Correctional psychology is much practiced, but rarely defined. Contemporary correctional systems have employed psychologists for many years now, but it is by no means easy to describe the professional roles of those who work in correctional settings. Additional challenges have arisen that followed the introduction of legislation that defines psychologists as allied health practitioners (Allan, 2013), given that some, if not most, of the work that correctional psychologists do does not fall neatly into the category of a health service. It is also the case that correctional practice does not always closely align with the academic research and teaching of psychology that underpins it (Brodsky, 2007; Clements et al., 2007). And, to complicate matters even further, the term correctional psychology has a number of different meanings; it not only refers to professional psychologists who practice in corrections, but also to the wider application of psychology to corrections, and the use of psychological research to inform correctional policy and practice. The term is defined, in part, by public and correctional staff perceptions about what psychology is, and its perceived utility in the correctional system, as well as perceptions more generally about the status and utility of science, what causes crime, and what works to reduce it. Unsurprisingly then, correctional psychologists are sometimes uncertain about their professional identity, and may find themselves practicing in environments that are hostile to their ways of working.

This Handbook represents the efforts of many people who have expertise in correctional psychology, and, collectively, their contributions help define what correctional psychology represents in practice, and identify how it can contribute to more effective correctional service delivery. We recognize at the outset the importance of compiling a resource that will inspire and support the next generation of psychologists who want to make a difference, as well as reminding experienced practitioners that this is an exciting and important field.

Today’s correctional systems can be understood in terms of their primary role to administer sentences that are handed down by the criminal courts. But although correctional psychology
has sometimes been defined as applying only to convicted offenders (e.g., Morgan, Beer, Fitzgerald, & Mandracchia, 2007), correctional agencies have a secondary mandate to safely contain people who are remanded in various forms of custody while they await trial or sentencing. Correctional psychology has also often been defined primarily in relation to work that occurs in prisons (Biere & Mann, 2017; Gendreau & Goggin, 2013; Magaletta, Patry, Dietz, & Ax, 2007), despite correctional systems in most countries having responsibility for the administration of both custodial and community sentences.

It is also instructive to reflect on what it is that correctional psychologists actually do in practice, even though this varies in emphasis across jurisdictions. In the USA, for example, Dvoskin and Morgan (2010) have proposed that the role typically involves three main activities: (a) the treatment of mentally disordered offenders and the provision of mental health treatment; (b) the rehabilitation of offenders for the purposes of reducing criminal risk and improving community safety; and (c) the smooth and safe running of the correctional system itself. In other Western countries, there are clearer boundaries between those who work with mentally disordered offenders—which remains for the most part the province of mental health systems—and those who work to rehabilitate offenders for risk reduction purposes (Soothill, Rogers, & Dolan, 2008). A further consideration is the extent to which correctional psychologists practice directly with offenders or are responsible more widely for the application of psychology by other parts of the correctional system (e.g., in the selection or training of prison officers or by advising on prisoner management or sentence compliance). Contributions in each of these areas can assist the correctional system to achieve its legislative mandate, which can be best understood in terms of the broad aims of containing, punishing, and reforming offenders, with the main differences between jurisdictions lying largely in the emphasis placed on each (see Table 1.1). Importantly though, all three aims are linked to outcomes that are potentially measurable in terms of human behavior. So, while psychology does not generate all of the knowledge needed for correctional systems to achieve these respective aims, it clearly has something to contribute to each.

We start by providing a brief overview of the history of correctional practice, which serves to remind us of how different systems can be, depending on how human behavior is understood. This approach helps us to position current practice in the broader context of community responses to antisocial behavior and law-breaking, and takes us into the modern era, with its focus on the development of psychological rehabilitation programs.

A Brief History of Correctional Trends

Punishment

In any society, the dominant explanation for the causes of an offender’s wrongdoing will play a role in determining how that society deals with the individual offender. One of the oldest explanations for criminal behavior lies in possession by evil spirits and demons. In Christianity at least, this belief in demonic possession sat alongside, not unsurprisingly, a corresponding belief in the omniscient power of God. These twin beliefs formed the basis for the practice of trial by ordeal. Given that God would always intervene on behalf of the innocent—the principle of judicium Dei, a judgment by God in favor of the guiltless—it was believed that in a trial, which literally threatened life and limb, the innocent would emerge unscathed while the guilty would suffer or die.
For example, this reasoning underpinned trial by ordeal through fire or water in tenth-century Saxon Europe, until it was banned by the Church in 1215 AD. In “ordeal by fire” the accused was forced to grasp a red-hot iron or to walk over red-hot metal; in “ordeal by water” the accused was forced to pluck by hand a stone from boiling liquid, or to drink poisoned water, or to be submersed in water. Another form of trial, “trial by combat,” was common in sixteenth-century Europe. In this type of trial, also based on judicium Dei, the protagonists fought each other until one of them was dead or unable to continue, leaving the victor to be declared the winner of the dispute. In some ways, this was a very efficient system, since it bound together both trial and sentence, in a sense, and was completed in a very short time.
As time passed, so trial by ordeal and trial by combat were discarded in favor of the now familiar trial by jury. A trial by jury is part of a Western system of law in which if the accused is found guilty by their peers then a sentence will be passed in accordance with the law. A sentence may seek to achieve several outcomes, such as delivering retribution and punishment or otherwise seeking to correct criminal behavior. The various aims of sentencing are not mutually exclusive: it could be argued, however wrongly, that punitive retribution can have a corrective effect on the criminal’s future actions, but equally, other components of the sentence may be intended to achieve a corrective outcome. The notion of retribution—for instance—has its origins in the principle of *lex talionis* (“the law of retaliation”), sometimes understood as an “eye for an eye.” In earlier times, the victim or family often inflicted this retaliation. But in time, the rise of the state as the dominant form of social organization led to that state formally exacting compensation for criminal offenses against its citizens, and often taking away the right of individuals to do so. This compensation could be tangible, usually in the form of financial recompense to the victim, or in some other type of direct harm to the offender, generally involving physical pain or social humiliation.

In the eighteenth and nineteenth centuries it was a free-for-all when it came to punishing offenders. Those who had committed less serious offenses were publically humiliated by being shackled to the *pillory*, a wooden device that immobilized the offender by locking their hands and legs. Offenders were typically held for a few hours but sometimes remained fettered for several days. A similar device, the *stocks*, held the offender’s ankles; the German *pranger* chained the victim’s neck to leg restraints fastened around the ankles, although sometimes a short chain was used to force the offender into a painful half-kneeling posture. The pillory, also used for other corrective sentences, such as public floggings, was situated in a public place, such as a market square, and passers-by would amuse themselves and others by throwing rotten fruit and vegetables at the hapless offender. If the offense had been serious then stones would be thrown and the offender could be physically attacked and even mutilated. In most European countries, the use of the pillory and the stocks was abolished by the middle of the nineteenth century; England and Wales abolished stocks and pillories in 1837.

Punishment for serious crimes could also involve physical injury such as mutilation, mainly cutting off body parts and removing eyes, or flogging, or branding with a red-hot iron. Those criminals who were sent to prison had to endure harsh regimes characterized by punishments such as immobilization through the use of body irons, long periods of solitary confinement (including wearing masks so prisoners could not see each other), hard manual labor, and physical exhaustion through hours spent on the treadmill. The practice of oakum-picking involved prisoners in untwisting lengths of old rope to return it to its constituent strands—damaging their fingers in the hours spent picking at the coarse material—then unrolling these strands to produce loose fibers. The fibers were sold to ship-builders where they were mixed with tar to seal the lining of wooden boats. Oakum-picking has left its legacy in the expression “money for old rope.” Treadmills also were adopted into prisons in the United Kingdom in the early 1800s, to ameliorate prison idleness and sometimes also to pump water or grind grain; prisoners were forced to climb the “steps” on these large wooden wheels for 6 hours or more each day.

