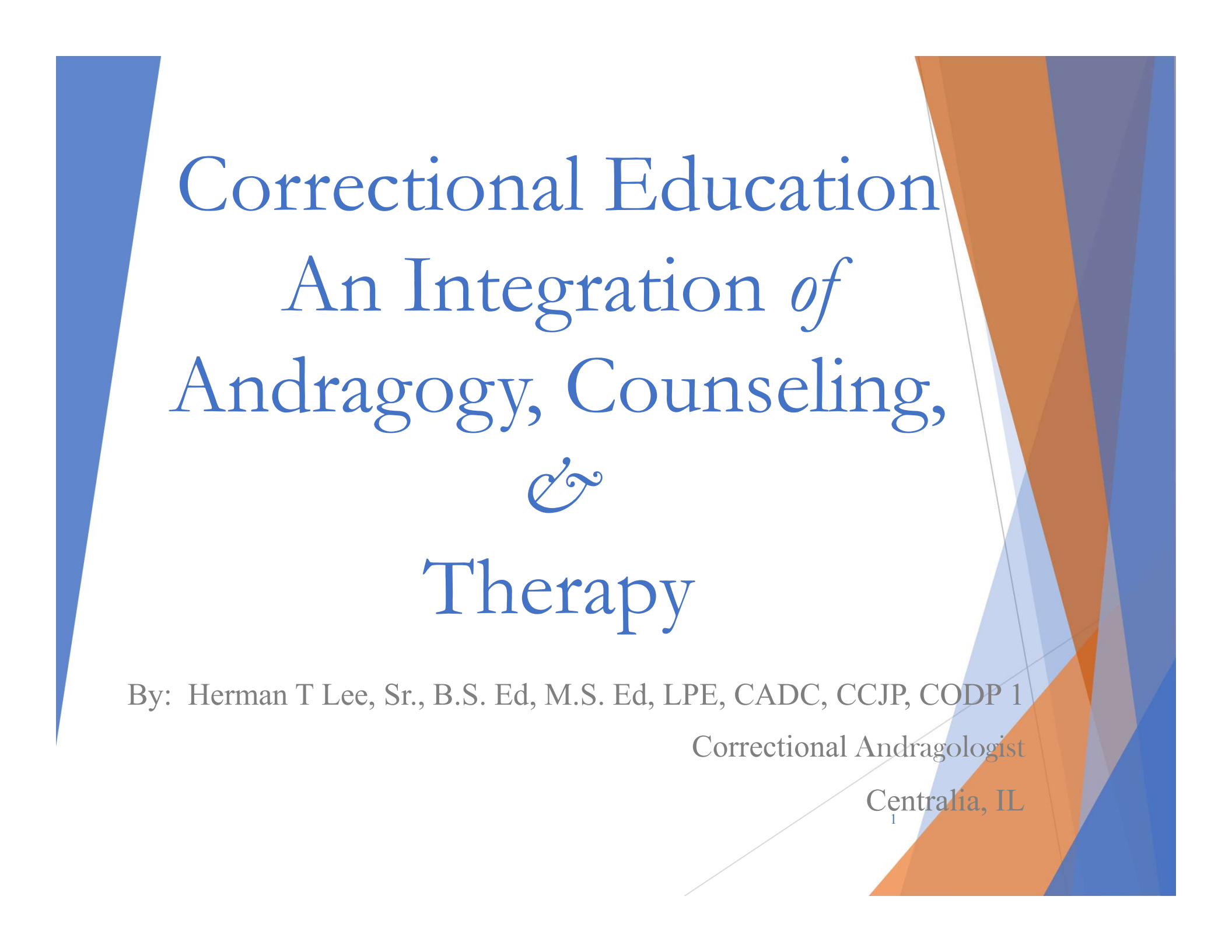




Correctional Education An Integration *of* Andragogy, Counseling, & Therapy

By: Herman T Lee, Sr., B.S. Ed, M.S. Ed, LPE, CADC, CCJP, CODP 1

Correctional Andragologist

Centralia, IL
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He who opens a School Door
Closes a Prison

~Victor Hugo 1802-1885

To Educate a Man in Mind
and Not in Morales is to
Educate a Menace

~Theodore Roosevelt 1858-1919

Description of Presentation

This presentation is designed to help
ERADICATE subtle, implicit and personal
cultural bias, &

PROVIDE the criminal justice practitioner
with the **KNOWLEDGE** and **CONFIDENCE**

necessary to ASSERT THEIR INFLUENCE IN ORDER
TO HELP the adult and young adult offender

EFFECTIVELY CHANGE OR MANAGE
HIS OR HER **THINKING &**
BEHAVIORAL PROBLEM by:

- ❧ Adapting and using Andragogy vs. Pedagogy an Evidence Based approach for teaching adult and young adult learners within the criminal justice system
- ❧ Using an integrative approach of Teaching, Counseling and Therapy to promote a successful reentry into society and reducing offender recidivism
- ❧ Identifying and having an understanding of student's behavioral and learning disorders
- ❧ Teaching and promoting a positive lifestyle change

Goal of a Correctional Educator

1. Evaluate and promote the rehabilitation of students with behavioral, psychological, and emotional problems
2. Integrate literacy, life skills, and cognitive-behavioral intervention to this population embracing criminal and addictive thinking
3. Identify and de-escalate potential, disruptive classroom problems in order to maintain control within their program.
4. Work at understanding the combative and resistant student while developing better and unbiased communication skills

Always ACT (Not React) to an offender's disruptive or problematic behavior.

Clearly Define your Objectives

As a Correctional Andragogist (adult educator) the objective of your program should be clearly defined and understood by the student



Criminal Justice System Student

Is a person who has been mandated to or has enrolled in an academic, vocational, continuing education or life skills program and is now under the supervision, guidance and instruction of a **LICENSED or CERTIFIED ADULT CORRECTIONAL EDUCATOR.**



CRIME SCENE DO NOT CROSS

But upon reentry into society, offenders are faced with the following

3 Strikes

STRIKE 1

Little education and low literacy levels

STRIKE 2

Employers want individuals who have steady successful work experience, even for low level jobs

STRIKE 3

Many lack sufficient life skills coupled with mental health issues, co-occurring disorders, alcohol, amphetamine or opioid abuse.



