ABSTRACT: Incarceration results after a person cannot or will not adapt to societal rules. Inmates often hold irrational beliefs and practice self-defeating behaviors, which then lead to incarceration. By using REBT as a treatment modality, a forensic therapist can easily identify irrational thinking and teach the inmates to challenge these thoughts on both a cognitive and behavioral level.

A unique setting to practice the modality of Rational Emotive Behavioral Therapy (REBT) is in a correctional facility, commonly referred to as a jail.

In REBT, thoughts and beliefs that lead to self-helping feelings and behaviors, and which can be substantiated with empirical evidence and support, are considered to be rational. These beliefs express desires, hopes, and preferences, and are conditional rather than absolutistic. They are based on reality and are verifiable. Irrational beliefs, in REBT, are absolutistic and have no empirical evidence to support them or are contradicted by existing data (Ellis, McInerney, DiGiuseppe, & Yeager, 1988).

As a rational emotive behavioral therapist practicing in this setting, one will have to deal with the demands placed on you by several systems, many of them being irrational and rigid, and at times, in conflict with each other.

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Incarceration can be stressful to the inmate (as some believe rightly so), their family and the social service providers, such as their child welfare caseworker, their mental health worker or the advocate for the mentality retarded. A wide range of social circumstances or institutions can be called "generally stressful" in that they circumscribe, frighten, disappoint, bore or challenge people exposed to them (Toch, 1992). Stress is treated as a psycho-social condition generated by discrepancies between needs and capacities, on the one hand, and environmental qualities on the other. It arises in three interrelated areas of living: life transitions, environmental pressures, and interpersonal processes (Germain & Gitterman, 1980).

Germain and Gitterman (1980) state that life transitions impose new demands and require new responses. Prisons deprive inmates of freedom and privacy and place them in new social situations (Bonta & Gendreau, 1993). For some this is the first time away from family members, be it biological family, family of choice, or "running buddies." This presents additional problems when the inmate is incarcerated in lieu of psychiatric hospitalization, or when a female is incarcerated and her children must be placed in foster care. Zamble and Porporino (1988) have documented that inmates coping skills in prison are similar to when they were "on the outside." Since the inmate is institutionalized, by definition then, he has been unable to cope with life situations in an acceptable social manner (Morris, 1974).

Morris (1974) hypothesizes that the inmate operates from an irrational belief system, since Ellis views an individual's beliefs as the main determiners affecting his behavior. He administered the Adult Irrational Ideas Inventory to fifty-three male inmates in Saskatchewan, Canada, and reports that inmates have a high need for love and approval, that they are demanders, awfulize when things are not the way that they would like them to be, and believe that one should become quite upset over other people's problems and disturbances.

Morris (1974) also reports that highly irrational prisoners were largely determined as possessing less formal education and having more religious training during their childhood. Irrational beliefs indicating self-centeredness, manipulation and authoritarianism were more strongly adhered to by the prisoners.

The environment can support or interfere with life transitions, and can be a source of stress. Organizations designed to meet adaptive needs, such as schools, welfare organizations, and hospitals, may impose stress through harsh or unresponsive policies and procedures (Germain & Gitterman, 1980). This is also true in a correctional facil-