

THE CRIMINAL VIOLENCE PROGRAM

Northwest Correctional Facility
St. Albans, Vermont**Program Description**

Revised July, 1988

I. Concept and Strategy

Program goal In spite of the increasing alarm over criminal violence in our society, there are few programs that specifically target criminal violence for change.¹ The Criminal Violence Program at Northwest Correctional Facility is intended to do just that. The inmate-clients of the Criminal Violence Program come from a great variety of backgrounds and have committed a great variety of crimes. Some have been victims of domestic violence in their own homes. Some have committed dozens or even hundreds of violent acts; others just a few. Some are seriously involved in drug and alcohol abuse. Some have committed many criminal offenses that did not involve explicit physical violence. Some are sex offenders. They exhibit a broad range of social deficits and needs. What these inmates have in common are significant patterns of violent behavior toward other human beings. All have been convicted of at least one violent crime.

The **goal** of the Criminal Violence Program is to accomplish a significant and measurable reduction in the violent behavior of program inmates both during and after their period of incarceration.²

Violence and Criminality Violent behavior is not a well defined entity, either clinically or legally. Neither traditional mental health treatment nor punitive incarceration has proved capable of truly effective intervention in patterns of violence. Not only are there innumerable different patterns of violent behavior, criminal violence is itself an instance of broader patterns of criminality which find many different forms of expression. The violence of criminal

¹ *Therapeutic Treatments for the Violent Criminal Offender, a review* prepared for the Vermont Department of Corrections by Matthew Tarran, M.A., Department of Psychology, University of Vermont, 1987.

² A Program evaluation is being designed and conducted in cooperation with the University of Vermont, Department of Clinical Psychology. This evaluation will survey early (and subtle) indications of change through interviews and psychometric testing, as well as instances of violent behavior over an extended period of time.

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offenders cannot be treated in isolation from these underlying patterns of criminality.

The Criminal Violence Program approaches violence and criminal behavior from a phenomenological point of view: we focus on the subjective patterns of thinking, feeling, and perceiving which set the stage for and directly result in criminal and violent acts. It is these patterns of subjective experience which are the first target of change.

Patterns of criminal thinking have been extensively described by Yochelson and Samenow in *The Criminal Personality*.¹ Strategies of anger control have been developed by cognitive therapists, based on direct intervention in the subjective thoughts and feelings experienced by violent individuals. The Criminal Violence Program looks to both of these sources in developing a comprehensive strategy of treatment and intervention.

The Process of Change A person's subjective thoughts, feelings, and perceptions of the world around them are profoundly intimate and personal. Change in these fundamental subjective patterns is necessarily self-change: only the individual himself is in a position to directly observe the patterns and exercise an intervention. At the same time, it is possible to teach specific techniques of self-directed change, and to create an environment which encourages the effort to change. These two elements—techniques of self-directed change and a therapeutic environment—are the main structural components of the treatment process in the Criminal Violence Program.

The techniques of **self-directed change** rest on simple and basic behavioral principles. First of all, inmate clients learn to observe and describe their own subjective processes—the thoughts, feelings, perceptions, and reactions that occur within them throughout their life. They then learn to evaluate the patterns they observe in terms of the behavior that results from these patterns, and the consequences of that behavior on others. Finally, they learn to intervene in destructive patterns by consciously and deliberately interrupting them, and imposing a new conscious content in place of the old.

The effects of this process are two-fold. Not only are healthy patterns of experience substituted for destructive ones, the process of exerting this inner effort for change is itself an exercise in responsible intention, motivation, and values—in short, a process of

¹The program owes considerable debt to these authors for their conception of criminality and their strategies of change. Dr. Stanton Samenow has provided training to staff of the Criminal Violence Program.

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developing responsible character. This aspect of the treatment process—the fact that it provides for genuine characterological change—is perhaps its most powerful application as a correctional tool.

The **therapeutic environment** is the heart of the treatment program. The environment reflects and in turn affects the degree of genuine effort to change by program members. Among incarcerated offenders, the experience of program interaction and social participation is especially critical to the process of change. If this experience is negative, if it is an extension of "convict culture" and criminal relationships, treatment is doomed. No clinical technique can in itself hope to overcome the dominating force of an essentially criminal environment. On the other hand, if this environment is genuinely positive and responsible, the process of change is already begun. Offenders learn new ways of thinking and feeling toward others by practicing new forms of social relationships. This is the well documented power of the "therapeutic community."¹

The treatment community of the Criminal Violence Program consciously pursues social values of cooperation and responsibility. Our basic program value is **respect**, by which we mean that we intend to show and feel respect for each other in all of our interaction. This respect is unconditional in two respects. First of all, it applies to everyone, staff and client equally. Secondly, it applies all the time. No matter what we may think about another person's behavior (and whether or not that person is acting respectfully of us) we are committed to dealing with that person in a respectful manner.

The program is committed to the concept of **total change**, by which we mean that all of a person's thoughts, feelings, and behaviors are the subject and target of the treatment process. This means, in particular, that an inmate's experiences and behaviors away from the program unit count just as much and are subject to the same standards as those which occur within the program. In a very real sense the program is a 24 hour process.

¹The concept of therapeutic community has both a narrow and a broad application. In its more narrow (and more popular) sense, a therapeutic community is a specific social structure modeled after and historically derived from the Synanon programs for drug addicts. (Maxwell Jones, M.D. has developed a related conception of therapeutic community and of "social psychiatry" based on the healing effects of social participation.) In its more general sense, a therapeutic community is any deliberately structured social environment designed to promote therapeutic change among its members. In this latter sense the Criminal Violence Program is a therapeutic community. While it also has features in common with more traditional T.C.'s, there are important differences, particularly in styles of confrontation.

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II Program Structure

(1) Physical Facility. The Criminal Violence Program is located in B and C Units of the Northwest Correctional Facility. These units are directly connected and share common facilities and living areas. Inmate capacity is 27. The large common living area provides space for community activities and meetings. Treatment groups take place in a partitioned portion of this space. Program inmates take part in many of the activities of the institution, including work assignments at prison industries and the institution kitchen, academic programs, and special treatment groups available to the inmate population generally. Work and academic assignments are limited to four hours per day. Meals are eaten in the institution dining room.

(2) Criteria of Admission. Inmates admitted to the program must meet the following conditions, (with exceptions considered on an individual basis) :

1. Have a documented history of violent behavior, and/or at least one conviction for a violent crime.
2. Time to serve on their sentence to permit at least one year of program participation.
3. Volunteer to participate in the program.
4. Display a genuine commitment to change. This commitment will be evaluated by a pre-admission interview and by the quality of an inmate's participation after he is admitted to the program.

