New South Wales
Department of Corrective Services

SPECIAL CARE UNIT PROGRAMME

Prepared by

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Abstract

The Special Care Unit is a unique therapeutic community combining therapy for prisoners and training for staff within a maximum security setting at Long Bay Correctional Centre, Sydney. It has been in operation for the past 8 years. It is modelled on the principles of the therapeutic community which highlight co-operation, communication, non-violent negotiation and conflict resolution, and no drug or alcohol involvement. It promotes accountability for decision making and personal progress.

Entry is voluntary for both staff and inmates and is dependent on a rigorous selection process. This community consists of and works as a multidisciplinary team comprising custodial officers, a psychologist and teachers.

Since 1981, 605 male inmates were admitted to the programme, mainly from maximum security goals from all over New South Wales. The majority of them work on the issues of anger and aggression management, among other issues they want to address. The history of the SCU shows that at least 50% of inmates complete the difficult, demanding and structured programme lasting four months. In the whole history of the SCU there have only been 3 incidents of violence involving staff, each of them relatively minor with no serious injury to the people involved.

The management principles adopted in the running of this institution, including the participation of all staff in the development of programme content and delivery and in decision making, and also the consistency in the application of the principles of milieu therapy, all contribute to the negligible number of violent incidents.

NOTE: This is not a research paper. The statistics used herein are collected for management information purposes only. They are used to illustrate and support conclusions developed through experience, not to prove or disprove statistically rigorous hypotheses. However, as we point out later in this paper, independent research also supports those conclusions.

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1. Special Care Unit History

The Special Care Unit is a penal therapeutic community situated at the Correctional Centre, Long Bay. The Unit is a maximum security facility located inside another maximum security institution, the Metropolitan Reception Prison, but is administratively independent. Its full capacity is 26 inmates.

The Unit has existed since January, 1981. Its inception was the result of recommendations handed down by the Nagle Royal Commission into Prisons in New South Wales.

The need for a specialised institution addressing the needs of emotionally or behaviourally disturbed prisoners was recognised by the Department of Corrective Services, leading to the planning of the Special Care Unit.

The Unit became operational on the 26th of January, 1981. Since then the programme has been critically evaluated at least yearly and specific procedures, such as selection and assessment of inmates, inmate contracts and random urine testing as a condition of entry and maintenance in the programme, were introduced as their need was recognised.

Most of the changes occurred and continue to occur through the initiative and work of rank and file officers in the Unit.

It must also be stressed that entry to the Special Care Unit community has always been by voluntary decision of all participants - both staff and inmates.

The Special Care Unit was the first maximum security male institution to afford an equal work role for officers of both sexes within the confines of a maximum security establishment.

Entry has always been conditional upon fulfilling strict requirements:
- personal work for all inmates;
- training for all staff.

Finally, the Unit's programme has always been implemented by the staff working as a team, this team approach to management being stressed at all times.

2. Aims of the Special Care Unit

The goal of the Special Care Unit is to provide an opportunity for growth, development and increased well-being for all participants.

The two basic aims are:

1. to provide inmates with the opportunity to actively examine their self-defeating behaviours, as well as affording them the opportunity to implement changes by accepting responsibility for their actions and decision-making;

2. to provide the opportunity for staff to gain practical and theoretical knowledge of managing inmates, enabling them to more effectively meet the ever-growing demands of complex human management. This is facilitated by encouraging and creating a climate where a high degree of staff participation exists, related directly to programme content and delivery.

In terms of the programme for inmates, compliance with established norms (as represented by norms consciously set within the SCU) is sought and it is aimed at inmates achieving self-direction and control over their own behaviour.
3. The Special Care Unit as an Example of a Therapeutic Community within a Penal Setting.

3.1 Principles of the Therapeutic Community – theoretical model and the Special Care Unit as an example.

The concept of therapeutic communities is not new. It was developed near the end of World War II as an effort to seek more effective treatment for war veterans suffering emotional and psychological trauma as a result of their experiences.

