learning. Prepare visual aids in advance to avoid becoming distracted from the group process and to maximize use of time. Facilitators may use handouts or have charts printed in poster size. Keep an easel with a pad and markers available for making lists during brainstorming activities.
When making hand printed charts remember the following:

- Print clearly
- Use appropriate colors (blue, black, dark green) (reds and yellows only for highlighting)
- Avoid putting too much information on one page (too busy a page becomes very confusing to the viewer)

Education Through Stories

Stories

One of the world’s oldest methods for teaching is the telling of stories. “Parables” are stories with a “moral” or a message about values and behavior. Psychoeducation can use stories to teach a lesson, invoke emotions or stimulate ideas. Stories can be particularly effective because they suggest change indirectly, rather than dictating change to a particular person.

Example:

Directive: “Sam, you must stop using marijuana because it makes the symptoms of your mental illness worse.”

Presenting information: Research has demonstrated that smoking marijuana affects the same brain chemicals as those associated with mental illness. While smoking marijuana is initially experienced as pleasurable, it can further the disruption of brain chemicals and make symptoms worse.

The Story: My friend Sam is a very tall man and an excellent basketball player. He is diagnosed with schizophrenia. When he started community college, he was able to maintain his grades and continue to play basketball. Once he started smoking marijuana, he became very confused and his symptoms got much worse. I will never forget the wild-eyed look in his eyes and his vicious tone when he accused me of spying on him. He began to threaten other people. Once he was arrested, but he was sent to the hospital instead of jail. When he finally stopped smoking marijuana, he was able to focus on his recovery, return to college and play basketball again.

The Method

There are some key elements to a good story used in the context of psychoeducation. To give a story a greater impact and make it is most effective use the techniques below.

- It incorporates one of more of the five senses: the wild-eyed look in his eyes
- It invokes emotions: his vicious tone
- It imparts a clear message: using marijuana makes symptoms worse
Stories also have a greater impact when they are personal accounts.

Didactic Example:  
A basketball player with schizophrenia ...

Personal Account:  
My friend Sam ...

A didactic approach maintains a certain distance, while the personal account can help connect the facilitator to the group members. It also connects the teaching or information to the group members’ lives. It frequently helps to stimulate a rich discussion.

Didactic Approach:  
Researcher Hans Toch has noted that inmates avoid talking to corrections officers and other prison staff.

Personal Account:  
Many of the guys I have known who were in prison have told me that in prison, it is not a good idea to talk to the COs.

Discussion Questions:  
Does anyone in this group agree that it is not a good idea to talk to the COs? Why not? Are the counselor's in this program the same as COs? How are they the same? How are they different?

Each approach can be useful, but they should be used purposefully. Note that a “personal account” does not have to communicate a story that has happened to the facilitator. Simply by using “I” in the statement can make it a personal account, (Many of the guys I have known who were in prison...). Over time, facilitators will learn many stories from group members that can be used with other groups. If the facilitator has had personal experience in jail or prison, he or she should carefully consider whether or not to self-disclose, how, or when. These are issues that should be discussed in supervision.
Cognitive Behavioral Strategies and Techniques -- *Scripts*

**Script Theory**

The RAP group adapts script theory to help people relinquish patterns of thoughts and behavior learned during incarceration that are no longer useful in the community. As stated in Exploring Using Scripts, scripts can be defined as learned patterns of thoughts and behavior. These patterns are learned from the environment. Individuals who have been incarcerated (or living in some type of institution) for a prolonged period of time, develop patterns of behavior and beliefs associated with that environment. When they leave prison or jail, many of these patterns get in the way of a successful transition back to life in the community. People are typically unaware of these patterns and often find it difficult to relinquish them. RAP teaches group members about scripts and uses this concept to explore the process of cultural re-adaptation. Sometimes it is not a matter of the script itself being maladaptive, but rather that the person uses the script in the wrong place or at the wrong time. The motivation for relinquishing prison and jail scripts comes from helping the person to see how these scripts create problems for them or interfere with achieving their own personal goals. In the materials that follow, the concept of scripts is used to help group members to examine re-entry themes and to relinquish attitudes, beliefs and behaviors from prison life. (See The RAP Program: Exploring Using Script Theory.)

**Using Scripts in the RAP Group**

The following summarizes the points emphasized in the RAP Program.

- Scripts are learned habits or patterns of behavior
- Scripts are learned from a variety of sources
- Scripts are appropriate to specific times and places; using a script in the wrong setting can lead to problems
- Using prison scripts in the hospital/program can interfere with meeting personal goals
- Some prison and jail scripts are simply not useful at all outside of that setting for getting goals and needs met

In the section that follows, facilitators will find guides for exploring scripts. These can be used in any order and should be modified to meet the needs of the specific group.
Learning About Scripts

Purpose

The purpose of this segment is to define and illustrate the concept of scripts and to ground the definition in terms that the participants fully understand.

Introduction

“As we grow up, we learn how to behave from the people around us. We learn about when, where and how to eat, sleep, act at home, act outside of the home. When these behaviors are repeated over and over, they become habits.”

Facilitator Note: Each topic has a suggested introduction. Italicized paragraphs are suggested wording. This topic, Understanding Scripts has several activities. These activities can be used in different group sessions.

Activity/Discussion A

1) State: Certain behaviors (habits) become set, like a script from a movie. Sometimes these behaviors or habits are so automatic, that people are no longer aware of them.

2) “Scripts” are learned patterns of thoughts and behavior. (Write on easel pad and use handout.)

3) Ask the group: “How do people typically act in a movie theater? What do they do?” Elicit responses that include specific information about how people think and behave (e.g. we sit facing the screen, we expect the room to darken, we sit quietly and watch the movie, we eat popcorn and drink soda).

Summary: “When we go to a movie we expect to behave this way. This is a script.”

Facilitator Note:

- The facilitator should repeat the term and definition in applying it to each situation in the exercise; repetition is important
- Scripts can describe positive and negative behaviors
- This discussion can also be used early in the group to facilitate connecting

Activity/Discussion B

1) Apply the concept of scripts with two additional places such as a place of worship (church, temple, mosque), school, or job; keep the discussion interactive.

2) Ask the group: “How do people/you typically behave and think in a place of worship (such as a church, temple or mosque)?”

3) Elicit responses that include specific information about how people think and behave (e.g. people sit facing the alter/podium, sit quietly and listen to the speaker, often pray or sing hymns.

Summary:

“When people go to religious services they expect to behave this way. This is a script.”
Activity/Discussion C

1) Continue to ground the idea of scripts by examining scripts that relate to other activities.

