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**The chances of rising from the ashes: Do
rehabilitation programs in Portugal allow it?
Assessing facilitators' perceptions regarding the
Portuguese prison-based rehabilitation programs**

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Abstract

Rehabilitation of offenders is a complex process, whose promotion is the prison system responsibility. In Portugal, the General Directorate of Reintegration and Prison Services of the Portuguese Ministry of Justice foreseen certain programs that aim to encourage rehabilitation during the prison sentence. **Objective:** This research aims to assess the perception of effectiveness of these programs among their facilitators, considering their professional experiences and knowledge on the field. **Method:** This is a cross-sectional and exploratory study on a sample of 45 Superior Technicians of Reeducation out of 231 active employees that are eligible to deliver at least one program. It used a mixed-method, with both quantitative and qualitative analyses. The measures include 1 questionnaire per program, on a total of 14 constructed by the author (the Cronbach's alpha range from 0,678 to 1,00). **Results:** Was statistically analyzed the perception of the facilitators' concerning 8 programs, since the remaining did not contemplate enough number of respondents. Results revealed significant differences between the scores on the perception of the 8 programs, which was corroborated on the qualitative analysis. **Conclusions:** These results point out differences between the perception of the programs among the facilitators. The programs considered by these facilitators as more efficient are the pilot program to Promote Moral and Ethical Development, the Growing Pro-Social, and the program to Initialize Restorative Practices - Educate to Repair. The programs considered ineffective are the intervention program for Road Crimes (Safe Roads) and the integrated program to Prevent Suicide (PIPS).

Keywords: rehabilitation; intervention programs; offenders; program assessment; Portugal

Resumo

A reabilitação de ofensores é um processo complexo, cuja promoção compete ao sistema prisional. Em Portugal, são propostos pela Direcção-Geral de Reinserção e Serviços Prisionais (DGRSP) determinados programas que pretendem incentivar a reabilitação durante o cumprimento de pena de prisão. **Objetivo:** Esta investigação pretende analisar a perceção de eficácia destes programas entre os seus facilitadores, segundo as suas experiências profissionais e conhecimento na área. **Método:** Trata-se de um estudo transversal de carácter exploratório, numa amostra de 45 Técnicos Superiores de Reeducação (TSR) num total de 231 em funções ativas e que são elegíveis para aplicar pelo menos um dos programas em vigor. É um estudo misto, com análise quantitativa e qualitativa. Os instrumentos abrangem 1 questionário por programa, num total de 14 todos contruídos pela autora (o alfa de Cronbach varia entre 0,678 e 1,00). **Resultados:** Foi avaliada estatisticamente a perceção dos facilitadores relativamente a 8 programas, visto que os restantes não contemplaram um número suficiente de respondentes. Os resultados revelaram diferenças significativas entre os scores na perceção dos 8 programas, o que foi corroborado pela análise qualitativa. **Conclusões:** Estes resultados revelam diferenças entre a perceção dos programas por parte os facilitadores. Os programas considerados mais eficientes são o programa piloto de Desenvolvimento Moral e Ético, o Gerar Percursos Sociais (GPS) e o programa de Iniciação às Práticas Restaurativas (Educar para Reparar). Os programas percebidos como ineficientes são o programa de intervenção dirigido a reclusos condenados por Delitos Estradais (Estrada Segura) e o programa integrado de Prevenção do Suicídio (PIPS).

Palavras-chave: reabilitação; programas de intervenção; ofensores; avaliação de programas; Portugal

List of Acronyms

SD – Standard deviation

SPSS - Statistical Package for the Social Science

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Introduction

The main objectives of modern penal systems are rehabilitation and social reintegration. In fact, the European Court of Human Rights points that “while punishment remains one of the aims of imprisonment, the emphasis in European penal policy is now on the rehabilitative aim of imprisonment” (Balafoutas *et al.*, 2020). But how successful are these principles put into practice? Are prison sentences promoting pro-social behaviors?

Literature indicates that, in general, prisons not only do not reduce recidivism but often have criminogenic impacts. Incarceration with none or minimal rehabilitation approaches is ineffective in reducing reoffending, which is mainly due to increased exposure to criminogenic risk factors (Settumba *et al.*, 2018) (see appendix A). Likewise, it is suggested that punishment may have the consequence of making society less safe (Rodrigues *et al.*, 2019). Moreover, corrections based on the rehabilitation of offenders approach have had positive impacts on reducing recidivism (Rodrigues *et al.*, 2019; Papalia *et al.*, 2020). Still, it is noteworthy that a recent preliminary research that analyzed the impact of program factors has shown that certain program features decreased recidivism, while other features increased recidivism, which reveals considerable oscillation across cognitive-behavioral intervention programs (Taylor *et al.*, 2020).

With this in mind, it is clearly crucial to develop effective strategies to rehabilitate offenders. Effective practices can be achieved by exposing offenders to experiences that can allow them to acquire the necessary skills to integrate into society, by addressing personal challenges and by focusing on the factors that are connected with criminal behavior (Enosh & Buchbinder, 2019), to provide them adequate resources not to re-offend and manage emotions in an efficient way (Gomes, Duarte & Almeida, 2003).

The presumed mechanisms that underlie successful interventions are the reduction of dynamic factors that lead and maintain criminal behavior. However, they are not clearly assessed on many outcome evaluations (Polaschek, 2019). Most studies identify criminal recidivism rates as the main outcomes of the efficacy of rehabilitation programs. Still, not much is known in what comes to other variables that were found to be associated with reoffending (Brazão *et al.*, 2019). How treatment has worked should not be measured only by recidivism rates, but also by whether that intervention managed to avoid a

reconviction. Less is known about *how* offender rehabilitation works (Bonta & Andrews, 2017 in Polaschek, 2019).

Moreover, in Portugal, there is an evident gap regarding the assessment of rehabilitation interventions. There was found barely any evaluation of the programs that are currently applied to prison context. Hence, are these programs preparing offenders to reenter into society after serving their sentences? What is the contribution of the Portuguese prison system to rehabilitate offenders?

Furthermore, there is a clear neglect in the literature on the value of the professional perspective of those who deliver these interventions and work directly with the participants. It is essential to explore what they believe that contributes to successful interventions according to their experience (Morrison *et al.*, 2017). Besides, it is evident from the researches that the role of the facilitators highly influences the interventions, however, it is not always considered as a variable of the process (Morrison *et al.*, 2017; Silvergleid & Mankowski, 2006). It is important to acquire multiple perspectives on the process of change (Silvergleid & Mankowski, 2006). The facilitators' perspective can develop fundamental information about *if* and *how* the intervention programs seem to work since they are the major connection between the programs and the participants. As Silvergleid and Mankowski (2006) affirm, "the group facilitators are the primary vehicles for organizational or programmatic influence". These authors support that the participants acquire their comprehension of change from the facilitators, who in turn, reflect the program training, its philosophy, theoretical rationale, and framework. So, what is the perception of the facilitators concerning the Portuguese prison-based rehabilitation programs?

The present research sought to explore and develop a preliminary, yet significant comprehension of how these programs are perceived by their facilitators. It aims to contribute to the knowledge of rehabilitation practices in Portugal and support clinical-forensic interventions with offenders in order to enhance rehabilitation and avoid recidivism, by assisting the justice system to improve the practices adopted.

Method

Objectives and investigation questions

The present study aims to provide a progressive contribution to offender rehabilitation in Portugal by illustrating a general perspective of the facilitators regarding these programs.

The general objective of this project is to understand how effective the facilitators consider the rehabilitation programs are in accomplishing certain dimensions: framework, therapeutical potential, facilitators training, emotions, cognitions, and behaviors.

The specific objectives are 1) to assess the perception of the facilitators regarding the interventions through a comparison inter programs and 2) to explore the motives in case of variations.

Hypotheses

It is expected that according to the facilitators, there are significant differences between the programs. The programs are assessed in 6 dimensions: framework, therapeutic potential, facilitators' training, emotions, cognitions, and behaviors, which are defined in appendix B. It is noteworthy that these 3 last dimensions are addressed since all the programs are based on the cognitive-behavioral approach.

Therefore, the hypotheses predicted are:

H₁: The perception of the facilitators regarding the framework is significantly different between programs;

H₂: The perception of the facilitators regarding the therapeutic potential is significantly different between programs;

H₃: The perception of the facilitators regarding the facilitators training is significantly different between programs;

H₄: The perception of the facilitators regarding the emotions is significantly different between programs;

H₅: The perception of the facilitators regarding the cognitions is significantly different between programs;

H₆: The perception of the facilitators regarding the behaviors is significantly different between programs.

Participants

In Portugal, rehabilitation/intervention programs are facilitated by internal professionals of the General Directorate of Reintegration and Prison Services of the Portuguese Ministry of Justice (*Direcção-Geral de Reinserção e Serviços Prisionais – DGRSP*), namely the superior technicians of reeducation (*Técnicos Superiores de Reeducação - TSR*) who work on the Prison System. Currently, in Portugal, this position is held by 231 professionals (DGRSP, 2020).

Inclusion criteria are technicians who have experience facilitating at least one prison-based rehabilitation program updated and into force, regardless of the prison establishment and respective typology.

As exclusion criteria, was not contemplated in this project anyone who never worked for the General Directorate of Reintegration and Prison Services of the Portuguese Ministry of Justice and in turn, has no experience in delivering the rehabilitation programs promoted currently in the Portuguese prison establishments.

Of the total of these 231, the sample is composed of 45 superior technicians of reeducation, of which 30 are female (67%) and 15 are male (33%), ranging from 36 to 64 years of age ($A = 45,7$, $SD = 6,1$). Their qualification is essentially on psychology (53%), social services (20%), and sociology (11%), the other 6% correspond to other areas. The typologies of the prison establishments where the respondents' work are regional (56%), central (40%), and special (4%). The time developing their functions is mainly 0-5 years (31%) and more than 20 years (31%), followed by 16-20 years (16%), 6-10 years (13%), and finally 11-15 years (9%). Moreover, 49% apply the outstanding programs for 0-5 years, 38% for 6-10 years, 7% for 11-15 years, 4% for 16-20 years, and 2% for more than 20 years. These data are discriminated in table 1.

Table 1*Socio-demographic sample characteristics*

		Average (years)	Standard deviation	n (45)	%
Sex	Female			30	66,7
	Male			15	33,3
Age		45,7	6,1	45	
Qualification	Psychology			24	53,3
	Social Services			9	20
	Sociology			5	11,1
	Social education			2	4,4
	Law			1	2,2
	Administrative sciences			1	2,2
	Teacher			1	2,2
	Psychopedagogy			1	2,2
	Public administration			1	2,2
	Typologies of the prison establishments	Regional ^a			25
Central ^b				18	40
Special ^c				2	4,4
Time developing their functions (years)	0-5			14	31,1
	6-10			6	13,3
	11-15			4	8,9
	16-20			7	15,6
	+ 20			14	31,1
Time applying the programs (years)	0-5			22	48,9
	6-10			17	37,8
	11-15			3	6,7
	16-20			2	4,4
	+ 20			1	2,2

Source: the author

^a Regional: receives preventive detentions and custodial sentences up to six months;

^b Central: receives prisoners with custodial sentences of more than six months;

^c Special: - intended for the internment of prisoners in need of specific treatment, including detention centers and facilities for young adults, women's institutions, prison hospitals, and prison psychiatric hospitals.

Moreover, the sample of the 45 superior technicians of reeducation is divided into 11 subgroups, according to the questionnaires that each completed. The sociodemographic data regarding each subgroup is discriminated in appendix C. Also, 18 respondents answered more than one questionnaire and the remaining 27 to one questionnaire. Still, all of the respondents declared to have experience delivering more than one program.

Particularly, 11 respondents answered to the intervention program for Road Crimes (Safe Roads), 10 to the program for Emotional Stabilization and Institutional Integration, 10 to the integrated program to Prevent Suicide, 8 to the pilot program to Promote Moral and Ethical Development, 7 to the program to Prevent Relapse and Recidivism, 5 to the program to Initialize Restorative Practices - Educate to Repair, 5 to the Growing Pro-Social, 5 to the intervention program for Alcohol Consumption, 3 to the program to Train Competencies for Employability, 2 to the motivational program to Treat Addictive Behaviors, 1 to the intervention program for Sexual Assaulters, 0 to the Adaptive competences and social integration, 0 to the program for Inmates Convicted of Domestic Violence and 0 to the Rehabilitation program for arsonists.

Trial Design

To achieve the goal, two techniques are applied. Therefore, this project consists of a mixed method, which is a combination of quantitative and qualitative techniques. In this way, it is used combined strategies in order to gather empirical evidence to investigate in depth the hypotheses. This approach is used to complement the data, to provide a wider range of insight and perspective (Driessnack *et al.*, 2007).

Also, this consists of survey research since it aims to determine certain information regarding the opinions of a specific population (Fowler, 2014). The participants were assessed once through the filling of online questionnaires, regarding the programs that they had already delivered. Likewise, this consists of a cross-sectional and exploratory study.

The programs that obtained a total of five or more responses ($n \geq 5$) were selected for an inferential statistical analysis. These are 8 of the total of the 14 programs, which are the Educate to Repair, the Safe Roads, the Growing Pro-Social, the program for Emotional Stabilization and Institutional Integration, the program to Prevent Relapse and

Recidivism, the integrated program to Prevent Suicide, the intervention program for Alcohol Consumption and the pilot program to Promote Moral and Ethical Development. These programs were also submitted to qualitative analysis, as well as other three programs, namely the program to train Competencies for Employability, the motivational program to treat Addictive Behaviors and, the intervention program for Sexual Assaulters

Moreover, the dependent variables are the perception of the facilitators of each dimension (perception of the framework, perception of the therapeutic potential, perception of the facilitators training, perception of the emotions, perception of the cognitions, and perception of the behaviors). And the independent variables are the programs.

Measures

Sociodemographic questionnaire: Was constructed by the author. It aims to collect information regarding demographic data, which includes 8 questions (Appendix D.1).

The questionnaires that regard the programs, use the semantic differential scale survey feature, which is considered the most reliable way to collect information on people toward a specific subject (Osgood *et al.*, 1957). The survey answering alternatives are opposite at each end. This is similar to a Likert scale, however, it allows a better insight regarding the perception and helps to pinpoint what they consider as strengths and weaknesses of the programs. In these scales, usually, the two polar sides are labeled, but the alternatives are not, only with numbers (Osgood *et al.*, 1957).

It is also included open-ended questions to give the facilitators the freedom to express their thoughts and explain their feedback.

Pilot program to Promote Moral and Ethical Development (*Programa piloto de promoção do desenvolvimento moral e ético*) **questionnaire:** This measure was constructed by the author. It includes 18 questions regarding the perception of the program rated on a scale from 1 to 5 with 5 inverted items, and 4 other questions with a short answer (Appendix D.2). The internal consistency is “almost perfect” ($\alpha = .876$) (Landis & Koch, 1977).

Program for emotional stabilization and institutional integration (*Programa de estabilização emocional e integração institucional*) **questionnaire:** This measure was constructed by the author. It includes 16 questions regarding the perception of the program rated on a scale from 1 to 5 with 5 inverted items, and 4 other questions with a short answer (Appendix D.3). The internal consistency is “substantial” ($\alpha = .678$) (Landis & Koch, 1977).

Growing Pro-Social (*Programa de promoção de competências pessoais e emocionais – Gerar percursos sociais (GPS)*) **questionnaire:** This measure was constructed by the author. It includes 16 questions regarding the perception of the program rated on a scale from 1 to 5 with 4 inverted items, and 4 other questions with a short answer (Appendix D.4). The internal consistency is “almost perfect” ($\alpha = .948$) (Landis & Koch, 1977).

Program to initialize restorative practices - Educate to Repair (*Programa de iniciação às práticas restaurativas - Educar para Reparar*) **questionnaire:** This measure was constructed by the author. It includes 19 questions regarding the perception of the program rated on a scale from 1 to 5 with 4 inverted items, and 4 other questions with a short answer (Appendix D.5). The internal consistency is “almost perfect” ($\alpha = .915$) (Landis & Koch, 1977).

Intervention program for road crimes - Safe Roads (*Programa de intervenção dirigido a autores de delitos estradais - Estrada segura*) **questionnaire:** This measure was constructed by the author. It includes 18 questions regarding the perspective of the program rated on a scale from 1 to 5 with 5 inverted items and 4 other questions with a short answer (Appendix D.7). The internal consistency is “almost perfect” ($\alpha = .941$) (Landis & Koch, 1977).

Program to train competencies for employability (*Programa de treino de competências para a empregabilidade*) **questionnaire:** This measure was constructed by the author. It includes 16 questions regarding the perception of the program rated on a scale from 1 to 5 with 5 inverted items, and 4 other questions with a short answer (Appendix D.8). The internal consistency is “almost perfect” ($\alpha = .998$) (Landis & Koch, 1977).

Integrated program to prevent suicide (*Programa Integrado de Prevenção do Suicídio (PIPS)*) **questionnaire:** This measure was constructed by the author. It includes 16 questions regarding the perception of the program rated on a scale from 1 to 5 with 4 inverted items, and 4 other questions with a short answer (Appendix D.9). The internal consistency is “almost perfect” ($\alpha = .854$) (Landis & Koch, 1977).

Program to prevent relapse and recidivism – Building a prevention and contingency plan (*Programa de prevenção da reincidência e da recaída - Construir um plano de prevenção e contingência*) **questionnaire:** This measure was constructed by the author. It includes 19 questions regarding the perspective of the program rated on a scale from 1 to 5 with 5 inverted items and 4 other questions with a short answer (Appendix D.10). The internal consistency is “almost perfect” ($\alpha = .924$) (Landis & Koch, 1977).

Motivational program to treat addictive behaviors (*Programa de motivação para o tratamento de comportamentos aditivos*) **questionnaire:** This measure was constructed by the author. It includes 17 questions regarding the perception of the program rated on a scale from 1 to 5 with 6 inverted items, and 4 other questions with a short answer (Appendix D.11). The internal consistency is “almost perfect” ($\alpha = 1,00$) (Landis & Koch, 1977).

Intervention program for alcohol consumption (*Programa de intervenção na problemática do alcoolismo*) **questionnaire:** This measure was constructed by the author. It includes 19 questions regarding the perception of the program rated on a scale from 1 to 5 with 6 inverted items, and 4 other questions with a short answer (Appendix D.12). The internal consistency is “almost perfect” ($\alpha = .980$) (Landis & Koch, 1977).

Regarding the following programs, the Cronbach’s alpha could not be calculated, due to the reduced number of responses ($n < 2$).

Intervention Program for Sexual Assaulters (*Programa de intervenção dirigido a agressores sexuais*) **questionnaire:** This measure was constructed by the author. It 17 questions regarding the perception of the program rated on a scale from 1 to 5 with 5 inverted items, and 4 other questions with a short answer (Appendix D.6).

Program for inmates convicted of domestic violence (*Programa dirigido a reclusos condenados por violência doméstica*) **questionnaire:** This measure was constructed by the author. It includes 20 questions regarding the perception of the

program rated on a scale from 1 to 5 with 6 inverted items, and 4 other questions with a short answer (Appendix D.13).

Rehabilitation program for arsonists (*Programa para reabilitação de incendiários*) **questionnaire:** This measure was constructed by the author. It includes 19 questions regarding the perception of the program rated on a scale from 1 to 5 with 7 inverted items, and 4 other questions with a short answer (Appendix D.14).

Adaptative competences and social integration (*Competências adaptativas e integração social*) **questionnaire:** This measure was constructed by the author. It includes 18 questions regarding the perception of the program rated on a scale from 1 to 5 with 6 inverted items, and 4 other questions with a short answer (Appendix D.15).

Procedures

First of all, it was sought authorization from the General Directorate of Reintegration and Prison Services of the Portuguese Ministry of Justice to start the investigation and collect the respective data. Shortly, they have informed that since this investigation integrates the facilitators as the target and not the inmates, there was not required authorization to proceed.

Then, it was requested to them, by telephone and then via email, the catalog of the programs (updated in 2018), since the official website is outdated and does not lists all the programs in force at the moment. However, the was obtained no answer. Consequently, the information found for this investigation that concerns the programs was found on the activity reports of the General Directorate of Reintegration and Prison Services of the Portuguese Ministry of Justice or other articles that are cited when mentioned.

The 14 online questionnaires were built through the online platform *google forms*. The ethical formalities were advocated since the questionnaires only inquire regarding essential data for this research, and the participation in the study was informed and consented voluntarily. Before the dissemination of the links, it was made a pre-test of all the questionnaires with 6 people to guarantee its applicability. After small corrections, it was requested through email and in some cases, by telephone, to all the prison establishments in Portugal (including the islands) to disseminate between the facilitators

of the programs the links of the questionnaires, for them to answer according to the programs they had already delivered. The respective contacts were obtained on the General Directorate of Reintegration and Prison Services of the Portuguese Ministry of Justice official website.

On the informed consent, that attached to every questionnaire, it was guaranteed the confidentiality and anonymity of all the participants, enlightened how long the filling of the questionnaire should take (7 minutes), and the objectives and pertinence of the study (appendix E).

The questionnaires were disseminated from July/2020 to October/2020. Then, it was calculated the Cronbach's alpha of the questionnaires that reached a reasonable number of answers ($n \geq 2$), through SPSS version 26, to determine its internal consistency (see appendix F), whereas were not contemplated 4 questionnaires due to the reduced number of responses and consequent impossibility to calculate the Cronbach's alpha. Of the ones measured, one questionnaire has a "substantial" internal consistency, and the remaining are considered as "almost perfect" (see page 7., 8., and 9.) (Landis & Koch, 1977).

Data concerning the 8 programs with a total of 5 or more responses ($n \geq 5$) were analyzed through SPSS version 26. The inferential analysis is for more than two paired samples. Therefore, the assumptions to be verified are normality and sphericity. Regarding the assumption of normality, it was validated through the central limit theorem, which stresses that for samples greater than or equal to 30, "we may violate the assumption of normality" (Maroco, 2010). Concerning the assumption of sphericity, it was verified through Mauchly's tests. As it was not verified the existence of sphericity, was chosen a nonparametric test for more than two paired samples, Friedman. Since this test only indicates that are differences between at least two scores and does not reveal which ones, it was used the LSD Post-hoc test to identify which scores have distinguished those differences. Then, these findings were crossed with the qualitative analysis.

The three programs that range from 1 to 3 total of responses (the intervention program for sexual assaulters, the program to train competencies for employability, and the motivational program to treat addictive behaviors) were qualitatively assessed.

Moreover, the remaining three programs (the program for inmates convicted of domestic violence, the rehabilitation program for arsonists, and the adaptive competencies and social integration) due to an inexistent number of responses, could not be contemplated in the analysis of this research.

Research Findings

Regarding the perception of the facilitators on the framework, it can be observed that the programs with higher scores are Educate to repair ($A = 4,125$), the intervention program for Alcohol Consumption ($A = 4,125$), and the pilot program to Promote Moral and Ethical Development ($A = 4,078$). On the contrary, the program with lower scores is Safe Roads ($A = 3,216$), as we can see in table 2. Through the inferential statistical analysis of Friedman, it was found significant differences between the scores of the different questionnaires ($F_{(7)} = 252,727$; $p < 0.001$). Additionally, through the Post-hoc test, it can be affirmed that the greatest significant differences in descending order are respectively between the intervention program for Alcohol Consumption and Safe Roads ($p < 0,001$), followed by Educate to repair and Safe Roads ($p < 0,001$) and finally the pilot program to Promote Moral and Ethical Development and Safe Roads ($p < 0,001$).

On what concerns the therapeutic potential, the higher scores belong to the pilot program to Promote Moral and Ethical Development ($A = 4,500$) and Growing Pro-Social ($4,200$). This is opposed by the programs with lower scores, which are the Safe Roads ($A = 2,727$) and the integrated program to Prevent Suicide ($A = 2,900$). Through the inferential statistical analysis of Friedman, it was found significant differences between the scores of the different questionnaires ($F_{(7)} = 260,273$; $p < 0,001$). Moreover, the Post-hoc test reflects that the greatest differences in descending order are respectively concentrated between the pilot program to Promote Moral and Ethical Development and Safe Roads ($p < 0,001$), then pilot program to Promote Moral and Ethical Development and the integrated program to Prevent Suicide ($p < 0,001$) and finally the Growing Pro-Social and Safe Roads ($p < 0,001$).

The perception regarding the facilitators training has shown better scores on the Growing Pro-Social ($A = 4,400$) and on the pilot program to Promote Moral and Ethical Development ($A = 4,125$). The lower scores concentrate on the Safe Roads ($A = 2,773$) and on the integrated program to Prevent Suicide ($A = 2,800$). The inferential statistical

analysis of Friedman shows significant differences between the scores of the different questionnaires ($FR_{(7)} = 236,136; p < 0,001$). Likewise, the Post-hoc test indicates that the greatest differences in descending order are respectively focused between the Growing Pro-Social and the Safe Roads ($p < 0,001$), followed by the Growing Pro-Social and the integrated program to Prevent Suicide ($p < 0,001$) and ultimately, the pilot program to Promote Moral and Ethical Development and the Safe Roads ($p < 0,001$).