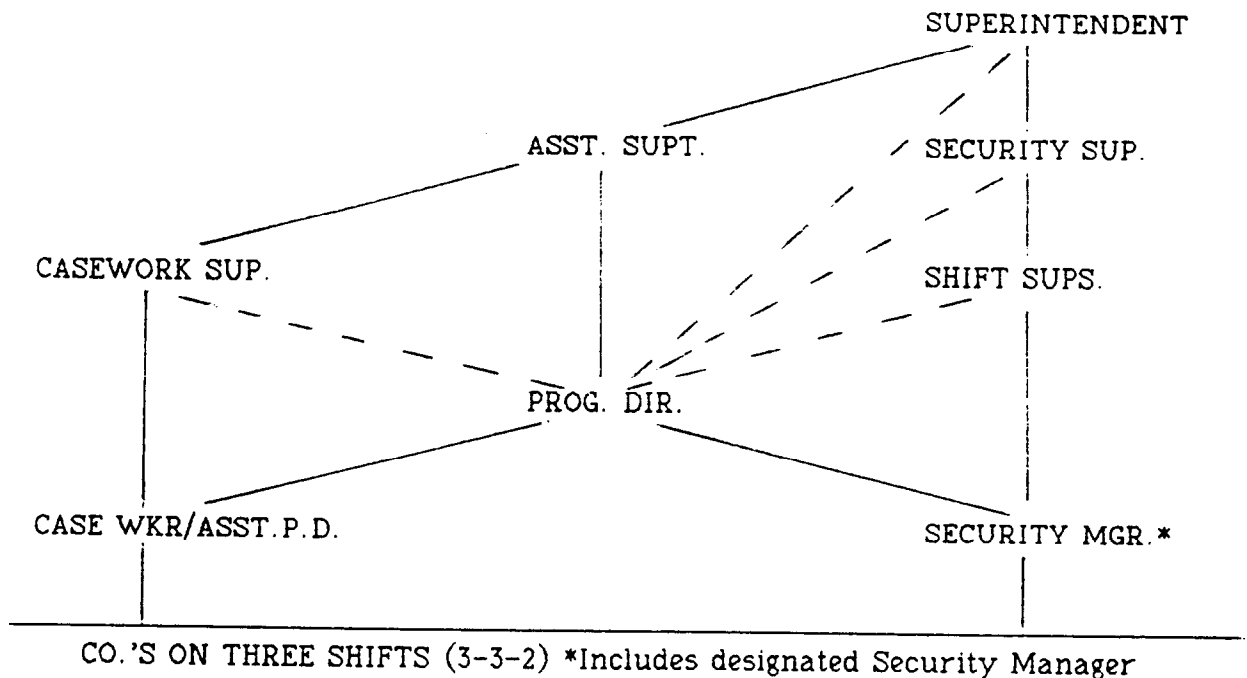
(3) Program Staff. The Criminal Violence Program uses uniformed correctional officers **as** the basic program treatment staff. Correctional officers are responsible for both key treatment activities (such as conducting thinking report groups and monitoring daily journals) and for unit security. This dual role is perhaps our most unique innovation as a correctional treatment program. It obviously entails that new relationships and new patterns of communication be developed between staff and program inmates, while at the same time not compromising the for correctional security. We face this challenge directly and systematically. (One example: in the first week of program operation each program inmate interviewed privately with each program staff. The agenda was to define their mutual perceptions and expectations. The result was a dramatic and emotional change of attitude, on the part of both inmates and staff. Sustaining and building on these new relationships is an ongoing challenge.) We take time and effort to explain why enforcing security rules is not inconsistent with our efforts to assist inmates in

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their self-change. As we see it, these responsibilities are not exclusive but go hand in hand to promote responsible change. We believe that establishing these new relationships between staff and inmates is a substantial and important step in creating a positive force for change. It is an exciting dimension to our roles as correctional professionals.

The concept of **team management** extends to both unit management and individual **case** management. Both are accomplished by a network of staff teams and specially designed systems of communication.

The **administrative structure** of the program and the functional position of the program within the institution is represented in the following diagram.



It should be noted that there is dual supervision of staff at several levels. Correctional Officers are supervised clinically by the Caseworker, who is also the Assistant Program Director. These same Correctional Officers are supervised on security issues by the program Security Manager. This Security Manager also shares clinical duties with other Correctional Officers, and in this role receives supervision by the Caseworker/Asst. Program Director. The Caseworker/Asst. Program Director is supervised by the institution Casework Supervisor and the Program Director. The Security Manager is supervised by the institution Shift Supervisors and the Program Director. Together, the Caseworker/Asst. Prog. Director, the Security Manager, and the Program Director constitute the unit

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Management Team. The unit Management Team holds scheduled weekly meetings.

Within this administrative structure, clinical direction and authority is provided by the program **Treatment Team**. The treatment team consists of the members of the Unit Management Team (above), plus the institution clinical psychologist and the correctional officer or officers who have an assigned role in facilitating or monitoring the treatment of an individual inmate. The treatment team meets once each week to design treatment plans and review treatment progress of individual program inmates. The authority of the Treatment Team includes review and evaluation of program treatment processes, and the clinical decision to continue or terminate treatment with individual inmates.

The Program Caseworker (asst. program director) heads a staff team with responsibility for the monitoring and ongoing evaluation of each inmate's schedule of activities. Periodic reviews as required by the Department and by the Program will utilize input by the extended staff team, including in particular the Treatment Team and designated Correctional Staff. The Caseworker will meet weekly with the Correctional Staff who co-facilitate treatment activities, and who assist the Caseworker in tracking the activities of individual inmates.

All staff (with the possible exception of third shift) will meet as a group at least once each month.

(4) Treatment Activities. Formal treatment activities are deliberately simple in concept and structure in order to allow for efficient implementation by correctional staff, who also maintain their responsibilities for security. Our goal is to utilize existing correctional resources to create a positive treatment experience, not to import into the correctional setting an essentially alien technology of treatment.

Thinking Reports are a group process in which inmates report the content of their thinking throughout a designated period of the day. This process is the primary tool by which inmates learn to observe their patterns of experience objectively and accurately. The process develops to include critical evaluation of these patterns, and eventually specific interventions and strategies of change. The group process is taught and supervised by the Program Director and Assistant Director, and is co-facilitated by Correctional Officers who have been trained in the technique.

Daily Journals are individual records kept by inmates of their personal experiences throughout the day. Special attention is paid to the content of their thoughts and feelings, and to those particular patterns which have been identified as connected to their violent

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behavior. Journals serve as written notes for the thinking report process described above.