Developments since then have seen therapeutic communities functioning in hospitals, psychiatric centres and prisons, as well as in the community. Well-known examples of therapeutic communities in Australia are Odyssey House and Richmond Fellowship.

Overseas, especially in the United Kingdom and the United States, therapeutic communities exist in great numbers for the purpose of addressing many different groups with differing needs.

The term “therapeutic community” implies a need for improvement: restoration and growth is experienced by utilising a group setting.

Two authors extensively involved in this sort of work who have written standard works on the subject are Maxwell Jones and Elly Jansen.

All programmes classified as therapeutic communities will have some elements in common. These are the so-called principles of therapeutic communities.

A common denominator which should be present in all therapeutic communities is that:

"they should provide a communal living experience which encourages open communication and promotes intrapsychic and social adjustment to the maximum capacity of the individual.”

- Elly Jansen

The other important elements are:

- an agreement to join after a thorough exploration of issues.

All members of the Special Care Unit community apply to enter the Unit and undergo an assessment process to determine their suitability for the Unit (both inmates and officers);

- "for an agreed purpose shared by the other members of the community.”

All inmates agree to work on their five self-nominated personal issues. Officers agree to comply with training requirements.

- "within a structure specifically designed to illuminate the purpose of their entry.”

The Special Care Unit programme is structured in such a way that a high level of interaction with a wide variety of people (staff, other inmates, visitors) is required.

- "with the aim of eventually leaving the community.”

After the work in the Unit is completed (for inmates in 3 to 4 months, for officers in 3 to 12 months), the real value of the insights, skills and knowledge gained in the Unit is tested in the environment outside the Unit. It shows whether people can cope more effectively and use their development either in the mainstream goal system or in society.

All the above elements are based on the following set of beliefs outlined by R. N. Reppaport:

- "the total social organisation in which the person is involved affects the outcome.”

The Special Care Unit uses milieu therapy where all aspects of behaviour and of the programme are considered equally important (groups, educational pursuits, activities, social interactions).

- "the core element is the provision of opportunities for clients to take an active part in the affairs of the institution.”

Inmates participate in and discuss various community issues (with the exception of custodial, administrative and general policy). The staff also have the opportunity to exercise some choices about their own functioning.

- "all relationships within the institution are regarded as potentially therapeutic.”

All members of the community have many opportunities to interact with each other. This gives everyone the chance to practice communication and social skills in a variety of situations, as well as learning how to resolve conflicts.

- "the emotional climate is accorded significance.”

In the Special Care Unit the feelings and dynamics of the community are processed and dealt with openly, rather than being suppressed. Conflict situations are turned into positive learning experiences through negotiation and subsequent resolution whenever possible.

- "a high value is placed on communication for its morale building and therapeutic effect.”

The Unit structure provides for constant contact between staff and inmates through organised activities and informal unscheduled interaction. Thus, two-way communication helps build good working relationships, illuminates conflicts and defuses potential problems.
3.2 The Special Care Unit as an example of a participatory style of management.

The Special Care Unit is a maximum security establishment bound by all the rules and regulations existing in other institutions. Like all the other goals, the Unit is headed by the Superintendent, whose ultimate responsibility is the smooth management of this institution in custodial as well as therapeutic aspects.

There are, however, additional features of this institution worth mentioning:

- all staff (rank and file) have input into the management of inmates and into the decisions regarding inmates' progress in the community;
- staff exchange views and propose changes to programme content and delivery (both the inmates' programme and their own training), provided it remains within the guidelines of Departmental policy;
- views and opinions (especially critical ones) are actively elicited by the administration;
- dissemination of information occurs promptly as communication channels are open to everyone and are not bound by rigid hierarchical structures;
- roles are blurred and every staff member's work role is extended from the basic custodial one to include therapeutic elements, thus providing varied experience;
- decision-making is delegated to the lowest-appropriate level, dependent on maturity, skill and the place in the community of particular individuals.

Finally, stress is placed on team work, team cohesion and motivation of team members; this is aiming at resulting in perceptive, assertive, organised individuals able to observe, interpret and propose changes.

