Identifying Effective Behavioural Strategies to Help Increase Motivation to Complete Correctional Programming by Implementing a Focus Group for Offenders Serving a Life or Indeterminate Sentence in a Maximum Correctional Setting

By

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ABSTRACT

Research with offenders serving life sentences (i.e. "lifers") is limited, particularly regarding factors linked to their successful completion of programs. In the present project an individual single session semi-structured interview was designed to survey the perspective of lifers in terms of what they considered helpful in motivating them and helping them complete programs. The participants were also assessed using a Motivational Likert Scale which listed various cognitive and general behavioural techniques used by a program facilitator to increase their motivation level and asked the participants to rate the usefulness of the techniques. The described session was implemented with five pre-screened offenders who were serving either a life of indeterminate sentence from the mental-health living range at a maximum security correctional facility. The results from the assessment scale demonstrated that the sample population of lifers did not have a preference for a particular behavioural technique that they felt helped to increase their motivation to complete their assigned correctional program. Results indicated that participants equally perceived discussing goals with the facilitator, hearing success stories from other offenders about the program, developing relapse prevention plans, and learning relaxation techniques to be the most helpful among the twelve strategies described in the scale. Overall by meeting with the lifer participants a greater understanding of their perspective of useful techniques was established. Future research on lifers should continue to focus on what may help this group stay motivated to attend programming.
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Chapter I: Introduction

About the Population

As of March 2009, offenders serving a life sentence (also known as "lifers") represented over one-fifth of the inmate population across Canadian federal institutions (Ruddell, Broom, & Young, 2010). Although these offenders represent a significant portion of the inmate population there is still very little research about how to help them reintegrate into the community and their institutional needs (Porporino, 1990).

Due to their sentence length, lifers can be a challenging group for correctional staff (Ruddell, Broom, & Young, 2010). This group can be faced with emotional, psychological, and physical problems from the social deprivation and disruption in their life course associated with incarceration (Johnson & McGunigall-Smith, 2008). Flanagan (1992) however, noted that each offender has his own individual risks and needs, and that researchers should not generalize how offenders spend their time in custody or following release in the community.

Cognitive behavioural and social learning strategies have been empirically demonstrated as an effective intervention strategy for the offender population (Andrews & Bonta, 2006). In 1994, the National Institute on Drug Abuse (NIDA) funded a meta-analysis project named the Correctional Drug Abuse Treatment Effectiveness (CDATE) to evaluate the effectiveness of both cognitive behavioural and general behavioural strategies for reducing recidivism in offenders in a prison, jail, parole, or probation setting. The research included 69 studies spanning the years 1968 – 1996 (Pearson, Lipton, Cleland, & Yee, 2002). The results from the project indicated that offender recidivism was reduced following intervention; however the main effect of the decrease in recidivism was attributable to a multimodal approach utilizing cognitive behavioural interventions that were paired with cognitive and social skills development.
Rationale

Based on the CDATe Project described by Pearson, Lipton, Cleland, and Yee (2002), and Porporino’s (1990) suggestion that there is a lack of research within the lifer population, the present project is designed to determine the most effective general behavioural and cognitive behavioural strategies for motivating lifers to complete their mandated therapy or treatment programs.

Hypothesis

It is hoped that by implementing a single session focus group and gaining the offenders’ perspective of which behavioural strategies helped increase their motivation as well as critically evaluating and identifying research about effective behavioural strategies to enhance motivation, it may help in the future selection of relevant behavioural techniques which may result in more effective interventions and promote future research with the lifer population.

Overview

In the literature review chapter of the thesis, general behavioural strategies and cognitive behavioural strategies are evaluated to determine which strategies may be able to increase motivation in incarcerated lifers to complete their assigned correctional program. For the general behavioural strategies, contingency contracts and modeling strategies are reviewed. For the cognitive behavioural therapies, the impact of motivational interviewing, Rational Emotive Behavioural Therapy (REBT), and Dialectic Behavioural Therapy (DBT) are explored.

The methodology section will outline the procedures used to facilitate the project, inclusion and exclusion criteria to select the participants, and how the data was recorded and analysed.

The results section will discuss the main findings from the project’s interview and the participants’ results from the Motivation Likert Scale. The results from the Likert scale will be
analysed by examining the participants' raw scores in each strategy category to determine the technique which enhanced motivation the most. The discussion section will outline the project's significance to past and future research with the lifer population, strengths and weaknesses of the project, multi-level challenges faced as well as the project’s contribution to the field of Behavioural Psychology and next steps to enhance future research. Overall this thesis aims to expand on the current knowledge base about lifers and their motivation level and promote awareness and next steps to help this group of offenders.
Chapter II: Literature Review

General Behaviour Strategies at Increasing Motivation

Contingency contracts.

A contingency contract, commonly known as a behavioural contract, is a written agreement between two parties which states that one party will engage in specified target behaviour (Miltenberger, 2008). The contract further states that a consequence will be administered if the terms on the contract are not fulfilled. There are five key components to a behavioural contract, which are: (1) identifying a target behaviour, (2) stating how the target behaviour will be measured, (3) a statement about when the behaviour will be performed, (4) identifying what reinforcement or punishment will be administered for following or not following the contract, and finally (5) identifying who will implement the reward/penalty. There are two types of behavioural contracts, a one party contract, and a two party contract. In a one party contract, only one party is reinforced for their desirable behaviour, whereas in a two party contract both parties are seeking a desirable behaviour change and both parties receive reinforcement.

For the purpose of this research, only one party contracts will be reviewed, as the contract for a lifer would be an agreement with a parole officer, or program facilitator for the offender to change his behaviour.

Mruzek, Cohen, and Smith (2007) implemented contingency contracts in an elementary school setting with two participants aged nine and ten. The nine year-old male had attention deficit disorder (ADD) and the ten year-old male participant had Autism Spectrum Disorder (ASD). The contingency contract was designed to increase the boys’ adherence to school rules. Prior to the contingency contract intervention, both boys engaged in tantrums, physical aggression, and anti-social vocalizations. The contracts were developed and revised frequently
throughout the intervention phase and a self-monitoring component was added. The results from using the contingency contracts on the participants showed that both participants’ undesirable behaviour decreased. The results from this study showed that contingency contracts may be effective with individuals who have learning or intellectual disabilities.

Contingency contracts have also been implemented with adolescents in a high-school setting to decrease arriving late to class. Feng, Isak, and Rietveld (2003) implemented a contingency contract program with 32 high-school students. The participants were divided equally into two groups; 16 were randomly assigned to the control group, and 16 were randomly assigned to the experimental group. The participants in the control group received no intervention whereas those who were assigned to the experimental group received a contingency contract. The program lasted for 12 weeks. The results, using an analysis of covariance, indicated that the students who received a contingency contract were late for class much less than those in the control group. These results may be relevant to correctional programming settings with inmates who consistently arrive late for their program.

The results from the two studies by Mruzek, Cohen, and Smith (2007); and Feng, Isak, and Rietveld, (2003) suggest that behaviour contracts could be used for both decreasing aggressive behaviour as well as improving attendance. Although the populations targeted in these studies were not offenders, the results may still be relevant, such as with offenders who have intellectual disabilities such as ASD. Also, correctional programs follow a similar structure to a school setting classroom, as there is a facilitator and other participants, suggesting a contract may be able useful with offenders for increasing their motivation to attend their assigned program.
Modeling.

Behavioural skills training consists of four basic principles: modeling, instructions, rehearsal, and feedback (Miltenberger, 2008). Behavioural skills training is commonly used to teach effective social skills, such as positive interactions, or something more complex such as job related skills. In the first principle, modeling, the correct behaviour is demonstrated for the learner by a model, and then the learner tries to imitate the model. For a model to be successful they should be someone the learner can relate to and potentially look up to (Bandura, 1963 as cited in Miltenberger, 2008). Also, the skill should be something that is attainable by the learner.

