
Pastoral Care and Counseling in Prison: What Works?

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In my CPE chaplaincy training, I became saturated with the importance of client-centered care and a non-directive approach. Rather than giving advice or intervening in the thoughts and actions of our clients, we developed skills in the “ministry of presence,” active listening, and reflecting back the inner lives of people in ways that help them clarify and develop the inner workings of their souls. We approached people without structure or agenda, to support and serve and care in ways that make the most sense to them.

However, when I became a prison chaplain, these tenants of practice left me feeling quite ineffective. Even though there is certainly a place for non-directive care in prison, especially in times of crisis and grief, there is also a need for care that can help people develop and nurture a worldview significantly different from the criminal one that has gotten those incarcerated this far in life. In addition, while it is inappropriate for us to impose or prescribe a particular moralism or worldview onto inmates, it is appropriate for us to actively engage their thinking patterns in ways that support healthy growth and change. As a result, the role of the prison chaplain may be more directive than it is in other settings. A review of pastoral literature geared toward the prison population is scarce at best. Although most chaplains consider pastoral counseling to be a primary task in their field (Romeril and Tribe, 1995; Pew Forum 2012), there is little comment on how we can improve the quality of that counseling. And even though pastoral counseling is a significant part of our job, we also provide religious and spiritual care in other ways, such as providing access to volunteers of various faith traditions for services and ceremonies, leading groups, and being a representative of Light in dark places.

This paper explores the unique context of pastoral care and counseling in prison. I begin by presenting research from the field of corrections that provides a framework for understanding what the needs and best practices are in working with the criminal justice population. I then identify ways in which chaplains can effectively integrate spirituality and treatment towards positive ends, as well as how inmates can engage in religion toward positive and negative ends. Prison chaplains have an opportunity to foster a quality of religious engagement and practice that truly contributes to rehabilitation. Likewise, it is imperative that we develop and nurture practices of pastoral counseling and care that are effective as well.

Criminality and Religious Communities In research with juvenile delinquents, Eugene Hausman found a positive correlation between time spent with a Chaplain and positive living situations one year after discharge (2004), but does correlation equal causation? In addition, youth who receive ongoing supportive pastoral counseling during residential care are less likely to be re-arrested when they are discharged and return to the community (Hausmann and Spooner, 2009), but there is little comment on what that pastoral counseling actually involves or why it works.

In the field of corrections, successful treatment incorporates the principles of risk, needs, and responsivity (Scott, 2008; Warren, 2007). Although the chaplain's role is not one of "treatment," awareness of these principles can be helpful in assessing the tenor and tack that one takes with people in custody. It can also be helpful in assessing the qualities of religious engagement that may be most effective in the prison setting.

Effective practices in corrections target particular characteristics (needs) of people that most influence the likelihood of future criminal behavior. If addressed properly, effective interventions reduce recidivism and assist offenders in living a pro-social, non-criminal lifestyle. The criminogenic needs most predictive of criminal behavior, in order of influence, are:

- pro-criminal attitudes and beliefs
- poor impulse control and problem-solving abilities
- disconnection from pro-social support systems and affiliations with anti-social, criminal peers
- weak or inconsistent family support or family role models
- substance dependence and abuse

For pastoral care providers, the most obvious link to these points is in the arena of attitudes and beliefs. D.L. Peck (1987) suggests that in the prison environment, religious conviction itself functions as "corrections" in terms of attitudes and behaviors of inmates. Religious conviction can carry specific attitudinal and behavioral expectations, such as how to treat others, or how to respond to hard times, that counter typical criminal attitudes and behaviors. Religion can also give meaning and purpose to life, provide clear moral and ethical guidelines, allow inmates to transcend immediate reality and connect to something larger than themselves (or their immediate situation), and help people adapt to the stress of prison life. A healthy religious orientation in prison supports an optimistic worldview and provides resources of God and community (Koenig, 1995).

