

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

Training and Technical Assistance

Role of Correctional Officers in Jail/Prison Substance Use Disorder Treatment Programs

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Introduction

The Residential Substance Abuse Treatment (RSAT) for State Prisoners Program (42 U.S.C. § 3796ff et. seq.) assists states and local governments in the development and implementation of substance use disorder treatment programs in state, local, and tribal correctional and detention facilities. Funds are also provided to create and maintain community-based aftercare services for individuals after they are released from incarceration. As of 2016, there were approximately 43 jails, 34 state prison, 9 juvenile, and 10 aftercare RSAT programs in all but two states, serving 10,000 incarcerated individuals.

Congress has set limited basic requirements for RSAT programs. Programs in state correctional facilities must be at least six months in length, and participants must be physically separated from the general population. Jail-based programs must be at least 90 days in length and physically separated from the general population if the facility permits. RSAT participants are required to be randomly tested for illicit drugs at admission into the program and during the program. The RSAT programs, if possible, are to be limited to participants with 6 to 12 months remaining in their confinement so they can be released directly from the treatment facility instead of being returned to the general population after completing the program.

The goal of the RSAT program is to break the cycle of drugs and violence by reducing the demand for, use, and trafficking of illegal drugs. RSAT enhances the capabilities of states and units of local and tribal governments to provide residential substance abuse treatment for incarcerated individuals; prepares individuals for reintegration into their communities by incorporating reentry planning activities into treatment programs; and assists individuals and their communities through the reentry process through the delivery of community-based treatment and other broad-based aftercare services.

Role of the Correctional Officer in Substance Use Disorder Treatment Manual

The purpose of this **Role of Corrections Officers (COs) in Jail/Prison Substance Use Disorder (SUD) Treatment Programs (RSAT)** manual is to enhance correctional officers understanding of substance use disorder treatment programs and their role in contributing to the goals and objectives of these programs, namely breaking the cycle of drug use and contributing to public safety by working toward the release of individuals who are poised to maintain their recovery when returned to the community. Correctional officers play a key role in the administration and operations of corrections-based SUD treatment programming but often times are not made aware of the essential role they play in establishing the therapeutic milieu for treatment programming to succeed in prisons and jails or how this requires them to adopt different roles than they may typically play in dealing with general prison and jail populations.

The Bureau of Justice Promising Practices Guidelines for Residential Substance Abuse Treatment (2017) highlights the role of COs in RSAT programming in a number of its standards.

Under “Staffing and Training,” it holds:

Both treatment and security staff should receive training about substance use disorders, mental illness, and trauma, as well as specific training about the RSAT program itself, including its mission, operations, policies, and practices.

Correctional officers with specific training and interest in working with RSAT programs should be assigned to RSAT pods.

Treatment and correctional officers should be represented in program administration (16)

“Under Treatment and Service Intervention,” it holds:

Cognitive behavioral therapy (CBT) and interventions should not be limited to specific CBT sessions, but instead should be practiced and reinforced by all program and staff, including both treatment staff and correctional officers (17).

This manual will provide:

- an overview of the specific therapeutic community (TC) model and general therapeutic milieu required to facilitate prison and jail SUD treatment (which we will refer to as the “RSAT treatment community”);
- guidelines to COs on promoting communication with treatment and/or TC staff, setting goals for inmates, using sanctions/rewards, and addressing criminal thinking errors;
- instruction to COs on their role in both residential detention and planning for inmates’ release from the facility

Note: It is recommended that in addition to the information provided in this manual that officers also receive brief training on the Science of Addiction and Criminogenic Risk-Need-Responsivity (RNR) theory. Both will provide an essential understanding of the nature of addiction, and how it is similar to other chronic diseases such as hypertension or diabetes, and the risk inmates pose upon their release to both themselves and the community at large, Science of Addiction training should also review the recovery process of addiction and frame abstinence not as a short-term goal for the addicted individual but as a long-term achievement. A brief training on Criminogenic RNR theory will provide insight to officers on the linkage between SUDs and criminal behavior and how addressing underlying Risk factors can contribute positively to treatment, as well as enhancement of public safety and reduction of recidivism. Officers that receive this training will gain a better understanding of the role RSAT SUD treatment plays in addressing criminogenic risk factors and presumably will be more invested in contributing to the success of both individual inmates under their supervision and the overall treatment program.

RSAT Treatment Models Require Formation of RSAT Communities that establish a “Therapeutic Milieu”

Many, but not all RSAT programs, offer treatment through modified “Therapeutic Community (TC)” models. Others provide treatment relying principally on group and individual cognitive behavioral therapy. Although the latter treatment programs may not be provided within the context of a formal TC model, they still must be provided within a “therapeutic milieu,” an atmosphere conducive to and encouraging of behavior change, to achieve maximum efficacy. The antisocial inmate subculture that pervades most correctional institutions has been found to be antithetical to the promotion of change and recovery from addiction. So whether TC or not, effective RSAT SUD treatment must occur within a positive, supportive RSAT Treatment Community that provides a therapeutic milieu in which the treatment program can most effectively operate.

