

# **Therapeutic Approaches and the Development of Psychosocial Rehabilitation Programs for Penitentiary Inmates**

**Anca C. Tiurean and Alexandru Neagoe**

“Areopagus” Institute of Family Therapy and Systemic Practice,  
“Areopagus” Regional Center of Social Integration and Human Development

Author Note:

Correspondence concerning this article should be addressed to Anca C. Tiurean at  
„Areopagus” Center, Calea Martirilor, nr. 104, cod 300586, Timisoara, Romania; email:  
[anca@areopagus.ro](mailto:anca@areopagus.ro)

## ABSTRACT

### **Therapeutic Approaches and the Development of Psychosocial Rehabilitation Programs for Penitentiary Inmates**

*Since 2008, The Regional Center for Social and Human Development Areopagus offered a series of educational services for health and practical exercises of self-discovery and personal development, to groups of inmates of the Penitentiary of Timișoara. The project was developed and implemented with the contribution of several psychologists enrolled in the intermediate family therapy and systemic practice program, that had been organized by the Areopagus Institute of Family Therapy and Systemic Practice. Building on practical experience offered by this project, the paper seeks to highlight some theoretical foundations, the specific mission, vision and values that underlie the development and implementation of this program, but also to present some of the activities and exercises that were successfully used. The obtained results as well as those that were not obtained, reveal the many ecological issues that any interdisciplinary action should take into account in order to ensure its effectiveness: biological variables, psychological, social and cultural variables, economic, institutional and contextual variables – co-determine the nature of the relationship between professionals and target group, as well as the real effect of the planned interventions.*

**Keywords:** Interdisciplinarity, systemic practice, environmental perspective, rehabilitation, inmates

## REZUMAT

### **Abordari terapeutice si elaborarea programelor de reabilitare psiho-socială a persoanelor private de libertate**

*Începând cu anul 2008, Centrul Regional de Integrală Socială și Dezvoltare Umană Areopagus a oferit persoanelor private de libertate din cadrul Penitenciarului din Timișoara o serie de servicii cu caracter educativ, de autocunoaștere și dezvoltare personală, cu valențe terapeutice. Proiectul s-a desfășurat cu aportul câtorva psihologi înscriși la cursul intermediar de terapie familială și practică sistemică organizat de Institutul de Terapie Familială și Practică Sistemică Areopagus. Clădind pe experiența practică oferită de acest proiect, lucrarea de față caută să pună în evidență câteva fundamente teoretice, misiunea, viziunea și valorile care stau la baza elaborării și desfășurării unui astfel de program, dar și câteva dintre activitățile și exercițiile folosite cu succes. Rezultatele obținute, cât și cele neobținute, dezvăluie numeroase aspecte ecologice de care orice intervenție cu caracter interdisciplinar trebuie să țină cont pentru a-și asigura eficiența: variabile biologice, psihologice, sociale, culturale, economice, instituționale și contextuale – co-determină natura relației profesioniștilor cu grupul țintă, precum și efectul real al intervențiilor planificate.*

**Cuvinte cheie:** Interdisciplinaritate, practică sistemică, perspectivă ecologică, reabilitare, persoane private de libertate

## INTRODUCTION

Rehabilitation programs, many of them being implemented by NGOs, volunteers, students and religious representatives, are widely spread within penitentiary institutions but there is extensive research addressing the issue of effectiveness of such programs. They aim at reducing recidivism, providing education and qualification for inmates and training them to facilitate their re-adaptation in society and family after being released from prison. The question raised is: how effective are they? Secondly: how professional are they? And third: how can such services be effectively assessed and improved? Answering such questions has been one of the main challenges for our practical intervention project – but the answers are not in the scope of this paper, which will only present some of these challenges and some of the fundamental reference literature that is able to help us overcome them.

In 1996, Gendreau stated that the main obstacles to future progress in this field are: **(1) theoreticism** – a tendency to focus on abstract knowledge based research and too little focus on concrete action, working methods and practical effective techniques, **(2) failure to effect technology transfer** – which means that although inmates were trained to develop certain skills they still did not transfer them to contexts, outside programs; it also means that professionals who worked in implementation of such programs have been short of skill training, supervision and collaboration with other institutions for sharing “good practices” and learning about overcoming practical difficulties; **(3) dearth of suitable training programs** – too many prisons accept rehabilitation programs that are not professional in nature, as it is cheaper or free to work with projects that were designed by volunteers, who are often students or trainees looking for opportunities of practical work, or by faithful people, who hope to convince the inmates to function exclusively by moral laws and religious commands, so that they never break the law again.