In addition to imprisonment and the poorhouse, capital punishment was used liberally. Pettifer (1939/1992) stated that in mid-eighteenth-century England there were over one hundred crimes, including offenses such as damaging property, and theft, which were
punishable by death. There were various methods of execution in use which included burning, hanging, and *peine forte et dure* ("strong and hard pain") in which the offender was crushed to death. In Britain, France, and other European countries, the more fortunate criminals were spared death, but suffered penal deportation to the colonies: most notably, Maryland and Virginia in the United States, Australia, and India.

**Application of Enlightenment Philosophy to Sentencing**

The first theoretical doubts about the utility of harsh punishment in reducing crime emerged in the mid-1700s through the influence of the classical school of philosophers, associated with the Enlightenment philosophers and theorists—including John Locke (1632–1704), Sir Isaac Newton (1642–1727), David Hume (1711–1776), and Immanuel Kant (1724–1804)—and it became a dominant force in Europe and America in the late eighteenth and the nineteenth centuries. A basic tenet of Enlightenment philosophy was that the origins of human action arise as each individual exercises their reason and free will (Paternoster, 2010). The specific application of the principles of Enlightenment philosophy to crime, in particular the notion of free will, was made by the Italian mathematician and economist Cesare Bonesana Marchese di Beccaria (1738–1794) and the English philosopher and jurist Jeremy Bentham (1748–1832).

The classical explanation of criminal behavior is very different to *judicium Dei*. It holds that a crime is the consequence of the individual’s free and rational decision with regard to the likely balance between personal gain and loss; when the former outweighs the latter, a crime follows. The Enlightenment philosophers argued for a utilitarian view of criminal law where the purpose of punishment should have wider benefits rather than just inflicting pain. Punishment, from this perspective, could potentially have four aims: (a) to prevent crime; (b) if prevention is not possible, to encourage the criminal to commit a less serious crime; (c) to reduce the harm caused by the crime; (d) to prevent crime at the lowest possible financial cost.

In direct contrast to the belief of the day, utilitarianism viewed excessive punishment as unnecessary and even counter-productive with regard to reducing crime. Instead, the level of punishment should be in proportion to the severity of the crime (see von Hirsch, 1993). The logic underpinning proportionality is that if every crime meets an equally harsh punishment, then punishment cannot have a selective effect according to the type of crime and its severity. If sexual abuse and murder were both punishable by death, for example, then the rapist or child abuser would have nothing to lose by murdering their victim to reduce the likelihood of detection. However, if punishment is proportional to the crime, such that murder results in a more severe penalty than a sexual offense, then punishment may have a deterrent or corrective effect. The application of the principles of utilitarian philosophy brought about extensive changes to the legal systems in eighteenth-century Europe; many are still evident today. For example, the principle of *mens rea*, guilty intent, is at the heart of Western criminal law and is close to the notion of free will. Thus, we accept that for most crimes, given due allowance for age and mental capacity, criminals understand that they are doing wrong, and therefore should be held responsible for their criminal acts. If they do not, there may be grounds for acquittal or detention in a mental hospital. In addition, we agree with proportionality in the administration of punishment, and in most cases, we hold that extremely punitive acts are not tolerable in the name of justice.

The deterrent value of punishment is very much part of modern-day criminological thinking (Kennedy, 2009). Many people take it as self-evident that punishing the individual can influence that person’s future behavior, and that administration of punishment may have wider
benefits for the majority. Thus, in theory we have specific deterrence—the experience of punishment is held to have a corrective effect in that it deters the individual offender from committing further crimes—and general deterrence, where knowing that there is a risk of punishment if caught deters law-abiding members of society from involvement in illegal activities. Unfortunately, the evidence for either of these cherished effects is, at best, weak overall (Nagin, 2013; Paternoster, 2010).

In modern criminal justice systems, the twin aims of retribution and deterrence are addressed through either taking something of value away from the offender or by imposing conditions which the individual is anticipated to dislike. In the former case there may be removal, for example, of an individual’s tangible assets or their access to their children; alternatively, criminals may lose their liberty: either partially, through the imposition of a curfew with electronic monitoring, or completely by imprisonment – or they may be expected to work without pay for a set number of hours (e.g., chain gangs, and more recently, community work). Finally, in some parts of the world the death penalty remains available as the definitive personal loss.

As with any approach to criminal justice there are questions to be raised on both a philosophical and a practical level. Is there really such a thing as free will and, if so, does everyone have the same capacity to exercise it (see Honderich, 1993)? Why do some people, but not others, choose to commit criminal acts? Is it the case that we obey the law simply because of fear of punishment and not because of higher levels of moral reasoning? From a psychological perspective, the view that an individual freely commits a crime following rational consideration of the outcomes is rather limited in scope. If we follow Roshier (1989) then “the goal of our rationality is personal satisfaction; rational self-interest is the key motivational characteristic that governs our relationship with crime and conformity” (pp. 14–15). Thus, the criminal becomes no more than a hedonist, estimating the gains and losses of their actions in their personal equation of avoiding pain and gaining profit. Lilly, Cullen, and Ball (2002) have called this account the “criminal as calculator.”

Modern Historical Trends in Imprisonment

Following on from sentencing approaches based on lex talionis, as the state took over responses to criminal transgressions, imprisonment was used to hold people who failed to pay fines. Over time, prisons came to be used not just as punishment, but for punishment; for example, by the Romans more than 2,500 years ago. However, mass imprisonment may not have occurred until late in the 1700s, when growing public unhappiness about public torture and hangings led to the need for alternatives. Transportation in old hulks to the colonies was used for some time, but from the late 1700s, hard labor was becoming popular as an alternative, and proved to be invaluable in constructing essential infrastructure; for example, in the confederate south after the US civil war, and in many parts of the “colonies.”

The Advent of Correctional Reform

The history of rehabilitation for criminals in Britain can be traced back to the influence in prisons of the great social reformers of the eighteenth century such as John Howard (1726–1790) and Elizabeth Fry (1780–1845). Now prisons aimed to reform prisoners’ lives, and accordingly regimes changed from an emphasis on harsh punishment to include constructive activities such as education and training for employment. It is hard to overemphasize what a
fundamental shift this was. Punishing people is based on an assumption that people have what is needed to reform themselves, but now there was a shift to providing resources to help people correct themselves.

For example, in the northern United States, the development of the Pennsylvania system—also known as “separate confinement”—soon after the American Revolution isolated prisoners from each other but not from visitors and staff who taught them to read and write, and provided moral instruction. Prisoners also worked at various activities alone in their cells, in silent reflection (Rubin, 2017). However, the Pennsylvania system had limited influence on correctional practices of the day, and was superseded by the Auburn system, named for the opening of Auburn State Prison in New York in 1817. The Auburn system took much less space. Its rehabilitative philosophy was based on strict routines of industry, obedience, and complete silence (and so was known as the “congregate” or “silent” system; Randol, 2014). But as before, it became evident quite soon that Auburn-style prisons had considerable productivity potential, and their labor was much valued (Charleroy, 2013).