Similarly, the perception of the promotion of emotional competencies has also higher scores on the Growing Pro-Social ($A = 4,400$) and on the pilot program to Promote Moral and Ethical Development ($A = 4,250$). The lower scores are, once again, on the Safe Roads ($A = 2,909$) and also the intervention program for Alcohol Consumption ($A = 3,000$). The inferential statistical analysis of Friedman illustrates significant differences between the scores of the different questionnaires ($FR_{(7)} = 273,122; p < 0,001$). In this way, the Post-hoc test reveals that the greatest differences in descending order are respectively centered between the Growing Pro-Social and the Safe Roads ($p < 0,001$), followed by the Growing Pro-Social and the intervention program for Alcohol Consumption ($p < 0,001$) and at last, the pilot program to Promote Moral and Ethical Development and the Safe Roads ($p < 0,001$).

On what concerns the perception of promoting cognitive restructuring, the higher scores regard to the pilot program to Promote Moral and Ethical Development ($A = 4,219$), the Educate to Repair ($A = 4,100$), and the Growing Pro-Social ($A = 4,000$). Parallely, the lower ones are the integrated program to Prevent Suicide ($A = 2,800$) and Safe Roads ($A = 2,818$). Through the inferential statistical analysis of Friedman, it was found significant differences between the scores of the different questionnaires ($FR_{(7)} = 258,946; p < 0,001$). Furthermore, the Post-hoc test shows that the greatest differences in descending order are respectively highlighted between the pilot program to Promote Moral and Ethical Development and the intervention program for Alcohol Consumption ($p < 0,001$), followed by the pilot program to Promote Moral and Ethical Development and Safe Roads ($p < 0,001$), then Educate to Repair and the integrated program to Prevent Suicide ($p < 0,001$), and finally the Educate to Repair and Safe Roads ($p < 0,001$).

Lastly, the contribution of changing behaviors has higher scores on the program to Prevent Relapse and Recidivism ($A = 4,167$) and the Growing Pro-Social ($A = 4,000$) and lower on the program for Emotional Stabilization and Institutional Integration ($A =$

2,700) and Safe Roads ($A = 2,812$). Through the inferential statistical analysis of Friedman, it was found significant differences between the scores of the different questionnaires ($FR_{(7)} = 245,184$; $p < 0,001$). Additionally, the Post-hoc test demonstrates that the greatest differences in descending order are respectively emphasized between the program to Prevent Relapse and Recidivism and the program for Emotional Stabilization and Institutional Integration ($p < 0,001$), followed by the program to Prevent Relapse and Recidivism and the Safe Roads ($p < 0,001$), and finally the Growing Pro-Social and the program for Emotional Stabilization and Institutional Integration ($p < 0,001$)

Table 2*Descriptive statistics: averages and standard deviations towards the perception of all the dimensions on the programs statistically analyzed(n≥5)*

	Framework	Therapeutic potential	Facilitators training	Emotions	Cognitions	Behaviors	n
Program to Initialize Restorative Practices (Educate to Repair)	4,125 (SD 0,484)	4,000 (SD 0,707)	3,800 (SD 0,570)	4,000 (SD 0,707)	4,100 (SD 0,548)	3,800 (SD 1,304)	5
Intervention program for Road Crimes (Safe Roads)	3,216 (SD 0,712)	2,727 (SD 1,348)	2,773 (SD 1,009)	2,909 (SD 0,701)	2,818 (SD 1,328)	2,812 (SD 1,015)	11
Growing Pro-Social	3,900 (SD 0,726)	4,200 (SD 0,837)	4,400 (SD 0,894)	4,400 (SD 0,894)	4,000 (SD 0,624)	4,000 (SD 0,707)	5
Program for Emotional Stabilization and Institutional Integration	3,650 (SD 0,459)	3,600 (SD 0,699)	4,000 (SD 1,080)	4,100 (SD 0,615)	3,600 (SD 0,843)	2,700 (SD 1,337)	10
Program to Prevent Relapse and Recidivism	3,938 (SD 0,616)	4,167 (SD 0,408)	3,833 (SD 1,252)	3,833 (SD 0,753)	3,833 (SD 0,606)	4,167 (SD 0,516)	7
Integrated program to Prevent Suicide	3,322 (SD 0,584)	2,900 (SD 1,449)	2,800 (SD 1,567)	3,100 (SD 0,738)	2,800 (SD 1,033)	3,500 (SD 0,816)	10
Intervention program for Alcohol Consumption	4,125 (SD 0,805)	4,000 (SD 1,225)	3,900 (SD 1,140)	3,000 (SD 0,707)	3,350 (SD 0,929)	3,300 (SD 0,975)	5
pilot program to Promote Moral and Ethical Development	4,078 (SD 0,389)	4,500 (SD 0,535)	4,125 (SD 0,518)	4,250 (SD 0,707)	4,219 (SD 0,452)	3,500 (SD 0,926)	8

Source: the author

Discussion

This research had the main goal to understand if there were significant differences between the perception of the facilitators regarding the rehabilitation programs implemented in Portuguese prisons. To achieve this goal were conducted two different types of analysis: quantitative and qualitative. On one hand, the quantitative analysis revealed that there is, in fact, significant statistical differences between the perception of all the six dimensions assessed on the 8 programs (Appendix G). On the other hand, the qualitative analysis complemented the data through an exploratory methodology and reinforced it as the results go in the same direction, which illustrates the motives in the variance on the perception of the different programs (Appendix H).

All the 6 hypotheses predicted were confirmed, since it was shown that the perception of the facilitators regarding the 6 dimensions (framework, therapeutic potential, facilitators training, emotions, cognitions, and behaviors) are significantly different between programs.

The programs that are considered as more efficient by these facilitators are, in descending order, the pilot program to Promote Moral and Ethical Development, the Growing Pro-social, and the Educate to Repair. In fact, these thoughts regarding the Growing Pro-Social (GPS) meet with the recent Portuguese studies aimed to assess the efficacy of the program which had concluded that it is effective in reducing the frequency of self-reported cognitive distortions and the prominence of early maladaptive schemas, as well as paranoia, shame, and anger (Brazão *et al.*, 2017), it is effective in reducing emotion regulation difficulties and disciplinary infractions while in prison (Brazão *et al.*, 2018) and has shown to benefit inmates with personality disorders, regardless the severity of the pathology (Brazão *et al.*, 2019).

On what concerns the pilot program to Promote Moral and Ethical Development, it achieved high results on all the dimensions. In fact, it is valued by these facilitators the reflection and discussion about conducts and values, the teamwork, the motivation to change, and the dynamic of the sessions with dilemmas. Still, some dynamics are judged as needing to be diversified and deepen.

Regarding the Growing Pro-social, the results on the dimensions are all very positive and, the facilitators acclaimed the focus on cognitive restructuring and behavior

change. Only pointed out its extension and recommended to reduce the number of sessions.

Concerning the Educate to Repair, it achieved encouraging scores and it is considered positive the fact of being transversal to any crime typology, the ability to promote awareness of the damage on the victims, and the interaction between participants. However, it is considered that the contents should be deeper, and the sessions reduced, as well as more dynamic.

The programs that were not particularly highlighted as positive or negative are the program for Emotional Stabilization and Institutional Integration, the Intervention program for Alcohol Consumption, and the program to Prevent Relapse and Recidivism.

The program for Emotional Stabilization and Institutional Integration showed a positive result on the dimension of emotions and a low result on the behaviors. This is not unusual since this particular program focuses essentially on the promotion of emotional competencies and cognitions. The facilitators point out its contribution to promoting integration in the institution, the fact that facilitates the clarification of rules, and the interaction with other inmates. Nevertheless, the contents are emphasized by these facilitators as being “childish”, “outdated”, and not dynamic enough, consequently, it is essentially suggested an update of the sessions.

Additionally, the Intervention program for Alcohol Consumption obtained a great score on the framework, and it is considered “objective, focused, oriented”. But the dynamics are generally considered by them as “repeated”, “uninteresting”, and “superficial”, which could explain the low score on the emotions.

Moreover, the program to Prevent Relapse and Recidivism is considered by these facilitators as a contribution to promote reflection, to develop the capacity to anticipate and formulate plans, and the facilitators also focus on the relational aspect. It is worth mentioning that this program achieved the highest score on the behaviors, which is important because this dimension reflects the final outcome of rehabilitation programs, which is to change behaviors and reduce recidivism. Nonetheless, they considered that the contents need consolidation, depth, and to be diversified.

Finally, the programs that these facilitators consider as being incapable are the Safe Roads, and then the integrated program to Prevent Suicide (PIPS). Nevertheless, the

qualitative analysis has shown that they perceive their goal as “important” and “pertinent”, therefore seem to need urgent restructuring.

Regarding the Safe Roads, these facilitators, overall, consider that the contents of the sessions are “outdated”, “feeble”, “superficial”, “not diversified”, “not dynamic”, and “childish”. They also consider that it does not promote emotional activation or any change, which explains the low results on the dimensions of the emotions and behaviors. On top of that, in Portugal convictions concerning road crimes represent 10,1% of the total in the Portuguese prisons. In Europe, in 2017 only two countries present higher percentages than this. In fact, in that year were reported 30,602 road crimes (SPACE, 2017). These data highlight the importance of investing in a program that aims to promote responsible behaviors on the roads.

Also, the facilitators, in general, considered that the integrated program to Prevent Suicide simply identifies the cases of suicidal ideation and is not able to act in face of that. That is, the program is judged as not being able to answer to the needs identified, is considered “a formalism, bureaucracy, routine”. Besides, it is emphasized that some of the facilitators are not trained to deliver this program which may explain the reason why the dimension of the facilitators' training is one of the lowest between the programs assessed. In fact, these findings illustrate the statistics that show that in 2010 and 2014 the suicide phenomenon registered a peak in the Portuguese prisons with 19 and 22 cases of suicide, respectively (dgrsp.justica.gov.pt/Estatisticas-e-indicadores/Prisionais#EstatisticasAnuais), even though the integrated program to Prevent Suicide was first implemented in 2009.

It is also surprising that these two programs, considered by the facilitators assessed as the less capable, are the ones with a major number of implementations in the Portuguese prisons and therefore, with a larger number of inmates that participated, as we can see in appendix I1) and I2).

The programs that did not integrate the inferential statistics due to the reduced number of answers ($n < 5$) are the motivational program to Treat Addictive Behaviors, the program to Train Competencies for Employability, and the Intervention Program for Sexual Assaulters.

On the motivational program to Treat Addictive Behaviors the respondents' highlight that there is no articulation between the motivational program and the treatment.

The program to Train Competencies for Employability is considered by the respondents as a stimulus to acquire/solidify job skills. To note that the evaluation system is considered “extended”, “slow”, and with “low efficacy”.

Also, the Intervention Program for Sexual Assaulters is considered by the only respondent, as having good chaining of the sessions but should be more extensive, with posterior sessions.

The results reveal that the facilitators assessed consider that, in general, the programs might not be intensive enough and might need to be adjusted in order to meet the needs of this population, by solidifying, enhancing, and diversifying the contents. Except for Growing Pro-Social (GPS), where these particular suggestions are not pinpointed by the respondents.

Therefore, despite the importance to develop effective strategies to rehabilitate offenders, there are still pointed out by the facilitators assessed, significant gaps in some of these intervention programs that might need to be reflected. The programs should be agents of change (Gendreau & Ross, 1979). In this way, after the frequency of a program, the participants should have had significantly improved. Still, the facilitators consider that some of these programs might not have the intended effects.

Most studies conducted on the effect of interventions on antisocial behavior revealed its effectiveness regarding reducing criminal recidivism (McGuire, 2006), promoting psychological adjustment and interpersonal adjustment (Lipsey, 1995). However, if these interventions are not sufficiently intensive and substantial, the results are minimal or null. This is why it is so important to invest in efficient strategies.

Conclusions

According to the respondents' perception of these 8 programs, there were only three that are considered efficient on the dimensions proposed, which are the pilot program to Promote Moral and Ethical Development, the Growing Pro-Social (GPS), and the program to Initialize Restorative Practices - Educate to Repair. Other three programs, which are the Emotional Stabilization and Institutional Integration, the intervention program for Alcohol Consumption, and the program to Prevent Relapse and Recidivism are judged by these facilitators to need a lot of improvement. And other two stand out for being considered as incapable and not to correspond to what is intended, despite the importance and pertinence of the goal proposed is seen as crucial, which are the intervention program for Road Crimes (Safe Roads) and the integrated program to Prevent Suicide (PIPS).

Literature has shown that it is possible to reach the outcomes expected if the programs obey the effective intervention principles (Andrews & Bonta, 2010; Lowenkamp *et al.*, 2006), which reflects the importance of the development of rehabilitation programs qualification systems, as well as their evaluation/monitoring methods (Brazão *et al.*, 2018). To this end, it is essential that research enlightens practice and vice-versa (McGuire, 2013). Effective programs must detect a target for change and identify an intervention plan able to altering that same therapeutic focus (McGuire, 2006). It is also defended that intervention programs can lead to considerable profits and can, at least in part, guarantee that subjects connected with the justice system receive adequate intervention concerning their psychological needs. However, there is only one study in Portugal that assesses the efficacy of a program, which is the Growing Pro-Social (Brazão *et al.*, 2018).

This research presents a contribution to the principle of rehabilitation practices in Portugal. The data endorse the promotion of the specific intervention programs, as long as they are the target of evaluation before disseminated. This offers important support for clinical-forensic interventions with offenders and the management of the prison system since it reveals the opinion of the facilitators of these interventions, according to their professional experience.

Still, the results of this research need to be carefully generalized, for the reason that it does not enhance the effectiveness of the programs, but rather the perception of the

facilitators. Moreover, the samples of each subgroup are very reduced, and it does not contemplate the generality of the facilitators of these programs.

For future research, it would be important to comprehend whether the participants and the facilitators share a common understanding of the programs, and what implications may have for program implementations. It would also be crucial to assess the efficacy of the programs, measuring the participants before and after its frequency, understand if there are verified significant differences between the pre-and post-tests, and compare these results with a control group. A longitudinal study would be relevant because if there are differences in the participants after the frequency of the programs, it is important to comprehend if they are consistent over time.

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Appendices

Appendix A) Literature Review

After being suggested that nothing works with offenders (Martinson, 1974), this topic has been a subject of considerable attention. Later, it was concluded that treatment can effectively reduce criminal recidivism, with almost 50% of researches demonstrating positive effects of psychotherapeutic interventions (Gendreau & Ross, 1979; Palmer, 1975; Thornton, 1987).

Correctional programs generally aim to develop impulse and anger control, emotional control, values and moral reasoning, interpersonal skills, challenge cognitive distortions, and cover dysfunctional and criminogenic patterns, in order to promote offenders adequate resources to react more effectively to situations that may trigger criminal behaviors and decrease offensive behaviors (Rocha *et al.*, 2014). Additionally, emotional processes can contribute in an adaptive way by reducing information processing demands and enable efficient behaviors (Lemerise & Arsenio, 2000 in Smeijers *et al.*, 2020).

Reintegration is an active process, characterized as refraining from criminal activity to engage in a socially fruitful and responsible life (Mills *et al.*, 2013). In this way, it is prioritized the ability to conceive personal change, be willing to replace criminal behavior with social adaptive behaviors, and be motivated to refrain from reoffending (Davis *et al.*, 2012).

This process typically happens when faced “turning points”, which particularly allow offenders to consider themselves in a different way compared to their past choices: this makes them build an “ex-offender identity” (King, 2013). Simultaneously, actively acknowledging their past while taking control of the present and future corresponds to the begging of change. These can be triggered by intervention programs that challenge inadequate patterns (Tarpey & Friend, 2016).

Additionally, when emotions are overwhelming or hard to regulate, their role can be adverse since they might arise the demands. Likewise, current emotional states may influence perception. Besides this, strong emotions can be too overwhelming and compromise the acknowledgment of a variety of possible responses, as well as the evaluation of adequate responses. This is, impairments in emotional regulation might

affect the assessment of the situation, from an affective and cognitive perspective (Lemerise & Arsenio, 2000 in Smeijers *et al.*, 2020).

It is crucial for these individuals not only to learn how to regulate their emotions but also to adjust other dysfunctional processes, namely cognitive distortions.

Distorted cognitions are usually one of the most notable characteristics of criminal offenders (Helmond *et al.*, 2015). This concept plays a main role when intervening in externalizing problem behaviors (Helmond *et al.*, 2015) and can be conceptualized as systematic erroneous thinking patterns (Beck, 1963 in Szumski *et al.*, 2018). It was suggested the following categorization of cognitive distortions: the primary is self-centered attitudes and beliefs; and the secondary, concerns to rationalizations that occur to neutralize feelings of guilt or empathy after an offensive behavior (Gibbs & Potter, cited in Lardén *et al.*, 2007).

In the center of it, there are schemas, which are structures that comprehend a network of learned associations (Bem, 1981 in Szumski *et al.*, 2018), that inform perceptions, guide attention and consequently, save energy by providing shortcuts to the understanding of external stimuli (Fiske & Taylor, 1991). When faced with particular stimuli, certain schemas are automatically activated, leading to an automatic response which provides the basis for their conscious beliefs, it is an automatic process (Gawronski & Bodenhausen, 2006).

Every child is born with core emotional needs (Bowlby, 1977 in Bach *et al.*, 2017). Early maladaptive schemas have their origin in early interactions with significant others that did not meet their core needs and can involve internalized hostile events such as toxic family climate, neglect, overindulgence, overprotection, acute trauma, or repetitive low-grade traumas. These schemas are elaborated throughout the lifetime and are considered dysfunctional (Bach *et al.*, 2017)

Schemas have diverse degrees of severity and pervasiveness. The more severe, the strongest the negative emotions when triggered the schema. Similarly, the more pervasive, the greater the number of events that trigger it (Young *et al.*, 2003 in Bach *et al.*, 2017)

When these schemas are triggered, the information processing reinforces it, neglecting contradictive information. Research (Shorey *et al.*, 2014; Chakhssi *et al.*,

2014; Gilbert & Daffern, 2013) has found a positive correlation between specific early maladaptive schemas and the cognitive source of antisocial behavior. In the same way, when the information is processed the act is minimized (Helmond *et al.*, 2015). These attributions are consistently and negatively biased, leading to dysfunctional behavior and pro-criminal attitudes, which are related to engaging in offensive behaviors (Banse *et al.*, 2013).

Also, according to Sykes and Matza (1957), offenders often adopt “neutralization techniques” to protect them from self-blame, which facilitates engaging in criminal acts. In this way, cognitive distortions protect the self from negative thoughts when engaging in antisocial behaviors. This process has been conceptualized as criminogenic needs and should be selected as a target of change (Brazão *et al.*, 2017).

Szumski *et al.* (2018) suggested three mechanisms that support cognitive distortions: the first mechanism, underlies mental representations and the distortions are formed long before the offensive behavior. Mechanism two predicts cognitions that arise right before the offensive behavior. At last, mechanism three refers to cognitions that arise after the offensive act and can reflect the solidity of implicit cognition or arises as a consequence of the tendency to avoid the adverse costs of the act. These mechanisms are influenced by different cognitive processes and by the specific context effect on individuals thinking and behavior.

There is evidence that schema-focused therapy can reduce schema endorsement, aggressive behavior, and psychiatric symptoms (Nadort *et al.*, 2009; Farrel, Shaw & Webber, 2009).

Intervention programs

The Risk-Need-Responsivity (RNR) model, which is based on “human service principles”, includes the “what works” movement (Brazão *et al.*, 2017). The three main principles of the model emphasize that a) programs should attend offenders risk levels with the adapted interventions, and consequently, higher-risk offenders should receive more intensive treatments (risk); b) programs should be directed regarding what contributes to offensive behaviors, namely criminogenic needs and dynamic factors

(need); and c) program interventions should be designed and delivered in a way that allows offenders to develop their abilities and skills (responsivity) (Yesberg, 2015).

Interventions that follow the three principles addressed by the Risk-Need-Responsivity model have shown lower recidivism rates up to 26%, while programs that comply with only one or two of the principles reveal smaller effect sizes (Andrews & Bonta, 2010). Moreover, programs that have lower RNR attach have been shown to have insignificant or even negative impact on recidivism, with effect sizes of -.06 to .14 (Andrews & Bonta, 2010).

Cognitive-behaviorism is based on the principle that cognitive distortions (typical in offenders) are not an inherent process, but it is learned and can be monitored. Emotions and cognition are linked, and consequently, affect behaviors. Therefore, criminal thinking leads to criminal behaviors.

Literature shows that group-based programs for the prevention and rehabilitation of offenders, composed by a cognitive-behavioral approach are twice as effective as the ones that are not (Bogestad *et al.*, 2009; Borum & Verhaagen, 2006 in Brazão *et al.*, 2013; Farrelly & Flanner, 2006; Genovés *et al.*, 2006; Papalia *et al.*, 2020). They are not only efficient in what comes to recidivism reduction, but also in correcting cognitive distortions and cognitive restructuring at schemas that comprehend social information processing.

Usually, these interventions have several sessions, which are divided into different modules. The sessions address diverse issues that literature considers to be associated either with offensive behavior, risk factors, or even maintenance factors, such as social skills, reasoning, moral development, and cognitive abilities (Wilson *et al.*, 2005).

Evidence showing the importance of the therapeutic alliance and therapeutic relationships as predictors of altering outcomes is increasing (Miller *et al.*, 2013 in Enosh & Buchbinder, 2019; Duncan & Miller, 2000 in Enosh & Buchbinder, 2019). It has been advocated how crucial it is group treatment for offenders since it provides the opportunity to share experiences with people in similar situations. In the same way, improves self-disclosure and enables the knowledge of other coping mechanisms through modeling and mentoring (Enosh & Buchbinder, 2019).

Likewise, the group effect facilitates the sense of belonging in a sharing, supporting, trustful and empathic atmosphere, contradicting the tendency of isolation. The chances of commitment are better, in a way that is experienced a sense of belonging and cohesion, which promotes self-exposure, allowing the challenge of conflict-laden attitudes and behaviors. In fact, literature indicates that a sense of group cohesion and belongingness has a positive correlation with effective outcomes in group work, since attitudes, worldviews, and emotional changes are promoted and validated (Enosh & Buchbinder, 2019).

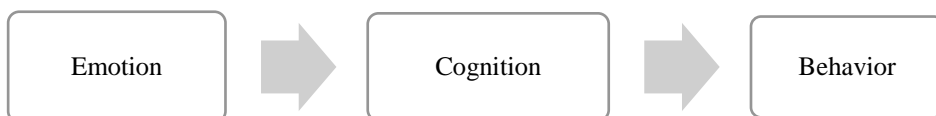
Programs focus on the thinking processes that precede criminal behaviors and promote skills to allow them to identify and correct deficient thinking patterns (Martens, 2002). Additionally, deficits in the identification of emotions could be related to failures in emotional regulation, leading to criminal acts (Iria *et al.*, 2020). This issue is addressed throughout the acknowledgment of the functions and meanings of emotions. There are no invalid emotions, rather emotional responses should be adjusted to specific situational demands (Brazão *et al.*, 2013).

It is important to note that from a cognitive approach, interpretations of the world are made according to structures in the mind, named schemas. Perception is influenced by these mental structures, since they provide meaning to experience, facilitating information processing. Further, human responses, including moral judgments are based on these schemas. These cognitive processes are often activated without conscious control or intentions (Rest *et al.*, 1999).

This means that the answer of the individuals to each situation depends on their construction of the context, this is the interpretation of the situation. Consequently, the meaning occurs from information processing by schemas.

Figure 1

Cognitive-behavioral approach



Source: the author

Among the most disseminated cognitive-behavioral programs for adult offenders are noteworthy the Enhanced Thinking Skills (Clark, 2000 in Brazão *et al.*, 2018) and Reasoning and Rehabilitation (Ross *et al.*, 1989). In both underlie the approach that changing criminal thinking leads to a change in criminal behavior.

Also, Dialectical Behavior Therapy (DBT) is an evidence-based intervention for severe personality disorders, showing positive outcomes in impulsivity, emotional dysregulation, and substance abuse. It can be applied in the community as well as in long term forensic settings. A study adapted this intervention for the general population jail inmates and the results are encouraging, indicating that change was found in the reduction of maladaptive coping skills, decreasing externalizations of blame, and promoting adaptive coping skills (Moore *et al.*, 2016).