Although every intervention project is or should be based on a strong theoretical foundation we will also build on our practical experience as psychotherapy trainees, who have gained access in the penitentiary as volunteers, working towards the social and psychological rehabilitation of male inmates. In this respect the present article will constitute a critical reflection on the strengths and weaknesses of our initial approach, in the attempt to improve it and turn it into a more useful tool. We will highlight the importance of professional therapeutic skills development and continuous supervision of practitioners in this area and point out some of the basic guidelines any intervention project should consider, more specifically in the case of psychotherapy groups with male inmates.

In its practical aspects, our present paper focuses on a project which has been running since 2008 in co-operation with The Regional Center for Social Integration and Human Development “Areopagus” ([www.areopagus.ro](http://www.areopagus.ro)). The goal of this project has been to offer a series of educational services for health and practical exercises of self-discovery and personal development, to groups of inmates of the Penitentiary of Timișoara. These services were developed and implemented with the contribution of several psychologists enrolled in the intermediate family therapy and systemic practice program, that had been organized by the Areopagus Institute of Family Therapy and Systemic Practice.

**SIDE EFFECTS OF INPRISONMENT.** The existence of and the need for rehabilitation programs for inmates is based on research that demonstrates the negative impact of imprisoning on the persons who are given such penal punishment. Hagan and Dinovitzer (1999) have pointed out that public safety and crime reduction support the necessity of such measures against criminal offenders, yet collateral consequences of imprisonment include dwindling of employment rates and incomes of those who have a criminal record, the negative impact of parent imprisoning on children’s development, shattering of marital relationships and so on.

According to an important assessment of inmates’ needs of rehabilitation in multiple correctional facilities in the U.S.A. (Kazura, 2000), male and female inmates have different concerns, yet both incarcerated women and men assign a great value to their parental identity and family commitments. Most of the assessed inmates have requested information about child rearing, increases of visitation opportunities and help with issues of trust and communication within their families. Participants in our pilot program have also expressed concerns, worries and disappointment with respect to the quality of their family relationships – seeing them as deteriorating due to distance and absence of regular frequent contact, or due to reciprocal blame and lack of understanding. Although they are allowed to receive visits, their choice is restricted, not only by the strict regulations of the penitentiary regarding such visits, but also by the fact that families of the inmates often get on with their lives, trying to survive without the help and commitment of the imprisoned member and often seeing him as a burden. When visits do occur, time pressure and institutional restraints are perceived as not suitable for deeper discussions or longer, more meaningful interactions.

Hairston (1998) argues that maintaining family ties during imprisonment represents a means of reducing recidivism and that the absence of such ties increases the likelihood of recidivism. Hence, they state the importance of changes being made in communication

policies of correctional facilities and the imperative need for evaluating and perfecting programs designed to strengthen family ties. Our pilot program had taken into consideration the possibility to perform family therapy during visiting hours, for the preservation of marital units and parent-child bonds, as research indicates that the individual well-being of prisoners, children, and other family members leads to higher prisoner's postrelease success (Hairston, 1991). Although such approach would have probably been more productive than group psychoteherapy with inmates in the absence of their families, such approach would have definitely narrowed down the number of beneficiaries we would have worked with in these past two years. Hence, we decided to design a group intervention and improve it, to reach family-related goals in a more time-cost-effective way.

A strategic approach will focus both on the assesement of individual, group members interests but also on the assessment of other interests, such as those of the institution's staff and leadership representatives, in order to determine how they will affect the program outcomes, who are the so-called stakeholders in such a program and how are they as well as the institutional setting that is able to function as resource or as a collection of more or less controlled tertiary factors influencing the process. A schema of problem analysis will lead the project coordinator to decide where and how it is strategic to intervene or how to minimize the negative impact of contextual variables on the implementation of the project. Prior to the implementation of our therapy project, we had been given access to the correctional facility for several months in a row, on a weekly basis, a period in which we were introduced to prison requirements, conditions and obligations and our area of involvement was clearly delineated. During these visits, we had an active role – we gave several groups of inmates didactic presentations on the multiple definitions and correlates of holistic health, using this opportunity and topic as an interactive problem focused and solution focused dialogue that revealed important diagnostic information about the inmates and how they are adapting to institutionalized life and to each other, helping us and them in formulating some initial goals of our future interventions.