Changes to the programme and conflict are legitimised and accepted as part of the management process and are accepted without undue threat or anxiety.

4 The Special Care Unit Programme.

4.1 Staff Structure and Training

The Special Care Unit is headed by the Superintendent.

With the exception of 7 executive staff members (Senior Psychologist, Deputy Superintendent and 5 Assistant Superintendents), ALL of our staff are seconded for training purposes for varying periods of time, either 3-4 months or 12 months.

All seconded members of staff apply for entry to the Unit and are interviewed and selected according to Public Service rules.

All of the officers work normal shift work and are subject to the same rules and regulations as any other officers in the system.

Staff Training

Training provides the opportunity for staff to gain practical and theoretical knowledge of managing inmates and enables them to more effectively meet the ever-growing demands of complex human management. This is facilitated by encouraging and creating a high degree of staff participation, directly related to programme content and delivery.

Training occurs through lectures, individual tutoring, role plays, supervised practice and bi-weekly training sessions.

The role of the officer in the Special Care Unit is uniquely complex. Custodial, therapeutic and social elements are combined.

By their direct access to shaping and delivering the programme, officers are the driving force of the Unit.

In this way, all officers experience an alternative style of management of inmates, develop an expanded understanding of problems in closed communities and learn additional skills of therapeutic intervention.

Aside from the individual gains experienced by both officers and inmates, this management style allows:

- challenging and breaking down the prison subculture;
- improved understanding of management issues;
- increased interpersonal recognition and awareness;
- improved communication;
- heightened awareness and increased skills for prevention of crises;
- increased skills in conflict negotiation.
Work distribution for an officer on duty during one shift may include:

- security duties;
- escorts to hospital, visitors;
- supervision of visits;
- co-facilitation of the main therapy group;
- leadership of the group;
- participation in meetings and training sessions;
- cell/strip searching;
- individual counselling sessions with prisoners;
- assessment of prisoners' initial intake and review of progress.

Such varied work stimulates interest, increases motivation, creates a climate for participatory management and prevents burn-out.

Officers are encouraged to propose and initiate changes and to critically evaluate the Unit's programme.

Channels of communication between each officer and the administration are always open through:

- personal contact and an "open door" policy;
- weekly staff meeting (2 hours);
- bi-weekly staff training sessions (3 hours);
- personal feedback;
- peer consultation;
- reviews of programme and procedures.

Between 1981 and 1988 approximately 240 officers passed through the Unit. Many of them have achieved promotion and are prominent figures in our Department. A number have opted for a change in career into other areas, such as Probation and Parole or counselling services.

4.2 Programme for Inmates

The Special Care Unit programme is aimed at:

- exploration of patterns of self-defeating behaviours;
- exploration of options and skills required to change those behaviours;
- learning the above skills in group and counselling situations;
- practicing those skills in daily interaction in the Unit milieu;

Constructive feedback to clients is achieved by means of:

- verbal feedback from staff and management;
- the token economy;
- weekly assessments.

Who Can Apply:

Inmates from all New South Wales male gaols may apply once they are sentenced and have no outstanding court matters to attend.

The criterion for admission is that the inmate voluntarily wishes to participate in the Unit's programme in order to:

- examine repeated self-defeating behaviours;
- learn and practice other more beneficial options.

Prospective applicants are asked to be specific about the changes they wish to achieve and their goals need to realistically fit the programme offered by the Special Care Unit.

Inmates frequently nominate the following issues for therapeutic exploration:

- improved communication and interpersonal skills;
- assertiveness training;
- enhancement of motivation;
- management of depression, anger, isolation;
- acceptance of social norms including authority.

Inmates of any security classification may apply, but in practice the majority of our clients come from maximum security settings.

Important Elements to Note:

* Country applicants are transferred to Long Bay for assessment.
* If accepted, the prisoner returns to his gaol of classification if the Unit is full and is then brought to the Unit when a vacancy occurs.
* If not accepted, the reasons are explained to the applicant and alternatives are proposed.
* If not accepted, the applicant may re-apply at a later time.
* Upon entry, each inmate signs a formal contract with the Unit.
* Graduates of the programme may apply to re-enter the Unit several times, provided that in between times they spend at least six months functioning in normal discipline.