Moreover, Moral Reconciliation Therapy (MRT) aims to improve social, moral, and behavioral deficits in offenders, also grounded in the theoretical framework of cognitive-behaviorism and draws theoretical principles from Kohlberg's theory of moral development. This intervention understands offenders as having deficits that go beyond delayed moral development, namely "low levels of moral development, strong narcissism, low ego/identity strength, poor self-concept, low self-esteem, inability to delay gratification, relatively strong defense mechanisms, and relatively strong resistance to change and treatment" (Little & Robinson, 1988 in Wilson *et al.*, 2005). A meta-analysis (Wilson *et al.*, 2005) shows that there is reasonably strong evidence for the effectiveness of this program in reducing recidivism, evidencing positive effects of cognitive-behavioral programs for offenders, and showing that MRT indicates 42% recidivism rates for populations who completed the intervention, opposing to 58% for the untreated.

Nevertheless, a recent preliminary research that analyzed the impact of program factors has shown that certain program features decreased recidivism, while other features increased recidivism, which reveals considerable oscillation across cognitive-behavioral intervention programs (Taylor *et al.*, 2020).

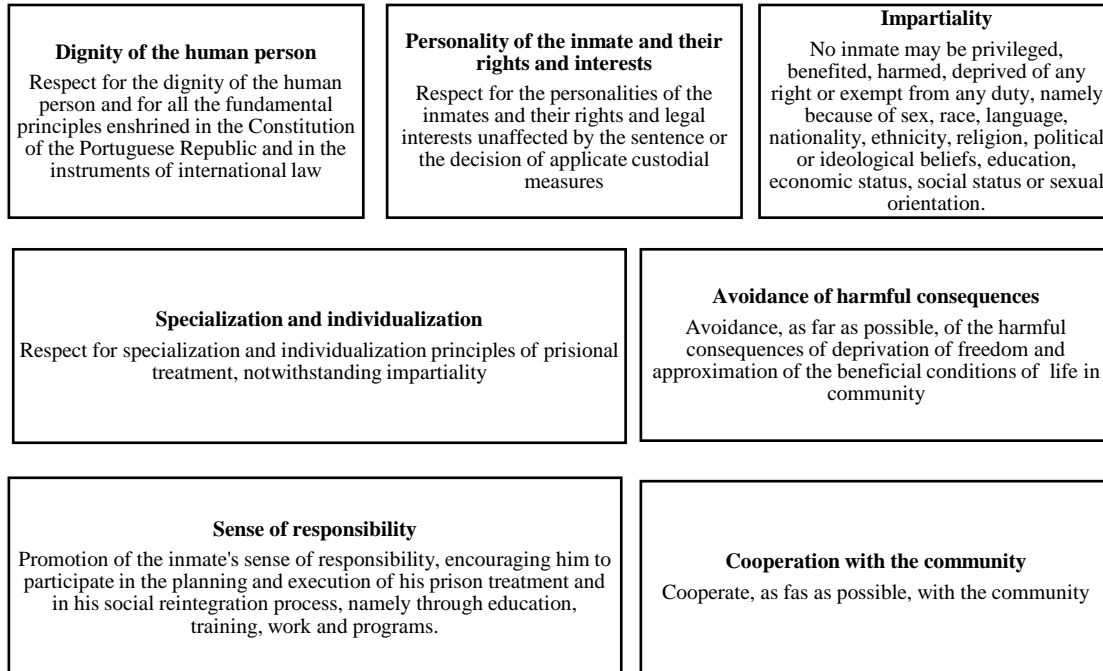
Intervention programs in Portugal

A basic principle proposed by the Execution of Sentences and Custodial Measures (*Execução de Penas e Medidas Privativas da Liberdade*) is individualized prison treatment, which should comprehend the needs and risks assessment of each inmate. These needs and risks correspond to criminogenic factors, due to the connection with offensive behaviors. Individualization implicates defining specific intervention plans for each inmate, with a phased implementation and with a set of activities and programs focused on social reintegration aiming to prepare for release, which can be enabled by providing a range of skills that allow offenders to integrate life into society without engaging in antisocial behaviors.

The guiding principles of Sentences and Custodial can be highlighted in the following figure:

Figure 2

Guiding principles of Sentences and Custodial Measures (Execução de Penas e Medidas Privativas da Liberdade)



Adapted from DGRSP (2019)

This aim integrates the promotion of group intervention programs, with a cognitive-behavioral base, directed towards specific problematic treatment that

generates/reinforce personal and social skills, to encourage socially responsible behaviors and enable social rehabilitation. The programs operationalization is the Competence Center for Program and Project Management responsibility.

The programs should be differentiated according to age, sex, ethnicity and cultural background, vulnerability state, criminal typology, specific needs for social rehabilitation, and criminogenic factors. There are two major types of specific programs: the ones applied in a prison-based context (Appendix I3) and the ones applied in the community. There are 14 prison-based programs in force provided by the General Directorate of Reintegration and Prison Services of the Portuguese Ministry of Justice.

Programs can be considered as a planned set of interventions over a stated and restricted period, which can lead to positive changes in attitudes, beliefs, and behaviors (Chapman & Hough, 1998). Generally, are described as a sequence of activities, intended to reach distinctly delineated aims based on an identifiable theoretical model or empirical evidence. It can be replicated with different groups of offenders to achieve similar results (Chapman & Hough, 1998). Although the authors conceptualize programs as the whole intervention/supervision of the offender process and not just a particular group intervention, Competence Center for Program and Project Management (*Centro de Competências para a Gestão de Programas e Projetos - CCGPP*) bases its rehabilitation programs on these principles.

It is important to highlight that specific rehabilitation programs provided by the General Directorate of Reintegration and Prison Services of the Portuguese Ministry of Justice, consist of rehabilitative and psychoeducational aspects of intervention programs which differ from psychotherapeutic programs, despite the therapeutic qualities of both typologies. This is, the programs have rehabilitative, psychoeducational, and therapeutic ends, aiming to achieve behavioral change, through the promotion of a consistent and lasting cognitive restructuring of schemas and dysfunctional processes that sustain antisocial behaviors. Rehabilitation comprehends different treatment approaches, namely intervention, and training.

Programs structured by the Competence Center for Program and Project Management are essentially based on the Risk-Need-Responsivity model and the cognitive-behavioral model, despite other theories according to specific criminogenic needs.

Three essential rules underlie all the specific rehabilitation programs: 1) voluntarily: the participants should not be coerced to integrate the group, rather motivated and encouraged; 2) neutrality: the facilitators must adopt a neutral and objective posture, engaging in a role of comprehension and empathy; 3) confidentiality: information provided by the participants during the sessions are under secrecy.

Facilitators of these programs have to be trained on the specific program and feel habilitated to deliver the program. Moreover, the training of the professionals is an essential request for its efficacy since it is crucial to preserve the integrity of the model and to protect the quality of the intervention. The programs delivering vary from one to two technicians, according to the design of each program, as well as the kind of training, experience, and field that each program requires. Certain programs, namely the ones with high intensity, such as Intervention program for sexual assaulters / *Programa de Intervenção Dirigido a Agressores Sexuais*, Growing pro-social / *Gerar Percursos Sociais* or the Program to initialize restorative practices - Educate to Repair / *Programa de iniciação às práticas restaurativa - Educar para Reparar* require academic qualification in psychology of at least one of the facilitators.

The professionals of the diverse prison establishments are recruited according to the needs reported by the respective directors. The aim of the training is essentially regarding the practical application of the program but may also concern the theoretical models that support the intervention.

Preferably, the programs should be facilitated by two professionals, despite in certain cases that predict the applicability of only one. However, programs with high intensity must always be delivered by two. The facilitators should be qualified in social and human sciences, have knowledge and skills for group facilitation, have knowledge in cognitive-behavioral models, and be motivated for this task.

All programs identify inclusion and exclusion criteria. Nevertheless, it aims to be illustrative and not to be restrictive, therefore, the facilitators have reasonable tolerance to integrate the candidates. This evaluation could be assisted through a semi-structured interview, to guarantee an adjusted group functioning. It is noteworthy that certain programs with high intensity are supported with evaluation instruments to assist the selection process, such as psychological tests. Also, the number of prisoners that integrated programs vs the total of inmates can be found in appendix I4).

Additionally, all programs include a guidebook, which is usually developed by the Competence Center for Program and Project Management (*Centro de Competências para a Gestão de Programas e Projetos - CCGPP*). These guidebooks include a theoretical introduction regarding the target problematic with the description of the sessions, the goals, and the way to direct it. Moreover, also contains attachments (such as videos, exercises, documents...) to stimulate the sessions as well as tools to assess changes induced by the program.

The programs are divided according to four different groups: Early-Stage Application Programs/*Programas de aplicação em fase Inicial da Pena*, Cross-cutting programs/*Programas dirigidos a temáticas transversais*, Programs targeting specific problematics/*Programas dirigidos a problemáticas específicas* and End-stage application programs/*Programas de aplicação em fase final da pena* (appendix J1). Additionally, the operational definition of the main goal of these programs can be found in appendix J2.

a) Program for emotional stabilization and institutional integration/ *Programa de estabilização emocional e integração institucional*

This is a low-intensity program up to 16 sessions, directed to groups of 15-20 preventive and/or recently detained inmates (less than 90 days). It aims to develop adaptative coping strategies for the new circumstance in the prison context, promote integration and emotional stabilization.

Preferably, should have two facilitators. However, it can be applied by only one who must be qualified with training for the application of this particular program, or at least one of them, if there are two.

b) Integrated program to prevent suicide / *Programa Integrado de Prevenção do Suicídio (PIPS)*

The program pretends to answer the risk/vulnerability of the suicide problem in the prison context. The target groups can be divided into three categories: 1) inmates that present thoughts/behaviors with suicidal intentions; 2) inmates that integrate vulnerable groups and present the risk of commit suicidal acts; and 3) inmates with self-destructive

thoughts. Regarding the strategy of the program, it is composed of two phases: Level I correspond to the ingressive system phase and consists of detecting eventual alert signs/symptoms (surveillance services), which leads to a suicide risk assessment according to the intake screening strategy (prison treatment services) and finally the diagnosis (clinical services); Level II comprehends the accommodation phase, and it is composed by a multidisciplinary team, Permanent Observation Team (Equipa de Observação Permanente (EOP)), that integrates one element that respects to the Direction of the prison establishment, one element that integrates surveillance services and one element of the clinical services. This partnership aims to classify the results from low risk, medium risk, or high risk and deliver the program.

c) Growing Pro-Social / *Programa de promoção de competências pessoais e emocionais – Gerar percursos sociais (GPS)*

This is a high-intensity program built by a partnership between the General Directorate of Reintegration and Prison Services of the Portuguese Ministry of Justice (*Direcção-Geral de Reinserção e Serviços Prisionais – DGRSP*) and the University of Coimbra, Faculty of Psychology.

It aims to promote psychosocial rehabilitation of groups of 12-14 young offenders, between 16 and 30 years old, and that focus on adjusting maladaptive behaviors. They should be preferably in an initial phase of the sentence and the release is not expected within 12 months and should be excluded inmates with severe psychopathologies, severe cognitive impairment, and an evident dependence on substances in an active phase.

It integrates 40 sessions, each with 90 minutes, the number of sessions varies according to each module, their nature, and extent. It is pre-defined an initial session, a final session, and some follow-up sessions that can take place once or twice a week. It comprehends five modules: communication (5 sessions), interpersonal relationships (11 sessions), cognitive distortions (6 sessions), the meaning of emotions (7 sessions), and traps of the past/beliefs (9 sessions).

The facilitators must be two with experience in the application of programs, qualified with training for the application of this particular program, and whose basic training of at least one of them is in the field of psychology.

The authors of the program consider that the majority of these programs, which are directed to the promotion of social and personal skills, are too didactical and that the interventions with more efficacy include the development of different interpersonal-cognitive skills. Moreover, they consider that despite that the other programs are generally based on a theoretical paradigm directed to the social information process and on cognitive models, the cognitive perspective on its amplitude is not addressed. This is, do not identify what should be the focus of the change and do not define the connection of the different variables that are meant to be altered by the program, consequently, GPS authors aim to answer this issue (Rijo *et al.*, 2007).

Furthermore, recent studies have shown the efficacy of the program on emotion regulation, maladaptive cognitions, and reducing disciplinary infractions (Brazão *et al.*, 2019).

d) Program to initialize restorative practices - Educate to Repair / *Programa de iniciação às práticas restaurativa: Justiça restaurativa (JR) – Educar para Reparar*

This is a high-intensity program whose main goal consists in prevent recidivism and the specific aims are to develop consciousness and repercussions of actions, by promoting a sense of responsibility for the crime, as well as its respective impact. The groups should comprehend 8-12 inmates, whose sentences do not have excessive emotional weight. Preferably in an initial phase of the sentence and the release is not expected within 12 months. Should be excluded inmates with severe psychopathologies, severe cognitive impairment, and reveal an evident active phase of substance abuse.

The program is composed of two modules, the sessions have 90 minutes and can take place once or twice a week. The contents are based on restorative practices and respective competencies.

The first module (session 1 to 14) involves conflict resolution and includes the following competencies: communication, social decentralization, recognize emotions, problem resolution, conflict management, bullying, and group culture/mutual respect.

The second (session 15 to 30) focuses on restorative competencies and comprehends moral reasoning promotion, the concept of damage, the concept of a victim, and the concept of repair.

The facilitators must be two with experience in the application of programs, qualified with training for the application of this particular program, and whose basic training of at least one of them is in the field of psychology

e) Pilot program to promote moral and ethical development / *Programa piloto de promoção do desenvolvimento moral e ético (DME)*

The general goals of the program are to exercise symbolic thinking, think about the meaning of life, foster the willingness of their expansion, develop positive representations about themselves, and promote ethical attitudes and behaviors. It also aims to promote citizenship education, justice, and fundamental human rights. The program integrates the psychology of moral development area from a cognitive-behavior perspective.

The group should be composed of 8-12 inmates whose release is not expected within at least 1 year, with any crime typology. Should be excluded inmates with severe psychopathologies, severe cognitive impairment, evident dependence on substances in an active phase, cannot read or write.

The program has 26 sessions, each with a duration of 90 minutes and in this pilot phase, the application is weekly. It is presented to the participants a group of hypothetical moral dilemmas and they are asked to discuss them, which allows them to socially decentralize. The approach of moral conflict is considered more efficient as better the differentiation, coordination, reversibility, and balance between the different points of view. In other words, a solution accepted by all participants, even if they change their initial perspective. All sessions include experimental exercises, where all participants are stimulated to achieve insight through real-life dilemmas.

f) Intervention Program for Sexual Assaulters / *Programa de intervenção dirigido a agressores sexuais (AS)*

This is an extended and phased program that takes place from an early phase of the sentence until its end, directed at inmates whose crimes have sexual nature. With high intensity, the main goal is reducing the risk of recidivism of sexual crimes, essentially by increasing self-criticism, cognitive restructuring, and the awareness of the impact on the victim. The groups are constituted according to the crime typology: crimes against sexual self-determination and crimes against sexual freedom.

The structure of the program is divided into 4 phases and has a variable duration, with a minimum of 44 sessions (90 minutes each). The first (evaluation) and last (follow-up) phases are variable, the second (motivation phase) has 14 sessions, and the third 30 sessions.

The facilitators must be two with experience in the application of programs, qualified with training for the application of this particular program, and whose basic training of at least one of them is in the field of psychology

g) Intervention program for road crimes (Safe Roads) / *Programa de intervenção dirigido a autores de delitos estradais - Estrada segura (ES)*

This is a low-intensity program for inmates convicted of road crimes, and the main goal is to prevent recidivism of these particular crimes, by promoting awareness of alcohol/narcotic effects while driving and the consequences of driving without a legal license.

The groups are divided into 8 to 12 inmates and it has 8 sessions with 90 minutes each. Additionally, the approach varies according to the specific problematic: 1) driving while under the influence of alcohol; 2) driving while under the influence of drugs; 3) driving without a legal license.

Preferably, should have two facilitators. However, it can be applied by only one who must be qualified with training for the application of this particular program, or at least one of them, if there are two.

h) Motivational program to treat addictive behaviors / *Programa de motivação para o tratamento de comportamentos aditivos*

This is a medium intensity program that aims to assess and intervene in the motivation change cycle of individuals with a psychoactive substance abuse history, regardless of the type of substances, duration of the respective consumes, or even the legal condition and crime typology. The program can be delivered inside or outside the prison context and the group is composed of 10 to 15 inmates, and the structure has 16 sessions (60 to 90 minutes). The last phase of the program involves the construction of a treatment plan.

The facilitators must be two with experience in the application of programs, qualified with training for the application of this particular program, and whose basic training of at least one of them is in the field of psychology

i) Intervention program for alcohol consumption / *Programa de intervenção na problemática do alcoolismo*

It is a high-intensity program focused on the relapse prevention of alcohol consumption for inmates with a pattern of alcohol abuse. It pretends to promote adaptative and functional coping strategies and aims to promote a rehabilitation plan with educational support to achieve behavior change. The structure comprehends 22 sessions of 90 minutes each and the groups are composed of 8 to 12 inmates, preferably whose crimes occurred under alcohol abuse, with young ages, already benefit from jurisdictional leavings, and those who have a more recent pattern of immoderate alcoholic consumption. Should be excluded inmates with moderate to severe mental disability and psychotic pathology with behavioral alterations that prevent the inclusion in group intervention programs.

The facilitators must be two with experience in the application of programs, qualified with training for the application of this particular program, and whose basic training of at least one of them is in the field of psychology

j) Program to train competencies for employability / *Programa de treino de competências para a empregabilidade*

It is a medium intensity program for inmates with low skills for employability, regardless of the crime typology. It addresses educational and personal difficulties that limit the ability to obtain/maintain formal jobs by the awareness of work as a social exercise of citizenship. The structure has 20 sessions, 120 minutes each, composed of 3 modules. After assessing the participant's needs, they integrate the modules that adjust their needs: 1) the importance of work and social motivation; 2) competencies such as integrity, flexibility, self-control, analytical thinking, initiative, constancy, organization and quality, customer orientation, teamwork, communication; 3) training of active techniques for searching for jobs or stimulation of self-employment, to provide essential skills to integrate labor market.

Preferably, should have two facilitators. However, it can be applied by only one who must be qualified with training for the application of this particular program, or at least one of them, if there are two.

k) Program to prevent relapse and recidivism – Building a prevention and contingency plan / *Programa de prevenção da reincidência e da recaída - Construir um plano de prevenção e contingência (PPC)*

This is a low-intensity program that focuses on the importance of anticipating and predicting aspects that might be unexpected and on the importance of building prevention plans, by acknowledging the concept and usefulness of contingency plans and outlining goals to achieve it in a short, medium, and long term.

It has 14 sessions of 90 minutes each, and the groups are composed of 8 to 12 inmates, preferably under an open regime, or near to the end of their sentence or conditional release. Should be excluded inmates with severe psychopathologies, severe cognitive impairment, evident dependence on substances in an active phase, and who cannot read or write.

Preferably, should have two facilitators. However, it can be applied by only one who must be qualified with training for the application of this particular program, or at least one of them, if there are two.

l) Program for inmates convicted of domestic violence / *Programa dirigido a reclusos condenados por violência doméstica (VIDA)*

This is a recent program with high intensity directed at perpetrators of intimate partner violence. There was found or provided no further information concerning this program.

m) Adaptative competences and social integration / *Competências adaptativas e integração social (CAIS)*

This is a recent program with high intensity that aims to promote adaptative skills and social integration. There was found or provided no further information about this program.

n) Rehabilitation program for arsonists / *Programa para reabilitação de incendiários (PRI)*

This is a recent program with medium intensity directed to inmates convicted of fire-related crimes and aims to prevent recidivism of incendiary behaviors. The program was developed by the University of Kent (FIPP) and it was adapted to the Portuguese context, as proposed by the General Directorate of Reintegration and Prison Services of the Portuguese Ministry of Justice (*Direcção-Geral de Reinserção e Serviços Prisionais – DGRSP*).

The program includes group dynamics with specific goals, namely increasing knowledge about fire safety, addressing maladaptive thoughts/emotions concerning fire, developing communication skills, promoting emotional regulation, promoting self-esteem, and recognizing aspects or motivations that may lead to acting-out (<https://justica.gov.pt/Noticias/Primeiro-Programa-de-Reabilitacao-para-Incendarios->

[em-curso](#)). It has 28 group sessions of 2 hours each, that intersperse with other 28 individual sessions, 1 hour each.

Intervention assessments

Typically, studies had identified criminal recidivism reduction rates as the primordial measure of the efficacy of rehabilitation programs. This is, a reduction in recidivism has long been considered as the ultimate outcome of treatment (Hanson, 1997). Interventions are deemed effective if the treated group recidivate at a substantial minor rate than the comparison group. Even if a reduction in recidivism is clearly a significant result of offender rehabilitation, there are several concerns with using this construct as the only measure of accomplishment (Yesberg, 2019).

Offenders who do not recidivate during the follow-up period are believed to be treated, while the other ones are considered treatment failures. However, this respects to a limited view of treatment success, since it is only measured as having been convicted again or not (Maltz, 1984).

Recidivism decrease should be assessed by outcomes that have the potential to enlighten how the treatment works, which implicates explaining the effect of the treatment also through other intermediate relevant variables (MacKinnon & Dwyer, 1993 in Yesberg, 2015).

Surprisingly, there is not much research connecting recidivism and treatment changes. Serin *et al.* (2013), reviewed 378 studies regarding violence reduction, cognitive skills, and substance abuse interventions and concluded that only 17 of these studies proposed to associate intervention changes with recidivism results, and only 10 studies exposed a significant link between recidivism and at least one change measure.

While recidivism outcomes can tell us whether a program reached its main objective of decreasing criminal behavior, it does not show how the intervention worked (Yesberg, 2019).

Consequently, despite positive outcomes over recidivism, less is known regarding the change in other factors that research has also identified as being associated with

reoffending. A new trend in research has started to identify and to assess other important variables in interventions (Brazão *et al.*, 2019).

There is barely any empirical research exploring the perspective of professionals who deliver intervention programs and how they perceive these interventions. There was only found one article (Morrison *et al.*, 2017) that focus on professionals perspectives regarding batterers intervention programs for perpetrators of intimate partner violence and it was found that 1) they consider that smaller groups and a longer number of weeks of group sessions promoted the likely to impact the participants; 2) they recommended the presence of two facilitators, who should have specific training and qualifications; and 3) professionals also believe that encourage the group to share their narratives and experiences leads to a sense of applicability to, and significance for, the participant's personal lives and circumstances (Morrison *et al.*, 2017).

The lack of research findings regarding program facilitators' perspectives is surprising since it is crucial that they are involved in the implementation and assessment of any intervention. In fact, it is important to have their considerations in mind when assessing a program, regarding their experience in the justice system and their interaction with the inmates. This leads to how important it is to consider their opinion on the interventions and their motivation in implementing it. Furthermore, the facilitators' perspective can reveal essential information about *if* and *how* the intervention programs seem to work since they are the main connection between the programs and the participants. In fact, “the group facilitators are the primary vehicles for organizational or programmatic influence” (Silvergleid and Mankowski, 2006).

Portuguese studies aimed to assess the efficacy of a particular program with adult offenders, Growing Pro-Social (GPS) and researchers concluded that the program is effective in reducing the frequency of self-reported cognitive distortions and the prominence of early maladaptive schemas, as well as paranoia, shame, and anger a (Brazão *et al.*, 2017), it is effective in what comes to the reduction of emotion regulation difficulties and disciplinary infractions while in prison (Brazão *et al.*, 2018) and has shown to benefit inmates with personality disorders, regardless the severity of the pathology (Brazão *et al.*, 2019).

Additionally, an assessment of a Portuguese alternative program to prison addressed for male violence domestic offenders (PAVD) has shown that the program

reduces cognition that legitimates violence, decreases the risk of addictive behavior, especially alcohol abuse, develops self-responsibility for criminal acts and, consequently increases the prevention of recidivism (<https://dgrsp.justica.gov.pt>).

Despite these findings regarding offender needs and treatment targets, little research has focused on who delivers these programs. A Portuguese review has concluded that psychological research in prison contexts has been focusing, typically, on classical psychological issues. However, this wave reflects a lack of studies with professionals, which leads to an understanding of psychological variables mainly focused on data obtained from only inmates (Costa *et al.*, 2017).

At last, in appendix K, all the references mentioned are grouped according to the correspondent category.