Social support and affiliation is another area of influence for Chaplains and other religious representatives in prison. Chaplains and religious volunteers are extensions and representatives of larger communities outside of prison walls (Romeril and Tribe, 1995) and can be instrumental in connecting inmates to positive communities while incarcerated as well as after release. While inside prison, religious groups provide social and communal bonds that can become a framework for community, identity, and a sense of tradition and belonging. These social bonds provide subcultures, or "niches and sanctuaries," in prison that can help inmates avoid the larger prison culture and may insulate them from mainline prison culture (Johnson, 1996). These niches are rehabilitative to the degree that they facilitate self-improvement, emotional support, positive community involvement, meaningful activity, and the development of mature coping skills. The importance of positive social bonds cannot be overlooked. Social bonds not only affect the choices that people make, they are also instrumental in integrating beliefs and attachments into the lives of individuals (Sherkat, 1997). In a sense, the degree of influence that religious values and beliefs have on individuals is predicated on social and communal attachment. As William Bainbridge (1992) says, "Religion is not merely a psychological variable, conferring a particular kind of personality pattern on an individual... religious beliefs have the power to deter some very important delinquent and criminal acts *only when supported by social bonds*" (my italics, 208). In other words, religious beliefs influence behavior when these beliefs are part of social networks and social bonds of which we are a part. Pro-social community

contacts and networks of positive friends and family also help inmates stay out of prison once released, especially networks that also embrace the family (Holsinger, 2004).

This research also challenges faith communities to be more involved in the social support of families and those returning to the community from prison. People in custody need to develop external support systems beyond the prison walls, especially pending their release back into the community.

Some Specifics

Before offering some more specific ways in which pastoral professionals can engage inmates effectively, I want to highlight the importance of the “Ministry of Presence” so often addressed in CPE. I believe this concept is the foundation of any good ministry, and it remains our role in prison to be a safe, supportive practitioner of pastoral care to all inmates regardless of their willingness or ability to engage in change. Whatever our theological and psychological leanings are toward healing and salvation, our primary task remains providing care to all, to meet people where they are, and to accept them wholly at their current state and disposition without expectation. The following considerations, however, promote a different dynamic of care, that which is focused on the personal and spiritual growth of people in the prison setting. Chaplains participate in this growth by leading services and groups as well as one-on-one conversations. Even our work with volunteers from other faith traditions can make an impact on the ways in which people develop and grow as, for better or worse, we are the gate-keepers. We do not allow preaching that endorses bigotry or violence. We do not allow groups to foment hate-speech or agitate behaviors that are hurtful to the general population. As one of my colleagues says, we act as liaisons between faith traditions and the culture of prison, guiding faith leaders towards approaches and skills that are useful in this culture that is foreign to many. We do not regulate beliefs, but we certainly encourage teachings and practices designed to be helpful and meaningful to people (and cultures) in prison. We should be intentional in this regard.

In the correctional literature, programs designed to interrupt common thinking and behavior patterns and introduce more pro-social attitudes and beliefs are often referred to as interventions. In the prison setting, research has shown that certain interventions are more effective than others. It is worthwhile to consider how religious programming measures up to this goal. Does it support change processes or subvert them? Are we providing religious programs that engage pro-social attitudes and beliefs in effective ways, or is their purpose something else? Perhaps our efforts may be a little bit of both.

In general, interventions focused on fear, emotional appeals, and shaming simply don't work (Warren, 2007; Scott, 2008; Zajac, 2007). This observation speaks to our religious programs as well. Other dynamics that are ineffective in engaging change include non-directive, client-centered approaches, biblio-therapy (book study), talking therapy, unstructured programming, and self-help programming. These approaches may be effective toward other ends, but not toward modifying ones thoughts and skills for the better. Instead, practitioners ought to focus on programs that directly address particular issues and offer concrete skills and techniques for managing difficult situations. These approaches are often referred to as cognitive-behavioral approaches. They focus on the here-and-now, are task-oriented, teach socially appropriate behaviors and techniques, and provide people with opportunities to practice and rehearse these techniques in safe settings. For example, religious services could include programming focused on anger (or grief, decision making, self-control, problem solving, forgiveness, etc.) from a faith perspective, and include concrete examples of how manage such situations, maybe role play, or offer other opportunities to “practice what we preach.” In religious parlance, a faith based cognitive-behavioral approach may simply be a

reiteration of faith in action. How do our beliefs inform our behaviors? What do our behaviors say about our beliefs? And how do we live out our faith in real, concrete ways on a day-to-day basis? Personally, I consider these questions relevant to all people of faith. For people in prison, they may be instrumental in supporting and nurturing positive change.

A Pastoral Counseling Model As previously noted, prison chaplains can spend a significant amount of time providing one-on-one care to inmates. Depending on the situation, different modalities of care are appropriate for different times. In a 2009 article, Jill Snodgrass presents a process of integrating spirituality and cognitive behavioral therapy (CBT) in counseling with older adults. This same process can be applied to pastoral counselors (or chaplains doing pastoral counseling) in prison. This modality clearly stimulates the process of change, and portions of it may or may not be appropriate in other situations. My version of this process goes roughly like this: assessment, develop a positive working relationship, assess the stage of change, engage skills, and closure.