For the RSAT treatment community to establish a therapeutic milieu, it must form a [structured group setting](#) in which the existence of the group is a key force in the outcome of treatment. Using the combined elements of positive peer pressure, trust, safety and repetition, the therapeutic milieu provides an idealized setting for group members to work through their treatment issues. Many alcohol and drug [rehabilitation facilities](#), in and out of corrections, rely on this type of setting as well as those receiving therapy for behavioral disorders. Within a supportive therapeutic milieu, participants not only learn strategies and measures to change their behavior but are able to try out new coping skills without feeling self-conscious or running counter to prevailing prison and jail cultures that may not promote positive behavior change.

The term is often used to refer to inpatient settings in which participants learn healthy patterns of living through constant exposure to role models and strict expectations, but a therapeutic milieu can be developed with an outpatient group as well such as is the case with [Alcoholics Anonymous](#) which relies on participants to come to regularly scheduled meetings. The goal is to promote group cohesion and togetherness. Without regular interactions the positive peer pressure, trust, and repetition that this technique relies on to work cannot develop properly. The keys to a [successful therapeutic milieu](#) are support, structure, repetition and consistent expectations.

Congress has supported prison and jail SUD treatment by funding RSAT programs that promote therapeutic milieus by mandating that all prison RSAT programs be housed in separate pods and by encouraging jail programs to follow suit if possible. Whether the RSAT program utilizes formal TC models or not, correctional officers are essential in making RSAT pods as supportive as possible of the treatment intended to occur within them. What we have learned from the research on prison and jail therapeutic community treatment programs in regard to the role of correctional officers is equally applicable to their role in enhancing treatment in RSAT pods in general.

The Justice Department National Institute of Justice Crime Solutions registry lists four studies of RSAT programs that have been found promising. The four Registry recognized RSAT programs include:

1. the Minnesota Department of Correction substance use disorder treatment program based on the therapeutic community (TC) model;
2. the Forever Free Program at the California Institute for Women that follows a cognitive-behavioral curriculum stressing relapse prevention designed by Gorski;
3. the Amity In-Prison Therapeutic Community located in a medium security prison in San Diego that uses workbooks, teacher's guides, and videotapes as well as psychodrama groups and "lifer mentors," highly committed, recovering substance users with criminal histories, and
4. the Delaware Department of Correction Key/Crest programs that begins with a prison TC component and continues with post-release community TC treatment.

While there are key differences among the four TC communities listed above, this manual will refer to common principles seen across each of the TC communities listed above. In addition, they are being used to inform this manual in terms of CO roles in promoting therapeutic milieus necessary for effective RSAT programming. COs should be acquainted with the specifics of the program within their facility so that these principles can be adapted to best fit within the correctional facility.

Overview of Therapeutic Milieus Underlining RSAT SUD Treatment Programming

Therapeutic Communities (TC), and more generally therapeutic milieus, are based on peer groups assembled around a common problem that can more effectively be addressed collectively than individually. When RSAT peers assemble, they constitute a “community” meant to develop mutual responsibility amongst themselves to advance the rehabilitative goals of recovery from addiction. The general goals are (CSAT, 2005):

- Decline or abstinence of substance use
- Cessation of criminal behavior
- Employment and/or school enrollment
- Successful social adjustment

In a correctional facility, RSAT treatment communities have a specified structure that contrasts them from voluntary, community-based treatment communities. As mentioned in the introduction, RSAT facilities must involve participants for a minimum of 90 days (jail) and 6 months (prison) and within 6-12 months of their release from the facility. The structure of a RSAT program often consists of 4 stages (Peters & Steinberg, 2000):

- Orientations to acquaint participants to the rules
- Individual and group counseling
- Maintaining recovery and relapse prevention
- Reentry planning

Like any community, RSAT communities must be cultivated and nurtured by everyone from the warden or superintendent on down to treatment staff as well as the correctional officers assigned to RSAT pods or programs. It is up to all of them to enhance caring, nurturance and mutual respect in combination with monitoring, supervision and appropriate discipline to create an environment for growth and positive change.

It is imperative that COs understand that every interaction they have with a RSAT participant is an opportunity for learning, to reinforce pro-social thinking, attitudes and behavior and model healthier ways of thinking and acting and resolving conflict and confronting problems.

RSAT Treatment Community Rules

As RSAT participants progress through these 4 stages, they become part of a community that is based on shared values that form guiding principles that determine what is good and what is not. These communities also form rules that have the explicit purpose of ensuring the safety and health of the community. These rules are defined as (CRI, 2011):

- **Cardinal rules** – which protect the community from behaviors that threaten its viability
- **Major rules** – which define the relationship between individual members and community and identify behaviors to be corrected
- **House rules** – which define the “norms” for the community resulting in verbal and written reprimands if violated.

Unique to RSAT treatment communities is the fact that the correctional facility which contains them have many additional rules and requirements designed to promote the safety of all inmates. The correctional facilities are designed to maintain a high level of control over inmates. Enforcement of RSAT treatment community rules therefore must be secondary to the enforcement of institutional rules. That said, when possible consequences for rule breaking behavior may be dealt with in conjunction with the RSAT community as a learning opportunity for improved behavior.

Components

RSAT communities are structured, hierarchical and provide intense intervention programming meant to promote a sense of camaraderie, safety and communication amongst group members as they strive towards recovery. Many effective correctional treatment programs incorporate the following components (CSAT, 2005):

- Community meetings, events and ceremonies
- Seminars
- Group encounters
- Group therapy
- Tutorial learning sessions
- Education classes
- Participant job-work responsibilities

Generally isolated from the general detention population, RSAT treatment communities are in an ideal position to promote the well-being of the group striving for recovery. The antisocial inmate subculture has been found to be antithetical to the promotion of change and recovery from addiction. In the RSAT treatment community, residents learn to live together, participate in groups, study together and learn to control their behavior in order to subscribe to the norms of the community and benefit both themselves individually and the group's well-being.