In practice, it is likely that many prisons were hybrids of various reform philosophies just as they are today (i.e., they have always been theoretically eclectic in their approach to “what works”). These hybrid philosophies are revealed when we consider the early, and often challenging, role of physicians. For example, well before the advent of psychologists in prisons, Charleroy (2013) noted that the Minnesota State Prison physician was responsible not only for keeping the prisoners physically healthy enough to work in prison factories but also for their “mental and behavioral reform” (p. 24).

Developing and Applying Psychology to Criminal Behavior and its Remediation

The history of psychology’s involvement with the correctional system is a fascinating one which includes many important figures.2 The approach taken here focuses more on the theories and research themselves and how these were applied both to understanding criminal behavior (i.e., “What are the causes of crime?”) and to understanding how to reduce it (“What makes interventions effective?” “What is needed for offenders to change?”) Interestingly, psychology has had much more to say about the second than the first. Although replete with etiological theories for various forms of the human condition, relatively few have been applied to criminal behavior specifically. This state is in marked contrast to disciplines like sociology, which has a proud history of crime- and criminality-specific theories.

Psychoanalytic Theory

The use of psychological approaches with offenders broadly followed the development of the discipline of psychology as a helping profession and the progression of psychological theory: beginning with psychoanalysis and psychodynamic psychotherapy, moving to behavior modification and behavior therapy, and so to cognitive behavioral and cognitive therapies. Much of its early history reflects a plethora of approaches that parallel the development of psychological therapies for other problems and conditions. At least with offenders, it was not until the 1970s and 1980s that systematic research began to identify that approaches often designed to improve the wellbeing of people did not necessarily reduce their offending risk, nor actually even improve their wellbeing in some cases.
It is generally taken that therapeutic psychology as a distinct specialism has its origins in psychoanalytic theory and the work of Sigmund Freud (1856–1939) and his followers such as Alfred W. Adler (1870–1937), Abraham A. Brill (1874–1948), and Carl Jung (1875–1961). The early theorists applied psychoanalytical concepts such as the pleasure principle (Aichhorn, 1925/1955), the reality principle (Alexander & Healy, 1935), and sublimation (Healy & Bronner, 1936) in formulating explanations of antisocial and criminal behavior. Psychologically based explanations of criminal behavior influenced by psychoanalytic theory continued to appear throughout the 1940s (e.g., Abrahamson, 1944; Friedlander, 1947), eventually progressing to accounts founded on theoretical constructs such as self-concept (Reckless & Dintz, 1967), self-esteem (Bennett, Sorensen, & Forshay, 1971), and transactional analysis (Jesness, DeRisi, McCormick, & Wedge, 1972). The earliest therapeutic work with delinquents within a psychoanalytic tradition (e.g., Aichhorn, 1925/1955) rested on the assumption that delinquent behavior was the product of a failure in psychological development, which is, perhaps ironically, not too different from today’s developmental life-course theories (see Chapter 21). But therapists of those times were perhaps more optimistic about the ability of psychotherapy alone to correct this developmental failure. The use of group and milieu therapies with offenders—including group counseling, psychodrama, reality therapy, transactional analysis, and therapeutic communities—became increasingly widespread during the 1940s, 1950s, and 1960s (Lester & Van Voorhis, 2004a, 2004b). Psychodynamic or psychoanalytic treatment was also used unsuccessfully by the early psychopathy clinician Cleckley (1988) and his colleagues (Salekin, 2002).

By and large, psychoanalytic and psychodynamic therapy approaches have shown little evidence of effectiveness with offenders, either in personal development or risk-reducing terms. In comparison with a modern understanding of what makes for effective intervention, they lack a number of the key features associated with effectiveness. However, the theories themselves are also limited in that they locate the origin of the individual’s behavior entirely within the person, and not only that, but at an unconscious level; how we act is an expression of our inner conflicts and needs. The practice of forensic psychotherapy remains today, although perhaps as a niche specialty more familiar in psychiatry than in psychology (Cordess, 2001). Psychoanalytic theory today is largely irrelevant to correctional rehabilitation psychology because it did not provide a model of change that was useful with offenders.

Learning Theories

Currently, criminal and correctional psychology assumes primarily that criminal behavior is learned, and that its remediation also requires learning. Therefore, psychology is relevant not only for what it offers to understanding the development of criminal behavior, but also for providing the empirical scaffold for how best to change people’s antisocial behavior. After psychoanalytic theory, relevant psychological theory focuses entirely on developments in learning theory, of which the next major stage began with the Nobel Prize-winning Russian physiologist Ivan Pavlov (1849–1936), and then B. F. Skinner (1904–1990) with the development of learning theory.

Pavlov, while conducting laboratory research using dogs as subjects, realized that the dogs’ salivation was the result of a learned association between sound (a clanking food pail) and food: this type of learning became known as classical conditioning. Pavlov’s work had a profound impact on other early American behaviorists, such as John B. Watson (1878–1958),
as they moved away from searching for internal causes of behavior as the psychoanalysts had done, to concentrate on the way in which the environment shapes our actions.

A related notion, that the likelihood of an individual repeating a given behavior is related to its consequences, was formulated by Edward Thorndike (1874–1949) in his law of effect (Thorndike, 1911). However, it was B. F. Skinner whose experimental work with pigeons and rats led to the formulation of the principles of operant learning (Skinner, 1938, 1953). The basis of operant learning is that a behavior’s consequences directly determine whether it becomes part of the individual’s behavioral repertoire (acquisition) and stays being part of it over time (maintenance). Thus, a behavior operates on the environment to produce changes which, for the individual concerned, may be either reinforcing or punishing: if a behavior keeps occurring at a steady rate or with increasing frequency, it is, by definition, being reinforced by its environmental consequences; a behavior which decreases over time is, by definition, being punished by its consequences. The relationship between a behavior and its consequences is termed a contingency. There are two types of reinforcement contingency: positive reinforcement in which the behavior is followed by a reward (e.g., money); and negative reinforcement where the behavior results in the removal of an aversive consequence (e.g., decrease in noise). There are also two punishment contingencies: positive punishment in which some aversive consequence is added to the environment of the individual (e.g., something that causes pain); and negative punishment where something valued is removed from the individual’s environment as a consequence (e.g., money through fines).

Differential reinforcement theory (Jeffery, 1965) viewed criminal behavior as an operant behavior: maintained by the consequences it elicits for the individual criminal. A large number of crimes entail some form of stealing and so produce the obvious reward of material and financial gain. In other cases, the consequences of crime may be social gain such as peer group approval (Short, 1968). Thus, material, financial, and social rewards act to positively reinforce the criminal behavior. Negative reinforcement contingencies may also maintain criminal behavior. Stealing has a strong association with unemployment (Nagin, Farrington, & Moffitt, 1995) so that in this context its consequences may be the avoidance of loss of accommodation or of a family break-up, or of hunger. In the same way, violent behavior may be negatively reinforced in that it may effectively put an end to an argument or curtail a victim’s resistance.

Operant conditioning research helps to establish why punishment delivered by the criminal justice system can be retributive (i.e., punishing in the sense that it harms people) but without deterring them from future crime (as we signaled above). Research on the conditions in which punishment is effective not just in harming people but in reducing behavior shows that it requires conditions that could never be met by the criminal justice system. Punishment only has the potential to reduce the future occurrence of a behavior if at least these five conditions are met: (a) it is delivered at maximum intensity (b) immediately after the behavior occurs; (c) it must happen every time the behavior occurs; (d) there must be no escape from it; and (e) it does not occur alongside a number of reinforcing consequences (Bonta & Andrews, 2017).