Step One: Assessment.

What is the presenting problem, symptom, or context? Has there been a significant loss that is triggering despair? Is the person dealing with conflict or misplaced anger? It is also necessary to consider the inmate's religious orientation, history, mental and emotional ability, and functional age (as opposed to chronological age). It may also be helpful to confer with other staff members who know the inmate, especially if you have questions about mental and emotional capacity or behavioral history and norms.

The assessment should also include an exploration of what role religion and spirituality currently play in the inmates' lives. What religious or spiritual activities do they engage in? Where do they find meaning and hope? How do they experience God in their life? What is their religious viewpoint on the current problem or situation? Even a cursory introduction into the inmates' spiritual beliefs and cognitions will be instrumental in engaging their spirituality into the therapeutic process.

Step Two: Develop a positive working relationship.

When it comes to changing behavior, research shows that *the most effective tool at your disposal is the relationship that you develop with people in custody*. Effective professional relationships are predicated on interpersonal skills that relay emotional congruence, warmth, accurate empathy, a judicious use of authority, and an ability to engage in healthy conflict (see Scott, 2008; Warren, 2007). In addition, they are collaborative (as opposed to authoritative) and strength based (focused on building personal strengths already present rather than overcoming weaknesses). With people who carry a deep distrust of authority and a history of abusive relationships, building a helpful rapport can take time and a good amount of patience.

Chaplains should avoid a "you need to do this" approach, and, instead, develop empathic understanding and an ability to identify the personal strengths to help people engage in more productive and helpful interactions. Research by Warren (2007) and Scott (2008) show that the likelihood that someone will change is determined primarily by his or her own ability and readiness to do so. Broken down in numbers, the probability of change is determined by:

- 40% - person's ability to change, as demonstrated by their emotional and cognitive ability, readiness, support, and investment in the process.
- 15% - placebo effect. If they think the program will help them, it will. If they don't, it won't.

- 15% - content of the programing or therapy
- 30% - relationship with chaplain/counselor/teacher, particularly in regards to accurate empathy and trust.

It is common for people to spend a lot of energy finding just the right program or book or study or information that will help people in custody. The percentages just cited indicate that content is but a small piece of the puzzle. Fifty-five percent of the process is determined by the other person and only forty-five percent by us. Of the latter, tending to the quality of our professional relationships will offer the greatest return.

Step Three: Stages of change.

Before we begin engaging people with our excellent skills, brilliance, and insights, it is important to determine whether or not they are ready for it. This assessment is significant. Sometimes, our energy is best spent just listening and mirroring where our clients are. Sometimes, we need to engage them in particular reflection or restructuring activities, and sometimes we need to support them in the changes they have already made.

The Stages of Change model is based upon the stages of personal development and is a common tool used to describe and assess the process of changing behavior. The model was originally developed in relation to the ways people quit smoking (Prochaska and DiClemente, 1983), and has since been incorporated into addictive behavior, exercise behavior, dietary behavior, medical use, and more. Its general premise is that change is a process that people go through and contains some fairly predictable stages on the way. In each of the stages, a person will present different issues and attitudes relating to their behavior. Tailoring interventions to the stage will increase the likelihood that the intervention will be successful.

The stages of change are:

Pre-contemplation. This is the stage at which there is no intention to change behavior. Many individuals in this stage are unaware or under-aware of their problems. They may not see their behavior as a problem, they are not interested in any kind of help, and they may be defensive about the opinions or suggestions of other people regarding their behavior.

Contemplation. This is the stage in which people are aware that a problem exists and are thinking about overcoming it but have not yet made a plan to take action. The "problem" may be an explicit behavior (anger, addiction, patience), or it may be a vague feeling of wanting something that is not yet clear to oneself. They may be reflective, weighing the pros and cons of changing their behavior, but they aren't yet ready to take the steps towards actual change. They are ambivalent, or "on the fence." They may be saying things like "I know something needs to change," "I keep getting into this situation," or "I don't know what will happen if I do things differently." People in this stage will be more open to getting information about the pros and cons of their behavior, and I will spend my time reflecting with them (what would happen if things changed? What if things stay the same?) and offering insight on what they say.

Preparation. This is a stage in which people make a commitment to change. "I've got to do something. What can I do?" They may still have some ambivalence, but it's surmountable and they decide to move forward anyway. They begin exploring what they need to do to change behavior. They may look into what classes they can take or what resources they can engage to help them. They are gathering information and tapping into people around them for support and insight. Our role is to support their commitment, help them assess the skills and activities that will foster their change, and help problem-solve for possible pitfalls.