**FAMILY LIFE EDUCATION PROGRAMS AND GROUP THERAPY – SOME CHALLENGES.** Apart from the daily stressors of life's transition periods that every person deals with along her development as member of a family and as member of a community, inmates also have to cope with the speciffic issue of being “deprived not just of their freedom but also of their families and friends”. For some of them this represents a rather extreme punishment that arouses anxiety around their emotional concerns with abandonment or

attachment issues. As a result, they can bond with other inmates for compensation or adopt symptomatic behaviors by which they screen out emotions of fear or bereavement, or they can become isolated and avoid contact with other inmates.

Discovering their needs with respect to family relations and issues was not an easy process, as the group members tended to be reluctant to speaking openly and preferred positions of passivity and withdrawal. Facing this major challenge of waiting for them to respond positively to our invitation to join an interesting process, we went back to the reference literature, only to find that we were not the only ones who dealt with this issue. Woodall et al (2009) acknowledged the tension between “punishment” and “rehabilitation” and described prisons as being places of correction and punishment, in which attendants are literally a “captive audience”. Morris (1874) argues about the ineffective and unjust nature of “coerced treatment”, as it pressures the offenders into programs of change, by rewarding them with the reduction of time spent in prison. He recommends that in order to build on the self-motivation of the inmates, rehabilitation programs have to be noncoercive – having nothing to do with the length of the sentence and with probation eligibility – and make such programs available mainly to inmates who seek them. This represents for us, the practitioners, a challenge in terms of working towards institutional policy change.

In addition, we looked for supervision, from psychotherapy experts, to become aware of what we were doing, as practitioners, that maintained or changed this pattern of passivity, and we realized the unsolved debate about what we were doing in prison: was it therapy? Was it teaching? The lack of clarification in this respect, made us switch unconsciously from a role to another, which probably resulted in the confusion of the participants regarding the role they were expected to have. The role of correctional education according to Duguid (1998) depends on the theoretical view of criminal behavior, hence a clear decision needs to be made about the nature of the intervention and the specific roles of all participants and practitioners on site:

**(1) The medical model** perceived the criminal behavior as an illness that required a cure (Duguid, 1998); when inmates implicitly adopt this model in defining the group sessions with psychotherapy practitioners, the inmates are likely to expect therapists to attempt changing them and manipulating them into adopting patterns of behavior that are socially acceptable but are experienced as unuseful. Therefore, defenses may arise against the therapist. When the practitioner adopts this model, the practitioner will only confirm the inmate’s presupposition, and the relationship will be stuck in a form of power-play or complementarity in rigid division of responsibility.

(2) **The opportunities model** offered prisoners choice about their education (Duguid, 1998); many types of educational programs, professional qualifications and completion of studies make use of a teacher to student relationship. Inmates may therefore attend psychotherapy groups expecting to be taught something, like in a usual class. They tend to be passive, concerned about “the correct answer” to the psychologist’s questions and their declared objectives revolve around “learning something new about anything” – very unspecific and very inviting to the therapist to take charge of a school-like educational act.

(3) **the conitive model** relies on the development of inmates’ cognitive behavioral skills (Duguid, 1998); research has shown that this is one of the most important and effective approaches as it helps inmates in developing realistic thoughts or beliefs, but mainly because such approaches are more likely to lead to structured treatment protocols and research purposes (Gendreau 1996), that will insure the increasing effectiveness of such program, enabling technology and knowledge transfer.

(4) **the constructivist model** focuses on the experience of contact and direct relation and experimentation, in which the feedback teaches the person about the environment and about himself and becomes able to reflect creatively on the oportunities of his environment, reviewing his past and present emotional investments (Nascimento & Coimbra, 2005). According to this approach inmates are supposed to be offered the chance to play an active role in constructing meanings, they are offered new experiences in which they increase their abilities to do something to their environment as well as they increase their freedom of choice in reconstructing their existential projects that integrate their various social roles.

Ultimately, if rehabilitation defines a process that allows an inmate to return to society and become productive, while being law abiding and self-sufficient (Rapparport, 1982), educational programs, therapeutic programs, social help programs, qualification programs, institutional policy change attempts and so on, are all useful towards the same overall objective. One project alone is not likely to have the desired global effect, yet several projects addressing several issues and continuously developing and improving strategies and protocols of intervention will help the global objective of reducing recidivism and increasing the likelihood of inmates rehabilitation.

In order to choose the specific purpose of our intervention, we looked at the benefits of family educational programs implemented before, we scanned the reference literature for knowledge about good practices in group psychotherapy within correctional facilities and we looked at our own professional background and career motivation and we chose to conduct

group psychotherapy under supervision, based on systemic practice and an interdisciplinary approach to the scientific study of human behavior.