Criminals may experience immediate punishment for some criminal acts (e.g., getting bitten by a dog during a burglary) but for the most part criminal behavior is initially reinforced in various ways, with either no punishment, or low-intensity punishment that is distal to the behavior and easily avoided. If it recurs, we can assume both that it is being reinforced, but also that the aversive consequences of the behavior, if any, have failed to control or eliminate the act.
So as psychoanalytic or psychodynamic therapeutic methods faded from correctional practice they were replaced by methods of change based on learning theory, such as token economies, response cost procedures, and time out (Lester, Braswell, & Van Voorhis, 2004). Operant or classical conditioning-based techniques were also used with individual offenders; most notably to alter sexual arousal patterns in sexual offenders (Laws & Marshall, 1990, 1991), and occasionally with other habit patterns such as repetitive fire-setting (Jackson, Glass, & Hope, 1987).

These methods of behavior change were particularly used with success with young offenders (Hollin, 1990a; Kirigin, Braukmann, Atwater, & Wolf, 1982). However, like any approach, they can be applied more or less effectively and ethically. The application of these techniques in closed institutions, particularly prisons, generated criticism on the grounds that they were being used to control institutional behavior rather than to address criminal behavior. Over time they mostly disappeared, despite some evidence of effectiveness in reducing recidivism (Gendreau & Ross, 1979). There was a recent revival of interest among prison administrators as part of the “accountability agenda” (Gendreau, Listwan, Kuhns, & Exum, 2014).

The third major development in learning theory saw a shift in the role of cognitions and emotions in the acquisition and maintenance of behavior, and the development of an understanding of the importance of observation and imitation in learning. Although some of the concepts informing social learning theory had been around for some time (e.g., Miller & Dollard, 1941), it was Albert Bandura who framed the contemporary form of social learning theory in psychology (Bandura, 1977). While operant theory maintains that behavior is acquired through reinforcement and punishment from the environment, social learning theory extends the ways that new behaviors may be acquired with the addition of learning through observation by imitating the actions of other people. Those whose behavior is imitated are referred to as models: the process of learning through observation is enhanced if the model is someone the observer regards as competent at what they are doing or perceives to be of high status. Social learning theory (SLT) also extends the notion of reinforcement by introducing the concept of motivation. Bandura (1977) described three aspects of motivation: (a) external reinforcement in the form of rewards from the environment, as in operant theory; (b) vicarious reinforcement, when an individual is motivated by seeing another person’s behavior being reinforced or punished; (c) self-reinforcement, which occurs when an individual is motivated by the delivery of their own reinforcement (e.g., a sense of pride or achievement in their own behavior).

SLT has been applied to criminal behavior by psychologists (Nietzel, 1979) and sociologists (Akers, 1973). And in fact Bandura (1973) originally developed SLT specifically for explaining aggressive behavior. The acquisition of criminal behavior can be explained by observational learning of behaviors modeled within the family, the peer group, or in television or films. Once acquired, criminal behavior may be motivated by the tangible or social rewards it garners, but also by enhancing the criminal’s self-image and by seeing how others are rewarded for acting illegally.

As SLT grew in influence, so it precipitated interest in the role of cognition and emotion in criminal behavior. The adoption of the term cognitive behavioral signified a clear departure from interventions based solely on operant learning, and ultimately opened the door on crime-supportive thinking as a focus in rehabilitation. The term refers both to the application of developments in cognitive and social cognitive psychology, and to the adaptation of cognitive therapy as it was developed as a method of treating mental health problems (e.g., Beck, Rush, Shaw, & Emery, 1979).
Three strands emerged in the application of cognitive psychology to criminal behavior. The first considered aspects of social cognition such as empathy, social problem-solving, moral reasoning, and social perception (Ross & Fabiano, 1985). The second strand concerned social information processing and its application to the development of aggressive delinquent behavior (e.g., Dodge & Crick, 1990). The third strand used decision-making in viewing the criminal as a rational decision-maker (e.g., Cornish & Clarke, 1986).

The place of emotion in criminal behavior is best exemplified by the work of Raymond Novaco on the relationship between anger and violence (e.g., Novaco, 1975, 2006). Novaco’s theory seeks to explain how a combination of social and individual factors can lead to angry violence. A sequence of events begins with the individual’s perception and appraisal of environmental cues, such as the actions of other people, which may lead to a heightening of physiological and psychological arousal. The heightened arousal leads, in turn, to an intensified hostile appraisal of the situation, thereby increasing the likelihood of a provocative act as the individual confronts the source of their anger. If the other people involved respond in kind, there is an escalation toward violence. Anger Control Training aims to help offenders to identify the specific triggers for their anger and to gain awareness of their own angry thoughts and behaviors. Once this level of self-appraisal has been attained, the offender develops strategies, including learning coping skills and social problem-solving skills (see below), in order to gain control over his or her anger (Novaco, 2011, 2013).

Social skills training (SST) was one of the first interventions based on SLT, incorporating techniques such as modeling and role-play with feedback. The practice of SST with both juvenile (Henderson & Hollin, 1983; Hollin, 1990b) and adult offenders (Howells, 1986) became widespread during the 1980s. As SLT gained in scope and influence, so new therapeutic techniques were developed and, as in generations before, were applied to criminal populations. Social problem-solving training is illustrative of this new approach. It typically consists of helping the individual to progress through the five stages of: (a) awareness of the problem; (b) defining the problem; (c) generating solutions to the problem; (d) deciding on the best, most acceptable, solution; (e) implementing the solution and checking efficacy (D’Zurilla & Goldfried, 1971). This technique has been used successfully with a range of offenders, including sex offenders, psychopathic offenders, and young offenders (McMurran & McGuire, 2005), and is a component of many multimodal programs (e.g., Polaschek & Kilgour, 2013).

In some cases, social skill training has been developed into a comprehensive curriculum of diverse social skills needed for lawful survival. The Skillstreaming component of Goldstein’s (1988) Aggression Replacement Training (ART) represents this type of more comprehensive approach. ART has been used in a wide range of applications, with children and with adolescent and adult offenders (Goldstein, Nensen, Delafrod, & Kalt, 2004), along with its more evolved form, the Prepare Curriculum (Goldstein & Glick, 1987).

A limitation of these various interventions is that they may only influence one or several factors of many that may maintain ongoing offending. Criminal behavior is usually the product of a complex interaction between many different factors, and so similarly its remediation is more likely with more complex intervention responses.

Multimodal Rehabilitation Approaches

There have been numerous attempts to construct large-scale models of criminal behavior: some using findings from longitudinal research (e.g., Farrington, 2002); others focusing on a specific type of act such as violence (e.g., Nietzel, Hasemann, & Lynam, 1999). These
large-scale models seek to integrate myriad individual and social factors associated with criminal behavior. Examples include Farrington’s Integrated Cognitive Antisocial Potential (ICAP) model (e.g., Farrington, 2003; Chapter 12), and the General Personality and Cognitive Social Learning model of criminal conduct (Andrews & Bonta, 2003, 2006, 2010). Both models draw together influences from a variety of criminological theories and research studies to identify how people develop a relatively higher or lower propensity for crime, and then, which factors are most relevant in how that disposition interacts with situational factors to evoke a criminal event. The upshot of examining these models is that they include a variety of factors that can serve as a basis for deciding what to focus on in an intervention.