Action. This is the stage in which their plan is put into action. They might start taking classes or join support groups, and they can begin to modify their behavior, experiences, or environment in order to overcome their problems. Action involves the most overt behavioral changes and requires considerable commitment of time and energy.

Maintenance. This is the stage of successful change in which individuals settle into their new pattern of behavior. It is not inevitable, nor is it necessarily permanent, but the longer that the new patterns are established the less the likelihood of returning to old behavior.

The chaplain's role is not to fix people or change people. The chaplain provides an environment within which healing and change is possible. Awareness of the Stages of Change can help determine which resources or skills to employ in certain situations. Conversations with someone preparing to change will be much different than those with someone who is pre-contemplative.

Step Four. Engagement skills.

This is the step in which the Chaplain works explicitly toward shifting the attitudes, thoughts, and self-understanding of the inmate, assuming the inmate is ready and willing to make such a shift. When working with inmate populations, it is important to remember that using a cognitive-behavioral approach is most effective. This means we need to be issue focused, offer concrete skills and techniques for dealing with life, and offer the opportunity to practice and rehearse these techniques in safe settings. One of the benefits of being a Chaplain is the ability to incorporate religious practices and techniques into the mix. As previously noted, these elements are often quite important to many inmates.

Robert Johnson (1996) noted that coping skills are the key to rehabilitation. He asserted that mature coping "is at the core of what we mean by correction or rehabilitation, and thus creates the possibility of a more constructive life after release from prison" (98). His studies show that mature coping skills lead to an increase in pro-social attitudes, a decrease in disciplinary problems, a decrease in anxiety and depression, and improvement in measures of general health. In addition, coping skills can be transferred to life on the outside, and the process feeds itself. Whereas immature behavior produces failure, lower self-esteem, and inhibits problem solving, successful coping builds self-confidence and encourages one to take on new tasks and learn new skills (see also Zamble and Porporino, 1988).

When religion is woven into coping, outcomes can be predicted with a relative degree of certainty (Pargament, 1997; 2000; Bjorck and Thurman, 2007; Wasserman *et al*, 2013; McConnell *et al*, 2006; Vandecreek *et al*, 2004). Positive religious coping strategies are associated with better adjustment to negative events, and negative strategies are associated with increased depression, anxiety, and stress. Helpful coping methods include seeking positive religious support, religious forgiveness/purification, a sense of partnership with God ("God is helping me through this"), benevolent religious reframing (redefining a stressor through religion as benevolent and potentially beneficial), and a sense that control is centered in God and not in the self. Unhelpful coping reflects discontent with the social group and God, punitive religious reframing (redefining the stressor as a punishment from God for one's sins, such as "God is punishing me for my lack of faith"), and reframing of God's power ("God can't help me"). Given that some forms of religious coping are more harmful than helpful, it is important that Chaplains work towards positive reframing and coping skills with clients.

Another area for intervention is in the narrative restructuring and meaning making processes that incarcerated people go through. The experience of imprisonment can create a crisis of self-identity and self-narrative during which assumptions about oneself and one's world view are particularly open to new perceptions and organizations (Maruna, 2006). Individuals become open to religious conversation. From the perspective of narrative psychology, prison conversion narratives act as a shame management and coping strategy by creating a new social identity, providing purpose and meaning to life experiences, offering empowerment as agent of God, providing a language and framework for forgiveness and self-understanding, and allowing a sense of control over an unknown future. Attitudes, thoughts, and self-understandings shift revealing a new construction of personal identity, a change in subjectivity, and a change in worldview.

In a study of the religious and spiritual experiences and beliefs of incarcerated battered women who killed abusive intimate partners or (step)fathers, Schneider and Feltey (2009) found that spiritual experiences in prison "freed them" by giving them a way to reconstruct and reinterpret their victimization, perpetration of violence, and subsequent incarceration. Despite their status as criminals and inmates, these women were able to experience love and acceptance and were given the language to integrate their life story and claim their biography with a theme of enduring hope and healing.

