

PSYCHOLOGICAL–LEGAL ASPECTS OF THERAPEUTIC TREATMENT IN THE POLISH CORRECTIONAL SYSTEM

Iwona Niewiadomska, hab. J.C.D., University Professor

Department of Social Psychoprevention, Faculty of Social Sciences

at the John Paul II Catholic University of Lublin

e-mail: iwona.niewiadomska@kul.pl; <https://orcid.org/0000-0002-0244-2748>

Summary. This article aims to present the significance of therapy in the Polish correctional system in positive social reintegration of persons executing the penalty of deprivation of liberty. The article is composed of four parts. The first part presents the grounds for utilizing therapy for inmates. The second part of the article indicates the aims of executing the penalty of deprivation of liberty by prisoners, including those convicts who suffer from health disorders. Characteristics of therapeutic system of sentence execution, with the emphasis on standards which are to be followed in correctional therapy, have been described in part three of the article. The last part includes information pertaining to the effectiveness of therapeutic treatment in persons executing isolation sanctions.

Key words: executive penal law, health disorders in prisoners, inmates' therapy, correctional therapy, therapeutic system of sentence execution, the effectiveness of correctional therapy

The tendency for utilizing the penalty of deprivation of liberty is visible in the world criminal politics. However, at the same time, in some states – especially in the European Union – the concept of its utilization has been undergoing a change, since its aim is to constitute the means for integration of a convict with society [Hołyst 2017, 869]. The reintegration aims of isolation sanctions have also been defined in the Polish penal law. The consequence of such formulation of aims of the penalty of deprivation of liberty is that the therapy in correctional system is to enable a convict to acquire the skills necessary for leading a life according to abiding norms after a release from a penal institution, and to provide them with the possibility to catch up on their past psychosocial development [Pawela 2007, 203–204]. Initiating correctional measures – both corrective and therapeutic – is based on the belief that human's behavior is a result of mutual relations between human's psychology and social environment. The fact that people choose environments in which they exist, that they recognize existing situations, adjust their own functioning to various circumstances, construct occasions for the creation of

various kinds of behavior, and choose and achieve life goals in changing environment, proves that a man is not passive towards the stimuli received, but that he actively contributes to both the changes in the surrounding reality, and to the transformation of own activity – such as the change of habits of satisfying own needs, the ways of functioning in social relations, or the formulation of personal goals [Baltes 1997, 366–80].

The current article analyzes one of the measures aiming at positive reintegration of prisoners – correctional therapy. The characteristics of the said measure have been described from various perspectives, such as the determination of its specific aims, the indication of factors justifying its utilization, the way of its implementation in prison environment, and the effectiveness of its utilization.

1. STATUTORY AIMS OF CORRECTIONAL THERAPY

The aim of therapeutic treatment in a penal institution is to implement general aims of the penalty of deprivation of liberty – positive social reintegration and law abiding [Stańdo–Kawecka 2000, 165]. Pursuant to Art. 67 § 1 of the Executive Penal Code,¹ the primary aim of the execution of penalty of deprivation of liberty is to “evoke in a convict the will to cooperate in his shaping socially desirable attitudes, in particular, the sense of responsibility and the need to abide by the law, leading to refraining from returning to crime.” Such formulation of the norms pertaining to the aims of isolation execution means that much more is required from this penalty than just refraining from returning to crime by a convict [Hołda and Postulski 2005, 312]. Pursuing the reality in which a person does not commit another act against the law is the realization of the minimal aim – judicial improvement. However, the realization of the maximal aim of isolation sanctions is also possible within correctional measures – moral improvement [Kalisz 2000, 217–29; Stępniań 2004, 32]. Judicial improvement means that a convict will not commit a prohibited act again. In treatment directed towards such aim, the emphasis is on the negative side of acting (will not commit). The pursuit to achieve judicial improvement is characterized by instrumental treatment of an individual, by evoking fear and motivation to avoid criminal activity in order to abide by the law, that is to achieve the aim existing outside of the causative entity [Hołda and Postulski 2005, 312].