Roles

Within the RSAT treatment community, it is important that each member be an active participant. Passive observation is not encouraged, although not all participants can be expected to be equally robust, active participants, especially in the first weeks or months of the program. Each member must eventually be emotionally, physically and intellectually involved in the life of the group. The operation of the community is the task of the residents including the actual work assignments necessary in a functioning society. These work tasks are arranged in a hierarchy according to seniority, individual progress and productivity. These job assignments can include menial tasks and lead to upward levels of management.

Treatment and correctional staff also play a key role as rational authorities for the functioning of the group. As rational authorities, they are responsible to direct resident's behavior within the training activities, learning experiences and scheduling of the community. The practice of rational authority also means that staff make decisions motivated by concern for the community's growth and adherence to the rules established by the treatment community. These decisions are based on the standards that govern the community rather than the staff's emotions.

The role of both treatment and correctional officers in developing a therapeutic milieu is both complicated and highly important. They must serve as role models, practicing the behaviors that are expected of the group. They have the opportunity to show authority figures in a positive manner. They must facilitate the group in developing a list of rules and expectations and dealing with infractions without coming across as arbitrary authority figure. They should guide the group towards self-management, as much as appropriate and practical in a correctional setting without allowing natural leaders to overshadow the participation of natural followers. Both correctional officers and treatment staff must work together to encourage community members to participate. When treatment staff leave for the day, it falls to correctional officers to continue to encourage and nurture the RSAT community, including active participation by all of its members.

Although often ignored, participants closely observe the interactions between COs and treatment staff and may model their own behavior on what they observe. If COs and treatment staff are at loggerheads in their attitudes toward treatment and recovery or how they interact with each other, treatment objectives and goals may be fatally compromised.

Rewards/Sanctions

In a non-RSAT program, TCs utilize rewards called “privileges” and sanctions or discipline to either reinforce positive behavior or dissuade behavior that is distracting or destructive to the group. Privileges are bestowed by staff for good behavior, attitude change, job performance and overall clinical progress (CRI, 2011). In a TC, privileges gain importance because they are earned which requires investment of time, energy, self-modification, and reduction of risk of failure and disappointment. The types of privilege in a typical TC range from phone and letter writing to overnight furloughs later in the treatment process. Successful progression through treatment earns rewards that grant wider personal latitude and increased self-responsibility.

Sanctions, on the other hand, serve to enhance compliance with the rules and regulations established by the TC. Preserving the safety of the group and training residents through discipline are the primary goals for using sanctions. Examples of sanctions could include loss of privileges, verbal reprimands, speaking bans, job demotions, and loss of residential time depending on the severity of the infraction.

In a RSAT program, rewards and sanctions must be tailored to the correctional environment. It is important to understand that privileges and sanctions should be imposed separately by the group for non-compliance with group rules even if the infraction is not against the correctional facility’s institutional rules. Positive peer pressure is a primary method of enhancing the treatment community and must be reinforced through both positive rewards for good behavior and negative sanctions for behavior that compromises the therapeutic milieu. Such behavior must be seen as a threat to everyone’s recovery, as opposed to a violation of an arbitrary rule.

RSAT Treatment Communities

According to Rod Mullen, founder of the Amity Prison TC program, correctional programs must meet the following criteria to effectively function as therapeutic communities

- 25-50% of staff have a substance use history and at least two years of continual sobriety
- The program emphasizes peer leadership and responsibilities
- The program has a defined structure of community ceremonies that occur daily
- Regular encounter groups are held for all participants and confidentiality of the group is paramount
- All staff members participate in community activities
- The emphasis of the community is on the positive, healthy development of all its members

While strict adherence to these standards suggested by Mullen is not required to establish the requisite therapeutic milieu to further RSAT treatment, the principles underlying each apply. They also suggest roles that correctional officers should play in fostering RSAT treatment communities.

The following is a copy of a jail RSAT treatment community poster in the SUD pod defining what a treatment community is.

RSAT UNIT PHILOSOPHY

A positive *environment* for human *development* in a caring *community*, where members can help *themselves* and each other. Staff and participants work together to *establish* and maintain positive, growth-filled *environments* within prisons. Community *members* focus on *behavioral* change and confront attitudes which are destructive to *individuals* and the life of this program.

A place to set *goals* and to practice *behaviors* which lead to *successful* living.

A *disciplined* lifestyle bringing a process for *examining* attitudes and *values* for learning to deal with *stress*.

A chance to *change*, to confront mistakes and
Accept *responsibility* for our *lives*.

The Selection of the Correctional Officer in RSAT Pods or Programs

In a RSAT community, whether a formal TC or not, COs are ultimately responsible for the safety and health of the community and each of its members. At the same time, COs should also be brought into the rehabilitative process that the RSAT program provides to promote recovery and reduce future criminal behavior. The selection and placement of COs who will contribute to the development of this supportive environment is a key first element in establishing RSAT treatment communities.