Time Scale Showing Inmates' Progress through the Special Care Unit and the Structure of the Programme.
The programme is delivered by means of milieu therapy, including activities such as crafts, sports, nutrition and cooking, education, communication, group therapy and counselling. Individual counselling and skills training are all deemed to be of equal importance.

The complete package extends over a period of approximately four months.

**INDUCTION PROGRAMME (2 - 4 WEEKS)**

The induction programme is aimed at:

- enabling the client to adjust to the "different" environment;
- providing a climate of acceptance and safety within which change is possible;
- assisting new residents to overcome feelings of loneliness and alienation by encouraging community life;
- giving the opportunity to learn specific skills required for further self-exploration.

**In summary:** the introductory programme is seen as a settling-in period during which the client adapts to the norms of the Unit, lowers his anxiety level and learns the skills required for productive group work.

**MAIN PROGRAMME (2 - 3 MONTHS)**

The main programme is aimed at self-exploration of the issues nominated in the inmate’s individual contract.

The main programme deals with the individual’s goals in both group and counselling situations, and requires the inmate to put into practice within the community environment the learnt behavioural changes. Occasional extensions may be granted to a client, provided he is fully committed to effecting changes in his behaviour.

The progress of each inmate is reviewed fortnightly.

After completion of the programme, inmates return to their original goal of classification.

**Important Elements to Note:**

* Residents sign a contract.
* Residents are required to participate in compulsory activities and also have a choice of a number of optional activities.
* Education is compulsory in the Unit (one unit of education per week, ranging from learning to read and write through to external courses through TAFE and University).
* All telephone calls and visits are earned according to the individual’s progress.
* Urine testing is compulsory on entry to the Unit and subsequently at the request of the Superintendent.

Clients may withdraw from the programme by request with no administrative consequences.

**Summary:**

The Special Care Unit services all male gaols within New South Wales, and inmates of any security rating may apply to participate in the programme, although in practice about 75% of the population in the Unit at any time are classified as maximum security inmates.

All inmates are returned to their goal of classification after completion of their contracted period of stay (approximately four months).

The issues or goals on which they wish to work generally fall into broad categories, experienced by most incarcerated populations. These can be summarised as follows:

- aggression towards authority figures,
- high levels of frustration and anger,
- poor impulse controls,
- lack of communication skills,
- difficulty in forming or sustaining relationships,
- lack of motivation.

* Termination of the contract by the Superintendent occurs as the result of:
  - drug use;
  - violence;
  - not working (not meeting the standards required in the Unit);
  - persistent inappropriate behaviour;
  - abuse of the Unit’s rules and privileges.
- emotional ambivalence,
- poor reality testing,
- absence of broader life goals,
- lack of responsibility to self and others.

The Special Care Unit offers positive options for residents to examine and deal with these issues, and to practice new skills in daily community living.

It is worth noting that these options are available even in relatively deprived environments, such as goals.

5. Special Care Unit Statistical Profile

5.1 Summary: 26/1/81 - 1/1/89

Number of applications to the programme = 1121

<table>
<thead>
<tr>
<th>Number of applications</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>605</td>
<td>100</td>
</tr>
<tr>
<td>Completers</td>
<td>307</td>
<td>50.74</td>
</tr>
<tr>
<td>Non-completers</td>
<td>298</td>
<td>49.25</td>
</tr>
<tr>
<td>Violent incidents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involving officers</td>
<td>3</td>
<td>0.496</td>
</tr>
<tr>
<td>Incidents resulting in destruction of property</td>
<td>3</td>
<td>0.496</td>
</tr>
<tr>
<td>Attempted suicide or self-mutilation</td>
<td>2</td>
<td>0.33</td>
</tr>
</tbody>
</table>