The concept of modeling was first demonstrated by Bandura, Ross, and Ross (1963) with their groundbreaking Bobo doll experiment. They hypothesized that exposing children to film-mediated aggression would cause the children to more likely engage in aggressive behaviour. The study had 96 nursery school participants. There were 48 boys and 48 girls. There were two adults, one male and one female who acted as the models for the experiment. The child participants were divided in four different treatment groups. There were three experimental groups and one control group. Twenty-four participants were randomly assigned to each group.

In the first experimental group the children observed a real-life aggressive model. The child observed the male or female model depending on their assigned group aggressively attack the Bobo doll. The Bobo doll was a 5 foot tall inflatable doll. The model would attack the doll by kicking, punching, or hitting it with a toy mallet.

The second experimental group watched a video where the aggressive models acted out the same scenario, only in a movie. The third experimental group involved having the children watch a film about a cartoon cat character who displayed the same aggressive behaviour. The children in the experimental conditions were subdivided into two groups. One group watched
aggressive models live and on film that were the same sex as them, whereas the other group watched models who were the opposite sex to them. The participants in the control group did not have any exposure to aggressive models of any description. All the children in all conditions were individually led into a play room where they were instructed to play with the toys while the observer was present in the room. The toys were both unaggressive toys such as a ball and aggressive toys such as the toy mallet that could be used on the Bobo doll. Each child was observed for 20 minutes. The purpose of these exercises was to see which method of showing aggression caused the children to copy the model’s behaviour the most.

The results from the study showed that children who watched the aggressors on film, both the human and the cartoon engaged in more aggressive behaviour with the Bobo doll than the children in the control group or the children who watched the live models. The results from the study suggested that children who are exposed to filmed aggressive behaviour have heightened aggressive reactions. The Bandura, Ross, and Ross (1963) study showed how modeling can be used to teach unwanted behaviour, however modeling can also be a way to teach a person a good desired behaviour or a new skill.

An example of pro-social behavioural modeling relevant to a correctional setting, and specifically for lifers, would be the in-reach workers from the LifeLine program. LifeLine is a community program run by paroled men and women serving life sentences who have been successfully reintegrated into the community for at least five years (Correctional Service of Canada, 2009a). These workers return to the institution and work with the currently incarcerated lifers on enhancing their motivation level and assisting with their reintegration efforts. The members of LifeLine act as mentors, motivators, and mediators as they are able to share their experiences with the incarcerated lifers, such as coping strategies, and personal insight (Ruddell,
Broom, & Young, 2010). Most importantly the *LifeLine* members are living examples that a long sentence in prison can be survived. As *LifeLine* members have experienced a lot of the same hardships as the lifers they are mentoring, it makes intuitive sense that they would have more success at relating to the lifers than other staff.

The *LifeLine* program was assessed by a group of evaluation team members (Correctional Service of Canada, 2009b) to determine key findings about the program’s services for lifers. A key finding from the report indicated that over seventy-four percent of the offenders using *LifeLine* said they felt the program met their needs. Thirty-one percent of those lifers stated that they felt the *LifeLine* members offered good insight, motivation, and encouragement. Ten percent stated that they acquired important information such as community resources, correctional planning, and various opportunities for lifers while incarcerated. The report, however, indicated that twenty-one percent of the lifers felt that there were not enough *LifeLine* members to assist with the large volume of lifers and that the services they could provide were limited. In 2009, there were approximately twenty-five *LifeLine* staff members who visited lifers in the institutions while there are approximately 4300 offenders who are currently serving a life sentence in prison or in the community.

Overall, modeling can be an effective intervention to change human behaviour, if the model is someone the learner can relate to (Miltenberger, 2008). Modeling can be used with a variety of populations including, as Ruddell, Broom, and Young (2010) explained, helping to increase a lifer’s motivation level.
Cognitive Behavioural Therapy Strategies to Increase Motivation

Motivational interviewing.

The strategy of motivational interviewing (MI), developed by Miller and Rollnick (2003) has been empirically demonstrated as being an effective intervention strategy at enhancing participants’ motivation level when they are experiencing ambivalence to change their behaviour. MI is based on the trans-theoretical model called Stages of Change (Miller & Rollnick, 2003). The SOC model was developed by Prochaska and Di Clemente (1992) and identifies a series of stages through which individuals progress before a change in behaviour can be seen. In MI, the therapist works with the client’s ambivalence to change and helps identify the costs and benefits of changing the client’s behaviour. MI in offender treatment is commonly used as basic approach to facilitate change (McMurran, 2009).

Kistenmacher and Weiss (2008) examined the potential effectiveness of MI in changing cognitions of male batterers to stop their violent behaviour. The participants were 123 men who were arrested for domestic violence charges and mandated to complete treatment.

For the intervention there were two male and three female therapists. The therapists were all trained for four months on how to administer MI techniques. There were two treatment groups, one of which received MI, and the other which was a control group which consisted of no treatment. The MI sessions were 50 – 60 minutes in length and the session started by engaging the participant in a discussion about his battering behaviour. The therapist worked with the participant’s ambivalence by asking open-ended questions, reflecting his statements, affirmations and summarizing his thoughts. During the next phase, the therapist would engage the participant in change-talk by discussing his goals, and personal values. The goals of the
therapy were to collaborate and non-judgmentally invite the participant to identify his own reasons for change and eventually enhance his motivation to change his criminal behaviour.

The results from the study were that the men in the MI group had greater levels of improvement in pre and post-test follow-up. The men in the MI group also took more responsibility for the actions when compared to the control group.

A systematic review by McMurran (2009) examined the effectiveness of MI and was reviewed specifically with the offender population. There were 13 published studies, and six dissertation abstracts included in the review. The inclusion criteria for the studies reviewed included both published and unpublished works. Men, women, young offenders, and those with mental disabilities, were all included as the target populations. All of the empirical studies in the review were divided into five separate categories; Correlational studies, pre and post-test studies which did not use a control group, pre and post-test studies which had an experimental and a control group, controlled trials, and lastly randomized controlled trials. The results from the review identified that using MI as an intervention increased treatment engagement, the offenders’ readiness to change, and helped reduce their substance misuse and future recidivism. Below are some examples of some MI studies used from the systematic review which focused on incarcerated male participants.

Miles et al. (2007) as cited in McMurran (2009) used a group MI intervention on 19 offenders with an intellectual disability incarcerated in the United Kingdom (UK) to help motivate them to change their marijuana drug using behaviours. The MI intervention lasted 12 weeks followed by 12 weeks of psycho-education. At the six month follow-up period in the community, 15 of the 19 participants were no longer using marijuana. A limitation of this study
included that the data of their follow-up was recorded in the community, and it is unclear if an unidentified variable could be the factor to their abstinence from substances.

Ginsberg (2000); and Ginsberg, et al. (2000) as cited in McMurran (2009) used MI to increase treatment motivation in 83 alcohol dependent federally incarcerated male offenders in Canada. Forty-two of the men were assigned to the experimental group which was the motivational interviewing intervention. The other 41 participants were assigned to the control group which consisted of no treatment. At a one week follow-up the participants who received the MI treatment showed a greater willingness to attend treatment and greater desire to move from the pre-contemplation to the contemplation stage of change. A limitation to this study included using the measurement of the stages of change to record the offenders' progress. It was noted by West (2005) as cited in McMurran (2009) that the stages of changes do not occur in real stages and is not considered a validated measure and therefore may display poor construct validity.