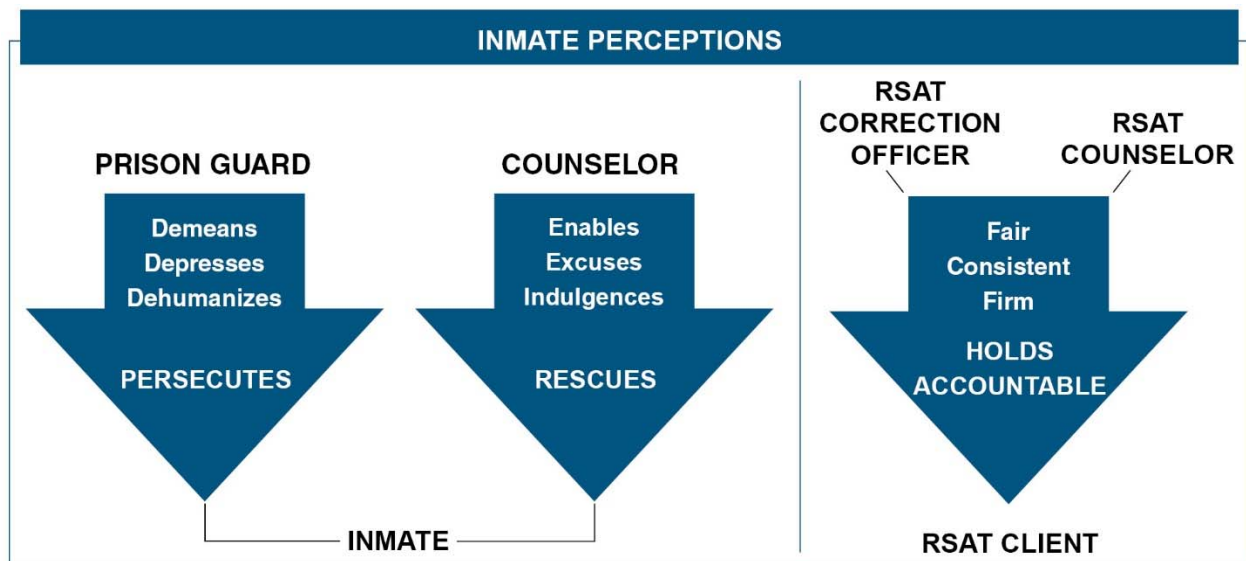
According to Farrabee (1999), the on-going rotation of correctional officers in correctional facilities can cause disruption to the establishment and maintenance of therapeutic milieus as new officers may not understand the importance of therapeutic milieu in furthering SUD treatment. Because of this potential disruption, Farrabee recommends that officers be allowed to self-select their placement in a RSAT facility after receiving an orientation on the purpose of the RSAT communities. Some COs may find being a part of these communities is appealing while others may find the role adjustment to be problematic. If, for example, the officer is convinced that drug addiction represents a moral failing, employed as an excuse for criminal behavior, he or she may not be ideal for assignment to the RSAT pod or program. On the other hand if the officer believes in the possibility of recovery and its link to future law-abiding behavior, he or she may be more interested in this assignment.

To encourage CO participation, officers could be offered specialized certification after undergoing orientation training on RSAT treatment community procedures, rules and goals. Officers who volunteer should be recognized and rewarded for their contribution to the overall effectiveness of RSAT programs. Correctional administrators must recognize the benefit of specially trained and supportive officers to the program and make training requirements and rotation assignments accordingly. It makes little sense for a county or state correctional department to invest in a treatment program and then undercut its effectiveness by assigning untrained and uncommitted officers to oversee participating inmates. Nor does it make sense for correctional administrators to believe effective SUD treatment can be achieved if limited to the efforts of treatment staff (contracted or internal) who spend only a few hours a day meeting with participants in facility classrooms.

Experience has also demonstrated that once COs become involved in RSAT treatment communities, they are uniformly excited about the opportunity to positively impact participants' lives. As one CO said in a national RSAT training webinar, when he became involved in the RSAT treatment community he transformed from being a guard to a real correctional officer (M. Thompson & R. Churchill, 2011, *Partners in Crime Reduction: Building Stronger Relationships Among Correctional Officers and Treatment Staff to ensure Program Effectiveness*, <http://www.rsat-ta.com/Webinars/Archived-Webinars>).

As most prison and jail administrators will confirm, generally the RSAT pods are the safest pods in the facility. Often, they are the only pods where correctional officers and inmates can positively interact without either being accused by their peers of collaborating with the other, i.e. fellow inmates accusing their peer with snitching or fellow correctional officers concerned that their peer is fraternizing or being too close to inmates to maintain correctional authority and order.

Both correctional officers and treatment providers need to be conscious of the role they play with participants. They should not be oppressive on one hand or enablers on the other as illustrated in these charts that contrasts unhelpful staff postures with inmates and more positive ones utilized in successful RSAT communities.



Joint Training for Correctional Officers and RSAT Treatment Staff

Joint training for both corrections and RSAT treatment staff is an effective way of educating both groups on the institutional policies of the justice system and the rehabilitative methods of RSAT programs. Joint training can also help to establish rapport between the two groups and establish working relationships that can help mitigate conflicts or misunderstandings that could arise in the future. New staff often don't have a good understanding of the roles and/or purpose of the other and education on such things as institutional security or confidentiality in treatment provision can help to promote context within the environment each is working.

