



## Effect of Counselling Therapy Programmes on the Rehabilitation of Inmates in the Buea Central Prison

Michael Kindong Tim <sup>1\*</sup>, Patrick Fonyuy Shey <sup>2</sup>

Department of Educational Psychology, Faculty of Education, University of Buea, Cameroon

\* Corresponding Author: Michael Kindong Tim

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### Article Info

**ISSN (Online):** 2582-7138

**Impact Factor (RSIF):** 7.98

**Volume:** 06

**Issue:** 06

**November - December 2025**

**Received:** 23-09-2025

**Accepted:** 26-10-2025

**Published:** 21-11-2025

**Page No:** 893-901

### Abstract

This study investigated the effects of counselling therapy programmes on the rehabilitation of inmates in the Buea central prison. Despite global advancements in correctional rehabilitation, many prison systems in developing countries, including Cameroon, still rely heavily on punitive incarceration, which results in limited efforts towards psychological and social transformation of inmates. This study bridged the knowledge gap on how existing counselling programmes influence inmate rehabilitation. Using an explanatory sequential design, a mixed-methods approach was employed to collect and analyse data from 60 participants, including inmates and prison staff. Data analysis and interpretation were guided by eight theoretical frameworks: Rotman's (1990) Rehabilitation Theory, Becker's (1963, 1964) Reformatory Theory and Human Capital Theory, Skinner's (1948) Operant Conditioning Theory, Becker's (1963) Social Labelling Theory, Bandura's (1977) Social Learning Theory, Rogers' (1951) Person-Centered Therapy Theory and Giordano *et al.*'s (2002) Cognitive Transformation Theory. These theories provided an exhaustive understanding of the rehabilitation process and emphasized the importance of counselling in behavioural change and successful reintegration. Findings highlight the key role of counselling in inmate rehabilitation, with social interaction programmes and counselling therapy. The study suggests that rehabilitation efforts are most effective when prioritizing skill development, academic advancement and addressing social and emotional needs. Thus, a comprehensive approach to rehabilitation—one that integrates practical, educational, emotional and social dimensions, is required for reducing recidivism and promoting successful reintegration. The findings have significant implications for policymakers, correctional administrators and rehabilitation specialists committed to reforming the prison system in Cameroon.

**DOI:** <https://doi.org/10.54660/IJMRGE.2025.6.6.893-901>

**Keywords:** Inmate Rehabilitation, Counselling Therapy, Buea Prison, Recidivism Reduction, Cognitive Transformation, Prison Reform Cameroon

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### Introduction

The rehabilitation of inmates has increasingly become a central concern in criminal justice systems worldwide, especially as punitive models of incarceration give way to more human-centered and reformatory approaches. Psychosocial interventions that integrate psychological and social elements are at the heart of modern rehabilitation strategies. These interventions are designed not only to address criminal behaviour but also to support inmates in managing emotional challenges, developing life skills, and reintegrating into society as responsible citizens (Genders & Player, 2013).

Increasingly, around the world, the concept of rehabilitation is gaining ground over punishment when dealing with prisoners. Penitentiaries around the globe are striving to effect change by providing inmates with opportunities during their sentence, to facilitate their reintegration into society and help them become active and fulfilled members of their communities again (UNODC, 2021) <sup>[1]</sup>. Current international standards stipulate that imprisonment should not be limited to depriving liberty but should also focus on the re-education of prisoners. Prison years should include psychosocial programmes such as education, vocational training, and employment during prison years, with the goal of contributing to the prisoners' employability after release and reduce recidivism. Research shows that inmates who participate in correctional education programmes have 43 per cent lower odds of returning to prison than those who do not, and that every dollar spent on prison education saves four to five dollars on the costs of re-incarceration (Rand, 2013) <sup>[2]</sup>.

### Background

Today prisons focus on rehabilitating prisoners to reduce crime and recidivism, thus preparing them for a smooth reintegration into society. Prison rehabilitation aims to restore inmates so that they avoid future criminal behaviour upon their release and reintegration into society (Langat, 2015) <sup>[3]</sup>. Socio-psychological rehabilitation programmes include educational and vocational programmes, psychological counselling, and services to help inmates improve their behaviour, skills, education, and self-concept for successful reintegration into society after their prison term (Langat, 2015) <sup>[3]</sup>.