Moral improvement – the attainment of maximal aim of isolation penalty – pertains to radical personality transformation resulting in the change in relations with the environment, underwent in such a way that it facilitates positive social reintegration. Changes of this type are based on a pedagogical process, the basic idea of which are positive motivation for a change and

¹ Act of 6 June 1997, the Executive Penal Code, Journal of Laws No. 90, item 557.

convict's engagement in activities leading to the said change [Szczepaniak 2003, 38–39]. This is why correctional treatment shall concentrate mainly on making corrections in personality and in attitudes of convicts to such an extent that they will be able to properly function in a society after their release from a penal institution, that is that they will be able to make proper choices pertaining to the goals which they set and to the ways of the realization of thereof. Owing to this, it needs to be emphasized that moral improvement of offenders is tightly connected with individual activity which is characterized by three important attributes – social context, intentionality, and anthropomorphism. Social context of activity means human activity which not only creates interaction with the actual situation, but it also includes a broader system of roles and rules of conduct. Intentionality of conduct results from the fact that activity occurs in a situation defined by subjectively set aims, by expectations, and by achieved effects. The attribute of anthropomorphism of behavior means that a man is capable of conscious implementation of various rules, of realization of complex plans and ways of conduct, in order to achieve the desired state of affairs [Niewiadomska 2007, 241–45].

It needs to be underlined that behavior resulting from judicial improvement usually has nothing in common with moral improvement. Sometimes, it is the case that a person leaving a penal institution does not harm others for a while. However, this person still does not internally accept the rules of organized social life. Although judicial improvement is not without any value for a society, it would benefit much more if an individual would properly function within a family, work, neighborhood, and peer group. This process is the most probable to occur in a situation in which there is full understanding of committed mistake, atonement, and moral revival [Pawela 2007, 86].

In the context of specific aims of therapeutic treatment utilization in inmates suffering from health disorders, it is important to underline the norm set forth in Art. 97 § 1 of the Executive Penal Code stating that “the achievement of aims of the penalty of deprivation of liberty in case of persons suffering from mental-health disorders shall take into consideration especially prevention of the development of pathological personality traits, regaining psychological balance, shaping the ability to socially co-exist, and preparation to independent living.”

Based on the norms included in two Articles – 67 § 1 and 97 § 1 of the Executive Penal Code – it can be asserted that the reintegration aims of the execution of penalty of deprivation of liberty (moral improvement or judicial improvement) shall also be achieved with respect to persons with health disorders. Positive social reintegration in this group of convicts shall be achieved due to therapeutic treatment which facilitates, among others, suppression of personality disorders, regaining psychological balance, shaping prosocial attitudes, and achieving personal goals in accordance with abiding social norms.

2. THE GROUNDS FOR CORRECTIONAL THERAPEUTIC TREATMENT

Therapeutic treatment in prison is a result of a great number of persons with psychosocial functioning disorders being placed in penal institutions. The reason behind the high rate of disorders of this type in inmate population is based on two factors: firstly, on the traits of individuals who are placed in penal institutions – in many cases, the crime committed is a direct or indirect consequence of problems faced – and, secondly, on the conditions in penal institutions which lead to convicts' health disintegration [Taylor and Gunn 1999, 9–14]. Often times, the two factors influence one another, meaning that during the time prior penalty execution, a person experiences certain psychosocial problems, and a stay in prison following this period leads to intensification of thereof [Maden 2003, 191–201].

According to statistical data of the Polish Prison Service, as of December 31, 2018, over four thousand prisoners were diagnosed with one of the following disorders, the occurrence of which justifies, according to the norm in Art. 96 § 1 of the Executive Penal Code, the commencement of therapeutic treatment: nonpsychotic mental-health disorders, including mental impairment (1,691 persons), paraphilia (376 convicts), addiction (2,335 inmates), including addiction to abusive substances or psychiatric medications (681), and to alcohol (1,654).²

The data presented above indicates justified grounds for utilizing correctional addiction therapy. The existence of strong connections between the use of psychoactive substances – especially alcohol – and crime is an important reason for conducting corrective therapy of this type. This is due to the fact that excessive consumption of alcohol remains in accordance to norms and values of criminal subculture, being one of the basic forms of “entertainment” [Róžański 1998, 459]. Additionally, the high probability of use of abusive substances is present among individuals with antisocial personality. The use of chemical substances by these persons is a result of various kinds of reinforcement. Firstly, they cannot refrain from experimenting with addictive substances due to the lack of proper moral values. Secondly, immediate gratification provided by most psychoactive substances correlates to a great extent with the tendency of sociopathic individuals to seek new intense experiences. Thirdly, chemical substances, being easily available, release from abiding cultural norms on the one hand, and, on the other hand, provide the sense of belonging to a deviant subculture. What is more, the use of this type of substances facilitates the reduction of negative feelings (e.g. fear, depression,

