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Positive psychology is not the first thing people think about when they think of criminal offenders, nor are values and mindfulness. In our program of research, however, we have found multiple lines of research from positive psychology useful at enhancing inmates' reintegration into the community. In this chapter, we describe three forms of intervention that we have been implementing and evaluating in the context of a larger program of longitudinal research on moral emotions and moral cognitions (Tangney, Mashek, & Stuewig, 2007). We first describe the Impact of Crime (IOC) workshop, an innovative group intervention that draws on a "guilt-inducing, shame-reducing" restorative

justice model. Next, we describe our efforts to import components of Acceptance and Commitment Therapy (ACT) into a values-based mindfulness group intervention designed for inmates nearing community reentry. Last, we describe the ways in which we have modified motivational interviewing (MI) procedures to best meet the diverse needs and concerns of “general population” jail inmates.

Across the board, these interventions take a positive approach to cognitive and behavioral change. Inmates are encouraged to take responsibility and commit to their values rather than to simply avoid negative behavior. They are encouraged to take positive action rather than simply avoid further antisocial behavior. Our experience supports the effectiveness of this positive psychology approach in this high-risk population. Moreover, we believe this approach is applicable across many other contexts—at school, in the workplace, anywhere where rules can be violated, harm can be done, and there lurks the possibility of shame.

The Impact of Crime (IOC) Workshop: A Restorative Justice Inspired Group Intervention

The Impact of Crime (IOC) workshop is an innovative group intervention rooted in restorative justice principles. Restorative justice is an alternative to the philosophy of retributive justice (the punishment-focused approach that dominates the criminal justice system in the United States and in many other parts of the world). Rather than focusing on legal processes and punishment of the offender, restorative justice theory emphasizes the harmful effects of crime. Crime is viewed as a violation of the victim and the community rather than a violation of the state. Accountability is defined in terms of taking responsibility for actions and repairing harm caused to the victim and community through restitution, competency development, and community service. In effect, restoration, or making things right, becomes the highest priority of the system rather than the imposition of punishment for its own sake. By taking accountability for their actions, offenders begin to understand the harm they cause to victims and communities, deterring future offenses.

The restorative justice approach aims to initiate significant, lasting change in how offenders *think* about crime, victims, and personal responsibility. The IOC workshop explicitly encourages offenders to reevaluate distorted “criminogenic” beliefs and to shift from a self-centered, egoistic orientation toward a broader appreciation of one’s place and role in the community.

The IOC workshop is a voluntary group intervention, providing a cost-effective means of providing a restorative experience to 15-20 offenders at one time. Delivered over the course of 8 weeks, this 16-session workshop is part educational and part experiential. Incarcerated participants have the opportunity to reexamine the ways in which various types of crime (property crime, sexual assault, domestic violence, drug use and distribution, etc.) affect victims, families (of both victims and offenders), and the community as a whole. Participants learn pertinent crime statistics and facts, complete a series of workbook exercises and group discussions about the victim experience, and interact with guest speakers—victims of crime who discuss how specific crimes have affected their lives and those around them. With the aid of a trained facilitator, participants process their reactions to the new information and presentations, drawing connections to their personal experiences. Throughout, the facilitator emphasizes and integrates restorative justice notions of community, personal responsibility, and reparation. An important component of the IOC workshop is the opportunity for offenders to communicate to the community their acceptance of responsibility and their desire to repair the harm done. This is done in powerful discussions with guest speakers and via a joint community service project designed and implemented by each group, over several sessions. A recent IOC group, for example, constructed a calendar with poems, drawings, and messages about the consequences of crime for victims, offenders, and communities. It was distributed to boys’ and girls’ probation homes with the aim of making a formal apology, actively taking responsibility for their actions, and warning youth about the negative effects of criminal activity. Another group created key chains with a message about the prevalence of drunk driving casualties and gave them to youth at a driving school, encouraging new drivers to consider the impact their behavior has on others.

As inmate participants grapple with issues of responsibility in the IOC workshop, the question of blame inevitably arises.

Upon re-examining the causes of their legal difficulties and revisiting the circumstances surrounding previous offenses and their consequences, many inmates experience new feelings of shame, guilt, or both. Most intriguing to us, restorative justice is essentially a “guilt-inducing, shame-reducing” approach to rehabilitation. Offenders are encouraged to take responsibility for their behavior, acknowledge the negative consequences to others, empathize with the distress of their victims, feel guilt for having *done* the wrong thing, and act on the consequent inclination to repair the harm done. Facilitators model empathy in group (and often one-on-one) discussions about circumstances leading to past offenses and then actively encourage participants to identify ways of repairing the harm they have caused. Using affirmations and highlighting steps offenders have already taken toward reparation shifts the focus from past negative acts to future opportunities for change and restoration. Additionally, group members are encouraged to empathize with and support each other in order to foster openness, collaboration, and sharing of ideas for restoration. Offenders, however, are actively discouraged from feeling shame about *themselves*. In fact, restorative justice approaches eschew messages aimed at condemning and humiliating offenders as “bad people.” The emphasis is on bad behaviors that can be changed, negative consequences that can be repaired, and offenders who can be redeemed.