“One million dollars spent on correctional education prevents about 600 crimes, while that same money invested in incarceration prevents 350 crimes. Correctional Education is almost twice as cost-effective as crime control policy”

~ The UCLA School of Public Policy and Social Research, 2004

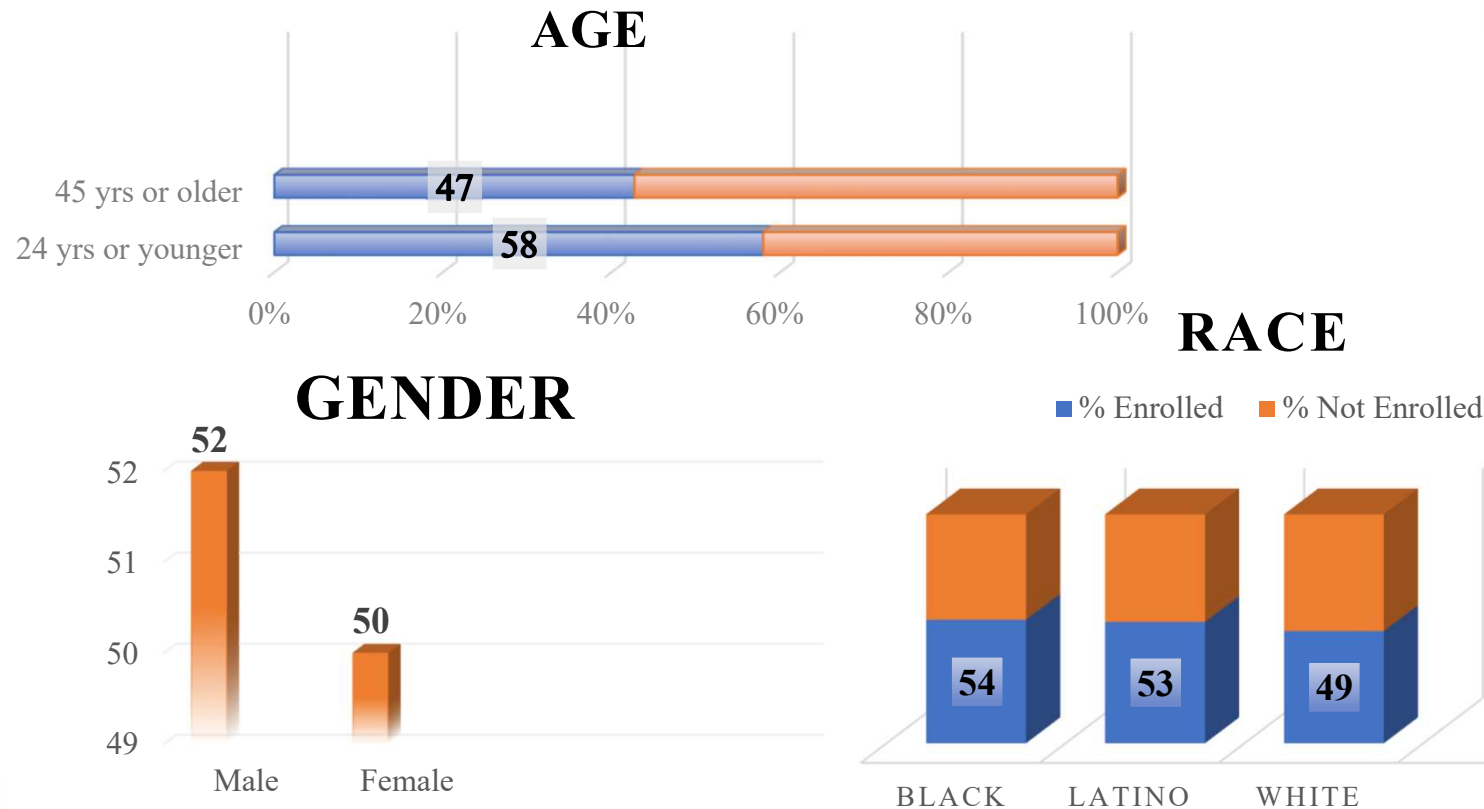
Is Correctional Education Cost Effective? YES

“Correctional Education programs provide incarcerated individuals with the skill and knowledge essential to their futures and investing in these education programs helps released prisoners get back on their feet and stay on their feet – when they return to communities across the country”

~ Former US Secretary of Education Arne Duncan, 2007

Bureau of Justice Statistics *Special Report on*

Offenders participating in **EDUCATIONAL PROGRAMS** were:

