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### *In Search of an Effective Penitentiary Diagnosis*

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W poszukiwaniu skutecznej diagnozy penitencjarnej

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#### ABSTRACT

The article deals with the issue of penitentiary diagnosis as a key element for the design and conduct of effective penitentiary interactions. Starting from the postulated state in the methodology of rehabilitation pedagogy and penitentiary resocialisation through current practical solutions, it tries to indicate the possibilities and deficiencies of the penitentiary diagnosis model and propose a direction of further exploration. The article consists of five parts. The first discusses the place of diagnosis in resocialisation interactions. The next one presents the subject of penitentiary diagnosis from the perspective of current legal provisions, with particular emphasis on elements favouring the individualisation of the execution of imprisonment. The third part focuses on the aspect of forecasting as one of the tasks of penitentiary staff to look at the possibilities offered by penitentiary diagnosis and criminological forecasting in the next one. The summary presents conclusions of the considerations, which have been supplemented with proposals aimed at improving the process of penitentiary diagnosis.

**Keywords:** diagnosis; penitentiary diagnosis; penitentiary rehabilitation; prisoner; prognosis

In penitentiary rehabilitation, the search for effective ways of recognising the situation of convicted persons continues. It is even more difficult to use the knowledge we have about convicts to accurately select methods of interaction in working with them and predict their further functioning. The answer to such formulated objectives may be a diagnosis. The multitude of possibilities of its preparation is compounded by the confusion of practitioners who, in cooperation with the scientific community, would expect ready-made solutions that could be applied in everyday penitentiary work. A model of a developed diagnosis, consider-

ing both the causes, the current state and the prognosis, might seem appropriate (Emeryk, Zubrzycka, Wojnarska, 2018, p. 308). It would be complemented by partial diagnoses that complement and determine each other and, together with the time perspective (past, present, future), make a full and multilateral diagnosis of the situation of a client, in this case a convict. Based on the psycho-pedagogical diagnosis, practitioners most often focus on the diagnosis of the following: the psychosocial functioning of the convicted person and appropriate classification of the symptoms of improper behaviour, the stage of severity of symptoms and their significance for the overall psychosocial functioning, causal and prognostic aspects. Implementation of the full model brings us closer to the model of interdisciplinary diagnosis. However, it requires cooperation of an interdisciplinary team of specialists, involvement of the family of the convicted person and considering the environmental context. This is not always possible in the light of applicable regulations and organisational conditions of prisons.

#### THE PLACE OF DIAGNOSIS IN REHABILITATION IMPACTS

In the context of social maladjustment, the rehabilitation diagnosis should include (Question, Zacharuk, 2014, pp. 125–126) the behaviour, attitudes, and social roles of the individual. A description, explanation and forecast is proposed, taking into account: symptoms and behavioural indicators, in terms of attitudes – components, functions, genesis and integration, similarly in the case of social roles, where integration is replaced by a description of the role identification mechanism. A proposal to combine a sequence of partial diagnoses to obtain a comprehensive picture of an individual's functioning can be found in Ziemiński, however, such an approach has many supporters on the grounds of pedagogical diagnosis (Fopka-Kowalczyk, 2017, p. 164). Pytka (2014, p. 126) sees in it a way to avoid the omission error if the results obtained are confronted with theoretical assumptions. Such an approach is to ensure that the rehabilitation intervention is professionally designed. Considering the presence of therapy in rehabilitation education (Bartkiewicz, 2001, p. 13), a properly prepared diagnosis seems to be crucial for obtaining a change in the way an individual functions socially. The diagnosis for the needs of full-time rehabilitation education includes, apart from the project, its implementation and discussion of its effects (Pytka, Zacharuk, 2014, p. 129), so the diagnosing person should actively participate in the rehabilitation process.

