

SOLUTION-FOCUSED THERAPY IN PRISON

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ABSTRACT: This is a report on a combined therapy and research project conducted with a seriously criminal population in Swedish prisons and using a Solution-Focused Brief Therapy approach with a focus on networks. Recidivism was significantly lower and less serious among experimental group participants. A case study is included.

KEY WORDS: Solution-Focused Brief Therapy networks; prison therapy.

The idea for the combined treatment and research project which is presented in this article emanated from the authors' desire to test and evaluate a completely new treatment method for prison work. This notion implied choosing a prison dealing with seriously criminal prisoners. From the research point of view there was interest in scientifically investigating whether there existed treatment methods that were effective. The prison which was used in the present project had a seriously criminal population during the research period. These prisoners were often returned to prison as many as three times per year and had a long history of drug misuse and many contacts with a variety of social welfare agencies.

A large proportion of the staff of the prison in question had worked there for many years and often stated that they had more or less given up hope that these frequently returning prisoners would

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ever live ordered lives. This feeling of hopelessness was also shared by the prisoners. They had only a limited belief that they would be able one day to break away from continual drug misuse, crime, and imprisonment. After many unsuccessful attempts to do so over the years, many had given up. The majority of these prisoners had been separated from their families by decision of welfare authorities from their earliest years.

In Sweden there has long been a treatment tradition that builds upon the idea that persons with the kind of problems here described shall be "saved" by separating them from their "less than competent parents," sending them far away from their "bad companions" and resolutely refusing to allow them to live in large towns with the temptation and dangers to be found there. With such a standpoint, institutions and social work agencies naturally fail to see families, relatives, and friends as treatment resources.

Using a solution focused method was a natural choice for the project founded upon the respect, the search for solutions, competence, resources, and the orientation toward the future embodied in the method. These clients have recounted their unhappy stories over the years to an enormous number of people without this leading to any positive change in their drug misuse and criminal careers. The attempt to write a new scenario with the prisoners and their families on the basis of believing in their competence, strength, and capacity to find solutions, was in fact easier than anyone could expect. We did not need to work very hard to find a great deal of competence and inventive capacity. It soon became apparent that all the prisoners we dealt with had rich possibilities to write an alternative scenario—a scenario which had lain dormant or buried for many years in the absence of attention by "treaters" and themselves.

THE PURPOSE OF THE EXPERIMENT AND ITS FOLLOW-UP

The main purpose of imprisonment is described in Section 4 of the Prison Treatment Act (1974:203) as follows:

Prison treatment shall be so devised as to promote the prisoner's adjustment in society and counteract the detrimental consequences of deprivation of liberty. Prison treatment should be directed from the outset towards measures which prepare the prisoner for life outside prison to the extent that this can

be achieved without neglecting the need to protect society. Release from prison shall be prepared in good time.

On the basis of the above, a two-year experiment was started on January 1, 1993 by the Stockholm Regional Prison and Probation Administration at Hageby Prison. The aim of the experiment was to create an improved release situation for prisoners through the use of a form of solution focused network therapy. A further aim was to see whether this form of treatment had an effect upon the relapse into crime, substance abuse and general adjustment in the community. The Swedish Prison and Probation Service was responsible for the treatment activities and the National Council for Crime Prevention for the design of the experiment and its scientific evaluation. The actual therapeutic work has been carried by a project group consisting of a project leader and two family therapists, Robert Brukroken and Anders Palmer, both of whom are active in their own private practice in Stockholm.

In an initial discussion the project leader asked the prisoners who had been selected for the experiment what changes they desired in connection with release and what persons in their professional and private network should take part in their therapeutic work. Therapy was carried out at the prison or, if the prisoner was transferred, at the prison or institution at which he was then resident. Therapy has been undertaken only during the prison period. This article contains an account of how the therapy was conducted as well as an analysis of recidivism and the seriousness of recidivistic offenses 12 and 16 months after release. The effect of therapy on substance abuse and on general adjustment in the community is not taken up here.

Hageby Prison takes a homogeneous prisoner group. It is a difficult group which over the years has gone through many forms of treatment. Many of the prisoners might be called qualified treatment consumers since their lives have been lived in inter alia foster homes, children's homes, youth reform schools, therapeutic communities, psychiatric clinics, remand prisons, ordinary prisons, hospitals, and so on. Prisoners from Hageby Prison are characterized by high recidivism rates and serious drug misuse. About 50% of prisoners allocated to Hageby Prison have been transferred from other prisons for disciplinary reasons. The prison receives and releases 250–300 prisoners per year. The fact that the prisoner group was so homogeneous meant that it was well suited for a randomized allocation of prisoners to a treatment and control group.

