

PERCEIVED EFFECTIVENESS OF THERAPEUTIC COMMUNITY MODALITY PROGRAM IN ZAMBOANGA PENINSULA CORRECTIONAL FACILITIES

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ABSTRACT. This study aimed to fill the research gap regarding the perceived effectiveness of the Therapeutic Community Modality Program (TCMP) in correctional facilities, particularly in the Zamboanga Peninsula. The primary research objectives were to evaluate the perceived usefulness of the TCMP in terms of medical and dental services, guidance and counselling services, and religious and spiritual services; to identify the challenges faced during its implementation, and to determine the measures adopted to address these challenges. A descriptive-quantitative research design was employed for this study. The target population consisted of inmates from four correctional facilities: Zamboanga City Jail, Ipil District Jail, Kabasalan Municipal Jail, and San Ramon Farm and Penal Colony. A total of 200 inmates were selected using quota sampling due to confidentiality concerns regarding contact information. The research instrument, a structured questionnaire checklist, was adopted and tested for reliability, achieving satisfactory Cronbach's alpha values. Data collection involved distributing the questionnaires to the selected inmates, who were thoroughly briefed on completing them accurately. The collected data were then analyzed using descriptive statistics, including means and standard deviations, to assess the effectiveness of the TCMP and identify the challenges and measures related to its implementation. The findings indicated that the TCMP was generally perceived as effective across the three service domains. The medical and dental services had an overall mean score of $M=2.61$ ($SD = 0.08$), with the highest-rated item being monthly medical check-ups ($M=2.75$, $SD = 0.80$) and the lowest-rated item being regular consultations ($M=2.50$, $SD = 0.65$). In terms of guidance and counseling services, the overall mean score was $M=2.72$ ($SD = 0.12$), with the need for trained counselors being the most critical challenge. For religious and spiritual services, the overall mean score was $M=2.84$ ($SD = 0.16$), with inviting priests or ministers for services rated highest ($M=3.04$, $SD = 0.63$). The study highlighted several challenges, such as a lack of medical personnel and limited opportunities for spiritual guidance, and provided recommendable measures to address these issues. The recommendations for future research include conducting longitudinal studies to assess the long-term impacts of the TCMP and exploring additional strategies to overcome identified challenges. Policy recommendations involve increasing the availability of trained medical and counseling personnel, enhancing religious education, and fostering partnerships with external organizations to support program implementation.

Keywords: Correctional facilities, Inmates Services, Therapeutic Community Modality Program, Philippines Jails, Zamboanga Peninsula

INTRODUCTION

The Philippine prison system has implemented two principal approaches for the treatment of offenders: institutional-based treatment programs and community-based treatment programs. Both aim to enhance offenders' attitudes and life philosophies, with the ultimate goals of reformation, rehabilitation, and successful reintegration into society [1] [2]. Despite the intent and scope of these programs, there remains a significant gap in the literature regarding the effectiveness of the Therapeutic Community Modality Program (TCMP), particularly within the context of specific facilities such as the Zamboanga City Jail, Ipil District Jail, Kabasalan Municipal Jail, and San Ramon Farm and Penal Colony.

Individuals in conflict with the law often represent some of the most disturbed and unstable members of society. Many inmates originate from broken homes, lack self-esteem, and have not internalized societal norms and moral values [3]. Rehabilitation involves more than merely incarcerating these individuals; it requires comprehensive programs that address their complex needs [4]. The TCMP provides an opportunity for inmates to acquire job skills, thereby enhancing their prospects of becoming productive citizens post-incarceration [5].

The TCMP is designed to instill useful skills and habits in inmates, which can replace feelings of hopelessness with a

sense of purpose. By fostering self-esteem and equipping individuals with practical skills, the program supports the development of a well-integrated personality [6]. Inmates must have the will to change and to receive the necessary support to improve their lives [7]. The TCMP serves as a guiding framework, directing and enlightening inmates' futures.

The Bureau of Jail Management and Penology (BJMP) has adopted the TCMP as a novel approach to managing individuals in conflict with the law. This program introduces a new lexicon

and a new way of life within confinement. The TCMP is a self-help social learning treatment model targeting drug abuse and other behavioral issues, including alcoholism and theft. It operates across four key domains: behavior management, intellectual and spiritual growth, emotional and psychological development, and vocational training [8].