* Many inmates apply prior to sentencing or with further charges pending; they are not eligible and their applications are deferred and considered at a later date.
5.2 Admissions - completers versus non-completers data: 26/1/81 - 30/6/88

<table>
<thead>
<tr>
<th>Time Period</th>
<th>No. of admissions</th>
<th>No. of completers</th>
<th>% of completers</th>
<th>No. of non-completers</th>
<th>% of non-completers</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/6/81 - 9/9/82</td>
<td>45</td>
<td>45</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/7/82 - 30/6/83</td>
<td>67</td>
<td>35</td>
<td>52.23</td>
<td>32</td>
<td>47.76</td>
</tr>
<tr>
<td>1/7/83 - 30/6/84</td>
<td>82</td>
<td>32</td>
<td>39.02</td>
<td>50</td>
<td>60.97</td>
</tr>
<tr>
<td>1/7/84 - 30/6/85</td>
<td>113</td>
<td>40</td>
<td>35.39</td>
<td>73</td>
<td>64.61</td>
</tr>
<tr>
<td>1/7/85 - 30/6/86</td>
<td>111</td>
<td>56</td>
<td>50.45</td>
<td>55</td>
<td>49.54</td>
</tr>
<tr>
<td>1/7/86 - 30/6/87</td>
<td>82</td>
<td>43</td>
<td>52.43</td>
<td>39</td>
<td>47.57</td>
</tr>
<tr>
<td>1/7/87 - 30/6/88</td>
<td>70</td>
<td>37</td>
<td>52.85</td>
<td>33</td>
<td>47.15</td>
</tr>
<tr>
<td>1/7/88 - 1/1/89 (1/2 year)</td>
<td>35</td>
<td>19</td>
<td>54.28</td>
<td>16</td>
<td>45.71</td>
</tr>
</tbody>
</table>

Notes
- between 30/3/81 and 9/9/82 there were no contracts; inmates stayed in the Unit up to 16 months and no agreement existed as to the length of placements;
- contracts were introduced as from 2/7/82; the contract outlined clearly length of stay and expected behaviour, thus establishing acceptable behaviours and those actions which would result in termination of contract;
- since 19/7/83 random urine testing was implemented as a condition of participation in the Special Care Unit programme;
- since 2/7/82 there has existed a token economy: allocation of privileges depending on progress was implemented;
- since 7/9/85 the intake procedure for inmates became standardised by the development of a 3 stage assessment process;
- in the 1987-88 financial year, for a period of nearly 7 months, the Unit did not function at full capacity as new plumbing was being installed in cells. The strategy was to have 5 cells being renovated at any one time.

Looking at this data, the following comments can be made.

In accordance with the aims of the inmate programme, in terms of the enhancement of self control in their actions as well as eliciting behaviour appropriate to societal norms (as represented by the norms specified for functioning in the Unit), it is felt that inmates' capacity to complete the full programme is an indication of a triggered change in their direction. We are therefore saying that inmates' ability to function effectively within our community indicates enhanced control and skills in decision-making, as our experience shows that only a small number of inmates have genuinely impaired impulse control.

Therefore, we will look at the ratio of completers in the programme per number of admissions in each year. (We look at that ratio as from the second year bearing in mind that the first year had no strictly specified requirements.)
5.3 Inmate Compliance Indicator

Inmate Compliance Indicator = Number of completers / Number of admissions

<table>
<thead>
<tr>
<th>Year</th>
<th>ICI</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/7/82 - 30/6/83</td>
<td>0.52</td>
<td></td>
</tr>
<tr>
<td>1/7/83 - 30/6/84</td>
<td>0.39</td>
<td>During these two years there were considerable changes e.g. urine testing</td>
</tr>
<tr>
<td>1/7/84 - 30/6/85</td>
<td>0.35</td>
<td></td>
</tr>
<tr>
<td>1/7/85 - 30/6/86</td>
<td>0.50</td>
<td></td>
</tr>
<tr>
<td>1/7/86 - 30/6/87</td>
<td>0.52</td>
<td></td>
</tr>
<tr>
<td>1/7/87 - 30/6/88</td>
<td>0.53</td>
<td></td>
</tr>
<tr>
<td>1/7/88 - 1/1/89</td>
<td>0.54</td>
<td></td>
</tr>
</tbody>
</table>

The Unit management role is being seen here as maintaining and improving the above. Our experience also shows that a variation in ICI of 0.1 in either direction suggests an immediate need to thoroughly examine programme content and delivery.