The following conditions applied for the experiment:

- Two months was considered the absolute minimum necessary for carrying out network therapy.
- Hageby prisoners with more than two months imprisonment to serve were interviewed and asked if they were interested in taking part in the project.
- A treatment and control group were successively and randomly built up from those who were willing to participate.

The main project started on 1 January 1993. The evaluation period covers 16 months from the date that therapeutic work was discontinued on July 31, 1995. The main project was preceded by a one-year pilot study, the results of which are also presented in this article. As with the main study these results concern recidivism and the seriousness of recidivist offenses.

THERAPEUTIC METHOD

The reason for working with Solution-Focused Brief Therapy with a focus on networks was that we wished to accomplish rapid and visible change effects for our clients—changes that should occur in relation to persons who were significant for them. This means that all those who meet together carry both within themselves and jointly the feeling that change is possible.

Literature

The therapeutic work was inspired by the following therapists' work: Ben Furman and Tapio Ahola (1988, 1990, 1992), Evan George, Chris Iveson, and Harvey Ratter (1990), Paul Watzlawick, John Weakland, and Richard Fisch (1974), Steve de Shazer (1984, 1991), Karl Tomm (1989), Barry Mason (1989), Lennart Svedhem and associates (1985), Mara Selvini Palazzoli, Luigi Boscolo, Gianfranco Cecchin, and Giuliana Prata (1982), Harry Korman and Martin Soderquist (1989, 1991), Insoo Kim Berg (1994), William Hudson O'Hanlon and Michele Weiner-Davis (1989), Michael White (1991), Bill Petit and Hardy Olson (1992), and Martin Soderquist (1985).

The number of meetings varied from one to 12. On average there

were five meetings with each participant in the experimental group. Discussions lasted between one and two hours. With enlarged network meetings, however, discussions sometimes lasted for up to four hours. In the following section a case history is presented which is characteristic for the therapeutic work.

CASE HISTORY

This account deals with a 34-year-old man whom we shall designate as Peter. He was born and grew up in a Stockholm suburb with his mother, father, two brothers, and a sister. The two brothers were born close together and are much older than Peter and his sister, here called Eva. Eva is now 36 years old. She and Peter have always had a close relationship. Both parents are now dead. Peter has with the exception of brief intervals been a drug misuser and offender for nearly 20 years. Much of his life has been spent in prison.

First Meeting

At the first meeting Peter stated that his aim was to have somewhere to live after release. He also had as an aim to get an investigation started into receiving an early pension. He said that he was tired of his way of life and really wanted to bring about a change and get some order into his life.

On a scale from 1–10 in which 10 means that Peter was prepared to do all that was necessary to achieve his aims and 1 that he was not willing to do anything to this end, Peter asserted that he should score 10. His belief that he would succeed was, however, somewhat less, but he thought that he had taken the first important steps. The persons who had most contact with Peter were his sister Eva and his probation officer, Mary. He was encouraged to invite them to come to the next meeting together with a new social worker that he had not yet met.

Second and Third Meetings

Despite assiduous efforts, Peter was not successful in arranging for the persons he wanted to attend to come in fact to the meetings. During these meetings we discussed Peter's difficulties in adjusting to prison life in different ways.

Fourth Meeting

Mary, Eva, and Peter's brother-in-law Johnny, came to the meeting. Eva and Johnny themselves have a major problem with drug misuse and criminality. In addition, Eva was suspected with good reason of having made several attempts to smuggle drugs for Peter into the prison. This meant that the meeting had to be held under the same conditions as for a monitored prison visit, i.e., Peter was not allowed to have any kind of body contact with his visitors. The project leader monitored the visit. The conditions were fully respected by everyone.

Before we closed the meeting, we agreed on sharing out various tasks to be performed before the next meeting. Mary would write a report to a physician about the early pension. Eva would that very day obtain and hand in to the prison a form from an office renting second hand flats, and Peter would study the newspapers for flats to rent, and again, with our help, invite in the social worker.

Fifth Meeting

This meeting took place at another prison as Peter had been transferred there following threats by another inmate with whom he had had a previous dispute. Eva and Johnny were present together with a prison officer who had been designated as Peter's contact man. Peter had invited him to attend.

Peter had managed to make contact with the social worker who had promised to come to the next meeting. There was talk of inviting the other brothers, but Peter did not feel ready to show himself to them yet. It was agreed, however, that both Peter and Eva would write to them and report on Peter's progress.