The most influential model of how to design, target, and deliver programs from a correctional standpoint is the Risk-Needs-Responsivity (RNR) model. First promulgated as just three principles by Andrews, Bonta, and Hoge (1990), it represents a deceptively simple codification of key findings from myriad studies and meta-analyses on the effects on recidivism of correctional interventions. The meta-analysis reported by Garrett (1985) proved to be the forerunner of many such aggregation studies: McGuire (2002) commented on the “30 meta-analytic reviews published between 1985 and 2001” alone (p. 13). Syntheses of the findings from the meta-analyses became known as “What Works” (McGuire, 1995). Each study’s program characteristics (e.g., who are the targeted offenders, which risk factors is it attempting to change, how long is it, and what sort of staff run it?) are coded and the myriad resulting coded characteristics are correlated with recidivism outcomes. The mean size of those correlations (i.e., the effect size) determines how important that characteristic is in predicting recidivism. To the extent that same characteristic is changeable, it becomes “grist to the mill” for improving program outcomes. The latest version of the model (Bonta & Andrews, 2017) has 15 principles, grouped into three categories: overarching (e.g., programs are more likely to be effective if they are guided by a psychological theory); core principles and key clinical issues (see below), and lastly, organizational (e.g., more effective programs are community based, and have a supportive management context). The three best known of the 15 are in the core principles and clinical issues cluster: the Risk, Need, and Responsivity principles. They state that programs are more likely to reduce recidivism if they: (a) work with higher risk rather than low-risk offenders, providing them with relatively intensive interventions (the risk principle); (b) focus intervention goals on reducing the strength of changeable characteristics that are themselves predictive of recidivism; these characteristics are called criminogenic needs. The most strongly predictive of recidivism are antisocial personality (e.g., impulsivity, irritability), antisocial cognition, and association with antisocial peers (the need principle); (c) encourage change by the use of cognitive social learning and behavioral strategies (e.g., social skills training, cognitive restructuring; the general responsivity principle); and (d) are designed to enhance participants’ engagement in the program, and in the targeted behavioral change: the specific responsivity principle (e.g., cultural and gender relevance, literacy, how relevant and interesting the program seems). Participants who enter programs under coercion may need initial approaches that start by acknowledging their resistance to engaging (Bonta & Andrews, 2017).

Another important principle of the RNR model is the use of core correctional staff practices. Program effect sizes are larger when staff form a positive relationship with participants, characterized by interpersonal warmth, a collaborative approach, humor, fairness, respect and liking, and when they structure their interactions to include skill learning, with prosocial modeling, effective use of authority—including frequent use of approval and other forms of reinforcement for prosocial behavior, and occasional use of disapproval for antisocial
behavior—and advocate for and provide brokerage to other services and resources on an individualized basis (Bonta & Andrews, 2017).

Finally, quality and integrity of intervention or service implementation are important for effectiveness. Markers of these features include: staff selected for relationship skills who are trained and supervised in their service work, printed or otherwise documented manuals, procedures for monitoring the intervention process, and a specific model that the program follows (Bonta & Andrews, 2017).

The RNR model is often mistaken as an etiological model, or a program theory. It is neither. It is an intervention framework, meaning that it is intended for use as a guide to which interventions and services are more or less likely to work. For correctional systems, often managing thousands of offenders, it is very useful to be able to identify whether an existing or new intervention is likely to reduce recidivism, and if not, what could be done to change that.

Jurisdictions in Canada, the United Kingdom, Australia, New Zealand, and pockets of the United States adopted the RNR model, recognizing its potential to reduce imprisonment costs by reducing reconviction rates. The result has been to take the model out of the hands of psychologists and translate it for widespread implementation, leading to problematic practices in some key respects that, in turn, threaten its continued acceptance despite its evidence base (see Polaschek, 2012, for more detail).

First, instead of being understood as a guide, it has been treated as a prescriptive model. A great diversity of interventions has been part of the evidence base, from imprisonment (0% effect on recidivism, Cullen, Jonson, & Nagin, 2011) to employment and education programs, and various punishment-based services and responses (e.g., “scared straight,” intensive supervision probation). Effective interventions emerging from this melting pot include forms of contingency management, therapeutic communities, and probation supervision. When many people think of the RNR model, they think of a group-based manualized cognitive behavioral treatment program. Why? This very narrow response to the evidence has led to a perception that it is the model itself that is rigid and inflexible, when in reality there remains enormous room, still largely unexplored, for innovation and expansion within the model’s aegis (e.g., programs for indigenous offenders).

Second, insufficient psychologist workforce and the relatively high cost of psychologists have led to the employment of cheaper, more variably trained staff. They are often prepared for the work with a block of on-the-job training from the employer. Because of their presumably more limited skills, and sometimes also little professional supervision, the programs they are given to run are often very prescriptively specified so as to prevent integrity drift. The result may be that the program cannot adhere to the responsivity or core correctional practice principles (e.g., each five- to ten-minute block is specified, leaving no room to vary the treatment process). There are examples of large-scale roll-outs that have been striking failures (Bonta & Andrews, 2017).

Third, psychologists themselves don’t necessarily understand the RNR model, leading them to promulgate inaccuracies about it. Some of the responsibility for such misunderstandings could be laid at the feet of the authors of RNR, who started writing up the foundations of the model in a time and place when we could assume that everyone working as a psychologist or facilitator of rehabilitation programs did so for the benefit of the offender, as well as that of the wider community (e.g., Andrews & Kiessling, 1980). But many newer psychologists have not read the original material, and may only know the RNR model third-hand.

Fourth, the RNR model is erroneously described as “deficit-based” or “only focused on avoidance goals.” This represents a misunderstanding of its roots in how effective behavior...
change occurs. The best way to change behavior is to teach more adaptive or prosocial behavior that achieves similar outcomes for the person who carries it out. Targeting criminogenic needs for change at the level of the actual intervention invariably requires teaching offenders helpful and prosocial skills that are often useful far beyond the original issue, and indeed, useful for most people. For example, better problem-solving, relationship-building and communication skills and how to remain calm and get distressed less easily are skills that can all lead to other positive outcomes besides not going back to court (Coupland, 2015). This idea of substitution goes back at least to early behaviorism (Miltenberger, 2004), and in the RNR model, is incorporated into the core process of “building up rewards for non-criminal alternatives” (Andrews, Bonta, & Wormith, 2011, p. 741).

Over time the RNR model has been used to support the widespread development of offending behavior programs. As programs became more widely used, so organizational practice (e.g., practitioner training, managing intervention integrity, and collecting monitoring and evaluation data) inherent in implementing and delivering effective programs rose to prominence (Gendreau, Goggin, & Smith, 2002). As offending behavior programs became established, so they became more specialized. Some programs, such as *Think First* (McGuire, 2005) were refined to develop the cognitive skills of offenders generally (Hollin & Palmer, 2009), while other programs were intended for specific types of offenders or offenses such as violence (McGuire, 2008a; Polaschek, 2006) and sexual offending (Mann & Fernandez, 2006; Marshall & Hollin, 2015). Despite the possibilities, the RNR model still has rarely been used to justify the development of more effective employment programs or programs for reintegrating offenders back into the community. But newer developments include the use of the RNR model to capitalize on interactions between prison or probation officers and offenders (see Chapter 44). The RNR model is more than a quarter-century old, but by no means is its potential fully explored. In fact, it is surprising how much we still don’t know about what works with whom, to reduce recidivism.