2) Use the following scenario and help the group to identify scripts associated with some of the situations listed.

   Scenario:

   Imagine that Rinaldo has recently arrived from a small island in a remote part of the world. He does not know how to behave in certain situations. Some of these things have become so automatic to you, that you are unaware that you are following a “script”—a learned pattern of behavior, but you must explain to Rinaldo how to do these things.

   What script would you use in the following situations:

   - Riding the subway (taking a taxi, bus or other public transportation) OR driving a car
   - Eating at a fast food restaurant (like McDonald’s)
   - Buying groceries in a supermarket
   - Visiting someone in an apartment building in a city or a house in suburban or rural areas
   - Going to work
   - Going to school (a night class at a community college)
   - Buying a coffee and a bagel to eat outside of the establishment (“to go”)

   Summary:
   Scripts can be so automatic that they are often difficult to identify and describe.

Activity/Discussion D

1) Apply the concept of scripts to a jail or prison situation, for example, a prison exercise yard.

2) Ask the group: "How do people/you typically behave and think in a prison yard?"

3) Elicit responses that include specific information about how people think and behave.

   Summary: “When a person is in prison, he/she expects to behave this way. This is a script.”

   Summary

   It is helpful to look at patterns of thoughts and behaviors (scripts) that have become automatic. Interrupting some of these patterns can be helpful in achieving personal goals.
Where Are Scripts Learned?

Purpose

This discussion illustrates that scripts are derived from different sources and circumstances.

Introduction

*People learn their scripts - patterns of beliefs and behavior – from a variety of people and places, such as: family, cultural and religious influences, and neighborhoods.* (Facilitator Note: Print on an easel pad, use a pre-printed chart or provide a handout.)

Activity/Discussion

Facilitator Note: Guide the discussion and make it interactive. Ask the group or offer examples.

1) Discuss how scripts are learned from family beliefs and behaviors.
   - Things mothers say to children
   - Parents way of disciplining bad behavior
   - Additional scripts learned from families: *What are some of the things you learned about family beliefs and behaviors? How did you learn it?*

2) Discuss how scripts are learned from cultural/religious influences.
   - Lessons learned from religion
   - Ethnic family traditions/celebrations (Hispanic, Black, Italian, etc.)
   - Additional examples of scripts learned from cultural or religious influences: *What are some of the things you learned from your culture or religion? How did you learn it?*

3) Discuss how scripts are learned from environmental influences.
   - Neighborhoods
     - Copying typical behavior on your street, housing district or block
     - The friends or gang you hung around with
   - Schools/job settings
     - Behavior expected in the school
     - Learning from another person at a new job
   - Psychiatric hospital
     - Hanging out in the day room
     - Talking with staff

   Facilitator Note:
   People describe prison scripts in different ways. Differences come from their own perceptions and that scripts may vary according to the specific facility.

4) Discuss how scripts are learned in jail and prison.
   - Exercise yard
   - Mess hall
   - Cell or dormitory
   - About taking medications in prison

Summary

This discussion begins to clarify that scripts – patterns of thinking and behavior – are learned from a variety of sources and according to ones own circumstances.
How Are Scripts Learned

Purpose

The purpose of this section is to focus the group on how people learn a script in preparation for learning “new” scripts.

Introduction

When a person is in an entirely new situation, he does not know the script for behavior.

Activity/Discussion

1) Use an interactive discussion method to explore the following:
   - Have you ever come across a situation where you did not know the script – that is, how to behave?
   - In a new situation, how did you discover what to do?

2) Use the situations below to discuss scripts.
   - How did you act? How were you supposed to act?
   - How did you feel?
   - What did you think?
   - Examples: For example, perhaps the first time that you:
     - Went with someone of a different faith to a religious service like a wedding?
     - Ate in a very expensive restaurant?
     - Stayed at a hotel?
     - Took the train to a distant city?
     - Traveled by plane to a different city?
     - Had a meal with someone of a different cultural background

3) How did you learn the scripts for jail and/or prison?

Summary

When facing unfamiliar situations for which we have no scripts, we can become uncomfortable, anxious or confused. Often people will substitute another script, even though it really doesn’t fit the situation.

Facilitator Note: It is always useful to prepare you own responses in order to model for the group. (For example: The first time I ate in an Ethiopian restaurant, I was confused when no plates or utensils were offered. By watching others, I realized that everyone was eating from the same plate placed on the individual table, and that everyone was eating with their fingers.)

Scripts and Places

Purpose

The purpose of this section is to help participants understand that when scripts are used in the wrong setting, behavior can be inappropriate to the context or situation.
Introduction

People learn how to behave in different situations. Let's look again at each of the locations and situations where scripts are learned.

Activity/Discussion

1) Write on an easel pad, use a printed chart, or provide a handout stating: Scripts are often associated with places and situations.

2) Ask the group to consider these parallels:
   - Is it appropriate to use movie behavior at church? Sitting quietly, yes; eating popcorn, no.
   - Is it appropriate to use school behavior at work? Arriving on time, yes; raising your hand to answer a question, no.
   - Is it appropriate to socialize in a prison yard the way you do in the program's courtyard?

3) Ask participants to identify some common scripts and how they are inappropriate in the wrong place. That is, that behavior in the wrong place can lead to problems.

4) Ask participants to identify some common scripts and how they are inappropriate in the wrong place. That is, that behavior in the wrong place can lead to problems.

5) Ask participants: Is it appropriate to behave according to the prison script in the hospital/program or community?

6) Allow sufficient time for responses. Begin to explore some of the more superficial behaviors that won't get the person's needs met.

Summary

Perhaps some behaviors from prison are useful in the hospital, program or community, but many behaviors from the prison script can interfere with achieving your goals.

Using Jail/Prison Scripts on the Outside

Purpose

The purpose of this section is to help participants understand that behavior can be inappropriate to the context or situation.

Introduction

When people first arrive in jail or prison, they may become anxious or confused because they do not know the script. When people leave prison to return to the community, the same process unfolds.
Activity/Discussion

1) Describe the script learned in the following prison/jail situations.
3) Contrast the jail/prison scripts with a similar situation and script in the therapeutic setting.
4) What would happen if one used the program script in prison? Prison script in the program?

<table>
<thead>
<tr>
<th>Prison</th>
<th>Program</th>
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</thead>
<tbody>
<tr>
<td>Prison Yard</td>
<td>Courtyard or Recreation Area</td>
</tr>
<tr>
<td>Mess Hall</td>
<td>Dining Room</td>
</tr>
<tr>
<td>Wake-up</td>
<td>Wake-up</td>
</tr>
<tr>
<td>Using the Telephone</td>
<td>Using the Telephone</td>
</tr>
</tbody>
</table>

Summary

Using the wrong script in the wrong place can result in problems.