Globally, countries such as Norway, Canada, and the Netherlands have invested significantly in psychosocial interventions that include counselling therapy, education, vocational training, and social development programmes. These nations report low recidivism rates, illustrating the potential of such initiatives to promote behavioural change and societal reintegration (Pratt, 2008) <sup>[4]</sup>. In the United States, evidence suggests that inmates who engage in structured rehabilitation programmes are significantly less likely to reoffend (James & Glaze, 2006) <sup>[5]</sup>.

In Africa, the application of psychosocial rehabilitation within prisons is more complex, often hindered by underfunding, overcrowding, and limited human resources. Nevertheless, some African countries like South Africa and Kenya have begun implementing structured prison programmes involving vocational training, counselling, and formal education to combat recidivism and ease social reintegration (Skosana & Gxubane, 2015; Muteti, 2018) <sup>[6, 7]</sup>. Cameroon presents a more constrained context. Although the national penal system acknowledges the need for rehabilitation, psychosocial programmes are either sporadically implemented or driven by external factors such as NGOs and religious organizations. In the Buea Central Prison, some efforts have been made to engage inmates in skill-building, religious counselling, and basic education. However, the extent to which these initiatives function as structured psychosocial programmes remains under-researched.

Counselling therapy sessions like cognitive-behavioural therapy and relapse prevention therapy can address these cognitive deficits and distortions by teaching offenders to understand the thinking process and choices associated with their criminal behaviour. Offenders can learn to self-correct

their thinking and identify and correct biased, risky or deficient thinking patterns (Mbugua, 2011) <sup>[8]</sup>. These interventions often involve cognitive skills training, anger management (to address patterns of automatic thoughts leading to violent reactions) and other techniques related to the development of social skills and interpersonal maturity, moral development and relapse prevention. This type of intervention can have a significant impact on reducing recidivism.

### Literature Review

Counselling therapy in prisons is often grounded in psychological theories that explain behaviour change. One widely used framework is Cognitive Behavioural Therapy (CBT), which focuses on identifying and altering dysfunctional thinking patterns (Beck, 2011) <sup>[9]</sup>. CBT has been particularly effective in reducing criminal behaviour and relapse into crime, making it suitable for prison rehabilitation programmes.

Counselling involves the implementation of practices that help individuals, groups and organizations function optimally by assessing and changing personal and interpersonal dysfunctions that occur in many areas such as emotional adjustments, relationship problems, career planning, vocational and educational issues and or health problems (Mbugua, 2011) <sup>[8]</sup>. Individuals need counselling to improve their well-being, alleviate distress and maladjustment and resolve conflicts.

Counselling helps inmates address trauma, aggression, addiction, and antisocial behaviours. Research shows that therapeutic communities in prisons lead to significant reductions in recidivism (Mitchell *et al.*, 2012) <sup>[10]</sup>. In contexts like Buea, the absence of trained psychological counsellors limits consistent delivery of therapy.

Globally, prison systems in developed countries have increasingly integrated counselling therapy as a core element of rehabilitation. In the United States, counselling programmes have been shown to significantly reduce recidivism and support inmates in managing anger, substance abuse, and trauma (Morgan *et al.*, 2012) <sup>[11]</sup>. In the UK, psychological interventions like group therapy and life-skills counselling have also been credited with lowering repeat offenses (Day *et al.*, 2010) <sup>[12]</sup>.

In Scandinavian countries such as Norway, correctional systems focus more on rehabilitation than punishment, with therapy programmes woven into daily prison life. These countries report low recidivism rates as a result (Pratt, 2008) <sup>[4]</sup>.

In Africa, the integration of counselling therapy into prison systems varies. In South Africa, the Department of Correctional Services offers psychological services, though the ratio of professionals to inmates remains low. Research by Skosana and Gxubane (2015) shows that group counselling and anger management programmes have improved inmate behaviour and reduced violence.