Joint training for COs and RSAT treatment staff should occur as part of the orientation process for both treatment and correctional staffs and also held no less than annually as a refresher to continually update staff on new policy and procedure as well as report on the outcomes of the program. According to CSAT (2005), examples of training topics to be covered in a joint orientation training could include:

- A broad overview of how each system works
- Common ground shared by treatment and justice systems
- Education on the language and jargon of each system
- Overview of criminogenic needs and how to address them
- Clarification of system and personnel roles
- Ways to effectively communicate and mitigate conflict between the two systems
- Confidentiality requirements
- Effective case management strategies for the RSAT client
- Reporting requirements and agreements
- The use of medication-assisted treatment (MAT)

Annual review trainings which include both RSAT and corrections staff could include topics on:

- Updates on reporting requirements and agreements
- Considerations on special populations/topics:
 - Gender responsive issues
 - Mental health issues
 - Exposure to trauma
 - Addressing criminal thinking errors
- Scenario-based training on participant de-escalation & intervention
- Aftercare planning for the RSAT participant
- Use of graduated sanctions and the effect of revocations on treatment completion
- Updates on program graduation/recidivism rates

Correctional and RSAT staff should be given opportunity to collaborate on training topics for in-service training and also establish methods for certification that will allow the professional development of staff. Encouraging this collaboration should foster buy-in on both sides to the RSAT program and discourage an "us vs. them" mentality between corrections and treatment that can arise when both sides perceive each other as having separate goals for the participants.

Medicated Assisted Treatment (MAT) Education

Education on MAT is a particularly relevant subject given the increase of opioid use and the need for RSAT programming to keep up with evidence-based therapies to properly address it. While some individuals may be philosophically opposed to providing addiction medications to individuals with opioid use disorders, and there are certainly legitimate concerns over the administration of medications in correction settings, understanding the advantages as well as challenges of MAT is essential if RSAT treatment is to conform to contemporary standards of care and assist in long term recovery. Correctional officers also are crucially important to the administration of correctional MAT programs so that they are run soundly and safely. Correctional officers are crucial to supervise and monitor the dissemination of agonist medications, for example, to ensure these medications are not diverted. The dissemination of these medications cannot be left to medical staff alone, as if they were handing out aspirin. There are protocols available for the handling of opioid medications available on at www.rsat-tta, including [Rhode Island Distribution of Suboxone Protocol](#).

CASE STUDY

The Middlesex County (MA) House of Corrections invites its contracted RSAT treatment provider, AdCare Criminal Justice Services, to join in the training of all new COs at its training academy, AdCare also joins in the annual inservice training program for all officers. It provides training on subjects related to addiction, evidence-based treatment and the core components of treatment programming inside a jail setting. Much of the training is focused on the differences between RSAT and non-RSAT correctional settings to prepare COs for the differences in inmate behavior between the two settings and how RSAT interventions can be used as an inmate management tool to enhance the overall safety of the RSAT unit.

CASE STUDY

The Massachusetts Department of Corrections has its treatment provider, Spectrum Health Systems, provide training for its Correctional Institution in Shirley (MCI-Shirley) for recruits and in-service training for both its day and evening shift officers. The purpose of the orientation is to ensure COs and RSAT staff have a mutual understanding of their roles and responsibilities for reinforcing pro-social behavior of program participants. Much of the training focuses on the difference between a therapeutic community culture vs. typical prison culture and how officers need to reconcile traditional security paradigms of behavior management with treatment paradigms focused on behavior shaping. Don't have consent from Spectrum to share this slide

Correctional Officer Well-Being Enhanced as Member of RSAT Community

The well-being of COs is a significant concern at any correctional institution. Research has shown that correctional officers are exposed to three specific types of stressors while on the job: organizational, operational and traumatic (Denof et al., 2014). Organizational stressors relate to interpersonal conflicts with other staff, role problems and problems with the leadership of the institution. Operational stressors have to do with the logistical aspects of the job: high workloads, harsh physical conditions, and shiftwork. Traumatic stressors include exposure to physical and verbal assault either to the officer themselves or witnessing this occur to another officer. All of these can contribute to a work environment for correctional officers that promotes poor well-being and leading to high rates of burnout.

A study conducted by the Office of Justice Programs Diagnostic Center with the Middlesex Sheriff's Office (MSO) in MA looked at the causes of job-related stressors and their negative effect on officer wellness and safety (2014). The study found six factors which contributed to the MSOs challenge of addressing wellness and safety. Three of these factors relate to: communication among staff; staff practices not reflecting policy; and perceptions of limited employee support systems. OJP recommended in the study that correctional facilities should focus on enhancing communication both upward and laterally, offer training that will develop core competency skills and practices, and offer peer support programs.

Many of these recommended remedies to improving officer safety and wellness are specifically built into RSAT programs and should be touted to officers as benefits to participating in the program. Having the ability to communicate and problem-solve with clinical professionals around problematic participant behavior and use the influence of the treatment community to influence behavior provides a powerful participant management tool to mitigate stressful or hostile environments. When officers are provided with core competency training on behavioral health theory and the application of behavior shaping techniques, officers can employ these methods to encourage a stable environment. Finally, the benefit of RSAT officer training and cross staff communication promotes the application of RSAT policy into practice as both corrections and treatment staff help keep each other accountable and can jointly see the results reflected in the response of participants.