² *Yearly Statistical Information for the Year of 2018*, www.sw.gov.pl/strona/statystyka [accessed: 20.06.2019].

guilt), and boosts positive emotions (e.g. self-esteem and the sense of own power). Furthermore, the intake of abusive substances can constitute a form of self-medication of experienced complaints [Millon and Davis 2005, 176–77]. Within the group of perpetrators of aggressive acts, a group has been selected the most characteristic feature of which was excessive use of alcohol or addiction to this substance. These were perpetrators who were penalized both once and multiple times, and who were characterized by personality disorders of complex etiology, the lack of emotional balance, suspiciousness, and distrust [Wolska 1997, 195–200].

Problems with excessive use of and with addiction to psychoactive substances in non-detention environment also have a negative impact on inmate's adaptation to penal institution conditions. Mandatory abstinence results in various kinds of problems in convicts' functioning – these are, above all, emotional problems, anxiety, irritability, quarrelsomeness, and lack of criticism [Róžański 1998, 459]. The reduction of negative mental states connected with withdrawal syndrome is often done by illegal intake of chemical substances. The number of persons behaving this way is very hard to determine. Substances the most frequently used in penal institutions (irrespective of the state in which research was conducted) include: alcohol, marijuana-based substances, tranquilizers, and stimulants [Maden 2003, 194]. Empirical data also indicates that the use of addictive substances during penalty execution is significantly correlated with young age, early criminal record, breach of prison discipline, and a longer stay in a correctional facility [Gillespie 2005, 236–40].

3. THERAPEUTIC SYSTEM OF SENTENCE EXECUTION

In current law, the realization of activities aiming to achieve the goals of the penalty of deprivation of liberty is dependent on the system of isolation execution. Art. 81 of the Executive Penal Code provides three available systems of the execution of isolation penalty: therapeutic system, programmed treatment, and regular system.

Under Art. 96 § 1 of the Executive Penal Code, the execution of penalty in therapeutic system is dependent on the joint fulfillment of two requirements. The first one pertains to inmate's suffering from a nonpsychotic mental-health disorder (including being convicted for a crime set forth in Art. 197–203 of the Penal Code,³ committed in connection to paraphilia), mental impairment, addiction to alcohol or other abusive substances or psychiatric medications, or physical disability [Żywucka-Kozłowska 2017, 78–83]. Also, other convicts, upon their consent, can execute their penalty in a therapeutic facility, provided

³ Act of 6 June 1997, the Penal Code, Journal of Laws of 2018, item 1600 as amended.

that medical and pedagogical aspects provide grounds for it (Art. 96 § 3 of the Executive Penal Code). The second requirement is the need for a specialized treatment, especially for psychological, medical, or rehabilitative care (Art. 96 § 1 of the Executive Penal Code) [Konikowska–Kuczyńska 2015, 5–7].

Specialized care is provided mainly in therapeutic facilities of specified specialty (Art. 96 § 4 of the Executive Penal Code). According to statistical data of the Polish Prison Service, as of December 31, 2018, within the group of over four thousand prisoners diagnosed with one of the following psychosocial functioning disorders – nonpsychotic mental-health disorders, mental impairment, paraphilia, addiction to psychoactive substances – most of them were placed in therapeutic facilities (3,172 prisoners).⁴

Convicts placed outside of therapeutic facilities can also be subject to specialized treatment. Correctional activity is carried out within individual therapeutic programs which are preceded by a diagnosis including the characteristics of: disorders, current psychophysical condition, the problem constituting the basis for referring to the therapeutic system of sentence execution, and the evaluation of convict's motivation to participate in the program. According to statistical data of the Polish Prison Service, as of December 31, 2018, within the group of over four thousand prisoners diagnosed with one of the following psychosocial functioning disorders – nonpsychotic mental-health disorders, mental impairment, paraphilia, addiction to psychoactive substances – 854 convicts were placed outside of therapeutic facilities.⁵ Because of mental-health condition, a prison governor can apply the exceptions from the type of isolation execution utilized towards a person who is executing penalty in the therapeutic system (§ 27 para. 2 of the Organizational Order Rules of the Execution of Penalty of Deprivation of Liberty).⁶