Problems with Scripts

Purpose

This segment raises the issue that some scripts just won’t work anywhere; that is, they are not in the person’s best interest and do not help achieve the goals of recovery and independence.

Introduction

Scripts we have learned may cause us some problems.

Activity/Discussion

1) Restate the definition of scripts - learned patterns of thoughts and behaviors.
2) State to the group: Some scripts result in short term gain but have long-term consequences. They are often used to solve problems quickly or painlessly.
3) Have the group list and discuss scripts that offer short term gain but long-term consequences. Look for examples such as:
   - Drug use - for fun, for relief, for socializing
   - Illegal behavior - burglary, robbery, drug dealing for economic survival
   - Responsibility - avoiding such as failing to show for appointments (e.g. parole, work, counseling)
4) Discuss the gains and consequences of each.

Summary

Some scripts are no longer useful and they are likely to cause problems.
Old Patterns Seem Easier than New

Purpose

The purpose of this section is to acknowledge the difficulty of learning new scripts, but encourages people to do so.

Introduction

Remember, scripts are patterns that we have learned. It always seems easier to act according to the old pattern/script. It seems harder to learn a new ways to act.

Activity/Discussion

1) Discuss with the group: The examples listed earlier appear to solve an immediate problem, but they carry long-term consequences. For example, once you get caught dealing drugs, you must face the consequences imposed by the criminal justice system (jail, prison, probation, community correctional program).

2) Some scripts are patterns that may seem to solve an immediate problem (that is, get you off the hook for the moment) but don't get you what you really want (unless you like jail).

3) Ask the group: Why is it so difficult to give up some scripts? Try to elicit responses such as the following:
   - It is easier to do what you know
   - People are often unaware of following scripts
   - It can be difficult to figure out what else to do
   - Sometimes people are afraid to do new things
   - When it comes to drugs, craving and addiction can be problems

Summary

It may be difficult to change old habits (scripts), but it can be the key to staying out of the hospital/jail and living independently.

Learning New Scripts

Purpose

The purpose of this section is to emphasize that it is possible to learn new scripts, but these must be practiced.

Introduction

In the program, people learn new scripts, that is, new patterns of thoughts and behavior that will help them succeed.
Activity/Discussion

1) Ask the group: What are some behaviors that will really help you meet your own needs and goals? Particularly those that you might be learning in the program?

Look for examples such as:
- Learning to manage symptoms
- Staying away from street drugs
- Going to a Double Trouble group
- Learning about medications and taking them
- Communicating with counselors and case managers
- Spending time with positive people
- Taking one step at a time in solving problems
- Using peers for support

2) Ask the group and discuss: *Why it is so difficult to learn new scripts?* Look for responses such as:
- It is difficult to learn new habits
- Sometimes the person doesn’t know how else to act
- People are not patient to wait for the rewards
- Sometimes a person just doesn’t think before he/she acts

3) Emphasize to the group: *The only way to replace an old behavior is to keep practicing the new behavior.*

Summary

It is difficult to give up old scripts and to learn new ones, but practice is the key.

Site-Specific Rules for Survival: Adaptation to Jail/Prison

Topics for teaching and discussion will generally revolve around re-entry themes, scripts and the ABCD model (discussed below). An outline follows on the re-entry theme of Freedom and the topic of “rules."

Purpose

Persons who were recently incarcerated will often see therapeutic settings as restricting their freedom (as in prison or jail), and will frequently want to know how long they must remain in treatment. It is understandable that they crave freedom, however, they will often confuse *any rules or structure* with limitations on their freedom. This topic has a two-fold purpose; it provides points for discussion to facilitate participation and it encourages the acceptance and necessity of rules.

Introduction

Begin by noting the pervasiveness of rules. *Every place people go, there are rules about how to act or what to do. Rules are meant to help us.*
Instructions

1) Conduct a discussion about rules that incorporates the following items.

- Rules are meant to help us.
  Example: As more and more people began to drive cars and share the road with pedestrians, police officers began to direct the traffic. At some point, someone came up with the idea that lights could help direct traffic. Red came to mean stop, green came to mean go. Now there are even pedestrian lights that indicate when it is safer to cross a street. These simple rules and conventions help to keep people safe.

- Rules are not necessarily good or bad. They provide structure and organization.
  Example: Each sport has rules and regulations. It isn’t that rules are good or bad, but rules are necessary so that everyone knows how to play the game. It just doesn’t work to use basketball rules when playing football.

- Rules are often associated with a specific place or activity.
  Example: Prison and jail have rules. This program has rules. It isn’t that one set of rules is right and the other wrong. However, to try to use prison rules here in the program makes about as much sense as using basketball rules to play football.

- Rules generally have a purpose.

- Rules are associated with situations or places.

2) Direct the discussion toward rules in jail or prison. Use the questions below to help stimulate the discussion. Make an effort to underscore where people have had common experiences.

a. Begin with simple questions about rules of politeness.
   - What are some of the rules of politeness in prison and jail? (respect)
   - Were there rules about keeping your cell clean? (respect - flushing to avoid bad odor)
   - Were there rules about making noise? (not disturbing other people)
   - Were there rules about looking into someone’s cell? (maintaining privacy)
   - Were there rules about watching other people? (safety and privacy)
   - Were there rules for eating in the mess hall? (eating in peace and without interruption)

b. What are the rules in jail and prison about:
   - Talking to staff
   - Asking for help
   - Helping others
   - Talking to someone when you're upset (for example, if you got bad news from home)

3) Discuss the purpose of these rules. Do the rules serve to help people in jail and prison?

4) Rules are associated with places. Do these rules work in the program? Do these rules help in your current situation?

Summary

Rules often serve an important purpose. It is human nature to resist rules first and then to recognize their importance.
Purpose

To help participants identify the specific behaviors of the jail/prison script.

Introduction

In previous sessions scripts are discussed as associated with specific environments. This activity helps to look at whether some group members are using prison scripts (or rules) in the hospital/program and how that might prevent them from meeting their goals.

Activity/Discussion: Using Jail/Prison Scripts in the Program/Hospital

1) Review the concept of scripts associated with places.
   Establish that certain scripts are also learned in prison or jail. Explore with group members whether they may be using jail/prison scripts in the hospital/program and whether this is interfering with their personal goals.