The Role & Responsibilities of the Corrections Officer

The officer, like the treatment staff, is also an important source of Rational Authority described earlier. COs serve as role models for how authority is exercised in everyday community life. Officers in the RSAT unit must adhere to all institutional rules and procedures as they have been trained and enforce those same rules for RSAT inmates. However, it is also important for the officer to be aware of the additional rules relating to programming that will require a participant to be held accountable to the RSAT treatment community. While institutional rules will always take precedence over program rules, officers should be aware of the accountability structure the RSAT treatment community has in place as possible opportunities for re-directing behavior before it escalates into an institutional violation. Farrabee (1999) has reported that CO lack of knowledge of treatment community rules - can result in compromising both the treatment community and the correctional institution management.

A CO is one of the most influential staff members in any correctional treatment program. Everything he or she does is important. This makes it imperative that they are familiar with the values and philosophy of the program and model the attitudes of the program. Officers need to have a firm understanding of the relationship between substance use disorders and criminal behavior as laid out in criminogenic risk-need-responsivity theory in order to appreciate the value of reinforcing the treatment community as well as institutional rules. Only then will they see how the goals of RSAT treatment and the correctional institution converge at the same positive point.

RSAT CO Role in Applying Sanctions & Incentives

The inclusion of RSAT sanctions and rewards are an important facet of programming to encourage compliance with program rules and promote individual success. The development of sanctions and incentives should be a joint enterprise among RSAT treatment staff, corrections officers and the RSAT participant community. While traditional institutional sanctions will most likely have to be included as

part of the program given the needs of the correctional facility, other “carrot and stick” options should be considered for both non-compliant and exemplary behavior within the RSAT community.

In the traditional criminal justice system, sanctions are used as the primary form of punishment for rule infractions often resulting in loss of privileges, isolation, or more restrictive conditions of incarceration. In a RSAT Program, sanctions are still utilized as consequences for noncompliance with community or institutional rules. They should also be applied consistently for such things as positive drug tests, no-shows for treatment, prohibited behavior or failure to complete assignments or participate in treatment activities. Infractions of institutional or community cardinal rules such as violent or aggressive behavior can result in removal from the program or revocation of privileges that had previously been earned. Unlike the traditional criminal justice setting however, lesser infractions of community and program rules should be used to provide opportunities for inmates to learn more appropriate behaviors or responses to situations that may arise again in the future. While they may receive a sanction for a house rule infraction, staff should generally provide opportunities for inmates to have a second chance to redeem the privilege they may have lost initially. Learning experiences, created collaboratively by correctional and treatment staff, rather than immediate punishment for infractions, is a common tool of TC’s. Successful RSAT communities will also rely on the peer pressure of the group itself to enforce corrective behavior for rule infractions. Being reprimanded by a correctional officer, much less a counselor, may not have half the impact as being reprimanded by the RSAT community as a whole. Correctional officers need to be aware of how they can leverage the influence of the group with direction from RSAT staff to promote behavior change before automatically applying institutional sanctions to remedy an infraction of community rules.

Incentives should also be offered to RSAT participants as a way to reward good behavior or progress in treatment. Research indicates that positive reinforcement of good behavior is a more powerful vehicle for behavior reform than punishment for bad behavior. Corrections officers are often less familiar with the use of incentives in correctional settings, but positive incentives are powerful tools in promoting long-term behavior change. Incentives can often be as simple as offering verbal praise to an inmate for making a good decision or behaving positively. Other possible incentives include:

- Public recognition
- Awards
- Access to tablets for movies
- Assignment to mentor newer community members
- Preferred meals
- Additional recreation time
- Assignment to choice work crews
- Positive parole board review
- Other increased privileges, etc.

As a correctional officer, it is also important to know the natural disincentives to participation in treatment that often arise in a correctional setting so that they can be acknowledged and addressed when encountered. When possible, these disincentives should be countered with incentives developed by the officer and treatment staff to encourage treatment participation and compliance. Some of these disincentives are (CSAT, 2005):

- Increased surveillance and community rules not present for the general prison/jail population
- Loss of relationships with individuals in the general population
- Loss of eligibility to participate in work crews
- Intimidation from others unwilling to enroll in RSAT or admit they need help for substance use disorders
- Being cut off from contraband, including drugs

CASE STUDY

At the MCI-Shirley facility, correctional officers work collaboratively with RSAT staff to determine incentives for good participant behavior or progress towards treatment goals. Here are some examples:

- 1) holding basketball tournaments;
- 2) showing movies on the unit;
- 3) increasing access to unit microwaves, televisions, and other items;
- 4) and most significantly offering good time reductions up to 10 days on a participant's sentence.

COs who work the evening shifts are encouraged to report incidents of good behavior in their nightly reporting so that they too can reinforce and reward good behavior and inmate progress.

