



CAPITALIZING ON THE DIFFERENCES: PENNSYLVANIA'S RESPONSE TO CHALLENGING

Female Offenders

By Barbara Doebler and David Patton

The recent nationwide trend to de-institutionalize mentally ill and mentally handicapped individuals has resulted in the incarceration of an increased number of inmates with limited coping skills. The State Correctional Institution at Muncy in Pennsylvania, which houses 900 women, has struggled to meet these inmates' needs within the standardized program framework available. Although the rate of substance abuse problems is about equal to that of men, women possess higher rates of co-morbidity for both medical and

mental health issues. In addition, women tend to display more self-injurious behavior, especially with those mental illnesses.

As a result of these problems, many of these women also have difficulties effectively communicating their medical needs to staff and completing standard programming. These difficulties decrease already low levels of self-esteem and increase already high levels of frustration. The inmates' frustrations lead to situations requiring staff intervention, documentation of misconduct and subsequent disciplinary time in the restricted housing unit. While locked in most of the day with little to do, the women experience boredom and more frustration in the restricted housing unit. There, these vulnerable inmates, through observation and imitation, often learn new and, in many cases, even more pathological methods of coping. Clusters of serious incidents and suicidal gestures created concerns about the institution's ability to provide a safe environment for the inmates. As a result, a new program was developed to address these concerns. With many of the more difficult to manage

inmates, just the absence or reduction of negative behaviors would be an improvement. Clearly, the program goals needed to be specific to each individual. The program also assists the correctional security and treatment staff who work closely with these women. In the scope of their normal working environment and job duties, they are not always able to evoke positive results with this population. Over the course of time, small but constant crises, with few useful resources and little obvious improvement, can cause frustration, personalization, decreased morale and increased stress in an overworked group of professionals.

Community mental retardation professionals provided information about relatively recent regulation modifications involving residential programming standards for lower functioning individuals with challenging behaviors. They spoke enthusiastically about changes in their system related to this "positive approaches" philosophy. The spring 1997 *Pennsylvania Journal on Positive Approaches* provided basic information and conveyed an outlook that was well-suited to SCI-Muncy's target population.

A program with intensive support and learning opportunities was developed using a positive approaches model. It provides inmates with positive, healthy, adaptive change based on listening, evaluating and giving individuals the opportunity to control certain aspects of their lives. It shifts the institution's emphasis from punitive consequences for rule breaking to rewards for positive behaviors.

A grant proposal was submitted to the Pennsylvania Commission on Crime and Delinquency for funding under the Drug Control Systems Improvement Program. This was based on the substance abuse needs of the inmates in this troublesome group and the fact that their involvement in negative behaviors and their limited intellectual functioning made traditional substance abuse programming ineffective.

The proposal was accepted and a vendor was selected to run the DAILE (Daily Adult Interactive Learning Experience) program. Staff include a director, licensed social worker, registered nurse and several mental health workers. A state correctional officer is also part of the treatment team. Fortunately, the basement of the special needs unit was available and minor modifications were made to create a small kitchen, showers and a laundry area. Many of the DAILE program participants live in the special needs unit, which makes it easy for inmates to participate in the program.

Philosophy

The program design involves a few essential elements, including a hands-on, interactive philosophy that is unique to prison life in its positive approach to both learning and sanctions. The environment is modifiable to offer myriad learning opportunities. Education, support, structure and choices provide much of the direction for program methods. Substance abuse, and medical and mental health content are significant components of the program. Flexibility is required for staff to develop and modify individualized treatment approaches quickly, based on daily observation and feedback among staff. The program does not restrict or impede progress in areas in which participants may

already be functioning at more independent levels. Instead, the inmate would be a part-time participant in only those program components that satisfy her individual needs assessment.

DAILE program staff are involved in all aspects of programming and do not eschew duties such as showering or bathroom hygiene. Also, staff act as advocates for participants with assessed communication skills deficits; as a result, staff may provide accompaniment to medical appointments. This role involves any program staff member but seems especially suited to the psychiatric nurse and social worker. These individuals communicate with other institution professionals to benefit the program.