Furthermore, effective interventions need to be culturally aware, gender sensitive, and trauma informed. For example, when women who are victims of domestic violence turn to clergy for guidance and support, they often encounter religious beliefs about patriarchy and the submissive role of women in the family that can unknowingly perpetuate violence in the home. Emphasizing attributes of forgiveness and turn-the-other cheek or placing blame/responsibility of the abuse on the shoulders of the victim (i.e., it is their responsibility to be a better wife, or a better son or daughter) can be detrimental to the victims living with abuse (Giesbrecht & Sevcik, 2000). Chaplains need to be aware of the ways in which professed beliefs can help and harm the people with which they work. Chaplains may also offer concrete interventions by teaching and encouraging specific spiritual practices such as prayer, sweat lodge ceremony, meditation, or other religiously appropriate practices. Remember – the goal is in modifying thoughts and skills through concrete actions towards healing and hope.

Step Five: Closure.

When doing issue-focused work, it is helpful to establish a definitive "end point" for the issue-focused meetings. Whether meeting three times or twelve, once a week or every other, having a sense of "wrapping it up" offers the chaplain a chance to review what has been learned and affirm the changes that have been made (if any). There may be some anxiety or fear around an inmate's self-sufficiency or ability to carry on without the on-going formal support, so it is helpful to work together at establishing when it is appropriate to wrap up. It is also helpful to identify other supports that they may or may not have in their lives, and encourage them to be in community on their journey so they don't have to "go it alone." It is also helpful to schedule (formally or informally) a few "check-in" sessions to see how they are doing and offer continued support on their journey.

In long-term residential settings such as prison, chaplain relationships with some inmates will continue outside of the issue-focused sessions as well. It is in these more informal settings that we, as chaplains, engage our "ministry of presence" skills, with no structure and agenda other than building relationship and being a presence of love in dark places.

The Religious Con

Chaplains also need to address the reality that people in and outside of prison often use religion for purposes other than healing and growth. For some, religion is not about internal beliefs and practices, but about status, social benefits, family, security, or self-justification (Sherkat, 1997). In prison, religious services are often used as opportunities to see friends that inmates otherwise can't see, or even places where people can organize towards good or bad ends. Religion can be used to justify bad behavior, and can be exploited for self-serving ends. Pargament (1997) refers to these as "extrinsic" orientations to religion, wherein religious involvement and belief is characterized by utilitarian motivations aimed towards status, security, self-justification and sociability. Gordon Allport defines it as "religious self-centeredness." Such persons attend services as means to another end. Intrinsic religiosity, on the other hand, is characterized by greater commitment and integration into the personal, internal lives of practitioners. Religious practice is considered as an end in itself, and personal beliefs become the organizing principals of a person's life.

It is also interesting to note that intrinsic religiosity is associated with lower levels of anxiety, less paranoia and insecurity, more integrated social behavior, freedom from guilt, better adjustment in society, and less depression. Extrinsic religious feelings, on the other hand, seem to be associated with increased tendencies towards guilt, worry, anxiety, and prejudice (Payne *et al* 1992; Allport, 1966). As Chaplains involved in the process of rehabilitation, one of our goals is personal change and healing. The more we can support the intrinsic engagement of religion and practices, the more effective we can be.

Final Thoughts

There are many areas of pastoral care and counseling that are not addressed in this article. One significant omission is the importance of culturally appropriate care. Prison itself is structured on a one-size-fits-all paradigm, and religious services often become the primary access point through which inmates access culturally relevant communities, experiences, and ideas. More research on this dynamic is greatly needed.

In addition, most research conducted on religion in prison focuses on programs following the Protestant Christian paradigm. Given the multi-faith environment of prison, there is much to learn from and about other traditions as well. How do Buddhists engage their traditions in prison? What is prison like for Native American inmates? Given the dominance of Christianity, it is easy to overlook the experiences and perspectives that other traditions have to offer.

There is also little research on the pastoral care of people releasing from prison and returning to society. I have heard of some churches creating ceremonies for welcoming people back into their community. Are there specific needs or concerns of this population that religious communities can address?

It is obvious that religious resources should be made available to inmates as well as opportunities to practice their faith, but as religious professionals, chaplains should also pay attention to the *quality* of religious engagement. Effective pastoral care and counseling must be measured by its ability to assess the needs of the population and incorporate pastoral practices that appropriately respond to those needs. While the most effective tool at our disposal is the positive working relationship that we develop with people, efficacy in prison settings also depends on the ability to incorporate concrete skill building that targets the immediate needs of offenders and fosters healthy religious orientations and practices that support social, emotional, and spiritual health.

Chaplains in prison and jail settings need to develop active and directive approaches in pastoral counseling if they intend to participate in the rehabilitation of inmates. The

rub lies in balancing empathy and motivating change, or being directive without being prescriptive or imposing. It is good to have conversations, and it is better to have *effective* conversations that are true to the needs, skills, and processes of change.

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