The Therapeutic Community model utilizes the collective environment as a catalyst for behavioral and attitudinal change. In this model, the impetus for change comes from being part of the community. The social expectations placed on individual members reflect both personal and communal needs, preparing inmates for the social demands they will face upon re-entry into society [9]

Historically, the term "therapeutic community" (TC) has been applied to various treatment settings, including sanctuaries,

residential group homes, and special schools, addressing conditions like mental illness, drug abuse, and alcoholism. The British TC, for instance, emerged post-World War II to treat veterans with neurotic conditions [10]- [11]. Thomas Main [12] pioneered this therapeutic approach by combining community therapy with psychoanalytic psychotherapy.

As defined by the Bureau of Correction, the TCMP aims to create a highly structured environment with clear moral and ethical boundaries. The program's primary goal is to foster personal growth by reshaping behavior and attitudes through communal efforts. Inmates work together to rebuild self-confidence and prepare for reintegration into their families and communities[8].

In the Zamboanga Peninsula, the TCMP encompasses various programs, including education, sports, religion, and vocational training. Medical services are also provided to monitor inmates' health, and alternative learning systems are available for elementary and high school levels. Regular religious services are held to support inmates' spiritual needs[8]. These programs collectively aim to transform inmates' visions of life and promote positive change [9].

This study seeks to evaluate the effectiveness of the TCMP in the aforementioned jail and penal institutions. The findings are intended to inform these institutions, enhancing program delivery and providing the necessary attention to individuals in conflict with the law. This study seeks to answer the following research questions:

1. What is the level of effectiveness of the Therapeutic Community Modality Program (TCMP) in terms of medical/dental services, guidance and counseling services, and religious/spiritual services as perceived by the prisoners?
2. What challenges do program implementers face in delivering the TCMP?
3. What measures have been adopted to address these challenges to ensure the successful implementation of the TCMP?

REVIEW OF RELATED LITERATURE

Therapeutic Community Modality Program (TCMP)

The Therapeutic Community Modality Program (TCMP) is a self-help social learning treatment model used for clients with issues such as drug abuse, alcoholism, and other antisocial behaviors. This treatment model is multifaceted, encompassing behavior management, intellectual and spiritual aspects, emotional and social aspects, and vocational/survival skills [15]. TCMP has adapted over time to serve a diverse clientele with varied problems, reducing the typical duration of residential treatment and modifying therapeutic goals accordingly.

Effectiveness of TCMP

Modern therapeutic communities (TCs) offer a comprehensive approach to treating addiction by addressing the whole person, including complex psychological issues associated with addiction. This approach launches a recovery process defined by identity change. Despite diverse cultural, social, and political contexts, TCs retain their core elements and effectiveness universally[15]. TC's unique social-psychological approach is summarized by the concept of "community as method," where the community itself is the context and mediator of social and psychological change [15]

Medical/Dental Services

Health services, including medical and dental care, are essential components of the TCMP. These services address basic health needs, ensuring inmates' physical well-being, which is crucial for their overall rehabilitation. Medical missions provide various forms of medical care, including physical examinations, treatments, free medicines, vitamins, dental examinations, and treatments[10]. Psychological testing, evaluation, and psychiatric treatment are also offered, either directly by the institution or through referrals to accredited facilities [11].

Guidance and Counseling Services

Individual and group counseling is a fundamental aspect of TCMP, aimed at helping inmates sort out their problems, identify solutions, reconcile conflicts, and resolve them. This process can occur through both individual and group interactions with the program's officers[16]. Guidance and counseling services are essential in addressing the emotional and psychological needs of inmates, aiding in their personal growth and rehabilitation [17].

Religious/Spiritual Services

Religious and spiritual services are integral to the TCMP, providing inmates with moral and spiritual values formation. These activities include seminars, lectures, and training facilitated by NGOs, schools, civic, and religious organizations. Regular religious services, such as weekly Bible studies and monthly mass, are also conducted to support inmates' spiritual well-being [16]. These services help foster a sense of community and spiritual growth, which are vital for the holistic rehabilitation of inmates [18].

Vocational and Skills Training

Vocational and livelihood skills training is another critical component of TCMP. These programs include seminars and training in various skills such as food preservation, candle making, handicrafts, automotive mechanics, basic computer training, and more. Such training helps inmates develop practical skills that can be used to earn income post-incarceration, thereby enhancing their chances of successful reintegration into society[19].