In Nigeria, the rehabilitation system faces numerous challenges, including overcrowding and underfunded facilities. However, pilot programmes involving cognitive and vocational counselling have shown promise. Cultural attitudes toward incarceration and mental health often influence the implementation of these programmes.

In Cameroon, rehabilitation efforts are still developing. The prison system, managed by the Ministry of Justice, has limited counselling services due to lack of trained personnel

and infrastructure (Ngu & Nchinda, 2019) <sup>[13]</sup>. In some urban prisons, NGOs have stepped in to provide psychological support and skills training to inmates, but coverage is minimal. A study by Fombo and Ndip (2020) emphasized that the absence of structured therapy programmes contributes to high rates of recidivism and psychological distress among prisoners <sup>[14]</sup>.

Psychological assistance in the form of counselling therapy is any form of intervention addressed to people in difficult situation. Psychological assistance is considered as the support given to help meet the mental, emotional, social, and spiritual needs of people in difficult circumstances like in prison Schnittker *et al.*, (2012) <sup>[15]</sup>. Psychological assistance involves counselling, psychoeducation, prayers and peer mentorship. Incarceration is directly associated with negative feelings and reactions like anxiety, stress which can be persistence, and at the end cause serious problem if not well managed (John *et al.*, 2015) <sup>[16]</sup>. It is a role of psychologists to make follow up of inmates in order to help them on mental stability in relation to new conditions of life in prison. The psychological effects of imprisonment are observed in different forms like delusion, as false believes, dissatisfaction of life, depression, feeling of panic, stress, insomnia, denial and other form of self-destructive behaviour vary from individual to individual (Haney, 2002; Shivani, 2013) <sup>[17, 18]</sup>. Counselling assistance can be initiated through programmes such as Psychotherapy and psychoeducation. Psychotherapy also referred as individual counselling is a collaborative psychological session between individual and counsellor to help people with mental health disorder to stabilize or normalize their thinking or mental health in a given situation that may or may not be done with pharmaceutical interventions (Selva, 2012) <sup>[19]</sup>. The role of psychologist is to encourage inmates to identify their needs and guide to get health well-being through positive thoughts and actions to avoid negative behaviours like social isolation from negative thinking. The counselling is used to prisoners who have problems related to mental distress, depending on inmate's capability to manage an unexpected situation or events and the level of individual support network (Ndwanyi, 2021) <sup>[20]</sup>. Psychotherapy is all about motivation to get positive result which requires active engagement of client to invest in change. reason why the commitment of inmates is necessary to be considered. It is the role of psychologist to motivate inmates to cooperate during the sessions, with mechanism of communication which increase the level collaboration and trust on the end state and benefit of the sessions. It is necessary for a psychologist to be ready to work with client's motivation and resistance, to be able to manage all situations, using other approaches, when self-motivation is low or totally absent, to encourage determination or personal desire to change as central task of psychologist.

Psycho-education is about training people on basic knowledge on psychological issues, strategies, problem solving skills. In prison, these programmes are known as peer programmes which are about training prisoners on psychological area in order to work together with professional staff (Devilley *et al.*, 2003) <sup>[22]</sup>. Those people are known as peer educators because they help also to share the knowledge gain but also to use it together with beneficiaries (Ndwanyi, 2021) <sup>[20]</sup>. In prison settings, because of some reasons including small number of professional staff, peer programmes called programmes by inmates for inmates is used, which is about using trained inmates to intervene and

help others because they live together in prison in the same realities. The inmates graduated from the training are called peer educators, inmate listener or befriender with primary role to make a follow up and intervene as soon as possible before seeking for other interventions (Devilley *et al.*, 2003) <sup>[22]</sup>.

Even though psycho-education is used to address some psychosocial issues, psychoeducation can have challenges related to the ethical issues as: Accountability: while having tasks to listen and react if any case of mental instability, inmates are not legally responsible and accountable (Devilley *et al.*, 2003) <sup>[22]</sup>; Performance: very limited trainings may lead to poor performance related to lack of enough knowledge, but also a prisoner should be influenced by their problem to don't listen effectively others to orient the situation; Confidentiality: it is not possible to guarantee confidentiality of peer educator depending on the life styles their have inside of prison.