Vanderberg (2003) as cited in McMurran (2009) used MI to enhance readiness for change and to increase participation in a group of 96 federally incarcerated inmates in Canada. For this intervention there were three treatment groups, an MI experimental group, a control interview group, and a control group where the participants did not receive any intervention. The MI treatment was administered in 45-60 minute sessions. The control interview group was also administered for 45-60 minutes in length. At the one week and seven week follow-up, the results showed that the group which received MI in the experimental group demonstrated enhanced readiness to change. As this study did not administer a six month or a one year follow-up it is unclear if the results of an enhanced readiness to change from participating in the MI
intervention provided long-lasting results or if the participants lost their gains in readiness to change.

**Dialectal behaviour therapy.**

Dialectal behaviour therapy (DBT) was developed by Linehan (1993) as a treatment for women with borderline personality disorder (BDP) who displayed chronic para-suicidal/suicidal tendencies (Berzins & Trestman, 2004). Correctional Service of Canada (2011a) reported that some long term offenders may be at a higher suicide and self-injury risk than other male offenders who are serving shorter sentence lengths suggesting DBT could be an effective intervention with this population.

DBT is a combination of cognitive behavioural therapy with the practice of the mindfulness technique. The objective of DBT is to find the balance between validating and accepting the person as they are while concurrently trying to help them change (Dimeff & Linehan, 2001, as cited in Berzins & Trestman, 2004). Standard DBT consists of one-on-one individual treatment sessions. The goal of the sessions is to move the participant from severe uncontrollable behaviour to behavioural control (Berzins & Trestman, 2004).

There are four skill modules in DBT: mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness. The skill of mindfulness involves focusing on present time situations and targets self-dysregulation and the patient’s identity confusion by helping emphasize self-awareness. Distress tolerance involves distraction and self-soothing techniques as a strategy to tolerate distress and help patients to radically accept traumatic events which have occurred in their lives. Emotional regulation involves teaching the patient to increase their positive emotions and to reduce their vulnerability to negative emotions by learning how to identify and describe their emotions. Finally, interpersonal effectiveness involves teaching
interpersonal skills such as assertiveness to help them deal with conflicts. This skill allows them to vocalize what they want and what they need in a self-respecting manner.

DBT can be an appropriate treatment inside correctional environments as it was designed to help those patients with complex cognitive disturbances, self harming behaviour, chronic feelings of emptiness, interpersonal dysfunction, and anger management difficulties (Linehan, 1993).

McCann et al. (2002) as cited in Berzins and Trestman (2004) reported that as of 2004, DBT style techniques were used in over twelve correctional institutions and eight criminal justice settings in North America, Australia, and the United Kingdom. McCann et al. (2000) as cited in Berzins and Trestman (2004) demonstrated how the process of DBT can be used in a forensic setting. McCann et al. (2000) as cited in Berzins and Trestman (2004) study reported on an adaptation of DBT in the United States at the Colorado Mental Health Institute, where DBT was used in the 300 bed inpatient facility. The patients were admitted for perpetrating a violent crime or assault. Over sixty percent of the patients had an Axis I diagnoses and the remaining forty percent had an Axis II diagnoses. The adaptation to the DBT format was the addition of an emotional regulation module to help with anti-social personality disorder (ASPD) with increasing their emotional attachments, empathy and mindfulness and the consequences for others. The final adaptation was the introduction of the crime review module. The crime review module involved having the participant create a relapse prevention plan that incorporated learned DBT skills after they learned the triggers for their criminal behaviour. This module also involved perspective taking by having the participants try to look at things through their victim’s perspective. Following this addition was a teaching of the standard DBT skill modules. The sessions lasted for 75 minutes twice weekly. The skill of mindfulness was implemented for two
to three sessions before a new module was introduced. It was also implemented at the end of the last module. Interpersonal effectiveness was implemented over 14 group sessions, and emotional regulation was done over ten sessions. The crime review module was implemented after the patients had run two successful cycles of the program and had completed a comprehensive test covering the skills taught in each module. As noted previously, the crime review module had the participants learn about their choices that led to their crime, and practice perspective taking by imaging how being the victim must have felt like. The participants also had to complete a relapse prevention plan that included the use of DBT skills. After creating the plan, the participants shared their cycle of crime with the other group participants.

The study further discussed how that running DBT in a group setting can be as effective to help decrease patients recidivism and less costly than individual therapy. The authors note that the treatment goals are the same, and the therapist can also monitor unit destructive behaviours such as harassment, conning, lying, and using substances. The therapist can also monitor interfering behaviours such as being disrespectful to other group members or staff. Although the results from this study are unknown it was included in the literature review as it exemplified how DBT based therapy can be modified for the use of an inpatient treatment facility for offenders.

Another example in which DBT has been used in a correctional setting is at the Twin Rivers Sex Offender Treatment program in Washington, DC. The study conducted by Hover and Packard (1998) as cited in Berzins and Trestman (2004) had 200 incarcerated pedophiles and rapists participate in a two phase treatment program. The first phase consisted of a cognitive behavioural therapy focused on relapse prevention and arousal patterns. This phase lasted for the participants’ final 24 months of incarceration. The participants attended both group and
individual therapy. The second phase of the treatment occurred in the community upon release and consisted of DBT components standard to the basic DBT program proposed by Linehan (1993). The session in phase two was implemented three times weekly for eight weeks. There was however, a one month gap in between each new skill.

The results were measured by examining the four DBT skill modules. The overall results showed that using DBT in a group setting can have positive effects on reducing the clients’ recidivism. These findings however, contradicted what Linehan (2003) suggested about DBT in a group setting which was that individual DBT is far more effective than group sessions. Overall Hover and Packard (1998) as cited in Berzins and Trestman (2004) recommended eliminating low-risk offenders from the treatment group as they did not experience significant treatment gains when compared to the high-risk offenders. The limitations of the study included a small sample size, and no control group, as the treatments were administered one after another.

As noted previously, Correctional Service of Canada (2011a) reported that some long term offenders may be at a higher suicide and self-injury risk than other male offenders who are serving shorter sentence lengths. They also may experience feelings of depression and need validation from a counsellor that these feelings are normal after experiencing the losses associated with incarceration. The different stages of DBT could be effective at addressing these needs while a strong therapeutic relationship can be established to help the lifer through his suicidal ideations and symptoms of depression.
Rational emotive behavioural therapy.

Rational Emotive Behaviour Therapy (REBT) is a form of psychotherapy, which was used in the 1950s by Albert Ellis (Gonzalez et al., 2004). REBT is considered to be the primary modern cognitive based therapy for treating children and adolescents who have behavioural problems such as aggression. Haaga and Davison (1993) described how REBT is based on the ABC principles. A is the activating event, which is followed by B the beliefs, and then C the behavioural consequence. Ellis (1985) believed that if you have an irrational thought it can lead to setbacks which will cause inappropriate negative emotions such as aggression, anxiety or depression to occur. REBT therapists try to teach their clients to forcefully dispute their irrational beliefs by questioning their evidence for their belief. This is done by questioning any catastrophic implications the client may have gathered from their situation, or discussing how their irrational belief may be illogical (DiGiuseppe, 1991, as cited in Haaga & Davison, 1993). REBT focuses on changing shoulds and musts into woulds. In an REBT therapy session, an imaginary argument is used to help with the rational restructuring. REBT therapy also commonly assigns homework and self-monitoring exercises to track one’s cognitive rational and irrational beliefs. The homework assignments tend to use real exposure activities such as "shame attacking." An example of a shame attacking exercise could be asking a patient who has a social phobia, to go out in public and do something unexpected or wild to show that nothing catastrophic will occur from his or her irrational beliefs.