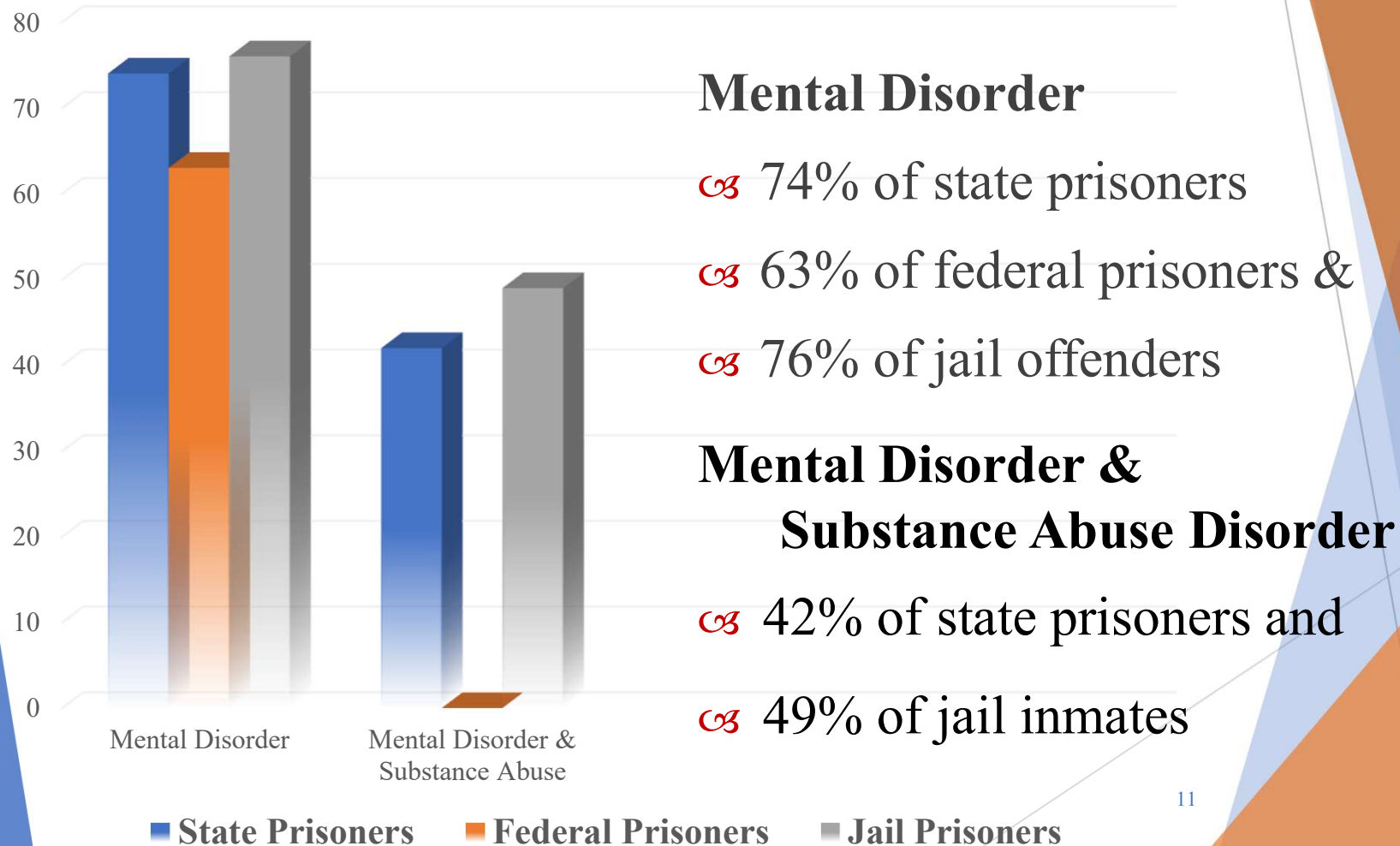


Former U.S. Attorney General Eric Holder & Secretary of Education Arne Duncan stated. Approximately 700,000 offenders leave federal and state prisons on average. Those offenders participated in correctional education programs lowered the odds of returning to prison by 43% versus those that did not participate¹⁹ in any programs

MENTAL DISORDERS

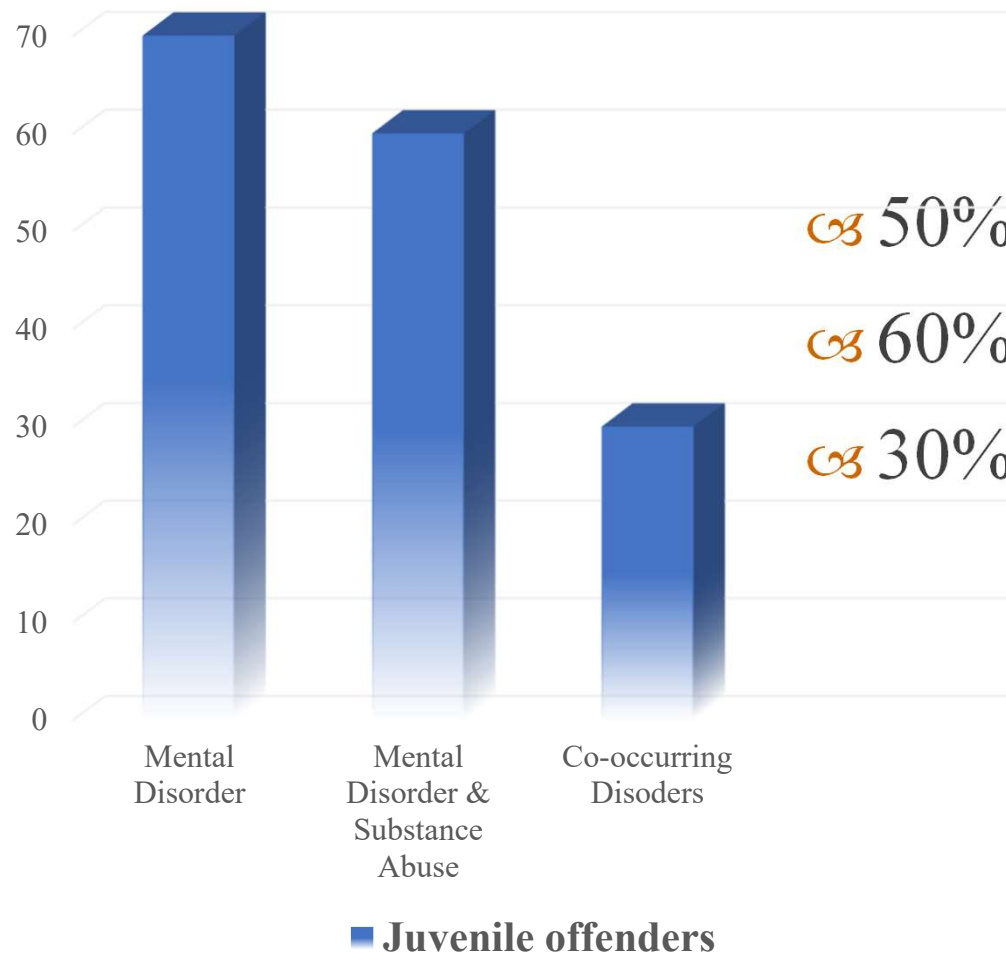
The 2006 Bureau of Justice Statistics Report states that approximately:

Adults Who Met The Criteria



Their studies also found:

JUVENILES WHO MET THE CRITERIA



- ✧ 50% to 70% mental disorder
- ✧ 60% substance abuse disorder
- ✧ 30% co-occurring disorders

The offenders enrolled in correctional educational programs often struggle with

PTSD

(Post Traumatic Stress Disorder)

or

Co-Occurring Disorders.