Individual treatment contracts are a comprehensive evaluation and plan for the inmate's life. They include a description of those subjective patterns that are targeted for change, and the interventions designed to accomplish this change. They also include a comprehensive evaluation of an inmate's personal life needs, specific goals in the area of each need, and a program for achieving these goals.

Individual Treatment Contracts are written by inmates themselves, in consultation with program staff, and under the supervision of the Treatment Team. They define the mutual understanding of the inmate and the Program regarding treatment needs and the means for meeting these needs, on both a short term and long term scale. They embody all of an inmate's activities, including recreation, institution work assignments, academic programs, and treatment groups outside of the Program area (e.g., AA meetings, Anger Management group, etc.) They include family and other personal relationships. Most importantly, they define an inmate's commitment to change in concrete terms. The inmate's effort to change becomes both practical and measurable.

Designing and writing an Individual Treatment Contract is in itself a substantial treatment project. Its value consists both in being a roadmap for future change, and in being a thorough and objective assessment of the inmate's own life. Honest self-assessment is the primary motivation for change.¹

Community Meetings are held at least twice each week, and include all program inmates and all scheduled program staff. The community meeting is the most direct and effective means of promoting the milieu and values of the therapeutic community. Within the standard of Respect, the goal of the community meeting is direct and honest communication. Topics of discussion include any and all issues affecting the community as a whole. All program members, both inmate and staff, have an equal right to participate in community meetings. A range of program issues may be decided by consensus of the program community. Staff authority is maintained to assure that essential program values are upheld.

Geese Theatre is a professional theater troop devoted to presenting therapeutic and educational programs and workshops to prison

¹Yochelson and Samenow refer to "self-disgust" as the essential motivation for change. Self-disgust is the natural response by inmates to honest self-assessment, i.e., self-awareness that is not contaminated by self-deception and distortion.

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inmates. They have worked in prisons throughout the country for the past eight years. They have a special contract to work **as a** clinical component of the Violent Offender Program. Their use of dramatic enactment adds a powerful dimension to the process of self-observation that lies at the foundation of the program.

Peripheral Activities include those provided by the institution for the general inmate population, as well as special contracted or volunteer services provided exclusively for program inmates.

Specific effort is made to facilitate communication between the Criminal Violence Program and those departments and staff outside of the program who provide services or supervise activities of Program inmates.

Psychological and Psychiatric services to program inmates will be provided to Individuals, as needed.

A variety of services are provided by independent contractors.

Our goal is to coordinate the efforts and activities of everyone involved with an inmate to accomplish a unified and meaningful program of change.

(5) Treatment Schedules To facilitate treatment activities, the Program is divided into two major groups: B-unit and C-unit. B-unit is the intensive program unit. C-unit is an orientation and pre-treatment unit. Each unit is further divided into two sub-groups, resulting in four functional treatment groups of 7-8 inmates each.

B-unit groups meet for thinking report groups 5 days a week, for an hour and a half. C-unit groups meet for orientation groups twice a week.

Town meetings are scheduled Tuesday afternoon and Wednesday evening.

Work assignment are scheduled for up to six hours a day for each program resident. School and other activities outside of the treatment unit are included as part of each resident's overall program.

A master schedule of Program activities displays all scheduled groups and meetings, including those located away from the Program living unit, and those offered by contracted providers.

A personal weekly schedule is included as part of each inmate's individual treatment contract.

VIOLENT OFFENDER PROGRAM
NORTHWEST STATE CORRECTIONAL FACILITY
ST. ALBANS, VERMONT

REVIEW OF THE FIRST YEAR

John M. Bush, Ph.D.

December 18, 1988

On November 23, 1988 the author contracted with the State of Vermont to design and implement a program for violent offenders at the St. Albans Correctional Facility. On April 4, 1988 the program accepted its first inmate clients. This report covers the period of the first year of that contract: 5 months of preparation and 7 months of program operation.

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1. Early Planning

In early 1987 the Vermont Department of Corrections recognized that violence was a significant high need area that was not being adequately addressed by existing correctional resources. A decision was made to develop a special program for violent inmates. As the state's highest custody institution, the St. Albans facility housed a high percentage of Vermont's violent offenders. For this reason the decision was made to locate the program at St. Albans.

In January, 1987 a task force was formed to begin preliminary planning for this program. This task force was composed of Caseworkers, Correctional Officers, and Administrators at St. Albans, along with a contracted psychologist and representatives of the DOC central office.

When Dr. Bush contracted with the DOC in November 1987 to design and implement a program, this task force had already created a broad acceptance for the program within the St. Albans facility. It had been decided that the program would be housed in one wing of the facility, with Correctional Officers especially **selected and** trained to implement the program. After reviewing a broad range of treatment modalities, the task force had settled on a cognitive or cognitive-behavioral basis for treatment.

2. Philosophy and Treatment Strategy

The task force and Dr. Bush worked together to develop a philosophy and treatment strategy which included the following features.

1 Violence is not a distinct clinical entity, but a broad class of criminal activity. The program would accept inmates with all types of violent behaviors, and would focus holistically on all areas of the inmate's life. In particular, intervention in violent behavior would also address underlying patterns of criminal and other antisocial behavior.

1 Patterns of violent and other criminal behavior typically arise from habitual patterns of thinking, feeling, and perceiving that support and produce such behavior-. (An essentially similar view of criminality is described in Yochelson and Samenow. *The Criminal Personality*) Incarcerated offenders typically become emotionally invested and determined to maintain these fundamentally antisocial patterns of viewing the world.

- Lasting change in violent and criminal behavior must be based on changes of these underlying patterns of thinking, feeling, and perceiving. The offender's determined (and often defiant) resistance to change must itself become a primary target of change

- Such change must ultimately be self-change—a redirection of the Inmate's own way of experiencing the world, accomplished by the inmate himself.

- In order to set the stage for self-change, the program would be voluntary. External enticements such as parole consideration would be minimized.

- Security and treatment are conceived as aspects of a single process. Uniformed officers would be primary treatment staff.

