

Correctional Best Practices - Directors' Perspectives

by

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The following article describes the Assessment and Treatment Centers operated by Community Education Centers in the State of New Jersey.

Transitional Turf: Assessment and Treatment Centers Ensure Productive Community Placement After Prison

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Introduction

Historically, the New Jersey Department of Corrections' (NJDOC) continuum of care did not look much different from those that had emerged or were evolving in other state correctional systems throughout the country.

Until April of 1998, continuum of care for the New Jersey Department of Corrections implied treatment beginning within the institution; either in the general population or in a therapeutic community (TC), progressing to a residential community program and wrapping up, for the most part, with parole. Programs in the institutional general population include education - basic skills, Graduate Equivalency Diploma (GED) preparation, special interest classics - vocational training, industrial arts, substance abuse education, Alcoholics Anonymous, Narcotics Anonymous, parenting skills, Parents Anonymous and religious services and education. To these programs, substance abuse treatment for the moderately to severely addicted inmates is added in the form of 1,271 TC beds distributed over ten program units within five of the state's institutions.

The residential community program of over 2,700 beds is supported by ten not-for-profit providers in more than 30 locations throughout the state. These programs reflect a diversity of treatment approaches including various levels of addiction treatment, anger management, life skills and job readiness skills training, GED preparation, vocational education, job placement, work release, etc. In the final phase of the continuum, the offender is released to parole supervision which, depending on need, may involve intensive supervision for offenders with addiction disorders, assignment to a day reporting center, electronic monitoring or general supervision.

In 1998, however, New Jersey's continuum undertook a significant departure from the traditional mold with the introduction of Talbot Hall, a 500-bed Assessment and Treatment Center. This new component was to serve as a link or "transitional turf" between institution-based treatment and community placement.

The NJDOC contracted with Community Education Centers, a not-for-profit organization with a well-established reputation in the field of community corrections, to assist in the development of the Assessment and Treatment Center model and to integrate it into New Jersey's continuum of care. The goals for the Assessment and Treatment Center were:

- Classification - Assessment of the potential risk to public safety posed by a resident, and determination, based on this assessment, of the appropriateness of placing him in a community-based program.
- Comprehensive Needs Assessment - Assessment of the resident's personal assets, competencies, interests and treatment needs including as many of the significant and

empirical-determined criminogenic risk factors as possible.

- Comprehensive Treatment Plans - Joint resident and counselor development of an individualized "Continuum of Care Treatment Plan" to address identified needs and risk factors as well as to set forth realistic education, career, job, family and other personal goals.
- Orientation/Treatment - Preparation of a resident for the challenges of living in the community where he will have increasing responsibility to substitute internal behavioral controls for the external, institution-based controls to which he has grown accustomed.
- Motivation for Change - Promotion of resident's recognition of his need to grow and develop and of his motivation for treatment and change.

By April of 1999, the Department was encouraged enough by the contribution of Talbot Hall that it contracted, again With Community Education Centers, to establish Bo Robinson as a second Assessment and Treatment Center with 320 beds. Presently, both Talbot Hall and Bo Robinson utilize similar, highly integrated assessment and treatment protocols for residents during 60-90 day stays at these facilities.

The Resident Population Description and Referral Process

The Department reviews applications and may approve for transfer to an Assessment and Treatment Center any adult male applicants from 11 institutions who are at least 18 years of age and meet the following eligibility criteria:

- Within 12-18 months of parole, parole eligibility or maximum sentence date
- Attainment of full minimum-custody status
- Positive psychological evaluation, within the last six months, that speaks to the applicant's readiness to re-enter society without posing a risk to himself or others
- Criminal history free of arson, kidnapping and sex offenses

The majority of the residents are from poor, high-crime urban settings. Their educational backgrounds are weak with an average achievement of a fourth-grade reading level. Most have a history of substance abuse and an unstable family life. The typical Assessment and Treatment Center resident is between 18 and 40 years old.

The Assessment Protocol

The assessment protocol is an evolving one based on the increasing amounts of information required by the community programs to guide their treatment interventions and to develop more inclusive community-based aftercare programs and plans. Presently, the assessment protocol includes the following:

- Substance Abuse Subtle Screening Inventory- Third Version (SASSI-3) - The SASSI, administered three to seven days after a resident's arrival, is a brief, objective substance abuse screening instrument that identifies individuals who have a high probability of a substance-abuse disorder. The SASSI results generate information about the resident's level of substance dependence, risk of acting-out behavior, evidence of any random

response pattern, level of defensiveness and any report of being in emotional pain.