Why is this guilt-inducing, shame-reducing characteristic of the IOC workshop (and restorative justice approaches, in general) so important? Research from our lab, and many others, has shown that shame and guilt are distinct emotions with very different implications for subsequent moral and interpersonal behavior (Tangney, Malouf, Stuewig, & Mashek, 2012; Tangney, Stuewig, & Mashek, 2007). Feelings of shame involve a painful focus on the self—the humiliating sense that “I am a bad person.” Such shameful feelings are typically accompanied by a sense of shrinking, of being small, by a sense of worthlessness and powerlessness, and by a sense of being exposed. Ironically, research has shown that such painful and debilitating feelings of shame do not motivate constructive changes in behavior. Shamed individuals are no less likely to repeat their transgressions (often more so), and they are no more likely to attempt reparation (often less so) (Tangney, Stuewig, & Hafez, 2011). Instead, because shame is so intolerable, people in the midst of a shame experience often resort to defensive tactics, or what ACT refers to as experiential avoidance. They may seek to hide or escape shameful feelings, denying

responsibility. They may seek to shift the blame outside, holding others responsible for their dilemma. And not infrequently, they become irrationally angry with others, sometimes resorting to overtly aggressive and destructive actions. In short, shame serves to escalate the very destructive patterns of behavior we aim to curb.

Contrast this with feelings of guilt, which involve a focus on a specific behavior—the sense that “I did a bad thing” rather than “I am a bad person.” Feelings of guilt involve a sense of tension, remorse, and regret over the “bad thing done.” Research has shown that this sense of tension and regret typically motivates reparative action (confessing, apologizing, or somehow repairing the damage done) without engendering all the defensive and retaliatory responses that are the hallmark of shame (Leith & Baumeister, 1998; Tangney, Stuewig, & Mashek, 2007; Tangney, Youman, & Stuewig, 2009). Most important, guilt is more likely to foster constructive changes in future behavior because what is at issue is not a bad, defective self but a bad, defective behavior. And, as anyone knows, it is easier to change a bad behavior (drunk driving, theft, substance abuse) than to change a bad, defective self.

Many offenders come in to treatment with a propensity to experience shame rather than guilt. Some are so defensive that they feel little of either emotion. The IOC workshop utilizes cognitive-behavioral techniques to foster a more adaptive capacity for moral emotions by (a) using inductive and educational strategies to foster a capacity for perspective taking and other-oriented empathy; (b) encouraging participants to broaden their vision through a better understanding of the impact of crime and a greater taking of accountability, cutting through minimization and denial of criminal actions; (c) understanding the relationships between victims, offenders, and the community; (d) encouraging appropriate experiences of guilt and emphasizing associated constructive motivations to repair or make amends; and (e) explicitly avoiding language that may be construed as condemning or humiliating inmate participants as “bad people.” Instead, the strong message is that redemption is possible.

The IOC curriculum begins with discussions of crime, its consequences, and how to repair the harm caused, in the abstract. Over time, the completion of workbook exercises, group discussions, and interactions with guest speakers prepares participants to look at their own actions honestly and to use their newfound understanding to change

their behaviors. Recently, one participant revealed that he was experiencing intense shame about his history of drunk driving. He spoke very little in class but responded thoughtfully to homework exercises and responded well to the facilitator's written and verbal praise of his efforts. As he began to speak up in class to support other participants' attempts to understand and change their behaviors, he likewise received empathic and encouraging responses that allowed him to confront his past actions and identify ways to repair the harm he caused. A turning point occurred for him during the lesson about drunk driving, when the guest speaker, the mother of a girl killed by a drunk driver, explained that the one thing that she would want from the man who killed her daughter would be for him not to drive drunk again. For this participant, the idea that restoration is possible allowed him to view himself as someone who could change and redeem himself. At the end of the workshop, he led the group in a community service project that petitioned Congress for a law to make built-in breathalyzers mandatory in cars in an effort to curb drunk driving casualties. In short, the intervention emphasizes that inmate participants can take steps to repair the fabric of their relationships and the community, and they can make lasting positive changes in their behavior moving forward.

Currently, we are conducting a randomized clinical trial to assess the efficacy of the IOC workshop in reducing postrelease reoffense and in enhancing adjustment in the community. A key hypothesis is that the IOC workshop will reduce recidivism via its impact on moral emotions and cognitions—that is, by enhancing adaptive feelings of guilt, reducing problematic feelings of shame, and restructuring criminogenic beliefs.