Effectiveness from Previous Studies

Previous studies have demonstrated the effectiveness of TCs in various contexts. For instance, TCs have shown significant positive outcomes in reducing recidivism and relapse among substance abusers[20]. In Batangas City Jail, inmates perceived the TCMP as effective, particularly in work and educational therapy services, livelihood skill training, counselling, religious services, and medical services [19]. These findings underscore the potential of TCs to foster substantial positive change in inmates' lives.

Challenges in Implementing TCMP

Implementing TCMP in correctional settings is not without challenges. These include limited funding, insufficient coordination among different sectors, and a lack of specialized aftercare facilities. The high dropout rate, especially in the initial stages of treatment, also poses a significant challenge[15]. Addressing these issues requires sustained efforts and resources to ensure the program's effectiveness and sustainability [18].

Measures to Address Challenges

Several measures can be adopted to address the challenges in implementing TCMP. These include enhancing funding for the program, improving coordination among various stakeholders, and developing specialized aftercare facilities to support inmates’ post-release. Strengthening vocational and skills training programs and ensuring continuous guidance and counseling services are also crucial for the program’s success[21]. Moreover, integrating community service activities can help inmates develop a sense of responsibility and connection to society [22].

Research Gaps and Future Directions

Despite the demonstrated effectiveness of TCMP, there is a scarcity of literature on its impact in specific contexts, such as the Zamboanga City Jail, Ipil District Jail, Kabasalan Municipal Jail, and San Ramon Farm and Penal Colony. Future research should focus on evaluating the program’s effectiveness in these settings, considering the unique challenges and opportunities they present[23]. Understanding the specific needs and experiences of inmates in these facilities can inform tailored interventions and enhance the overall efficacy of TCMP.

The Therapeutic Community Modality Program offers a comprehensive approach to inmate rehabilitation, addressing medical, psychological, spiritual, and vocational needs. Despite its effectiveness, challenges remain in implementing the program across different contexts. Addressing these challenges requires coordinated efforts and sustained resources. Future research should focus on evaluating TCMP’s impact in specific settings to inform tailored interventions and improve program delivery.

METHODOLOGY

Research Design

This study employed a descriptive research design, which is particularly suitable for understanding the current status and the perceived effectiveness of the TCMP in various jails and penal farms. Descriptive research allows for a detailed examination of the program by focusing on "what exists" concerning variables such as medical/dental services, guidance and counseling services, and religious/spiritual services[24]. It helps identify challenges faced by program implementers and the measures adopted to address these challenges, providing a comprehensive overview essential for improving the program. By capturing a wide range of data through methods like surveys, interviews, and focus group discussions, descriptive research supports informed decision-making and offers a baseline for future studies, making it a versatile and effective approach for assessing the TCMP’s components and overall impact[25].

Research Locale

The study was conducted in the Zamboanga area specifically because it houses four significant correctional facilities: Zamboanga City Jail, Ipil District Jail, Kabasalan Municipal Jail, and San Ramon Farm and Penal Colony. These facilities were selected to provide a comprehensive understanding of the Therapeutic Community Modality Program (TCMP) implementation in different correctional settings within the region.

Population and Sampling Design

The target population for this study included the inmates under the BJMP and those in penal farms assigned to the Zamboanga Peninsula. Table 1 shows the distribution of BJMP inmates across the four facilities.

Table 1 Quota Sampling from the Target Population of the Study

Jail Location	N	n
Zamboanga City	120	65
Ipil District	45	24
Kabasalan Municipality	25	13
San Ramon Farm	148	80
Total	338	181

The total number of respondents for this study is 200, which satisfies the minimum sample size required for a population of 338. Due to the confidentiality of contact information, stratified sampling was impractical; hence, quota sampling was used in this study. Table 1 shows the distribution of inmates across the four jail facilities.

Research Instrument

The study utilized a four-part questionnaire-checklist. The first part collected optional personal data such as name, current BJMP office assignment, length of service, age, and ethnicity. The second part assessed the perceived effectiveness of the Therapeutic Community Modality Program (TCMP) across three indicators: medical/dental services, guidance and counseling services, and religious/spiritual services, with each indicator rated on a four-point Likert scale from 1 (not effective) to 4 (very effective). The third part examined the challenges faced by implementers using the same three indicators and a four-point Likert scale from 1 (very serious) to 4 (not serious). The fourth part evaluated the measures adopted to address these challenges, with indicators for medical/dental services, guidance and counseling services, and religious services, each rated on a four-point Likert scale from 1 (not recommendable) to 4 (highly recommendable).