Therapeutic measures have been included in activities aiming at positive social reintegration of convicts with psychosocial functioning disorders (Art. 67 § 3 of the Executive Penal Code). Measures of this type are utilized within an individual therapeutic program which specifies, above all, the types and forms of specialized treatment, especially psychological, medical, and rehabilitative. Periodical estimation of implementation of the individual program is conducted in the therapeutic system. After the completion of the program, the inmate is transferred to yet another system – programmed or regular one (Art. 76 § 1 of the Executive Penal Code).

The execution of penalty in the therapeutic system is utilized upon the consent of the convict (Art. 96 § 3 and Art. 117 of the Executive Penal Code). The

⁴ *Yearly Statistical Information for the Year of 2018*, www.sw.gov.pl/strona/statystyka [accessed: 20.06.2019].

⁵ *Ibid.*

⁶ Minister of Justice Regulation of 21 December 2016 on organizational order rules of sentence of the execution of penalty of deprivation of liberty, *Journal of Laws*, item 2231.

exceptions to this rule are set forth in Art. 117 of the Executive Penal Code. If an addicted person or a person suffering from paraphilia who committed a sexual crime does not agree for treatment, then the utilization of a therapy or rehabilitation is ordered by a correctional court. Further duties of a person addicted to psychoactive substances are set forth in of *The Organizational Order Rules of the Execution of Penalty of Deprivation of Liberty*. The obligations of a convict who has been ordered by a correctional court to undergo treatment or rehabilitation with respect to their addiction include (§ 51 para. 1): 1) providing information to the persons supervising treatment or rehabilitation, concerning health condition, past illnesses and traumata, and upbringing conditions; 2) participation in individual and group sessions organized in a therapeutic facility 3) conducting other prescribed activities which are required for the sake of treatment and rehabilitation.

The first step in constructing an individual program of therapy shall be proper diagnosis, the aim of which is the identification of health disorders, followed by a proper segregation of convicts – referral to a therapeutic facility or placement outside of such institute, and, finally – treatment selected for suffered disorders, which aim at regaining psychophysical balance and positive social reintegration [Nawój–Śleszyński 2016, 11–12; Niewiadomska 2007, 149–50].

The results of diagnosis shall, on the one hand, provide grounds for the development of patient's specific skills, and, on the other hand, for the shaping of corrective sessions. Various methods of individual and group work can be utilized in programmed treatment – for instance, therapeutic society, family counseling, occupational therapy, art therapy, psychoeducation, confrontation, structured interview, social modeling, cognitive treatment (e.g. autoanalysis of personal thinking and conduct schemes), skills exercises, psychodrama, and individual exercises [Morawska and Morawski 2016, 91–116; Kosterkiewicz and Kościelski 2006, 213–23].

An important aspect of individual therapeutic program utilization is convict's participation in group psychotherapy. This is due to the fact that the basis of therapeutic group treatment is the concentration on relations between the meeting participants. The analysis of the relations provides the insight into motivation and into character of individual's conduct in interpersonal relations [Yalom 1995, 38]. Working on certain problems in interpersonal contacts may significantly enhance the increase of behavior adaptation. Another important factor in group therapeutic treatment is providing hope. It is an extraordinarily important factor in case of persons placed in prisons where negative emotions, passiveness, and apathy prevail. In such situation, gaining hope increases the possibility of the effectiveness of other correctional treatments as well [Kołodziej 2017, 87–102]. Sharing of experiences of persons participating in therapeutic sessions is yet another important psychocorrectional

factor. Sharing one's own problems facilitates the sense of relief, the process of trust-creation, and opening to another man. During group work with other inmates, working on problems pertaining to self-esteem, shame, guilt and/or, harm, which most convicts face, is of great importance. Group therapy also facilitates social skills development, since participants can learn interpersonal competences based on observations of behavior of other convicts. Group psychotherapy also aims to work on emotional problems. Realizing one's own emotions – especially negative ones – occurs as a result of positive and negative reinforcements from other meeting participants. Owing to this, a person gains greater awareness of own emotional reactions and learns to express intense emotions in such a way so as not to pose a threat to others. The analysis of existential factors connected with the recognition of most important life truths – of the beauty of life, of the inevitability of suffering and death, of existence of other people, of facing problems concerning life and death, of responsibility for own life – is another important element of group therapy. Because of such sessions, a prisoner has a greater chance to find their place in the world, both in prison environment and outside of prison [Morgan and Winterowd 2002, 469–71].