Long-term offenders and lifers at SCI-Muncy include many talented women who enjoy helping others. Some possess unique skills and abilities that go untapped in a prison setting. As paid or volunteer mentors in the DAILE program, they provide participants with a wider range of know-how and learning opportunities. These individuals also benefit from the reciprocity inherent in their DAILE program involvement.

Goals

The DAILE program's mission statement is "to provide daily services to selected inmates that will encourage socially acceptable, self-reliant behavior and sobriety in a safe, accepting milieu, which is flexible and responsive to the individualized needs of the participants, in order to develop a more positive, less stressful living, learning and working environment for both inmates and staff." Five goals, each with related objectives, guide the development of program specifics.

Goal 1: To maintain and operate a daily program to provide structure, support and learning for lower-functioning inmates. The objectives specify parameters for hours of operation, staff and number of participants.

Goal 2: To provide a positive, flexible individualized treatment plan for each participant based upon her needs. These objectives require completion of a psychiatric, medical, substance abuse, and social, behavioral and cognitive needs assessment. A

licensed psychiatrist and certified state-employed alcohol and other drug staff member complete the psychiatric and alcohol and other drug assessments, often before or immediately after admission. DAILE staff complete the other two assessments. Prompt DAILE service plan development following admission, continual plan adjustment, coordination with the Pennsylvania Department of Corrections treatment plan and consultation with the DOC unit team, and individualized schedules provide participants with responsive services.

Goal 3: To provide information and programming to inmates in the areas of substance abuse, medical, psychological/psychiatric, social, cognitive/educational, vocational/pre-vocational and other areas, as determined by a needs assessment. Wide-ranging objectives attempt to promote positive techniques for behavior change, relative independence and involvement with programs and/or groups outside DAILE, such as school. Specific guidelines ensure that individual and group sessions, pre-vocational training and activities of daily living skills are offered and that DAILE, staff collaborate with DOC treatment and security staff as well as with one another.

Goal 4: To actively involve staff and other inmates, (e.g., long-term offenders and lifers,) in daily programming. Objectives ensure staff are trained regularly and engage in interaction with participants. They set parameters for inmate-mentor involvement. Currently, inmate mentors are involved in providing alcohol and other drug education groups.

Goal 5: To be accountable to the DOC, including daily communication, meeting attendance, regular reporting and documentation of inmate files, as specified in DOC policy. Since vendors administer the program, objectives for this goal decree that the program remains true to the needs of the target population and is not modified to fit other existing models.

Admission and Discharge

Program admission criteria include:

- An IQ in or below (preferably) the low-average range;

- Maladaptive behavior or deficits in daily functioning with priority to self-injurious actions and a history of substance dependence or abuse;
- Dual diagnosis;
- Medical problems that interfere with treatment; and
- Inability to benefit from existing daily programs (work detail, school) and the alcohol and other drug special needs group.

Criteria discouraging admission include predatory behavior, diagnosis of antisocial personality disorder or a pattern of unpredictable violent behavior toward others.

DAILE admissions are frequent and discharges are rare. Any DOC staff member may make a referral to the inmate's counselor, unit manager or unit psychologist. The admission process proceeds through a series of steps that include review and recommendations by the unit team, DAILE staff and the multidisciplinary psychiatric review team. Finally, the counselor submits a vote sheet for prison administrators. Program discharge occurs when an inmate has completed her goals and is recommended for completion by DAILE staff or if there is an incident of a dangerous assault. In the latter instance, inmates need to repeat the admission process. Otherwise, participants continue in the program following temporary visits to the mental health unit, infirmary or restricted housing unit admissions.

Program

The DAILE program operates 40 hours per week from 8 a.m. to 4 p.m., Monday through Friday year-round except major holidays. DAILE offers participants six hours per day of programming for a weekly total of 30 hours: 10 hours of activities of daily living skills, five hours of alcohol and other drug programming, five hours of pre-vocational training, five hours of psychoeducational groups and five hours of personal choice activities. The latitude for change is broad. The remaining 10 hours are devoted to lunch, breaks, paperwork and a daily staff meeting to discuss participants' progress and plan modification. The unit counselor and psychologist

attend this meeting once a week. Staff meet with new participants and carefully review assessment results and DAILE service plans. Each inmate knows what her goals are and what she must do to attain them.