Sixth Meeting

The social worker, Frederick, was present together with Eva, Johnny, and the contact prison officer. Eva was more dressed up than ever before—a great difference from when we first met her. Peter had made great efforts to restore and improve his physical condition since the previous meeting. He said that he had now come a long way toward achieving his aims. Frederick, the social worker, showed himself to be a good resource person for Peter and was positive to the suggestion that his office should pay the rent when Peter found a flat. If a

flat proved difficult to find, Frederick suggested that Peter should live temporarily at a hostel. Frederick would help Peter to get a place in the hostel. Before ending the meeting it was decided that Peter would again send a postcard to one of his brothers. After the meeting the project staff discussed the possibility that Peter, Eva, and Johnny had plans to share a flat.

Seventh Meeting

Frederick and Eva attended. Peter had had a telephone conversation with his brothers. Peter confirmed that he wished to rent a flat or a house in company with Eva and Johnny. Eva had found a flat that was suitable for them all to live in.

Eighth Meeting

This time only Peter and the therapists were present. Peter had been told by the project leader that his sister and brother-in-law would not be allowed to take part in future network meetings at the prison as it had now come out that they had tried to take in drugs for Peter at the last meeting. In this, however, they had been unsuccessful. This decision was not made out of therapeutic reasons, but the whole project could have been stopped if we had not acted as we did.

Peter said that he had decided to give up the idea of sharing a flat with Eva and Johnny since he felt that he would have to do too much looking after Eva. He said that to live with them would endanger his plan to live a drug-free life.

Ninth Meeting

Following the eighth meeting Peter had escaped from the prison, been arrested by the police, and was suspected of having committed new offenses. He was now in the Stockholm remand prison, and it was there that he met the therapists. It was a crestfallen and hopeless Peter who came to them. He was convinced that everything was lost and that he had destroyed all his possibilities. Thinking that after what had happened he had been taken out of the project, he was surprised to see the therapists. The meeting cheered him up and he realized that he was not back to zero even if he had taken one step backwards. He became willing to try again and to make renewed efforts to achieve his aims.

Tenth Meeting

A this final meeting, Peter had been returned to Hageby Prison. He recounted that he had been in contact with Frederick and their plans for help and their agreement were still valid. Frederick had reserved a place for him at a hostel until he could find a flat. Peter had also been given an appointment with the physician who would be considering his case for an early pension. Peter was very satisfied with life and considered that he had achieved his stated aims, something of which he was proud. We congratulated him and wished him good luck outside prison.

COMMENTARY ON THE CASE HISTORY

This case illustrates a number of the foundations on which the project's idea and working methods are based.

Setting Goals

Peter chose as aims getting a flat and an early pension. It is easy to think that he should have made a start with his drug misuse which, in the opinion of many, is a necessary condition for looking after personal housing. We accepted his aims without demur. In the process of working toward his aims he made contact with a social worker who, wishing to do a good job, agreed to a plan with Peter which also included dealing with his drug misuse. By following the choice of goals made by the client, optimum motivation is gained. Our starting point is that adult persons are competent to decide for themselves what sort of help they need and what works best for them.

There is no way of knowing if the aims are, or are not, realistic. Anyone sitting down and reading everything that had been written about Peter during his course through the prison and probation system would have obtained information that was scarcely likely to arouse hope for him or anyone like him. Furthermore, the information consists only of a description of Peter's failures and says nothing about what he in fact can achieve.

Meetings and Discussions

Our job during these meetings is to keep to an agenda, to ensure that the climate is good and the discussions are carried out in a hope-

ful spirit and, through our questions, see to it that the individual's competence and progress are given due attention. The classical notions of defense and resistance mean, in our view, that there is no discussion on what those present think is important and essential. If these reactions arise, then we have a wrong agenda. A major purpose of the meetings is to mobilize and utilize the resources that lie at hand and bring forth as many suggestions for solutions as possible.

Writing a Personal History

A good deal of time in the meetings is used to write new, alternative life-script with the help of those participating, a script which focuses on competence instead of failure. If a new, alternative script is written on the assumption that everyone has good reasons to do what they do, regardless of how actions turn out, the possibilities of collaboration and hopefulness in mutual work for the future are increased. The process constitutes a kind of "guilt-cleansing."

Relatives

It is obviously the case that everyone is competent in a number of questions about living, as were, for example, Peter's sister and brother-in-law. It is important to make use of every bit of competence that lies at hand, and it is not necessary to live as one teaches in order to be credible.