- These concepts are expressed in a 4-fold message to inmates:

A. *There are strict limits to your permitted behavior. This is the meaning of your incarceration. It is also the foundation of treatment. The program will enforce all laws and rules of the institution, unconditionally.*

B. *Real change is internal change—what you feel and think in the privacy of your own mind. If you continue to think and feel as you have in the past, you will continue to act as you have in the past.*

C. *The choice to change or stay the same rests with you alone. The program will not try to coerce or intimidate you or in any way force you to change how you think and feel. We respect your right and your ability to define your own point of view.*

D. *We will provide you the opportunity to change, if you choose to do so. We will teach you how to pay attention to your own thoughts and feelings. We will teach you skills and techniques you can use to change your destructive patterns of thinking and feeling. Finally, we will help provide practical opportunities to apply your new thoughts, feelings and attitudes to establish a new form of life.*

Points A, B, C, and D together define the basic strategy of communication between staff and inmates. We call it "the strategy of choices." The goal is to make inmates conscious of the measure of control they have over their own lives, i.e., that they have a real choice.

3. Staff Selection and Training

The process of selecting program staff had the two-fold goal of recruiting the best possible officers for the program while creating a broad basis of support for the new program among all officers of the institution.

The first staff selection was the designation in January 1988 of Ms. Margoj Thomas as both Caseworker and Assistant Program Director for the new program, From that point on, Ms. Thomas and Dr. Bush worked together as a team to plan and implement the program: They continued to meet weekly with the Task Force to review the steps of implementation.

In January and February, 1988, all correctional staff of the St. Albans facility were offered 2 hours of training on program concepts and strategies, Out of a total of 70 Correctional Officers, 50 received this training. These 50 were then asked whether they wished to receive intensive program training to qualify them to become program staff. 35 officers requested this training. Each of these 35 were interviewed by Ms. Thomas and Dr. Bush, and 20 were selected to receive the intensive training.

In March, 1988 32 hours of training in program philosophy and strategy was presented to these 20 officers. The training concentrated on the concepts outlined in section 2, above, with "the strategy of choices" a major theme.

The Geese Theatre Company (see section 5, below) played an important part in the training process by teaching dramatic enactments of realistic situations and staff-inmate interactions.

At the end of this week of training all 20 of the trained staff expressed the desire to be assigned to the new program. 12 of these were selected to staff the program on three shifts (3-3-2), seven days a week.

No further training was provided before the program opened. However, on June 6, 1988 Dr. Stanton Samenow presented a one day training to all staff who had receive the 32 hours of program training.

A minimum of 4 hour-s of ongoing training for program staff is presented each quarter.

4. Inmate Selection

By March, 1987 the decision had been made to locate the program on B/C Wing of the St. Albans facility. B/C is a joined living unit with a total capacity of 27 inmates

It was recognized from the earliest planning stages that "violence" is not a concept that is subject to precise technical or clinical definition. The Vermont classification and case management system utilizes a schema of 13 "need areas". Every inmate entering the system is rated in each of these areas on a scale of high or low personal need. In order to facilitate integration of the treatment program with the existing case management system, the decision was made to define violence for purposes of program- eligibility as a need **scale** rating of 3 or 4 in the violence need area. (These standards specify a documented history of personal assault against persons.)

Of the total institution population of 160 Inmates in March, 1988, 90 were rated as 3 or 4 in the violence need area. Each of these inmates was sent a personal copy of a description of the new program, and invited to ask for a personal interview. 45 inmates requested interviews. All were interviewed individually by Dr. Bush and Ms. Thomas.

In addition to the high need rating in violence, criteria of acceptance included:

1. A sentence structure that permitted at least one year of program participation before transfer to a minimum custody facility or parole. A secondary priority was a sentence structure of no more than 3 years before such transfer or parole. Some exceptions were made to each of these conditions.
2. Ability to comprehend and relate personally to the program philosophy and treatment strategy.
3. An expressed desire and credible commitment to change.

Of these criteria, the last two were the most heavily weighted. They are also the most subjective. The high priority given to these subjective criteria reflected recognition of the need to establish a positive treatment culture of highly motivated inmates.

On the basis of the personal interviews, 27 inmates were selected to begin the program.

In the first week of April, 1988 these 27 inmates and the 12 program staff were reassigned to B/C Wing of the Northwest Correctional Facility. On April 4 the program officially opened.

5. Implementing the Program

Because the program utilized experienced correctional officers, the opening of the program in April, 1988 did not create any critical new issues of inmate management. Security rules and procedures applied as before. Inmate rules and procedures remained as before. The fact that the program was being superimposed on established institutional procedures gave us the luxury of proceeding slowly.

Key program processes were instituted in a series of steps:

Group Structure. The 27 inmates were divided into a "core program" (14 inmates) and a "pre-program" (13 inmates), on the basis of their motivation to participate responsibly in treatment. This division permitted the concentration of staff attention on a group of manageable size. Efficient allocation of staff time was especially important in the early weeks of the program. More recently, treatment activities have been gradually extended to include more and more of the "pre-program" inmates.

15 Minute Interviews. The first formal process in the new program was the assignment that each inmate would interview personally and privately with each program staff member. The goal was to begin to redefine the attitudes and expectations that inmates and staff hold for each other. The content of these interviews was specified in advance only in very general terms, e.g., "mutual perceptions and expectations of the program". It took several weeks to complete these interviews. An immediate result was a "humanizing" of perceptions on both sides. Staff expressed surprise and respect for the inmates' willingness to disclose personal feelings. Inmates expressed similar surprise and respect for staff's feelings of concern and willingness to help.

Definition and Limits of Confidentiality. Confidentiality is an obvious concern in a program that utilizes uniformed officers in treatment roles. A document was designed which emphasized officers' duties to the security of the institution, but specified that references by inmates to past offenses, without identifying details of information (date, place, person), would not be reported to authorities outside of the program. This document was reviewed and approved in principle by program inmates and staff, the institutional Security Supervisor and the Superintendent. While the document has not yet been approved by the DOC or its Legal Division, in practice there have been no critical issues of confidentiality. Inmates accept the security role of program officers.

(they have the same responsibilities as all officers in the institution). Because treatment focuses not on criminal behaviors *per se* but on the subjective thoughts and feelings that accompany such behaviors, the most sensitive areas of confidentiality have to do more with personal disclosure rather than criminal accountability

Violence History Assessment. An in-depth structured Interview was constructed to gather detailed information on each inmate's history of violence. Categories included the inmate's experience of victimization by others; violence committed as a child, adolescent, and adult; their own assessment of their past violent behavior; and thoughts that typically accompanied their violent acts. Interviews typically required from 4 to 6 hours, spread over several days. Staff were coached and instructed to convey an attitude of objectivity and detachment throughout the interview. Their role was to record the inmates responses, not to judge or interpret those responses. No effort was made to pressure inmates to disclose violent behaviors for which they had not already been held accountable.

in addition to providing clinical information as a foundation for individualized treatment, the goal of these assessment interviews was to establish channels of communication between inmates and staff based on attitudes of professional objectivity and detachment.