The character of the functioning of inmates with psychosocial disorders requires the creation of standards of selecting specialized correctional treatment in such a way that they match the needs of the group [Perez, Leifman, and Estrada 2003, 62–78]. For instance, in the British correctional system, a new aid program, *Care Program Approach* – CPA, which includes norms of inmates' mental-health protection as indicated by the National Health Service, can be indicated. The program has two basic aims. The first aim is to introduce standards of care for persons suffering from health disorders in penal institutions, and the second aim is to prepare this kind of convicts to independent functioning after release from prison. According to CPA, the canon of conduct with respect to inmates with mental-health disorders includes [Pyszora and Telfer 2003, 173–74]: 1) therapeutic diagnosis – establishment of convict's mental problems; 2) gathering of documentation pertaining to previous conflicts with penal law and evaluation of current risk in this respect; 3) identification of therapeutic needs, 4) specialized help planning; 5) integration of correctional and post-correctional therapies; 6) coordination of specialized post-correctional aid.

Polish correctional system is of similar standards, since the scope of duties of a therapist includes, among others, [Linowski and Nowicka 2004, 114]: 1) initializing primary contact with a patient and providing information pertaining to the rules and to the way of program implementation; 2) gathering information on the patient and conducting a diagnostic analysis to determine the aims of the treatment; 3) establishing an individual therapy plan; 4) supervising the course of treatment; 5) record-keeping of the course of treatment

of specific patients; 6) leading therapeutic groups, educational sessions, individual consultations, and providing psychological help; 7) establishing and implementing treatment procedures – properly selecting therapeutic methods and technics to be used; 8) including patients' families in the recovery process; 9) taking care of the charges after their release from the facility; 10) cooperating with non-detention entities working with patients participating in the therapy.

Introduction of aid standards for inmates with mental-health disorders is of the utmost importance for positive reintegration of inmates, due to a number of factors. First, this is due to the fact that correcting imperfect personality traits occurs in unfavorable environment. The desired changes with this respect require interaction with non-detention environment. The schemes of behavior shaped in correctional environment are hardly transferred to non-detention environment which is characterized by different social and situational context. The second very important limitation of the effectiveness of therapeutic treatment in persons with mental problems is often the lack of the sense of responsibility for both own behavior and for the changes occurring in the process of imperfect personality traits correction [Fitzpatrick 2001, 94]. Based on the above reasons, the accuracy and versatility of specialized treatment during penalty execution, as well as its continuation in non-detention environment, increase the probability of effectiveness of therapeutic treatment.

4. THE EFFECTIVENESS OF CORRECTIONAL THERAPEUTIC TREATMENT

Metaanalysis of the effectiveness of prison therapeutic programs indicate low rates of recidivism reduction [Dowden and Andrew 2000, 449; Dowden, Antonowicz, and Andrews 2003, 516–28]. The studies conducted allowed for the formulation of a number of conclusions pertaining to therapeutic success. The first one suggests that the measurements of the effectiveness of correctional treatment shall not to be directly related to recidivism factor, but to other criteria of improvement – such as changes in inmate's personality or improvement in their functioning after release from a penal institution [Ortmann 2000, 214–32]. Secondly, the effectiveness of the realized therapeutic programs is significantly higher in situations when the treatment is preceded by a proper selection of participants, properly conducted diagnosis, and proper selection of specialized treatment matching prisoners' needs [Dowden, Antonowicz, and Andrews 2003, 516–28]. Thirdly, therapeutic success is tightly connected with post-correctional care of the persons participating in prison therapeutic programs [Burdon, Messina, and Prendergast 2004, 61–80].

For instance, based on the evaluation of therapeutic treatment of addicted offenders, it can be indicated that both participation in prison forms of

addiction treatment therapy, as well as in non-detention programs significantly prevents returning to crime or considerably delays it [ibid., 76–78]. However, other researches indicate that lower rates of recidivism occur with respect to persons participating in prison addiction therapy, but only in comparison to prison control groups; whereas, the same rates of recidivism are significantly higher in comparison to convicts subject to protective supervision or post-correctional aid [Prendergast, Hall, Wexler, Melnick, and Cao 2004, 36–60].