2) Example:
   *In previous sessions we discussed that scripts are associated with specific environments.*
   *For example, we discussed that although we may sit quietly in both church and a movie theater, eating popcorn in church was not appropriate.*

   *When people have been living in a jail/prison setting they learn to adapt by learning the necessary scripts to get by. When people arrive in the hospital/program, they often try to use the same jail and prison scripts (behaviors) to get by.*

   *Group members should explore whether they are using prison scripts in the hospital/program and how that might prevent them from meeting their goals.*

   *For example, for some people, being aggressive in prison can help to keep them safe. Yet using that script in the hospital/program incurs different consequences.*

   *In this section we are going to describe some of these behaviors, review how the hospital/program is different and explore why prison scripts don't work here to meet your goals.*

3) Use the format at the end of the topic. A handout is also available.

4) First list the behavior; then brainstorm a description; then brainstorm and list how this behavior does not work in the hospital or program.

5) For each of the behaviors listed below, ask the group to describe the behaviors in detail.

6) Try to have participants generate the negative outcomes of prison scripted behaviors in the program setting. e.g. "How can this behavior be a problem in the hospital/program? How does it interfere with the goals listed a few minutes ago?"

---

Jail and Prison Scripts

Are often referred to as:

- Inmate code
- Prisonization
- “Jailin”
- Re-entry themes
Summary

Sometimes using the scripts learned in jail and prison can interfere with reaching personal goals. Using these scripts can also lead to missing opportunities, getting out of the hospital, staying out of jail and problems with Probation or Parole. Script theory says: “It may work there but it doesn’t work here.”

Activity/Discussion: Don’t Show Weakness; Show Strength (Intimidation)

1) Ask the group: What is the script? How do people try to intimidate others? What do the intimidation (menacing, threatening) behaviors look like? Why do people behave this way in jail/prison? Brainstorm with the group. Look for responses that include verbal threats, non-verbal threats, and cliquing. Also, look for behaviors described by Rotter et. al. as “wolfing, posing, cliquing.” (See Re-entry Themes; Resources).

2) Ask participants: How can this behavior be a problem in the hospital/program? How does it interfere with the person’s goals? Try to elicit problems such as:
   - Lack of participation in therapeutic activities
   - Poor attitude/little behavior change
   - Longer hospital stay

3) Summarize as above:
   - Sometimes using the scripts learned in jail and prison can interfere with reaching personal goals
   - Using these scripts can also lead to missing opportunities, getting out of the hospital, staying out of jail and problems with Probation or Parole

Activity/Discussion: Do Your Own Time

1) Ask the group: What is the script? What does “do your own time” mean? Why do people behave in this way in jail/prison? Brainstorm with the group. Look for responses that fit a description of “doing time,” such as staying out of trouble, doing what is necessary to get out, doing what is necessary to keep safe and left alone.

2) Ask the group: What does “doing your own time” look like in the hospital/program? Elicit responses such as isolating, not actively participating in program activities, ignoring the problems of others, avoiding self-disclosure.

3) Ask participants: How can this behavior be a problem in the hospital/program? How does it interfere with the person’s goals?

4) Summarize as above.
Activity/Discussion: Trust No One

1) Explore with the group, *What are the beliefs and behaviors about trust in prison and jail? What is the script?* What are the behaviors that demonstrate a lack of trust?

2) Explore with the group: *How does the jail/prison script around trust become a problem in the hospital or program? What are the behaviors that can become a problem in the hospital/program? How does it interfere with the person’s goals?* Try to elicit problems such as:
   - Not participating in program activities
   - Not utilizing therapeutic services

3) Summarize as above.

Activity/Discussion: Trust No One/Manipulation/Conning

1) Staff often see people conning and scamming. Ask the group: *What is the script? How would you describe conning and scamming?* Look for responses such as, "telling staff what one thinks staff wants to hear," "using trickery or dishonesty with staff or others in the program."

2) Discuss what happens in the hospital or program: *Sometimes people try to get by, by getting over. That is, they only tell staff what they think staff wants to hear. They hide their feelings, symptoms or craving and only say that they are doing better.*

3) Ask participants: *How can this behavior be a problem in the hospital/program? How does it interfere with the person’s goals?* Try to elicit problems such as:
   - Therapy is not effective
   - Lose opportunity for therapy time or access to staff
   - Improper medication regime (so medications are not helping)

4) Summarize as above.

Activity/Discussion: Trust/Manipulation/Don’t share information/stonewall

1) Explore with the group: *What is the script? Stonewalling is a term that describes withholding information about self or others. Is this a behavior that works in prison?*

2) Ask participants: *How can this behavior be a problem in the hospital/program? How does it interfere with the person’s goals?* Try to elicit problems such as:
   - Staff does not understand the person
   - Sense of alienation from staff
   - Improper treatment

3) Summarize as above.
Activity/Discussion: Show Respect

1) Explore with the group: What are the beliefs and behaviors surrounding respect? What is the script?

2) Explore with the group: It seems reasonable to expect respect in any setting. How does the jail/prison script around respect become a problem in the hospital or program? What are the behaviors that can become a problem in the hospital/program? How does it interfere with the person’s goals? Try to elicit problems such as:
   - Responding aggressively to behaviors that might be interpreted as disrespect, even though it is clear to the person he/she has not been disrespected
   - Assuming that all (or most) staff do not respect them

3) Summarize as above.
Cognitive Behavioral Strategies and Techniques – *ABCD Model*

The ABCD Model

When beliefs change, then the conclusions (behavior), change. The ABC - D Model is a technique to help people abandon old scripts in order to help them achieve personal goals or adapt to the therapeutic setting. The method involves helping people to identify the *Activating events* to which they have strong emotional responses and the thoughts or *Beliefs* associated with these activating events. This is followed by helping people to examine how they act in response to those beliefs, or the *Conclusion*. Finally, challenging these beliefs through *Disputation*.

**The ABCD Model**

<table>
<thead>
<tr>
<th>A</th>
<th>Activating event</th>
<th>something happens</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Beliefs</td>
<td>thoughts related to A - what we tell ourselves about what happened</td>
</tr>
<tr>
<td>C</td>
<td>Conclusion</td>
<td>what we do afterwards; how we react</td>
</tr>
<tr>
<td>D</td>
<td>Disputation</td>
<td>challenging negative beliefs</td>
</tr>
</tbody>
</table>

After reminding the group that people can change their behavior by changing their beliefs, the facilitator introduces the ABC part of the model to the group. The group then practices the technique using contrived situations. By using the ABC’s of the model, the group can explore how patterns of thinking can affect behavior. Later the group will apply the model to real situations in the lives of individual group members. First the *activating event* and *conclusion* are identified. The individual is then asked to identify the belief that led to the behavior. The behavior change comes from applying *disputation*. That is, the group helps the individual to challenge the negative beliefs (*disputation*). When the person’s beliefs change, the *conclusion* (behavioral response) will also change.