In the view of Stanik (2007, pp. 168–171), the diagnosis of social maladjustment and asociality is carried out in a psychological-pedagogical diagnosis model based on an interactive assumption. The social maladjustment is included in it as a comprehensive mechanism of psychological and pedagogical functioning. Diagnosis is based on 3 levels of measurement, processing, and interpretation: direct recognition of an individual's situation together with the determination of

the intensity of manifestations of association, diagnostic conclusions, ordering of collected data. The proposed model is used in work with minors and diagnosing is supposed to have the character of the case study in it. The synthesised partial diagnoses are supposed to connect the differences in the minor's sphere of functioning, forming his psychological background (Braik, 2007, p. 179). Considering interactions and interdependencies is to avoid creating an inadequate linear criminogenesis chain. Thus, the diagnosed variables cease to be perceived in terms of a cause-effect sequence, creating a dynamic psychosocial mechanism. In addition, individual deregulation variables consist of scripts and a specific lifestyle of a minor (Stanik, 2007, p. 181). A change of mindset is key to making changes in behaviour, so this model could also be applied to work with adults.

In the field of rehabilitation pedagogy, four stages of the diagnostic process can be distinguished (Wysocka, 2008, pp. 72–74): a diagnosis that establishes facts (description of the current situation and behaviour of the patient, taking into account the reasons), designing diagnosis (an attempt to link the disorders occurring in the patient with the proposed methodological action), controlling diagnosis (description of conditions that may be important for the effectiveness of the undertaken rehabilitation activities), and checking diagnosis (control of the accuracy of the existing diagnostic findings and methodological assumptions).

The penitentiary diagnosis is being regarded as the variety of the psychological clinical diagnosis (Marczak, 2017, p. 123). Its elements include clinical picture, psychological explanation of behaviour and characteristics of convicted persons and description of aetiology of behavioural disorders (social and criminal acts) together with personality defects. In the overall penitentiary diagnosis, due to the qualifications of staff – practitioners, particular attention is paid to psychological and pedagogical diagnosis. The psychological diagnosis is “description and analysis of correct and disturbed functioning of an individual in interpersonal and intrapersonal relations” (Szałański, 2007, p. 380) together with the determination of the type and degree of behavioural dysfunctions (individual and social), explanation of the dysfunctions – recognition of psychological mechanisms of regulation, analysis of the situational context in criminogenesis – relations of an individual with his or her environment (e.g. lifestyle, attitude to the surrounding world). In the modernised diagnosis, they are complemented by a criminological and rehabilitation forecast, with reference to the current and future vulnerability of the convicted person. The pedagogical diagnosis, due to more frequent contact between the educator and the convict, seems to have greater significance and practical value (Szałański, 2007, p. 381). As Szałański (Kuć, 2011, p. 11) emphasises, it is not enough to achieve the goal of the apogee – creative self-fulfilment (creating one's own personality). Its implementation requires not only a modernised diagnosis, but also psychocorrection, which is mainly attributed to prison psychologists.

Undoubtedly, a rehabilitation diagnosis is the basis for penitentiary rehabilitation and programming the effects for convicted persons (Marczak, 2009, p. 25). The information contained therein and the list of corrective needs of the individual allows, for example, to combine different types of therapies and other means of influence, indicated in Executive Penal Code (EPC) (e.g. teaching).

#### PENITENTIARY DIAGNOSIS IN THE LIGHT OF CURRENT LEGISLATION

The Executive Penal Code (article 67) as the purposes of executing a sentence of imprisonment, it was formulated: “to encourage the convicted person’s willingness to cooperate in shaping his or her socially desirable attitudes, in particular a sense of responsibility and the need to respect the legal order and thus to refrain from returning to crime”.

Individualised impact on convicts takes place through systems of sentence enforcement (programmed impact, therapeutic, ordinary – EPC, art. 81), types of prisons (for juveniles, serving the sentence for the first time, recidivists penitentiary and those serving under military arrest – EPC, art. 69) and types of prisons (closed, semi-open and open – EPC, art. 70). The legislator has made the following means of influencing the convicted persons: work, facilitating the acquisition of professional qualifications, teaching, cultural-educational and sporting activities, maintaining contacts with the family and the outside world and therapeutic measures (EPC, art. 67). The classification criteria (art. 82 of the EPC) were introduced in order to: foster individualisation, prevent the mutual demoralisation of convicts, ensure their personal safety, or properly place them in prison. These include: “gender, age, previous deprivation of liberty, intentional or unintentional conduct, duration of the remaining period of imprisonment, physical and mental health status, including degree of alcohol, narcotic or psychotropic drug addiction, degree of demoralisation and social threat and the type of crime committed”. The basis for the classification is personal diagnostic tests, which are carried out by diagnostic centres (EPC, art. 83). They are responsible for explaining the convicted person’s behaviour, diagnosing possible mental disorders or indicating the proposed procedure.