Program seminars. While the interviews described above proceeded, all program inmates met together with staff for one hour a day, Monday through Friday, for 'program seminars." These seminars were devoted to program philosophy, concepts, and treatment strategy. They were led by the Program Director and Assistant Director. The goal of these seminars was to acquaint Inmates (and to re-acquaint staff) with the theory and practice or' cognitive self-change in *as non-threatening a manner as possible*. The seminar format allowed inmates to learn about the process of change without as yet being challenged to make the changes described, and without yet being called upon to disclose personal experiences in "public" group meetings.

Detailed lesson plans for these introductory program seminars have been prepared for use by correctional staff in future sessions.

Program seminars together with the two interview processes described above constituted the total extent of treatment activities for the first two months of the program's operation. In month three, program seminars were dropped to 2 times and then 1 time per- week, and the clinical process of "Thinking Reports" was introduced.

Thinking Reports. Thinking Reports are presented in small groups of seven Inmates and two correctional staff. One inmate at a time briefly describes an incident in his life and then reports in detail the content of his thinking, feelings, and perceptions as he actually experienced them during the incident. (In practice the focus is primarily on thoughts rather than feelings or perceptions; thus the term "thinking reports" and the references in this document to "patterns of thinking".)

These groups are the single most important treatment process of the Violent Offender Program. Each inmates meets with his assigned group for 1½ hours, five days a week. The inmate membership of each group is constant while staff membership varies with the cycle of rotating staff schedules.

The thinking report process itself was introduced in a series of steps or stages. In **stage one**, inmates were asked to report only on perfectly ordinary and non-threatening situations. The goal here was to teach the pure process before dealing with more personal or more threatening situations. This stage continued for several weeks, i.e., up to month 4 of the program. In **stage two**, inmates were asked to select and report their thinking during incidents from their past (sometime the remote past) in which they committed an act of violence. This stage continued through months 5 and 6. In **stage three**, inmates are asked to identify significant recurring patterns in their thinking that relate to their commission of violent acts. (**Stage three** is currently in process.) **Stage four** will relate identified patterns of violent thinking from the past with ongoing, everyday thinking patterns that may or may not result in overt violence, and will begin to institute practical interventions to change these patterns. (As new inmates enter the program, they are able to proceed through the **stages** of Thinking Reports much more quickly than the original group of program inmates.)

In all the stages of the thinking report process, group members and staff help the inmate doing the report to focus on and identify his significant thinking. One report is reviewed in each group.

The initial goal is to create an attitude of "objective observation" towards the contents of thinking. Later goals include identification of specific, personal patterns of experience that lead to violence and crime; development of "self-disgust" towards irresponsible, criminal, and violent patterns of thinking; and eventually to intervene in these patterns and establish new patterns of responsible thinking.

This, in a nutshell, is the process of change as taught and practiced in the program.

Daily journals and 1-1 reviews. In month four (July, 1988), inmates were assigned the task of keeping a daily journal. The primary purpose of journals at this stage of treatment is to extend the scope of the thinking report process. Inmates can expect to give a report in their group no more frequently than every seven meetings. They fill in the gap by recording thinking reports on events of each day in a personal journal

Each program inmate is assigned a staff member as their personal "journal review person". This staff member schedules one hour each week to meet with the inmate and review the content of his daily journal. The primary goal is to keep the process on track, i.e., to be sure thought patterns are being recorded objectively and accurately. A second goal is to utilize journals along with thinking report groups as data from which to identify those thinking patterns most intimately connected to the inmate's violent behavior. Eventually the daily journal will be used to record efforts at Intervention and change.

Geese Theatre. The Geese Theatre Company has contracted with the DOC to work several days a month with the Violent Offender Program.. Inmates are taught theatre skills as a means of experiencing their destructive life patterns in a new and emphatic way. This adds an important emotional dimension to the essentially cognitive process of self-awareness taught in Thinking Report groups.

Treatment Team reviews. In August, 1988 the program began individual case reviews by the program Treatment Team. The Treatment Team consists of the program director, assistant director, the DOC staff psychologist, the director of Geese Theatre, and the individual correctional officer assigned to review the journal of the inmate under review. Inmates are present at their own review. Treatment Team meets twice a week. Each inmate is reviewed every six weeks.

The purpose of the Treatment Team review is to gather together all information regarding the inmate's activity and progress in treatment (thinking report groups, journals, work with Geese Theatre, institutional behavior, etc.), to document that progress, and to provide direction to the inmate for the next period of review.

Decisions regarding termination of treatment are made by the treatment team. Ad hoc meetings can be called as necessary for this purpose.

6. Year Two: Goals and Recommendations

1) Institute personal treatment contracts. Treatment contracts are the next (and final) major treatment process to be

implemented. By the end of January, 1989 all program inmates (other than the newest transfers) -should complete a personal treatment contract. These will be documents written by the inmate in consultation with group members, program staff and the program Treatment Team.

Treatment contracts will include:

1. Identification of major thinking patterns connected with violent behavior.
2. A concrete intervention plan (The goal here is not just to forestall violent behavior but to root out and redirect the thinking that leads up to that behavior.)
3. A statement of long term life goals.
4. A comprehensive self-assessment and life-plan for reaching long term goals.
5. The inmate's Case Plan, including his dally schedule of activities both inside and outside of the Violence Program proper, e.g., work assignments, education, A. A. meetings, etc. Under the inmate's Personal Treatment Contract, his Case Plan will become one phase of his comprehensive life-plan.

2) Create an integrated system of Treatment, Case Planning, and Unit Management. The goal is a unified system of mutually supportive components.

Individual Treatment Contracts and Treatment Team Reviews, described above, are key features of this integrated system. Unit Management will complete the integration.

By June, 1989 a Unit Manager at the level of Correctional Services Specialist should be appointed to oversee and coordinate inmate movement, program activities, and staff schedules for the Violent Offender Program.

Note: Because use of the physical proximity of A, B, and C Wings at the St. Albans facility, this position should include management of all three of these units together. A - Wing is the Vanguard Therapeutic Community Program, currently operating independently of the Violent Offender Program housed on B/C- Wings. A coordinated pattern of treatment activities and staff assignments for the three combined units under the direction of a single Unit Manager will permit more efficient allocation of staff while preserving the treatment integrity of the two programs. A Correctional Officer-C

position could be upgraded to that of Unit Manager without increasing the total number of staff- assigned to the three units. Several Correctional Officer-C's at St. Albans are trained in both programs. It would be consistent with program philosophy for the new Unit Manager to remain in uniform and retain responsibility and accountability within the institutional security system. Thus a security post would not be lost, although duties would be significantly expanded

3) Extension of program activities to other units of the St. Albans facility. Staff trained in program concepts and techniques are presently assigned to all living units in the institution. Program staff could assist these trained staff in instituting program seminars and thinking report groups on other living units. These treatment processes would not need to focus exclusively (or even primarily) on violence.

