

# [Good essay about the case of adam strong](https://assignbuster.com/good-essay-about-the-case-of-adam-strong/)

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## Abstract

This paper is will discuss the case of Adam Strong. The first section of this paper will explain the offender category that concurs with the scenario client and discern the treatment considerations inherent in this category. The second section of this paper will describe the multicultural factors evident in the scenario and explain how these factors affect treatment and treatment approach. The third section of this paper will describe the treatment approach and/or programs you would use with the offender and explain why. The next section of this paper will describe the ethical and legal issues that might be involved in the treatment of your selected offender and explain how you would address these issues. The final section of this paper will describe the model used to measure treatment outcomes and explain why you selected this model.

## Introduction

Adam Strong is a criminal charged with manslaughter who has killed with intent for murder, but there is case of partial self-defense in terms of loss of control and diminished responsibility. To treat criminals charged with manslaughter, any one of these methods can be used anger management, cognitive skills programs, intimate partner violence programs and multi-modal programs (Justice. gov. uk). There are several multi-cultural factors that are evident in Adam Strong’s case and many of them are common in case of other criminals from the same race, ethnicity and culture. Being a black African-American, Adam Strong can face bias from a judge or prosecutor, especially with the notions and past history against his race.

## Multicultural Factors

There are references to the ethnicity and race in the criminology, as the key socio-demographic variables are routinely used by the empirical criminologists to describe the offenders and the criminal justice practitioners. At a theoretical level, the ethnicity or the race infuses thoughts of several criminological schools throughout history of the discipline. Most of the focus in this theoretical and empirical attention has been on the official statistics that reveal the overrepresentation of the certain minorities among those convicted for the same criminal offence. Nevertheless, it has been contended that credible criminological theory should be able to understand and explain, among several other things, the elevated rates of the offenders among the oppressed racial minorities, since it is one of many strong and regularly supported associations in the criminology (Phillips, 2003 p. 269-290). Bias in the justice system can take several forms. For example, in case of policing, bias can manifest in the poor interactions in the community that denotes a lack of respect. In the courtroom, ways by which the minority defendants and their attorneys are addressed might communicate the attitudes suggesting their second-class status. In the prison, the officials who carry negative interactions with family members of inmates can increase the levels of hostility for the families, staff and the inmates. The criminal justice practitioners are similar to them and those who act and look like them. Thus, prosecutors and judges can be receptive to the consideration of sentencing options and pre-trial for the defendants with whom they have cultural connection. This holds true for all the ethnic and racial groups. Understanding the dynamics reinforces the need of maintaining a representative and diverse justice system so it would be easy to more equitably meet legitimate needs for everyone in the system. Many people suggest that obvious bias in the decision-making has declined over the years, and racial disparity is essentially as the consequence of strategies, policies and decisions, which indirectly and unintentionally produce the racially disparate effects (The Sentencing Project, 2014).

## Treatment Approaches

Anger Management   
Anger management is one of the most commonly used programs for the treatment of violent offenders. Anger management programs are mostly facilitated in collective forms or groups and mostly brief in duration (10-20 minute sessions). They are focused on increasing the awareness of offender about their anger and the trigger, and providing them with the range of skills that include relaxation and social skills training for assisting the offender to decrease their anger arousal and strengthening anger control. According to this approach violence is caused by, or as the consequence, of the anger residing inside the individual. Howells (2004) noted that the violent acts are mostly labelled as “ angry behaviours” (p. 190). There are studies that suggest on the contrary, in the study of violent offenders conducted by Mills and Kroner (2003), they did not find any support for the link between the violent criminal behaviours and anger. Given that several proponents of Anger Management technique note that anger needs to be considered as the contributing factor for violence “ particularly when occurring with a number of other conditions” (Howells, 2004, p. 189), then it seems as the necessary target for the other conditions and there will be a need for the multi-faceted treatment.

## Cognitive Skills Programmes

Cognitive skills programs can also be used in treating an offender like Adam Strong In the case of cognitive skills; reasoning and rehabilitation are used to treat an offender. These programs are dependent on the notion that offending is caused due to antisocial cognitions and it is focused towards helping the offenders identify their thought patterns, which are conducive to the crime and acquiring new ways to think about and finding solutions to their problems. Similar to Anger Management, Ward and Nee (2009) argue that the cognitive skills programs are not likely to meet the needs of the high risk violent offenders through their entrenched and well rehearsed beliefs and attitudes about violence and aggression. They argue that such programs are dependent on the narrow approach of changing the cognitions that might not be sufficient on their own in case of violent offenders.