Reading through the reference literature we noticed that some educational and some therapy programs have been mostly focused on individual change in group settings, while others have focused on changes of interpersonal relationships. For instance, Bayse et al (1991) conducted a study examining how their family life education program contributed to the significant lowering of inmates narcissism and the change of their perception of present and ideal family towards a healthier family functioning. According to Rappaport (1981) the group members and criminals in general tend to regard themselves as outcasts, abandoned and prejudged by the normative society, therefore, group processes may aim at helping offenders develop a self-esteem that will enable them to successfully participate in a functional, accepted role of the normative society. Klein & Bahr (1996) presented some of the outcomes of a cognitive skills development program, in which inmates were instructed on identifying problems, recognizing resources for solving problems, and thinking of alternative ways to respond as they apply principles of practical reasoning to everyday problems and to families experiences.

Reference literature reveals that the most common goals of therapy in prison are related to the general mental health of inmates (emotional distress, adjustment difficulties, adaptive coping skills, symptom reduction), to the psychological and medical cure of addictions and to the modification of attitudes and behaviors, so that “internal and external conflicts are resolved in constructive rather than antisocial ways” (Mathias & Sindberg, 1985, p.265). Other more specific aims are to teach inmates how to offer and receive advice and suggestions to and from each-other, how to give and receive feedback, to facilitate insight and personal growth; teaching them stress management skills, impulse and anger control, conflict resolution skills and strategies to avoid the reoffense cycle and systematically contracting for personal achievement goals will equip inmates with key competencies for social integration that will be useful for them both in the correctional facility and outside it.

Unfortunately, not much is written about more practical issues such as which group goals are more important to address first in correctional settings, what topics are more important and productive for discussion, what types of techniques have been proved to work better in reaching these goals, or which areas of such interventions have noted progress.

### **Group psychotherapy guidelines in correctional institutions**



According to Irwin Yalom (1995), the major advantage of group psychotherapy over individual psychotherapy is that a group may facilitate therapeutic factors such as group cohesion, altruism and socializing skills. These are key resources that can be fruitfully used for the development of functional peer-relationships (Yong, 1971). Short term results of these relationships are that within the correctional institution, inmates become able to support each other in coping with problems that are specific to the penitentiary environment (Mathias & Sundberg, 1986). Longer term results are that such interpersonal skills prepare inmates for relating effectively with others in society, by learning about relations and shared world-views, developing understanding and appreciation for diversity and multiculturalism, learning to negotiate benefits and meanings, learning to make effective use of “storming” and “norming” processes (Tuckman, 1984) and so on.

Before starting to facilitate a psychotherapy group, practitioners are advised to conduct preliminary interviews with potential group members (Morgan et al., 1999), individually, rather than in a group setting. Some arguments that support this statement stem from various related issues: (a) a preliminary interview helps assess and choose participants with similar developmental stages and exclude inmates such as those with psychopathy, who would be detrimental to other group members or to the therapeutic process (Meloy, 1988); (b) preliminary interviews are according to Yalom (1995) particularly useful when working with resistant, defensive and manipulative clients, which is typical of inmates – in order to assess their willingness to participate and to help them establish some personal goals prior to the group process, identifying some maladaptive patterns of behavior they may be making use of in their adaptation process.

The practitioners will then have to develop more realistic thoughts and beliefs about inmates’ experiences of the correctional institution setting and recognize the similarity of inmate’s problems, in order to gain a more “universal” view of what they are usually facing in their every-day life within the prison and in relation with their distant families, their room-mates and guards. This objective can be achieved if the participants agree to self-disclosure and active involvement in a series of exploratory activities proposed by the practitioners – a process that involves multiple challenges as those presented in the previous chapter. Practitioners also need constant supervision in order to overcome counter-transference issues and become more aware of their share of responsibility in maintaining the status-quo of a group process and setting.

In spite all preparation of each session, a great amount of flexibility and spontaneity is required from the practitioners, who need to become attuned to their clients in order to

establish therapeutic alliance. Part of this process involves explicit and implicit clarifications about our non-coercive role in their lives, our openness and non-judgemental attitude towards them, our availability and ability to support them in their not yet so clear personal objectives and so on. As Morgan et al. (1999) points out, it is important to make confidentiality contracts at this time, but confidentiality will not be guaranteed; this is a statement of acceptance of their self-defensive attitudes with respect to issues that are sensitive for them personally and they are encouraged to take responsibility for how much they will reveal about themselves in this group. Limits of confidentiality, that have to be discussed with them at the beginning of the program, will refer to the practitioners' legal obligations in the case of hearing about escape plans, intentions to commit crime in prison, the introduction of illegal items in prison, suicidal or homicidal ideation or intention, court subpoenas and reports of any type of on-going abuse.