The results of the SASSI test are transferred to the resident's senior counselor to assist in initial treatment planning. They are also included, together with the results of the other tests that follow, in a comprehensive assessment package that will accompany him throughout the continuum.

- Wonderlic Personnel Test (WPT) and the Wonderlic Basic Skills Tests (WBST) - The WPT and WBST, a pair of cognitive ability tests administered approximately three weeks into a resident's stay, are used to assess the resident's current level of cognitive functioning. The WPT is a short form test of general cognitive ability that is timed (12 minutes). The results of the WPT can be used to interpret the resident's training needs, educational potential and job potential. The WBST is a short-form measure of adult job related language and quantitative skills. The WBST is designed to measure the job-readiness of adults relative to their math and language skills. The results of the WBST can be useful in determining if the resident has the necessary language and math skills to successfully handle the written and computational requirements of specific occupations. Both WPT and WBST results are integrated into the resident's Continuum of Care Treatment Plan and his assessment summary. The results are shared with the resident so that he can begin to formulate a plan of action to increase his chances of occupational success when he is in a work release program.
- Biopsychosocial Interview - This interview by an assessment counselor is conducted after one month in the facility. It covers the resident's current charges and past criminal history, history of substance abuse and treatment, medical history, occupational history, educational history, religion and family-of-origin. A pictorial representation of the resident's family history (genogram) is constructed to span more than three generations. The genogram questionnaire includes information about family history of drug/alcohol abuse, deaths and reason for deaths, family criminal history, psychiatric history, employment history, educational background, home addresses of family members, history of physical, mental, or sexual abuse and current relationships with family members. The resident's answers are matched against his file information, and the resident is asked about any discrepancies between his answers and the file. This information is forwarded to the resident's senior counselor to assist with immediate treatment and the development of the Continuum of Care Treatment Plan.
- Correctional Offender Management Profiles for Alternative Sanctions (COMPAS) - The COMPAS is administered following the biopsychosocial interview. The COMPAS is a risk assessment instrument that is computer-administered and scored. The questionnaire includes static and dynamic factors about the resident. After the completion of the COMPAS questions, a profile is generated, the profile includes a graph using deciles to assess the resident's overall risk potential in the categories of violence, failure to appear, community non-compliance and recidivism. The graph also contains a section called "the offender characteristic percentiles" that includes history of violence, level of current violence, educational and occupational needs. The offender characteristic percentiles can be utilized for treatment planning purposes, while the overall risk potential scales can

assist with a determination of community placement and level of supervision for the resident.

- Self-Directed Search (SDS) - The SDS is a self-administered career inventory tool that uses Holland's six-personality theory: Realistic, Investigative, Artistic, Social, Enterprising, Conventional (RIASEC) to assess the resident's career interests. The results are shared with the resident and his senior counselor and incorporated in his comprehensive assessment package.
- Personality Assessment Inventory (PAI) - Some residents need further evaluation and in this case, personality tests are administered. Reasons for further testing include problematic behavior while a resident in the Assessment and Treatment Center or a file history of psychiatric problems or violent crime convictions. For these residents, the PAI is administered. This assessment instrument has 22 non-overlapping scales that assess a variety of psychological dimensions including egocentricity, stimulus seeking, verbal and physical aggression. The PAI includes a violence potential index.
- Monthly Behavior Summary - Although not an objective assessment tool, the monthly behavior summary, which is completed by the resident's senior counselor, is a critical piece of assessment package and is integrated into the assessment summary. It outlines the resident's level of program participation, his behavior in programs and his job participation. The monthly behavioral summary represents a dynamic portrayal of the resident's current functioning in a variety of domains.

Once all the assessment information is compiled, a summary and recommendation for community placement is prepared. No one instrument or piece of information is used as the sole determiner for a placement recommendation; rather, all data gathered on the resident enters into the formulation of a recommendation. After a 60 - to 90 - day stay at one of the Assessment and Treatment Centers, the resident's case is presented before a classification committee chaired by a representative from the Department. Placement decisions are derived from the evidence presented. Assignments are made to specific community programs based on both the resident's current needs, as revealed through the assessment protocol and his anticipated parole/release address.

The Treatment Protocol

The Assessment and Treatment Centers utilize a treatment protocol that emphasizes educational groups and lectures. These are designed to restructure the resident's thinking and ultimately impact his anti-social and problematic behavior. This treatment approach is applied within the framework of a modified therapeutic community and incorporates the clinical techniques of a cognitive behavioral paradigm. The Assessment and Treatment Centers provide a forum for the resident to apply what he learns and for the team of treatment counselors to assess his progress in developing key cognitive and behavioral competencies.