**Facilitator Note:** In the Ellis model, “C” “stands for consequence.” We have found this term to be confused with the notion of “suffering the consequences” of ones actions; therefore we have replaced it with “conclusion.”

<table>
<thead>
<tr>
<th>When something happens in our world (Activating Event), we have thoughts and feelings (Beliefs) about that incident.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our thoughts and feelings (Beliefs) lead us to think about, feel and act (Conclusion).</td>
</tr>
<tr>
<td>Activating events ⇒ Beliefs ⇒ Conclusion</td>
</tr>
</tbody>
</table>
Example:
Devon’s uncle invites him to a family gathering. He spends the evening reconnecting with family.

A = (Activating event) Invitation is extended to come to a family gathering

B = (Beliefs) “This is could be good, I miss being involved with my extended family”

C = (Conclusion) Attend family gathering, reconnect with family, possibly see more of each other

RAP Example:
Joachim left prison and went directly to a psychiatric hospital. In the day room, Xavier stumbles into George causing George to spill his drink. Xavier walks away with no apology. George sees this behavior as disrespectful, becomes angry, grabs George, pushes him up against the wall and demands an apology

A = (Activating event) Xavier does not apologize

B = (Beliefs) George threatens Xavier because he believes that he is being disrespected, which in turn angers him

C = (Conclusion) George pushes Xavier

Disputation
The group is then asked, “Could there be any other possible reason why Xavier behaved as he did?” The facilitator then looks for responses such as:

- Xavier is very depressed and distracted, and therefore does not respond appropriately to George
- Xavier is experiencing sedating side effects from medication, and he is “tuned out”

After considering the various alternate “beliefs,” the group then considers the various possible behavioral responses (or consequence).

Exploring and Changing with the ABC Model
This section provides outline guides for exploring and changing with the ABC Model and Disputation (ABCD). These can be used in any order and should be modified to meet the needs of the specific group.
Purpose

This segment provides a tool for identifying maladaptive thoughts and behaviors and prepares the person to substitute adaptive behavior.

Introduction

This activity looks at ways to change using the ABC model.

Activity/Discussion

1) Ask participants to imagine the following scenario:

James wants a cigarette but he doesn’t have any left. He sees a new guy sitting in the day room with a pack in his pocket and he doesn’t seem very tough. James demands, “Give me a cigarette.” The new guy looks up, says nothing and seems to ignore James. James then threatens the new guy saying, “Give me the fxxx cigarettes or else!”

2) Brainstorm responses to the following questions:

- Why did James threaten the new guy? What beliefs motivated his behavior?
- Why may the new guy have acted as he did? What beliefs may have motivated his behavior?

Look for responses such as:

James:
- Operated from a desire to exploit (use power) - “I’ll show him who’s in charge”
- Believed that the new guy was acting disrespectfully - “He can’t ignore me”

The new guy may have been thinking or behaving:
- Operated from a defensive position, “I don’t want to give up my cigarettes”
- Was countering James’ attempt at overpowering him - “He can’t bully me”
- The new guy is experiencing severe symptoms and he is distracted by his own hallucinations
- The new guy doesn’t speak English; or he is unable to hear or hear well

3) Ask the group how these beliefs might relate to having lived in prison. Help make the connection between jail/prison scripts and beliefs.

Summary

James would not have threatened the new guy if he simply believed that the new guy could not hear him. When people live in jail/prison, they begin to see the actions of others differently. What one believes about the actions of others will shape the way one behaves.
Combining ABC with Scripts

Purpose

This segment combines the concept of scripts as the “belief” component of the ABC model, and it explores how to use ABC to change scripts.

Introduction

This model helps people to think about the thoughts and beliefs that direct their behavior.

Activity/Discussion

1) Review the concept of scripts and the problems inherent in jail and prison scripts.
   - Scripts are learned patterns of thoughts (beliefs) and behavior learned from a variety of sources
   - These patterns can be helpful or problematic
   - Prison and jail scripts can be a problem when applied outside of that environment

2) Present and discuss the idea of changing scripts.
   - By changing beliefs people can change their behavior
   - Each of us has the power to control what we say and do

3) Describe the purpose of the ABC Model. Facilitators may choose to use a graphic printed on an easel pad or in a handout.
   - Helps people consider the thoughts or Beliefs that they have in response to Activating events
   - Helps people examine the conclusions of how they act in response to those beliefs

4) Explain how to apply the model: When something happens in our world (Activating event), we have thoughts and feelings about the incident (Beliefs); our thoughts and feelings lead us to act (Conclusion). Facilitators may choose to use a graphic printed on an easel pad or in a handout.

   Offer the example used previously.

   Scenario: Your uncle invites you to a family gathering.

   \[
   \begin{align*}
   \text{A} &= \text{(Activating event)} \quad \text{Invitation to the family event} \\
   \text{B} &= \text{(Beliefs)} \quad \text{This is good, I miss involvement with my extended family} \\
   \text{C} &= \text{(Conclusion)} \quad \text{Attend event, reconnect with family, possibly will see more of each other}
   \end{align*}
   \]

Summary

Conclusions can motivate people to change!
Practice Applying ABC

Purpose

The purpose of this activity is to provide participants an opportunity to apply the ABC Model.

Introduction

Here the ABC model is used in another situation.

Activity/Discussion: Scenario 1

1) Present a scenario:
   You want the TV in the day room turned down. You see a guy sitting there who doesn’t seem very tough. You say “turn that TV down.” He looks at you, says nothing and seems to ignore you. You say, “turn down the TV or you’ll be sorry.”

2) Apply the model to the scenario:
   \[ \text{A} = \text{you want the TV turned down} \]
   \[ \text{B} = \text{you have to act tough and threaten or scare someone in order to get what you want} \]
   \[ \text{or} \]
   \[ \text{you think he is disrespecting you by not responding} \]
   \[ \text{C} = \text{you threaten} \]

3) Guide the group in a discussion: Can there be another reason for the other person’s lack of response?

Summary

If you change the way you think (beliefs) about the situation, it opens up other possibilities for behavior and a different conclusion. We can’t change A (the activating event). We can change B (our beliefs); this can allow us to change our behavior (Conclusions).
Applying ABC: Activity/Discussion - Scenario 2

1) Present the following scenario:
   *You ask a staff member to use the bathroom and he doesn't answer. You "lose it" and push him.*

2) Ask participants if they can identify A and C.