Present plans call for beginning the first of these extra-program groups on E-Wing (a close custody unit) in December, 1988.

Similar groups could be easily integrated with a variety of program designs (Unit Management systems) in other living units.

Program staff have begun a series of quarterly trainings for institutional staff, thereby gradually increasing the total number of staff trained in program concepts.

4) Development of related program activities in other institutions of the Vermont Department of Corrections. Program staff (including Correctional Officers) are already experienced in training on program concepts and techniques. They constitute a "training team" that can easily be deployed to train staff at other institutions and field services. This would require a financial commitment by the DOC to provide staff coverage at St. Albans for those program staff assigned to do training elsewhere.

Current plans call for developing program options at other DOC institutions, beginning with the long-term minimum security facility at Windsor, Vermont. Preliminary assessment at Windsor will begin in January, 1988.

Note: Because Inmates are regularly transferred from St. Albans to Windsor as they achieve minimum custody status, there is already a small group of inmates from the Violent Offender Program housed at Windsor. These inmates are ready and willing to help begin a new "treatment culture" at the Windsor facility.

An integrated system of treatment and case management **based** on the Violence Program model could eventually be extended throughout all institutions and field services

5) Gradual reduction of the role of the current Program Director and development of a program management system utilizing full-time staff of the institution. In the coming year, a portion of Dr. Bush's contract with the DOC will be directed toward development of new programs both inside and outside of the St. Albans facility. This marks a gradual transition away from the program's dependence on a contracted Program Director and toward a free-standing program operation within the conventional personnel system. It is anticipated that Dr. Bush will retain a limited role as consultant to the Violent Offender Program even after this transition is completed.

This transition will require:

- (1) Identifying a permanent Program Director either by creating a new position or upgrading the existing position of Case Manager/Assistant Program Director (CSS).
- (2) Identifying a Unit Manager either by creating a new position or upgrading one existing Correctional Officer-C position to a CSS.

Current levels of program activity could be maintained with existing numbers of staff, provided staff positions were re-allocated as suggested to provide effective supervision and management. New positions would be required if current activities both on and off the treatment unit were significantly expanded.

Violence Management Program

**By Thomas Powell
Chief of Clinical Services**

After several months of planning, organization and training, the Violence Management Program recently opened its doors at the Northwest State Correctional Facility. Located in the B/C Wing, this program is specifically designed for aggressive or violent offenders who are willing to commit to the lengthy and challenging process of examining and changing antisocial thinking patterns.

Initial planning for this program began last summer. With the assistance of an NIC grant, Jack Bush, an expert in the field of cognitive therapy with offenders, was hired to develop this specialized treatment program. Dr. Bush moved to Vermont from Oregon, where he served as the director of the Mentally and Emotionally Disturbed Unit at Oregon State Hospital for seven years. During those years, he worked with many antisocial offenders and developed a program that confronts the excuses, rationalizations and distortions we hear so often.

Based on the work of Yochelson and Samenow (experts in the field of criminal rehabilitation), Dr. Bush and his staff in Oregon taught offenders how to recognize "thinking errors" and develop different prosocial ways of viewing the world. The new program at the St. Albans facility is designed to apply these methods to violent offenders. Dr. Bush is ably assisted in this project by Correctional Services Specialist Margoj Thomas as assistant director and specially-trained correctional officers on all three shifts.

Most violent inmates would have us believe their behavior is spontaneous, justified and/or caused by external circumstances. This perspective is presented to us, because it minimizes their degree of responsibility. In fact, it is usually far from the truth.

When you review the full record or examine their pasts carefully, most offenders have well-established, long-term patterns of abusive, conflictual behavior characterized by a disregard for the rights of others. They tend to get into trouble despite the legal consequences, and there is a notable

absence of concern for their victims. This is characteristic behavior for individuals whose personalities are described as psychopathic, sociopathic or antisocial. Unfortunately, this ingrained way of viewing the world is rarely challenged.

The Violence Management Program is designed to address these attitudes and faulty perceptions. By identifying and examining the day-to-day mistakes, assumptions and distortions that lead to interpersonal conflict, a great deal is revealed about an individual's thought process. The program dissects these "thinking systems," using a group format to help one individual learn from another's experience.

This program is innovative in several respects. First, few correctional systems have developed programs that attempt to intervene directly in offenders' thinking processes. We often provide treatment for alcohol and drug abuse, anger management, self-esteem and other issues that are important, but not always directly related to crime. The violence program targets the thinking behind the crime. Second, the process of change will occur in a unit-based therapeutic community where day-to-day behavior and interactions can be constantly monitored. Third, the Geese Theatre is closely involved with staff and inmates in the program. This troupe's skillful ability to bypass normal defenses and probe offenders' feelings through psychodrama has added a unique dimension.

A unique and promising development in this program has been the will-

ingness and capability of correctional line staff to fulfill the role of "agents of change." Historically, correctional systems have hired or contracted with psychologists, psychiatrists or other mental health professionals to fulfill the clinical needs of inmate populations. This "traditional" system perpetuates the notion that line staff are essentially custodians who ensure security, while mental health professionals and caseworkers promote growth and change.

The violence program utilizes the concept of the corrections professional who fulfills both therapeutic and custodial roles. Through daily observation and interaction with offenders, he/she is able to promote change and growth while fulfilling necessary security functions. Correctional officers have shown a high degree of aptitude, motivation and competence in this role.

This is a highly replicable program, which can be adapted at a variety of points along the custody continuum (maximum security, minimum security, community-based programs, probation and parole). As offenders in the existing program at the Northwest facility are transferred for work release, furlough and parole at the regional community correctional centers, it is imperative that the process of cognitive change be sustained and continued. Administrators and staff at the regional facilities have expressed strong support for adapting this model and building similar programs.

Group Rates At Fitness Clubs

Herb Sinkinson of Burlington Probation and Parole advises that state employee group membership rates are being offered for a limited time at the following health and fitness clubs: Twin Oaks Tennis and Fitness Center and Olympiad Health and Racquet Club, both in South Burlington, and Fitness Advantage in Essex Junction.

To make arrangements to take part in the group rates, call Clytie Greer at Twin Oaks (658-0001), Deb Gelinas at Olympiad (863-4299) or Jan Bouf-

fard at Fitness Advantage (878-6568). When you call, identify yourself as a state employee and ask to try out the club at no charge.