Curriculum - The core curriculum has been specifically designed to address the individual needs of the resident as well as common criminogenic risk factors. It includes continuum of

criminality, defining of criminality, "Seven Habits of Highly Effective People," Barriers to change, motivational techniques, addiction and recovery and life skills (Vital Issues).

Continuum of Care Treatment Plan - Resident treatment plans are formulated through the synthesis of information sent from the prison program, the testing done at the Assessment and Treatment Center, observation of behavior and self-report. An initial treatment plan is devised within the first ten days of the resident's arrival to the Assessment and Treatment Center. This treatment plan is formulated with information following the resident from the prison program and the results of the SASSI. It is updated within 30 days of the resident's arrival using the resident monthly behavior report (drafted by the senior counselor), staff observation and the results of the WPT and the WBST. The information gathered from the biopsychosocial is also pertinent data that is used in this treatment plan revision. Results from the COMPAS, SDS and PAI, if available, are subsequently factored into the plan.

In a last iteration, the complete Continuum of Care Treatment Plan is formulated. This plan is derived from the resident's present version of his treatment plan as well as an interview with the resident facilitated by his senior counselor. The resident takes ownership of his treatment continuum through reflecting information and insight about his plans for recovery, plans to remain crime free, his knowledge of relapse prevention (crime/drugs/alcohol) and his intent to use community support systems. In addition, information is added pertaining to his educational, employment and substance abuse goals and objectives. Risk factors and resident spirituality are also addressed through this process. This Continuum of Care Treatment Plan is finalized and transferred with the resident to his next step, a community program.

Benefits resulting from the inclusion of Assessment and Treatment Centers in the Continuum - In meeting the goals outlined earlier in this paper, the Assessment and Treatment Centers yield a number of benefits:

- Economies of Scale through Consolidation and Centralization of Resources - The Department centralized a significant portion of its assessment function under a single provider, Community Education Centers, in the facilities of Talbot Hall and Bo Robinson. Consequently, there is no need for each community program to replicate the clinical assessment and psychometric expertise required for these assessment services. The community program providers can look to the Assessment and Treatment Centers to adopt and adequately evaluate the assessment tools they require to meet their information needs in developing individualized treatment programs and other interventions.
- Reduction in Community Program Failures - The number of walkaways that typically occur during the first days or weeks that residents spend in community program should decrease. The Assessment and Treatment Center, as a secure facility, would pose for the resident a less dramatic entrance into the community. Through the center's orientation program, the resident prepares to anticipate spontaneous urges to flee and rehearses appropriate responses to those urges. He contemplates the issue of "escape" in an environment where there still remain sufficient external barriers to such a prohibited act in a similar vein, behaviors in community programs warranting disciplinary action are

anticipated to diminish as well.

- Improvement in Matching Residents to Treatment Programs - With over 30 community-based programs in New Jersey, no two are alike. This diversity is a plus, however, only to the extent that the assets, interests and needs of the residents can be matched to the individual treatment and resource profiles of the community programs. The comprehensive assessment information and treatment plans, developed at the Assessment and Treatment Centers, allow for just such matching of a resident to community program.
- Establishment of Realistic Educational Career/Work/Other Goals - With increasingly more comprehensive and sophisticated assessments of a resident's cognitive capacities, basic skills and vocational aptitudes, the expectations of the resident and treatment counselors for what is possible will be more firmly grounded in reality. As a result pursuit of unrealistic employment and educational goals should diminish.
- Improvement in the Ability to Attract Employers - The availability of objective assessment information pertaining to a resident's cognitive ability, basic skills and job-related skills should increase dramatically his marketability to potential employers.

Conclusion

The addition of the Assessment and Treatment Centers to the New Jersey Department of Corrections' continuum of care radically enhanced its ability to assess the risk and needs of residents and to prepare them more adequately for their transition back into society. In addition, these centers enabled the Department to capitalize on the diversity of its community programs by more effectively matching them to the needs and individualized Continuum of Care Treatment Plans of the residents.

In conjunction with the Community Education Centers, the Department already is engaged in efforts to augment the comprehensive assessment protocol now in place with indicators of other needs that can be linked to community-based treatment protocols, parole initiatives and aftercare support systems. For example, the Department is presently exploring assessment tools to project on-the-job reliability and other measures to assess readiness for change. The agency is also working within the Assessment and Treatment Centers to develop an orientation/treatment program intervention to further ease a resident's transition into community programs, particularly one who is a graduate of a prison-based TC.