Co-Occurring Disorders Individuals:

Usually experience 2 or more disorders relating to the use of alcohol and or other drugs of abuse as well as mental and behavioral disorders

DSM-5

Diagnostic Statistical Manual

Manual published by the

American Psychiatric Association

A system of classification which divides recognized mental disorders into clearly defined categories based on sets of objective criteria

Disruptive/Impulsive-Control Behaviors

(ADHD) Attention Deficit Hyperactive Disorder

(ND-PAE) Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (FASD - Fetal Alcohol Spectrum Disorder)

(ODD) Oppositional Defiant Disorder

(CD) Conduct Disorder

Attention Deficit Hyperactive Disorder (*ADHD*) Neurobehavioral Disorder Associated w/ Prenatal Alcohol Exposure (*ND-PAE*)

Hyperactivity-Impulsivity

- ☞ Often fidgets with or taps things
- ☞ Has problem staying seated
- ☞ Impatient
 - ☞ Has trouble waiting his or her turn
- ☞ Blurts out answers
- ☞ Interrupts
- ☞ Intrudes
- ☞ Talks excessively

Inattention

- ☞ Easily distracted
- ☞ Difficulty sustaining attention
- ☞ Often forgetful
- ☞ Often loses things
 - ☞ Homework
 - ☞ Pencil etc

Oppositional Defiant Disorder (ODD)

❧ Angry / irritable mood

- ❧ Often loses temper
- ❧ Is often easily annoyed
- ❧ Is often angry, resentful and disruptive

❧ Argumentative / defiant behavior

- ❧ Often argues with authority figures
- ❧ Often actively defies or refuses to comply with authority figures or with rules
- ❧ Often deliberately annoys others
- ❧ Often blames others for his or her mistakes or misbehavior

❧ Vindictiveness

- ❧ Has been spiteful or vindictive at least twice within the past 6 months



- ☞ Often bullies
- ☞ Often initiates physical fights
- ☞ Enjoys “coning” others
- ☞ Enjoys thievery

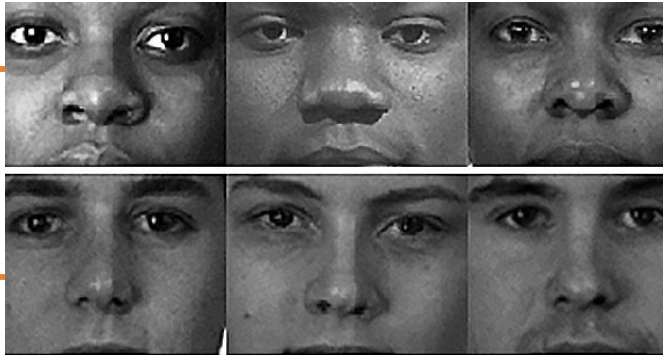
Conduct Disorder
(CD)

Identifying

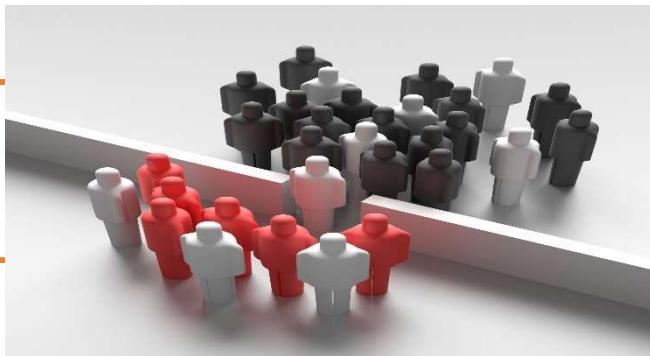
Additional Disruptive Attitudes & Behaviors

of many Correctional Educational Students

- ✧ Make excuses rather than take responsibility
- ✧ Speak negatively about others
- ✧ Steal from others and (from you)
- ✧ Gossip about others
- ✧ Appear self-centered
- ✧ Brag about him or herself
- ✧ Exhibit a temper and express anger
- ✧ Express intolerance of others
- ✧ Lack initiative and self-motivation (low self-esteem)
- ✧ Lack dependability and trustworthiness
- ✧ Exhibit negative attitudes and character
- ✧ Rude, disrespectful and inconsiderate
- ✧ Unwilling to listen and learn or change behavior
- ✧ Lack energy and enthusiasm (except for sports)
- ✧ Lack clear focus
- ✧ Lack clear goals and sense of purpose
- ✧ Lack flexibility
- ✧ Appear lazy
- ✧ Inconsiderate, and insensitive
- ✧ Project a negative image
- ✧ Lack reasonable interpersonal communication skills
- ✧ Petulance



*LACK of Understanding, Knowledge, & of
Cultural Diversity
will CREATE **SUBTLE & IMPLICIT**
unwarranted BIAS for these students*



Many correctional education
students have encountered
Psychological or emotionally induced
traumatic lifestyles

Between 1995 & 1997 a study known as
Adverse Childhood experiences (ACE) was
conducted by the Kaiser Permanente and Center for
Disease and prevention, an American health
maintenance organization. The study describes a
traumatic experience in a person's life occurring
before the age of 18 is remembered as an adult and
these experiences have a tremendous impact on
probable future violence and victimization.

Their experiences may have included:

- ❧ Being raised within a verbal
- ❧ Dysfunctional or
- ❧ Physical abusive family
- ❧ Domestic violence
- ❧ Possible child abuse
 - ❧ Molestation
 - ❧ Incest
 - ❧ Rape or
 - ❧ Prostitution
- ❧ Having anxiety or depression (social &/or emotional)
- ❧ Living in high crime and impoverished neighborhoods
- ❧ Forced gang affiliation
- ❧ Becoming involved in illegal activities (stealing or selling drugs; as young as 7-8yrs old)
- ❧ Drug Addiction: alcohol, prescription medication (legal and illegal use of: amphetamines and opioids)
- ❧ Living homeless or in a shelter
- ❧ Fear of being a victim of a violent act (stabbed, severely beaten, shot, imprisoned again, or murdered)

Educator's

1. Bring about some new and desired change in a student's behavior and developmental learning skills
2. Design and carry out the instructional experience so that students can gain new academic and behavioral (life) skills, practice them if necessary and learn when to use them in an applied situation



Counseling

1. Amounts to guiding a student towards the understanding of life and its challenges.
2. Counseling also helps a student to regain his or her lost confidence (self-esteem)

An integrative process towards reentry into society through Correctional Education

Teaching, Counseling, & Therapy²²



Dr. Irvin David Yalom

Integrating Classroom Therapy through
Dr. Yalom's approach to Treatment

Therapy

- ☞ Assures individuals that they are not alone and that other individuals share similar problems and struggles
- ☞ Helps an individual to regain control of his or her lost health, such as Life Style or behavioral changes

Therapy Influences Behavioral Change within the Classroom

Therapy offers an opportunity for a student to both receive support from other students and give support to their peers; that in turn is a part of bonding and allows for positive and productive growth while learning



*Provides broad **SAFETY NET FOR HESITANT STUDENTS** to discuss their feelings and overcome fear of being perceived as weak.*