Since 2000, diagnostic tasks (in the form of psychological and psychiatric examinations) have been carried out by diagnostic centres located at the District Inspectorates of Prison Service (Disposition of the Minister of Justice of 14<sup>th</sup> March 2000 on the rules for the organisation and conditions for carrying out psychological and psychiatric examinations in diagnostic centres – Journal of Laws of 2000 No. 29, item 369). Within no more than 2 weeks, a verification of the convicted person’s classification decision is carried out based on a psychological-penitentiary statement and a psychiatric opinion. The first one contains information such as:

“explanation of the process of social derailment of the convicted person and the degree of his or her demoralisation and susceptibility to influence, psychological characteristics of the current mental state of the convicted person and his or her attitude to the committed crime, as well as to the tasks and duties connected with the execution of the sentence, determination of the possible need for specialist influence and referral of the convicted person to serve his or her sentence in the therapeutic system, indications concerning classification, teaching, employment and recommendations concerning the need to take into account the psychological and sociological mechanisms of the convicted person’s behaviour when applying individualised influences”. The psychiatric opinion, on the other hand, includes: “mental health assessment, psychiatric diagnosis of the mental health of the convicted person, recommendations for further psychiatric care of the convicted person, relating to the need to provide psychiatric hospital treatment, treatment and rehabilitation in connection with the finding of alcohol or narcotic or psychotropic addiction, employment under sheltered working conditions and referral to the therapeutic system”. These studies are included in the personal cognitive research, which are the basis for the classification of convicts (EPC, art. 82 § 3).

Personal cognitive research requires material collected in preparatory, jurisdictional and executive proceedings (Kuć, 2011, p. 91). The latter includes activities such as analysing the material collected so far, observing the convict’s behaviour, conducting individual interviews with him/her, his/her loved ones and monitoring of the convicted person’s state of health as well as conducting psychological and psychiatric examinations (EPC, art. 83). They pursue a diagnostic objective, being the basis for the implementation of the principle of individualisation in the execution of imprisonment and the foundation for rehabilitation programmes.

According to Paluchowski (Marczak, 2017, pp. 122–123), the diagnosis should be aimed at indicating potentials of the convicted person and estimating the significance of prison isolation on the psyche, as well as the behaviour of the convicted person. Currently, in the penitentiary diagnosis, great emphasis is placed on the search for resources on which to base the conducted actions, but without ignoring the threats. Other proposals for the content of penitentiary diagnosis include: the level of social and cognitive competence, susceptibility to environmental pressure, identification of factors conducive to social readaptation. The model of penitentiary diagnosis proposed by Górski (Marczak, 2017, pp. 122–123) lists three key elements: the type of intensity of destructive behaviours, identification of the causes of social and criminal derailment, as well as identification of factors favouring the process of social readaptation.

A special role is assigned to the penitentiary educators (Marczak, 2017, p. 123), who in the process of diagnosis should take into account the background of social and criminal acts – whether they result from the characteristics of the indi-

vidual or his difficult experiences. In order to improve the social functioning of a convicted person there is a diagnosis of: family situation, social readaptation and social needs, education and professional experience, health situation, the course of distribution on the premises of the prison, attitude towards criminal subculture, problems and needs of the convicted person, their talents and interests, punishability, violation of norms and attitude towards the committed crime (Marczak, 2017, pp. 124–125). The actions of penitentiary educators were reduced to developing a penitentiary diagnosis, proposing individual programmes, periodically checking progress, correcting the programme and preparing the final diagnosis together with a forecast (Marczak, 2017, p. 126).

The diagnosis is proposed as the initial stage of penitentiary impact (Poklek, 2018, p. 46). The following are forecasting, planning-design, implementation and evaluation.