Bradley and Davino (2002) argued that for effective treatment of past trauma to occur, an environment that is safe, both physically and psychologically, must first be established <sup>[23]</sup>. Toch (1977) argued that the structure of the prison is concerned mostly with how daily life is governed by the rules and regulations of the facility <sup>[24]</sup>.

The goal of correctional counselling is usually based on two positions. The first argues that correctional counselling aims to reduce recidivism. The success or failure of correctional counselling is defined by the recidivism that clients (offenders) experiences. The second position maintains that correctional counselling is intended to help offenders understand and overcome their internal and external conflicts through developing more accurate social cognitions about themselves and others and the patterns governing their interactions (Davidson, 1990) <sup>[25]</sup>.

At time it feels as if the entire system is set up to make one fail. Helping the offender to learn to identify the role to play in this cycle determining how to make decisions that will allow them to become empowered and end the cycle is one of the primary objectives of counselling in the prison. The process of counselling should help the offender to evaluate their foundational beliefs, values, attitudes and life commandments as well as examine their goals and motivations, so that they can go on to live a healthy happy and productive life (Sun, 2013) <sup>[26]</sup>.

However, many rehabilitation institutions (prisons), lack qualified counsellors, and may also ignore the counselling needs of the victims, offenders' family, police officers and the community as they over emphasize the counselling need of the offenders. A one fit all approach is definitely not appropriate in counselling. The counselling design and implementation can take the form of individual, community or group (with similar offenses etc.) sessions as illustrated below:

Counselling of Violent offenders are among the most dangerous offenders in the Criminal Justice System, having been arrested, convicted, and imprisoned for felony crimes such as robbery, assault, rape, and homicide. Over the last 20 years or so, research on the development, implementation, and evaluation of treatment programmes effectiveness for violent offenders has proliferated. With regard to the specific structure of treatment for violent offenders, research has demonstrated support for cognitive behavioural and social learning theory-based intervention programmes that can be used in counselling to help the offender (Polaschek & Dixon,

2001) [27].

Although they contain many of the same elements as nonviolent offender treatment models, violent offender treatment programmes typically encourage the development of offenders' insight into the functional role of their violent behaviour and attempt to teach offenders alternative behavioural strategies that will allow them to navigate conflict more effectively. An example of such a programme was designed and implemented by Polaschek and Dixon (2001) with a New Zealand sample of violent offenders [27]. The counselling process consisted of several components consistent with these theoretical approaches targeting anger management, communication skill training, and the acquisition of parenting, interpersonal, social problem solving, and general life skills. In addition, substance abuse and health education were incorporated into the programmes, concurrent with individual therapy sessions.

Among the most common intimate violence offender programmes are those founded in feminist-based psycho education and cognitive behavioural principles (Gertrude, 2005) [28]. The bulk of programmes offered as intimate violence prevention programmes can be roughly categorized as following the feminist psycho educational model, often referred to as the Duluth model. This paradigm, founded in social work theory, is often viewed as an educational rather than a true therapeutic approach (such as the Cognitive Behavioural Approaches) because of its avoidance of diagnostic labels and other psychological constructs. This model posits that intimate partner violence stems from an offender's patriarchal views coupled with the differential power dynamic between men and women. However, critics point out that many intimate violence offender programmes labelled as CBT use a range of techniques that would not be used in true cognitive behavioural therapies and more closely resemble psycho educational models, such as the Duluth model, rather than traditional CBT.

Rehabilitation of inmates has two goals as to normalize the performance of personal role and increasing the opportunities to survive in a good way through skills gain (Deci & Ryan, 2009) [29], from self-determination, with autonomy, relatedness and competence, which means that the rehabilitation programmes have to regulate their experiences, in relation to their emotions and interaction with others including management of challenges faced. The rehabilitation programmes to inmates are about all activities planned with objective to change some aspects such as behaviours, cognitive process, personality and mental health (Cullen & Gendreau, 2000) [30].