Did You Know?

The teachers at Vermont's correctional facilities recently attended special computer training at Vermont Technical College. The purpose was to familiarize teachers with the new IBM Info Window System.

DEPARTMENT OF CORRECTIONS
NORTHWEST STATE CORRECTIONAL FACILITY
VIOLENT OFFENDER PROGRAM

The Violent Offender Program at the Northwest State Correctional Facility is designed for primarily violent offenders with an assessed need area of four, however on occasion we will admit offenders without having a violence need area of four under the following conditions:

- 1) The offender has an extensive criminal history, and criminal thinking patterns.
- 2) The offender has an assessed (3) in violence but it is felt that treatment in this area is necessary for successful reintegration.
- 3) The offender has a high need area in SOCP and needs to deal with some of his cognitive distortions and or related behaviors in order to progress in other programming areas.

The program itself is designed to be anywhere from 1-3 years long depending on the offender's needs, sentence structure, and individual progress in treatment. This amount of time is divided into three distinct segments or stages.

STAGE I (6-12 Weeks)

Orientation - 6-12 weeks long designed to teach the programs basic concepts and start to break down communication barriers.

STAGE II (6-18 Months)

Identification or Thinking Reports - This stage is designed to have offenders identify criminal thinking errors, distortions, and patterns of thinking that lead to violence and or victimizing. This awareness is done primarily through two processes; (1) thinking reports and (2) individual journals.

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STAGE III (6-18 Months)

Intervention/Relapse Prevention - Once offenders have become aware of problem thinking they are taught to plan and practice cognitive interventions. They begin to destroy old mindsets and distortions by seeing them for what they are and being presented with other options and possibilities. During this stage work with victim empathy, personal morals, responsible thinking, conflict resolution, and coping with emotions take place. The final product prior to reduction in custody should include a comprehensive plan that identifies high risk thinking patterns and is complete with plans for cognitive/behavioral intervention.

Brian Bilodeau, VOP Unit Coord.

/sem

TREATING THE CRIMINAL PERSONALITY

LESSON PLAN OUTLINE

March, 1989

Presented by The staff of the Violent Offender Program

Part One- The Status of Correctional Treatment

Psychology- Sociopathy and the belief in untreatability

Corrections-Martinson and the belief that "nothing works"

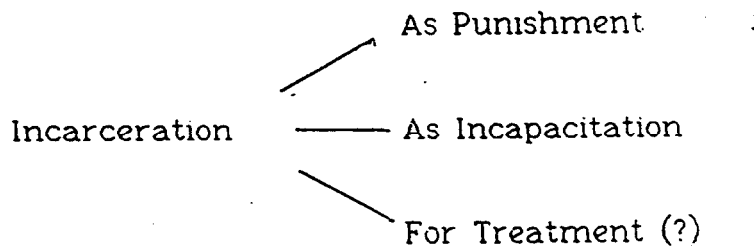
-Treatment Specialties: Mentally Ill

Drug and Alcohol

Sex Offenders

Violent Offenders (???)

Part Two- Corrections Strategy



Part Three- Criminal Thinking

Patterns of Thinking, Feeling, and Perceiving;

Power Struggle-the fear: being overwhelmed, smothered, controlled.
-the need: to dominate, control, offend, and hurt.

Victim Stance- quick to feel abused, picked on, unjustly treated, insulted, demeaned.

Anger - a tool of intimidation and control. Feeling of power, domination. The launching pad for violence (the ultimate personal power.)

Excitement - winning "against the odds". The primary reinforcer.

The Result = Crime, violence, violating others

While feeling righteous!

Part Four- Treatment (1): A Strategy of Change

1. Teach Reality-
 - A. Their patterns of thinking produce criminal behavior.
 - B. The law won't permit that behavior.
2. Present an Opportunity to Change
 - A. To Change Thinking
 - B. To Live Responsibly (education, work, etc.)
3. The Choice is Theirs
 - A. Not Coercive (Respect for Offenders)
 - B. Learning to be Aware of Choices

Part Five- Treatment (2): The Violent Offender Program

1. Security and Treatment
2. Thinking Reports
3. Treatment Contracts
4. Developing Motivation to Change:
 - objectivity, detachment
 - nurturing, support, respect
 - self -disgust

VOP TREATMENT ACTIVITIES

TREATMENT TEAM

An activity consisting of the individual offender, the offenders caseworker, unit coordinator, as well as treatment staff working with the particular offender. The purpose of this meeting is to review the offenders progress in treatment, and to establish direction for the next stage of treatment. Treatment teams also may deal with other issues such as attitudes, behaviors or any other issues that may have arisen with the particular offender.

PROGRAM INTERVIEW

A formal review of the offenders case file to determine need for treatment, appropriate time frames as well as overall history. Also including a interview with the offender to determine motivation, willingness to change, honesty, sincerity, openness in communication and general ability to comprehend program concepts. This process is done by the program caseworker, unit coordinator as well as a program staff member.

ONE ON ONE

An informal meeting with an offender to discuss any issues that are effecting that offender in treatment. This meeting may be used as a process for checking in with the offender on a regular basis in order to maintain needed structure.

JOURNAL REVIEW

A weekly meeting with the offender to review their individual treatment journals or projects. One particular treatment staff is assigned to each offender during phase II of the program to accomplish this task.

VIOLENCE PROFILE ASSESSMENT

A self assessment done by each offender during phase I of treatment consisting of seven seperate parts for different stages of the offenders life. Each of these stages covering both the offenders victimization of others as well as any abuse they themselves suffered. This assessment is used as the base in from which treatment staff begin to develop individual treatment plans.

ORIENTATION GROUPS

This group is conducted during Phase I of the program in order to educate the offender to the basic program concepts. This group also works on some of the barriers in treatment with offenders such as channel of communication, us vs them attitudes, lack of trust, distortions in thinking as well as overall attitude toward treatment.

THINKING REPORT GROUPS

This group is conducted in phase II of the program and is the meat of the program. This group is designed to allow the offender to take a look at his own patterns of thinking, distortions in thinking, attitudes, feelings, emotions and how all of this effects his behaviors. This process is accomplished by having the offender place a thinking report on a particular event on a large piece of paper. This report is then placed on the wall for presentation to a group of his own peers as well as treatment staff. This report is reviewed in order to establish the patterns of thinking, distortions, and the systems of justification used to justify the particular behavior. This group also looks at all of the indentifiable dynamics of the given situation to paint a clear picture of the mental process used in the event, working with the basic belief that in order to change cognitive structure one must first identify it, and see it as a problem.