Penitentiary diagnosis is an important element of work in the system of programmed impact (Machel, 2008, p. 124), preceding further activities, such as penitentiary forecast, construction of an individual impact programme, evaluations (periodical and final). The group excluded from it are convicts who have not decided to participate in the programmed impact system. As pointed out by Machel (2008, p. 125), their exclusion from the diagnostic procedure hinders their promotion to another type of prison, as it is difficult to assess their progress in rehabilitation. This reinforces the existence of a group that has no interest in having any corrective influence on it.

The periodic evaluation of the progress of the sentenced person in rehabilitation should be carried out at least every 6 months (§41, §49, §50 – Regulation of the Minister of Justice of 21<sup>st</sup> December 2016 on the rules of organisation and order for the execution of a custodial sentence – Journal of Laws of 2016, item 2231; Pustkowiak, 2017, p. 106), being the basis for the implementation of the free progression system. The evaluated criteria are: attitude to the committed act, degree of discipline and order on the premises, attitude to work, nature of contacts with the family, attitude to superiors and co-prisoners, or a change in attitudes and behaviour. Based on this, a decision is taken on the conditions under which the convicted person will serve the remainder of the penalty. Promotion or degradation is in this case a consequence of its specific (correct/incorrect) behaviour. The assessment of the periodic progress of a convicted person's rehabilitation is the responsibility of the Penitentiary Commission (EPC, art. 76). It is under the control of the penitentiary court (EPC, art. 7).

The evaluation of the effects of rehabilitation (Poklek, 2018, p. 50), which is an in-depth diagnosis of the convicted person, refers to the methods and means of influence applied to the convicted person (within the framework of its individualisation), taking into account the time perspective. It is an assessment of the correctness and legitimacy of the actions applied at different stages of the process of

penitentiary rehabilitation. It shall also take account of planned dates and changes in the convicted person's behaviour. A written draft of the assessment of progress in the rehabilitation process prepared by the educator is evaluated by the penitentiary committee (negative, moderate, positive).

Criticism of the traditionally understood penitentiary diagnosis (Szałański, 2007, p. 381) led to a proposal for a modernised penitentiary psychological diagnosis, which would mainly help convicts to function better in isolation conditions.

The diagnosis of penitentiary or rehabilitation can be attributed to the subsequent effectiveness of rehabilitation or lack thereof. If it is incomplete, lacks precision or is not properly prepared, its consequences will be a wrong programme of individual impact, still inadequate final opinion and, finally, a wrong social forecast (Machel, 2008, p. 143). Evaluation or experimental-evaluation study allows to assess the applied rehabilitation programmes (Pytka, Zacharuk, 2014, p. 148), being a part of the diagnosis of the course or effectiveness of rehabilitation. Unfortunately, such tests are too rarely conducted in isolation conditions, as shown by the NIK control (2014, p. 12, 50; Kędzierski, 2018, p. 52). Among the assessed rehabilitation programmes, 93% did not have properly formulated evaluations, methods or tools to measure effectiveness.

#### FORECASTING CRIME AS AN OPPORTUNITY TO OPTIMISE REHABILITATION EFFORTS

One of the educators' tasks is to formulate criminological and social forecasts. Crime prediction currently plays an important role in rehabilitation pedagogy and criminology. The prognosis is often not treated as the next stage of rehabilitation impact, but as its component. The prognostic diagnosis, focusing on the developmental perspective of the diagnosed phenomena, is included in the extended diagnosis (Poklek, 2018, p. 48). It allows to determine the consequences and results of the interventions and impact methods used. Criminological forecasting focuses on the identification of the risk of recidivism and the recognition of criminal dynamics (internal and external determinants that will encourage committing of a criminal act) (Poklek, 2018, p. 52). The penitentiary prognosis, as well as the criminological-social one, refers to prison isolation conditions. The first one focuses on predicting the behaviour of a prisoner in prison conditions (Poklek, 2018, pp. 48–49): ways of adaptation to isolation conditions, disadaptive reactions, the degree of observance of order and discipline as a result of changes in the distribution of targets, vulnerability to influence, effects and changes as a result of measures of influence, the chance of occurrence of behavioural disorders/educational difficulties, the possibility of occurrence of auto-aggressive behaviour, victimological vulnerability or the degree of threat posed. The criminological and social forecast refers to the functioning of the convicted person after he or she has leaves

prison and the predicted degree of his or her compliance with the legal order. The educator prepares it in several situations (reward application, leave, undertaking education/therapy outside the penitentiary unit, assessment of progress in social rehabilitation or entitlement to conditional release) which may lead to the convict leaving the prison (Journal of Laws of 2016 No. 2231).