Appendix B) Definition of the dimensions/variables

Dimension	Definition	Operational definition	Measure
Perception	Function that attributes meaning to the external stimulus, through personal and subjective experience. Consists of acquisition, interpretation, selection, and organization of information (Gallagher, 2008)	The perception of the facilitators	Questionnaires
Framework (program)	Framework concerns offenders' risk level, the program intensity, and length. Theoretical and empirical factors are essential to the rationale of the program. The framework evidences the participants' needs and the ensuing responses. A key rule is that only increasing treatment dosage as risk increases, may not produce equivalent effect sizes across the spectrum from medium to very high-risk offenders. Instead, "it is not just the treatment hours that increase, but the degree to which the program fits around the formulated idiosyncrasies of that particular offenders, including dynamic (i.e., "in-flight-adjusted") tailoring of content, support for learning, and manipulation of the therapy environment to reinforce and consolidate change." (Polaschek, 2010)	The perception of the facilitators regarding the framework of the program	Questionnaires
Therapeutic potential	Behavioral/physiologic response which is considered to be favorable or successful, and it is led by a specific intervention (Kramer, T., 2018)	The perception of the facilitators regarding the therapeutic potential of the program	Questionnaires
Training	Training is required to increase performance and improve effectiveness when developing certain tasks. Effective training consists of a well-received training that provides important understanding, competencies, and confidence to apply (Kirkpatrick, J., & Kirkpatrick, W., 2016).	The perception of the facilitators regarding the facilitators training on the program	Questionnaires
Emotions	<p>Reactions to an environmental and cognitive stimulus that generates equally subjective experiences and significant neurobiological variations. Emotional competent individuals manage emotions effectively, which allows them to negotiate through personal interactions, have a sense of subjective well-being, and adaptive resilience in stressful situations (Saarni, 2002). Emotional competence generally depends on social history, beliefs, attitudes, assumptions, social roles, and standards of the significant others.</p> <p>Developing emotional competencies leads to the improvement of other skills, including social skills and the manifestation of more adaptive and effective behaviors (Faria, <i>et al.</i>, 2008; Faria & Lima Santos, 2006; Lima <i>et al.</i>, 2005).</p>	The perception of the facilitators regarding the emotions promoted by the program	Questionnaires
Cognitions	It includes general beliefs or schemas about the world, the self, and the future, giving rise to specific and automatic thoughts, in particular contexts (Beck, 1970; Ellis, 1962). Maladaptive cognitions contribute to the maintenance of emotional distress and behavioral problems (Beck, 1970).	The perception of the facilitators regarding the cognitions promoted by the program	Questionnaires

<p style="text-align: center;">Behaviors</p>	<p>The reaction and conduct of a person. “Any observable overt movement of the organism generally taken to include verbal behavior as well as physical movements” (Bergner, 2011). It may be modified according to the reinforcements from the environment or according to self-directed purposes. Dysfunctional behaviors are inappropriate actions or responses. Generally, are accompanied by cognitive distortions (Molloy <i>et al.</i>, 1996).</p>	<p>The perception of the facilitators regarding the behaviors promoted by the program</p>	<p>Questionnaires</p>
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Source: the author

Appendix C) Socio-demographic sample characteristics by subgroups

Educate to Repair - Descriptive sample data

		Average (years)	Standard deviation	<i>n</i> (5)	%
Sex	Female			4	80,0
	Male			1	20,0
Age		46	6,519	5	
Qualification	Psychology			2	40,0
	Social Services			2	40,0
	Law			1	20,0
Typologies of the prison establishments	Central ^a			4	80,0
	Regional ^b			1	20,0
Time developing their functions (years)	0-5			2	40,0
	6-10			1	20,0
	+ 20			2	40,0
Time applying the programs (years)	0-5			3	60,0
	6-10			2	40,0

Source: the author

^a Central: receives prisoners with custodial sentences of more than six months;

^b Special: intended for the internment of prisoners in need of specific treatment, including detention centers and facilities for young adults, women's institutions, prison hospitals, and prison psychiatric hospitals.

Safe Roads - Descriptive sample data

		Average (years)	Standard deviation	<i>n (II)</i>	%
Sex	Female			6	54,5
	Male			5	45,5
Age		44,454	4,367	11	
Qualification	Psychology			5	45,5
	Social Services			2	18,2
	Sociology			2	18,2
	Teacher			1	9,1
	Public administration			1	9,1
Typologies of the prison establishments	Regional ^a			8	72,7
	Central ^b			3	27,3
Time developing their functions (years)	0-5			4	36,4
	6-10			2	18,2
	11-15			1	9,1
	16-20			1	9,1
	+ 20			3	27,3
Time applying the programs (years)	0-5			5	45,5
	6-10			5	45,5
	11-15			1	9,1

Source: the author

^a Regional: receives preventive detentions and custodial sentences up to six months;

^b Central: receives prisoners with custodial sentences of more than six months;

Program for emotional stabilization and institutional integration - Descriptive sample data

		Average (years)	Standard deviation	<i>n</i> (10)	%
Sex	Female			5	50,0
	Male			5	50,0
Age		49,200	7,942	10	
Qualification	Psychology			5	50,0
	Social Services			1	10,0
	Sociology			1	10,0
	Social education			2	20,0
	Teacher			1	10,0
Typologies of the prison establishments	Regional ^a			7	70,0
	Central ^b			3	30,0
Time developing their functions (years)	0-5			1	10,0
	6-10			1	10,0
	16-20			4	40,0
	+ 20			4	40,0

Time applying the programs (years)	0-5	3	30,0
	6-10	6	60,0
	16-20	1	10,0

Source: the author

^a Regional: receives preventive detentions and custodial sentences up to six months;

^b Central: receives prisoners with custodial sentences of more than six months;

Program to prevent relapse and recidivism - Descriptive sample data

		Average (years)	Standard deviation	n (7)	%
Sex	Female			4	57,1
	Male			3	42,9
Age		46,429	4,504	7	
Qualification	Psychology			2	28,6
	Social Services			2	28,6
	Sociology			2	28,6
	Teacher			1	14,3
Typologies of the prison establishments	Regional			2	28,6
	Central			5	71,4
Time developing their functions (years)	0-5			3	42,9
	16-20			2	28,6
	+ 20			2	28,6

Time applying the programs (years)	0-5	5	71,4
	6-10	2	28,6

Source: the author

^a Regional: receives preventive detentions and custodial sentences up to six months;

^b Central: receives prisoners with custodial sentences of more than six months;

Integrated program to prevent suicide - Descriptive sample data

		Average (years)	Standard deviation	n (10)	%
Sex	Female			6	60,0
	Male			4	40,0
Age		47,800	7,036	10	
Qualification	Psychology			5	50,0
	Social Services			1	10,0
	Sociology			2	20,0
	Social education			1	10,0
	Public administration			1	10,0
Typologies of the prison establishments	Regional ^a			8	80,0
	Central ^b			2	20,0

Time developing their functions (years)	0-5	2	20,0
	6-10	1	10,0
	11-15	2	20,0
	16-20	2	20,0
	+ 20	3	30,0
Time applying the programs (years)	0-5	4	40,0
	6-10	3	30,0
	11-15	2	20,0
	+ 20	1	10,0

Source: the author

^a Regional: receives preventive detentions and custodial sentences up to six months;

^b Central: receives prisoners with custodial sentences of more than six months;

Growing Pro-Social - Descriptive sample data

		Average (years)	Standard deviation	n (5)	%
Sex	Female			4	80,0
	Male			1	20,0
Age		42,000	4,301	5	
Qualification	Psychology			2	40,0
	Social Services			2	40,0
	Sociology			1	20,0
Typologies of the prison establishments	Regional ^a			3	60,0
	Central ^b			2	40,0
Time developing their functions (years)	0-5			2	40,0
	11-15			1	20,0
	+ 20			2	40,0
Time applying the programs (years)	0-5			2	40,0
	6-10			2	40,0
	11-15			1	20,0

Source: the author

^a Regional: receives preventive detentions and custodial sentences up to six months;

^b Central: receives prisoners with custodial sentences of more than six months;

Pilot program to promote moral and ethical development - Descriptive sample data

		Average (years)	Standard deviation	n (8)	%
Sex	Female			6	75,0
	Male			2	25,0
Age		44,250	5,471	8	
Qualification	Psychology			6	75,0
	Social Services			1	12,5
	Administrative sciences			1	12,5
Typologies of the prison establishments	Regional ^a			1	12,5
	Central ^b			5	62,5
	Special ^c			2	25,0
Time developing their functions (years)	0-5			2	25,0
	6-10			1	12,5
	11-15			2	25,0
	16-20			1	12,5
	+ 20			2	25,0
Time applying the programs (years)	0-5			3	37,5
	6-10			4	50,0
	11-15			1	12,5

Source: the author

^a Regional: receives preventive detentions and custodial sentences up to six months;

^b Central: receives prisoners with custodial sentences of more than six months;

^c Special: - intended for the internment of prisoners in need of specific treatment, including detention centers and facilities for young adults, women's institutions, prison hospitals, and prison psychiatric hospitals.

Intervention program for alcohol consumption - Descriptive sample data

		Average (years)	Standard deviation	n (5)	%
Sex	Female			5	100,0
Age		47,200	5,891	5	
Qualification	Psychology			3	60,0
	Social Services			1	20,0
	Social education			1	20,0
Typologies of the prison establishments	Regional ^a			3	60,0
	Central ^b			2	40,0
Time developing their functions (years)	6-10			2	40,0
	11-15			1	20,0
	+ 20			2	40,0
Time applying the programs (years)	0-5			1	20,0
	6-10			3	60,0
	11-15			1	20,0

Source: the author

^a Regional: receives preventive detentions and custodial sentences up to six months;

^b Central: receives prisoners with custodial sentences of more than six months;

Motivational program to treat addictive behaviors - Descriptive sample data

		Average (years)	Standard deviation	n (2)	%
Sex	Female			2	100,0
Age		40,500	3,535	2	
Qualification	Psychology			1	50,0
	Psychopedagogy			1	50,0
Typologies of the prison establishments	Regional ^a			1	50,0
	Central ^b			1	50,0
Time developing their functions (years)	11-15			1	50,0
	+ 20			1	50,0
Time applying the programs (years)	6-10			1	50,0
	11-15			1	50,0

Source: the author

^a Regional: receives preventive detentions and custodial sentences up to six months;

^b Central: receives prisoners with custodial sentences of more than six months;

Program to train competencies for employability - Descriptive sample data

		Average (years)	Standard deviation	n (3)	%
Sex	Female			2	66,7
	Male			1	33,3
Age		41,000	2,645	3	
Qualification	Psychology			1	33,3
	Social Services			2	66,6
Typologies of the prison establishments	Regional ^a			2	66,7
	Central ^b			1	33,3
Time developing their functions (years)	0-5			1	33,3
	16-20			1	33,3
	+ 20			1	33,3
Time applying the programs (years)	0-5			2	66,7
	6-10			1	33,3

Source: the author

^a Regional: receives preventive detentions and custodial sentences up to six months;

^b Central: receives prisoners with custodial sentences of more than six months.

Intervention Program for Sexual Assaulters - Descriptive sample data

		Average (years)	Standard deviation	<i>n</i> (I)	%
Sex	Female			1	100,0
Age		38,000	-	1	
Qualification	Psychology			1	100,0
Typologies of the prison establishments	Central ^a			1	100,0
Time developing their functions (years)	11-15			1	100,0
Time applying the programs (years)	11-15			1	100,0

Source: the author

^aCentral: receives prisoners with custodial sentences of more than six months;

Appendix D) Measures

1) Sociodemographic questionnaire

Código

Este questionário é anónimo, apenas é preciso um código para associar a sua resposta atual a respostas dadas em futuros momentos.

Inserir o código composto pela segunda e penúltima letra do seu nome próprio e pelos dois últimos dígitos do seu telemóvel (ex: Inês - código NE32) *

A sua resposta _____

Anterior **Seguinte**

Assinale o seu sexo *

Homem

Mulher

Indique a sua idade *

A sua resposta _____

Qual a sua formação? *

Psicologia

Sociologia

Criminologia

Assistente social

Serviço social

Outra: _____

Em que tipologia de EP exerce/exerceu funções? *

EP Central

EP Regional

EP Especial

Por quanto tempo desempenha/desempenhou funções em EPs? *

- 0-5 anos
- 6-10 anos
- 11-15 anos
- 16-20 anos
- Mais de 20 anos

Há quanto tempo começou a aplicar programas específicos de reabilitação em EPs? *

- 0-5 anos
- 6-10 anos
- 11-15 anos
- 16-20 anos
- Mais de 20 anos

Qual/Quais o/s programa/s em que interveio até ao momento?

Estabilização Emocional e Integração Institucional (EEII)	Integrado de Prevenção do Suicídio (PIPS)	Promoção de Competências Pessoais e Emocionais (Gerar Percursos Sociais – GPS)	Iniciação às Práticas Restaurativas (Educar para Reparar - ER)	piloto de promoção do Desenvolvimento Moral e Ético (PDME)	Interdição de Atividades Agrícolas (IAGA)
---	---	--	--	--	---

Programa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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← →

Anterior

Seguinte

2) Pilot program to Promote Moral and Ethical Development questionnaire

Programa piloto de promoção do Desenvolvimento Moral e Ético

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência?

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da prisional?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária?*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como quantifica o potencial terapêutico do programa nos participantes reclusos/as?

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a promoção do programa para a ventilação emocional?

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a promoção do programa para a descentração social?

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a promoção do programa para o raciocínio moral?

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica que o programa promova o autoconceito? *

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Como classifica que o programa desafie as crenças desadaptativas dos reclusos? *

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica que o programa contribui para a mudança de comportamentos a que se propõe? *

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Como classifica o benefício para os participantes reclusos/as que integrem neste programa? *

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada? *

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa?

	1	2	3	4	5	
Nada confiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Muito confiante

De uma maneira geral, aconselharia este programa?

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Enumere 3 aspetos que considera mais positivos deste programa

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa

A sua resposta _____

O que mudaria no programa?

A sua resposta _____

Quais as dificuldades sentidas para a aplicação do programa?

A sua resposta _____

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta _____

Anterior

Submeter

3) Program for Emotional Stabilization and Institutional Integration questionnaire

Programa de Estabilização Emocional e Integração Institucional

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária?

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssimo

Como quantifica o potencial terapêutico do programa nos participantes reclusos/as?

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para minimizar os efeitos nocivos do stress prisional?

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa no suporte à estabilidade emocional dos participantes reclusos/as?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica o contributo do programa para promover estratégias de coping adaptativas?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para a integração institucional dos participantes reclusos/as?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhum

Como classifica o benefício para os participantes reclusos/as que integrem neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?*

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa?

1 2 3 4 5

Nada confiante Bastante confiante

De uma maneira geral, aconselharia este programa?

1 2 3 4 5

Bastante Nada

Enumere 3 aspetos que considera mais positivos deste programa

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa

A sua resposta _____

O que mudaria no programa?

A sua resposta _____

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta _____

4) Growing Pro-Social questionnaire

Programa de Promoção de Competências Pessoais e Emocionais (Gerar Percursos Sociais -GPS)

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária? *

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos? *

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe? *

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssimo

Como quantifica o potencial terapêutico do programa nos participantes reclusos? *

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para a mudança de comportamentos a que se propõe? *

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhum

Como classifica a contribuição do programa relativamente à motivação para a mudança?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para promover competências emocionais?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para desafiar crenças desadaptativas?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa na educação para o Direito?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para a reabilitação psicossocial?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o benefício para os participantes reclusos com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?*

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa?*

	1	2	3	4	5	
Nada confiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante confiante

De uma maneira geral, aconselharia este programa?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Enumere 3 aspetos que considera mais positivos deste programa*

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa*

A sua resposta _____

O que mudaria no programa?*

A sua resposta

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta

[Anterior](#)

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5) Program to Initialize Restorative Practices - Educate to Repair questionnaire

Programa de Iniciação às Práticas Restaurativas (Educar para Reparar)

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária*?

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos*?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe*?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como quantifica o potencial terapêutico do programa nos participantes reclusos*?

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para o reconhecimento de emoções*?

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a promoção do programa para o desenvolvimento de competências restaurativas?*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como classifica o contributo do programa para capacidade de gestão de conflitos?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o contributo do programa para a reparação do dano/capacidade de pedir desculpa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o contributo do programa para a descentração social?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o contributo do programa para a assunção/responsabilização do crime?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o contributo do programa para a consciencialização das consequências das ações?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para a mudança de comportamentos a que se propõe?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhum

Como classifica o benefício para os participantes com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?*

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa?*

	1	2	3	4	5	
Nada confiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante confiante

De uma maneira geral, aconselharia este programa?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Enumere 3 aspetos que considera mais positivos deste programa*

A sua resposta

Enumere 3 aspetos que considera mais negativos deste programa*

A sua resposta

O que mudaria no programa?*

A sua resposta

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta

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6) Intervention program for Road Crimes - Safe Roads questionnaire

Programa de Intervenção dirigido a reclusos condenados por delitos Estradais (Estrada Segura)

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões*?

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal*)

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária?

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssimo

Como quantifica o potencial terapêutico do programa nos participantes reclusos/as?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para a mudança de comportamentos a que se propõe?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhum

Como quantifica o contributo do programa para facilitar alterações de comportamentos às infrações estradais?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para promover a responsabilidade rodoviária?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para promover competências emocionais?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para promover a interiorização do impacto do comportamento do participante recluso na sociedade?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o benefício para os participantes reclusos com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o benefício para a comunidade com a facilitação deste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?*

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa?*

	1	2	3	4	5	
Nada confiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante confiante

De uma maneira geral, aconselharia este programa?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Enumere 3 aspetos que considera mais positivos deste programa*

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa*

A sua resposta _____

O que mudaria no programa?

A sua resposta

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta

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Google Formulários

7) Program to Train Competencies For Employability questionnaire

Programa de Treino de Competências para a Empregabilidade

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária?*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssimo

Como quantifica o potencial terapêutico do programa nos participantes reclusos?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para a mudança de comportamentos a que se propõe?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhum

Como quantifica o contributo do programa para promover competências emocionais?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para estimular o sentido e consciência do trabalho como exercício social de cidadania?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica o contributo do programa para desafiar as dificuldades educacionais e pessoais que limitam a obtenção/manutenção de um emprego formal?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como classifica o benefício para os participantes com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?*

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa*?

	1	2	3	4	5	
Nada confiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante confiante

De uma maneira geral, aconselharia este programa*?

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Enumere 3 aspetos que considera mais positivos deste programa*

A sua resposta

Enumere 3 aspetos que considera mais negativos deste programa*

A sua resposta

O que mudaria no programa*?

A sua resposta

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta

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8) Integrated program to Prevent Suicide questionnaire

Programa Integrado de Prevenção do Suicídio (PIPS)

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária?

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como quantifica o potencial terapêutico do programa nos participantes reclusos/as?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o contributo do programa ao nível da resiliência interna?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para promover competências emocionais?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica as estratégias de prevenção do suicídio em que o programa incide?*

	1	2	3	4	5	
Péssimas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como classifica o contributo do programa para evitar comportamentos para-suicidários?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o contributo do programa para minimizar o impacto do fenómeno do suicídio em meio prisional?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o benefício para os participantes reclusos/as com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?

1 2 3 4 5

Nada adequada Bastante adequada

Quão confiante se sente para aplicar este programa?

1 2 3 4 5

Nada confiante Bastante confiante

De uma maneira geral, aconselharia este programa?

1 2 3 4 5

Bastante Nada

Enumere 3 aspetos que considera mais positivos deste programa

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa

A sua resposta _____

O que mudaria no programa?

A sua resposta _____

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta _____

9) Program to Prevent Relapse and Recidivism – Building a prevention and contingency plan questionnaire

Programa de Prevenção da Reincidência e da Recaída (Construir um Plano de Prevenção e de Contingência)

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária*?

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos*?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe*?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssimo

Como quantifica o potencial terapêutico do programa nos participantes reclusos/as*?

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para promover o reconhecimento de emoções*?

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para promover a capacidade de delinear estratégias de antecipação?

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para promover a capacidade de delinear planos de prevenção?

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para facilitar a perceção do conceito e utilidade do plano de contingência?

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhum

Como quantifica o contributo do programa para promover a capacidade de traçar metas/objetivos que se pretendem alcançar a curto, médio e a longo prazo?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para facilitar a materialização de um projeto de vida?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para a prevenção do risco de reincidência?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o benefício para os participantes reclusos/as com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?*

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa?*

	1	2	3	4	5	
Nada confiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante confiante

De uma maneira geral, aconselharia este programa?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Enumere 3 aspetos que considera mais positivos deste programa*

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa*

A sua resposta

O que mudaria no programa?*

A sua resposta

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta

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10) Motivational program to Treat Addictive Behaviors questionnaire

Programa de motivação para o tratamento de comportamentos aditivos

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária*?

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos*?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe*?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssimo

Como quantifica o potencial terapêutico do programa nos participantes reclusos*?

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa relativamente à motivação para a mudança*?

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o contributo do programa para promover o reconhecimento de emoções?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa relativamente à resiliência interna?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhuma

Como classifica a contribuição do programa para desafiar crenças desadaptativas?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para a reabilitação psicossocial?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para a prevenção da recaída?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhuma

Como classifica a contribuição do programa para promover estratégias de coping funcionais?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o benefício para os participantes reclusos com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?*

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa?*

	1	2	3	4	5	
Nada confiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante confiante

De uma maneira geral, aconselharia este programa?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Enumere 3 aspetos que considera mais positivos deste programa*

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa*

A sua resposta _____

O que mudaria no programa?*

A sua resposta

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta

Anterior

Seguinte

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11) Intervention program for Alcohol Consumption questionnaire

Programa de intervenção na problemática do alcoolismo

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária*?

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos*?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe*?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssimo

Como quantifica o potencial terapêutico do programa nos participantes reclusos*?

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa relativamente à motivação para a mudança*?

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o contributo do programa para promover o reconhecimento de emoções?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa relativamente à resiliência interna?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhuma

Como classifica a contribuição do programa para desafiar crenças desadaptativas?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para a reabilitação psicossocial?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para a prevenção da recaída?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhuma

Como classifica a contribuição do programa para promover estratégias de coping funcionais?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o benefício para os participantes reclusos com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?*

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa?*

	1	2	3	4	5	
Nada confiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante confiante

De uma maneira geral, aconselharia este programa?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Enumere 3 aspetos que considera mais positivos deste programa*

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa*

A sua resposta _____

O que mudaria no programa?*

A sua resposta

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta

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12) Intervention Program for Sexual Assaulters questionnaire

Programa de Intervenção Técnica dirigido a Agressores Sexuais

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária?*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssimo

Como quantifica o potencial terapêutico do programa nos participantes reclusos?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para a facilitação da reestruturação cognitiva?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para a mudança de comportamentos a que se propõe?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhum

Como classifica o contributo do programa para a alteração de padrões de excitação sexual desviante?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como classifica o contributo do programa para a descentração social?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o benefício para os participantes reclusos com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica o benefício para a comunidade com a facilitação deste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?

Nada adequada 1 2 3 4 5 Bastante adequada

Quão confiante se sente para aplicar este programa?

Nada confiante 1 2 3 4 5 Bastante confiante

De uma maneira geral, aconselharia este programa?

Bastante 1 2 3 4 5 Nada

Enumere 3 aspetos que considera mais positivos deste programa

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa

A sua resposta _____

O que mudaria no programa?

A sua resposta _____

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta _____

13) Program for inmates convicted of Domestic Violence questionnaire

Programa dirigido a reclusos condenados por violência doméstica (VIDA)

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária?

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe?

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssimo

Como quantifica o potencial terapêutico do programa nos participantes reclusos?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para a mudança de comportamentos a que se propõe?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhum

Como classifica a contribuição do programa relativamente à motivação para a mudança?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para desafiar crenças desadaptativas?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para a reabilitação psicossocial?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para promover o autocontrolo?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para a autorregulação emocional?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para promover a perceção da severidade da violência conjugal?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para promover a tolerância à frustração?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhuma

Como classifica o benefício para os participantes reclusos com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?*

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa?*

	1	2	3	4	5	
Nada confiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante confiante

De uma maneira geral, recomendaria este programa?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Enumere 3 aspetos que considera mais positivos deste programa*

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa*

A sua resposta

O que mudaria no programa?*

A sua resposta

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta

Anterior

Seguinte

Nunca envie palavras-passe através dos Google Forms.