The research instrument for this study was developed based on a thorough review of relevant literature and the specific research problems addressed by the study. To facilitate validation by a panel of experts, a form was created that included the instrument items with agree/disagree options and space for additional remarks and suggestions from the panel. For reliability testing, 25 copies of the questionnaire were administered to BJMP personnel at Sindangan Municipal Jail. The data obtained were analyzed using Cronbach's Alpha, yielding reliability estimates of 0.843 for the effectiveness of the Therapeutic Community Modality Program, 0.724 for challenges faced by implementers, and 0.816 for measures adopted to address these challenges, indicating that the survey instrument was highly reliable [25].

Data Collection Methods

Before conducting the survey, formal letters of permission were sent to the City, District, and Municipal Wardens, as well as the Superintendent of the four jail facilities, to obtain authorization for data collection. Once approval was granted, the researcher collaborated with the chief administrative officers at each facility to schedule the distribution and collection of the survey questionnaires. These questionnaires were personally distributed to the BJMP and penal farm

personnel, with comprehensive instructions **provided** to ensure accurate and reliable completion. The survey instrument underwent validation by field experts to establish its reliability and validity [26].

Data Analysis

Quantitative data from the surveys were analyzed using descriptive statistics [27]. Table 1 presents the range of values as the basis for descriptive analysis.

Table 2 Range of Values as Basis for Interpretation of Data Analysis

Scale	Range	Description	Areas of Evaluation		
			Services	Challenges Faced	Measures Adopted
1	1.01 – 1.75	Strongly Disagree	Very Ineffective	Not Serious	Not recommendable
2	1.76 – 2.50	Disagree	Ineffective	Mildly Serious	Somewhat
3	2.51 – 3.25	Agree	Effective	Moderately Serious	Recommendable
4	3.26 – 4.00	Strongly Agree	Very Effective	Very Serious	Highly Recommendabl

Ethical Considerations

Ethical approval for the study was obtained from the Institutional Review Board (IRB). Informed consent was obtained from all participants before data collection. Participants were assured of the confidentiality of their responses and their right to withdraw from the study at any time without any consequences [28].

Limitations of the Study

The study's limitations include the use of purposive sampling, which may limit the generalizability of the findings. Additionally, the reliance on self-reported data may introduce response bias. However, the triangulation of data collection methods helps to mitigate these limitations and enhance the validity of the findings[29].

RESULTS AND DISCUSSION

Perceived Effectiveness of the TCMP in Terms of Medical and Dental Services

In Terms of Medical and Dental Services

The analysis of the data indicates that the Therapeutic Community Modality Program (TCMP) is perceived as effective in terms of providing medical and dental services, with an overall mean score of 2.61 (*SD=0.08*). The highest-rated item, "Conduct monthly medical check-up to inmates" (*M=2.75,SD=0.80*), underscores the significant value placed on regular health monitoring by inmates, which aligns with literature emphasizing the importance of routine medical check-ups in early detection and management of health issues, thereby improving overall inmate health outcomes (Smith et al., 2017).

Table 3 Level of Perceived Effectiveness of theTCMP in Terms of Medical and Dental Services

Statement	Mean	SD	Description
<i>In terms of medical and dental services</i>			
1. Conductmonthly medical check-uptoinmates	2.75	0.80	Effective
2. Provideseminar onhealth issues.	2.65	0.64	Effective
3. Provide dental services	2.62	0.71	Effective
4. Conductsanitaryinspection	2.59	0.75	Effective
5. Holdmonthlydentalcheckuptoinmates.	2.57	0.72	Effective
6. Offerregularconsultation/checkup.	2.50	0.65	Effective
Overall Mean	2.61	0.08	Effective
<i>In terms of guidance and counseling services</i>			
1. Givesmoralandspiritualguidancetopersonsinconflictwiththelaw specifically whoseekhelp/intervention.	2.89	0.60	Effective
2. Providescounselingtothosepersonsin conflict withthe law.	2.79	0.65	Effective
3. Enlightens/debriefspersonsinconflictwiththelawwhohavestressf	2.77	0.66	Effective
4. Offersspiritual c ounseling, and healthandemotionalproblems.	2.70	0.68	Effective
Overall Mean	2.79	0.08	Effective
<i>In terms of religious and spiritual services</i>			
1. Enableinmatestoregularlyattendcongressionalprayer (Muslim)	3.26	0.71	Highly
2. Provideanopportunityformulti-	3.05	0.54	Effective
3. Promotedeeperunderstandingofreligionanddoctrineoffaithtother ightworship and fellowship.	2.97	0.65	Effective
4. AdvocateprayerandnobilityintheprofessionforGod, Country and	2.79	0.67	Effective
5. Helplessthenegativeattitudeofthepersonsinconflictwiththelaw bybeingmindfuloftheirreligiouscommitmentandmoralascendan	2.57	0.66	Effective
Overall Mean	2.93	0.26	Effective