After working on cognitive aspect, rehabilitation process will provide educational assistance or career training to prisoners to give some skills to them for future activities in order to make them less likely to the recidivism (Robinson & Crow 2009) [31]. The rehabilitation of inmates is a process to focus on individual bad behaviours for transformation through education at different level and in different angles to meet what is needed to be changed for inmates. For a rehabilitation programmes to be successful requires 3 elements to be considered, (Andrew, Bonta and Hoge 1990) as cited in Ndwanji, 2021 [32, 20] as Risk, Needs and Response (RNR): Risk: the focus is to know the risk which can be caused by

inmates as insecurity in society, to plan for addressing bad behaviours and acts to good citizens. Needs: it is required to know what is needed to address criminal behaviours of inmates, the needs are strong rehabilitation programmes to change the way of their thinking and equip them with skills to be used to survive after imprisonment to avoid illegal acts. Response: it is related to the styles or modes of services delivery to provide the necessary needed to change behaviour, according to Dowd (2020), for inmates to be well rehabilitated, new skills and knowledge are required to be used in their life after imprisonment. Ngoma prison has different programmes like informal education, tailoring, handcraft together with civic education (Ndwanji, 2021) [20]. The rehabilitation of inmates is to provide skills that enable them to change the way they think, feel and act and let them to use this knowledge to escape high risk situation in the future (Fortune *et al.*, 2011) [33], in order to reduce recidivism and secure the society in the line of national social protection of Rwanda. According to National social protection strategy of Rwanda, (2013), social protection aims to ensure minimum income and access to public for vulnerable people, and for those who are able to work, giving them the opportunities to escape poverty by developed mechanisms for better quality of life, for that, the rehabilitation process has to protect inmates from criminal acts by delivering different programmes to reeducate them.

## Method

This study employed an explanatory sequential design, a mixed-methods approach where quantitative data collection and analysis are followed by qualitative data collection and analysis (Creswell & Plano Clark, 2011) [34]. The study was conducted in the South West Region of Cameroon. As one of the two English-Speaking regions of Cameroon, and is located in the western part of the country.

The sample size was made up of the entire human population at the Buea Central Prisons. This included all the inmates and the penitentiary staff. According to data from the Buea Central Prison as of August (2024), the total population at the prison stood at 3,017 persons (Chief of service for detainees Buea Central Prison, 2024).

**Table 1:** Distribution of the Study Population

Category	Inmates	Prison Staff
Adult males	2855	40
Adult females	109	20
Minors	53	02
Total	3017	62

## Instrumentation

The questionnaire was used to gather data on the perceived effectiveness of counselling programmes in inmate rehabilitation. The questionnaire consisted of closed-ended questions and Likert-scale items to measure inmates' attitudes, perceptions, and experiences with various programmes, Interview Guide for Inmates and Programme Facilitators and Prison Staff. The interview guide was designed to explore the experiences and perceptions of inmates, programme facilitators, and prison staff regarding counselling programmes in the prison.



## Findings

**Table 2:** Inmates Opinion on Counselling Therapy Programmes

Items	Stretched				Collapsed		Mean	Std. Dev
	SA	A	D	SD	SA/A	D/SD		
I have regular access to counselling sessions in this prison.	11 (25.6%)	28 (65.1%)	4 (9.3%)	0 (0.0%)	39 (90.7%)	4 (9.3%)	3.16	.574
Counselling has helped me understand and manage my emotions better.	29 (67.4%)	10 (23.3%)	4 (9.3%)	0 (0.0%)	39 (90.7%)	4 (9.3%)	3.58	.663
Therapy has made me more self-aware and reflective about my past actions.	9 (20.9%)	15 (34.9%)	18 (41.9%)	1 (2.3%)	24 (53.8%)	19 (44.2%)	2.74	.819
I am learning how to control negative behaviours through counselling.	20 (46.5%)	15 (34.9%)	8 (18.6%)	0 (0.0%)	35 (81.4%)	8 (18.6%)	3.28	.766
I now understand how to resolve conflicts peacefully because of therapy.	11 (25.6%)	24 (55.8%)	8 (18.6%)	0 (0.0%)	35 (81.4%)	8 (18.6%)	3.07	.669
Counselling has helped reduce my feelings of hopelessness or depression.	11 (25.6%)	28 (65.1%)	4 (9.3%)	0 (0.0%)	39 (90.7%)	4 (9.3%)	3.16	.574
I believe counselling therapy is important for successful rehabilitation.	15 (34.9%)	24 (55.8%)	4 (9.3%)	0 (0.0%)	39 (90.7%)	4 (9.3%)	3.26	.621
MRS/Mean	106 (35.2%)	144 (47.8%)	50 (16.6%)	1 (0.3%)	250 (83.1%)	51 (16.9%)	3.18	.669