A meta-analysis by Gonzalez et al. (2004) examined the efficacy of REBT on adolescents and children who had behavioural problems. The behavioural problems examined in the study included conduct disorder, ADHD, aggression, test or generalized anxiety, disruptive classroom behaviours, low self-esteem or self-concept, irrationality, and low academic achievement. The 19
studies in the analysis spanned from 1975-1998. The participants in the studies were children or adolescents under age 18. There were 1021 participants in total. In all the studies REBT was used as the intervention to help decrease the participants' undesirable behaviour. The length of the REBT intervention was divided into three categories: low, medium, and high. The time was calculated by multiplying the number of sessions by the session’s length. A low time length ranged from 60 minutes – 375 minutes, a medium time length was between 667 – 770 minutes, and the high time length ranged from 1200 – 2115 minutes. Statistical analyses were used to determine the mean effect size of the studies. The mean effect size was 0.50 which indicated that the REBT intervention had a medium effect on the disruptive behaviours being analysed. Some key findings from this meta-analysis identified that the longer the REBT intervention was, the larger the positive effect on the behaviour. Future research determining maintenance effects of REBT and if follow-up sessions are needed to reinforce the effects of using REBT.

The results from Gonzalez et al. (2004) meta-analysis could be generalized to the offender population as REBT offenders hold irrational beliefs associated with their dysfunctional emotional states that become a risk factor for them to reoffend (Altrows, 2005). Ellis (1985) recommends that offenders need to change their dichotomous way of thinking and increase their self-acceptance.

Serin and Preston (2000) described that REBT strategies in violence or substance abuse treatment programs can help offenders to recognize the link between their irrational beliefs and increased arousal levels which in turn can lead to aggressive behaviour. In REBT the offenders are taught social skills, problem solving, assertive communication and empathy.

Hughes (1993) as cited in Serin and Preston (2000) created an anger management program which ran for 12 consecutive weeks. There were 79 male offenders in the program.
Fifty-two offenders were placed in the experimental group which used relaxation therapy, assertive communication training, moral reasoning and problem solving and basic components of REBT. The remaining 27 offenders were placed in a control group, and only participated in pre and post testing. The same testing was also administered to the experimental group. Four years after the end of the program, Hughes gathered staff ratings on the offenders in four key areas. The areas examined were anger, anxiety levels, their ability to solve problems and finally, their general recidivism rates. The results from the post-program data suggested that the offenders in the treatment group had lower anxiety, anger and irrational beliefs when compared to the offenders in the control group. Their recidivism rates, however, were similar and there were no clear patterns on who received greater treatment gains. Although no significant treatment gains were found, this study demonstrated how REBT can help to reduce arousal levels from emotions such as anger and anxiety. Serin and Preston (2000) suggest that there is a link between arousal levels and criminal behaviour. Therefore, it could be hypothesized that decreasing their arousal level is a positive step towards ultimately helping reduce recidivism. This study also helped to demonstrate the procedures of how REBT based interventions can be utilized in a correctional environment.

Conclusion.

This literature review examined various behavioural and cognitive behavioural strategies which may have the potential to increase a lifers' motivation level to complete their assigned correctional program.

Contingency contracts could be used in an institution to increase a lifers’ attendance as well as to decrease tardiness (Mruzek, Cohen, & Smith (2007); Feng, Isak & Rietveld, (2003).
Modeling, which can be used to teach an undesirable behaviour such as aggression in Bandura, Ross and Ross (1963) experiment which children, could also be used to teach a lifer good behaviour such trying to have an optimistic attitude while incarcerated. This could be achieved by having the model be someone that the lifer can look up to such an institutional in-reach LifeLine member (Ruddell, Broom, & Young 2010).

MI was seen to be an effective strategy at enhancing motivation level when an offender is experiencing ambivalence to change their behaviour (Kistenmacher & Weiss, 2008; McMurran, 2009). MI can be used on a variety of offender populations such as those with intellectual disabilities, domestic violence, or substance abuse needs.

DBT could help motivate lifers as they can receive validation from a counsellor and work towards feelings of acceptance towards their traumatic incidents (Correctional Service of Canada, 2011a). Through the different stages of DBT, their needs may be addressed and a strong therapeutic relationship can be established to help the lifer through his suicidal ideations and symptoms of depression.

REBT could be used with lifers to help change their irrational beliefs associated with their dysfunctional emotional states and help them establish a link to their criminal offending (Ellis, 1985). Serin and Preston (2000) suggests that REBT can teach them important skills such as social skills, problem solving, assertive communication, and empathy.

It is hoped that examining these various strategies will help to bridge the gap in the understanding of the needs of lifers and what may be useful at keeping them motivated to attend their assigned correctional program.

In the Likert Scale component of the project, other strategies with general behavioural characteristics such as positive reinforcement for receiving prizes for participation, and positive
punishment such as the facilitator confronting the participant about his lack of progress were added as techniques that could have the potential of affecting a participant’s motivation level. Although these techniques were not empirically evaluated in the literature review, the student researcher perceived them as being important techniques which could influence motivational level, therefore they were included as techniques in the scale’s questions.

**Word Count: 4774**
Chapter III: Methodology

Participant Description

There were 25 male offender participants who were screened in to attend the focus group. The participants were selected to attend the focus group because they all met the criteria for being considered a life/indeterminate sentence offender. There were six mental health-population offenders and 19 regular population offenders. The ages of the participants ranged from 25 to 62 years with a mean age of 43 years. There were ten participants serving an indeterminate sentence and 15 participants serving a life sentence. Their admission dates to federal prison ranged from one to 26 years prior with an average incarceration time of twelve years. The participants had successfully completed their correctional programs between the years 1998 to 2011 and the average year of completion was 2002.

Participant Selection Process

The selection criteria used to choose the participants for the focus group was collected using Correctional Service of Canada (2010) information management system called Reports of Automated Data Applied to Reintegration (RADAR). A list of all the offenders at the maximum security institution was generated from RADAR into a Microsoft Excel spreadsheet. The number of offenders being admitted and discharged from the institution was considered a dynamic factor as it was always changing, therefore the data for the selection process was collected and the selection was based on the list that was generated on October 25, 2011. There were 348 offenders on the list when it was generated. Any offender who was serving a sentence of ten years or less was removed from the list as the classification for a long term offender is serving a
sentence for ten years or more (Public Safety of Canada, 2007). Then the following inclusion/exclusion criteria were used to eliminate more offenders from the list:

**Inclusion criteria.**

The participants must have successfully completed one of CSC’s core correctional programs such as National Substance Abuse Program, National Sex Offender Program, Family Violence Prevention Program, Violence Prevention Program, Reasoning and Rehabilitation, or Cognitive Skills at the moderate intensity, high intensity, maintenance or booster level in the last 12 years.

**Exclusion criteria.**

Male offenders not serving a long-term sentence of ten years or more, aboriginal offenders, as their program needs may be quite different than incarcerated non-aboriginal males, those who received "attended all sessions", "unsuccessful" or "incomplete", or successful completions before the year 1997 were excluded. Correctional Service of Canada, (2011b) defined “attended all sessions” as an offender who attended treatment, but did not participate or make reasonable gains to make an effort to change his behaviour. “Unsuccessful” was defined as a participant who left the group voluntarily or was suspended. Lastly, “Incomplete” was defined as the group was shut-down, or the offender was transferred to another institution and the offender was not able to finish the program. Any offenders who were housed in segregation or were considered "high-profile" were also excluded. A high profile offender was considered by the student researcher as an offender at the institution who has received a lot of media attention for his crime, whose name is very well known and whose presence in group could jeopardize his personal safety or the safety of others in institution.
The offenders were then screened on RADAR individually for security/incidents which would threaten the safety of the student facilitator or the co-facilitator. Incidents such as a recent assault on staff, extremely unpredictable violent behaviour, or offenders who had been previously transferred to the Special Handling Unit (SHU) in Quebec were screened out.