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14) Rehabilitation program for Arsonists questionnaire

Programa para reabilitação de incendiários (PRI)

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária?*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como considera o ajustamento do cronograma temporal do programa aos objetivos a que se propõe?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssimo

Como quantifica o potencial terapêutico do programa nos participantes reclusos?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para a mudança de comportamentos a que se propõe?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhum

Como classifica a contribuição do programa relativamente à motivação para a mudança?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para desafiar crenças desadaptativas?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para a reabilitação psicossocial?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para promover o autocontrolo?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhuma

Como classifica a contribuição do programa para a autorregulação emocional?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para promover a tolerância à frustração?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhuma

Como classifica o benefício para os participantes reclusos com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?*

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa?*

	1	2	3	4	5	
Nada confiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante confiante

De uma maneira geral, aconselharia este programa?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Enumere 3 aspetos que considera mais positivos deste programa*

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa*

A sua resposta _____

O que mudaria no programa?*

A sua resposta

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta

[Anterior](#)

[Seguinte](#)

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15) Adaptive Competences and Social Integration questionnaire

Competências adaptativas e integração social (CAIS)

Numa escala de 1-5 por favor indique:

Como quantifica o objetivo do programa em termos de pertinência face aos objetivos?*

	1	2	3	4	5	
Nada pertinente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante pertinente

Considera que os objetivos propostos incidem nas sessões?*

	1	2	3	4	5	
Nada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como considera que o programa se adequa às necessidades da população prisional?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Quanto à distribuição temporal das sessões, como classifica a sua programação? (ex. semanal, bi-semanal)*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de carga horária?*

	1	2	3	4	5	
Péssima	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excelente

Como quantifica a intensidade do programa em termos de conteúdos programáticos?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssima

Como quantifica o ajustamento do cronograma temporal do programa aos objetivos a que se propõe?*

	1	2	3	4	5	
Excelente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Péssimo

Como quantifica o potencial terapêutico do programa nos participantes reclusos?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para a mudança de comportamentos a que se propõe?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhum

Como classifica a contribuição do programa relativamente à motivação para a mudança?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como quantifica o contributo do programa para promover competências emocionais?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para desafiar crenças desadaptativas?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para a reabilitação psicossocial?*

	1	2	3	4	5	
Nenhuma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

Como classifica a contribuição do programa para a integração social?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nenhuma

Como classifica o benefício para os participantes reclusos com a integração neste programa?*

	1	2	3	4	5	
Nenhum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante

A formação administrada aos técnicos/facilitadores relativa à aplicação do programa foi adequada?*

	1	2	3	4	5	
Nada adequada	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante adequada

Quão confiante se sente para aplicar este programa?*

	1	2	3	4	5	
Nada confiante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Bastante confiante

De uma maneira geral, aconselharia este programa?*

	1	2	3	4	5	
Bastante	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Nada

Enumere 3 aspetos que considera mais positivos deste programa*

A sua resposta _____

Enumere 3 aspetos que considera mais negativos deste programa*

A sua resposta _____

O que mudaria no programa?*

A sua resposta

Caso assim o entender, indique outras considerações/sugestões relativas ao programa

A sua resposta

Anterior

Seguinte

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Appendix E) Informed consent

O âmbito da investigação em curso suporta a dissertação de Mestrado Integrado em Psicologia Clínica, no domínio da justiça, da aluna Inês de Castro, estudante do Instituto Universitário de Ciências Psicológicas, Sociais e da Vida (ISPA-IU), sob orientação da Prof. Doutora Luísa Mascolí. Este projeto de investigação pretende acolher a compreensão dos técnicos relativamente aos programas específicos de reabilitação, de acordo com a sua avaliação percetiva profissional no Sistema de Justiça. A sua colaboração no preenchimento deste questionário contribui para o desenvolvimento científico, mas sobretudo para melhorar o impacto dos programas em contexto prisional. A participação na resposta a este questionário é voluntária, sendo os dados recolhidos confidenciais e anónimos. O tempo médio previsto de resposta é de 7 minutos. Qualquer esclarecimento pode ser solicitado à aluna, através do e-mail inesrcc97@gmail.com *

Declaro que aceito participar no estudo

Seguinte

Appendix F) Internal consistency of the questionnaires

Questionnaire	Cronbach's alpha								
Pilot program to promote Moral and Ethical development questionnaire	<p style="text-align: center;">Estatísticas de confiabilidade</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Alfa de Cronbach</th> <th style="width: 33%; text-align: center;">Alfa de Cronbach com base em itens padronizados</th> <th style="width: 33%; text-align: center;">N de itens</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">,854</td> <td style="text-align: center;">,876</td> <td style="text-align: center;">18</td> </tr> </tbody> </table>			Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens	,854	,876	18
Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens							
,854	,876	18							
Program for Emotional Stabilization and Institutional Integration questionnaire	<p style="text-align: center;">Estatísticas de confiabilidade</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Alfa de Cronbach</th> <th style="width: 33%; text-align: center;">Alfa de Cronbach com base em itens padronizados</th> <th style="width: 33%; text-align: center;">N de itens</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">,674</td> <td style="text-align: center;">,678</td> <td style="text-align: center;">16</td> </tr> </tbody> </table>			Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens	,674	,678	16
Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens							
,674	,678	16							
Growing Pro-Social questionnaire	<p style="text-align: center;">Estatísticas de confiabilidade</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Alfa de Cronbach</th> <th style="width: 33%; text-align: center;">Alfa de Cronbach com base em itens padronizados</th> <th style="width: 33%; text-align: center;">N de itens</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">,920</td> <td style="text-align: center;">,948</td> <td style="text-align: center;">16</td> </tr> </tbody> </table>			Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens	,920	,948	16
Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens							
,920	,948	16							
Program to Initialize Restorative Practices - Educate to Repair questionnaire	<p style="text-align: center;">Estatísticas de confiabilidade</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Alfa de Cronbach</th> <th style="width: 33%; text-align: center;">Alfa de Cronbach com base em itens padronizados</th> <th style="width: 33%; text-align: center;">N de itens</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">,913</td> <td style="text-align: center;">,915</td> <td style="text-align: center;">19</td> </tr> </tbody> </table>			Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens	,913	,915	19
Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens							
,913	,915	19							
Intervention program for Road Crimes - Safe Roads questionnaire	<p style="text-align: center;">Estatísticas de confiabilidade</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Alfa de Cronbach</th> <th style="width: 33%; text-align: center;">Alfa de Cronbach com base em itens padronizados</th> <th style="width: 33%; text-align: center;">N de itens</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">,942</td> <td style="text-align: center;">,941</td> <td style="text-align: center;">18</td> </tr> </tbody> </table>			Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens	,942	,941	18
Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens							
,942	,941	18							

<p align="center">Program to Train Competencies for Employability questionnaire</p>	<p align="center">Estatísticas de confiabilidade</p> <table border="1" data-bbox="788 257 1353 477"> <thead> <tr> <th data-bbox="788 353 991 427">Alfa de Cronbach</th> <th data-bbox="991 257 1193 427">Alfa de Cronbach com base em itens padronizados</th> <th data-bbox="1193 398 1353 427">N de itens</th> </tr> </thead> <tbody> <tr> <td align="center" data-bbox="788 427 991 477">,995</td> <td align="center" data-bbox="991 427 1193 477">,998</td> <td align="center" data-bbox="1193 427 1353 477">16</td> </tr> </tbody> </table>			Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens	,995	,998	16
Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens							
,995	,998	16							
<p align="center">Integrated program to Prevent Suicide questionnaire</p>	<p align="center">Estatísticas de confiabilidade</p> <table border="1" data-bbox="788 544 1353 768"> <thead> <tr> <th data-bbox="788 640 991 714">Alfa de Cronbach</th> <th data-bbox="991 544 1193 714">Alfa de Cronbach com base em itens padronizados</th> <th data-bbox="1193 640 1353 714">N de itens</th> </tr> </thead> <tbody> <tr> <td align="center" data-bbox="788 714 991 768">,853</td> <td align="center" data-bbox="991 714 1193 768">,854</td> <td align="center" data-bbox="1193 714 1353 768">16</td> </tr> </tbody> </table>			Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens	,853	,854	16
Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens							
,853	,854	16							
<p align="center">Program to Prevent Relapse and Recidivism – Building a prevention and contingency plan questionnaire</p>	<p align="center">Estatísticas de confiabilidade</p> <table border="1" data-bbox="788 835 1353 1059"> <thead> <tr> <th data-bbox="788 931 991 1005">Alfa de Cronbach</th> <th data-bbox="991 835 1193 1005">Alfa de Cronbach com base em itens padronizados</th> <th data-bbox="1193 931 1353 1005">N de itens</th> </tr> </thead> <tbody> <tr> <td align="center" data-bbox="788 1005 991 1059">,902</td> <td align="center" data-bbox="991 1005 1193 1059">,924</td> <td align="center" data-bbox="1193 1005 1353 1059">19</td> </tr> </tbody> </table>			Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens	,902	,924	19
Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens							
,902	,924	19							
<p align="center">Motivational program to Treat Addictive Behaviors questionnaire</p>	<p align="center">Estatísticas de confiabilidade</p> <table border="1" data-bbox="788 1104 1353 1328"> <thead> <tr> <th data-bbox="788 1200 991 1274">Alfa de Cronbach</th> <th data-bbox="991 1104 1193 1274">Alfa de Cronbach com base em itens padronizados</th> <th data-bbox="1193 1200 1353 1274">N de itens</th> </tr> </thead> <tbody> <tr> <td align="center" data-bbox="788 1274 991 1328">,989</td> <td align="center" data-bbox="991 1274 1193 1328">1,000</td> <td align="center" data-bbox="1193 1274 1353 1328">17</td> </tr> </tbody> </table>			Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens	,989	1,000	17
Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens							
,989	1,000	17							
<p align="center">Intervention program for Alcohol Consumption questionnaire</p>	<p align="center">Estatísticas de confiabilidade</p> <table border="1" data-bbox="788 1373 1353 1583"> <thead> <tr> <th data-bbox="788 1469 991 1543">Alfa de Cronbach</th> <th data-bbox="991 1373 1193 1543">Alfa de Cronbach com base em itens padronizados</th> <th data-bbox="1193 1469 1353 1543">N de itens</th> </tr> </thead> <tbody> <tr> <td align="center" data-bbox="788 1543 991 1583">,978</td> <td align="center" data-bbox="991 1543 1193 1583">,980</td> <td align="center" data-bbox="1193 1543 1353 1583">19</td> </tr> </tbody> </table>			Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens	,978	,980	19
Alfa de Cronbach	Alfa de Cronbach com base em itens padronizados	N de itens							
,978	,980	19							

Source: the author

Appendix G) Outputs

1) Perception of the framework

	Mean	Std. Deviation
E_educar	4,1250	,14597
E_estrada	3,2159	,33930
E_gps	3,9000	,21879
E_EEII	3,6500	,20780
E_PRR	3,9375	,20772
E_PIPS	3,3300	,26430
E_alcool	4,1268	,24279
E_pdme	4,0781	,15525

Mauchly's Test of Sphericity^a

Measure: MEASURE_1

Within Subjects Effect	Mauchly's W	Approx. Chi-Square	df	Sig.	Epsilon ^b		
					Greenhouse-Geisser	Huynh-Feldt	Lower-bound
Estrutura	,206	65,572	27	,000	,696	,794	,143

Tests the null hypothesis that the error covariance matrix of the orthonormalized transformed dependent variables is proportional to an identity matrix.

a. Design: Intercept Within Subjects Design: Estrutura

b. May be used to adjust the degrees of freedom for the averaged tests of significance. Corrected tests are displayed in the Tests of Within-Subjects Effects table.

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distributions of E_educar, E_estrada, E_gps, E_EEII, E_PRR, E_PIPS, E_alcool and E_pdme are the same.	Related-Samples Friedman's Two-Way Analysis of Variance by Ranks	,000	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is ,05.

Pairwise Comparisons

Measure: MEASURE_1

(I) Estrutura	(J) Estrutura	Mean Difference (I-J)	Std. Error	Sig. ^b	95% Confidence Interval for Difference ^b	
					Lower Bound	Upper Bound
1	2	,909*	,054	,000	,800	1,019
	3	,225*	,044	,000	,137	,313
	4	,475*	,030	,000	,415	,535
	5	,188*	,028	,000	,132	,243
	6	,795*	,045	,000	,704	,886
	7	-,002	,042	,967	-,087	,083
	8	,047	,032	,147	-,017	,111
	2	1	-,909*	,054	,000	-1,019
3		-,684*	,067	,000	-,819	-,549
4		-,434*	,062	,000	-,558	-,310
5		-,722*	,060	,000	-,843	-,600
6		-,114	,065	,087	-,245	,017
7		-,911*	,054	,000	-1,021	-,801
8		-,862*	,056	,000	-,974	-,750
3		1	-,225*	,044	,000	-,313
	2	,684*	,067	,000	,549	,819
	4	,250*	,045	,000	,159	,341
	5	-,037	,045	,409	-,128	,053
	6	,570*	,050	,000	,469	,671
	7	-,227*	,048	,000	-,323	-,131
	8	-,178*	,040	,000	-,259	-,098
	4	1	-,475*	,030	,000	-,535

	2	,434*	,062	,000	,310	,558
	3	-,250*	,045	,000	-,341	-,159
	5	-,287*	,032	,000	-,352	-,223
	6	,320*	,051	,000	,218	,422
	7	-,477*	,048	,000	-,574	-,380
	8	-,428*	,039	,000	-,506	-,350
5	1	-,188*	,028	,000	-,243	-,132
	2	,722*	,060	,000	,600	,843
	3	,037	,045	,409	-,053	,128
	4	,287*	,032	,000	,223	,352
	6	,608*	,050	,000	,507	,709
	7	-,189*	,048	,000	-,285	-,093
	8	-,141*	,039	,001	-,219	-,063
6	1	-,795*	,045	,000	-,886	-,704
	2	,114	,065	,087	-,017	,245
	3	-,570*	,050	,000	-,671	-,469
	4	-,320*	,051	,000	-,422	-,218
	5	-,608*	,050	,000	-,709	-,507
	7	-,797*	,054	,000	-,906	-,687
	8	-,748*	,046	,000	-,840	-,656
7	1	,002	,042	,967	-,083	,087
	2	,911*	,054	,000	,801	1,021
	3	,227*	,048	,000	,131	,323
	4	,477*	,048	,000	,380	,574
	5	,189*	,048	,000	,093	,285
	6	,797*	,054	,000	,687	,906

	8	,049	,043	,263	-,038	,135
8	1	-,047	,032	,147	-,111	,017
	2	,862*	,056	,000	,750	,974
	3	,178*	,040	,000	,098	,259
	4	,428*	,039	,000	,350	,506
	5	,141*	,039	,001	,063	,219
	6	,748*	,046	,000	,656	,840
	7	-,049	,043	,263	-,135	,038

Based on estimated marginal means

*. The mean difference is significant at the ,05 level.

a. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

2) Perception of the therapeutic potential

	Mean	Std. Deviation
PTeducar	4,0000	,21320
PTestrada	2,7273	,64282
PTgps	4,2000	,25226
PTeeii	3,6000	,31623
PTpr	4,1667	,13762
PTpips	2,9000	,65540
PTalool	4,0000	,36927
PTpdme	4,5000	,21320

Mauchly's Test of Sphericity^a

Measure: MEASURE_1

Within Subjects Effect	Mauchly's W	Approx. Chi-Square	df	Sig.	Epsilon ^b		
					Greenhouse-Geisser	Huynh-Feldt	Lower-bound
Potencial_T	,015	173,580	27	,000	,502	,551	,143

Tests the null hypothesis that the error covariance matrix of the orthonormalized transformed dependent variables is proportional to an identity matrix.

a. Design: Intercept

Within Subjects Design: Potenzial_T

b. May be used to adjust the degrees of freedom for the averaged tests of significance. Corrected tests are displayed in the Tests of Within-Subjects Effects table.

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distributions of PTeducar, PTestrada, PTgps, PTeiii, PTpr, PTpips, PTalcoo and PTpdme are the same.	Related-Samples Friedman's Two-Way Analysis of Variance by Ranks	,000	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is ,05.

Pairwise Comparisons

Measure: MEASURE_1

(I) Potencial_T	(J) Potencial_T	Mean Difference (I-J)	Std. Error	Sig. ^b	95% Confidence Interval for Difference ^b	
					Lower Bound	Upper Bound
1	2	1,273 [*]	,101	,000	1,069	1,476
	3	-,200 [*]	,049	,000	-,299	-,101
	4	,400 [*]	,053	,000	,293	,507
	5	-,167 [*]	,024	,000	-,216	-,118
	6	1,100 [*]	,103	,000	,893	1,307
	7	,000	,064	1,000	-,128	,128
	8	-,500 [*]	,045	,000	-,591	-,409
	2	1	-1,273 [*]	,101	,000	-1,476
3		-1,473 [*]	,110	,000	-1,694	-1,251

	4	-873*	,121	,000	-1,117	-,628
	5	-1,439*	,099	,000	-1,640	-1,239
	6	-,173	,137	,215	-,450	,104
	7	-1,273*	,100	,000	-1,473	-1,072
	8	-1,773*	,101	,000	-1,976	-1,569
3	1	,200*	,049	,000	,101	,299
	2	1,473*	,110	,000	1,251	1,694
	4	,600*	,060	,000	,478	,722
	5	,033	,043	,441	-,053	,120
	6	1,300*	,104	,000	1,090	1,510
	7	,200*	,067	,004	,066	,334
	8	-,300*	,049	,000	-,399	-,201
4	1	-,400*	,053	,000	-,507	-,293
	2	,873*	,121	,000	,628	1,117
	3	-,600*	,060	,000	-,722	-,478
	5	-,567*	,049	,000	-,665	-,469
	6	,700*	,114	,000	,469	,931
	7	-,400*	,077	,000	-,554	-,246
	8	-,900*	,057	,000	-1,015	-,785
5	1	,167*	,024	,000	,118	,216
	2	1,439*	,099	,000	1,239	1,640
	3	-,033	,043	,441	-,120	,053
	4	,567*	,049	,000	,469	,665
	6	1,267*	,100	,000	1,065	1,468
	7	,167*	,059	,007	,048	,285
	8	-,333*	,038	,000	-,410	-,257

6	1	-1,100*	,103	,000	-1,307	-,893
	2	,173	,137	,215	-,104	,450
	3	-1,300*	,104	,000	-1,510	-1,090
	4	-,700*	,114	,000	-,931	-,469
	5	-1,267*	,100	,000	-1,468	-1,065
	7	-1,100*	,112	,000	-1,326	-,874
	8	-1,600*	,103	,000	-1,807	-1,393
	7	1	,000	,064	1,000	-,128
2		1,273*	,100	,000	1,072	1,473
3		-,200*	,067	,004	-,334	-,066
4		,400*	,077	,000	,246	,554
5		-,167*	,059	,007	-,285	-,048
6		1,100*	,112	,000	,874	1,326
8		-,500*	,064	,000	-,628	-,372
8		1	,500*	,045	,000	,409
	2	1,773*	,101	,000	1,569	1,976
	3	,300*	,049	,000	,201	,399
	4	,900*	,057	,000	,785	1,015
	5	,333*	,038	,000	,257	,410
	6	1,600*	,103	,000	1,393	1,807
	7	,500*	,064	,000	,372	,628

Based on estimated marginal means

*. The mean difference is significant at the ,05 level.

b. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

3) Perception of the facilitators' training

	Mean	Std. Deviation
AT_educar	3,8000	,17189
AT_estrada	2,7727	,48105
AT_gps	4,4000	,26968
AT_EEII	4,0000	,48850
AT_PRR	3,8333	,42194
AT_PIPS	2,8000	,70871
AT_alcool	3,9000	,34378
AT_pdme	4,1250	,20643

Mauchly's Test of Sphericity^a

Measure: MEASURE_1

Within Subjects Effect	Mauchly's W	Approx. Chi-Square	df	Sig.	Epsilon ^b		
					Greenhouse-Geisser	Huynh-Feldt	Lower-bound
Apl_Tecnicos	,125	86,212	27	,000	,627	,705	,143

Tests the null hypothesis that the error covariance matrix of the orthonormalized transformed dependent variables is proportional to an identity matrix.

a. Design: Intercept

Within Subjects Design: Apl_Tecnicos

b. May be used to adjust the degrees of freedom for the averaged tests of significance. Corrected tests are displayed in the Tests of Within-Subjects Effects table.

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distributions of AT_educar, AT_estrada, AT_gps, AT_EEII, AT_PRR, AT_PIPS, AT_alcool and AT_pdme are the same.	Related-Samples Friedman's Two-Way Analysis of Variance by Ranks	,000	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is ,05.

Pairwise Comparisons

Measure: MEASURE_1

(I) Apl_Tecnicos	(J) Apl_Tecnicos	Mean Difference (I-J)	Std. Error	Sig. ^b	95% Confidence Interval for Difference ^b	
					Lower Bound	Upper Bound
1	2	1,027*	,073	,000	,881	1,173
	3	-,600*	,057	,000	-,715	-,485
	4	-,200*	,077	,013	-,356	-,044
	5	-,033	,072	,645	-,178	,111
	6	1,000*	,109	,000	,781	1,219
	7	-,100	,057	,088	-,215	,015
	8	-,325*	,040	,000	-,406	-,244
	2	1	-1,027*	,073	,000	-1,173
3		-1,627*	,079	,000	-1,786	-1,469
4		-1,227*	,091	,000	-1,411	-1,043
5		-1,061*	,078	,000	-1,217	-,904
6		-,027	,122	,824	-,273	,218
7		-1,127*	,082	,000	-1,293	-,961
8		-1,352*	,078	,000	-1,510	-1,195
3		1	,600*	,057	,000	,485
	2	1,627*	,079	,000	1,469	1,786
	4	,400*	,083	,000	,232	,568
	5	,567*	,075	,000	,416	,717
	6	1,600*	,108	,000	1,382	1,818
	7	,500*	,060	,000	,379	,621

	8	,275*	,051	,000	,173	,377
4	1	,200*	,077	,013	,044	,356
	2	1,227*	,091	,000	1,043	1,411
	3	-,400*	,083	,000	-,568	-,232
	5	,167	,095	,087	-,025	,359
	6	1,200*	,129	,000	,939	1,461
	7	,100	,091	,278	-,083	,283
	8	-,125	,079	,121	-,284	,034
5	1	,033	,072	,645	-,111	,178
	2	1,061*	,078	,000	,904	1,217
	3	-,567*	,075	,000	-,717	-,416
	4	-,167	,095	,087	-,359	,025
	6	1,033*	,123	,000	,786	1,281
	7	-,067	,081	,415	-,230	,097
	8	-,292*	,070	,000	-,433	-,151
6	1	-1,000*	,109	,000	-1,219	-,781
	2	,027	,122	,824	-,218	,273
	3	-1,600*	,108	,000	-1,818	-1,382
	4	-1,200*	,129	,000	-1,461	-,939
	5	-1,033*	,123	,000	-1,281	-,786
	7	-1,100*	,112	,000	-1,326	-,874
	8	-1,325*	,110	,000	-1,547	-1,103
7	1	,100	,057	,088	-,015	,215
	2	1,127*	,082	,000	,961	1,293
	3	-,500*	,060	,000	-,621	-,379
	4	-,100	,091	,278	-,283	,083

	5	,067	,081	,415	-,097	,230
	6	1,100*	,112	,000	,874	1,326
	8	-,225*	,060	,000	-,345	-,105
8	1	,325*	,040	,000	,244	,406
	2	1,352*	,078	,000	1,195	1,510
	3	-,275*	,051	,000	-,377	-,173
	4	,125	,079	,121	-,034	,284
	5	,292*	,070	,000	,151	,433
	6	1,325*	,110	,000	1,103	1,547
	7	,225*	,060	,000	,105	,345

Based on estimated marginal means

*. The mean difference is significant at the ,05 level.

b. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

4) Perception of the emotions

	Mean	Std. Deviation
EMeducar	4,0000	,21320
EMestrada	2,9091	,33402
EM_gps	4,4000	,26968
EM_EEII	4,1000	,27798
EMprrr	3,8333	,25376
EMpips	3,1000	,33371
EMOalool	3,0000	,21320
EMOpdme	4,2500	,28204

Mauchly's Test of Sphericity^a

Measure: MEASURE_1

Within Subjects Effect	Mauchly's W	Approx. Chi-Square	df	Sig.	Epsilon ^b		
					Greenhouse-Geisser	Huynh-Feldt	Lower-bound
Emocoos	,606	20,731	27	,800	,897	1,000	,143

Tests the null hypothesis that the error covariance matrix of the orthonormalized transformed dependent variables is proportional to an identity matrix.

a. Design: Intercept

Within Subjects Design: Emocoos

b. May be used to adjust the degrees of freedom for the averaged tests of significance.

Corrected tests are displayed in the Tests of Within-Subjects Effects table.

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distributions of EMeducar, EMestrada, EM_gps, EM_EEII, EMprrr, EMpips, EMOalool and EMOpdme are the same.	Related-Samples Friedman's Two-Way Analysis of Variance by Ranks	,000	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is ,05.