In aggregate, Table 2 shows that 83.1% of inmates reported that counselling therapy programmes have been helpful in their rehabilitation process while 16.9% denied. The overall mean score of 3.18 suggests a positive impact of counselling

therapy programmes, although there is room for improvement. Thus, there is need for some improvement in the counselling therapy programmes for greater impact on the inmate.

**Table 3:** Logistic Regression Depicting Areas that Counselling Therapy Has Had Significant Effect on the Inmates

Test Statistics (Variables in the Equation)			
Items	Wald statistics	Df	p-value
Counselling has helped me understand and manage my emotions better.	23.767	2	.000
Therapy has made me more self-aware and reflective about my past actions.	5.070	2	.079
I am learning how to control negative behaviours through counselling.	15.698	3	.001
I now understand how to resolve conflicts peacefully because of therapy.	10.093	2	.006
Counselling has helped reduce my feelings of hopelessness or depression.	21.256	2	.000
I believe counselling therapy is important for successful rehabilitation.	14.000	2	.001
-2 Log likelihood	8.760		
Nagelkerke R Square (Variability explain)	.436 (43.6%)		

Further analysis in Table 3 revealed that counselling therapy has had significant effects on emotional understanding ( $p < 0.001$ ), controlling negative behaviours ( $p < 0.001$ ), and reducing feelings of hopelessness and depression ( $p < 0.001$ ), but did not significantly impact self-awareness and reflection

about past actions ( $p = 0.079$ ). The overall predictive effect on inmates was 43.6%, indicating that less than half (specifically 43.6% vs 50%) of the variability in rehabilitation outcomes can be explained by the programme.

**Table 4:** Association between Effects of Counselling Therapy Programmes on Inmates by Demographic Information

Demographic data			Counselling therapy programmes		Total based on MRS	Test statistics
			Has an effect	No effect		
Age range	Less than 25 years	%	24	6	30	$X^2=3.031$ p value=0.502
		n	80.0%	20.0%		
	25-30 years	%	63	17	80	
		n	78.8%	21.3%		
	31-35 years	%	48	12	60	
		n	80.0%	20.0%		
Gender	Male	%	129	31	160	$X^2=2.064$ p value=0.691
		n	80.6%	19.4%		
	Female	%	43	12	55	
		n	78.2%	21.8%		
Level of education	None	%	4	1	5	$X^2=3.697$ p value=0.437
		n	80.0%	20.0%		
	Primary	%	65	15	80	
		n	81.3%	18.8%		
	Secondary	%	74	21	95	
		n	77.9%	22.1%		
Duration in prison	Less than 1 year	%	29	6	35	$X^2= 8.964$ p value= 0.021
		n	82.9%	17.1%		
	1-5 years	%	46	9	55	
		n	83.6%	16.4%		
	6-10 years	%	104	26	130	
		n	80.0%	20.0%		
		%	22	8	30	
		n	73.3%	26.7%		

Comparatively, Table 4 demonstrate that the effect counselling therapy did not significantly differ by age range, gender, and level of education (p-values > 0.05). However, the effect of counselling therapy differed significantly by duration in prison (p-value < 0.05) with 83.6% of inmates with less than 1 year in prison, 80.0% of those with 1-5 years

in prison, and 73.3% of those with 6-10 years in prison reporting a positive impact.

#### Testing of Hypothesis One:

$H_{a0}$  = Psychosocial programmes have a significant effect on the rehabilitation of inmates.