3) Model correct answer following sufficient group discussion:
   - \( A = \) you ask to use the bathroom
   - \( C = \) you push the staff member

4) Ask participants if they can “think of what B might be”; that is, what are the person’s beliefs

5) Follow by modeling example’s of typical B’s:
   - \( B = \)
     - you need to push someone to seem tough
     - you need to push someone to get what you want
     - you shouldn’t have to ask to go to the bathroom
     - you shouldn’t be ignored

Summary

As we learned with “scripts,” Beliefs are often automatic.

Applying ABC: Activity/Discussion - Scenario 3

1) Describe the following scenario:
   *You see a fight between two people you know. The staff asks you what happened. You say nothing.*

2) Instruct participants to use the handout and take a few minutes to identify A, B and C. Check to see that all participants are able to follow the instructions. Help individuals as necessary. This can be done as a large group using and easel and pad. Be sensitive to the possibility that some individuals may have difficulty with reading

3) After allowing enough time for participants to fill out the handout, get everyone’s attention.

4) Read each example aloud; ask for volunteers to offer responses; congratulate all efforts.

5) Model the correct answer following sufficient group discussion:
   - \( A = \) you see a fight
   - \( C = \) you refuse to answer questions about it

6) Ask participants to identify the person’s Belief that is based in jail and prison scripts.
7) Follow by modeling examples of typical B’s:

\[ B = \]

- Responding will be snitching, which means you will be retaliated against if you say anything
- The staff members only want to hurt you
- The staff members are your enemy; it is bad to "snitch"

Summary

These activities have explored how thoughts, beliefs and behaviors go together. In the next exercise we will begin to practice inserting alternative thoughts and beliefs.

Introduction to Disputation - The Model Becomes ABCD

Purpose

In this segment, participants are offered a tool for changing thoughts and beliefs.

Introduction

Previous sessions have focused on scripts and how negative scripts can get people in trouble. This activity looks at a way to challenge those thoughts and beliefs.

Activity/Discussion

1) Present the concept of disputation: How do we change what we think? Print on an easel pad or use a handout: Disputation is a technique for changing our Beliefs so that we act differently and experience more positive Conclusions.

2) Clarify the meaning of disputation.
   - Take an opportunity to discuss what the word “disputation” means
   - Ask the group if anyone can explain the meaning of the word dispute
   - Use the word in a sentence to help people along
   - Model the response: “A dispute is a conflict or an argument or simply challenging an idea”

Summary

Disputation is a word we will use to describe challenging some of your own ideas.
Illustrating Disputation

Purpose

This segment illustrates how disputation is accomplished.

Introduction

The way we challenge our thoughts and beliefs is to ask ourselves questions and see what answers we get.

Activity/Discussion

1) Using the Ask and Answer technique, illustrate Disputation with examples.

Disputation involves asking yourself questions and seeking new answers.

2) Offer an example: Return to the original example:

You want a cigarette but you don't have any left. You see a new guy sitting in the day room. He has a pack in his pocket and doesn't seem very tough. You say "give me a cigarette." He looks at you, says nothing and seems to ignore you. You say "give me the cigarettes or I'll kill you."

3) Model the Ask and Answer, Ask yourself:

- "Is this the only way to get what I want?"
- "Why do I have to have a cigarette right now?"
- "Why do I have to threaten him to seem tough?"
- "What might happen if I threaten him?"
- "What are some other ways I can handle this"

Discus possible answer(s):

- "This is not the ONLY way to get what I want"
- "I am in a hospital not a prison, and I can earn privileges if I don't cause trouble"
- "If I do threaten him, I might get the cigarettes, but I will also lose privileges and it will be harder to get more cigarettes for another time"
- "I don't HAVE to have a cigarette this instant, I can work out or have a candy bar and maybe get a cigarette tomorrow"
- "It's not like in jail when I have to make others afraid of me to get what I need. It takes more power and strength to control myself than it would to threaten him; maybe I can even practice asking him for one cigarette and seeing what he says"

Summary

In asking and answering it is important to have an open mind about other possibilities. It is often difficult to do this on our own. In group, other group members can offer some help.

See Resources for additional scenarios and handouts.
Materials

This section provides a template for group progress notes and some sample handouts. Handouts include:

- This Is Not Prison/Jail
- Scripts
- The ABCD Model
- Using ABCD Sample Scenarios
- ABCD Practice Sheets
- Additional Discussion Topics
Scripts

Scripts are learned patterns of thoughts and behavior.

People learn their scripts from a variety of sources including culture, religion, environment, and the people in our lives.

- Family
- Friends
- Teachers
- Employers
- Peers
- Neighborhoods
- School
- Job
- Psychiatric hospital or treatment programs
- Jail and prison

Scripts are associated with specific places. When we use a script in the wrong place, we can run into trouble with others.
## This Is Hospital/Program, Not Prison

Sometimes the hospital or program may seem like jail or prison. What are the similarities? What are the differences?

<table>
<thead>
<tr>
<th>Issues</th>
<th>Jail/Prison</th>
<th>Program/Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of stay:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why are people here?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Locked environment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Why are the doors locked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peers:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who do you live with?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Release/discharge:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who determines when you can leave?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What determines getting out?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What is the meaning of talking to staff?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is not a jail or prison. We are here to help, so you can get where YOU want to be!
The ABC-D Model

<table>
<thead>
<tr>
<th>Activating events</th>
<th>Beliefs</th>
<th>Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Activating event</td>
<td>Something happens</td>
</tr>
<tr>
<td>B</td>
<td>Beliefs</td>
<td>How we think about what happened</td>
</tr>
<tr>
<td>C</td>
<td>Conclusions</td>
<td>What we do in response to how we think</td>
</tr>
<tr>
<td>D</td>
<td>Disputation</td>
<td>Changing what we think can change the way we act</td>
</tr>
</tbody>
</table>

Disputation

<table>
<thead>
<tr>
<th>Ask yourself:</th>
<th>Answer:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this the only way to think about this situation?</td>
<td>This is not the only way to think about this situation.</td>
</tr>
<tr>
<td>Do I have to act in the usual way?</td>
<td>I do not have to act in the usual way.</td>
</tr>
<tr>
<td>What might happen if I do?</td>
<td>If I do there may be negative consequences.</td>
</tr>
<tr>
<td>Are there other ways to think about this?</td>
<td>I can think about this differently.</td>
</tr>
</tbody>
</table>
Sample Scenarios for Using ABCD

The ABCD model shows how our responses are shaped by our beliefs. These beliefs can lead us into negative consequences. To change our responses, we must take the time to think through our beliefs. Identify the missing component: Activating event, Belief or Conclusion.