Observations of functioning of persons who completed addiction therapy allowed to isolate factors which significantly facilitate recidivism prevention in this group. The most important of them is that the participants of therapeutic treatment consume less alcohol and remain sober more often [Róžański 1998, 461]. Important changes pertain also to the ways of facing difficult situations – therapy participants can better cope with life problems, thus they face less failures [Hepburn 2005, 237–59]. Furthermore, these persons have significantly improved interpersonal relations, especially marital and family relations, which lead to the extension of social support web. Also, skills training is of great importance for the effectiveness of addiction treatment – especially with respect to acquiring the competences pertaining to social problem solving and to establishing preventative plans for potentially difficult life situations [Burdon, Messina, and Prendergast 2004, 61–80; Róžański 1998, 462–63].

CONCLUSION

Summarizing the issues of psychological and legal aspects of therapy utilization with respect to inmates, it needs to be underlined that, on the one hand, the legislator provided the possibility of such treatment, but, on the other hand, that the treatment is of low effectiveness.

It is important to note here that ceasing to utilize correctional therapy – even with its low rates of effectiveness – means that the basis of the penalty of deprivation of liberty will be demoralizing “storing” of people suffering from health disorders during sentence execution and, after its completion, which will result in an increased risk of committing a crime again by the convicts [Kerley, Matthews, and Schulz 2005, 410–26]. The effectiveness of correctional therapy in inmates with mental-health disorders shall be facilitated by changes directed at elements such as [Pawela 2007, 203]: 1) diagnosis elaboration – especially in the sphere of current means and deficits, as well as needs aiming at social reintegration after release from a penal institution [Kempinen and Kurlychek 2003, 581–602; Jakubczyk and Wojnar 2012, 373–86; Dowden and Andrew 2000, 449]; 2) proper selection of therapy to match the needs of therapy participants [Kempinen and Kurlychek 2003, 586]; 3) modification of implemented measures to adjust to the changes occurring in patients’ functioning, as established based on periodical evaluation of the realization

of individual therapeutic programs [Machel 2003, 280]; 4) increasing of convicts' motivation to engage in the therapeutic process [Puszka 2005, 212].

The factors enumerated above indicate the need for individualization of therapeutic process. Unification of therapy directly results in the low rate of utilization of existing methods of therapeutic treatment and, indirectly – in its low effectiveness. Another problem to be solved is the instrumental motivation of inmates to participate in correctional programs resulting from enjoying better conditions of penalty execution, easier way of obtaining temporary releases, greater possibilities of gaining parole, or better treatment by prison personnel [Szymanowska 2003, 189]. The character of the motivation described above results in inmates conducting little activity with respect to the realization of individual therapeutic programs and in them being focused on enjoying the offers rather than on creating activities aiming at changing their own behavior.

Translated by Monika Marcula

REFERENCES

- Baltes, Paul. 1997. "On the incomplete architecture of human ontogeny: Selection, optimization and compensation as foundation of developmental theory." *American Psychologist* 52:366–80.
- Burdon, William, Nena Messina, and Michael Prendergast. 2004. "California Treatment Expansion Initiative: Aftercare Participation, Recidivism, and Predictors of Outcomes." *Prison Journal* 1:61–80.
- Dowden, Craig, and Donald Andrew. 2000. "Effective Correctional Treatment and Violent Reoffending: A Meta-analysis." *Canadian Journal of Criminology* 4:449–67.
- Dowden, Craig, Daniel Antonowicz, and Don Andrews. 2003. "Effectiveness of Relapse Prevention with Offenders: A Meta-Analysis." *International Journal of Offender Therapy and Comparative Criminology* 5:516–28.
- Fitzpatrick, Michael. 2001. *The Tyranny of Health*. London: Routledge.
- Gillespie, Wayne. 2005. "A Multilevel Model of Drug Abuse Inside Prison." *The Prison Journal* 2:236–40.
- Hepburn, John. 2005. "Recidivism Among Drug Offenders Following Exposure to Treatment." *Criminal Justice Policy Review* 2:237–59.
- Hołda, Zbigniew, and Kazimierz Postulski. 2005. *Kodeks karny wykonawczy. Komentarz*. Gdańsk: Arche.
- Hołyst, Brunon. 2017. *Kryminologia*. Warszawa: Wolters Kluwer Polska.
- Jakubczyk, Andrzej, and Marcin Wojnar. 2012. "Całkowita abstynencja czy redukcja szkód – różne strategie terapii uzależnienia od alkoholu w świetle badań i międzynarodowych zaleceń." *Psychiatria Polska* 3:373–86.
- Kalisz, Tomasz. 2000. "Cele wykonywania kary pozbawienia wolności." In *Nowa kodyfikacja prawa karnego*, ed. Leszek Bogunia, 217–29. Wrocław: Wydawnictwo Uniwersytetu Wrocławskiego.
- Kempinen, Cynthia, and Megan Kurlychek. 2003. "An Outcome Evaluation of Pennsylvania's Boot Camp: Does Rehabilitative Programming Within a Disciplinary Setting Reduce Recidivism?." *Crime & Delinquency* 4:581–602.