The day begins with a community meeting that includes a review of each inmate's schedule, a general discussion of how the previous night or weekend was spent, rule revisions and topics brought up by participants. There is no typical day; the program director constantly modifies the weekly schedule. Nevertheless, the morning hours typically include at least three different simultaneous activities of daily living groups and individual instruction. Staff provide support for other institutional programs, such as homework assistance.

Alcohol and other drug groups and pre-vocational training are held either in the morning or afternoon, depending on the day. Alcohol and other drug groups meet at least three times per week with two led by inmate mentors (a staff member sits in) and one by certified institutional alcohol and other drug staff. They are the only mandatory groups except for community meetings. Pre-vocational training is held daily and at least two or three different tasks are available. One job involved assembling necklaces for the Pennsylvania Department of Health's breast cancer awareness campaign. In-house tasks involve collating letters and inserts, wrapping silverware for the kitchen and cleaning the program space. Staff are working to secure a new project involving the assembly of packets of material for the Pennsylvania Game Commission's community presentations. Several inmates maintain institutional details. Inmates are paid for their participation in the DAILE program just as they are paid to attend school or any other inmate detail. The inmate pay scale in Pennsylvania ranges from 19 to 42 cents per hour.

Psychoeducational group meetings and individual instruction can be held at any time of the day and are typically run by a registered nurse or licensed social worker. The groups vary and depend on the inmate composition. Some discussions are topical or seasonal, such as how to prevent medical problems from extreme heat or cold exposure. Medication compliance, self-

esteem, stress and anger group meetings are held regularly. Other medical group topics include good nutrition, diabetes, hepatitis C and menstrual problems, as well as a new group on how to communicate with infirmary staff. Impulse control, coping skills and assertiveness groups are in the developmental stages. The nurse and social worker also counsel participants individually. The nurse works closely with the psychiatrist, other medical staff and the unit counselor. The social worker communicates regularly with teachers, the unit counselor, psychology staff and family members as needed.

Crafts, recreation, games and other activities are typically held in the afternoon. Once a week there is a movie and follow-up discussion. All participants have the option to choose what they want to do during this time. They may take part in one of the activities or they may attend to personal needs such as reading the Bible or doing homework. Staff use this time to assist inmates who have needs in the area of socialization skills.

Present Status

The program currently includes 15 full-time and five part-time participants with six on temporary hiatus due to restricted housing unit or mental health unit placement. The average age of participants is 42 and the average IQ is 71. The most commonly occurring serious clinical diagnosis among the participants is schizophrenia followed by schizoaffective, intermittent explosive, bipolar and major depressive disorders. There are concurrent alcohol and other drug disorders, and most participants have additional serious clinical disorders as well. Other co-occurring disorders are mild mental retardation, borderline intellectual functioning, borderline personality and antisocial personality. Nearly all participants have several serious medical problems such as HIV, hepatitis C, obesity, diabetes or cancer.

The program director and social worker address inappropriate participant behavior with positive behavior management principles. DAILE staff spend internal and external meeting time discussing these behaviors to

assist the social worker in developing plans that are not punitive for intervention and to collaborate with DOC staff. Generally speaking, all staff have noticed fewer behavior problems with program participants; increased medication compliance is undoubtedly a factor. Staff also think that improved care for medical problems, structure and concrete programming toward goals have decreased anxiety and irritability and increased inmate confidence and satisfaction. One gratifying behavior change has been increased compliance with routine medical procedures such as mammograms and pap smears. Correctional staff speculate that the DAILE program staff's trust, increased communication with medical staff and better understanding of their own needs have brought about these changes.

Recent comments from participants reflect their satisfaction with the program:

- "It gets you used to staying on a regular schedule."
- "We learn responsibility. I have to handle things on my own and be responsible for it."
- "You learn to wake up and get ready for work."
- "Here, I can take my time and practice."

Based on these comments and other observations, staff believe participants have made progress. DOC staff are developing a more comprehensive system of program evaluation using funds from the second grant year. In addition to continued program refinement and development of a comprehensive system of program evaluation, future program goals are to purchase computers and software for participants, increase the role of the licensed social worker to include more evaluations and family contacts, and increase the number of participants served, including inmate mentors.

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