**File review.**:

The offender’s correctional reports were then reviewed through the information management software called the Offender Management System (OMS) for a summary of their class participation and relationship with other group members and the facilitator. Finally, the participants’ incompatible list was reviewed on RADAR to determine that none of the participants in each group were considered incompatible with any of the other potential offenders in the group. An offender’s incompatible list is a list created by a Security Intelligence Officer who lists all other incarcerated offenders, those released into the community or archived offenders who an offender has had a safety or security issue with such as a previous fight in provincial custody (Correctional Services, 2003).

The focus group was divided into separate groups for the general-population, and sub-population offenders as protocol as this institution stated that general population offenders cannot come into contact with the mental health offenders, so they had to be met with separately.

**Consent Procedures**

In order to take part in the project, the participants had to read and sign a consent form (Appendix A), which was approved by the St. Lawrence College Ethics Board (Appendix B). The completed consent forms will remain on-site at the institution and a verification letter (Appendix C) stating all signatures were received was used in this project. The student facilitator reviewed the consent form with the participants at the beginning of the individual semi-structured interview prior to the facilitation of interview content and answered any questions or
concerns the participants had. The consent form outlined the confidentiality measures that would be taken to ensure the participants’ data would remain private. The consent form also addressed how the participation or choice to not participate would not be used in any decision-making process regarding their case, and that all data collected, and completed scales would be shredded on site.

**Contingency Plan**

Due to an unforeseen security incident which occurred at the institution, the proposed focus group comprised of 25 offender participants could not be conducted by the student facilitator and co-facilitator. A contingency plan was created with the help of the program manager and co-facilitator, so that similar research data could be obtained.

**Procedures**

An individual semi-structured interview (Appendix D) consisting of the same topics as the proposed focus group outline (Appendix E) was implemented with the five offenders who were pre-screened from the mental-health population range.

These offenders were chosen as the location of their living range and the program`s department were close in proximity and they could be accessed relatively easily for a short interview without disrupting institutional procedures. This design of a semi-structured interview was considered appropriate because there is very limited research on the lifer population and effective behavioural strategies to increase motivation to participate in programming. The study was designed to evaluate the lifers' perceptions of the effectiveness of various behavioural techniques for increasing their motivation level for completing programs.

The student and co-facilitator visited each of the five offenders on their living range to introduce themselves and inquire if they would be interested in participating in the student`s new
project to better understand lifers and what they find helpful to motivate them to attend and participate in programs. All five of the offenders agreed to participate in the project. Two offenders met with the student and co-facilitator individually on December 7th, and the other three were interviewed individually on December 8th.

Part one of the semi-structured interview focused on motivational strategies. Part one also included an introduction by the student facilitator and reviewing of the project’s consent form with the participants. Then six topics pertaining to motivation level were discussed. Examples of these topics included: activities to help cope with stress at the institution, their feedback about the working relationship formed with previous facilitators and past group members and the satisfaction with the LifeLine program. The individual interview time allotted was 30 minutes each in the co-facilitator’s office. The student facilitated the semi-structured interview (Appendix D) under the supervision of the co-facilitator. The student recorded the participants’ answers to the interview sheet and listened respectfully while each participant described his experience being incarcerated and his personal experience successfully completing his correctional program.

After the discussions were complete Part two of the project was dedicated to having the participants complete the Motivational Likert Scale, (Appendix F) which focused on the twelve strategies which had either cognitive behavioural or general behavioural characteristics that could be used perceived as being helpful for each participant at increasing their motivation level to complete their assigned correctional program. The scale was given to the offenders to complete individually, but clarifications questions could be asked.

Part three of the interview consisted of a small wrap-up which lasted for five minutes. The student facilitator answered any last minute questions the participants had and made sure each participant was feeling alright after discussing these sensitive topics of their incarceration.
Statistical Analyses

The results from the participants’ Likert scale ranked the twelve behavioural techniques in order from highest average score to lowest average score. The results are measured using central tendency measures and depicted in Table one. The behavioural strategies were ranked based on which strategy was identified by the participants as being the most helpful at increasing their motivation level to complete their assigned correctional program to least helpful.

Operational Definition

Motivation level was a key concept that needed to be operationally defined. For the purpose of the project, motivation level described how the participants believed they felt during the completion of their correctional program retrospectively. Motivation level was described as how inspired an offender was and the amount of effort included in the individual’s performance to participate in his assigned correctional program. Motivation was placed on a spectrum and could fluctuate based on influential factors such as, peers and associates, outside situations with friends and family members, self esteem, or sentence management decisions.
Chapter IV: Results

The Results from the topics discussed in the individual semi-structured interviews are summarized below to demonstrate key findings from the perspectives of the five offender participants.

Key Findings from the Semi Structure Interview Discussion Topics:

Strategies to cope with stress at the institution.

To help cope with stress at the institution, spirituality and finding faith were considered key variables by the lifers as to why they participated in activities such as reading, or meditation. The participants all preferred to participate alone as opposed to in a group with other inmates as they stated they were most at peace with themselves and were less stressed when alone. All participants indicated they have tried to find a constructive personal way to cope with their incarceration by doing an activity which makes them feel healthy, happy, and busy.

Working relationship with the facilitator.

Overall all of the participants reported experiencing a good therapeutic working relationship with their facilitators, and had very few criticisms about their facilitators’ teaching styles. When asked about specifically positive traits of a facilitator they identified different characteristics but similar facilitator attitudes. They stated that they tried their hardest in programs where facilitators appeared to be working equally as hard to help them. Additionally, being knowledgeable was a key characteristic for a facilitator to be considered positively, as well as honesty and being proactive.

Working relationship with other group members.

In general, the participants described a good working relationship with other group members. Most participants felt respected, and enjoyed interacting with a diverse group of
people from different backgrounds. Some reported that there was some animosity and frustration at the beginning of the group, but noted this diminished as the group cohesion grew stronger.

**Access to correctional programs.**

When discussing the topic of access to programs, half the participants were satisfied with program access and the other half were dissatisfied with their program access. Some participants have completed all of the programs recommended in their correctional plan or have taken more than one program and therefore were quite satisfied with their access to programs, whereas others were frustrated and felt there was not a lot of information available and maintained they had strained relationships with their parole officers. As there was no clear pattern and the answers were discrepant no clear conclusions could be drawn from the participants’ feedback.

**Completing and sharing autobiographies and self management plans.**

Overall the participants found completing the autobiographies/self-management plans to be helpful, but noted they experienced feelings of pain and shame when reflecting back on their pasts. The participants however, did feel respected by group members when sharing personal information such as their childhoods or their criminal histories.

**LifeLine program satisfaction.**

Satisfaction with the *LifeLine* program was inconsistent. Some participants reported they had developed good relationships with their *LifeLine* mentors whereas others would not recommend the services as they maintained there was not much institutional contact. The participants indicated they would like to have learned more information about community resources such as mental health facilities, job searching services, and available half-way houses in the Kingston area. Overall it was concluded that the concept of *LifeLine* is helpful and useful,
but the limited staff of in-reach workers trying to serve the large population of lifers is insufficient to meet the lifers’ needs.