The Re-Entry Values and Mindfulness Program (REVAMP)

Research has shown that a majority of jail inmates have significant psychological and behavioral problems. Upwards of 70% of jail inmates in our sample had clinically significant elevations on one or more symptom clusters. For example, 47% scored in the clinical range for drug problems, 26% for alcohol problems, 10% for anxiety, and 19% for depression (Drapalski, Youman, Stuewig, & Tangney, 2009; Youman, Drapalski,

Stuewig, Bagley, & Tangney, 2010). Additionally, a remarkable proportion (31.7%) report clinically significant symptoms of borderline personality features (Conn, Warden, Stuewig, Kim, Harty, Hastings, & Tangney, 2010). Few of these inmates have sought or received traditional mental health treatment in the community, and there are limited resources for mental health treatment in jails (Drapalski et al., 2009; Meyer, Tangney, & Stuewig, under review; Youman et al., 2010). While anecdotal evidence suggests that few inmates perceive themselves as living a rewarding life in accordance with their own values, little empirical research in this population has investigated positive psychological outcomes. It is as if the possibility that inmates might have a sense of meaning, happiness, optimism, or gratitude hasn't been considered.

With an awareness of the need to reduce symptoms and enhance value-based living in this population, we developed a short-term group intervention specifically designed for jail inmates nearing reentry to the community: the Re-Entry Values and Mindfulness Program (REVAMP). This program, derived primarily from Acceptance and Commitment therapy (ACT), empowers the individual and is flexible enough to address the diversity of problems and life experiences encountered in a jail population (Hayes, 2004; Hayes & Smith, 2005). In addition to ACT, REVAMP draws tools from several mindfulness- and acceptance-based interventions, notably mindfulness-based relapse prevention (Bowen, Chawla, & Marlatt, 2011), dialectical behavioral therapy (Linehan, 1993), VA Maryland Health Care System ACT group manual (VAMHCS ACT Therapy Team, 2007), and skills for improving distress intolerance (Bornovalova, 2008).

REVAMP is distinguished from other jail-based programs by its acceptance-based approach to symptom reduction and its focus on values in action. Psychological interventions for inmates generally only focus on reducing symptoms of psychological distress and/or behavior problems. However, REVAMP aims to both reduce symptoms, *and* improve individuals' ability to lead a values-driven, personally meaningful life. These dual aims of reducing symptoms and enhancing valued action are intrinsically linked. Symptoms often serve as barriers between individuals and their values. In turn, values serve to motivate the behavior change necessary to reduce symptoms. Thus, enhancing valued action and reducing suffering represent two major overarching, interconnected themes throughout the REVAMP program. We discuss each in turn, outlining

how both reinforce each other and highlighting how each serves to overcome treatment barriers for this challenging population.

***Focus on Values-Based Action:
Clarifying Values and Setting Goals***

The REVAMP program begins with a focus on personal values. By starting with an identification of personal values, defensiveness is decreased and personal investment in the program is heightened. This also appears to be a refreshing change for individuals who are used to being judged and who are accustomed to being told what to do and when to do it by the correctional system. REVAMP facilitators emphasize that there are no “right” or “wrong” answers and encourage participants to say what they really believe rather than what they think we want to hear.

One might wonder what sorts of values inmates generate and if this might be a foolhardy or even dangerous endeavor. Given their often extensive criminal histories, might inmates’ values orient them in a direction that would be harmful to the community? For example, inmates might value material wealth attained by any means necessary or risky sexual behavior.

Our experience with multiple groups of inmates over the course of the treatment is that they consistently identify prosocial values. Inmates’ values often not only reflected a desire to achieve well-being for themselves but also to positively contribute to others (see Table 1). In fact, across program participants, there were no examples of clearly antisocial values (though a few mentioned different sets of values they had at younger ages that they now see as misdirected).

Table 1: Example of Inmate’s Values and Goals

| Values | Goals |
|---------------------------------------|--|
| Be a friend and partner for my spouse | Find activities that we both enjoy and do them |

| | |
|--|--|
| A close family | Talk to my relatives at least once a month |
| Be a man who protects, provides for, and shelters his wife | Get and keep a good-paying job |
| Live drug and alcohol free | Sobriety one day at a time |
| Help uplift my community | Coach a little league team |
| Be a person who respects other people’s thoughts | Listen more to other people |
| Live my religion | Attend church every Sunday |

Once values are generated, REVAMP leaders facilitate a refinement of these values to an appropriate level of specificity. For example, a participant might identify “family” as a personal value. He or she would be encouraged to elaborate—e.g., “providing for my family” or “making my family proud.” A helpful values metaphor is to have participants imagine themselves as a bus driver with the value as the direction they want to drive their bus (Hayes & Smith, 2005, p. 153). At the end of the first session, inmates are asked to write their own epitaph. This exercise, which is employed in ACT and other acceptance-based interventions, focuses inmates on defining their intended legacy, what they want their lives to stand for (Hayes & Smith, 2005, p. 170). During the second session, inmates expand this by identifying their specific personal values with a worksheet listing major life domains (e.g., career, family, health) and prompts to identify a value in each domain (Hayes & Smith, 2005, p. 170). They rate the importance of each value to help prioritize the values they would like to begin working toward. Inmates then set goals consistent with their values, or in terms of the bus metaphor, stops they want to make on the journey toward their values.