## Intimate Partner Violence Programmes (IPV)

The Domestic violence programs have been developed separately from the programs for violent men. This is due to the result of the assumption that males who assault their partners are physically different from the generally violent men. Hanson and Wallace-Capretta (2000) have reported that the IPV offenders are more likely to possessing attitudes for tolerating partner assault, including the attitudes related to relationships with women and sex roles. They found that IPV offenders also have many characteristics of the violent offenders like high-level of antisocial attitudes. The IPV programs have been educated and are developed around the feminist theories of IPV occurrence. Consequently, they are focused on issues like control and power, coercive/abusive behaviours within their intimate relationships and stress management and communication techniques. It has been argued that IPV has a narrow focus and it does not take into account heterogeneity of the IPV offenders. Also, use of alcohol abuse is often overlooked in the IPV programs.

## Multi-modal Programmes

McGuire (2008) has noted that, depending on review of violent treatment and effective aggression, “ it is almost certainly necessary to increase the duration and intensity of treatment (‘ dosage’) above presently inadequate levels” (p. 2591). More recently, with developed multi-modal treatment programs for the high-risk and violent offenders tends to have greater intensity (12 months residential treatment) and targets a broader and larger range of issues than either the AM or CS programs. These programs, allow for the greatest level of individualization for the therapeutic targets within treatment program and the longer period of time by which it has to be achieved. These programs operate on the assumption of violence can be caused as a result of multiple issues and all these issues should be targeted in the treatment (Polaschek, 2004).

## Ethical issues for Treatment

A number of ethical issues and problems that can arise for the professionals in the criminal justice system are varied and required to treat the condition of the individuals.   
These issues and problems can be concerned, with exercising authority, dealing with conflicts between the professional and personal, or with the ethical issues that confined within particular system. The ethical problem in using authority is use of authority for promoting personal values or using the assigned authority for avoiding accountability for wrongdoing. The ethical problems in the relationship between the professional and personal interests are using the professional status for promoting personal interests such as religious, financial and philosophical, using the institutional materials and time for the personal gain unrelated to the legitimate work activity, promoting or engaging in professional activities contrary to the personal values and engaging in private or public activity contrary to the professional values.   
Ethical issues in the criminal justice and public policy includes war on drugs, government policies that have implications for the criminal justice professionals in the issues such as fingerprinting of juveniles, youth confinement and compulsory treatment like mandatory participation in the anger management or substance abuse programs, capital punishment, moving away from the rehabilitative justice policies toward the punitive policies, truth in the sentencing policies and increased surveillance of the citizens in society. The ethical issues resulted to the policing are policing the policy in the violence cases, racial profiling, use of police discretion and use of force. Ethical problems in information sharing   
includes the ethics to withholding information, from the client, police or the court and the problems of privileged and confidential communication, for example the counsellor–client relationships and their participation in research (Sagepub, n. d. 1-16).

## Evidence Based Program Structure

Treatment models, which maximize the outcomes as the part of correctional strategy incorporates an in-depth understanding of the cognitive/behavioural programs, antisocial logic, appropriate communication and social learning. This program can be referred as “ cognitive community” (Gornik, Bush & Labarbera, 1999). Programs that produce maximum results develop competence for the concept, attitudes and skills of the program elements. Competence comprises of the appropriate interchangeable and situational application of these methods. One of the examples of application is recognizing when and how crime producing beliefs and attitudes can be confronted (cognitive skill building and cognitive restructuring) and when can the behavioural confrontation tools be used for therapeutic community. In the cognitive community, the cognitive behavioural programs more just a type of group, that is to be placed into the therapeutic environment as the group activity or learning experience. The ineffective application, social learning should never become the peer coercion or rote compliance. Treatment model employed should be flexible to encompass self-actualization, but it should be structured to create the climate for consequences and accountability.   
The cognitive community makes both the behaviour and thinking exposed to the larger community. The community then becomes the milieu and baseline in which the new learning and change takes place. Once it is implemented, cognitive community is much like the real life. All staff that includes the custody, participates in the practices of cognitive community. Thoughts and behaviours, which can lead to relapse, get discovered more quickly. The ability of Staff to recognize the internalization of the change in offender is more efficient. Cognitive change and social learning operates as the lifeblood and oxygen of the community and fosters the philosophy of “ no place to hide”.

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