It is also seen that the number of violent incidents per number of total admissions for the past 8 years is 0.0049 (3/616).

All the data presented however, deals only with observable behaviour while in the Unit. The resources available to the Unit's administration do not allow follow-up and collection of statistical data after exit. This has been the subject of independent research conducted by the Research Section of the Department (1985-87).

For the purposes of this paper we can quote the statement released by the Research Division for the Department's 1986-87 Annual Report:

Special Care Unit Evaluation

Two studies were completed, one of effects on inmates, the other of custodial staff reactions to working in the unit. A full report is in preparation. Arrangements for continued monitoring of inmates entering the unit were established, and arrangements to obtain data at or shortly after exit were devised and will be implemented shortly.

Three major findings stand out:

* From the beginning of the programme to 30 December 1986, 50% of inmates who entered the unit successfully completed an agreed period of treatment.

* The major effects of the experience for inmates were to improve the usually very bad relationships these inmates had with prison officers, and to reduce aggressive behaviour.

* Staff reported that they gained a range of communication skills and changed their approach both to distressed and to angry prisoners, and that they were able to use these skills as custodial officers after leaving the unit.

The study thus confirmed the contribution of the unit to improved adjustment of difficult prisoners to prison, and to the development of staff skills in managing prisoners (and other staff). Issues which merit further attention include the rate of failure by inmates to achieve agreed goals and satisfy conditions for remaining in the unit for the planned period; and the need for more systematic follow-up and support of inmates who leave, whether or not they satisfactorily completed their time in the unit.

There is additional data available from the Unit looking at reasons for non-completion of the programme.

It is important to present this in order to fully clarify the Unit's strategies in dealing with these occurrences.
5.4 **Non-Completers Profile - 26/1/81 - 1/1/89**

<table>
<thead>
<tr>
<th>Mode of Termination</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Termination by Superintendent</td>
<td>208</td>
<td>69.8</td>
</tr>
<tr>
<td>Self-withdrawal, deferrals and others</td>
<td>90</td>
<td>30.2</td>
</tr>
<tr>
<td>Total</td>
<td>298</td>
<td>100</td>
</tr>
</tbody>
</table>

5.5 **Reasons for Termination by Superintendent:**

<table>
<thead>
<tr>
<th>Reason</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drugs detected on intake or during the programme</td>
<td>77</td>
<td>57.01</td>
</tr>
<tr>
<td>Alcohol detected during the programme</td>
<td>9</td>
<td>4.32</td>
</tr>
<tr>
<td>Not working (e.g. education, therapeutic commitments)</td>
<td>69</td>
<td>33.17</td>
</tr>
<tr>
<td>Breach of contract with the S.C.U. (e.g. persistent inappropriate behaviour)</td>
<td>40</td>
<td>19.23</td>
</tr>
<tr>
<td>Mental condition</td>
<td>4</td>
<td>1.92</td>
</tr>
<tr>
<td>Violence</td>
<td>3</td>
<td>1.44</td>
</tr>
<tr>
<td>Escape</td>
<td>1</td>
<td>0.48</td>
</tr>
<tr>
<td>Damage to property</td>
<td>3</td>
<td>1.44</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0.96</td>
</tr>
<tr>
<td>Total</td>
<td>208</td>
<td>100</td>
</tr>
</tbody>
</table>

Note: the three major reasons for non-completion of the programme are:
- detection of drugs;
- not working;
- breach of Unit norms.