Barriers to Values: Bridge from Values Enhancement to Reduction of Suffering

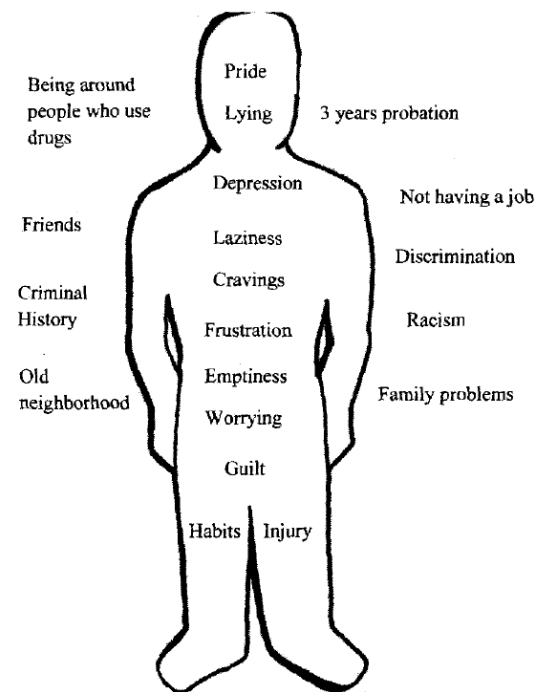
Inevitably, these values exercises begin to raise awareness of discrepancies between inmates' values, their recent behavior, and their current situation. In fact, a key aim of Sessions 1 and 2 is to highlight the discrepancies between where inmates are and where they want to be heading. In group, having identified a broad list of values, the perceived barriers (e.g., "yeah, buts...") begin to flow. Participants focus on the genuine difficulties they anticipate facing when they return to the community (e.g., poor economy, stigma related to a criminal record, racism, disappointed family members, logistical requirements of probation that complicate maintaining successful employment).

Inmates may also acknowledge obstacles to their values that involve their own behavior. However, inmates are often ambivalent about their own role in contributing to these difficulties. They may acknowledge partial responsibility, yet often externalize blame to flaws in the legal system, discrimination, or other circumstances beyond their control. Perceptions of unjust treatment associated with their current incarceration may exacerbate inmates' defensiveness, heightening their awareness of external obstacles and increasing reluctance to focus on the role that they have played in their own suffering.

Given that the immediate jail environment can further elicit defensiveness, REVAMP is careful not to imply judgment, while still encouraging a focus on one's own behavior. This is accomplished by openly probing for perceived barriers to valued action and validating the emotional response to these barriers (e.g., frustration). Next, the program provides psychoeducation about the distinction between "external" obstacles (problems in the environment they are returning to) and "internal" obstacles (one's thoughts, emotions, and behavior). Facilitators present the outline of a person and ask participants to classify the obstacles they identified as either internal or external (see Figure 1). When external obstacles are identified (e.g., burdensome probation requirements) they are written outside of the outlined figure, and facilitators probe for related internal obstacles (e.g., frustration, missing meetings), writing these in the interior of the figure. Often, participants spontaneously recognize connections between internal and external obstacles.

(These connections are also incorporated into the figure, providing visual emphasis.) Following the group discussion, participants identify the internal and external obstacles they will face as individuals. Because both values and obstacles are defined by the participant, the perception of judgment or blame is minimized.

Figure 1: Internal and External Barriers



In a collaborative process, REVAMP facilitators acknowledge that participants' ability to achieve a values-driven, meaningful life is hampered by both external and internal barriers, which often are interconnected. However, REVAMP directs attention to that which individuals can directly impact while still incarcerated: the internal barriers.

Reducing Suffering: Confronting and Breaking Barriers to Values

Given that jail inmates are diverse, there is substantial variety in both the internal and external barriers they face. Therefore, a successful reentry program must provide flexible tools to prepare participants to overcome a range of behavior problems and life challenges.

The theoretical underpinning of REVAMP provides such flexibility. REVAMP identifies and focuses on a common factor related to many of the psychological and behavioral problems experienced by inmates: the maladaptive avoidance of emotional pain (Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Pain is understood as a normal and inevitable part of life. Although many essential aspects of life involve pain, individuals may try to avoid or escape pain. This unwillingness to experience pain can manifest as a variety of problematic avoidance behaviors, such as substance abuse, social isolation, and risky sexual behavior. In turn, problematic avoidance behaviors result in additional pain (e.g., health problems, loneliness, strained relationships). This “extra” pain resulting from one’s own attempt to avoid pain is referred to as “suffering.” Over time, patterns of problematic avoidance behavior may become habitual and difficult to break (Hayes & Smith, 2005, pp. 1-16).