Pairwise Comparisons

Measure: MEASURE_1

(I) Emocoes	(J) Emocoes	Mean Difference (I-J)	Std. Error	Sig. ^b	95% Confidence Interval for Difference ^b	
					Lower Bound	Upper Bound
1	2	1,091*	,059	,000	,972	1,210
	3	-,400*	,064	,000	-,528	-,272
	4	-,100	,052	,062	-,205	,005
	5	,167*	,049	,002	,067	,266
	6	,900*	,059	,000	,781	1,019
	7	1,000*	,045	,000	,909	1,091
	8	-,250*	,053	,000	-,356	-,144
	2	1	-1,091*	,059	,000	-1,210
3		-1,491*	,061	,000	-1,613	-1,369
4		-1,191*	,065	,000	-1,322	-1,060
5		-,924*	,064	,000	-1,052	-,796
6		-,191*	,070	,009	-,332	-,050
7		-,091	,059	,131	-,210	,028
8		-1,341*	,065	,000	-1,472	-1,210
3		1	,400*	,064	,000	,272
	2	1,491*	,061	,000	1,369	1,613
	4	,300*	,058	,000	,184	,416
	5	,567*	,055	,000	,455	,678
	6	1,300*	,060	,000	1,180	1,420
	7	1,400*	,051	,000	1,297	1,503

	8	,150*	,058	,013	,033	,267
4	1	,100	,052	,062	-,005	,205
	2	1,191*	,065	,000	1,060	1,322
	3	-,300*	,058	,000	-,416	-,184
	5	,267*	,057	,000	,153	,381
	6	1,000*	,065	,000	,870	1,130
	7	1,100*	,052	,000	,995	1,205
	8	-,150*	,059	,015	-,269	-,031
5	1	-,167*	,049	,002	-,266	-,067
	2	,924*	,064	,000	,796	1,052
	3	-,567*	,055	,000	-,678	-,455
	4	-,267*	,057	,000	-,381	-,153
	6	,733*	,062	,000	,607	,859
	7	,833*	,049	,000	,734	,933
	8	-,417*	,057	,000	-,531	-,303
6	1	-,900*	,059	,000	-1,019	-,781
	2	,191*	,070	,009	,050	,332
	3	-1,300*	,060	,000	-1,420	-1,180
	4	-1,000*	,065	,000	-1,130	-,870
	5	-,733*	,062	,000	-,859	-,607
	7	,100	,059	,097	-,019	,219
	8	-1,150*	,065	,000	-1,281	-1,019
7	1	-1,000*	,045	,000	-1,091	-,909
	2	,091	,059	,131	-,028	,210
	3	-1,400*	,051	,000	-1,503	-1,297
	4	-1,100*	,052	,000	-1,205	-,995

	5	-,833*	,049	,000	-,933	-,734
	6	-,100	,059	,097	-,219	,019
	8	-1,250*	,053	,000	-1,356	-1,144
8	1	,250*	,053	,000	,144	,356
	2	1,341*	,065	,000	1,210	1,472
	3	-,150*	,058	,013	-,267	-,033
	4	,150*	,059	,015	,031	,269
	5	,417*	,057	,000	,303	,531
	6	1,150*	,065	,000	1,019	1,281
	7	1,250*	,053	,000	1,144	1,356

Based on estimated marginal means

*. The mean difference is significant at the ,05 level.

b. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

5) Perception of the cognitions

	Mean	Std. Deviation
COG_educar	4,1000	,16514
COGestrada	2,8182	,63311
COG_gps	4,0000	,18803
COGeeii	3,6000	,38139
COG_PRR	3,8333	,20412
COGpips	2,8000	,46710
COG_alcool	3,3500	,28002
COG_pdme	4,2188	,18026

Mauchly's Test of Sphericity^a

Measure: MEASURE_1

Within Subjects Effect	Mauchly's W	Approx. Chi-Square	df	Sig.	Epsilon ^b		
					Greenhouse-Geisser	Huynh-Feldt	Lower-bound
Cog	,031	143,985	27	,000	,491	,538	,143

Tests the null hypothesis that the error covariance matrix of the orthonormalized transformed dependent variables is proportional to an identity matrix.

a. Design: Intercept

Within Subjects Design: Cog

b. May be used to adjust the degrees of freedom for the averaged tests of significance. Corrected tests are displayed in the Tests of Within-Subjects Effects table.

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distributions of COG_educar, COGestrada, COG_gps, COGeeii, COG_PRR, COGpips, COG_alcool and COG_pdme are the same.	Related-Samples Friedman's Two-Way Analysis of Variance by Ranks	,000	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is ,05.

Pairwise Comparisons

Measure: MEASURE_1

(I) Cog	(J) Cog	Mean Difference (I-J)	Std. Error	Sig. ^b	95% Confidence Interval for Difference ^b	
					Lower Bound	Upper Bound
1	2	1,282 [*]	,097	,000	1,087	1,476
	3	,100 [*]	,044	,029	,011	,189
	4	,500 [*]	,060	,000	,379	,621
	5	,267 [*]	,029	,000	,207	,326
	6	1,300 [*]	,074	,000	1,151	1,449
	7	,750 [*]	,048	,000	,652	,848
	8	-,119 [*]	,036	,002	-,192	-,045
	2	1	-1,282 [*]	,097	,000	-1,476
3		-1,182 [*]	,104	,000	-1,392	-,971
4		-,782 [*]	,109	,000	-1,002	-,562
5		-1,015 [*]	,101	,000	-1,220	-,811
6		,018	,127	,887	-,238	,274
7		-,532 [*]	,105	,000	-,744	-,320
8		-1,401 [*]	,098	,000	-1,598	-1,203
3		1	-,100 [*]	,044	,029	-,189
	2	1,182 [*]	,104	,000	,971	1,392
	4	,400 [*]	,063	,000	,272	,528
	5	,167 [*]	,041	,000	,083	,250
	6	1,200 [*]	,069	,000	1,060	1,340
	7	,650 [*]	,048	,000	,554	,746

	8	-,219*	,039	,000	-,297	-,141
4	1	-,500*	,060	,000	-,621	-,379
	2	,782*	,109	,000	,562	1,002
	3	-,400*	,063	,000	-,528	-,272
	5	-,233*	,062	,000	-,358	-,109
	6	,800*	,091	,000	,616	,984
	7	,250*	,071	,001	,107	,393
	8	-,619*	,063	,000	-,746	-,492
5	1	-,267*	,029	,000	-,326	-,207
	2	1,015*	,101	,000	,811	1,220
	3	-,167*	,041	,000	-,250	-,083
	4	,233*	,062	,000	,109	,358
	6	1,033*	,076	,000	,880	1,186
	7	,483*	,052	,000	,379	,587
	8	-,385*	,041	,000	-,467	-,304
6	1	-1,300*	,074	,000	-1,449	-1,151
	2	-,018	,127	,887	-,274	,238
	3	-1,200*	,069	,000	-1,340	-1,060
	4	-,800*	,091	,000	-,984	-,616
	5	-1,033*	,076	,000	-1,186	-,880
	7	-,550*	,079	,000	-,708	-,392
	8	-1,419*	,075	,000	-1,569	-1,268
7	1	-,750*	,048	,000	-,848	-,652
	2	,532*	,105	,000	,320	,744
	3	-,650*	,048	,000	-,746	-,554
	4	-,250*	,071	,001	-,393	-,107

	5	-,483*	,052	,000	-,587	-,379
	6	,550*	,079	,000	,392	,708
	8	-,869*	,050	,000	-,969	-,769
8	1	,119*	,036	,002	,045	,192
	2	1,401*	,098	,000	1,203	1,598
	3	,219*	,039	,000	,141	,297
	4	,619*	,063	,000	,492	,746
	5	,385*	,041	,000	,304	,467
	6	1,419*	,075	,000	1,268	1,569
	7	,869*	,050	,000	,769	,969

Based on estimated marginal means

*. The mean difference is significant at the ,05 level.

b. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

6) Perception of the behaviors

	Mean	Std. Deviation
COMPeducar	3,8000	,39312
COMP_estrada	2,8182	,48390
comp_gps	4,0000	,21320
COMPeeii	2,7000	,60490
COMP_PRR	4,1667	,17408
COMP_PIPS	3,5000	,36927
COMP_alcool	3,3000	,29388
COMPpdme	3,5000	,36927

Mauchly's Test of Sphericity^a

Measure: MEASURE_1

Within Subjects Effect	Mauchly's W	Approx. Chi-Square	df	Sig.	Epsilon ^b		
					Greenhouse-Geisser	Huynh-Feldt	Lower-bound
Comp	,135	82,968	27	,000	,680	,773	,143

Tests the null hypothesis that the error covariance matrix of the orthonormalized transformed dependent variables is proportional to an identity matrix.

a. Design: Intercept

Within Subjects Design: Comp

b. May be used to adjust the degrees of freedom for the averaged tests of significance.

Corrected tests are displayed in the Tests of Within-Subjects Effects table.

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The distributions of COMPeducar, COMP_estrada, comp_gps, COMPeeii, COMP_PRR, COMP_PIPS, COMP_alcool and COMPpdme are the same.	Related-Samples Friedman's Two-Way Analysis of Variance by Ranks	,000	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is ,05.

Pairwise Comparisons

Measure: MEASURE_1

(I) Comp	(J) Comp	Mean Difference (I-J)	Std. Error	Sig. ^b	95% Confidence Interval for Difference ^b	
					Lower Bound	Upper Bound
1	2	,982*	,095	,000	,791	1,173
	3	-,200*	,067	,004	-,334	-,066
	4	1,100*	,094	,000	,911	1,289
	5	-,367*	,056	,000	-,479	-,255
	6	,300*	,080	,001	,138	,462
	7	,500*	,073	,000	,353	,647
	8	,300*	,080	,001	,138	,462
	2	1	-,982*	,095	,000	-1,173
3		-1,182*	,084	,000	-1,351	-1,013
4		,118	,104	,264	-,092	,329
5		-1,348*	,079	,000	-1,508	-1,189
6		-,682*	,093	,000	-,869	-,494
7		-,482*	,090	,000	-,664	-,300
8		-,682*	,091	,000	-,865	-,499
3		1	,200*	,067	,004	,066
	2	1,182*	,084	,000	1,013	1,351
	4	1,300*	,096	,000	1,107	1,493
	5	-,167*	,041	,000	-,249	-,084
	6	,500*	,064	,000	,372	,628

	7	,700*	,047	,000	,605	,795
	8	,500*	,064	,000	,372	,628
4	1	-1,100*	,094	,000	-1,289	-,911
	2	-,118	,104	,264	-,329	,092
	3	-1,300*	,096	,000	-1,493	-1,107
	5	-1,467*	,080	,000	-1,628	-1,305
	6	-,800*	,110	,000	-1,021	-,579
	7	-,600*	,104	,000	-,810	-,390
	8	-,800*	,106	,000	-1,013	-,587
5	1	,367*	,056	,000	,255	,479
	2	1,348*	,079	,000	1,189	1,508
	3	,167*	,041	,000	,084	,249
	4	1,467*	,080	,000	1,305	1,628
	6	,667*	,061	,000	,544	,789
	7	,867*	,051	,000	,764	,969
	8	,667*	,061	,000	,544	,789
6	1	-,300*	,080	,001	-,462	-,138
	2	,682*	,093	,000	,494	,869
	3	-,500*	,064	,000	-,628	-,372
	4	,800*	,110	,000	,579	1,021
	5	-,667*	,061	,000	-,789	-,544
	7	,200*	,070	,007	,058	,342
	8	,000	,078	1,000	-,157	,157
7	1	-,500*	,073	,000	-,647	-,353
	2	,482*	,090	,000	,300	,664
	3	-,700*	,047	,000	-,795	-,605

	4	,600*	,104	,000	,390	,810
	5	-,867*	,051	,000	-,969	-,764
	6	-,200*	,070	,007	-,342	-,058
	8	-,200*	,070	,007	-,342	-,058
8	1	-,300*	,080	,001	-,462	-,138
	2	,682*	,091	,000	,499	,865
	3	-,500*	,064	,000	-,628	-,372
	4	,800*	,106	,000	,587	1,013
	5	-,667*	,061	,000	-,789	-,544
	6	,000	,078	1,000	-,157	,157
	7	,200*	,070	,007	,058	,342

Based on estimated marginal means

*. The mean difference is significant at the ,05 level.

b. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Appendix H) Qualitative analysis

Growing Pro-Social / *Programa de promoção de competências pessoais e emocionais – Gerar percursos sociais (GPS)*

	Positive aspects	Negative aspects	Would change	Others
1	The extent; the incidence in cognitive distortions; the organization	Some dynamics lack adaptation to the prison context	The dynamics	-
2	The relevance of the contents; Practical sessions extremely active; Ease of reflection of the contents	Extension of the program, although it is necessary since there is no possibility of holding more weekly sessions	Extension of the program	-
3	Cognitive, behavior, and relational change	Too extensive	Fewer sessions	-
4	No opinion	Too many sessions	I would reduce the number of sessions on the first two modules	-
5	Incidence on the cognitions and behavioral change	Too extensive	Fewer sessions	Adapt the program to adults
Common	Cognitive restructuring and behavioral change	Extension	Fewer sessions	-

Source: the author

Program to initialize restorative practices - Educate to Repair / Programa de iniciação às práticas restaurativa: Justiça restaurativa (JR) – Educar para Reparar

	Positive aspects	Negative aspects	Would change	Others
1	Introspection, responsibility, crime awareness, and interactions with the others	The need for more time and, the rigidity of the manual.	Diversity of options, adjustable to the evolution of each particular group.	-
2	The restructured program is more adequate than the old one, although it still needs changes; The duration is adequate; The contents are relevant; Being a transversal program to most of the inmates, independently of the crime	The suggested tasks for the sessions should be more active; the contents should be more in-depth; Lack of supervision	I would change the tasks, many consists of texts reading and subsequent discussion, which sometimes becomes repetitive	-
3	It is verified more awareness on the inmates of the various damages caused to the victims, an important factor in the work done to motivate change, and in the attitude towards the crimes committed.	I cannot tell	Nothing	-
4	The contents, the interaction, the relationship between inmates and the different perception that the inmates have regarding the technicians	The high number of sessions, some sessions are not adapted to inmates with learning difficulties and few intervention of the technician in the exercises presented.	Allow more intervention of the technicians in some sessions.	-
5	Awareness and the fact that the crime typology is not a exclusion criteria	Too many sessions, the activities are rigid, and the contents are superficial	The technician should play a more active role. The activities are very rigid	-
Common	Relational aspect; awareness; Cross-sectional crime typology	Extension; rigid activities; superficial contents	Diversify the activities; more intervention of the facilitators	-

Source: the author

Intervention program for road crimes (Safe Roads) / Programa de intervenção dirigido a autores de delitos estradais - Estrada segura (ES)

	Positive aspects	Negative aspects	Would change	Others
1	It develops the understanding of the topics addressed; stimulates to modify attitudes and behaviors; and prevents recidivism.	Lack of dynamics that attract the attention of the participants; content of the sessions slightly diversified; and low workload.	Adaptation of the contents to the inmates' scarce skills.	It should also focus on illiterate people, because most of them drive without a license due to lack of education.
2	Road responsibility, workload, benefits to participants	Very childish, inadequate slides, unpractical examples	Slides, some programmatic content, more practical examples	-
3	The problematic	Poor and outdated content	The content	-
4	Awareness videos	Without any therapeutic deepening for behavioral change; it does not work the cognitive distortions; the reformulation they made was superficial and only added activities of slight impact to the sessions.	Deepen the program in terms of emotional activation and cognitive restructuring.	Establish a partnership with IMT so that inmates can attend driving theory classes after or during the Safe Road program and have the possibility to take the theory driving exam while incarcerated.; Better training for the teams that apply the program
5	Provides information and promotes discussion of topics	Weak emotional activation; lacks writing and reading skills.	All the excessively expositive format of the program.	-
6	Thematic	Repetition of certain aspects	Framework	-

7	Thinking about infractions committed on the road, clarifying doubts about the effects of drugs and alcohol on driving, promoting behavior change	The typical cases presented for infractions committed on the public road could be more interesting; more updated and, more focused on the problem addressed.	Present more videos of short duration and focused on the problem that is being addressed, the pre-test and post-test questionnaires should be reviewed.	-
8	Reflection on the possible impacts of deviant behavior; sharing of experiences.	The contents are outdated; Inadequacy of the contents to the age group of the participants; Limitative selection criteria, excluding the inmates who probably would need it most.	Seek to make it more appealing and up-to-date; seek to adapt it to individuals with literacy limitations, who constitute a significant part of potential participants, especially when it comes to driving without a legal habilitation.	-
9	It is dynamic, with interesting content to meet the needs of inmates.	The manuals are outdated and difficult interaction	I would make the program more interactive, with more videos and testimonials.	-
10	Interesting and captivating	Should be more extensive	A bigger number of sessions	-
11	The objectives of the program are pertinent; many inmates are convicted of the crime, therefore it is necessary	The contents of the sessions are weak; the videos presented are too childish; the program has no resonance in individuals, nor does it promote any kind of change	Everything	-
Common	Provide information; discussion of ideas; necessary objective to the inmate population	Contents slightly dynamic, slightly diversified, superficial, outdated, childish, and weak; No emotional activation/resonance; Does not promote	More videos, more appealing, more dynamic; Adapt to the inmates literacy limitations	-

Source: the author

Program for emotional stabilization and institutional integration/ *Programa de estabilização emocional e integração institucional*

	Positive aspects	Negative aspects	Would change	Others
1	It is an open program	Insufficient collaboration of the prison guards	The number of sessions	-
2	Relational, Positivity, Personal and Collective Responsibility	Update, renewal of the theoretical and practical manual, with a perspective of evolution	Update, renewal of the theoretical and practical manual, with a perspective of evolution	Include more tasks/dynamics for the group to execute and reflect on it
3	It facilitates the integration of the inmates into the institution, helps to clarify the rules, improves group cohesion.	useful information II, film 1 stress-cure, coping III,	Nothing in particular	-
4	Increased inmate's confidence in the institution; Reduction of inmate's anxiety/anguish; Increased the inmate's autonomy in decision-making.	Difficulty in forming groups, given the date of entry of the inmates; Difficulty in conciliation with other tasks;	The program, like the others, should be applied by a dedicated team.	need for a specific room within the prison to deliver the programs
5	facilitator of institutional integration, presentation of the technician to the inmates, the relationship between inmates	Some sessions have childish activities and are not adapted to the prison reality. Need for material that the prison does not provide. The frequency of the application of the program is focused on the objectives of the technician and not on the real needs of the inmates.	Activities are aimed at a more childish target audience.	-
6	Knowledge of the rules acknowledge that they are not the only ones in these circumstances, acknowledge that they can improve	The contents are outdated, the sessions are not dynamic, more example videos	The way how the sessions are exposed	Invite external entities to the prison to give their testimony.
7	The contents	Resources; sessions should be less and more compact on the most pertinent topics.	The content of some sessions; the resources are weak.	The dynamics are very childish for the target audience

8	Integration of inmates; space for reflection; facilitating the adaptation	Numerous groups; outdated content; Priority to preventive inmates	Include convicted inmates	-
9	Simple contents with easy delivering	Childish contents	would withdraw some sessions	-
10	Emotional stabilization; knowledge acquisition; workload	Dynamics	Dynamics	-
Common	Integration; relation with the other inmates and technicians; establish rules	Childish activities; outdated contents; sessions slightly diversified	Sessions	-

Source: the author

Pilot program to promote moral and ethical development / *Programa piloto de promoção do desenvolvimento moral e ético*

	Positive aspects	Negative aspects	Would change	Others
1	To be directed to all inmates regardless of the type of crime; promote an excellent possibility of reflection on conduct and values.	Since I knew the previous program that this replaced, I cannot enumerate negative aspects.	Nothing	-
2	Change in inmates' way of thinking and acting	None	For now, I cannot have a very structured idea, maybe I would change some dilemmas for more updated ones.	There should be supervision by the trainers, as a way to clarify doubts that arise in the sessions.
3	The intensity of emotional ventilation that we achieve with the inmates and the sharing through the proposed activities	The number of sessions makes it difficult to manage time with the other functions we have on the prison	Until now nothing	-

4	Teamwork, development of ideas; promotion of discussions	At the moment, I do not see any negative aspects	Nothing	-
5	The evident evolutions of inmates	Time	I would change some of the dilemmas that I consider to be shallow, although I also consider that with the new program and with the extension of it, there is a greater possibility of working better with some contents and concepts.	-
6	The approach of ethical and moral concepts and the dilemmas that are worked out on the sessions.	The dilemmas should deepen dysfunctional beliefs	Considering that this is the first application of this program, nothing.	-
7	Talk about beliefs and see the inmates' motivation for change	maybe some sessions that the inmates consider the topic is the same and expect "more"	The sessions that seem to be similar in the contents approached.	-
8	The dynamics are quite practical and simple, the dilemmas. The duration of the program and the sessions. The diversity of topics and the possibility of identification by the inmates with them. The importance of group activities, as a way to promote interaction, negotiation, and tolerance with others. The development of the capacity to reflect.	There are some similar dynamics, especially in the objectives and final reflection, which could be replaced or improved.	Very similar dynamics	-
Common	Promotion of values; Reflection/discussion; Activities/Dilemmas; Teamwork; Motivation for change	Dynamics of the sessions slightly deepen and diversified	Deepen and diversify the sessions	-

Source: the author

Integrated program to prevent suicide / Programa Integrado de Prevenção do Suicídio (PIPS)

	Positive aspects	Negative aspects	Would change	Others
1	the response of the various parties involved in the process (psychiatrist; technician; psychologist)	sometimes becomes an administrative act	nothing	-
2	timeliness of application, relevance, the importance of the program	communication between the various interveners	Would improve the communication between the various interveners with the optimization of human resources.	-
3	Simple, fast presentation, easy to understand	The interview regarding family members' questions about suicide deaths.	Some things	-
4	The program provides indications for suicide prevention; teamwork; follow-up	Nothing to highlight	Nothing to highlight	-
5	Alert and prevention attempt	Apathy and neglect	Training for the program, which I never had	-
6	More focused attention to the inmate;	Not enough depth in the assessment, lack of training of the person who evaluates, difficulty to control	The analysis is done at certain times, but there is no intervention with the person in terms of behavior modification	-
7	The intention of minimizing the Impact of Suicide in Prison Settings	Lack of training of the facilitators	Facilitators training	-
8	Suicide prevention intention	Lack of psychiatric answers	The dissemination of actions and results.	-
9	The pertinence of the topic, and the control over the suicide ideation that should be permanent.	Too formal, it focuses only on paper records, it becomes more of a formalism.	Update of initial assessment tools; Definition of faster and mandatory procedures	-
10	It obliges the system to evaluate the inmate in this aspect; obliges the system to take concrete measures when the risk of suicide is mentioned, which reveals the great difficulties the system has to face this issue	Easily becomes a routine that does not raise the necessary "red flags"; Being detected the risk of suicide, creates the dilemma of having obtained such information, but not	Improve response resources	-

		having adequate response to give; Need constant updating and this has not been done		
Common	Interdisciplinary team; importance/pertinence of the goal; intention to prevent suicide	Lack of facilitators training; formalism/bureaucracy; lack of adequate answers for the problem	Training of the facilitators; improve the intervention, the resources, and the answer to the user	-

Source: the author

Program to prevent relapse and recidivism – Building a prevention and contingency plan / Programa de prevenção da reincidência e da recaída - Construir um plano de prevenção e contingência (PPC)

	Positive aspects	Negative aspects	Would change	Others
1	Approach to the topic is done in a practical way, motivates/obliges them to leave their comfort zone; Different context for inmate evaluation. Reflection on the topic of release in a more responsible way.	It has a low workload; the number of participants should be lower; all inmates should be required to participate. There are no opportunities in the community	It would add more group dynamics at the end of the program.	-
2	Reflection, adaptation, and gratitude of the adversities	Availability of technicians' workload for the delivering of the program and lack of reflection with the inmates after the program	Bring more concrete and updated cases	To be applied by technicians who have availability for the monitoring before and after the program
3	Easy adaptation to inmates with low cognitive level; personal value; interpersonal relationship	Lack of diversity and outdated practical and theoretical manual. Lack of opportunity to evolve and deepen.	Diversify and update the practical and theoretical manual	-

4	Group Spirit - Stimulate reflection - Share	The resistance of some inmates – Lack of time availability - Physical Space	I would change the language of most texts, which are not perceptible to many of the participants	-
5	Anticipation of challenges in the rehabilitation process; Formulation of alternative strategies; Peer experiences sharing	It promotes some personal exposure to the others and especially to the technicians that will pronounce on the granting of penalty flexibility measures;	I think that its delivery, as most of the programs, should be the exclusive competence of a specialized team for this purpose and not the technicians.	-
6	Thinking of a plan, building a plan, confronting reality; preparing for challenges in the community	Difficulties of some participants in establishing objectives, understanding the contents addressed, insufficient answers on the community to consolidate the plan.	No suggestions	-
7	Develop skills on the topics addressed; encourage the participant to change their attitudes and behaviors and prevent criminal recidivism.	Repetition of the last weeks on the elaboration of the plans; lack of dynamics that captivate the attention of the participants and diversify the content of the sessions.	I would add other sessions to dynamize the program interspersed with the plans.	-
Common	Reflection; anticipate challenges; Relation aspect; Plans formulation	Lack of consolidation of the contents; lack of deep; lack of answers on the community	Dynamization of the sessions	-

Source: the author

Intervention program for alcohol consumption / *Programa de intervenção na problemática do alcoolismo*