When imposing sanctions to a RSAT inmate, it is important for the CO to “depersonalize” the response. Depersonalization is an attitude. When imposing sanctions, it means communicating that, as clear and inflexible as an officer is about his or her authority and responsibility, “it’s not personal.” The use of authority should not imply either a personal moral judgment or personal domination and control over the participant, but rather a fair, objective enforcement of the rules. The ability to convey this depersonalized attitude while at the same time upholding controls and authority requires a very high level of professional skill and discipline. It is a skill special to corrections and law enforcement professions. This skill is essential if COs are to keep their exercise of authority from degenerating into a personal power struggle and generate unnecessary conflict. While confrontation may be used in some treatment communities to break through denial and minimization, in a prison or jail setting, it can produce unnecessary conflict if used in a personal, hard headed and aggressive or arbitrary manner. If officers allow this degeneration to occur, they end up reinforcing typical criminal perceptions about unfair and arbitrary authority, undeserving of respect. Of course, to ensure that the CO’s action is not arbitrary, everyone, treatment staff, officer and participant must understand the rules and regulations as well as program expectations in advance.

Supportive Environment with Accountability

According to experts (CSAT, 2005), “A key issue for criminal justice programs is how treatment and justice system staff can work together to maintain a positive atmosphere that supports offenders’ recovery efforts while confronting and managing offender “games” and “manipulative coping strategies.”

Keeping a depersonalized attitude when enforcing authority and sanctions is key to avoiding interpersonal conflict, but relying too heavily on authority can result in unsuccessful engagement of inmates into the RSAT community's recovery process. To personalize cooperation means conveying an officer's personal willingness to enter into a cooperative relationship with the RSAT participant. It does not imply liking the participant or approving of them. It does imply willingness to enter a genuine partnership. Like depersonalization, this skill involves an attitude. Communication of this attitude is a familiar and basic part of almost all pro-social relationships, in business and in life. It has a unique application in corrections. Society may isolate the incarcerated individuals, but it is an officer's role and professional responsibility to create cooperative relationships with these individuals. The ability to do that depends in part on how well an officer is able to communicate their willingness to do it. Many aggressive offenders have the mindset that officers are only interested in control and punishment. Contrasting that belief means demonstrating a high level of professional skill in communication with inmates that both supports them but still holds them accountable to the rules.

It should also be noted that maintaining a supportive environment is also key for correctional officers' job satisfaction and ultimate ability to deal with the high stress, anxiety, and depression commonly suffered by correctional officers mentioned earlier. Providing correctional officers with an opportunity to work with RSAT community members as "people," not "inmates" or "convicts," and work with treatment counselors and other program staff as peers, as opposed to bystanders, will go a long way to address these typical stressors. Correctional officers should be involved both in the administration of treatment programs as well as their implementation. Their input in regard to individual participants should also be sought as they may know these participants better than those whose primary interaction with inmates is limited to group or individuals counseling sessions,

Collaboration with RSAT Treatment Staff

BOTH OFFICERS AND TREATMENT STAFF ARE INVOLVED IN:

- Learning experiences for RSAT participants (disciplinary decisions)
- 30-day reviews which includes when participants are ready to move on to the next step of the program
- Accessing client assessment
- Attending weekly treatment/clinical meetings
- Regular clinical supervision

An essential element to the success of a RSAT program is collaboration between correctional officers and the treatment and other staff operating the program. Many examples of this collaboration exist in the model programs listed in the national Registry of Evidence Based programs mentioned at the beginning of this manual. For instance, in the Amity TC model, RSAT correctional officers participate in panels with TC staff to assist with the selection of inmates for the RSAT program. Officers also participate in the panel to conduct disciplinary hearings, develop treatment plan goals and

objectives and also formulate discharge plans for inmates leaving the RSAT facility (Amity Foundation webpage, 2017). Not only should treatment staff invite COs to join them in the treatment, but COs should invite treatment staff to assist them with sanctions. As described by Farrabee (1999), treatment and correctional staff should cooperate to determine the conditions for imposing both therapeutic and institutional sanctions as a method for leveraging the peer pressure of the TC to reinforce and change behavior rather than rely solely on institutional sanctions.

On-going collaboration and communication between RSAT program staff and officers can also assist in anticipating non-compliance or misbehavior by RSAT inmates before it escalates into an infraction that would result in dismissal from the program. Whether identified by staff or the officer, together they can develop a plan to intervene with the inmate using a combination of sanctions and incentives to re-direct the individual's behavior. Communication is also helpful in identifying trends that may be occurring in the RSAT unit. Having regular meetings to review retention rates, likely dropout points, and relapse rates at various stages of treatment can alert staff to potential problems and when they are likely to occur (CSAT, 2005).

CASE STUDY

For example, when a participant has had several infractions and is judged in risk of discharge from a RSAT program in the Barnstable RSAT program in Massachusetts, he must wear a red cap. This alerts everyone, COs, treatment staff and his peers, to join together to do what they can to encourage this individual to reform his behavior to remain in the program. Even if the individual ends up being discharged from the program, his discharge offers an object lesson to the community. All see that his failure was his own, not the arbitrary exercise of control by COs or treatment staff.

Finally, COs have a significant role to play in helping to ensure treatment staff do not inadvertently compromise institutional security and participant confidentiality. Examples of this include, counselors bringing in materials that could be considered contraband or inadvertently making promises to inmates regarding special privileges that are not allowed. Program staff should be made fully aware of the institutional rules and structure within which the RSAT will function so they can work in harmony with COs rather than cause disruption. It may not occur to counselors that a pencil they leave behind may be used as a weapon that evening. A key aspect in facilitating this exchange of information at the onset of an officer's assignment to the RSAT is holding joint training sessions between treatment and corrections staff on issues around institutional rules and the practices of a program so each party has a common understanding of how they can work collaboratively.