This conceptualization is applicable to a variety of distinct problem behaviors found among inmates. To illustrate, consider two examples. Inmate A reports that he began to drink heavily soon after the unexpected death of a loved one. He describes his drinking as becoming “out of control,” leading him to lose his job and straining his relationship with his surviving family members. Inmate B describes being “addicted” to the power and quick money of selling drugs, which he attributes to his impatience for the slow pace it takes to improve one’s status through education and entry-level positions. Following previous incarcerations, he has tried to maintain employment but says he cannot tolerate the mundane routine of the type of job that he can attain given his criminal record. He adds that his daughter has “expensive tastes” and pressures him to provide her with expensive things.

As shown in Table 2, these vignettes illustrate that a common element of two different problematic behaviors (alcohol abuse and illegal activity) can be conceptualized as avoidance behavior. While each inmate faces

Table 2: Pain and Suffering Conceptualization

| | Difficult Situation | Pain | Avoidance Behavior | Suffering |
|----------|---|--|-----------------------------------|--|
| Inmate A | Death of a family member | Feelings of loss | Excessive alcohol use | Legal trouble Unemployment Strained relationship with family members |
| Inmate B | Long history of incarceration and separation from family Daughter asking for money | Feeling of powerlessness, frustration, shame | Selling drugs to make quick money | Legal trouble Separation from daughter and loss of her respect |

different situations and experiences different emotional reactions, both attempt to escape their pain through risky avoidance behavior. In REVAMP, one's relationship with pain is a major target of treatment. In this way, the program's focus is on the common element of different problem behaviors. By focusing on one's relationship to affective experience, rather than on specific types of experiences, REVAMP is able to accommodate the diverse group of participants represented in a jail setting.

During session 3, inmates are provided with psychoeducation about the difference between acceptance and avoidance of pain, and the relationship with suffering. Two metaphors often employed in ACT are used to illustrate these concepts: quicksand and Chinese finger traps (Hayes & Smith, 2005, pp. 3-4, p. 37). First, participants are asked to imagine their reaction if they were to find themselves caught in quicksand. Most imagine that they would panic and would try to pull, swim, or run out. In quicksand, the more you struggle the more you sink, so these frantic movements would cause someone to sink deeper and deeper. It is clear that, for most people, acting on the first impulse would serve to make a bad situation worse, which illustrates the concept of suffering. Next, participants are provided with Chinese finger traps—woven straw tubes just large enough to insert an index finger into each end. The tubes are constructed to “trap” the inserted fingers when one quickly attempts to pull out the fingers directly. But by pushing in, the finger trap relaxes allowing the fingers to become freed. Inmates are asked to imagine that the finger trap represents pain. Inmates experience how their first impulse, which usually is to jerk the fingers apart, serves to tighten the trap and restrict their flexibility. The Chinese finger trap allows inmates to experience, in a physical way, the paradox of acceptance. By allowing the fingers to go further into the trap, essentially doing the opposite of one's immediate avoidance impulse, more space and flexibility are created, which ultimately allows escape. While some might be skeptical that criminal offenders would appreciate the abstract nature of metaphors, our experience has been that inmates readily identify with these metaphors. Several have generated additional metaphors to illustrate their own futile struggle with pain (e.g., swimming against a riptide). Both in group and individually, participants reflect on their own experience of suffering resulting from impulsive avoidance behavior. Individually, by completing worksheets, inmates reflect on how acceptance would allow them to lead a life more in line with their values.

After the rationale for pursuing a healthier way to react to pain is established, participants are taught concrete skills to better manage pain. Sessions 4, 5, and 6 cover three major classes of skills: present awareness, short-term distress tolerance, and defusion skills. During session 4, which is devoted to present awareness, participants are taught about the concept of automatic behavior, action without awareness, and automatic pilot mode (Bowen et al., 2011, pp. 32-47). During automatic pilot mode, individuals' behaviors are influenced by their thoughts and feelings without conscious awareness of this process, such that a situation can trigger harmful automatic reactions. Facilitators explain that awareness is necessary in order to respond to internal states with intention and choice, rather than automatically. Participants engage in several exercises to bring awareness to their experience. First they complete a body scan (Bowen et al., 2011, pp. 42-43), which involves focusing on sensations experienced in each part of the body, without reacting to them. Participants then bring awareness to their thoughts by writing what goes through their minds, or their “mental chatter,” for 2 minutes (Hayes & Smith, 2005, p. 55). Later, participants further raise nonattached awareness of their thoughts with a mindfulness exercise in which they picture their thoughts as leaves floating down a stream (Bowen et al., 2011, pp. 140-141).