The notion of contract is critical to psychotherapeutic work, as they represent agreements between two or more people about their mutual behavior. All human activities are somehow governed by either overt or hidden contracts, so therapists cannot avoid making them. Explication of such contracts enables negotiation of roles and responsibilities. Rules and conditions are not contracts, as they are not negotiable. Contracts can regard administrative issues, limits and extents of roles, authority levels of decision making and interpersonal boundaries. Stills (2006) has put together a very useful resource publication about the characteristics of useful and effective contracts in a variety of settings, including clarifications and guidelines for third party agreements, as the work with inmates involves at least a triangular contract between practitioners, the correctional institution and the participations involved.

The therapeutic role of contract making is that it represents a concrete action of drawing structure and boundaries, which is a proof for inmates about the protective importance of norms, while the flexibility and constant clarification and negotiation of such boundaries not only prevent rigidity and confusion or diffusion of responsibility, but also provides inmates a sample of benefits that can result from active participation in the creation of norms and regulations, having hopefully a glimpse of a world where laws do not favor or discriminate people, instead people experience the power to use laws to their favor and simultaneously to the favor of the other people they can negotiate with.

And finally, ethical issues have to be taken into account when working with inmates, not just because of the legal regulations regarding this issue, but also because dual relationships, unexpected leaks in confidentiality contracts and the attitude with which

practitioners meet inmates are powerful factors that can either undermine effective work with inmates and correctional institutions, ultimately affecting the very image and career of the practitioner and the future emotional availability of inmates to participate in similar programs.

**CONCLUDING THOUGHTS.** It is said that failing to plan is like planning to fail. In the case of projects of therapeutic interventions, planning might encounter difficulties, due to the nature of the therapeutic process, that requires a great deal of spontaneity in action, although relying on a rigorous “grammar”, continuously developed and improved through scientific research and empirical findings, that are critically reviewable and transferable, testable and relevant for the creation of standardized protocols that aid further development.

Our project has undergone various changes since its first implementation. At the beginning it looked more like a formal specification of responsibilities we were willing to assume in the therapeutic work with the inmates. We relied much on supervision for therapy, but too little on the reference resources, as we had a hard time finding them. We also relied on our creativity to create group games and activities that were aiming at strengthening group cohesiveness and stimulating participants’ insights about their personal contribution to the interpersonal group experience, but we had no coherent strategy to determine the order of such activities, nor did we have effective indicators of performance, as we hadn’t been able to identify clear standards and examples in the reference literature to import into our project. I think it is fair to say that we “played by ear” and expected to improve our performance by an optimum valorification of feedback both from participants and from therapy supervisors. The further study of reference literature in the field, has helped us understand the importance of these details that characterize effective project making and implementation as well as the importance of encouraging teachers, social workers, religious representatives, psychologists, qualified trainers for various professions and policy makers to become involved in creating sectorial projects aiming ultimately the psycho-social rehabilitation of inmates, while supporting them in dealing with the side effects of imprisoning until rehabilitation will become an alternative to it, as Morris argues in “Future of Imprisonment” (1974).

A general objective such as the rehabilitation of inmates from correctional facilities, is achievable through effective implementation of several projects that choose a specific purpose as focus of the intervention – therefore, an interdisciplinary approach is desirable for a strategic purpose: various types of professionals can work with the various stakeholders involved in the management of criminal offenders, in order to make rehabilitation possible,

and easier to achieve on its various levels. Sustainable benefits of each particular program are expressed in terms of results that are assumed (based on strong theoretical foundations) to lead to further benefits for the target group (e.g. by transferring acquired skills to other life contexts, or by chain reactions from newly acquired skills leading to the natural development of other related ones) and ultimately contribute to the achievement of what we generally call rehabilitation and reduction of recidivism. A single project may end after a few months, but if it is sustainable, its results will be visible at follow-ups, as “the product” of the project is visibly used by the target group after the completion of the program.

And finally it should be noted that all projects rely on presuppositions and hypotheses drawn from the reference literature as well as on the values and the mission according to which practitioners work. Considering that objective interventions are hard to separate from subjective (often hidden) agendas of practitioners, especially if they are non-doctoral professionals, students, unprofessional but generous volunteers from the community and so on, we acknowledge and stress the importance of objective research based planning of programs, professional skills development and continuous supervision of everyone who decides to confront the challenges of group work with inmates of correctional facilities.

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