It helps students develop:

- ⌘ Communication skills
- ⌘ Socialization skills
- ⌘ Allows students to learn how to express their issues
- ⌘ Accept criticism from others



CLASSROOM THERAPY

Allows **development of self-awareness through listening** to others with similar issues and sharing one's experiences has proven to be therapeutic

Students can **model the successful behaviors** of other students

Students **learn by copying or imitating** the actions of their peers

Andragogy vs Pedagogy

In 1980, Dr. Malcolm Knowles theorized the term
Andragogy

He distinguished **Andragogy** (the art and science of
helping adults learn) from **Pedagogy** (the art and
science of **helping children** learn)

He uses a psychological definition of adult which
states that people become adults psychologically
when they arrive at self-concept of being
responsible for their lives and of becoming self-
directed

The Origin of Pedagogy: A Teacher-Directed Method of Instruction

- didactic approach originally developed in the monastic schools of Europe in the Middle Ages. Boys went to monasteries and taught by Monks.
- Places student in a submissive role requiring obedience of the teacher's instructions
- Based on the assumption that learners need to know only what the teacher teaches them
- Approach creates a teaching and learning situation that promotes dependency on instructor

By adapting and using **Dr. Knowles Theory**,
the Adult Educator needs to know and understand these

6 Assumptions

1. Self-concept
2. Experience
3. Readiness to learn depends on needs
4. Problem Centered Focus
5. Internal motivation
6. Adults need to know why they need to know something

Andragogy is a Better Method & Practice of Teaching the Adult Learner

Andragogy is a more effective approach of teaching than
Pedagogy within the Criminal Justice System

1 - Self Concept

Becoming more **self-directed and independent**
as he or she matures

Directs learning goals with the **guidance** of their
instructor

Important for instructor to **facilitate** the process of
goal-setting

Students need to be given the **freedom to assume
responsibility** for their own choices.



2 - Experience

Adults have a wealth of **life experiences** that is **brought into new learning experiences**

Some experiences though may cause misinformation or biases related to the new learning and **must be clarified to avoid barriers to the new learning.**

Educators **encourage learners to connect their past experiences with their current knowledge-base** and activities

Educators need to be well-versed in how to **help students draw out relevant past knowledge and experiences**

Educators must know how to **relate the sum of learners' experiences to current learning experiences.**

3 - Readiness to learn depends on need

Whether or not an adult is ready to learn depends on **what they need to know** in order to deal with life situations for changing their thinking and behavior

Motivation to learn is increased when the **relevance of the “lesson” through real-life situations is clear**, particularly in relation to the specific concerns of the learner

Adult learning is characterized as **goal-oriented and intended learning outcomes** that should be clearly identified

Align the learning activities with these objectives to be fulfilled within a certain period of time.

4 - Problem Centered Focus

Adults need to **see the immediate application** of learning

They **seek learning opportunities** that will enable them to solve problems

Best learning method is by **relating the assigned tasks to their own learning goals**

Activities must clearly and **directly contribute to achieving their personal learning objective**

Then they will be inspired and motivated to engage in projects and successfully complete them

5 - Internal Motivation

Adults will **seek learning opportunities** due to some external motivators

Educators need to **identify appropriate ways to convert theoretical learning to practical activities** and facilitated when appropriate ways of implementing theoretical knowledge in real life situations are made clear.

6 - Adults need to know why they need to learn something

Adults need to know what's in it for them. How will this new knowledge solve a problem or be immediately applied?

They also thrive in collaborative relationships with their instructors

When learners are considered by their instructors as equals, then they become more productive.

When their contributions are acknowledged, then they are willing to put forth their best work and begin to change their thinking and behavior



In the mid-1950's clinical psychologist
Dr. Albert Ellis introduced Rational Emotive Therapy (REBT);
and, in the 1960's psychiatrist
Aaron Beck introduced Cognitive Behavioral Therapy (CBT)

These two concepts formed the basis that:

*Thoughts control feelings;
Feelings DO NOT control thoughts*

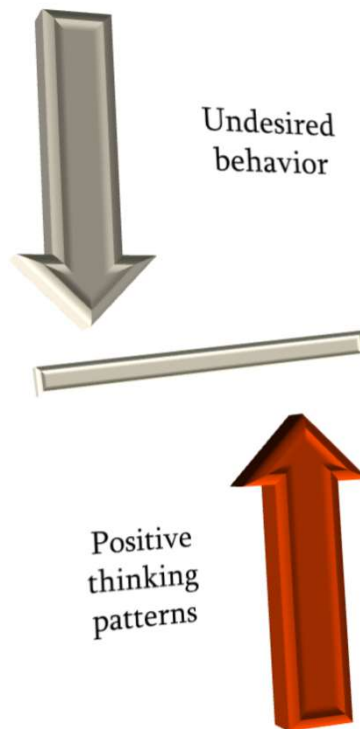
&

*Human Emotions or Behaviors
Are the results of what people think*



Understanding Cognitive Behavioral Therapy (CBT)

The primary focus of CBT (Cognitive-Behavioral Therapy) is to suggest changes in a student's thinking that will lead to changes in his or her behavior and emotional state.



A Thinking Report encourages the development of specific goals that are measurable. It also encourages the student to base their thinking on the **FACTS (EVIDENCE BASED)**.

Requires:

- ❖ Work (writing assignments)
- ❖ Attention (listening)
- ❖ Engagement (group interaction)
- ❖ Recognizing that cognitive change is self-change
- ❖ Self change comes when your student's thinking prohibits them from misbehaving

7 Main Parts of a Thinking Report

A **THINKING REPORT** is a way for the students to practice thinking about their thinking

- Event
- Thoughts
- Feelings
- Behavior
- Core-Beliefs
- Alternative Thoughts
- Alternative Behaviors



GENESIS 4:2-9

Abel kept flocks, and Cain worked the soil. Cain brought some of the fruits of the soil as an offering to the Lord. Abel brought fat portions from some of the male, firstborn of his flock. The Lord looked with favor on Abel and his offering, but on Cain's offering the Lord did not look with favor.

Event

- Cain lured his brother Abel into the field with the intent of doing him harm.



Thoughts

- Cain thought his brother Abel deliberately tried to out-do him with his offering to the Lord.



Feelings

- Cain was disappointed and very upset with his brother Abel. Cain felt angry and humiliated.