Session 5 focuses on adaptive management of emotional pain. In this session, group leaders acknowledge that bringing acceptance to pain is not an immediate fix. Similar to other acceptance-based interventions, REVAMP takes the stance that sometimes taking healthy action to temporarily reduce the pain can be the best option (Linehan, 1993). The difference between adaptive and maladaptive coping action is explained in reference to the outcome of the behavior; adaptive coping behaviors have positive outcomes, while maladaptive coping behaviors have negative long-term outcomes. Participants brainstorm examples of each type of coping behavior and identify the consequences. In an individual exercise, participants monitor changes in their distress as they practice several coping behaviors (Hayes & Smith, 2005, p. 28). These short-term distress tolerance skills are presented as quick fixes to be used during times of intense pain rather than as permanent solutions. Session 6 presents a long-term strategy to manage distress by transforming the relationship participants have to their own thoughts and feelings. Inmates are provided with psychoeducation on observer perspective and

defusion. Group leaders explain that taking a step back from thoughts and emotions and adopting an outside perspective can reduce the automatic impact on behavior. To illustrate this, group leaders present an ACT metaphor of a chessboard (Hayes & Smith, 2005, p. 96). Inmates are instructed to imagine their internal struggle as a chess game with positive and negative thoughts and emotions as two opposing teams of chess pieces. Group leaders then ask the inmates which part of the metaphor represents them (e.g., the pieces, the player, or the board). Participants usually immediately respond that they are the pieces or the player. Group leaders explain that the board represents an observer perspective; it holds the internal content (e.g., thoughts and emotions) but is not a part of the struggle. Inmates then participate in a visualization-based centering exercise referred to as the mountain meditation (Bowen et al., 2011). In this meditation, an image of a mountain is used to represent a grounded, unmoving, nonreactive presence.

The worksheet assigned at the end of session 6 integrates distress-monitoring material from sessions 4-6. Participants are first instructed to identify their own past maladaptive reactions to distress. Then they are asked to reflect on the distress that they will likely experience in the future and describe alternative adaptive reactions. This allows participants to apply the material related to present awareness, short-term adaptive coping, and/or observer perspective to their own anticipated distress (Bornovalova, 2008).

Session Structure

REVAMP is designed to have a consistent structure across sessions to provide a challenging, yet predictable, group experience. Session 1 differs from the other sessions due to the need to orient participants to the program by presenting its purpose and goals, enhancing curiosity and interest in the remainder of the intervention, creating a safe environment to promote personal participation, and introducing centering exercises for the first time. Sessions 2-8 each follow the same pattern:

- Centering exercise
- Review/discussion of previous assignment

- Curriculum beginning with bridge from last class and often including a new or expanded metaphor
- Exercise that illustrates the lesson of the day
- Discussion of the curriculum and exercise
- Assignment of worksheet to be completed prior to the next session to personalize the lesson for each inmate and/or practice putting the lesson into action
- Distribution of a take-home message providing the curriculum in a succinct phrase or two
- Centering exercise

For example, session 7, which focuses on integrating values-based living with distress tolerance skills, begins with the mountain meditation for the centering exercise, followed by a review of the distress-monitoring worksheet assigned at the end of session 6. Next, group facilitators present the curriculum, which focuses on valued action, goal setting, and overcoming barriers. Group facilitators utilize the bus metaphor to reinforce material on values (direction the bus is heading), goals (stops along the way), internal barriers (distracting passengers on the bus), and external barriers (traffic jam). An exercise in which participants set short-term achievable goals is followed by a discussion of overcoming barriers in the community. Participants are then given a worksheet to identify potential barriers and strategies to overcome these barriers. Next, participants are provided with a "take-home message": "Practicing mindfulness and trying new things can help you live the life you want to live." Finally, participants complete a present awareness-based centering exercise.

The final group, session 8, follows the same general structure as sessions 2-7, with a few differences to promote reflection of what has already been presented and how the group experience can help each person when he or she reenters the community. We start with a centering exercise, as usual, but the group chooses one of three previously used exercises. We also review the worksheet assigned during the previous session. Then, instead of introducing a new lesson during the curriculum section, we review: the goals of the program; the theoretical rationale for each goal; and how each goal was promoted in the lessons, exercises, centering techniques, and discussions. Instead of having one

discussion section after the curriculum review, we discuss the personal application of each course goal for each individual. We also distribute a compiled list of all of the take-home messages. Finally, the group again selects a final centering exercise from a menu of previous centering exercises.

Acceptability

Outcome data are not yet available from our pilot randomized clinical trial, but evidence suggests that REVAMP is well received by a diverse group of inmates. All participants were given anonymous feedback forms to complete. Overall, feedback has been very positive. Participants provided ratings on a scale of 1-4 of the intervention's quality ($M= 3.3$), usefulness ($M= 3.5$), and their overall satisfaction with the program ($M= 3.6$). Retention throughout the program has been strong for a jail-based program, comparing very favorably with attendance observed in other multiweek programs and interventions offered at this jail.