Among the different types of crime forecasting in the individual dimension, we can distinguish categories related to, among others: forecasting period (short, medium, long term), forecasting time (close-timely, medium-term, long-term/distant-timely), action of the factors taken into account (dead, alive/static, kinetic), rooted in theory (descriptive, explanatory) or practice (e.g. useful) or assessment of the current or future state (opportunities, threats) (Pustkowiak, 2017, pp. 103–104). Crime forecasting strategies may also focus on the characteristics of the perpetrators, acts, penalties, measures, or type of data collected—quantitative, qualitative. The way of separating predictors for a given criterion may also be classified into different strategies (common sense, arbitrary/non-arbitrary, computational). Most often, they are used to develop forecasting tables allowing to estimate the probability of becoming a recidivist, developing a criminal “career”, the effectiveness or efficiency of the actions or measures taken.

The work of research teams in many centres focuses on the search for elements of psychosocial functioning, the presence of which would determine the higher probability of a person committing a crime. Of the many factors influencing an individual’s behaviour, it is possible to identify some that have played a decisive role. Krukowski (1977) considered attempts to isolate everyone as impossible (after: Pustkowiak, 2017, pp. 99–101). Similarly, the adequacy of forecasting depends on many factors, thus giving room for several mistakes. Szymanowska’s research (2003, pp. 304–305) showed that it is not always possible to find correlations between prediction and return to crime, and there is a risk that an incorrect prediction may be formulated. In the prediction of crime one can encounter mistakes resulting from incorrect assignment of the role of a criminal to an individual (positive falsehood) or too hasty refusal (negative falsehood) (Pustkowiak, 2017, p. 102).

There remains a doubt as to where in forecasting there is room for self-determination, for making independent decisions and, finally, for an individual to decide to make changes in his or her current behaviour? The next question concerns the responsibility for forecasting – whether penitentiary staff should be afraid of the consequences, or whether these will only be left to the side of the convicted person, who may be given a higher sentence as a preventive measure. An interesting example of prevention, from the perspective of the assumptions of rehabilitation pedagogy, is the “Act on the beasts” passed in 2013 (Act of 22 November 2013 on the treatment of persons with mental disorders posing a threat to the life, health or sexual freedom of others – Journal of Laws of 2014 No. 24), which, through the introduction of the concept of preventive supervision, has created the



possibility of indefinite isolation of a convict who has been considered dangerous to the society.

## PENITENTIAL DIAGNOSIS – POSSIBILITIES AND FURTHER SEARCHES

The effectiveness of crime prediction at the current level of knowledge remains doubtful, but in the context of the applied rehabilitation programmes, the diagnosis of risk and protective factors is indicated as key. Equally often, the importance of the convicted person's contacts with the family and even cooperation with them during the prison sentence is emphasised as an important support in the process of change (Opora, 2017, pp. 29–30).

High effectiveness in the design of rehabilitation impacts is attributed to the RNR model (Risk-Need-Responsivity) (Jaworska, 2016, p. 28). This model is based on an assessment of risk, needs and reactivity. The so-called Big Four and the Central Eight are mentioned when it comes to the diagnosis of unmet needs that may favour the occurrence of criminal behaviour. The latter include: “anti-social-past behaviour, personality traits, cognitive patterns and behavioural deficits, functioning in an environment associated with the criminal world, pathological family environment, negative educational and professional situation, unconstructive leisure activities and addiction to psychoactive substances” (Jaworska, 2016, pp. 29–30). Its effectiveness has been positively verified in Anglo-Saxon countries and the United States. Properly conducted diagnostic process favours individualisation and enables selection of the right impact programme.