**Conclusions from semi structured interview.**

The semi-structured interview allowed the student researcher to gain a clearer understanding as to how the lifers perceive their general experiences participating in their correctional programs have been. Speaking with the participants privately, one-on-one, appeared to make the participants feel more at ease to discuss their incarceration. Each of the five offenders spoke openly and appeared content to share their personal stories. Also, the one-on-one discussions topics could be expanded and tailored to fit the participant's interests. This appeared to be a successful strategy to expand the research on the lifers group.

**Motivational Likert Scale.**

**Scoring results.**

The Motivational Likert Scale listed twelve different techniques, which had either cognitive behavioural or general behavioural characteristics which could have the potential to motivate participants to attend and participate in their assigned correctional programs. The twelve techniques were: utilizing a cost benefit analysis chart to examine the pros and cons of being in program, signing a behavioural contract, receiving prizes for participation in group activities, receiving positive feedback for participation in role-plays, discussing goals with facilitator and learning how program may help achieve the goals, having the facilitator confront about lack of participation, hearing other offender success stories about the program, developing relapse prevention plans, learning relaxation techniques when feeling stressed, learning to self monitor behaviour to recognize signs of a relapse, completing autobiographies, and watching videos of people practicing learned program skills.
The Likert scale was analysed using central tendency measures including average score for each strategy, the median score, and the mode score. The results from scoring the Motivational Likert Scale are represented in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Motivational Strategies Central Tendency Measures</th>
<th>Mean</th>
<th>Median</th>
<th>Mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discussing goals with facilitator</td>
<td>4.0</td>
<td>4.0</td>
<td>3.0, 5.0</td>
</tr>
<tr>
<td>Hearing success stories from other offenders</td>
<td>4.0</td>
<td>4.0</td>
<td>3.0, 5.0</td>
</tr>
<tr>
<td>Developing relapse prevention plans</td>
<td>4.0</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Learning relaxation techniques</td>
<td>4.0</td>
<td>4.0</td>
<td>3.0, 4.0</td>
</tr>
<tr>
<td>Cost/Benefit Analysis chart to changing behaviour</td>
<td>3.8</td>
<td>4.0</td>
<td>3.0, 4.0</td>
</tr>
<tr>
<td>Self monitoring behaviour</td>
<td>3.8</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Completing an autobiography</td>
<td>3.6</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Receiving positive feedback for Contributions</td>
<td>3.4</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Facilitator confront participant privately</td>
<td>3.4</td>
<td>3.0</td>
<td>3.0</td>
</tr>
<tr>
<td>Watching videos of people practicing program skills</td>
<td>3.4</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Behavioural Contract</td>
<td>3.2</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Receiving Prizes for participation</td>
<td>3.0</td>
<td>3.0</td>
<td>2.0, 3.0</td>
</tr>
</tbody>
</table>

Results trends and analysis.

The results from the Motivational Likert scale indicated that the five participants in the sample did not have a strong preference regarding the helpfulness of a particular behavioural strategy. The average rating of the strategies ranged from 3.0 – 4.0. The techniques of discussing goals with facilitator, hearing success stories from other offenders, developing relapse prevention plans, and learning relaxation techniques were equally perceived the most helpful with a score of 4.0. Utilizing a cost benefit analysis chart, and self monitoring had an average score of 3.8. Completing an autobiography rated 3.6. Receiving positive feedback, facilitator confronting participant about lack of participation, and watching videos of people practicing program skills
had an average rating of 3.4. Signing a behavioural contract rated 3.2 and receiving prizes for participation had the lowest average rating of 3.0.

The results from the scale also suggested techniques which utilize cognitive behavioural characteristics might be more helpful at increasing motivation. This conclusion was perceived as discussing program goals, developing relapse prevention plans, and learning relaxation techniques were rated the highest, whereas the strategies rated as less helpful were techniques utilizing more general behavioural characteristics. Although the difference between the highest rated and lowest was minimal. As such it is difficult to conclude how much of a true difference there would be between the highest rated technique and a more lower rated one. Additionally, there was no information collected regarding why the strategies with cognitive behavioural characteristics were ranked higher by the participants.
Chapter V: Discussion

Institutional Setbacks

In November 2011 a security incident occurred at the institution where data was being collected which affected the facilitation of the three originally proposed focus groups. It was unclear how long this security incident would affect institutional procedures such as the running of correctional programs and the honouring of inmate passes but the student, co-facilitator and program manager were optimistic that at least one focus group could be run. Unfortunately, on December 7, 2011 the focus group for the general population lifer offenders was cancelled due to a protracted lockdown and no introductory meeting with the participants could be scheduled.

General Conclusions from the Study’s Results

Through the use of implementing a semi-structured interview with five offenders from the mental-health range, their perspective was gathered as to how they spend their time while incarcerated, their thoughts for attending their assigned correctional program, and their opinions of twelve strategies which could have the potential to help increase their motivation to attend programming. The study’s results indicated that there was no strong preference for a particular technique which was identified at increasing their motivation level in completing their programming. This area needs to be examined further to better understand why there was no preference. The use of the un-validated assessment tool and the offender’s current knowledge of these techniques may have affected the results.

Study’s Significance to Past and Present Research on the population of Lifer Offenders

This thesis has helped provide an overview of the potential obstacles or barriers such as an uncohesive treatment group and the potential aids such as helpful program facilitators, to help in the successful completion of an assigned correctional program among lifers. As well, the interview helped to re-affirm the contention by Flanagan (1992) that each offender has his own
individual risks and needs and not to generalize how they spend their time in custody or following release in the community. The semi-structured interview questions supported that participants enjoy participating in different leisure activities and have their own unique pro-social ways of dealing with stress in the institution. Moreover, the interview also provided some indication of this group's satisfaction with a currently existing program, the *LifeLine* program. The thesis also helped expand of the research of the CDATE project which examined effective cognitive and general behaviour strategies spanning 1960 – 1990 (Pearson, Lipton, Cleland, & Lee, 2002). The present literature review examined empirical studies using new third wave therapies such as DBT, further supporting the results from the CDATE project that cognitive behavioural strategies can effectively decrease target behaviours such as offender recidivism. The participant completion of the Motivational *Likert* Scale contributed to the understanding of lifers’ perceptions of the usefulness of behavioural strategies within correctional programming. Lastly, by focusing this thesis specifically on the incarcerated lifers population, it has helped to increase the information available about this group of offenders. As Porporino (1990) noted, there is very little research available on the population of lifers and what their incarceration needs may be. Through the use of the semi-structured interview and comprehensive literature review this thesis has provided additional information on motivation strategies used in correctional programming, the lifers incarceration needs, and their satisfaction with correctional programs such as the *LifeLine* program designed for the lifer offender community.

**Strengths and Limitations**

**Strengths.**

Some the strengths from this thesis included using offender participants who have successfully completed their assigned correctional program, and creating a questionnaire which
was designed specifically to evaluate the helpfulness of a variety of techniques which were evaluated in the literature review as having the potential of being helpful strategies to enhance motivation level. Meeting with lifer participants allowed the student researcher to gain a better perspective as to what it is like to be an incarcerated lifer and the challenges they have had to overcome to successfully complete their correctional program. What was striking were the similarities across the answers of the participants. Including interview information allowed the student researcher to expand on the information available about the lifers’ offender group from their perspective.

The Motivational Likert scale provided quantitative data about the strategies currently used to enhance motivation to complete programming.

**Limitations.**

Some of the limitations of this project included a small sample size, low generalization, lack of a previously validated and standardized measure, that the information provided was retrospective (i.e., based on participants memories of participating in programs) and participant responsivity concerns.

Unfortunately the sample size was significantly affected at the last minute by unforeseen problems at the data collection site. The program changes did not allow for all of the screened-in participants to participate in the semi-structured interview process. It is unknown if having the proposed sample size of 25 would have yielded different results, such as a higher rating for a particular behavioural technique.