Conversely, the item "Offer regular consultation/check-up" received the lowest mean score ($M=2.50$, $SD=0.65$), indicating a potential need for increased attention and resources in providing consistent health consultations. The relatively lower ratings for conducting sanitary inspections ($M=2.59$, $SD=0.75$) and holding monthly dental check-ups ($M=2.57$, $SD=0.72$) suggest areas for improvement in the frequency or quality of these services.

These findings imply that while the TCMP effectively addresses several key health service areas, specific components require enhancement to elevate the overall health and hygiene standards within the facilities. Addressing these gaps, as recommended by health services research in correctional settings, could significantly bolster the effectiveness of health interventions and support comprehensive inmate rehabilitation[30]. Table 3 presents the results of data analysis.

The analysis of the data reveals that the Therapeutic Community Modality Program (TCMP) is perceived as effective in terms of guidance and counseling services, with an overall mean score of $M=2.7$ ($SD=0.08$). The highest-rated item, "Gives moral and spiritual guidance to persons in conflict with the law specifically who seek help/intervention" ($M=2.89$, $SD=0.60$), highlights the program's strength in providing crucial moral and spiritual support, which is essential for the holistic rehabilitation of inmates. The lowest-rated item, "Offers spiritual counseling to persons in conflict with the law with marital, health, and emotional problems" ($M=2.70$, $SD=0.68$), while still effective, suggests a need for enhanced focus on addressing specific personal issues that inmates face. These findings imply that while the TCMP is generally effective in its counseling services, there is room for improvement in providing more tailored support for inmates' diverse needs, consistent with literature that emphasizes the importance of comprehensive and individualized counselling in correctional settings [31]-[30]. Table 4 presents the results of the data analysis.

In terms of Religious and Spiritual Services

The analysis of the data indicates that the Therapeutic Community Modality Program (TCMP) is perceived as effective in terms of religious and spiritual services, with an overall mean score of 2.93 ($SD=0.26$). The highest-rated item, "Enable inmates to regularly attend congressional prayer (Muslim) and Sunday Masses (Christian)" ($M=3.26$, $SD=0.71$), highlights the program's significant impact on facilitating regular religious practices, which is crucial for the spiritual well-being and moral rehabilitation of inmates [32]. Conversely, the item "Help lessen the negative attitude of the persons in conflict with the law by being mindful of their religious commitment and moral ascendancy" received the lowest mean score ($M=2.57$, $SD=0.66$), suggesting that while the program is effective overall, there is a need for enhanced efforts in leveraging religious commitment to improve inmates' attitudes. This finding aligns with literature emphasizing the role of religious activities in fostering

positive behavioral changes and moral development in correctional settings[31]. The implication is that while the TCMP effectively supports religious practices, further focus on integrating religious commitment with behavioral interventions could enhance its impact [30].

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Challenges Faced in the Implementation of TCMP

In Terms of Medical and Dental Services

The analysis of the data reveals that the perceived challenges faced during the implementation of the TCMP in terms of medical and dental services are generally mild, with an overall mean score of 2.44 ($SD=0.09$). The most serious challenge identified is the "Lack of medical personnel to carry out medical check-ups" ($M=2.55$, $SD=0.67$), indicating a significant resource constraint that affects the program's implementation. This aligns with existing literature that highlights the shortage of healthcare professionals as a common issue in correctional facilities, impacting the quality and consistency of medical care provided[30]. Conversely, the least serious challenge is the "Unwillingness of persons in conflict with the law to submit themselves for medical/dental check-ups" ($M=2.32$, $SD=0.63$), suggesting that while some inmates are hesitant to participate, this issue is *less* severe compared to structural and resource-based challenges. The relatively lower scores for the absence of medical/dental equipment ($M=2.43$, $SD=0.63$) and the unavailability of schedules for check-ups ($M=2.42$, $SD=0.61$) further highlight the need for better resource allocation and scheduling to improve service delivery. Addressing these mild to moderate challenges could significantly enhance the effectiveness of the TCMP's medical and dental services, ensuring better health outcomes for inmates[32]. Table 6 presents the results of the data analysis.