In the latest generation of diagnostic instruments, apart from assessing the risk of recidivism and indicating risk and protection factors, individual strategies of penitentiary impact are developed. Such tools are indicated as “a bridge between theoreticians' knowledge and penitentiary practice” (Jaworska, 2016, p. 35). As Jaworska (2016) emphasises, Poland lacks “interest in authentic cooperation between the world of science and penitentiary practice”. Thus, the scientific nature of diagnostic tests conducted in Polish prisons is questioned. There is also a lack of research on the effectiveness of penitentiary interventions and, finally, diagnostic tools adapted to the Polish prison population.

More and more studies are being developed to fill the gap in predicting crime, the possibility of corrective work with offenders and preventive work with potential criminals. An example of such a study is the work of Pustkowiak (2015), which focused on the predecessors of juvenile criminal “career”. Among other works, a study devoted to the analysis of criminal predispositions is worthy of attention (Gliszczyński, 2017), which may be helpful both in forecasting and profiling criminal behaviour. Similarly, a few years earlier a monograph on juvenile criminal thinking styles was written (Rode, 2013). It remains to wait for the practical results of the research.

## CONCLUSIONS

Penitentiary (rehabilitation) diagnosis is the basis for penitentiary rehabilitation (Tewksbury, 1997, p. 69; Machel, 2008, p. 147), whose effectiveness has been questioned in recent years. Psychological diagnosis is undoubtedly considered to be “an essential link in any education proceedings reforming deeper disturbances in the behaviour” (Czapów, Jedlewski, 1971, p. 365). In the process of penitentiary rehabilitation two objectives are pursued – the state of the personality, which will allow the individual to function in a manner consistent with legal norms (minimum goal), and the one which will allow the individual to respect moral and social norms (maximum goal) (Machel, 2006, p. 21).

From the perspective of the assessment of the effectiveness of rehabilitation, in the diagnosis and evaluation of rehabilitation, attention should be paid to personality elements responsible for the moral and motivational and control aspects of behaviour (Kuć, 2011, pp. 128–129). It is proposed that attention should be paid to: examining behaviour and the system of convicted values, measuring control and monitoring developments in self-assessment.

Only a reliable and properly developed penitentiary diagnosis can cause a properly individualised impact, change in the way sentenced persons behave and function properly after they are released (Marczak, 2017, p. 125). The postulate to introduce are: clear criteria for the diagnosis of personalities and the evaluation of the degree of associative character of convicted persons, together with professional selection of prisoners, has functioned on the basis of rehabilitation pedagogy for a long time (Ciosek, 2007, p. 360).

The ineffectiveness of rehabilitation actions carried out in penitentiary isolation conditions is attributed to the selective nature of the actions taken (Poklek, 2018, p. 51). Even a correctly formulated diagnosis does not guarantee that, on the scale of the whole plant, the impacts will be based on a holistic concept of man and will go beyond the transfer of knowledge (also developing skills and competences). Most often these are several professionally prepared programmes, based on solid scientific knowledge throughout the entire period of imprisonment.

The topic of diagnostic competence of penitentiary staff returns periodically in discussion. The diagnosis made by prison psychologists due to their education does not raise any objections, but in the case of educators, where the main criterion has so far been higher education in the humanities (Journal of Laws of 2003 No. 14, item 142), changes have been postulated for years (Machel, 2009, p. 175; Fopka-Kowalczyk, 2017, pp. 235–236). Especially, that they are expected not only to diagnose rehabilitation, but also to forecast, assess, evaluate and carry out therapy. Apart from the lack of pedagogical education, the lack of evaluation of the implemented programmes is also criticised (Information on the results of the NIK audit; Kędzierski, 2018, p. 52). In the amended Act on Prison Service,

education is defined as “appropriate to the position held” (Prison Service Act, art. 29). A candidate service and education at the University of Criminology and Penitentiology in Warsaw, which is a government service higher education institution supervised by the Minister of Justice (art. 8) (Journal of Laws of 2010, No. 79, item 523) has also been introduced.

It is proposed to base the implemented programmes to a greater extent on theory and to analyse their results in a scientific manner so that the results obtained can be compared (Jaworska, 2009a, p. 37). Additionally, it is postulated that changes in the law should be made to shorten sentences and reduce the number of convicts in prisons (Jaworska, 2009a, p. 42) instead of building new prisons.