There is low generalization as the participants were exclusively from the mental-health living range and none of the other offenders from the general population range were able to be included in the study. Also, this thesis only identified the strategies currently used in CSC core
programs and are not necessarily generalizable to specialized groups, such as incarcerated aboriginal male or women, as their program needs may be quite different than incarcerated non-aboriginal males.

Additionally it is unknown if the project may have yielded different results by having all the participants in one large group (as was originally proposed), or if talking to them privately may have increased their level of comfort and therefore made their answers to the semi-structured interview more candid.

The assessment tool used to measure the participant’s preference to motivational techniques was not validated or empirically researched. Additionally, it is also hard to determine how well the assessment tool measured techniques that could potentially increase motivation.

The information gathered for the semi-structured interview was self report and was based on the participant’s ability to draw conclusions from programs they may have participated in up to twelve years ago, as the inclusion criteria for the participants had them complete a program within the last twelve years. As the information collected was retrospective, they may have not remembered important details about their correctional programming experience which may have been beneficial data to collect. It is recommended for future interviewers that the inclusion criteria be more stringent to accept only those who have successfully completed in the last five years to allow a stronger recognition of past events.

During the assessment process, some of offenders asked for clarification on the Likert scale questions, particularly specifics regarding the various techniques. It was evident that the wording used was not always familiar to the participants. It is unknown if the results from the assessment scale would have been different, if the wording on the scale was at a level of understanding that was easier to comprehend by the mental-health participants. It also may have
been beneficial for the student researcher to have asked the participants if they had used the various techniques described in the assessment.

**Multi-Level Challenges**

**Participant.**

As the semi-structured interview was a single session process, there was not a lot of time to sit down with each participant and develop a strong therapeutic alliance which may have been established over more sessions. Due to the short length of the interview, each participant may not have received as much time as required to open up and share his stories with the student researcher and co-facilitator. This was a challenge at the participant level.

**Program.**

Due to time constraints and the unforeseen security incident, no introductory meeting with the participants could be planned, to identify responsivity concerns such as illiteracy. As this meeting could not be planned, no alternative testing to match responsivity level could be created to help the participants understand the assessment material. This was a challenge at the program level.

**Agency.**

While working inside a penitentiary, staff may face security incidents which alter the operations inside the institution and affect offender movement. These changes can cause programs, educational classes and offender jobs to be cancelled as the offenders have restricted movement when the facility is in a lockdown. As a security incident occurred during the scheduled time of the proposed focus group, the original proposal had to be changed to accommodate the operations during lockdown. This working environment is unpredictable which can interfere with proposed activities. This can be a challenge at the agency level.
Societal.

There can be a very negative stigmatism directed towards offenders, and particularly lifers. This group can be perceived as having low motivation levels or an inability to change their behaviours toward becoming pro-social citizens. This negative view point can negatively affect lifers' release into the community, as community support is very important for successful reintegration. This can be a challenge at the societal level.

Contributions to the Field of Behavioural Psychology

This thesis has helped to identify some cognitive behavioural and general behavioural strategies that could be effective at increasing motivation to attend and participate in their assigned correctional program. This thesis may also help to promote future research with the lifer population.

Recommendations Future Research

As lifers’ needs are considered a dynamic factor and are constantly changing (Correctional Service of Canada, 2005) future research should continue to focus on the needs and link to successful program completion of this interesting group. Ultimately research should expand to different groups of offenders from a variety of ethnic and intellectual backgrounds in order to continuously adapt programs and, hopefully, ensure more promising outcomes.
References


Appendix A: Consent Form

St. Lawrence College

TITLE: Identifying Effective Behavioural Strategies to Help Increase Motivation to Complete Correctional Programming by Implementing a Focus Group for Offenders Serving a Life or Indeterminate Sentence in a Maximum Correctional Setting

STUDENT: Allison Vandermeiy

COLLEGE SUPERVISOR: Dr. Yolanda Fernandez

Invitation:
I am a student in my 4th year in the Behavioural Psychology at St. Lawrence College and I am currently on placement with Correctional Services of Canada. As a part of this placement, I am completing a special project called an applied thesis and am asking for your assistance to complete this project. The information in this form is intended to help you understand my project so that you can decide whether or not you want to participate. Please read the information below carefully and ask all the questions you might have before deciding whether or not to participate.

WHAT IS THE PURPOSE OF THE STUDY?

By attending a single focus group session I want to determine if I help identify behavioural strategies used by lifers to increase their motivation to complete their assigned correctional program.

WHAT WILL YOU NEED TO DO IF YOU TAKE PART?

You and other lifer participants are asked to attend a single session focus group facilitated by the student. The focus group consists of two parts and will last for approximately one hour and fifteen minutes. For the first part all participants will attend. This first part of the group will last for about 40 – 60 minutes in length. The first part of the focus group will get you discussing your experience in your correctional program and different motivational strategies used. (Please see attached outline) At the end of the first part of the focus group a Likert scale assessing
motivational strategies will be administered which will take you approximately five minutes to complete.

The second part of session of the focus group will last for about 15 minutes. This session will be for the lifers participants who have attended /used the services of the LifeLine program (Please refer to outline attached)

**WHAT ARE THE POSSIBLE DISADVANTAGES AND RISKS OF TAKING PART?**

This focus group will be addressing your sentence length and incarceration. Addressing these areas may cause you to experience symptoms of anxiety or depression. Also, sharing information with other offenders in a group may be uncomfortable for some.

**WHAT HAPPENS IF SOMETHING GOES WRONG?**

As this focus group will have you discussing your sentence length and incarceration you may experience feelings of anxiety or start to feel depressed. If you notice you are starting to feel this way at the end of the session please talk to the student and co-facilitator after the session privately. Or another option may be for you to speak to the guard on your range to schedule a meeting to speak with one of the trained behavioural counselors or psychologists on site here at the institution.

**WILL MY TAKING PART IN THIS PROJECT BE KEPT PRIVATE?**

Every attempt will be made to keep any information that identifies you strictly confidential unless required by law. You will not be identified by name, FPS number in any reports, publications, or presentations resulting from this project. No information about your index or prior criminal offences including any provincial or federal offences will be used in this project. A statement which reads “the participant was referred to the focus group because he met the criteria for being considered a life/indeterminate sentence offender will be used to describe why you were asked to attend the focus group. The project will not be used in any decision-making process regarding your case, nor will it be placed on your institutional file. All of the participants’ consent forms, will remain at the institution in the programs department in the program managers office. All data collection sheets and completed Likert scales will be shredded on CSC property following proper CSC shredding protocol.(placed in a securely taped up box and delivered to a designated shredding station) All typed rough notes about participants, and drafts of the final thesis will be kept on a password protected laptop that is only accessed by me and the data will be kept for seven years
**DO YOU HAVE TO TAKE PART?**

It is up to you to decide whether or not to take part. If you do decide to take part, you will be asked to sign this consent form. If you do decide to take part, you are still free to withdraw at any time, without giving any reason, and without incurring any penalty.

**CONTACT FOR FURTHER INFORMATION.**

This project has been approved by the Research Ethics Board at St. Lawrence College. The project will be developed under the supervision of Dr. Yolanda Fernandez, my supervisor from St. Lawrence College. I really appreciate your cooperation. If you have any additional questions or concerns, feel free to ask me, Allison Vandermey at allison.vandermey@csc-scc.gc.ca, or you can contact my College Supervisor at yolanda.fernandez@csc-scc.gc.ca you may also contact the Research Ethics Board at appliedresearch@sl.on.ca.