**Correctional Psychology in the Modern Era**

The development of modern psychological services in correctional settings has been strongly influenced by the emergence of convincing bodies of empirical research on both psychologically based risk assessment and the psychology of criminal risk reduction. Led by Canadians, this work has been adopted by researchers and practitioners in the United Kingdom, United States, Australia, and New Zealand. As noted above, since the 1980s a group of practicing and academic psychologists, sometimes referred to as the “Canadian school” (Cullen, 2002; e.g., Don Andrews, James Bonta, Paul Gendreau, Steve Wormith, and others), have been primarily responsible for the dissemination of what is essentially a human service intervention approach to correctional service delivery. The extent to which offender rehabilitation is now seen as a core activity for corrections (Wormith et al., 2007) can be largely attributed to the influence of their work over the last quarter-century, with the combined contributions of these researchers also embracing sexual offending, psychopathy, the quality of correctional environments, and understandings of criminal responsibility. Their work has created a strong empirically developed psychology that is oriented to working with offenders in correctional systems to assess and reduce reconviction risk, and many organizations and individual psychologists have adopted this work as a frame for their practice.

As we noted at the start of this chapter, correctional psychologists in some jurisdictions also have a key role to play in the delivery of mental health services. This is especially true in the
United States, where there is a legislative imperative to do so (Dvoskin and Morgan, 2010), where key Supreme Court decisions handed down in the mid-1970s (Estelle v. Gamble, 1976; Diamond, Wang, Holzer, Thomas, & Cruser, 2001) mandated that mental health services be provided in custodial settings. As a consequence, psychologists quickly came to be important providers of these services.

In other parts of the world, however, a much smaller part of the work of psychologists in corrections is dedicated toward the amelioration of mental suffering and dysfunction as an end in itself (Richards-Ward & McDaniel, 2007). Although mental health services are recognized to be important, they are not always considered to be the responsibility of correctional services. In other words, the health of offenders, whether mental or physical, remains the responsibility of the same services that look after the health of non-offenders. For example, England and Wales have significant National Health Service input into the management and treatment of prisoners with mental illness. In Canada, some mental health services are provided within the prison system (e.g., regional psychiatric centers where corrections-employed psychologists are part of the teams), but others come from state mental health systems (Wormith et al., 2007).

It is likely that those jurisdictions with correctional systems that have a strong focus on mental health have taken on the responsibility to ensure that prisoners with mental health difficulties have the same access to mental health care as the rest of the community, and that any deleterious effects of imprisonment on mental health are remediated (Olver, Preston, Camilleri, & Helmus, 2011). The reason that the treatment of mental disorder is not considered mainstream correctional psychology is, of course, because it doesn’t typically account significantly for criminal behavior (Bonta, Blais, & Wilson, 2014), and the amelioration of criminal risk in those with mental disorders appears to be achieved best by the same RNR-focused approaches as for other offenders (Skeem, Steadman, & Manchak, 2015; Skeem, Winter, Kennealy, Eno Louden, & Tatar, 2014).

The situation in the United States is somewhat distinct, even allowing for the wide variety of jurisdictions within the country. For one thing, the United States has an imprisonment rate that outstrips its nearest Western European neighbor by a factor of almost three (Walmsley, 2013, cited in Gendreau et al., 2014). A second distinctive aspect is that health services are largely privatized and often linked to employment, making them difficult for many to access. Magaletta and Verdeyen (2005) proposed a descriptive framework to make sense of the three main service roles of clinical psychologists in US federal corrections: mental health services (MHSs), mental health treatment programs (MHTPs) and correctional treatment programs (CTPs). According to Magaletta and Verdeyen (2005) MHSs are psychiatric services for seriously mentally ill prisoners, and are provided by clinical staff, using traditional diagnostic systems, with treatments delivered directly by trained clinicians and mainly on a one-to-one basis. When clinical psychologists carry out these services, the main professional adjustments needed are to work within the constraints of a prison environment and deal with psychological conditions that have a higher base rate than occurs in other settings (e.g., antisocial personality disorder). At the other end of direct service provisions are CTPs, which Magaletta and Verdeyen described as primarily psycho-educational group interventions that aim to teach skills that reduce criminogenic need. The CTP role would seem to be most like that of offender rehabilitation-oriented services in other countries. Occupying the middle ground are MHTPs, which target change in “diagnosable, psychopathological conditions that are empirically linked to, and supported as criminogenic need and risk factors” (Magaletta & Verdeyen, 2005, p. 40). Three examples of these are: (a) substance abuse disorders, linking to impulsivity; (b) when “the behavioral manifestation of the pathological condition itself may be criminal
(e.g., pedophilia)” (p. 40); or (c) when criminal activities themselves may be criteria for diagnostic inclusion (e.g., in antisocial personality disorder). Interestingly, a survey of the work that US federal prison psychologists do showed that the roles drew on nine core bodies of knowledge, none of which appeared to be related to rehabilitating offenders, with many being related to mental health, prisoner management, and humane containment issues (Magaletta et al., 2007).

Although some characteristics of the US federal workforce are distinctive, across a number of countries, surveys also show that psychologists in correctional systems undertake myriad tasks beyond those related to offender rehabilitation and mental health service delivery. These include the training and supervision of less qualified staff in program or service delivery, program design and evaluation, training and education of policy-makers, monitoring of suicidal prisoners and prisoners in segregation, critical incident stress debriefing, reception screening and cell placement, release planning, and so on (Bartol & Bartol, 2015; Day & Collie, 2013; Dvoskin & Morgan, 2010; Gendreau & Goggin, 2013; International Association for Correctional and Forensic Psychology, 2010; Magaletta et al., 2007, 2011; Olver et al., 2011; Richards-Ward & McDaniel, 2007; Towl, 2010, Towl & Crighton, 2007). Indeed, in a number of parts of the world, prisons directly employ psychologists, which has led to them being drawn into institutional and management roles (e.g., hostage negotiation, staff selection; Bartol & Bartol, 2015) that may have little to do with the types of correctional psychology described above.

What is Correctional Psychology?

In examining the sheer diversity of tasks psychologists have undertaken, it also quickly becomes clear that any simple definition of correctional psychology, as currently practiced, will lack coherence. Magaletta and Verdeyen’s (2005) framework is useful in drawing attention to the need for an overall organizing framework for practice within the US federal system. But its scope and emphasis less accurately reflect practice in other countries, and it has additional limitations for defining correctional psychology internationally. We are not the first to have noted this problem (Brodsky, 2007; Clements et al., 2007; Magaletta et al., 2007). As is evident from our discussion thus far, correctional psychology’s development has been driven more by system needs than by any consistent recognition among academics or professional bodies that this is an important area of application for psychology. Although pockets of academic research relevant to correctional practice exist in many different places, to date much of the literature about correctional psychology as a professional entity has primarily developed from the bottom up, with the evidence to support practice following after. The result is two serious interlinked problems. First, it can be difficult to identify a coherent training path for people who want to work in corrections as psychologists; and second, there is currently no conceptual framework to organize bodies of psychological knowledge that are relevant to policy and practice across the entire correctional system. And so, in the remainder of this section, we identify three main bodies of psychological knowledge that we see as particularly relevant to achieving the goals of correctional agencies. It will be obvious that these are nonetheless overlapping and interrelated.