Behavior

- Cain attacked his brother Abel and killed him



Core Beliefs

- Cain believed his offering was sufficient. He felt he should have been treated equal to his brother. He believed he was justified in taking his brother's life.



Alternative thoughts

- Cain should have acknowledged his brother Abel's reward favorably.



Alternative behavior

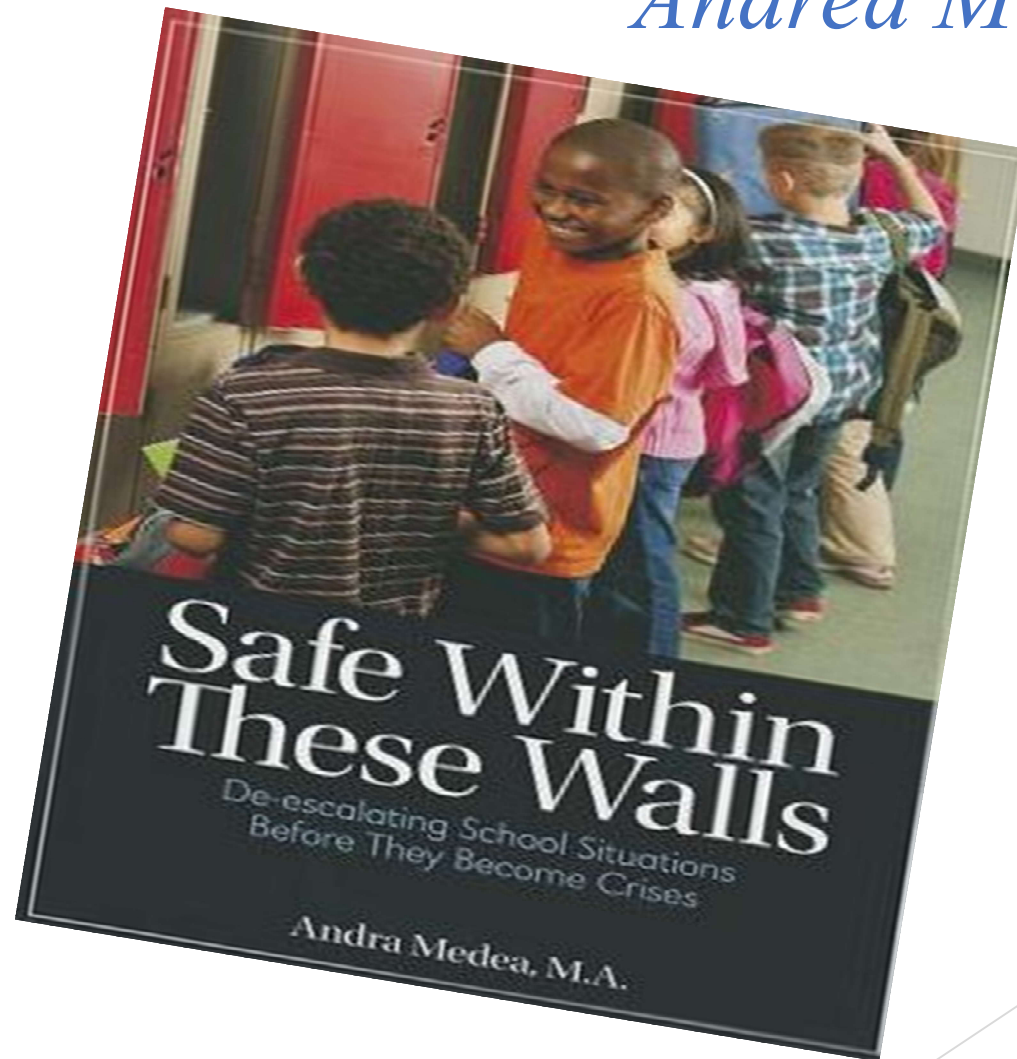
- Cain could have approached his brother Abel with love and affection. He also could have asked for advise regarding his unfavorable offering to the Lord.



GENESIS
4:2-9

"Safe Within These Walls"

Andrea Medea, M.A.



Andrea Medea outlines in her book that Adrenaline Overload (FLOODING) disrupts that part of the brain (Frontal Lobe) that takes in new information which is essentially disconnected. She stated that there are 5 levels of de-escalating students who are suffering from high Adrenaline or Flooding

ANGRY STUDENTS
DON'T LISTEN

We can lead the student
down the scale by keeping
ourselves CALM.

It is imperative to understand the impact of our actions upon the student.
*We can either **HELP** or **HINDER** the positive outcome of the situation.*

De-escalating a Disruptive Student

De-escalating a Disruptive Student

THINGS TO DO

Level	Student	Teacher
1	Calm	Supportive
	Target stage on the scale Student functions best and listens	Teachers tend to be more supportive at this stage

Level	Student	Teacher
2	Anxiety (ADHD/ND-PAE)	Empathy
	• Fight to flight mode • When in flight mode, feels threatened or trapped • Student wants safety • Uses words like “I” & “me” • I hate you! • Leave me alone!	✓ Should display empathy ✓ Take a step backward ✓ Give room to breath

De-escalating a Disruptive Student

THINGS TO DO *CONT'D*

Level	Student	Teacher
3	Anger (Oppositional Defiant Disorder)	Anxiety
	• Shift from flight to fight • Loud and often rude • Burning through adrenaline • Uses word “you” • You teacher! • Like you care! • You can go to hell!	✓ Acknowledge own anxiety ✓ Take control of own actions ✓ Keep yourself calm ✓ Keep voice authoritatively firm low and kind ✓ Deliberately step down