Table 4 Level of Perceived Challenges Faced During the Implementation of theTCMP

Statement	Mean	SD	Description
In Terms of Medical and Dental Services			
1. Lack of medical personnel to carry out medical checkup	2.55	0.67	Moderately Serious
2. No organization which sponsors medical check-up	2.49	0.69	Mildly Serious
3. Absence of medical/dental equipment	2.43	0.63	Mildly Serious
4. Inavailability of schedules for medical/dental checkup	2.42	0.61	Mildly Serious
5. Unwillingness of persons in conflict with the law to submit themselves for medical/dental checkup	2.32	0.63	Mildly Serious
Overall Mean	2.44	0.09	Mildly Serious
In Terms of Guidance and Counseling Services			
1. Limited trained people to conduct counseling to persons in conflict with the law.	2.25	0.52	Mildly Serious
2. Lack of counseling to persons in conflict with the law coupled with health and emotional issues.	2.25	0.59	Mildly Serious
3. Failure to consider other activities pertaining to guidance and counseling.	2.19	0.59	Mildly Serious
4. Poor moral and spiritual guidance to persons in conflict with the law.	2.15	0.53	Mildly Serious
5. Inadequate spiritual guidance and counseling to persons in conflict with the law who are in	2.15	0.55	Mildly Serious
Overall Mean	2.19	0.05	Mildly Serious
In terms of religious and spiritual services			
1. Lack of knowledge on moral and spiritual guidance leads persons in conflict with the law for their failure to act	2.29	0.63	Mildly Serious
2. Negative attitude of some persons in conflict with the law by being unmindful of their religious obligations.	2.29	0.61	Mildly Serious
3. Lack of opportunities to participate in any activities, programs; such as religious seminar; value formation	2.19	0.53	Mildly Serious
4. Inadequate time given for dialogue by multi-faith religious sectors for common understanding.	2.17	0.62	Mildly Serious
5. Very few religious teachers' training on doctrine of faith to their right worship and fellowship.	2.15	0.56	Mildly Serious
Average weighted mean	2.22	0.07	Mildly Serious

In Terms of Guidance and Counseling

The analysis of the data reveals that the challenges faced during the implementation of the TCMP in terms of guidance and counseling services are perceived as mildly serious, with an overall mean score of 2.19 ($SD=0.05$). The highest-rated challenges, both with a mean score of 2.25 include "Limited trained people to conduct counseling to persons in conflict with the law" ($SD=0.52$) and "Lack of counseling to persons in conflict with the law coupled with health and emotional issues" ($SD=0.59$). These findings highlight significant gaps in the availability of adequately trained counseling professionals and the provision of comprehensive counseling services, which are essential for addressing the multifaceted needs of inmates (Smith et al., 2017). The lowest-rated items, "Poor moral and spiritual guidance to persons in conflict with the law" ($M=2.15$, $SD=0.53$) and "Inadequate spiritual guidance and counseling to persons in conflict with the law who are in trouble and distress" ($M=2.15$, $SD=0.55$), suggest that while these areas are still problematic, they are perceived as slightly less critical than the need for trained counselors and comprehensive counseling services. The implication of these findings is that enhancing the training of counseling personnel and expanding the scope of counseling services to include health and emotional issues are crucial steps toward improving the effectiveness of the TCMP [31]-[30].