Applicability

REVAMP was designed to be generally applicable to a broad range of inmate participants that are diverse in terms of age, ethnicity, criminal history, values, and barriers (e.g., mental health concerns, substance abuse problems, etc.). Accordingly, participants in REVAMP were eligible for the study if they met basic requirements meant to ensure the ability to participate in the program (e.g., were assigned to the general population, had remaining sentences long enough to participate in the program, would be released directly to the community). Participation in REVAMP was entirely voluntary. Thus far, participants in this program have ranged in age (from 18 to 81), criminal history, and type of instant offense.

In sum, the 8-session REVAMP treatment has dual aims of reducing distress and enhancing values-based living. REVAMP is specifically tailored to the jail setting, and preliminary feedback suggests that it has been well received by a diverse group of inmates. We are in the process of collecting empirical data on REVAMP's effectiveness.

Motivational Interviewing with "General Population" Inmates

What Is Motivational Interviewing?

Motivational interviewing (MI) is a brief intervention developed by Miller and Rollnick (2002). Often, MI is used as a "pretreatment" intervention, typically delivered in 1-2 individual sessions just prior to the initiation of treatment. In other contexts, it is provided as a stand-alone intervention, in anticipation of treatment or change.

The goal of the motivational interview is to enhance a person's motivation to change. MI is especially useful for "resistant" or "uncommitted" clients—people in need of treatment who are ambivalent about change or who are not committed to change. Using a directive, yet client-centered approach, the MI clinician: (a) probes to make the client's goals and personal values salient; (b) highlights discrepancies by helping the client identify ways in which his or her current behavior and life circumstance are at odds with those values and goals, and (c) helps the client utilize dissonance arising from recognition of such discrepancies as a source of motivation for (and commitment to) positive change. In the MI interview, the clinician works from the client's perspective, expresses empathy, highlights discrepancies in the client's current circumstance and future goals, reframes resistance, and supports the client's sense of self-efficacy. Initially developed for the treatment of alcoholics, MI has evolved into a broadly applicable technique and associated theory, complete with specified mechanisms of action including motivation for change, stages of change, "change talk," and "commitment talk" (Miller & Rollnick, 2002).

Although not explicitly developed within the context of positive psychology, motivational interviewing techniques stem from positive psychology principles. MI techniques to enhance self-efficacy focus on the client's positive individual traits (e.g., "What strengths do you have that will help you make this change?"). Additionally, MI techniques to enhance motivation focus the client on the positive results of enacting a change (e.g., "If you make the change, what would be better about your life?").

Empirically, How Has Motivational Interviewing (MI) Fared in the Community?

Motivational interviewing techniques have been employed in conjunction with many different kinds of treatment aimed at changing behavior in a variety of domains. There is now an impressive body of research documenting MI's effectiveness in increasing treatment motivation and subsequent behavior change. Three meta-analyses, each of somewhat different study samples, converge—MI yields medium effects across diverse samples and in a variety of problem areas, both when evaluated as a stand-alone intervention *and* when assessed as an additive effect in combination with a focal treatment (Burke, Arkowitz, & Menchola, 2003; Hettema, Steele, & Miller, 2005; Rubick, Sandbaek, Lauritzen, & Christensen, 2005).

Why Is MI Especially Relevant to Inmates?

Some limited research with individuals who are incarcerated or on probation has yielded promising results (Ginsburg et al., 2002; Walters et al., 2007). For example, a motivational enhancement intervention with domestic violence offenders increased readiness to change substance use (Easton, Swan, & Sinha, 2000). Among incarcerated adolescents, motivational interviewing reduced the frequency of postrelease drinking and driving, and being a passenger in a car with someone who had been drinking, especially among those with low levels of depression (Stein et al., 2006). In addition, MI appears effective with individuals who are angry or oppositional and with individuals who are not motivated to change (Hettema et al., 2005; O'Leary Tevyaw & Monti, 2004). Moreover, a meta-analysis found that the effects of MI are significantly larger for minority samples than for Caucasian samples (Hettema et al., 2005), especially relevant to a jail setting given that minorities are disproportionately represented in jails and prisons.

Special Challenges in Using MI with Prerelease Jail Inmates

MI is typically employed in contexts where the actual target of change is unambiguous (e.g., among individuals referred specifically for substance abuse treatment, among adolescents with eating disorders, among clients seeking mental health treatment for depression). In most contexts, the ultimate focus of change is clear from the outset—to both client and interviewing clinician.