The first: psychiatric and psychological knowledge about the causes, diagnosis, and treatment of mental disorders can contribute to the safe, humane, and secure containment of prisoners,
as well as help to improve rehabilitation outcomes. Psychologists with a high level of expertise in these bodies of knowledge will usually be clinically trained, with additional training in how to assess and intervene in correctional settings, such as high-security custody units (Magaletta et al., 2007).

In applying clinical psychology beyond the need to keep people safe and well in correctional settings, we often refer to theories, research, and practice approaches that originate in clinical psychology, but have utility in understanding, assessing, and formulating criminal behavior in a way that can inform the design and implementation of rehabilitation. Some may dispute the use of the term clinical to define this body of knowledge, but clinical psychology has made significant contributions to the treatment of a wide range of behavioral problems, and the potential application to offending behavior is clear, especially since the development of SLT. Clinical correctional psychology thus blends together—with varying degrees of success—clinical psychology imported from mental health settings, with psychological theory and research about the onset, development, and maintenance of criminal behavior, as well as the impact of correctional settings on mental health. Crucially, cognitive behavioral clinical psychology offers a strong functional approach to assessing, formulating, and intervening with human behavior regardless of its nature (Sturmey, Ward-Horner, Marroquin, & Doran, 2007), which makes it immediately useful with criminal behavior. The adoption of the scientist-practitioner model of clinical training also emphasizes the importance of research that is carried out in the practice setting, in relation to the need to ensure that those services that are provided to offenders are evidence-based.

A third broad area of knowledge that is applicable to correctional psychology practice is criminology. Criminological psychology has been defined by Hollin (2013) as “psychological knowledge applied to the study of criminal behavior and the various agencies charged with its management” (p. 22). Criminological psychology therefore seeks to apply foundational information about the phenomenon of crime and the array of characteristics of those engaged in it. It covers a basic understanding of criminal development, and of those theories that contribute to understanding crime and how crime can be prevented. Criminological psychology knowledge is likely to be useful for all correctional staff. Indeed, it is from criminological psychology that the corrections-wide approach developed by Andrews and Bonta came (published as the first edition of The Psychology of Criminal Conduct in 1994). Notably they combined a knowledge of the psychology of crime with an analysis of key processes of social influence and behavior change. Those who without this knowledge base do psychological work with offenders often are not able to identify, for example, common risk factors for crime, nor distinguish them from other needs that are not linked to crime, and may use methods of intervention that have been proven ineffective, or misjudge the volume of intervention needed to effect longstanding change.

The Evidence Base: Next Steps

Advances in the evidence base that informs effective correctional practice have been significant over the past three decades. Despite this progress, many gaps in knowledge remain, with relatively small amounts of money invested in research in this domain. Biere and Mann (2017) pose the thought-provoking question of why a hotel chain like the Marriott—similar to a prison system in providing continuous safe housing and a range of services to thousands of people every day—employs more than 1000 people simply to collect and analyze data for the purposes of better understanding and higher achievement of core outcomes, but when public
money is involved, there appears to be no equivalent incentive to improve performance. In fact, as Gendreau, Smith, and Thériault (2009) note, despite the evidence we have, too much correctional practice remains based on whimsy and rhetoric and is endorsed by senior managers without critical or specialist knowledge.

An example of this poor practice lies in the phenomenon of pink prison cells. Genschow, Noll, Wänke, and Gersbach (2015) describe how, despite the absence of evidence, the myth grew that pink cells calmed aggressive prisoners, leading to a proliferation of pink prison cells. Genschow et al. showed empirically that pink cells have no effect on aggression: whether this finding will influence those administrators and practitioners who rely on “common sense,” anecdote, and personal experience remains to be seen. Latessa, Cullen, and Gendreau (2002) provided a scathing litany of similar unsupported theories such as offenders “need to get back to nature,” “treat offenders as babies and dress them in diapers,” “offenders need to have a pet in prison,” “offenders need acupuncture,” “offenders need a better diet and haircut,” and “male offenders need to get in touch with their feminine side.”

It is notable that these “commonsense” evidence-free solutions are too often based on the equally implausible meta-premise that simple solutions exist for complex problems: magic bullets. Those who espouse quackery believe that the exercise of (their) common sense, personal values, and experience trumps empirical knowledge, and this leads to expensive and potentially damaging correctional practice. As Latessa et al. (2002) stated, “quackery is proudly displayed, as its advocates boldly proclaim that they have nothing to learn from research conducted by academics ‘who have never worked with a criminal’” (p. 43). The fact that practice without an evidence base can flourish in the correctional system is of concern on two fronts. First, it questions the probity of those running the system: if the medical treatment of physically ill people employed unproven, unscientific practices instigated at the whim of a practitioner or manager there would, quite rightly, be a public outcry. Second, when the inevitable conclusion is reached that some particular form of quackery has no effect on offending, its failure is taken as evidence that rehabilitation of offenders is a failed enterprise. What is perhaps most puzzling about this argument is that unpacking it usually reveals that what is meant is that if evidence-based rehabilitation doesn’t work all of the time with all types of offenders, then we would be better to return to something we know works almost none of the time, and is inevitably more expensive, such as imprisonment (Cullen et al., 2011).

Despite the progress that has been made, calls for simplistic, expensive approaches that have already proven ineffective persist, and politicians and media tend to support these views rather than debunk them, because their predominant formats of communication do not allow for nuance or complexity. Some governments have developed quite skilled ways to deal with the gap between the louder forms of public sentiment and what the scientific evidence calls for. For instance, just prior to the New Zealand 2017 national election, the conservative-led government suggested it would provide military-based boot camps for the most severe young offenders. In a national radio interview, the prime minister was challenged about the empirical evidence base showing that boot camps are ineffective in reducing recidivism (Wilson, MacKenzie, & Mitchell, 2005). He replied that “it has never been tried before with these kids in New Zealand” (English, 2017, August 14). This of course, is an interesting comment because one of the major contributions of previous research is to establish whether there is a pattern of results that can be used to predict the future without having to research the exact instantiation of that future. But behind the media interviews was a different story. Boot camps are based on deterrence theory. But the details of the proposed policy showed that in addition to classic boot camp elements, components based on more rehabilitative and reintegration support approaches were planned (e.g., access to specialized alcohol and drug treatment
services, educational skills, and personal case managers simultaneously working with the offender’s family/whānau to support successful reintegration [New Zealand National Party, 2017]. So, it would seem that the then government was actually engaging in “tough talk,” but planning to follow an evidence-based “walk,” at least to a limited extent.

Even in systems where evidence-based practices have been implemented for a sustained period, political forces remain more influential in determining their ongoing success. For example, the United Kingdom, where a rehabilitation ethos has been strong over 25 years, has backed away from it in the past few years, due to a complex combination of financial ideology, a growing “us and them” punitive public sentiment, and enthusiasm for simplistic solutions. Canada suffered a similar fate under its conservative government (Gendreau et al., 2014). And New Zealand provides an interesting example in another way. In 2009 the then prime minister openly acknowledged that “prisons are a moral and fiscal failure.” Under that same prime minister, the prison population increased by 20% in little more than two years (from 2015 to 2017) to a per capita rate around 217, with almost a third being prisoners held on remand, and 56% being indigenous people. Although the situation in New Zealand deteriorated quickly, it is expected to take many more years to “wind it back” to levels commensurate with other OECD (Organisation for Economic Co-operation and Development) countries.