	Positive aspects	Negative aspects	Would change	Others
1	the objectivity of the program	too many role-play sessions	More diversity in the strategies	-
2	It has no positive aspects	Repetitive dynamics; uninteresting contents	Everything	-
3	the organization; cognitive desensitization; focus on the beliefs	short	Extend it	-
4	The dispute of dysfunctional beliefs is compatible with the maladaptive cognition registered in the group; The role-playing techniques for the acquisition of refusal skills in situations of social pressure take into account the inmates' experiences; The prevention of relapse (according to Marlatt's model) is discussed individually.	The difficulty of carrying out the Program on an ongoing basis to ensure the indispensable follow-up of the inmates.	If there were exclusive technicians for the application of programs, it would be possible to continue them to maintain the follow-up of inmates and allow their reintegration in situations of judicial exits. Therefore, I would not change anything in the program, but the functions of those who apply it.	-
5	Focused and targeted	Uninteresting dynamics, very similar and superficial	Deepened and diversified the dynamics	-
Common	Cognitive desensitization; straightforwardness	Repeated dynamics; lack of depth	More diversified strategies	-

Source: the author

Motivational program to treat addictive behaviors / Programa de motivação para o tratamento de comportamentos aditivos

	Positive aspects	Negative aspects	Would change	Others
1	nothing	futile preparation for an entry into the drug-free unit, which has no articulation with.	everything	-
2	The addictive problem, the educational aspect, and the awakening to the reality	There is not always availability for treatment by the services in general, it should be dynamized by professionals of clinical services and not the technicians	Include health professionals	-
Common		Lack of articulation with the treatment		-

Source: the author

Intervention Program for Sexual Assaulters / Programa de intervenção técnica dirigido a Agressores Sexuais

	Positive aspects	Negative aspects	Would change	Others
1	the sequencing of the sessions	It is impossible to work with sex offenders diagnosed with a personality disorder	More extensive and with several subsequent sessions.	-

Source: the author

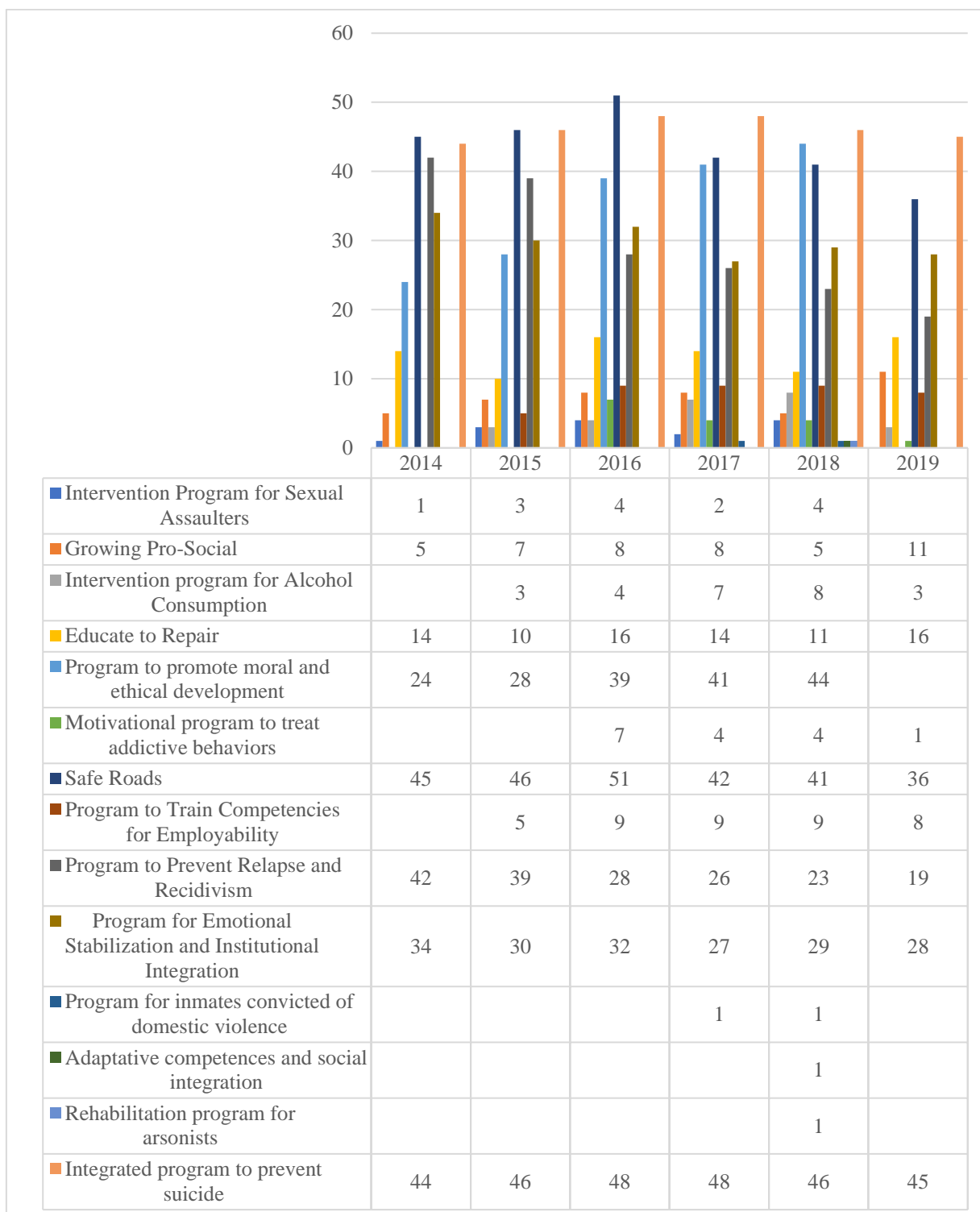
Program to train competences for employability / Programa de treino de competências para a empregabilidade

	Positive aspects	Negative aspects	Would change	Others
1	The topic	The intensity of the sessions and the program to assess skills for employability is too extensive and is not acquired the important information	I would remove the first part of the program	Reformulate and simplify
2	Increases the understanding of the skills addressed; encourages the participant to seek/maintain employment; and decreases the risk of relapse.	The assessment system of competencies is slow and time-consuming	Adaptation of the contents to the scarce skills of the participants.	-
3	Adaptation to the reality, opening doors in the job market and ambiance to new methods of job search	Lack of electronic devices for the inmates to perform on a practical level	Would make a "pocket manual" to give to the participants	-
Common	Stimulus to acquire/solidify job skills	Extended, slow and less effective evaluation system		-

Source: the author

Appendix I) Programs data per years

1) Total of programs implemented per years



Source: the author (Data: MJ/DGRSP)

Note: These are approximate values according to the data available

2) Inmates that participated in programs per years



Source: the author (Data: MJ/DGRSP)

Note: These are approximate values according to the data available

3) Total of programs implemented on each prison establishment per years

	2014	2015	2016	2017	2018	2019
Alcoentre	10	8	7	7	5	5
Angra do Heroísmo	4	1	2	3	3	2
Aveiro	7	5	7	7	7	6
Beja	4	5	3	5	4	5
Braga	3	7	5	6	6	7
Bragança	2	2	5	3	1	3
Caldas da Rainha	6	6	6	5	6	5
Carregueira	6	6	7	4	6	4
Castelo Branco	4	3	6	4	4	2
Caxias	6	1	1	1	7	4
Chaves	4	4	5	4	3	5
Coimbra	9	9	9	9	9	7
Covilhã	3	3	4	3	5	3
Elvas	4	3	9	7	9	4
Évora	N/A	1	1	1	1	1
Faro	5	3	3	5	3	5
Funchal	2	3	9	9	8	5

Guarda	5	5	3	5	4	5
Guimarães	4	4	5	3	3	2
Izeda	5	5	8	6	6	5
Lamego	3	3	4	2	3	2
Leiria	6	6	6	4	5	5
Leiria (young)	9	7	7	7	8	8
Linhó	5	5	5	4	4	5
Lisboa	4	6	8	8	7	6
Lisboa (<i>Judicial Police</i>)	4	4	5	4	4	4
Monsanto	N/A	1	1	2	1	2
Montijo	0	1	1	2	6	1
Odemira	2	4	2	1	1	2
Olhão	4	4	7	3	3	3
Paços de Ferreira	7	7	8	6	4	5
Pinheiro da Cruz	1	2	7	7	9	13
Ponta Delgada	7	5	3	5	5	5
Porto	3	3	7	3	6	2
Porto (<i>Judicial Police</i>)	2	2	3	3	3	3
Santa Cruz do Bispo ♀	7	10	10	17	8	10

Santa Cruz do Bispo ♂	6	11	7	7	8	5
Setúbal	1	6	8	10	4	5
Silves	4	5	4	4	4	4
Sintra	8	7	7	10	7	13
S. João de Deus (prison hospital)	1	4	4	3	2	2
Tires	3	8	9	8	9	7
Torres Novas	4	5	4	5	3	3
Vale de Judeus	6	4	4	4	5	5
Vale do Sousa	6	8	7	8	6	5
Viana do Castelo	4	4	4	3	3	3
Vila Real	6	7	4	4	3	2
Viseu	2	3	2	2	1	2
Total	209	226	253	243	232	217

Source: the author (MJ/DGRSP);

Note: These are approximate values according to the data available;

N/A – not available

4) Inmates integrated into programs vs total inmates in Portugal

	Inmates that frequented programs	Total inmates in Portugal
2014	3030	14.003
2015	4051	14.222
2016	3994	13.779
2017	3776	13.440
2018	3438	12.867
2019	2251	12.793

Source: the author (Data: MJ/DGRSP)

Note: These are approximate values according to the data available

Appendix J) Description of the programs

1) By groups according to the application phase

a) Early-Stage Application Programs

Program	Description	Objective	Target/ Group constitution	Intensity	Facilitators	Phases
Program for emotional stabilization and institutional integration/ <i>Programa de estabilização emocional e integração institucional</i>	Focus on developing adaptative coping strategies for the new circumstance, promote integration and emotional stabilization.	Aims to promote adaptative coping strategies for the new circumstance and promote integration	15-20 preventive and/or recently detained (less than 90 days)	Low	1/2	Up to 16 sessions
Integrated program to prevent suicide / <i>Programa Integrado de Prevenção do Suicídio (PIPS)</i>	Aims to preserve human life and minimize the impact of suicide rates in prison contexts	Focus mainly on the level of internal resilience.	Integrated by inmates who show a higher risk of committing suicide or who are part of groups particularly vulnerable to committing suicide	Low	Team: Partnership between the clinical services, surveillance services, and prison treatment services	Mandatory evaluation at the time of admission. Permanent duration

Source: the author (Data: MJ/DGRSP)

b) Cross-cutting programs

Program	Description	Objective	Target/ Group constitution	Intensity	Facilitators	Phases
Program to initialize restorative practices - Educate to Repair / <i>Programa de iniciação às práticas restaurativa: Justiça restaurativa (JR) – Educar para Reparar</i>	Aims to promote the consciousness and repercussions of actions.	Taking responsibility for their crimes, promote awareness of the effects of their acts on others, re-evaluate future behaviors, acquire the ability to apologize and/or offer appropriate redress for the crime	8-12 inmates whose sentences do not have excessive emotional weight.	High	2	2 essential modules, with a total of 30 sessions of 90 minutes each.
Pilot program to promote moral and ethical development / <i>Programa piloto de promoção do desenvolvimento moral e ético (DME)</i>	Focus on raising the awareness of universal moral values and fundamental human rights	Promotion of pro-social thinking patterns, social decentralization in terms of moral reasoning, adoption of adaptative behaviors, and abilities to listen and understand others	8-12 inmates	Medium	2	26 sessions, 90 minutes each. In this pilot phase, the application is weekly.
Growing Pro-Social / <i>Programa de promoção de competências pessoais e emocionais – Gerar percursos sociais (GPS)</i>	Psychosocial rehabilitation of young offenders.	Adjust maladaptive behaviors and psychosocial rehabilitation	Groups of 12-14 young offenders (preferably between 16 and 30) with deficits in interpersonal relationships.	High	2	40 sessions each with 90 minutes. 5 distinct modules.
Adaptative competences and social integration / <i>Competências adaptativas e integração social (CAIS)</i>	N/A	Promote social integration and encourage effective competences	N/A	High	N/A	N/A

Source: the author (Data: MJ/DGRSP)

c) Programs targeting specific problematics

Program	Description	Objective	Target/ Group constitution	Intensity	Facilitators	Phases
Intervention Program for Sexual Assaulters / <i>Programa de intervenção dirigido a agressores sexuais (AS)</i>	Extended and phased program that takes place from an early phase of the sentence until its end. Aims to reduce the risk of recidivism of crimes with sexual nature.	Increase self-criticism, awareness of the impact on the victim, cognitive restructuring, and promote socially adjusted behaviors.	Inmates with a final conviction of sexual crimes, which are divided into 2 groups: Crimes against sexual self-determination vs crimes against sexual freedom	High	2	Variable duration (minimum of 44 sessions, 90 minutes each); 4 phases
Intervention program for road crimes (Safe Roads) / <i>Programa de intervenção dirigido a autores de delitos estradais - Estrada segura (ES)</i>	Prevent recidivism through the promotion of awareness of alcohol/narcotic abuse effects while driving and the conscience of the consequences of driving without a legal license.	Promote legally, integrated, and responsible behaviors, particularly in road safety	8-12 inmates convicted of road crimes.	Low	1/2	8 sessions, 90 minutes each. The strategies vary according to the problematic
Program to train competences for employability / <i>Programa de treino de competências para a empregabilidade</i>	Awareness of work as a social exercise of citizenship.	Addresses educational and personal difficulties that limit the ability to obtain/maintain formal jobs.	10-15 inmates with deficits in transferable skills for employability.	Medium	1/2	20 sessions, 120 minutes each. Divided into 1 of 3 modules, according to the specific problematic
Motivational program to treat addictive behaviors / <i>Programa de motivação para o tratamento de comportamentos aditivos</i>	Methodology inspired on the Motivational Interview technique translated to group intervention.	Assess and intervene in the motivation change cycle of individuals with a psychoactive substances abuse history	10-15 inmates whatsoever their legal situation, with any type of crime and with a history of consumption of psychoactive substances, regardless of the type of substances or duration of the	Medium	2	16 sessions, each with a length of 60 to 90 minutes. Can be delivered inside or outside the prison.

			consumption. They may be in any legal condition, (preventive or convicted).			
Intervention program for alcohol consumption / <i>Programa de intervenção na problemática do alcoolismo</i>	Rehabilitation plan with psychoeducational support and behavior change regarding alcohol abuse	Relapse prevention, through the training of functional coping strategies.	8-12 inmates with a previous pattern of alcohol abuse.	High	2	22 sessions of 90 minutes each
Program for inmates convicted of domestic violence / <i>Programa dirigido a reclusos condenados por violência doméstica (VIDA)</i>	N/A	Prevent recidivism regarding intimate violence	N/A	High	N/A	N/A
Rehabilitation program for arsonists / <i>Programa para reabilitação de incendiários (PRI)</i>	Group dynamics that address maladaptive thoughts/emotions concerning fire, developing communication skills, promoting emotional regulation, promoting self-esteem, and recognizing aspects or motivations that may lead to acting-out	Prevent recidivism of incendiary behaviors	12-14 inmates convicted of fire-related crimes	Medium	N/A	28 group sessions of 2 hours each, + 28 individual sessions, 1 hour each.

Source: the author (Data: MJ/DGRSP)

d) End-stage application programs

Program	Description	Objective	Target/ Group constitution	Intensity	Facilitators	Phases
<p>Program to prevent relapse and recidivism – Building a prevention and contingency plan / <i>Programa de prevenção da reincidência e da recaída - Construir um plano de prevenção e contingência (PPC)</i></p>	<p>Focus on the importance of anticipating and predicting aspects that might be unexpected and on the importance of building prevention plans</p>	<p>Acknowledge the concept and usefulness of contingency plans and outline goals to achieve it in a short, medium, and long term</p>	<p>8-12 inmates, preferably under an open regime, or near to the end of their sentence or conditional release.</p>	<p>Low</p>	<p>1/2</p>	<p>14 sessions of 90 minutes each</p>

Source: the author (Data: MJ/DGRSP)

2) Goals

Program	Goal	Definition
Pilot program to promote moral and ethical development / <i>Programa piloto de promoção do desenvolvimento moral e ético</i>	Moral reasoning	It is a conscious mental activity through an evaluation of moral judgments for its (in)consistency with moral commitments (Saunders, 2015). Moral reasoning is “intentional, effortful, and controllable, and that the reasoner is aware that it is going on” (Haidt, 2000 in Saunders, 2015).
Growing Pro-Social / <i>Programa de promoção de competências pessoais e emocionais – Gerar percursos sociais (GPS)</i>	Cognitive restructuring	Process that promotes the alteration of maladaptive patterns of thinking (Ellis, 1962)
Integrated program to prevent suicide / <i>Programa Integrado de Prevenção do Suicídio (PIPS)</i>	Suicide phenomenon	“A death which occurs intentionally as a result of a person’s knowingly and willingly placing himself in perilous circumstances” (Shneidman, 2004).
Program for emotional stabilization and institutional integration / <i>Programa de estabilização emocional e integração institucional</i>	Coping strategies	Reaction to aversive situations, which the coping response reduces or attenuates the harmful effects of the stressor (Wechsler, 1995)
Intervention program for road crimes (Safe Roads) / <i>Programa de intervenção dirigido a autores de delitos estradais - Estrada segura (ES)</i>	Responsible behaviors (particularly on roads)	Internal controls on behavior that are exerted by beliefs and feelings. Internal impulse to consider the needs of things and others rooted in the sense of belonging to communities (deLeon, 2007).
Program to initialize restorative practices - Educate to Repair / <i>Programa de iniciação às práticas restaurativas: Justiça restaurativa (JR) – Educar para Reparar</i>	Consciousness	Attention toward the environment; Successfully process incoming information from the exterior and respond to it adaptively (Natsoulas, 1996)
Motivational program to treat addictive behaviors / <i>Programa de motivação para o tratamento de comportamentos aditivos</i>	Motivation to prevent substance consumption relapse	Relapse prevention combines behavioral skill training with cognitive interventions designed to prevent or limit the occurrence of relapse episodes (Witkiewitz <i>et al.</i> , 2005).
Intervention program for alcohol consumption / <i>Programa de intervenção na problemática do alcoolismo</i>	Alcohol consumption relapse	Relapse prevention combines behavioral skill training with cognitive interventions designed to prevent or limit the occurrence of relapse episodes (Witkiewitz <i>et al.</i> , 2005).

Program to train competencies for employability / <i>Programa de treino de competências para a empregabilidade</i>	Job skills	Job skill is a multidimensional concept that integrates central features of job design which have various interpersonal and individual outcomes within and outside the work environment. Bright's (1958) suggested that skills are the "contribution required of operators to production tasks," including effort required, acceptance of undesirable job conditions, decision making and responsibility, mental effort, ability, education, and experience.
Program to prevent relapse and recidivism – Building a prevention and contingency plan / <i>Programa de prevenção da reincidência e da recaída - Construir um plano de prevenção e contingência (PPC)</i>	Planning skills	Planning allows generating a mental representation of the necessary steps involved in achieving a specific intention. Planning, as a construct in cognitive psychology, is a generic cognitive skill used to organize actions to a specified goal can be achieved through a series of intermediate steps, the mental representation of this series of steps constituting the 'plan' (Allan <i>et al.</i> , 2013)
Adaptative competences and social integration / <i>Competências adaptativas e integração social (CAIS)</i>	Social integration	Consists of two components: an interactional and a social network. The interactional is characterized as the participation in social activities that are culturally normative in quantity and quality, and that takes place within normative contexts (Wong & Solomon, 2002). In the prison context, it would be described by participation with other inmates in work and rehabilitation programs, avoidance of corrective infractions. The network dimension of social integration involves an effectively sized network of individuals from whom one can obtain and offer several kinds of support (Wong & Solomon, 2002).
Program for inmates convicted of domestic violence / <i>Programa dirigido a reclusos condenados por violência doméstica (VIDA)</i>	Psychosocial rehabilitation (particularly in domestic violence)	Psychosocial rehabilitation aims to promote learning or relearning skills that develop long-term capabilities to reintegrate into society (Chowdur <i>et al.</i> , 2011).
Intervention Program for Sexual Assaulters / <i>Programa de intervenção dirigido a agressores sexuais</i>	Psychosocial rehabilitation (particularly in sexual nature)	
Rehabilitation program for arsonists / <i>Programa para reabilitação de incendiários (PRI)</i>	Psychosocial rehabilitation (particularly in incendiary behavior)	

Source: the author

Appendix K) Literature Review table

Subject	Author	Year	Conclusion	Reference
Rehabilitation of offenders	Mills, A., Gojkovic, D., Meek, R. & Mullins, D.	2013	Securing accommodation for ex-prisoners remains complex and difficult. Relevant information for this project: definition of reintegration.	Mills, A., Gojkovic, D., Meek, R. & Mullins, D. (2013). <i>Housing ex-prisoners: the role of the third sector</i> . Safer Communities.
	Balafoutas, L., García-Gallego, A., Georgantzis, N., Jaber-Lopes, T., & Mitrokostas, E.	2020	Incarceration harms pro-social behaviors. Rehabilitation can be promoted with adequate instruments.	Balafoutas, L., García-Gallego, A., Georgantzis, N., Jaber-Lopes, T., & Mitrokostas, E. (2020). <i>Rehabilitation and social behavior: Experiments in prison</i> . Games and economic behavior, 119.
	Gomes, C., Duarte, M., & Almeida, J.	2003	Incarceration and rehabilitation should not be disconnected.	Gomes, C., Duarte, M., & Almeida, J. (2003). <i>Crimes, penas e reinserção social: Um olhar sobre o caso português</i> . Actas dos ateliers do Vº congresso português de sociologia.
	Martinson, R.	1974	“Having entered this very serious caveat, I am bound to say that these data, involving over two hundred studies and hundreds of thousands of individuals as they do, are the best available and give us very little reason to hope that we have in fact found a sure way of reducing recidivism through rehabilitation”	Martinson, R. (1974). <i>What works? Questions and answers about prison reform</i> . The Public Interest, 10, 22–54.
	Settumba, S.N., Chambers, G.M., Shanahan, M., Schofield, P., & Butler, T.	2018	Economic advantage can be resultant from investing in offender behavioral programs. Whether this investment represents ‘value for money’ remains unclear. Economic evaluations in the justice health sector lag behind research in other areas of public policy. Relevant information for this project: incarceration with none or minimal rehabilitation approaches is ineffective in reducing reoffending	Settumba, S.N., Chambers, G.M., Shanahan, M., Schofield, P., & Butler, T. (2018). <i>Are we getting value for money from behavioral interventions for offenders? A research note reviewing the economic evaluation literature</i> . American journal of criminal justice.

	Palmer, T.	1975	Rather than Ask “What works for offenders as a whole?” we must increasingly ask “Which methods work best for which types of offenders, and under what conditions or in what types of setting?”	Palmer, T. (1975). <i>Martinson re-visited</i> . Journal of Research in Crime and Delinquency, 12, 133-152.
	Gendreau, P. & Ross, R. R.	1979	It is concluded that there are several types of intervention programs that have evidenced success with offender populations. These intervention programs illustrate pointedly why there have been so many failures reported in correctional treatment.	Gendreau, P. & Ross, R. R. (1979). <i>Effective correctional treatment: Bibliotherapy for cynics</i> . Crime and Delinquency, 25, 463-489.
	Rodrigues, A.C., Sacau, A., de Oliveira, J.Q., & Gonçalves, R.A.	2019	It is crucial to increase judges’ training on criminological and sociological issues as well as the importance of changing the influence of their personal beliefs regarding penal sanctions into research-based positions. Relevant information for this project: negative outcomes of incarceration punishment and the importance of investing in rehabilitation programs.	Rodrigues, A.C., Sacau, A., de Oliveira, J.Q., & Gonçalves, R.A. (2019). <i>Prison sentences: last resort or the default sanction?</i> Psychology, crime & law, 25, 2, 171-194.
Technicians	Costa, V., Monteiro, S., Esgalhado, G., & Pereira, H.	2017	This systemic revision concluded that psychological research in the prison context generally focuses on classical issues, with a clinical domain, and with data collection with inmates. Other relevant information for this project: studies that focus on staff are in need.	Costa, V., Monteiro, S., Esgalhado, G., & Pereira, H. (2017). <i>Investigação psicológica em contexto prisional português: uma revisão sistemática da literatura e desafios futuros para a investigação</i> . Revista da associação portuguesa de psicologia, 31, 49-58.
	Morrison, P.K., Cluss, P.A., Miller, E.P., Fleming, R., Hawker, L., Bicehouse, T., George, D., Wright, K., & Chang, J.C.	2017	Relevant information for this project: It is essential to explore what professionals that deliver intervention programs believe that contributes to successful interventions	Morrison, P.K., Cluss, P.A., Miller, E.P., Fleming, R., Hawker, L., Bicehouse, T., George, D., Wright, K., & Chang, J.C. (2017). <i>Elements needed for quality batterer intervention programs: Perspectives of professionals who deal with intimate partner violence</i> . Journal of family violence, 32, 481-491.