De-escalating a Disruptive Student

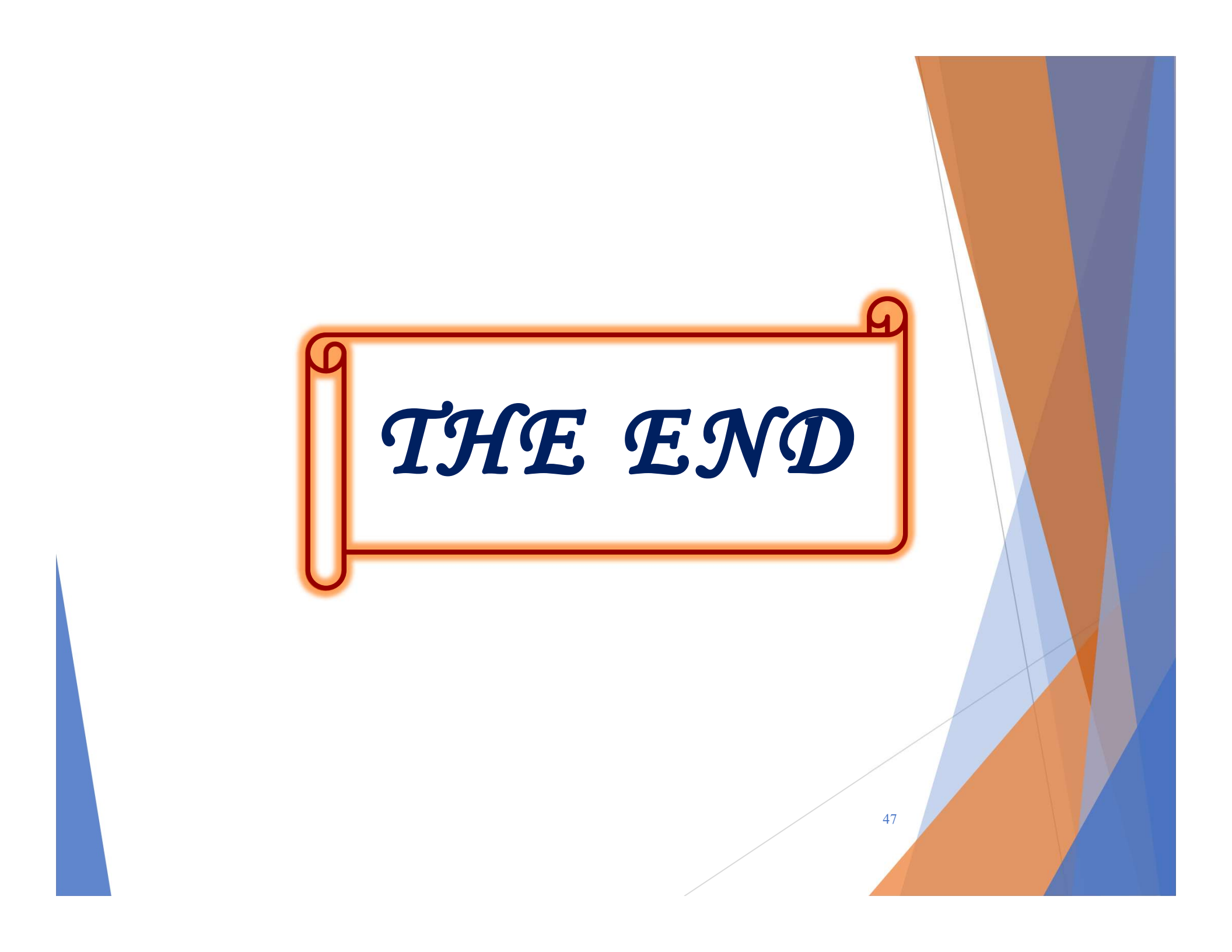
THINGS TO DO *CONT'D*

Level	Student	Teacher
4	Hostility (Oppositional Defiant Disorder)	Fear
	• Moving toward violence • Directed threats • Word “You” is more precise and focused on direct target	✓ Authoritative body language ✓ Stern eye contact is essential ✓ Maintain comfortable distance ✓ Keep voice authoritatively firm & low ✓ Keep your hands and arms in front of you ✓ Separate & Isolate others to secure their safety ✓ Move into position of safety. ✓ Contact authorities

Level	Student	Teacher
5	Violence (Conduct Disorder)	Anger/Fear
	Possess a genuine threat to harm another Flooding is the final stage	✓ Increase distance as needed to maintain safety ✓ Allow authorities to take control



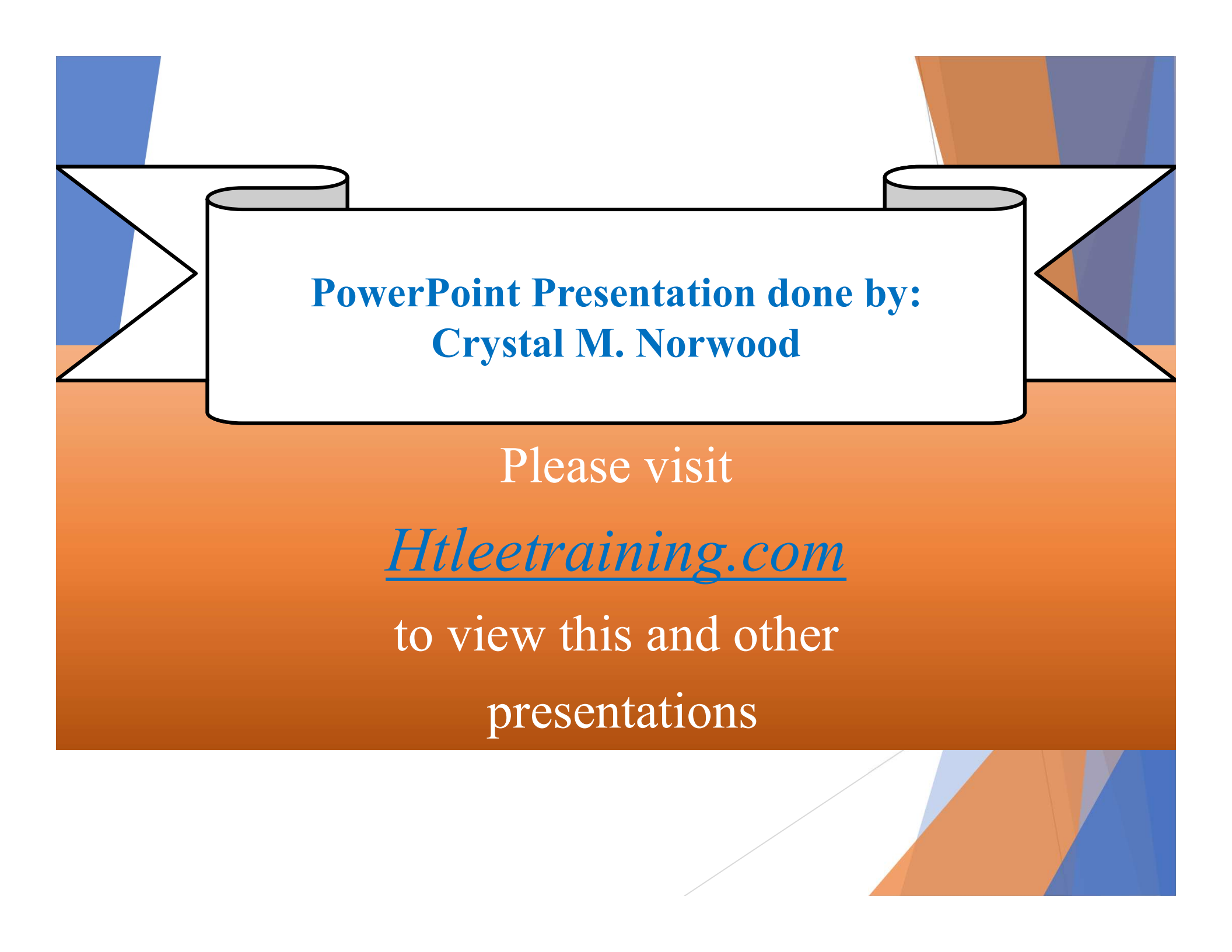
ACT!
DO NOT REACT
to an offender's disruptive or
problematic behavior.