**Table 5:** Relationship between Counselling Therapy Programme and Rehabilitation of Inmates

		Counselling therapy programmes	Rehabilitation of inmates
Counselling therapy programmes	R-value	1	.315*
	p-value		.040
	N	43	43
Rehabilitation of inmates	R-value	.315*	1
	p-value	.040	
	N	43	43

\*\*. Correlation is significant at the 0.01 level (2-tailed).

The analysis in Table 5 showed a significant and positive correlation between counselling therapy programmes and rehabilitation of inmates, although the relationship was moderate (R-value 0.315\*, p-value 0.040 < 0.05). This finding validates the earlier that improvements to counselling

therapy programmes are necessary. The null hypothesis was rejected in favour of the alternative hypothesis, confirming the significance of the relationship between counselling therapy programmes and rehabilitation of inmates.

**Table 6:** Inmates Description of their Experiences with Counselling Therapy Programmes

Themes	Quotations
Improve reasoning	<p>"I was naïve in reasoning but all thanks to counselling."</p> <p>"The counselling programme here in prison has changed my reasoning faculty."</p> <p>"They have changed my way of reasoning, and the mental stress is no more."</p> <p>"They have changed my way of reasoning and little or no mental stress again."</p>
Restore hope	<p>"Very good because it has helped me to have hope in prison."</p> <p>"The day I was jailed, I thought my own has come but I am okay now due to the counselling therapy offered here in the prison."</p> <p>"I now believe I have a life at home again after my serving terms."</p>
Boast moral	<p>"The counselling therapy offered in the prison is well organized and it makes me how to understand to be a better person and behave well in the society."</p> <p>"The programme has changed me a lot."</p>

	<p>“Well, I think it has greatly helped inmates to boast their morals and change their thoughts pattern. Counselling is very important for us, it gives us a guide on how to live out there when we leave prison.”</p> <p>“This program has helped me to be the best inmate.”</p>
Improve mental health	<p>“There was a time I had serious mental stress but now I am fine.”</p> <p>“When I came to prison, I was depressed but now I am fine.”</p>
Anger control	<p>“I can now control my anger very well all thanks to the counselling therapy offered in the prison”.</p> <p>“The counselling therapy has made me to be calmer compared to before.”</p>
Less impactful	<p>“It’s relatively slow because the counselling session is not often.”</p> <p>“The counselling department here is not very active. So, it is slow.”</p> <p>“It is not really helping us that much because we don’t have enough counsellors here. They are limited in number.”</p>
Improve entrepreneurial spirit	<p>“It has improved my ability to make business.”</p>
Socialisation	<p>“I can now behave normally and mutually with other people.”</p>
Sense of respect	<p>“I was wild and rude by now I am a little bit calm. All thanks to the counselling therapy.”</p>
Financial management	<p>“It has increased my ability to make and save money for unforeseen circumstances.”</p>
Improve self-awareness	<p>“It has helped me to really understand myself.”</p>
Change in mindset	<p>“Some counsellors came here and spoke to us and from that my mindset change a lot.”</p>
Relaxed and calm	<p>“First, I had negative thoughts about my jail, but now I now see it in a more calmer way due to the counselling therapy which is been offered by the prison.”</p>

Based on Table 6, inmates reported that counselling therapy programmes had a profoundly positive impact on their lives, with numerous benefits including: improved reasoning and decision-making skills, restored hope and optimism about their future, boosted morale and motivation, improved mental health and well-being, better control over anger and emotions, enhanced business mindset and entrepreneurial spirit, improved socialization and interpersonal skills, increased self-awareness and introspection, better financial

management and planning, and a greater sense of respect for others. Additionally, inmates reported feeling more relaxed and calmer, with a shift in mindset that enabled them to approach life’s challenges with greater confidence and positivity. However, some inmates also highlighted limitations, including the need for more counsellors and more active counselling departments to fully realize the potential benefits of these programmes.

