

The Effects of a Modified Dialectical Behavior Therapy Program on Male Inmates' Coping Skills

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EXECUTIVE SUMMARY

Although there have been positive outcomes from using Dialectical Behavior Therapy (DBT) in correctional settings, research in this area is limited. Additionally, only one published study to date has included male inmates (Shelton et al., 2009). Given that males constitute the majority of the correctional population, more research that focuses on the effects of DBT with male inmates is clearly warranted. As a result, the purpose of the present study was to add to the existing research of DBT in correctional settings with male inmates.

Purpose

- Examine the effects of a modified DBT program on the coping skills of male inmates participating in DBT groups at Oregon State Penitentiary (OSP) and Oregon State Correctional Institution (OSCI).
- It was hypothesized that participants would show increases in task-oriented coping and decreases in emotion- and avoidance-oriented coping over the course of the group.

Method

- Administer a self-report coping skills measure to participants in the DBT groups at various points of treatment.

Sample Size

- 66 male inmates total (43 from OSCI and 23 from OSP)
 - 51 inmates from general population; 15 were housed in Special Management Housing (SMH)

Findings

- By the end of data collection, 15 participants from OSP and 26 participants from OSCI had completed surveys on one occasion (Group 1), 8 participants from OSP and 8 participants from OSCI had completed surveys on two separate occasions over an 8-week period (Group 2), and 2 participants from OSP and 11 participants from OSCI had completed surveys on three separate occasions over a 16-week period (Group 3).
- Participants in Group 3 showed significant improvements in task-oriented coping scores.
- Emotion-oriented coping appeared to decrease over time for Groups 2 and 3, though without statistical significance.
- Avoidance-oriented coping remained stable or increased over time for Groups 2 and 3 (though again, without statistical significance).
- Coping style use was not significantly correlated with how long a participant had been involved in the DBT group for Group 1, 2, and 3.

Conclusions

The purpose of this study was to add to the existing research of the effects of DBT in correctional settings with male inmates. A significant increase in task-oriented coping was found for male inmates who had been participating in the DBT groups for at least a 16-week period. Decreases were also noted in emotion-oriented coping for the same group of inmates and a group of inmates who had been participating in the DBT groups for at least an 8-week period, yet these results were not statistically significant. Avoidance-oriented coping skills remained the same over time for both groups. Length of time in the DBT group did not affect scores on the coping style measure, which suggests other factors were involved that influenced coping style. In sum, it appears that DBT was helpful for improving male inmates' coping skills, though additional research is needed to support this conclusion.

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Abstract

The effects of Dialectical Behavior Therapy (DBT) in correctional settings, especially with male inmates, have not been extensively researched within the correctional literature. I sought to add to the existing literature by examining the effects of a modified DBT program on the coping skills of male inmates in the Oregon Department of Corrections. It was hypothesized that participants would show increases in task-oriented coping and decreases in emotion- and avoidance-oriented coping over time as they progressed through treatment. A total of 66 male inmates who were participating in DBT groups from two Oregon prisons completed a coping skills measure at various stages of treatment. Participants completed surveys on one, two, or three separate occasions, depending on their length of time in the group. Participants who completed surveys on three occasions showed significant improvements in task-oriented coping scores. Although there was a trend toward improvements in emotion-oriented coping, no other significant results were found. Implications of the study and for future research are discussed.

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Introduction

A report published by the Bureau of Justice Statistics (BJS; James & Glaze, 2006) indicated that more than half of all prison and jail inmates had a mental health concern at midyear 2005. James and Glaze (2006) estimated that 56% of state inmates and 64% of jail inmates had a mental health diagnosis or had experienced mental health symptoms within the prior 12 months. The most common mental health symptoms were mania, depression, and psychosis. Dishearteningly, only 1 in 3 state inmates and 1 in 6 jail inmates who had mental health problems received treatment after their admission to the correctional facilities.

Untreated mental illness presents additional problems to the inmate, the criminal justice system, and society. According to O'Connor, Lovell, and Brown (2002), inmates with a mental health diagnosis committed more crimes, served longer sentences, and were more likely to be victimized relative to inmates without a mental health diagnosis. Furthermore, recidivism rates for inmates with a mental illness have been reported to be higher than rates for inmates without a mental illness. For example, Ditton (1999) reported that 49% of federal inmates with a mental illness had three or more prior probations, incarcerations, or arrests, compared to 28% of federal inmates without a mental illness. Similarly, James and Glaze (2006) reported that 25% of state and jail inmates who had mental health concerns had had three or more prior incarcerations compared to 20% of those who had no mental health concerns.