In contrast, jail inmates nearing community reentry, especially those with comorbid substance dependence and psychiatric disorders, face myriad challenges and a long list of potential targets for change. For some, the primary goal is to obtain employment and find a place to live. For others, abstinence from substance use is paramount. For others, continuation of psychotropic medication (often first prescribed during incarceration) and supportive therapy is at the top of the list. In the absence of MI, inmates typically express a fervent wish to live life differently from their pre-incarceration days, but plans to reach and maintain these goals are underdeveloped or entirely absent. In short, the use of MI procedures with jail inmates, especially those with comorbid substance dependence and psychiatric disorders, is complicated by the need to clearly identify achievable goals (emanating from personal values) and to then move on to the prototypical MI business of enhancing motivation, delineating plans for action, and bolstering self-efficacy for implementation.

Having obtained extensive training in MI procedures and having piloted these procedures with jail inmates nearing reentry into the community, we are convinced that the use of MI in this context is necessarily quite different from its use in more conventional contexts (e.g., substance abuse treatment programs). Conventional approaches must be modified because of the need to identify idiographic targets of change. There is a diversity of potential goals and targets of change among general population offenders (e.g., reducing or eliminating substance use, gaining employment, strengthening family ties, desisting from criminal activities). It is also especially important to minimize the potential for inmates to feel judged, stigmatized, or even shamed by the MI clinician.

Our initial efforts to probe to identify person-specific targets of change appeared to do just that. We tried opening our interviews by

saying “Mr. X, you’re due to be released from the ADC in XX weeks. Thinking about rejoining the community, what kind of changes would you like to make to avoid being incarcerated in the future?” The interviews fell flat. We met with considerable resistance. A number of inmates bristled at the idea that they needed to make changes to avoid re-incarceration. Many responded with stories about external factors—especially how the system had failed participants. Others stated categorically that they weren’t going to return to jail. They’d already made all the changes they needed to make. In effect, we communicated our assumption that participants *needed* to make changes. Our opening question inadvertently implied that inmate participants were deficient in some fundamental way and that we knew they needed to make changes (and likely that we knew best what needed to be changed).

We spent several months piloting a number of strategies, and one approach clearly emerged as more effective than the rest: tapping into inmates’ personal values and goals right from the outset. We now begin MI interviews with inmates by thanking them for meeting with us and asking, “So Mr. X, what kind of things are most important to you? What do you value most?” Using this approach, the way opens like magic. As in the REVAMP program, inmates have no difficulty coming up with personal values—values that are, almost without exception, positive prosocial values that most of us share. The interview opens on an upbeat note. Rapport is readily established, as inmate participants feel respected and valued as individuals.

Having identified personal values, it is a short step for the MI clinician to note how a criminal activity and incarceration have interfered with pursuing personally relevant values and associated goals. “Developing discrepancy,” a key MI technique, is a natural transition—done in a way that inmate participants experience as not threatening or judgmental but rather as supportive and caring. Targets of change are much more readily identified. Inmate participants readily move through one or more stages of change. And the interview concludes on a positive note, reaffirming the participant’s own values and goals and the changes she identified that would pave the way toward reaching these personally relevant goals.

Summary and Conclusion

There is a tremendous need for psychological interventions tailored to the needs of inmates and the constraints of the jail or prison environment. Because of their severity and potential danger to society, a focus on inmates’ psychological and behavioral problems may seem more important than a focus on positive outcomes. And in fact, whereas recent years have seen a growth in empirical research on positive psychological interventions in clinical and community settings, little work has focused on translating this research into interventions for inmates.

In this chapter, we described three treatment approaches designed for “general population” jail inmates. Several common threads run through each of these interventions. First, these approaches are shame-reducing in nature. Each intervention takes a slightly different response to the inevitable shame resulting from inmates’ reflections. Consider, for example, this inmate’s expression of shame: “Now that I am clean and sober in jail I see how my substance use has hurt myself, my family, and my community. I am so stupid for having let this go on for so long.” IOC encourages inmates to take responsibility and to develop and carry out a reparative plan. REVAMP encourages acceptance and refocusing on valued action. In MI, therapists express empathy, reframe and affirm clients’ strengths and values, and encourage a sense of self-efficacy in order to enhance motivation. While these approaches are not mutually exclusive, they help illustrate ways in which each treatment can address clients’ experiences of shame.

Second, these treatment approaches share an emphasis on making positive change for the future. Modifications were necessary for both MI and the ACT-inspired REVAMP. Pilot testing of both led us to anchor the intervention in an initial discussion of personal values and goals.

Our work has emphasized that encouraging “the positive” and curing “the negative” are not necessarily mutually exclusive. Our experience across interventions has shown that inmates’ motivation to change is strongest when it is driven by positive motivations (e.g., a valued goal or restoration following an offense) rather than by simple avoidance of shame, further punishment, and re-incarceration. In sum, working to enhance values and reduce symptoms can be complementary and mutually reinforcing in this population. Offender rehabilitation could be

substantially enhanced by a greater consideration of constructs and interventions emanating from the field of positive psychology.

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