Introduction to the Handbook

We have argued in this chapter that correctional psychology is not easy to define, given variations in how it has developed in different parts of the world and how it is currently practiced, and needs to be understood as developing from a broader historical context in which responses to criminal behavior have changed dramatically. Nonetheless, there are core activities relating to the assessment and treatment of mental disorder, the provision of interventions that aim to rehabilitate offenders, and an array of other organizationally relevant tasks that can help to define the role. These can be understood in relation to several semi-distinct bodies of knowledge that make different but substantial contributions to correctional work focusing on offenders: clinical psychology, both pure (diagnostically focused and contributing to health provision) and applied (focused on identifying and changing problematic psychological characteristics that underpin criminal risk); and criminology—theories and empirical research on crime itself—which, when combined with psychology, has application across the whole sector. For correctional systems to make the most of psychological knowledge, it needs to be used by a wide variety of staff who share a common basic understanding of the key principles and concepts, and their application. Systems will run more smoothly and are likely to be more effective and efficient if the staff share such an understanding.

With that vision in mind, the contents of this Handbook are by no means exhaustive, but cover a wide variety of core knowledge that is helpful in developing such a shared understanding across professions and workforces. Parts I–IV will be relevant to a wide range of correctional professionals. In the opening block of chapters—Correctional Psychology in Context—this chapter is followed by two concerned with ethical issues: Allan considers more generally the challenges of behaving ethically in a context where different normative systems are often in conflict, and Birgden outlines the processes by which revisions to the American Psychological Association’s ethical code led it to be associated with torture at the US military prison at Guantanamo Bay, Cuba.

Next is a series of chapters on The Roles of Psychology in Managing Prisons and Offenders. Morgan and colleagues examine the effects of imprisonment on people; then Cooke reviews
his leading work on assessing and reducing prisoners’ violent behavior through environmental evaluation and change, and Wilson and Kilgour follow this chapter with one on managing more directly prisoners’ difficult behavior. Logan and Taylor cover the equally serious issue of how to manage suicide and self-harm among prisoners, and Gendreau and Goggin report on the use and misuse of segregation and punishment in prisons. The next two chapters are relevant to increasing concern about vulnerable offender populations: senior citizens in prison (Aday and Maschi), and those with intellectual disabilities (Lindsay and Ansai). Part II concludes by considering the challenges for prisoners’ families and children, the difficulties of parenting from prison, and the roles of visits (Fortune and Salmon).

The group of chapters that follows—Foundational Knowledge of Offending and Offenders—is an introduction to information useful for a wide variety of correctional staff in understanding the criminal behavior of people with particular problems or offending histories. It covers those who have committed violent (Polaschek) and family violence (Walker and Bowen) offenses, serious and violent young offenders (Corrado, Peters, and Mathesius), sexual offenses (Brown), severe mental illness (Hodgins and Klein), personality disorders (McMurran and Howard); indigenous offenders (Tamatea and Day), women (Scott, Brown, and Wanamaker), and research on the processes involved in moving away from a criminal lifestyle (Polaschek).

Part IV: Intervention: Theory, Design, Implementation, and Evaluation begins with two chapters by Casey that review the implications of theories of crime, and of behavior change for program design. Next, Paramo considers the ever-challenging issue of program integrity and the wide variety of factors that can influence it. The final two chapters in Part IV discuss key approaches and their limitations in establishing empirically whether interventions are effective: in-program change (Daffern, Klepfisz, Sweller, and Day) and recidivism outcomes as indicators of “what works” (Polaschek).

Part V begins with a comprehensive section on assessment. Chapters on risk assessment cover structured professional judgment (Douglas), how to combine risk estimates and clinical information together into an “explanatory story” that communicates both assessment and management information (Kroner), and dynamic risk approaches (Olver and Wong), and concludes with case formulation and planning for treatment (Sturmey, McMurran, and Daffern) and a summary of issues in correctional assessment (Day).

The next block—treatment: specific populations and problems—outlines approaches for a range of offending types and contexts, including violent (Polaschek) and sexual offenders (Marshall), intimate partner violence (Bowen and Day), and alcohol-related offending (McGuire) and drug misuse (Casey and Day). Next are chapters on a number of treatment modalities—individual vs. group treatment (Davies) and communal living (Akerman)—and specific approaches—motivational interviewing (Tafrate, Hogan, and Mitchell), CBT (Hollin), criminal thinking-based approaches (Walters), and Schema Therapy (Bernstein, Keulen-de Vos, and Clercx), finishing with an overview of new directions for intervention (Jones).

Finally, Part VIII deals with community interventions. Kiss, Del Principe, and Taxman open with reentry approaches and interventions, which leads into community supervision practices (Davies and Polaschek), how to understand, assess, and use dynamic risk factors in community supervision (Serin, Lloyd, and Chadwick), and effective approaches to probationers with mental illnesses (Manchak, Loth, and Skeem). Taxman closes this section with a chapter that argues for taxonomizing community treatment to enhance offender placement and clarify how programs facilitate change. Our concluding chapter raises some current issues in assessment, treatment, role identities, and emerging areas of application.
Conclusions

In summary, the idea of using correctional strategies informed by psychological theory and research to reduce crime has come relatively recently in the long history of crime and punishment. But then, psychology is a relatively young discipline, and throughout its development, its relevance to crime and corrections has been evident (Biere & Mann, 2017). In a relatively short period, much has been learned about the parameters of effective correctional practice and fresh advances continue to be made. At a time when questions are still being asked about the effectiveness of punishment in reducing crime (Hollin, 2002) and hence about the effectiveness of sentencing (McGuire, 2008b), there is a strong case for effective correctional practice. Indeed, there is a case to be made for a wider influence of psychology across the criminal justice system (Dvoskin, Skeem, Novaco, & Douglas, 2012). Just as there is no unvarying set of purposes to which psychology can be applied in corrections, there also is no coherent body of academic knowledge or training that leads to its application. The upside of all this untidiness is that there are many interesting roles and tasks within corrections that can be informed by psychology, the science of human behavior, and mental processes, with new ones emerging all the time. Perhaps the most important thing for the future development of correctional psychology is to foster strong collaborations between the leading edge of correctional operations and translational psychological researchers with connections to the institutions that train the next generation of correctional practitioners.

Notes

1 This chapter is written largely from a Western perspective, drawing mainly on European traditions of philosophy, law, and psychology.
2 Readers interested in this approach are referred to Biere and Mann (2017) and Cullen (2005).
3 In contrast to its everyday usage, in operant theory the term punishment refers to any contingency that reduces behavior, not to the administration of physical pain. That is, hurting someone—physically or otherwise—is one such contingency, but taking away their access to sources of reward would be another.
4 Response cost procedures are a form of negative punishment, where undesirable behaviors are reduced by the removal of a reinforcer. For example, a therapist turns away from an offender (withdrawing attention, potential praise) in group treatment whenever s/he says something antisocial.
5 Actually, Wormith et al. (2007) have suggested that there are three main Canadian university-affiliated research influences which account for a significant proportion of this evidence base: the “Canadian school” (above); a West Coast group based at the University of British Columbia with Robert Hare; and a group based at Queens University and the Penetanguishene Mental Health Centre in Ontario, with principal researchers Vernon Quinsey and the late Marnie Rice and Grant Harris. Of course, significant practice-related research work has also come from the Correctional Service of Canada and Public Safety Canada throughout that period.

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