	Silvergleid, C.S., & Mankowski	2006	This research shows the value of obtaining various perspectives on change processes, and support ecological and systems models of batterer intervention.	Silvergleid, C.S., & Mankowski. (2006). <i>How batterer intervention programs work: Participant and facilitator accounts of process of change</i> . Journal of interpersonal violence.
Recidivism	Thornton, D. M.	1987	Relevant information for this project: treatment can effectively reduce criminal recidivism, with almost 50% of researches demonstrating positive effects of psychotherapeutic interventions	Thornton, D. M. (1987). <i>Treatment effects on recidivism: A reappraisal of the 'nothing works' doctrine</i> . In B. J. McGurk, D. M. Thornton, & M. Williams (Eds), <i>Applying psychology to imprisonment: theory and practice</i> .
	Yesberg, J.A., & Polaschek, D.L.L.	2019	Although individuals made statistically significant changes during treatment, this change was not significantly related to recidivism. It was, however, found support for an indirect relationship between treatment change and recidivism, through change that occurred during reentry.	Yesberg, J.A., & Polaschek, D.L.L. (2019). <i>How does offender rehabilitation actually work? Exploring mechanisms of change in high-risk treated parolees</i> . International journal of offender therapy and comparative criminology.
	Banse, R., Koppehele-Gossel, J., Kistemaker, L.M., Werner, V.A., & Schmidt, A.F	2013	1) Pro-criminal attitudes are related to reoffending; 2) Most investigated intervention programs tend to reduce pro-criminal attitudes; 3) there is no conclusive evidence that intervention programs designed to reduce pro-criminal attitudes are effective in reducing recidivism	Banse, R., Koppehele-Gossel, J., Kistemaker, L.M., Werner, V.A., & Schmidt, A.F. (2013). Pro-criminal attitudes, intervention, and recidivism. <i>Aggression and Violent Behavior</i> .
	Hanson, R. K.	1997	Even though recidivism drop is the ultimate goal of treatment, the low base rate of detected recidivism makes this an impractical outcome criteria in many settings.	Hanson, R. K. (1997). <i>How to know what works with sexual offenders</i> . <i>Sexual Abuse: A Journal of Research and Treatment</i> .
	Maltz, M.	1984	The book analyzes the concept of recidivism.	Maltz, M. (1984). <i>Recidivism</i> . Academic Press, Inc.

	Andrews, D.A., & Bonta, J.	2010	A book regarding the understanding of individual differences in criminal activity and recidivism.	Andrews, D.A., & Bonta, J. (2010). <i>The psychology of criminal conduct</i> . LexisNexis Matthew Bender
Emotional Regulation	Lima Santos, N. & Faria, L.	2015	Relevant information for this project: the important role of emotional competencies on adaptive behaviors	Lima Santos, N. & Faria, L. (2005). <i>Inteligência emocional: Adaptação do “Emotional Skills and Competence Questionnaire” (ESCQ) ao contexto português</i> . Revista da Faculdade de Ciências Humanas e Sociais da UFP, 2, 275-289.
	Faria, L. & Lima Santos, N.	2006	Relevant information for this project: the factors that lead to emotional competencies and its importance to engage in adaptive behaviors	Faria, L. & Lima Santos, N. (2006). <i>Competência emocional: Adaptação e validação intercultural do Emotional Skills and Competence Questionnaire (ESCQ)</i> . Actas da XI Conferência Internacional de Avaliação Psicológica: Formas e Contextos. Psiquilíbrios.
	Smeijers, D., Benbouriche, M., & Garofalo, C.	2020	There is a considerable connection between emotion, emotion regulation processes, and social information processing in aggressive behaviors. The integration of cognition and emotion seems a promising path of research for explaining the development and manifestation of aggressive behavior, as well as to inform its prevention and treatment.	Smeijers, D., Benbouriche, M., & Garofalo, C. (2020). <i>The association between emotion, social information processing, and aggressive behavior: A systematic review</i> . European psychologist.
	Iria, C., Barbosa, F., & Paixão, R.	2020	Monetary reward seems to interfere negatively in offenders with antisocial personality disorder performance while monetary response cost improves it. Arousal level seems unable to explain the ability to identify facial affects. Relevant information for this project: deficits in the identification of emotions could be related to failures in social competences, leading to criminal acts.	Iria, C., Barbosa, F., & Paixão, R. (2020). <i>Identification of emotions in offenders with antisocial personality disorder (ASP). Behavioral and autonomic responses depending on the reinforcement scheme</i> . Journal of individual difference, 41, 8-16.

	Faria, L., Costa, A., & Costa, M.	2008	Relevant information for this project: the important role of emotional competencies in behavior regulation	Faria, L., Costa, A., & Costa, M. (2008). <i>Validação do Questionário de Competência Emocional (QCE): Estudo em contexto hospitalar com enfermeiros</i> . Actas da XIII Conferência Avaliação Psicológica: Formas e Contextos. Psiquilíbrios.
Early maladaptive schemas	Gawronski, B., & Bodenhausen, G.V.	2006	The proposed associative-propositional evaluation (APE) model makes specific assumptions about the mutual interplay of the 2 processes, implying several mechanisms that lead to symmetric or asymmetric changes in implicit and explicit attitudes. Relevant information for this project: there is an automatic process between perceived stimulus, activation of schemas, and response.	Gawronski, B., & Bodenhausen, G.V. (2006). <i>Associative and propositional processes in evaluation: An integrative review of implicit and explicit attitude change</i> . Psychological Bulletin, 132, 692–731.
	Bach, B., Lockwood, G., & Young, J.E.	2017	Four domains of early maladaptive schemas are empirically and conceptually consistent with Young's schema therapy model of personality pathology and longstanding emotional disorders.	Bach, B., Lockwood, G., & Young, J.E. (2017). A new look at the schema therapy model: organization and role of early maladaptive schemas. Cognitive behaviour therapy.
	Chakhssi, F., Bernstein, D. P., & de Ruiter, C.	2014	Schemas relating to mistrust, inadequate self-control/low frustration tolerance, and autonomy/dominance have a role in the impulsive lifestyle and antisocial behavior features of psychopathy. Treatments that focus on ameliorating these schemas may lead to better outcomes in psychopathic offenders.	Chakhssi, F., Bernstein, D. P., & de Ruiter, C. (2014). <i>Early maladaptive schemas in relation to facets of psychopathy and institutional violence in offenders with personality disorders</i> . Legal and Criminological Psychology, 18, 1–17.
	Gilbert, F., & Daffern, M.	2013	Although Impaired Limits and Disconnection/Rejection EMS are common among offenders with antisocial personality disorder and borderline personality disorder, the relationship between EMS and PD is critical.	Gilbert, F., & Daffern, M. (2013). <i>The association between early maladaptive schema and personality disorder traits in an offender population</i> . Psychology, Crime & Law, 19, 933–946.

	Nadort, M., Arntz, A., Smit, J. H., Giesen-Bloo, J., Eikelenboom, M., Spinhoven, P., & vanDyck, R.	2009	Schema focused therapy for borderline personality disorders can be successfully implemented in regular mental healthcare. Relevant information for this project: the effectiveness of this therapy in the schema's endorsement, aggressive behavior, and psychiatric symptoms.	Nadort, M., Arntz, A., Smit, J. H., Giesen-Bloo, J., Eikelenboom, M., Spinhoven, P., & vanDyck, R. (2009). <i>Implementation of outpatient schema therapy for borderline personality disorder with versus without crisis support by the therapist outside office hours: A randomized trial</i> . Behaviour Research and Therapy.
	Shorey, R. C., Anderson, S., & Stuart, G. L.	2014	Specific early maladaptive schema domains predict antisocial personality disorder and borderline personality disorder symptoms. The treatment of antisocial personality disorder and borderline personality disorder among men should focus on early maladaptive schemas.	Shorey, R. C., Anderson, S., & Stuart, G. L. (2014). <i>The relation between antisocial and borderline personality symptoms and early maladaptive schemas in a treatment seeking sample of male substance users</i> . Clinical Psychology & Psychotherapy, 21, 341–351.
Cognitions	Szumski, F., Bartels, R.M., Beech, A.R., & Fisher, D.	2018	It is described 1) the nature of the three mechanisms that arise from cognitive distortions; 2) the way they underpin particular distortions; 3) the role they play in the etiology of sex offending; (4) and how they may play out in research and practice.	Szumski, F., Bartels, R.M., Beech, A.R., & Fisher, D. (2018). <i>Distorted cognition related to male sexual offending: The multi-mechanism theory of cognitive distortions (MMT-CD)</i> . Aggression and violent behavior.
	Helmond, P., Overbeek, G., Brugman, D., & Gibbs, J.C.	2015	Although cognitive distortions are substantially connected with externalizing behavior and interventions can reduce cognitive distortions, a subsequent reduction in externalizing behavior remains to be demonstrated.	Helmond, P., Overbeek, G., Brugman, D., & Gibbs, J.C. (2015). <i>A meta-analysis on cognitive distortions and externalizing problem behavior. Associations, moderators, and treatment effectiveness</i> . Criminal Justice and Behavior. 42,3.
	Fiske, S.T., & Taylor, S.E.	1991	A book that analyses the state of the art of social cognition. Relevant information for this project: the role of information perception in understanding external stimulus.	Fiske, S.T., & Taylor, S.E. (1991). <i>Social cognition</i> . McGraw-Hill.
	Bandura, A.	1986	A book that is structured to underline the reciprocal causation through the relationship	Bandura, A. (1986). <i>Social foundations of thought and action: A social cognitive theory</i> . Prentice-Hall

			between cognitive, behavioral, and environmental factors.	
	Gallagher, S.	2008	Explains the notion of perception and offers evidence from developmental studies.	Gallagher, S. (2008). <i>Direct perception in the intersubjective context</i> , Consciousness, and Cognition, 17, 2, 535-543.
	Lardén, M., Melin, L., Holst, U., & Langstrom, N.	2007	Moral judgment and cognitive distortions are important intervention targets for delinquents, whereas empathy may be less meaningful to address directly.	Lardén, M., Melin, L., Holst, U., & Langstrom, N. (2007). <i>Moral judgement, cognitive distortions and empathy in incarcerated delinquent and community control adolescents</i> . Psychology, crime & Law, 12, 5.
	Sykes, G. M., & Matza, D.	1957	Techniques of neutralization appear to offer a promising line of research in expanding and systematizing the theoretical grasp of juvenile delinquency	Sykes, G. M., & Matza, D. (1957). <i>Techniques of neutralization: A theory of delinquency</i> . American Sociological Review.
Interventions	Wilson, D.B., Bouffard, L.A., & Mackenzie, D.L	2005	The evidence suggests the effectiveness of cognitive skills and cognitive restructuring approaches as well as programs that emphasize moral teachings and reasoning.	Wilson, D.B., Bouffard, L.A., & Mackenzie, D.L. (2005). <i>A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders</i> . Criminal justice behavior, 32, 2, 172-204.
	Papalia, N., Spicak, B., Daffern, M., & Ogloff, J.R.P	2020	The interventions had a significant general effect, with small to moderate increases in trait anger, social problem solving, impulsivity, and general social skill. The treatment effect for antisocial cognitions was nonsignificant.	Papalia, N., Spicak, B., Daffern, M., & Ogloff, J.R.P. (2020). <i>Are psychological treatments for adults with histories of violent offending associated with change in dynamic risk factors? A Meta-Analysis of Intermediate Treatment Outcomes</i> . Criminal justice and behavior.
	Taylor, L.R., Bhati, A., Taxman, F.S.	2020	Recidivism decreased with certain program features, while other program features increased recidivism. These highlight substantial variation across cognitive behavioral therapy programs.	Taylor, L.R., Bhati, A., Taxman, F.S. (2020). <i>Preliminary examination of the impact of program factors on summary effect sizes</i> . International journal of offender therapy and comparative criminology.

Davis, C., Bahr, S.J., & Ward, C.	2012	Treatment during incarceration can be an important support for reintegration and to prevent relapse from drug use and crime.	Davis, C., Bahr, S.J., & Ward, C. (2012). <i>The Process of Offender Reintegration: Perceptions of What Helps Prisoners Reenter Society</i> . Criminology and Criminal Justice.
Moore, K.E., Folk, J.B., Boren, E.A., Tangney, J.P., Fischer, S., & Schrader, S.W.	2016	Examined the groundwork for larger, controlled trials of abbreviated DBT skills groups for general population inmates in short-term jail settings.	Moore, K.E., Folk, J.B., Boren, E.A., Tangney, J.P., Fischer, S., & Schrader, S.W. (2016). <i>Pilot study of a brief dialectical behavior therapy skills group for jail inmates</i> . American psychological association.
Tarpey, E., & Friend, H.	2016	The analysis demonstrated four predominant themes, these were: “the decision to change”, “self-fulfillment”, “a place to call home” and “a suitable support system”. The themes are discussed concerning the Good Lives Model. Other relevant information for this project: the role of interventions that challenge inadequate patterns	Tarpey, E., & Friend, H. (2016). <i>A place to call home: perspectives on offender community reintegration</i> . The journal of forensic practice.
Bogestad, A.J., Kettler, R.J., & Hagan, M.P.	2009	Cognitive intervention programs lead to an improvement in thinking	Bogestad, A. J., Kettler, R. J., & Hagan, M. P. (2009). <i>Evaluation of a cognitive intervention program for juvenile offenders</i> . International Journal of Offender Therapy and Comparative Criminology.
Farrelly, A.D., & Flannery, D.J.	2006	Summarizes the current state of efforts to develop programs to reduce youth violence. It was analyzed three programs that have been systematically evaluated and found to have some degree of effectiveness. This area needs further studies.	Farrelly, A.D., & Flannery, D.J. (2006). <i>Youth violence prevention: Are we there yet?</i> Aggression and Violent Behavior.
Enosh, G.E., & Buchbinder, E.	2019	The insights into group interpersonal processes and their effects on the construction of the self and of others may serve as a bridge that can help professionals in the field of intimate partner violence to incorporate relationships as a	Enosh, G.E., & Buchbinder, E. (2019). <i>Mirrors on the wall: Identification and confrontation in group processes with male batterers in prison</i> . Psychology of men & masculinities, 20, 4, 575-584.

			major dimension beyond the concrete content that arises in men's group processes.	
	Ross, R. R., Fabiano, E. A., & Ross, B.	1989	Reasoning and Rehabilitation program is not an elixir for anti-social behavior. Research demonstrates that the program requires enthusiastic, trained staff with good cognitive and social skills who are working in an environment which is supportive of their program efforts and who maintain program integrity while they deliver the program to those offenders who are most likely to profit from it because they lack the skills and values that it teaches. Relevant information for this project: changing criminal thinking leads to change in criminal behavior	Ross, R. R., Fabiano, E. A., & Ross, B. (1989). <i>Reasoning and rehabilitation: A handbook for teaching cognitive skills</i> . Cognitive Centre, University of Ottawa.
	Rocha, N.B.F., Marques, A., Fortuna, R.B., Antunes, A., & Hoaken, P.N.S.	2014	Cognitive remediation has the potential to enhance the neurocognitive functioning of incarcerated women. Relevant information for this project: methods applied by cognitive-behavioral programs can produce positive outcomes, reduce recidivism rates and decrease offensive behaviors	Rocha, N.B.F., Marques, A., Fortuna, R.B., Antunes, A., & Hoaken, P.N.S. (2014). <i>Effectiveness of cognitive remediation for female inmates: a pilot study</i> . <i>The journal of forensic psychiatry & psychology</i> , 25, 2, 224-237.
	Yesberg, J.A.	2015	The findings highlight the importance of considering alternative treatment outcomes in addition to whether or not a program leads to a reduction in long-term recidivism outcomes.	Yesberg, J.A. (2015). <i>Exploring mechanisms of change in the rehabilitation of high-risk offenders</i> . (Doctoral thesis unpublished). Victoria University of Wellington, New Zeland.
Rehabilitation in Portugal	Brazão, N., da Motta, C., & Rijo, D.	2013	It introduces a program, Growing Pro-Social (GPS), currently in use in several Portuguese youth rehabilitation centers and prisons.	Brazão, N., da Motta, C., & Rijo, D. (2013). From multimodal programs to a new cognitive-interpersonal approach in the rehabilitation of offenders. <i>Aggression and violent behavior</i> .

Brazão, N., da Motta, C., Rijo, D., Salvador, M.C., Pinto-Gouveia, J., & Ramos, J.	2015	Shows evidence that Growing Pro-Social (GPS) can change cognitive variables underlying antisocial behavior.	Brazão, N., da Motta, C., Rijo, D., Salvador, M.C., Pinto-Gouveia, J., & Ramos, J. (2015). <i>Clinical change in cognitive distortions and core schemas after a cognitive-behavioral group intervention: preliminary findings from a randomized trial with male prison inmates</i> . <i>Cognitive therapy and research</i> , 39, 578-589.
Brazão, N., Rijo, D., Salvador, M.C., & Pinto-Gouveia, J.	2017	Growing Pro-Social (GPS) can have positive effects on the cognitive functioning of male prison inmates, by reducing cognitive distortions and the prominence of early maladaptive schemas.	Brazão, N., Rijo, D., Salvador, M.C., & Pinto-Gouveia, J. (2017). <i>The effects of the growing pro-social program on cognitive distortions and early maladaptive schemas over time in male prison inmates: a randomized controlled trial</i> . <i>Journal of Consulting and Clinical Psychology</i> , 85, 11.
Brazão, N., Rijo, D., Salvador, M. C., & Pinto-Gouveia, J.	2018	Growing Pro-Social (GPS) can have the ability to promote emotion and behavior regulation, which contributes not only to the inmate's interpersonal adjustment but also to the more efficient management of the prison system.	Brazão, N., Rijo, D., Salvador, M. C., & Pinto-Gouveia, J. (2018). <i>Promoting emotion and behavior regulation in male prison inmates: A secondary data analysis from a randomized controlled trial testing the efficacy of the Growing Pro-Social Program</i> . <i>Law and human behavior</i> , 42, 1, 57-70.
Brazão, N., Rijo, D., Silva, D.R., Salvador, M.C., & Pinto-Gouveia, J.	2019	Findings suggested that severely disturbed inmates could benefit from the Growing Pro-Social (GPS) program, which reflects the need to provide appropriate treatment to offenders.	Brazão, N., Rijo, D., Silva, D.R., Salvador, M.C., & Pinto-Gouveia, J. (2019). <i>Personality pathology profiles as moderators of the growing pro-social program: Outcomes on cognitive, emotion, and behavior regulation in male prison inmates</i> . <i>Journal of personality disorders</i> .
Direção-Geral de Reinserção e Serviços Prisionais.	2014	Relevant information for this project: data regarding prison-based programs	Direção-Geral de Reinserção e Serviços Prisionais. (2014). <i>Relatório de atividades e autoavaliação</i> . Ministério da Justiça.
Direção-Geral de Reinserção e Serviços Prisionais.	2015	Relevant information for this project: data regarding prison-based programs	Direção-Geral de Reinserção e Serviços Prisionais. (2015). <i>Relatório de atividades e autoavaliação</i> . Ministério da Justiça.

	Direção-Geral de Reinserção e Serviços Prisionais.	2016	Relevant information for this project: data regarding prison-based programs	Direção-Geral de Reinserção e Serviços Prisionais. (2016). <i>Relatório de atividades e autoavaliação</i> . Ministério da Justiça.
	Direção-Geral de Reinserção e Serviços Prisionais.	2017	Relevant information for this project: data regarding prison-based programs	Direção-Geral de Reinserção e Serviços Prisionais. (2017). <i>Relatório de atividades e autoavaliação</i> . Ministério da Justiça.
	Direção-Geral de Reinserção e Serviços Prisionais.	2018	Relevant information for this project: data regarding prison-based programs	Direção-Geral de Reinserção e Serviços Prisionais. (2018). <i>Relatório de atividades e autoavaliação</i> . Ministério da Justiça.
	Direção-Geral de Reinserção e Serviços Prisionais.	2019	Relevant information for this project: data regarding prison-based programs	Direção-Geral de Reinserção e Serviços Prisionais. (2019). Relatório de atividades e autoavaliação. Ministério da Justiça.
	Direção-Geral de Reinserção e Serviços Prisionais.	2019	Relevant information for this project: data regarding prison-based programs	Direção-Geral de Reinserção e Serviços Prisionais. (2019). <i>Plano de atividades</i> . Ministério da Justiça.
	Direção-Geral de Reinserção e Serviços Prisionais.	2019	Relevant information for this project: data regarding prison-based programs	Direção-Geral de Reinserção e Serviços Prisionais. (2019). <i>Quar 2019</i> . Ministério da Justiça.
	Direção-Geral de Reinserção e Serviços Prisionais.	2020	Relevant information for this project: data regarding prison-based programs	Direção-Geral de Reinserção e Serviços Prisionais. (2020). <i>Mapa de pessoal</i> . Ministério da Justiça.
Dimensions addressed by the programs	Allan, J.A., Sniehotta, F.F., & Johnston, M.	2013	Spontaneously generated action plans are better if produced by a skilled rather than a poor planner. Planning interventions can compensate for the lack of planning skills.	Allan, J.A., Sniehotta, F.F., & Johnston, M. (2013). <i>The best laid plans: Planning skill determines the effectiveness of action plans and implementation intentions</i> . Annals of behavioral medicine.
	Kirkpatrick, J., & Kirkpatrick, W.	2016	Relevant information for this project: definition and importance of training	Kirkpatrick, J., & Kirkpatrick, W. (2016). <i>Kirkpatrick's Four Levels of Training Evaluation</i> . Association for Talent Development
	Kramer, T.	2018	Relevant information for this project: definition of therapeutic potential	Kramer, T. (2018). <i>Side effects and therapeutic effects</i> . Medscape General Medicine.

Bright, J. R.	1958	Relevant information for this project: definition of skills	Bright, J. R. (1958). <i>Does automation raise skill requirements?</i> Harvard Business Review
Chowdur, R., Dharitri, R., Kalyanasundaram, S., & Suryanaarayana, R.N.	2011	The psychosocial rehabilitation program at the RFS has a positive effect. Relevant information for this project: definition of psychosocial rehabilitation	Chowdur, R., Dharitri, R., Kalyanasundaram, S., & Suryanaarayana, R.N. (2011). <i>Efficacy of psychosocial rehabilitation program: The RFS experience.</i> Indian journal of psychiatry.
deLeon, L.	2020	A chapter on a book regarding public administration. Relevant information for this project: definition of responsible behaviors	deLeon, L. (2020). <i>On acting responsibly in a disorderly world: individual ethics and administrative responsibility.</i> In: G. Peters and J. Pierre, ed., <i>Handbook of public administration.</i> SAGE publications.
Molloy, D.W., Bédard, M., Guyatt, G.H., & Lever, J.	1996	Relevant information for this project: the importance of identifying dysfunctional behaviors and its definition	Molloy, D.W., Bédard, M., Guyatt, G.H., & Lever, J. (1996). <i>Dysfunctional Behavior Rating Instrument.</i> International Psychogeriatrics.
Natsoulas, T.	1996	Various concepts are useful in assist to distinguish between delicate variations in consciousness and in explaining theoretical concerns that have been strongly discussed. Relevant information for this project: definition of consciousness	Natsoulas, T. (1996). <i>The stream of consciousness: XII. Consciousness and self-awareness.</i> Imagination, Cognition, and Personality.
Polaschek, D.L.L.	2010	Relevant information for this project: essential structure and framework of cognitive-behavior programs for offenders	Polaschek, D.L.L. (2010). <i>Many sizes fit all: A preliminary framework for conceptualizing the development and provision of cognitive-behavioral rehabilitation programs for offenders.</i> Aggression and violent behavior
Saunders, L.F.	2015	Relevant information for this project: definition and the role of moral reasoning	Saunders, L.F. (2015). <i>What is moral reasoning?</i> Philosophical psychology.
Shneidman, E.	2004	A book that attempts to redefine the perception of the true nature of suicide and aims to assist practitioners to identify, understand, and treat	Shneidman, E. (2004). <i>Definition of suicide.</i> Rowman & Littlefield publishers, inc.

			individuals who intend to kill themselves. Relevant information for this project: definition of suicide	
	Wechsler, B.	1995	Relevant information for this project: definition of coping and the importance of adaptive coping strategies	Wechsler, B. (1995). <i>Coping and coping strategies: a behavioral view</i> . Applied animal behavior science.
	Witkiewitz, K., Marlatt, G.A., & Walker, D.	2005	Relevant information for this project: the importance of behavioral skill training and cognitive interventions to substance use prevention and its definition	Witkiewitz, K., Marlatt, G.A., & Walker, D. (2005). <i>Mindfulness-based relapse prevention for alcohol and substance use disorders</i> . Journal of cognitive psychotherapy: An international quarterly.
	Wong, Y.L.I., & Solomon, P.L.	2002	Relevant information for this project: definition of social integration	Wong, Y.L.I., & Solomon, P.L. (2002). <i>Community integration of persons with psychiatric disabilities in supportive independent housing: A conceptual model and methodological considerations</i> . Mental Health Services Research.

Source: the author