In Terms of Religious and Spiritual Services

The analysis of the data indicates that the challenges in implementing the TCMP in terms of religious and spiritual services are perceived as mildly serious, with an overall mean score of 2.22 ($SD=0.07$). The most significant challenges, both with a mean score of $M=2.29$ include "Lack of knowledge on moral and spiritual guidance leading persons in conflict with the law to fail to attend religious obligations (prayer for Muslims and mass for Catholics)" ($SD=0.63$) and "Negative attitude of some persons in conflict with the law by being unmindful of their religious obligations" ($SD=0.61$). These findings highlight the crucial need for improved moral

and spiritual guidance and increased efforts to foster a positive attitude toward religious commitments among inmates. Conversely, the challenge rated lowest, "Very few religious teachers' training on the doctrine of faith to the right worship and fellowship" ($M=2.15$, $SD=0.56$), while still considered mildly serious, suggests that enhancing the training of religious teachers could improve the effectiveness of the program. The implications of these findings underscore the importance of providing comprehensive religious education and fostering an environment that encourages regular participation in religious activities, which are essential for the holistic rehabilitation of inmates ([30-32]. Addressing these challenges could significantly enhance the spiritual well-being and moral development of inmates, contributing to their overall rehabilitation.

Measures to Address the Challenges Faced

In Terms of Medical and Dental Services

The analysis of the data indicates that the measures to address challenges faced during the implementation of the TCMP in terms of medical and dental services are perceived as recommendable, with an overall mean score of $M=2.82$ ($SD=0.21$). The highest-rated measure, "Invite medical/dental team to conduct medical/dental check-up" ($M=3.18$, $SD=0.58$), suggests a strong preference for external medical and dental support to enhance the quality and frequency of health services provided to inmates. This aligns with literature emphasizing the importance of regular and professional health interventions in correctional settings to improve inmate health outcomes (Smith et al., 2017). Conversely, the lowest-rated measure, "Hold advocacy drive on health issues" ($M=2.67$, $SD=0.69$), while still recommendable, indicates a slightly lesser emphasis on awareness campaigns compared to direct medical interventions. These findings imply that while educational and advocacy efforts are valued, there is a more pressing need for practical, hands-on medical and dental care. Addressing these needs by regularly inviting professional medical teams

and maintaining cleanliness and health education drives could significantly enhance the effectiveness of the TCMP's health services, contributing to better health outcomes for inmates[30]. Table 9 shows the results of the data analysis.

Table 5 Measures to Address the Challenges Faced During the Implementation of the TCMP

Statement	Mean	SD	Description
<i>In terms of medical and dental services</i>			
1. Invite medical/dental team to conduct medical/dental services	3.18	0.58	Recommendable
2. Hold regular cleanliness drive	2.79	0.67	Recommendable
3. Hold symposium on health issues.	2.76	0.70	Recommendable
4. Sponsor feeding program for persons in conflict	2.68	0.74	Recommendable
5. Hold advocacy drive on health issues	2.67	0.69	Recommendable
Overall Mean	2.82	0.21	Recommendable
<i>In terms of guidance counselling services</i>			
1. Invite trained people to conduct counselling to	2.91	0.65	Recommendable
2. Hold recreation activities	2.77	0.59	Recommendable
3. Hold group activities conflict with the law	2.64	0.68	Recommendable
4. Allocate sufficient time for counselling	2.64	0.67	Recommendable
5. Conduct group counselling among themselves	2.61	0.64	Recommendable
Overall Mean	2.72	0.12	Recommendable
<i>In terms of religious and spiritual services</i>			
1. Invite priest/minister to hold services	3.04	0.63	Recommendable
2. Allocate sufficient time for religious/spiritual	2.90	0.58	Recommendable
3. Hold bible study among persons in conflict with	2.89	0.67	Recommendable
4. Organize religious choir for services	2.75	0.68	Recommendable
5. Conduct recollection among persons in conflict	2.63	0.66	Recommendable
Overall Mean	2.84	0.16	Recommendable

In terms of Guidance and Counseling

The analysis of the data reveals that the measures to address challenges faced during the implementation of the TCMP in terms of guidance and counselling services are perceived as recommendable, with an overall mean score of $M=2.72$, $SD=0.12$. The highest-rated measure, "Invite trained people to conduct counselling to persons in conflict with the law" ($M=2.91$, $SD=0.65$), underscores the necessity of having professionally trained counsellors to effectively address the complex needs of inmates, which aligns with literature highlighting the positive impact of professional counselling services on inmate rehabilitation (Jones & Schaefer, 2016). The lowest-rated measures, "Hold group activities among persons in conflict with the law" ($M=2.64$, $SD=0.68$) and "Allocate sufficient time for counselling" ($M=2.64$, $SD=0.67$), suggest that while group activities and adequate counselling time are important, there is a slightly lesser emphasis on these compared to inviting trained professionals. These findings imply that enhancing the TCMP's effectiveness in guidance and counselling requires a balanced approach that prioritizes professional counselling services while also integrating supportive group activities and adequate counselling time [30]. In the same way, familial support is essential for individuals to overcome challenges [33].