Marie is studying for a test, but when a friend she agrees to meet her friend in an hour.

<table>
<thead>
<tr>
<th>A = Activating event</th>
<th>B = Beliefs</th>
<th>C = Conclusion</th>
<th>D = Disputation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone call</td>
<td></td>
<td>Mary goes to the party</td>
<td></td>
</tr>
</tbody>
</table>

Louis is crossing a street on his way to an appointment. A woman in a wheel chair is blocking traffic. He skirts around the woman and hurries to his appointment.

<table>
<thead>
<tr>
<th>A = Activating event</th>
<th>B = Beliefs</th>
<th>C = Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woman needs help</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Roland is new to the program. He keeps to himself and does participate in program activities. A counselor tries to engage him in conversation, but Roland just hastily moves away from him.

<table>
<thead>
<tr>
<th>A = Activating event</th>
<th>B = Beliefs</th>
<th>C = Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Ricardo went directly to the hospital from prison. At dinner, another patient keeps trying to engage him in conversation. Ricardo glares and then proceeds to ignore him and eat.

<table>
<thead>
<tr>
<th>A = Activating event</th>
<th>B = Beliefs</th>
<th>C = Conclusion</th>
<th>D = Disputation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone call</td>
<td></td>
<td>Mary goes to the party</td>
<td></td>
</tr>
</tbody>
</table>
### ABC-D Practice Sheets

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>What is the activating event?</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>What is the belief?</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>What is the conclusion?</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>What are some other beliefs that should be considered? What is another way to think about this?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>What is the activating event?</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>What is the belief?</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>What is the conclusion?</td>
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<td>What are some other beliefs that should be considered? What is another way to think about this?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>What is the activating event?</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>What is the belief?</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>What is the conclusion?</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>What are some other beliefs that should be considered? What is another way to think about this?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>What is the activating event?</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>What is the belief?</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>What is the conclusion?</td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>What are some other beliefs that should be considered? What is another way to think about this?</td>
<td></td>
</tr>
</tbody>
</table>
### RAP Group Progress Note

<table>
<thead>
<tr>
<th>Case File No.</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitators:</td>
<td>Session No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GROUP PARTICIPANTS: First Names Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

#### Connecting

#### Exploring

#### Changing

<table>
<thead>
<tr>
<th>Respect</th>
<th>Trust</th>
<th>Manipulation</th>
<th>Stonewalling</th>
<th>Vigilance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bid Mentality</td>
<td>Posturing</td>
<td>Wolfing</td>
<td>Do Own Time</td>
<td>Stigma</td>
</tr>
<tr>
<td>Malingering</td>
<td>Dissembling</td>
<td>Trauma</td>
<td>Freedom</td>
<td>Strength</td>
</tr>
<tr>
<td>Guilt</td>
<td>Isolation</td>
<td>Loss/grief</td>
<td>Medication Issue</td>
<td>Other</td>
</tr>
</tbody>
</table>

#### Goals for next group

item definitions.
<table>
<thead>
<tr>
<th>ITEM</th>
<th>BEHAVIORAL EXAMPLES</th>
</tr>
</thead>
</table>
| Respect | • expresses concern over being disrespected  
  • indicates that disrespect from others is a challenge or provocation  
  • perceives staring as disrespectful  
  • describes innocent behaviors of others as disrespectful |
| Trust | • indicates generalized lack of trust in staff or peers  
  • expresses undue concern over confidentiality of interview  
  • refuses to answer interviewer’s question  
  • may trivialize importance or need for trust  
  • indicates cynicism regarding other’s intention to help |
| Manipulation | • indicates necessity of using manipulation to achieve goals  
  • describes egosyntonic use of manipulation |
| Stonewalling | • ascribes to prison code of silence  
  • expresses contempt for those who snitch  
  • indicates concern over being perceived as a snitch  
  • expresses hesitation to talk to staff  
  • expresses expectation snitching will result in negative consequences  
  • may trivialize importance of communication with staff |
| Vigilance | • expresses need to maintain high levels of alertness  
  • describes avoidance of areas where vigilance is difficult to maintain |
| Bid Mentality | • equates program participation as sentence or mandate  
  • indicates intention of running out the clock  
  • expresses getting through vs. therapeutic gain as only motivation for participation  
  • describes current program in jail or prison language |
| Posturing | • use of non-verbal threats/ intimidation  
  • this may include body language, mock fighting, dress, tattoos, colors, hair style, hand shakes |
| Wolfing | • use of verbal threats / intimidation  
  • expresses need to talk tough  
  • brags about using force, intimidation, violence in the past |
| Doing Your Own Time | • expresses importance of not asking others personal questions  
  • expresses necessity of keeping out of others business  
  • uses statements such as “seeing but not seeing”  
  • expresses expectation that others will not intrude |
| Stigma | • equates mental illness and weakness  
  • expresses concern that others equate mental illness and weakness  
  • expresses concern that identification as mentally ill can lead to exploitation  
  • expresses concern that mental illness is associated with institutional restrictions |
| Malingering | • intentional production of false or grossly exaggerated symptoms  
  • endorses need for or utility of such behavior |
| Dissembling | • conceals or minimizes symptoms  
  • endorses need for or utility of such behavior |
## Structured Assessment of Correctional Adjustment [SACA]

### Scoring Sheet

<table>
<thead>
<tr>
<th>Rater:</th>
<th>Date:</th>
<th>Name:</th>
</tr>
</thead>
</table>

### Possible Ratings

<table>
<thead>
<tr>
<th>Rating Item</th>
<th>Possible Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Respect</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
<tr>
<td>2. Trust</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
<tr>
<td>3. Manipulation</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
<tr>
<td>4. Stonewalling</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
<tr>
<td>5. Vigilance</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
<tr>
<td>6. Bid Mentality</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
<tr>
<td>7. Posturing</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
<tr>
<td>8. Wolfing</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
<tr>
<td>9. Doing Your Own Time</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
<tr>
<td>10. Stigma of Mental Illness</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
<tr>
<td>11. Malingering</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
<tr>
<td>12. Dissembling</td>
<td>0 = no 1 = maybe 2 = yes X = omit</td>
</tr>
</tbody>
</table>

### Total Score: ______

<table>
<thead>
<tr>
<th>Evidence to the contrary or no issue with …</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1 Possible / less serious/ conflicting evidence of …</td>
</tr>
<tr>
<td>2 Definite / serious evidence of…</td>
</tr>
<tr>
<td>X Evidence is absent or unavailable</td>
</tr>
</tbody>
</table>

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Additional Discussion Topics

Prison Scripts in the Program/Hospital/Community

Purpose

This section provides structured activities to further explore the problems of using prison scripts in the hospital or program.