Zamble and Porporino (1990) posited that coping deficits played a major role in the mental health concerns of inmates as well as in the maintenance and repetition of

criminal behaviors. For example, in comparison to nonincarcerated adult males, adult male inmates were more likely to engage in coping styles characterized by emotional reactivity and avoidance rather than problem-solving coping styles; in addition, inmates who engaged in reactive and avoidance coping styles were more likely to be anxious or depressed and to have lower self-esteem relative to inmates who used problem-solving coping styles (Gullone, Jones, & Cummins, 2000). As a result of the intensity and frequency of coping deficits among inmates in their sample, Zamble and Porporino advocated for correctional mental health treatment programs aimed at improving inmate coping skills through behavioral methods.

Courts have indicated that inmates have a constitutional right to mental health treatment while they are incarcerated. In *Estelle v. Gamble* (1976), the U.S. Supreme Court ruled that inmates had a right to medical treatment in prison and that prison authorities who acted in a “deliberate indifference to serious medical needs of prisoners” (p. 429) violated the Eighth Amendment prohibition against cruel and unusual punishment. This right to medical treatment was extended to mental health treatment the following year in *Bowring v. Godwin* (1977).

One type of mental health treatment that is common in correctional settings is group psychotherapy. In their national survey, Morgan, Winterowd, and Ferrell (1999) found that approximately 20% of adult male inmates in state correctional facilities received some form of group psychotherapy. However, only 16% of personnel in mental health departments in state correctional facilities conducted outcome research on the effectiveness of their group psychotherapy programs (Morgan et al., 1999). Despite this lack of research, a range of benefits of group psychotherapy have been noted by

researchers. In their meta-analysis of 26 studies on correctional group psychotherapy, Morgan and Flora (2002) found that, compared with inmates in control groups, inmates who participated in group psychotherapy reported improvements on outcome measures of institutional adjustment, anger, anxiety, depression, interpersonal relations, locus of control, and self-esteem.

In addition to improving an inmate's mental health, another purpose of correctional treatment is to reduce future criminal behaviors (Olver, Stockdale, & Wormith, 2011). As described by Andrews and Bonta (2010), interventions associated with the largest reductions in criminal recidivism follow the principles of risk, need, and responsivity (RNR); that is, interventions that match the risk level of the offender (risk principle), that target social and emotional factors that could lead to re-offending (need principle), and that are structured and cognitive-behavioral in nature (responsivity principle). As a result, cognitive-behavioral therapy (CBT) is generally considered to be the most effective treatment for reducing behavioral problems in inmates (Fishbein et al., 2009; Morgan et al., 1999). However, some inmates do not benefit from CBT, as indicated by poor attendance, early drop-out rates, and noncompliance with group treatment (Fishbein et al., 2009).

Another treatment that may be beneficial in improving inmates' mental health concerns and coping deficits as well as reducing their likelihood to recidivate is Dialectical Behavior Therapy (DBT). The focus of this skills-based treatment is to target problematic behaviors by improving the client's ability to be mindful of his or her own external and internal experiences, to better regulate emotions, to tolerate distress, and to communicate effectively with others (Linehan, 1993). The skills taught in DBT match

the demands of a correctional population. For example, McMurrin, Theodosi, Sweeney, and Sellen (2008) reported that improving relationships and increasing self-control were the most commonly cited treatment goals in a sample of 129 adult male inmates.

Furthermore, the emotional regulation and distress tolerance modules of DBT may address an inmate's negative emotions that could lead him or her to re-offend, because there is some evidence that emotional distress may be associated with committing crimes (Day, 2009; Hanson & Harris, 2000). Additionally, the inability to process emotions accurately may lead to a distorted perception of social cues, which could lead to aggressive behaviors (Fishbein et al., 2009).

The purpose of the current study was to add to the existing research of DBT in correctional settings with male inmates. In the following sections, I will discuss literature on male inmate coping styles as well as on the relationship between coping style and psychological well-being. I will also discuss the specific components of DBT and the reasons it is applicable to a correctional population. I will then focus on research on the use of DBT in correctional settings with both male and female inmates.

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