- Kerley, Kent, Tod Matthews, and Jeffrey Schulz. 2005. "Participation in Operation Starting Line, Experience of Negative Emotions and Incidence of Negative Behavior." *International Journal of Offender Therapy and Comparative Criminology* 4:410–26.
- Kołodziej, Łukasz. 2017. "Wybrane aspekty funkcjonowania wspólnoty Anonimowych Alkoholików przydatne w oddziaływaniach resocjalizacyjnych w zakładach karnych i aresztach śledczych." *Przegląd Więziennictwa Polskiego* 96:87–102.
- Konikowska–Kuczyńska, Justyna. 2015. *Wykonywanie kary pozbawienia wolności w systemie terapeutycznym wobec skazanych uzależnionych od środków odurzających lub substancji psychotropowych*. Warszawa: Wydawnictwo C.H. Beck.
- Kosterkiewicz, Włodzimierz, and Krzysztof Kościelski. 2006. "Prowadzenie oddziaływań terapeutycznych w stosunku do więźniów młodocianych (na przykładzie jednostek penitencjarnych okręgu poznańskiego)." *Zeszyty Naukowe Wyższej Szkoły Pedagogiki i Administracji w Poznaniu* 2:213–23.
- Linowski, Krzysztof, and Joanna Nowicka. 2004. *System terapeutyczny dla więźniów uzależnionych od alkoholu*. Ostrowiec Świętokrzyski: Stowarzyszenie na Rzecz Rozwoju Wyższej Szkoły Biznesu i Przedsiębiorczości.
- Machel, Henryk. 2003. *Więzienie jako instytucja karna i resocjalizacyjna*. Gdańsk: Wydawnictwo Arche.
- Maden, Tony. 2003. "The mental health of prisoners." *Advances in Psychiatric Treatment* 9:191–201.
- Millon, Theodore, and Roger Davis. 2005. *Zaburzenia osobowości we współczesnym świecie*. Warszawa: Instytut Psychologii Zdrowia, Polskie Towarzystwo Psychologiczne.
- Morawska, Ewa, and Jacek Morawski. 2016. "Psychoterapia wykluczonych społecznie. Źródła treningu zastępowania agresji (ART)." *Przegląd Więziennictwa Polskiego* 91:91–116.
- Morgan, Robert, and Carrie Winterowd. 2002. "Interpersonal Process–Oriented Group Psychotherapy With Offender Populations." *International Journal of Offender Therapy and Comparative Criminology* 4:466–82.
- Nawój-Śleszyński, Aldona. 2016. "Systemy wykonywania kary pozbawienia wolności i ich potencjał reedukacyjny." *Przegląd Więziennictwa Polskiego* 92:5–37.
- Niewiadomska, Iwona. 2007. *Osobowościowe uwarunkowania skuteczności kary pozbawienia wolności*. Lublin: Wydawnictwo KUL.
- Ortmann, Rudiger. 2000. "The Effectiveness of Social Therapy in Prison – A Randomized Experiment." *Crime & Delinquency* 2:214–32.
- Pawela, Stanisław. 2007. *Prawo karne wykonawcze. Zarys Wykładu*. Warszawa: Wolters Kluwer Polska.
- Perez, Alina, Steven Leifman, and Ana Estrada. 2003. "Reversing the Criminalization of Mental Illness." *Crime & Delinquency* 1:62–78.
- Prendergast, Michael, Elizabeth Hall, Harry Wexler, Gerald Melnick, and Yan Cao. 2004. "Amity Prison-Based Therapeutic Community: 5–Year Outcomes." *Prison Journal* 1:36–60.
- Puszka, Marian. 2005. "Oddziaływanie na skazanych przez kulturę a realizacja celów wykonywania kary pozbawienia wolności." In *Osobowość przestępcy a proces resocjalizacji*, ed. Jan Świtka, Małgorzata Kuć, and Iwona Niewiadomska, 203–13. Lublin: Towarzystwo Naukowe KUL.
- Pyszora, Natalie, and Julia Telfer. 2003. "Implementation of the Care Programme Approach in prison." *Psychiatric Bulletin* 27:173–74.
- Różański, Kazimierz. 1998. "Oddziaływanie resocjalizacyjne na alkoholików w warunkach zakładu karnego." In *Wina – Kara – Nadzieja – Przemiana*, ed. Jan Szałański, 458–63. Łódź–Warszawa–Kalisz: Centralny Ośrodek Szkolenia Służby Więziennej.
- Stańdo–Kawecka, Barbara. 2000. *Podstawy prawne resocjalizacji*. Kraków: Zakamycze.