Scales

One way of awakening hope, making changes visible and reasoning about concrete action plans is to work with the scales. They point to here-and-now, where the individual stands in relation to his aims, but also what shall happen in the future. This makes it easier to keep track of direction so that the focus is on that part of life which can be influenced—future. To take one step at a time and have subsidiary aims improves the hope of attaining the final goal. The scales are also a help for the therapist by showing what has worked well in the client's earlier life. And the therapist gets an opportunity to praise the client for progress already made. The scales were important for Peter. He used time at every meeting to find out where he stood on the scales. They became a way for him to see that he really was making progress even when things went wrong and he was ready to give up.

Misconduct

Peter's time in prison was marked by several incidents of which a number were forms of misconduct within the prison system: refusal to give a urine specimen, attempts to smuggle in drugs, a quarrel with another prisoner, a positive urine test result, escape and transfer to another prison, and a fresh offense. Each and every one of these events would ordinarily and certainly have meant that Peter's plans were broken off or at least put in cold storage. Peter had always behaved in this way during his previous prison periods. This did not mean, however, in our view, that he did not want things to be different. It is important to emphasize that which can be added to positive changes and not focus on the behaviour that should be discontinued. The more it is possible to add and the more that the alternative script becomes a valid part of the client's self-perception, the greater is the likelihood that the undesirable behaviour ceases.

THE DESIGN OF THE EXPERIMENT

For this experiment recidivism and the seriousness of recidivist offenses were the chosen outcome variables. They were studied using an experimental two-group design, i.e., an experimental group and a control group, with measurement of outcome at two points in time. The individual level of motivation was held constant by arranging for the experimental and control groups to be constructed from among all the prisoners who declared themselves willing to take part in the experiment. All prisoners with more than two months of sentence to serve who were received at Hageby Prison were asked if they wished to take part in the experiment. For practical reasons, however, prisoners with more than 10 months left to serve and prisoners whose sentence included an expulsion order were not asked about participation. With these exceptions the interested prisoners were randomly assigned to the experimental and control groups, with each group containing 30 persons. The first measurement of the dependent variables was made after 12 months and the second after 16 months. Information on recidivism had been taken from the central prison and probation administration's register. Recidivism is defined as a further offense which has resulted in a sentence to probation or imprisonment.

It should be noted that a careful analysis was made of a number of background variables to see what licenses there were between the

experimental and the control groups. The groups were closely similar with regard to age, nationality, age at which first sentenced to imprisonment or probation, age on first entry to prison, number of previous convictions and prison or probation sentences, number of offenses and length of imprisonment in the current sentence leading to being at Hageby Prison.

RESULTS

Recidivism After 12 Months

One person in the control group died as a result of a drug overdose six months after being released and constitutes therefore missing data. The control group finally consisted of 29 persons.

Twelve months after release, 53% (16 of 30 persons) in the experimental group had committed a new offense leading to one or more sentences to imprisonment or probation. The corresponding figure for the control group was 76% (22 of 29 persons). Thus, 47% of the experimental group had not relapsed into fresh crime while in the control group) only 24% were crime free. The difference between the groups is therefore 23%. Statistical significance was tested using the Z test. The difference between the groups was significant at the 5% level ($p = .033$, one-tailed test) (see Figure 1).

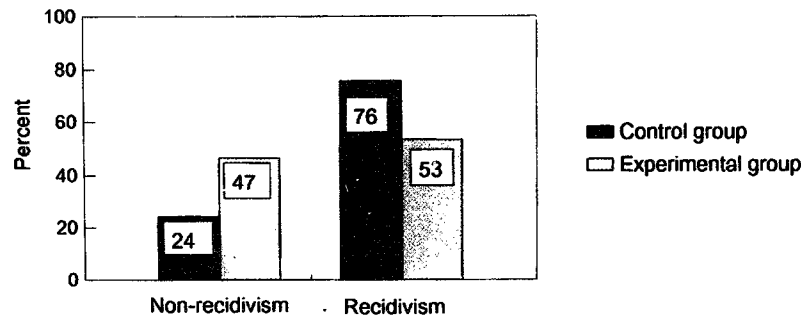


FIGURE 1

Recidivism 12 Months After Release from Prison

Recidivism After 16 Months

After 16 months recidivism had increased somewhat in both groups. In the experimental group 40% had not recidivated while the corresponding figure for the control group was only 14%. The difference between the groups had therefore increased to 26%. The difference between the two groups was significant at the 5% level ($p = .0188$, one-tailed and two-tailed tests) (see Figure 2).