It is also recommended to carry out as many varied impact programmes as possible, such as conscious breathing, yoga or art therapy (Jaworska, 2009b, p. 157; Jaworska, 2009c; Lewicka-Zelent, Korona, Lesiuk, 2013; Korona, 2017; Korona, 2019), seeing in them the potential to cause positive changes in the way convicts function.

Another argument is the change of the environment within the prisons themselves- architecture, decoration and change of management (Gash, 2017, p. 247). This model has been tested in Australia, helping to reduce the phenomenon of the prison violence.

It has already been pointed out that there is a need to strengthen cooperation between the world of science and penitentiary practice (Poklek, 2017, p. 53; Friedrich, 2015), but there is no suggestion in the literature on the subject as to what such cooperation might look like. The foundations for this cooperation already exist, so it is important to use the available solutions. From the placement of the convicted person to the prison and during his/her stay, specialists from the prison prepare diagnoses that can be treated as partial. For the benefit of the effectiveness of the social rehabilitation impacts undertaken and the very result of the social rehabilitation process itself, it will be supplemented by a diagnosis of the functioning of the individual in the family environment. The implementation of this goal requires establishing cooperation with the family, but in cases where this is not possible (also when the family is not interested in cooperation), it would be recommended to use the information of other professionals who have worked with the unit in the local environment (e.g. assistance services – social worker, probation officer, district probation officer, police officers or teachers). It is worth to expand the scope of information about the convicted person regarding his/her functioning in the establishment, besides those already concluded, to pay particular attention to participation in classes, including additional ones, and to attitudes to duties and other persons (other convicts, staff, outsiders) and to update the list of strengths and weaknesses of the convict, taking into account the prospect of his return to society. In addition, it is necessary to develop a unified method of evaluating social rehabilitation programmes

that include behavioural observation. The author positively verified the value of such a solution by evaluating the author's programme of sociotherapeutic interactions involving people convicted of murder to long-term sentences. It is recommended to further develop the diagnostic competences of officers, mainly educators. These activities will contribute to increasing the quality of the implemented social rehabilitation interactions, which will bring us closer to the model of interdisciplinary diagnosis and the designing effective social rehabilitation interactions that have a chance to improve the effectiveness of penitentiary social rehabilitation. It is difficult to place additional responsibilities on the already overburdened staff, which is why the aforementioned cooperation. It is proposed to include academic teachers – practitioners, in the process of rehabilitation: designing programs, their implementation, evaluation process, diagnosis, in order not only to base them on the available results of scientific research, but also constantly update and adapt them to the changing needs of convicts and the surrounding reality.

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## STRESZCZENIE

W artykule zostało podjęte zagadnienie diagnozy penitencjarnej jako elementu kluczowego dla projektowania i prowadzenia skutecznych oddziaływań penitencjarnych. Wychodząc od stanu postulowanego w metodyce pedagogiki resocjalizacyjnej i resocjalizacji penitencjarnej, poprzez aktualne rozwiązania praktyczne starano się wskazać możliwości i niedostatki modelu diagnozy penitencjarnej oraz zaproponować kierunek dalszych eksploracji. Opracowanie składa się z pięciu części. W pierwszej omówiono miejsce diagnozy w oddziaływaniach resocjalizacyjnych. W kolejnej podjęto temat diagnozy penitencjarnej z perspektywy aktualnych przepisów prawnych, ze szczególnym uwzględnieniem elementów sprzyjających indywidualizacji wykonywania kary pozbawienia wolności. W części trzeciej skoncentrowano się na aspekcie prognozowania jako jednym z zadań personelu penitencjarnego, aby następnie przyrzeć się możliwościom, jakie stwarzają diagnoza penitencjarna i prognozowanie kryminologiczne. W podsumowaniu przedstawiono wnioski z rozwiązań, które zostały uzupełnione o propozycje mające na celu usprawnienie procesu diagnozowania penitencjarnego.

**Słowa kluczowe:** diagnoza; diagnoza penitencjarna; resocjalizacja penitencjarna; skazany; prognoza