- Stępiak, Piotr. 2004. "Kryzys resocjalizacji penitencjarnej a praca socjalna." *Przegląd Więziennictwa Polskiego* 44–45:29–41.
- Szczepaniak, Paweł. 2003. *Kara pozbawienia wolności a wychowanie*. Kalisz–Warszawa: *Katolickie Towarzystwo Przyjaciół Nauk*, Wydawnictwo Uniwersytetu Warszawskiego.
- Szymanowska, Aleksandra. 2003. *Więzienie i co dalej?* Warszawa: Wydawnictwo Akademickie „Żak”.
- Taylor, Pamela, and John Gunn. 1999. "Homicides by people with severe mental illness: myth and reality." *British Journal of Psychiatry* 174:9–14.
- Wolska, Anna. 1997. "Mechanizm agresji zabójców." *Czasopismo Psychologiczne* 3:195–200.
- Yalom, Irvin. 1995. *The theory and practice of group psychotherapy*. New York: Basic Books.
- Żywucka–Kozłowska, Elżbieta. 2017. "Wykonywanie kary pozbawienia wolności w systemie terapeutycznym." *Kortowski Przegląd Prawniczy* 4:78–83.

PSYCHOLOGICZNO–PRAWNE ASPEKTY ODDZIAŁYWAŃ TERAPEUTYCZNYCH W POLSKIM SYSTEMIE PENITENCJARNYM

Streszczenie. Artykuł ma na celu ukazanie znaczenia terapii w polskim systemie penitencjarnym dla pozytywnej readaptacji społecznej osób odbywających karę pozbawienia wolności. Praca składa się z 4 części. W pierwszej z nich przedstawiono uzasadnienie stosowania terapii wobec więźniów. W części drugiej zaprezentowano cele wykonywania kary pozbawienia wolności wobec osadzonych, w tym również wobec skazanych, którzy doświadczają zaburzeń zdrowotnych. Trzecia część artykułu zawiera charakterystykę terapeutycznego systemu odbywania kary ze szczególnym uwzględnieniem standardów, jakimi należy się kierować w działaniach obejmujących terapię penitencjarną. W ostatniej części opracowania zawarto informacje odnoszące się do skuteczności działań terapeutycznych w stosunku do osób odbywających sankcje izolacyjne.

Słowa kluczowe: prawo karne wykonawcze, zaburzenia zdrowotne osadzonych, terapia więźniów, terapia penitencjarna, terapeutyczny system odbywania kary, skuteczność terapii penitencjarnej

Informacje o Autorze: Dr hab. Iwona Niewiadomska, prof. KUL – Katedra Psychoprofilaktyki Społecznej, Wydział Nauk Społecznych Katolickiego Uniwersytetu Lubelskiego Jana Pawła II; e-mail: iwona.niewiadomska@kul.pl; <https://orcid.org/0000-0002-0244-2748>