**Table 7:** Prison Staff Opinion on the Impact of Counselling Therapy Programmes on Inmates Rehabilitation

Themes	Quotations
Improved moral	<p>“Oh yes. Counselling is very good for inmates. It builds their moral.”</p> <p>“Counselling help boast morals of inmates.”</p> <p>“It is helpful to inmates because it improves on their moral.”</p>
Change of mindset	<p>“The impact is greatly felt on the inmates because it has helped to build their mindset.”</p> <p>“The impact is greatly felt because we have some counsellors who come for visit and that has shaped the mind of many inmates.”</p>
Adaptation	<p>“Counselling help them to forget prison pain.”</p>
Not effective	<p>“Counselling is not very effective here due to lack of personnel.”</p> <p>“Not that effective because of insufficient counsellors.”</p>

Finally, in addition to inmates’ own description of their experiences with counselling therapy programmes, Table 7 shows that the prison staff also added that counselling therapy has improved on the moral of some inmates, brought about a change in their mindset, help them to adapt to prison life as stated in the statements “*Oh yes. Counselling is very good for inmates. It builds their moral.*”, “*The impact is greatly felt on the inmates because it has helped to build their mindset.*”, “*Counselling help them to forget prison pain.*”

On the contrary, some prison staff said counselling therapy programmes are not effective due to lack of personnel as explain “*Counselling is not very effective here due to lack of personnel.*”

## Discussion

The findings showed a significant and positive albeit moderate relationship between counselling therapy programmes and rehabilitation of inmates, indicating room for improvement. Specifically, many prisoners reported that the psychosocial programmes made a tangible difference in their lives. A majority of the prisoners also felt personally transformed after participating in the programmes. Additionally, a majority of prisoners believed these

programmes helped reduce recidivism, although this outcome cannot yet be definitively proven. Prisoners also advocated for broad participation in rehabilitation programmes, citing their positive impact. The study found that inmates with shorter sentences were more likely to accept and participate in counselling therapy programmes than those with longer sentences. Regarding gender, female participants showed greater agreement with the benefits of the programmes than males, and the 25-35 age group exhibited more agreement than those below 25 or above 35. Finally, agreement with the findings decreased as participants’ educational levels increased.

## Conclusion

According to Rogers (1951) <sup>[35]</sup>, person-centered therapy fosters a warm and accepting therapeutic relationship that that enables clients gain greater awareness and acceptance of themselves, and in the context of prison therapy to facilitate self-improvement. Rogers emphasized that therapists should not impose their own goals or values on clients. As the name suggests, person-centered therapy focuses on the individual. This approach is characterized by a nondirective. In person-centred therapy, the client leads and directs the therapy

process, rather than the therapist. These findings align with Mitchell *et al.* (2012) <sup>[10]</sup>, who suggest that counselling helps inmates address trauma, aggression, addiction, and antisocial behaviours. Research supports the effectiveness of therapeutic communities in prisons. This brings about significant reductions in recidivism. This is also consistent with the rehabilitation theory, which posits that nurturing inmates through skills training and community integration can prevent future crime by enabling offenders to succeed within the law (Harris, 2006) <sup>[36]</sup>. These findings are also consistent with Morgan *et al.* (2012) <sup>[11]</sup>, who found that counselling programmes significantly reduce recidivism and support inmates in managing anger, substance abuse, and trauma. Similarly, research in the UK has credited psychological interventions, such as group therapy and life-skills counselling, with lowering repeat offenses (Day *et al.*, 2010) <sup>[12]</sup>. Research by Skosana and Gxubane (2015) <sup>[6]</sup> supports the effectiveness of group counselling and anger management programmes in improving inmate behaviour and reducing violence. This is evident in outcomes such as “No more rioting,” “Increased enrollment in school programmes,” “No more fighting,” and participants reporting that the programme “has impacted them positively due to change in mindset” and “has brought relief to the inmates and giving them hope that life can and will be better after prison.” These findings are consistent with studies on cognitive-behavioural therapy (CBT) and rehabilitation programmes, which have shown reduced aggression, increased engagement in rehabilitation, and improved post-release outcomes (Landenberger & Lipsey, 2005) <sup>[37]</sup>; Davis *et al.*, 2013).

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#### **How to Cite This Article**

Tim MK, Shey PF. Effect of counselling therapy programmes on the rehabilitation of inmates in the Buea Central Prison. *Int J Multidiscip Res Growth Eval*. 2025;6(6):893-901. doi:10.54660/IJMRGE.2025.6.6.893-901.

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