TOWN MEETING

A regularly scheduled activity involving all members of the program in one large meeting to discuss unit issues. This meeting is facilitated by the unit coordinator and attended by any other program staff available. This meeting may also be used to present a module of training to the whole unit.

TOWN COUNCIL

Short meeting between treatment staff and inmates assigned to town meeting positions (facilitator, communicator, scribe) in order to set, and go over all agenda items for town meeting.

COGNITIVE SKILLS GROUP

Group conducted in orientation phase of the program designed to teach basic cognitive skills. Basic skills in communicating, decision making, moral reasoning, and general relations with others.

SPECIAL PROJECTS GROUP

A group that may take place in any phase of the program to address special individual or group needs. Some examples are, empathy groups, decision groups, emotions group, and special role play or video groups.

RELAPSE GROUPS / COGNITIVE INTERVENTION GROUPS

A group conducted during the last phase of the program designed to take all of the information learned in the 'program and put it in a contract format for intervention in the problem behaviors. This phase teaches the offender to develop his own plans if intervention, indentify and deal with high risk situations, and plan for problem situations. This plan is also designed to be a contract to be supervised during phase III of the program, and for continued use thru the offenders life.

PROGRAM ACTIVITIES / RECREATION

Specially designed program activities to promote unity, teamwork, competition without struggle, and lessen the us vs them barriers between program staff and offenders. Some examples of this are softball games, volley ball games, basketball games or any other activity done by the unit as a whole with the treatment staff.

VOP PHASE I

PURPOSE - Phase I of the program is structured as an introduction to the basic concepts of cognitive restructuring as well as the self change process. During this phase of the program an offender will work on his group skills, communication skills, individual ability to self evaluate, openness in communication, identification of personal problem areas, individual barriers to change, as well as understanding program expectations and guidelines. An offender also work on some cognitive skill development prior to actual work on cognitive restructuring. This part of the program also requires the individual offender to work on a personal inventory that lists all of his interpersonal violence in his life to date. This information becomes a base to establish individual treatment plans as well as working on the offenders level of disclosure.

TIME FRAMES - Orientation is designed to be the shortest phase of the program lasting anywhere from 2-4 months. The actual length is dependent upon the group schedules for the orientation and cognitive skills groups.

SCHEDULED ACTIVITIES - During this phase four separate activities will be required of the participant. First is the orientation group that will run 2 days a week for 1½hr each time. Second is the cognitive skills group which will also run 2 days a week for 1½hr each day, both of these groups will require regular homework assignments. The third group is the unit town meeting that will be once a week for 1-2 hours depending on the current issues. The last activity is the violence profile assessment that is done at the offenders own pace but must be completed prior to completion of phase I. Both the orientation group as well as the cognitive skill group require approx. 16 meetings to complete depending on the groups ability to comprehend individual lesson plans.

COMPLETION CRITERIA - In order to complete this phase of the program one must complete the following:

- 1)successfully completed orientation group this includes; full attendance or makeup of all groups, completion of all assigned homework, passing of final orientation test.
- 2)successfully completed all of the cognitive skills lessons, and all related homework.
- 3)completion of all of the assigned Violence Profile assessment.
- 4)Formal review of progress in treatment as well as overall attitudes and behaviors to date in the program.

VOP PHASE II

PURPOSE - Phase II is designed to be the identification phase of the program. During this phase the offender will work to identify his own distortions in thinking, problem patterns of thinking, controlling emotions, body sensations, mental attitudes, and how all of this relate to specific behaviors. Overall the offender is expected to take a critical look at himself, events in his life and the effects his behavior has had on others lives as well as his own.

TIME FRAMES - This phase of the program is designed to be the longest. The length is dependent upon the offenders time frames, individual need, as well as individual motivation to do the work necessary. This phase will take no less than six months and no longer than eighteen months.

SCHEDULED ACTIVITIES - During this phase of the program several activities will take place the first being the thinking report groups. Each offender will be assigned to a thinking report group for the duration of this phase. This group will meet 4 days a week for 1½hr hours a day. This activity is the personal journal, each offender will be expected to keep this journal on a daily basis as well as having it reviewed by the treatment staff assigned on a weekly basis. Offenders in phase II will also be expected to participate in town meeting and when elected hold offices within this body. Special groups and projects are also assigned during this phase depending on individual needs all offenders will be expected to address these needs.

COMPLETION CRITERIA - All offenders will be required to meet the min. time requirement of 6 months. Each offender must have been assigned to a thinking report group as well as successfully participated in this group for a min of 6 months. This offender must have developed and worked in a journal, reviewed by program staff on a regular basis, for a min of 6 months. Thru these activities the offender will be expected to explain and list his own patterns of thinking, cognitive distortions, high risk thinking, high risk situations, feelings and emotions and how each of these effect his behavior.

VOP PHASE II/ RP

PURPOSE - This phase of the program is designed to have the offender develop plans for relapse prevention as well as cognitive intervention, using all the information and understanding gained in the first two phases of the program. The offender will work on an individual treatment contract or relapse plan, that will lay out all identified high risk situations, distorted thinking, anti-social patterns of thinking as well as the associated behaviors. With each of targeted areas a step by step plan will be developed in order to fore see high risk situations, use cognitive interventions for anti-social thinking, thus allowing the offender to change or avoid problematic behaviors.

TIME FRAMES- This phase of the program is designed to take from 3-6 months depending on how extensive the individual offenders relapse plan needs to be. An offender in this phase may be required to recycle back into phase II if he is found to be deficient in his understanding, or the actual data collected is not adequate to complete a full relapse plan.

SCHEDULED ACTIVITIES - During this phase of the program the offender will participate in relapse groups as well as working with one of the treatment staff on his individual treatment contract / relapse plan. This offender will be responsible to attend relapse group 4 times a week for 1½hr hours each day. The individual review with treatment staff will be no less than once a week for no less than ½ hour each time. This offender will also be expected to maintain a daily journal, as well as attending the units town meeting.

COMPLETION CRITERIA - In order to complete this phase of the program an offender must have completed a comprehensive relapse plan (treatment contract) and present it to the full treatment staff in a final treatment team. This treatment team may choose to accept or reject this plan. In the event that the treatment team rejects this plan it will advise the offender in what areas he needs to work further. Also required in this phase is that the offender show progress in his actual behavior as it relates to his treatment plan, reflecting his ability and willingness to intervene in attitudes as well behaviors.

NOTE: Successful completion of this phase will prepare the offender for phase III street groups.