Seriousness of the Recidivist Offense

On comparing the two groups over a one-year observation period, it is apparent that the control group had committed more serious offenses than the experimental group. The greatest difference was to be seen where the main offense was a drug offense. Twice as many in the control group relapsed into drug offenses. The control group also committed a greater number of offenses—153 during the one-year observation period as compared with 86 offenses committed by the experimental group during the same period. As a result of recidivist offenses the control group was sentenced to, in toto, 136 months of imprisonment as compared with 86 months of imprisonment for the experimental group.

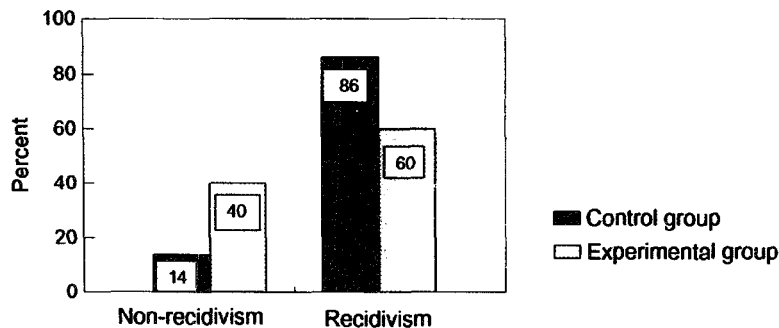


FIGURE 2

Recidivism 16 Months After Release from Prison

Mortality

Three persons in the control group died. Of these one died six months after the release date, one recidivated and died before the 12-month follow-up point, and one died after the 16-months follow-up point had passed. No one in the experimental group died during the 16 months follow-up period.

THE PILOT STUDY

A pilot study was conducted at Hageby Prison during the period February 1 to October 31, 1992. For the pilot study there were 21 prisoners in the experimental group and 21 in the control group. The prisoners' motivation to take part in the experiment was not held constant in the pilot study. The prisoners were allocated to the experimental and control groups using their dates of birth, with even dates assigned to the experimental group and odd dates assigned to the control group. After 12 months 33% (7 persons) of the experimental group had not committed recidivist offenses. In the control group only 10% (2 persons) had abstained from fresh crime. The difference between the two groups is therefore 23%, i.e., exactly the same proportional difference as was observed in the main study. The absolute numbers of non-recidivists in both groups were, of course, larger in the main study. A further measurement was made after 20 months when the results were exactly the same as before.

EXPERIENCES GAINED

This project was the first attempt ever with solution-focused network therapy in a Swedish prison incorporating scientific evaluation. Currently certain prisons and remand prisons make use of the method but without scientific evaluation.

The prison environment makes for extra opportunity as well as difficulties compared with a therapy situation in the community. On the positive side a network can function better in prison than in the community since the prisoners are usually not under the influence of drugs, and there is a sense of security for all participants when the meetings take place under controlled circumstances. Some participants in external professional networking can have felt themselves

threatened. Furthermore, it is not unusual for conflicts to occur between professional and private networks since the latter have traditionally not been seen as a resource by the former. Obviously therapy in prison means that the clients do in fact come to the meetings. We have also noted that being incarcerated provides an extra reason for the client to want to change his lifestyle—a circumstance that can be utilized in therapy. Moreover the prison situation provides an opportunity for the inmate to concentrate his efforts on the therapeutic work to a greater extent than the more distracting situation which commonly occurs outside prison, at least when drug misuse is involved.

A special favourable circumstance has been that certain persons in the prisoners' networks have been able to take part although ordinarily they would not have been allowed into the prison. Similarly, certain network persons have been brought in from other prisons.

A significant problem with this seriously criminal prisoner group has been that inmates have often shown a certain resistance to inviting their family members and other close persons to participate. Among the various explanations for this are that clients think that they have already caused enough trouble for their families or that the families have only had negative experience of contact with official agencies.

One problem with network therapy in prison is that the method breaches the current relations between the prison service and inmates and their families. In the project described here it has been of help that a scientific evaluation was associated with the therapy. This has meant that the prison administration has been prepared to accept unconventional solutions to difficulties that have arisen.

Certain of the basic grade prison officer staff have been given the opportunity to participate in the network meetings. They have experienced the therapeutic method as a hopeful element in prison work and it has provided them with new enthusiasm. A special problem was caused by the setting-up of a control group. An ethical dilemma arose since all the inmates assigned to the control group wanted to take part in the therapy.

Finally, it should also be mentioned that the control group in the main study incurred an expenditure of 2.7 million Swedish crowns more in prison costs than the experimental group during the follow-up year.

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