Introduction

Once learned, behaviors in prison become the new script.

Activity/Discussion

Use the scenarios below to further discuss jail and prison scripts.

- What prison scripts seem to be directing the behavior of these individuals?
- How might this create a problem for the individual?

Scenarios:

1) Jeff’s supervisor casually asks him if he knows where Vernon went. Jeff just shrugs and walks away.

2) B. A staff person sees that Frances seems distracted; she asks his roommate if Frances might be experiencing some problems. The roommate looks around anxiously and says, “I don’t know anything.”

3) George seems to be confused. At dinner, he reaches for some salt and knocks into Ray’s dish, spilling some food. He salts his food and keeps eating. Ray hesitates, then shoves George.

4) At a break, Francisco’s classmate starts to tell him about his problems with his wife. Francisco looks around carefully and says, “don’t tell anyone about that stuff.”

5) Stanford has received a letter in fancy feminine stationery. Robert asks who sent him the letter. Stanford gives him an icy stare and using obscenities tells him to mind his own business.

6) A staff member reprimands Eugene for blasting his music. He casually offers a threatening gesture (like loading an automatic weapon or slicing with a knife).

Summary

Using prison scripts in other places - the hospital, program, school, work, etc. - can create problems and interfere with achieving personal goals.
Resources

This section provides:

  Bibliography

  Web Sites

  Summary of SPECTRM Research


National GAINS Center (2007). Sensitizing providers to the effects of correctional incarceration on treatment and risk management (SPECTRM): Expanding the mental health workforce response to justice-involved persons with mental illness.


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<th>Web Sites</th>
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The SPECTRM project began with a descriptive exercise in distinguishing demographic and diagnostic features of clinical populations that had been previously incarcerated and elucidating behavioral characteristics engendered by incarceration. To begin to examine this idea, the authors held a series of focus groups with inpatient, outpatient, and corrections based mental health providers to identify behaviors that they believed distinguished the population of offenders struggling with mental health issues. Concurrently, the authors video taped patient interviews, which were structured to draw out offenders experiences in jail and prison and their reactions to their current clinical environment.

In 1997, two research studies were initiated. The first study examined 111 people admitted to an urban state hospital during a six-month period. Two groups were identified, those with a history of incarceration and those with no such history (Rotter et al, 2005). The outcome of this study demonstrated that the two groups were indistinguishable on all measures except for two: more males were in the formerly incarcerated group than in the other group (80 percent compared with 37 percent), and the mean severity of assault incidents was significantly higher among females with an incarceration history than among females who had not been incarcerated (Rotter, Larkin and Schare, 1999).

For the second study, a behavioral observation scale was developed. It was to be administered by staff to rate an individual’s attitudes and behaviors. Its elements were drawn from six behavioral categories: (1) intimidation, (2) snitching, (3) stonewalling, (4) using coercion and jail language, (5) conning, and (6) clinical scamming. The scale was administered to 30 inpatients with a history of incarceration and to 15 inpatients without such a history. Categories that were more prevalent among patients with incarceration histories included intimidation, stonewalling, and snitching. Other significant items included “feeling that the hospital was a prison-like environment” and a concern that “taking medication made one vulnerable to attack” (Rotter, Larkin and Schare, 1999).

Taken together with focus groups and the videotaped patient interviews, these two studies support the hypothesis that the jail and prison culture has a remarkable influence on offenders’ attitudes and behaviors.

In 2002, Project Renewal, a not-for-profit mental health and chemical dependency organization based in New York City, introduced SPECTRM Clinical Impact of Doing Time provider training and the RAP Program in two shelters (one men’s and one woman’s shelter, for single adults who were homeless and had serious mental illness). The duration of the program was four months, and participants were surveyed before and after the program (Broner 2002). Ten men began the RAP program, and seven completed; 15 women began the program and 8 completed. Throughout the training program, it was discovered that both men and women developed a greater sense of trust in staff and peers, despite their description of the environment of the shelter as similar to jail or prison. Responses also suggest that men who completed the RAP Program found that discussing the experience of incarceration with those who shared the same experience was relieving, and that they experienced reduced concerns about vulnerability, especially in regard to the effects of medication (Rotter et al, 2005).
Research published between 2006 and 2011 utilized the newly created *Structured Assessment for Correctional Adaptation (SACA)*. This tool was demonstrated to have both reliability and validity in rating 12 beliefs and behaviors hypothesized as being related to correctional exposure; and, is therefore, a useful tool for researchers and clinicians in assessing the effect of incarceration through direct client interview (Carr et al, 2006).

In 2011, Rotter and his associates found that higher scores on the SACA 12 was 1) significantly associated with history of incarceration and 2) was negatively correlated with working alliance, thus demonstrating both the influence of incarceration and the hypothesized detrimental effect the experience has on the therapeutic relationship. These findings held even with accounting for potential confounds such as active symptoms of mental illness and antisocial personality traits (Rotter et al, 2011).

Research in progress includes efficacy of RAP groups in both substance abuse and mental health settings. Early focus group feedback from the study at Samaritan Village, a substance abuse and co-occurring treatment facility, is positive:

- All of the members were in agreement that the group was one of the best groups they attended
- The unanimous reason was that the members felt that they were in a safe place where they could “be ourselves and tell our stories”
- One member stated that he felt the group “helps me out, and I understand my environment;” another said “the group makes me more open and accepting”
- It is easier to identify with members in the group
- Every group member was very appreciative of Carlo and some grew very upset to consider that someone else may ever run the group
- One client said, “I learned that what I learned in prison doesn’t have to be used negatively; liabilities can be a strength”
- All of the clients thought that one of the best things about the group is that a staff person is running the group; they felt that the staff have better clinical insight and can help more than when a client is running the group

**Conclusion**

Meeting the needs of individuals with mental illness who have histories of incarceration is challenging and this challenge is compounded by providers’ unwillingness to treat this poorly understood and estranged clinical population. SPECTRM works to add a best practices dimension to cultural competence by recognizing the need for a special clinical emphasis on responses to incarceration. Simultaneously, individuals with incarceration histories now receiving services in a civil and community treatment setting may be better able to take advantage of opportunities for treatment and community rehabilitation through participation in the *RAP Program* which supports their transition from the incarceration context to the clinical environment. (Rotter et al., 2005)

For more information regarding SPECTRM and RAP research, please contact Merrill Rotter at mrotter@omh.ny.gov.