The background features abstract geometric shapes in shades of blue and orange. A large, complex shape on the right side is composed of several overlapping triangles and quadrilaterals in these colors. A smaller blue triangle is located on the left side. The text 'THE END' is centered within a decorative orange border that has a scroll-like appearance at its corners.

THE END

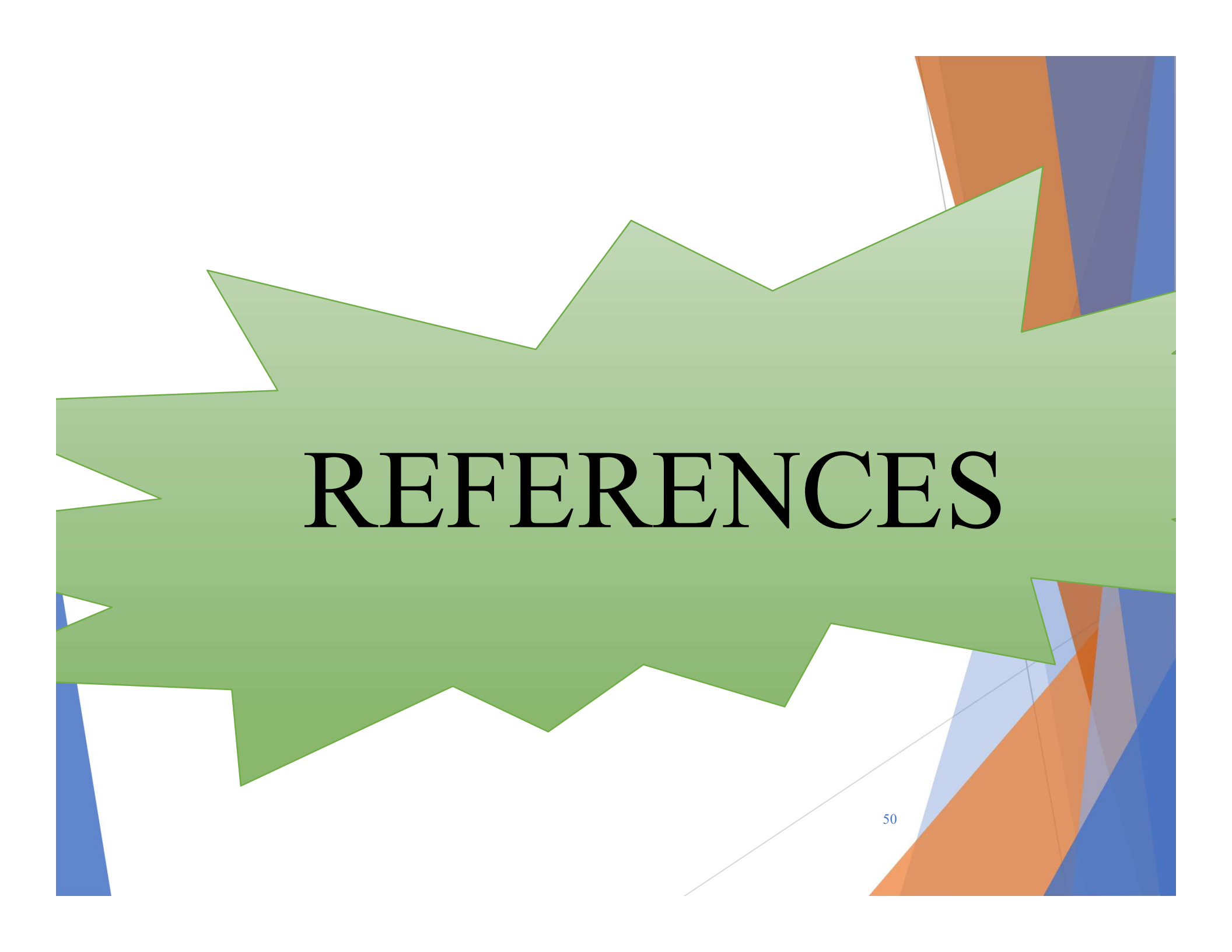
Biographical H.T. Lee, Sr.

Mr. Lee was a Correctional Andragogist (adult educator) with over 4.5 decades of experience within the Illinois Department of Corrections School where he has taught ABE, ESOL, GED and Life Skills (Substance Abuse and Reentry) classes. In 1982 he authored a 148-page manuscript titled, A Handbook for Teaching Adult Basic Education in the Department of Corrections. This process manual became correctional school district 428's Adult Basic Education Language Arts Curriculum. Mr. Lee has also had the opportunity to teach at community colleges and the university level. Mr. Lee has been presenting papers at regional, national, and international educational conferences for more than 3 decades. In 1983 he was recognized as the Illinois Region III Correctional Education Association Teacher of the Year. As an Addiction Counselor, Mr. Lee provided individual, and group, therapy at a Comprehensive Mental Health Center. He is an appointed member of the Illinois Advisory Council on Alcoholism and Other Drug Dependency. Mr. Lee is a Licensed Professional Educator with a B.S. Ed. (K-12), and an M.S.Ed. (Educational Administration). Mr. Lee is a Certified Alcohol and Other Drugs of Abuse Counselor, Certified Criminal Justice Professional, and Certified Co-Occurring Substance Use and Mental Health Disorder Professional I.



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THE END