

Treatment modalities for inmates research paper example

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Prisoners usually face all manner of abuse while incarcerated, usually from prison staff, unaware - or in utter disregard for the minimum requirements for the treatment of inmates, which are based on principles that require safety, orderliness, fairness and respect for the law, with the intention of making the inmates to lead law-abiding lives when they leave. This is more complicated where inmates may have a mental or medical condition, such as those brought about by the use of addictive substances, and call for special treatment modalities in working towards reform and re-integration of the offender.

It is in response to this that a number of modalities for treating inmates have been developed over the years, and one of these is the therapeutic community approach, and it has been evaluated to be a very effective one in contributing to complete rehabilitation of prisoners. This approach puts the community at the center of facilitating psychosocial change in the inmate, usually through the isolation of the convicted person from the general population of other prisoners. The isolation is an important move to prevent the glorification of crimes and offences by offenders while incarcerated, acts which often harden them and increases their likelihood to offend again either while still in prison or soon after release.

The therapeutic community comprises the inmates allocated to the program as well as the requisite staff who may be drawn from the treatment and mental health professions, as well as some rehabilitated addicts who will have completely recovered from their addiction to double up as both mentors and staff. This is justified by the minimum standards for the treatment of offenders set by both the American Bar Association and the UN,

the basis that the only punishments that convicted prisoners are supposed to be subjected to should be exclusion from society and loss of liberty. Besides inmates being encouraged to maintain family relations, they should have access to the necessary health care and enjoy to some extent freedom of religion and expression, among other things. There is a clear hierarchy through which the latest admissions are assigned the lowest job positions, from which they have to work their way up by through promotions and privileges to rise within the chain of command.

Each inmate is responsible for their own treatment, and that of the others. They are further divided into smaller groups that form a closer-knit nucleus to persuade each other to reform their attitudes and behaviors, usually with the peers holding group members immediately accountable for any errant conduct. The groups are also involved in larger meetings among them, thus socializing those within and assisting them to develop individual identities in an environment where their attitudes and behavior are expected to conform to social norms. A number of therapeutic communities may enhance their services by such additions as family treatment and educational, vocational, medical, and mental health services.

The success of this approach is based on the fact that there is a blend of cross-trained professionals whose key role is that of being community members, and therefore easily lending themselves to the trust of the targeted inmates, since they serve as well experienced and powerful role models whose presence is a realistic demonstration of the current inmates' capability of undergoing rehabilitation successfully, since they can identify with the language, experience and realities of the inmates. They also find

themselves with people who understand their feelings and fears more than professional medics and criminologists.

Research has indicated that those who leave correctional facilities having been rehabilitated with a close aid of clinicians who are themselves former addicts and offenders are unlikely to take up the habits again. This is in addition to the fact that the former offenders themselves engaged in the practice of rehabilitating others are almost completely shielded from ever relapsing into the erring habits as they find their lives now more useful and productive in positive and legal ways.

Therapeutic communities, thus, have been heralded as very powerful interventions in correctional treatment especially for the inmates with severe predatory criminal records and between nine and eighteen months to serve, as this returns the best results in any cost-benefit analysis as well as the best recorded impact in the incarceration and post-release quality of life for the inmates. The success is usually bolstered by the long term impact that is crime reduction in society, though it has been known not to have a similar impact among the low-risk offenders due to its intense nature, and may also prove to be a waste of resources due to the expensive nature of this intervention.

The treatment duration is also usually not exactly precisely determined when the offender is admitted into the program. This is because the therapeutic community approach is dependent on when the inmate demonstrates full reform, and could thus be extended beyond the predicted time. This, however, should also be viewed as one of the merits of the approach since it is "offender-centered" rather than system centered or strictly pre-

determined by the judicial system, and so ensures that the inmate is ready for re-integration into society before their release. It also has mechanisms for follow-up after release to ensure support for the ex-offender to reduce the risk of their re-offending, thus making the TC the best correctional option for treatment of inmates.

References:

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