**CONSENT**

If you agree to participate in the project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent form will remain at in the institution in the programs department in the program managers office on site here at the institution. No copies of your consent form will leave the institution’s property.
CONSENT

By signing this form, I agree that:

- The study has been explained to me.
- All my questions were answered.
- Possible harm and discomforts and possible benefits of this study have been explained to me.
- I understand that I have the right not to participate and the right to stop at any time.
- I am free now, and in the future, to ask any questions about the study.
- I have been told that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without asking me first.
- I understand that I will receive a signed copy of this consent form.

I hereby consent to participate.

Participant Printed Name: _________________________

Signature: ___________________________ Date: ________

SLC Student Signature: ___________________________ Date: ________

Printed Name: ___________________________

Witness Signature: ___________________________ Date: ________
Appendix B: St Lawrence College Ethics Board Letter

Research Ethics
Board Members
Jody Souka-Marleau (Chair)
Gwen Dunn
Marie-Line Jobin
Lavina Inasar
Christian Keresztes
Joy Leslie
Peggy Lowe-Braslen
Allison Tucker
Jill Dennis

October 17, 2011

Allison Vandermey
53 Portsmouth Ave
Kingston ON K7M 1V3

SLC REB Reference Number: 2011-REC17
Project Title: Identifying Effective Behavioural Strategies to Help Increase Motivation to Complete Correctional Programming by Implementing a Focus Group for Offenders Serving a Life or Indeterminate Sentence in a Maximum Correctional Setting

Dear Allison:

St. Lawrence College Research Ethics Board (REB) has reviewed your application through the Research Ethics Committee (REC). In accordance with the Tri-Council Policy Guidelines (article D 1.6) your project has been approved.

Please review St. Lawrence College’s Policy on Research Integrity, which is attached for your convenience.

SLC REB approval is valid for one year. If your work is going to extend beyond this year, you will need to fill out a “Request for Continuation” and submit it to the REB for review. Once your work has concluded, please submit the Project Termination Form. These are also attached for your later use.

You are reminded of your obligation to keep your files up to date and inform the REB of any changes to your study or adverse affects that occur during the duration of your project. The REB reserves the right to review your file at any time to ensure that research is being conducted in accordance with all St. Lawrence College policies. If discrepancies are found, action will be taken including, but not limited to, the REB revoking your ethics approval.

We wish you well in your research.

Best Regards,

Jody Souka-Marleau
Chair, Research Ethics Board

cc. Cam McEachern, Director, Research
Yolanda Fernandez, faculty supervisor
Appendix C: Verification Letter

VERIFICATION LETTER

This letter is to confirm that written consent was obtained by Allison Vandermeuy, Behavioural Psychology student at St. Lawrence College, to implement a project. The project was approved by Cathy Galt and Dr. Yolanda Fernandez. The written consent explained the details of the project, including the risks and benefits of participating. The consent forms were signed by the clients on December 8, 2011.

The five consent forms will be kept in a locked storage cabinet at [ ] for a minimum of 10 years according to the professional standard.

Allison Vandermeuy
Dec 8th 2011

Student Name
Student Signature
Date
(Printed)

Cathy Galt
Cathy Galt
Dec 9th 2011

Agency Supervisor Name
Agency Supervisor Signature
Date
(Printed)
Appendix D: Semi Structured Interview for one-on-one interview with Lifers

Part one: Motivational Strategies

Topic One: Activity/Strategies used to help cope with stress at the institution

What are some pro-social things you can do in the institution when you are feeling stressed?

Why do you like to participate in that activity?

Are there any activities you would like to participate that are not currently available?

Do you participate alone, or do you prefer to go out with other offenders?

Topic Two: The working relationship with the facilitator

How was your overall experience working with your facilitator?

Was it a positive or negative experience for you?

Can you please describe to me some traits that you feel a good facilitator should have?
**Topic Three: The working relationship with other group members**

How was your overall experience with other group members?

What did you have that made it a strong group?

What would you like to see changed? (Such as all long term offenders in the group)

Was the size of your group manageable?

**Topic Four: Adequate Access to Programs**

What are your thoughts about having access to programs?

How do you feel about being faced with a long waiting list as your parole eligibility date is still a few years away?

**Topic Five: Relapse Prevention and Self Management plans and Autobiographies**

What are your thoughts about completing these plans?
Did you find it helpful to map out your life plans and reflect on past?

How did you feel presenting your plan? Did you feel other inmates listened and showed respect?

Part Two: LifeLine Program

**Topic Six: Thoughts about using LifeLine**

What are your thoughts? Describe your experiences.

Would you recommend the services to other lifers?

Did you learn any useful skills from the program? Such as job hunting strategies, budgeting or managing relationship issues or stress.

**Wrap up**

How are you feeling?
Did you learn anything about yourself?

Did you find our meeting helpful?
Appendix E: Focus Group Outline

**Part one:** Motivational strategies (60 minutes in total)

**Introduction:** (10 minutes)
Discuss who I am, and why I asked them attend. Ask the offenders to discuss the various social/educational/correctional programs they have participated in various awards/certificates achieved/skills learned.

**Group Discussions:** (45 minutes)
1. Activities/strategies used to help cope with stress at the institution
2. How was their working relationship with the facilitator? What are some ways it could be improved?
3. How was their working relationship with other group members? How could it be improved? (e.g. “lifer only” programs)
4. Do they feel that they have adequate access to programs, or are they faced with long waiting lists as their parole eligibility date is still a few years away?
5. Do they feel that the relapse prevention/self-management plans developed in correctional programs will be helpful for them? Why or why not?

**Part two:** *LifeLine* Services (30 minutes in total)

**Group Discussions** (25 minutes)
1. Thoughts about the program and its effectiveness
2. Recommending the services to other lifers
3. Particulars skills acquired through the program such as job hunting strategies, budgeting, managing relationship issues or stress

**Likert Scale:** (five minutes)
At the end of the session the participants will complete a 12 question likert scale. The questions will be asking about how useful they found various behavioural/cognitive behavioural strategies at enhancing their motivation to complete their program.

**Wrap up/Check out** (5 minutes)
Answer any last minute questions and make sure each participant is feeling alright after discussing these sensitive topics.
Appendix F: Motivation Likert Scale

Motivation Likert Scale

Created by Allison Vanderme

**Instructions:** Please circle how helpful you found each of the twelve different strategies on a scale of 1-5 at enhancing your motivation level to complete your assigned correctional program.

<table>
<thead>
<tr>
<th>I felt motivated to complete my assigned Correctional Program By...</th>
<th>Extremely Unhelpful</th>
<th>Somewhat Unhelpful</th>
<th>Neutral/ I Don’t Know</th>
<th>Somewhat Helpful</th>
<th>Extremely Helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Using a cost-benefit analysis chart to discuss the positives and negatives of me changing my behaviour.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>2. Signing a behavioural contract to attend all sessions of my correctional program</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>3. Receiving prizes for participating in group activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
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<td>4. Receiving positive feedback for participating in my group’s role-plays</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>5. Discussing my personal goals with the facilitator and learning how attending my program may help me achieve my goals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>6. Attending one-on-one sessions with the facilitator and discussing my concerns</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>7. Having the facilitator confront me about my lack of participation in group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>8. Hearing success</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>Stories from other offenders how the program has helped them.</td>
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<td>-------------------------------------------------------------</td>
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<tr>
<td>9. Developing a relapse prevention plan and brainstorming my alternatives</td>
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<td>10. Learning relaxation techniques such as diaphragmatic breathing exercises to help cope with my stress/anxiety levels</td>
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<td>11. Learning how to self monitor my behaviour and recognizing if I am going to relapse</td>
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<td>12. Completing an autobiography and reflecting back on what I want to change</td>
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