In terms of religious and Spiritual Services

The analysis of the data indicates that the measures to address challenges faced during the implementation of the TCMP in terms of religious and spiritual services are perceived as recommendable, with an overall mean score of $M=2.84$, $SD=0.16$. The highest-rated measure, "Invite priest/minister to hold services" ($M=3.04$, $SD=0.63$), highlights the

importance of regular spiritual guidance and the positive impact of clergy-led services on inmates' spiritual well-being.

This aligns with literature emphasizing the role of religious services in providing emotional and moral support, which is crucial for the holistic rehabilitation of inmates[32]. Conversely, the lowest-rated measure, "Conduct recollection among persons in conflict with the law" ($M=2.63$, $SD=0.66$), while still considered recommendable, suggests that organizing reflective spiritual activities may require more logistical support or greater inmate engagement. The findings suggest that enhancing the TCMP's religious and spiritual services could benefit significantly from involving religious leaders and allocating sufficient time for such activities, as these interventions are crucial for fostering a supportive and rehabilitative environment [30],[34].

CONCLUSION

Based on the results of the data analysis, the TCMP implemented in the Zamboanga Peninsula's correctional facilities is generally perceived as effective across various domains, including medical and dental services, guidance and counseling, and religious and spiritual services. The overall effectiveness in medical and dental services, with a mean score of $M=2.61$ ($SD = 0.08$), suggests that regular health interventions such as monthly medical check-ups are valued and crucial for inmate health (Smith et al., 2017). However, areas like regular consultations and dental check-ups require further improvement to enhance the program's impact. Similarly, in guidance and counseling services, the mean score of $M=2.72$ ($SD = 0.12$) indicates the need for more trained counselors and structured group activities to address the complex needs of inmates[31]. In terms of religious and spiritual services, the overall mean score of $M=2.84$ ($SD = 0.16$) underscores the importance of involving religious

leaders and organizing regular spiritual activities to support the inmates' rehabilitation[30].

The findings also highlight several challenges that need to be addressed to optimize the TCMP's implementation. Issues such as the lack of medical personnel, inadequate training for religious teachers, and limited opportunities for comprehensive counseling were identified as barriers to the program's effectiveness. Addressing these challenges through measures such as inviting external medical and dental teams, providing professional training for counsellors, and ensuring sufficient time for religious activities can significantly improve the program's outcomes. These improvements are essential for fostering a rehabilitative environment that promotes the holistic well-being of inmates, ultimately aiding their reintegration into society [30]. Future research should focus on longitudinal studies to assess the long-term impact of these interventions and explore additional strategies to overcome the identified challenges.

RECOMMENDATIONS

Based on the findings and limitations of this study, two key recommendations are proposed for future research direction and policy improvements and implementations:

Future research should focus on longitudinal studies to assess the long-term impacts of the Therapeutic Community Modality Program (TCMP) on inmates' rehabilitation and reintegration into society. These studies should explore the sustainability of the program's benefits over time and identify any emerging challenges that may arise as the program evolves. Additionally, it is recommended that future research includes a broader range of correctional facilities across different regions to provide a more comprehensive understanding of the TCMP's effectiveness and applicability in diverse contexts. Such studies should also incorporate mixed-method approaches, combining quantitative assessments with qualitative insights from inmates, program implementers, and other stakeholders to gain a deeper understanding of the program's impact on inmates' physical, emotional, and spiritual well-being.

To enhance the effectiveness of the TCMP, it is essential to address the identified challenges by implementing targeted policy improvements. Policymakers should prioritize increasing the availability of trained medical personnel and counsellors in correctional facilities to ensure inmates receive comprehensive health and counselling services. Additionally, there should be a structured training program for religious leaders to enhance their ability to provide effective spiritual guidance. Allocating sufficient resources for regular medical check-ups, dental services, and spiritual activities is crucial. Moreover, establishing partnerships with external medical and dental teams, as well as religious organizations, can provide additional support and resources. Policies should also include mechanisms for regular evaluation and feedback from inmates and staff to continuously improve the program and adapt to changing needs.

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