CASE STUDY

At the MCI Shirley RSAT program, COs and RSAT staff hold joint weekly meetings to facilitate communication between staff and troubleshoot any issues before they escalate. During these meetings staff discuss such topics as: participant infractions and potential interventions; COs report on information they may have gained through discussion with inmates on needs to be addressed with a RSAT clinician; appropriate boundaries between RSAT staff and inmates to prevent any institutional infractions; a review of high profile inmates who may be determined as high risk for physical/verbal conflict. During these weekly meetings staff will also discuss participants who have entered the final phase of RSAT programming and will be transitioning out of the program.

Understanding the RSAT Participant

RSAT participants, like many others individuals incarcerated in prisons and jails, often share a perspective of the world that centers on escaping accountability for their actions. However, for RSAT participants, this is often exacerbated by their drug use and the negative peer influences of fellow drug abusers and drug traffickers. It is the goal of the RSAT community to address participant drug use, provide a positive community environment and also challenge their criminal mindset during their

participation. Corrections officers can be extremely helpful in countering typical criminal perspectives of the world, so-called “criminal thinking,” if they are aware of some common criminal thinking errors that incarcerated individuals may manifest during their interactions with the officer.

CRIMINAL THINKING ERRORS

The website, criminalthinking.net, provides numerous resources aimed as targeting criminal thinking errors of offenders. The following are described as common criminal thinking errors

- 1) Closed channel Thinking: Not receptive to advice or self-criticism
- 2) Can identifying faults in others but not themselves Victim stance
- 3) Views self as a victim of circumstance, social conditions. Often blames others for circumstances
- 4) Views self as a good person: Focuses only on his or her positive attributes and not the actions that led to incarceration
- 5) Lack of effort: Unwilling to attempt anything the individual perceives as boring or undesirable
- 6) Fear of fear: Irrational fears that an individual may refuse to admit
- 7) When held accountable experiences feelings of worthlessness
- 8) Lack of interest in responsible performance
- 9) Responsible living is viewed as unexciting or unsatisfying
- 10) Lack of time perspective: Does not use past experiences as a learning tool.
- 11) Expects others to act immediately on their demands
- 12) Power thrust: Compelling need to be in control of every situation often using manipulation and deceit
- 13) Uniqueness: Believes they are different and better than others.
- 14) Expects of others that which s/he fails to meet
- 15) Ownership attitude: Perceives all things, objects, people as items to possess. No concept of the rights of others.

In RSAT programming, clinicians will emphasize interventions that address these underlying thinking errors and beliefs. Such cognitive-behavioral programs will focus on techniques aimed at problem-solving, negotiation, skills training, role-playing and behavior modification. Corrections officers can also employ similar techniques in their interactions with inmates that can address some of these thinking errors through the use of thinking reports and emphasizing choices

Thinking Reports

Because COs are always present in the correctional facility, they have the most opportunity to apply cognitive-behavioral techniques in interactions with RSAT participants. Officers should be educated on cognitive-behavioral techniques so when they have interactions with RSAT participants, they can question the reflex thought processes that have guided the decision-making and behaviors of the participants which led to their incarceration. Being able to recognize one of the thinking errors listed above can allow officers to ask “what are you thinking”, “what usually happens when you think this way” and “what alternative ways could you approach this problem/situation”.

A “Thinking Report” is a visual way to identify thought processes by asking a series of 10 questions that leads a person through the process of changing their thinking. The report allows an individual to reflect on their thinking process after a situation has occurred and come up with an alternative way to approach the problem when the individual is not influenced by emotions such as anger or fear. The

reports do not have to be completed in writing but rather a correctional officer could walk an inmate through the series of questions starting with the initial thought the inmate had and the consequences that arose from it. The officer can assist the RSAT participant with identifying negative thoughts that were present in addition to the thinking errors listed above. Finally, they can explore alternative ways to have addressed the situation.

Resources on thinking reports and reviews can be found on the website: www.cognitivetherapyguide.org. An example of a thinking review can also be found in the appendix of this manual.

Other RSAT Participant Special Considerations

Both COs and RSAT staff should be aware of gender responsive issues working with either male or female populations. In many cases, male offenders have been perpetrators of domestic or sexual violence and many female offenders have been victims of violence or abuse (Ney, 2015). Being a victim of abuse is often the source of emotional and psychological trauma that can lead to the development of substance use disorders. Corrections officers, especially males, working with a female population need to be cognizant of subjecting females to overly punitive sanctions such as segregation or strip searches that could trigger past traumatic memories.

CASE STUDY

A study of RSAT male participants in the Barnstable House of Correction documented that although most had been incarcerated for a drug crime, at least a third had current protective orders lodged against them by former or current intimate partners or domestic violence convictions on their records (Klein & Wilson, 2003). This is important information to identify in reentry planning. If the soon to be released participant has no place to live upon release, he will be tempted to return to his former intimate partner notwithstanding the protective stay away order. Consequently, he will be subject to arrest almost immediately for a new criminal offense upon his release!

Corrections officers should be given education on adult development theory for both men and women that focus on the needs of each. For men, special attention should be paid to anger management and the roots of relational violence and for women the need for relationship-based interventions and the prevalence of justice-involved women's role as the sole caretaker of their children and the strain this places on them (CSAT, 2005).

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APPENDIX

Thinking review – www.cognitivetherapyguide.org