Random urine testing data 19/7/83 - 15/1/89

- Total number: 921
- Average per year: 184
- Average per week: 3.53
6. Analysis of the period 1/7/88 - 1/1/89

The National Committee on Violence nominated several areas of their interest. Some of them related to the work and experiences of the Special Care Unit. They are:

1. The vulnerability to violence of particular groups
2. The need for specific measures in the treatment of violent offenders
3. Development of strategies to prevent violence
4. The effect of drugs and alcohol on violent behaviour.

In order to comment more specifically on these areas of interest we have analysed the Unit's functioning in the past 6 months, a period chosen "at random".

6.1 Admissions - Security Rating profile of inmates: 1/7/88 - 1/1/89

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum security</td>
<td>26</td>
<td>59.09</td>
</tr>
<tr>
<td>Medium security</td>
<td>9</td>
<td>20.45</td>
</tr>
<tr>
<td>Minimum security</td>
<td>5</td>
<td>11.36</td>
</tr>
<tr>
<td>Minimum security</td>
<td>4</td>
<td>9.09</td>
</tr>
</tbody>
</table>

There is an anomaly - at least 4 inmates with minimum security rating were returned to maximum security for the remainder of their sentence following their exit from the Unit as the result of a recent change in Departmental policy concerning prior escapers and their progress into lower security institutions.

Our usual experience shows that approximately 75-85% of inmates come from a maximum security setting.
6.2 Analysis of inmates with violent records

As this paper had to be prepared in a relatively short period of time, it was not possible to analyse the inmate population using a rigorous statistical method. Instead, we analysed the entire Special Care Unit population – 19 prisoners – on one day chosen at random: 12/1/89.

The prison warrant of each inmate was examined to ascertain which prisoners had offences (either previous or current) involving violence and which prisoners had incidents of violence during their current prison record.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence as current offence</td>
<td>14</td>
<td>73.68</td>
</tr>
<tr>
<td>Violence as previous offence</td>
<td>13</td>
<td>68.42</td>
</tr>
<tr>
<td>Violence in prison record prior to admission to S.C.U.</td>
<td>5</td>
<td>26.32</td>
</tr>
<tr>
<td>Total admissions</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

Notes:
- The Special Care Unit accepts prisoners mainly from maximum security institutions.
- At least half to two thirds of our clients at any time have a current offence of violence, history of previous offences containing violence and/or documented violence while in gaol.
- During therapeutic encounters such as group work or counselling sessions, nearly all of our clients, regardless of recorded violence, admit to acts of violence. This violence is directed against members of public (for example in street or pub fights), friends and family members (including adults, children and animals).
- Our clients also mention acts of violence against property, both in and out of gaol, as frequent occurrences resulting from feelings of anger or frustration. This violence is redirected from humans to objects as the preferable option to reduce tension.

- Some of them also mention suicidal attempts and self-mutilation as a preferable option in dealing with their anger rather than injury to another person.
- It is often mentioned during therapeutic encounters that abuse of alcohol and drugs is seen by the client as contributing to his loss of control and resulting in violence.
- 10 inmates (52.63%) had both a current and previous history of violence.
- 4 inmates (21.05%) were in all three categories: current, prior and gaol history of violence.

It has been decided to record this data regularly in future so trends in prisoners' histories of violence can be analysed more rigorously.
6.3 Analysis of Goals Nominated by Inmates

As this paper had to be prepared in a relatively short period of time, it was not possible to analyse the inmate population using a rigorous statistical method. Instead, we analysed the entire Special Care Unit population - 19 prisoners - on one day chosen at random: 12/1/89.

Note: as part of the contract, each inmate nominates 5 work goals. The contract of every inmate in the Unit on the above date was analysed as below.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of issues nominated for therapeutic exploration</td>
<td>95</td>
<td>100</td>
</tr>
<tr>
<td>Goals related to temper, anger, aggression, impulse control</td>
<td>69</td>
<td>72.63</td>
</tr>
<tr>
<td>Goals related to problems with authority resulting in violence (e.g. police, prison officers, bosses at work)</td>
<td>61</td>
<td>64.21</td>
</tr>
<tr>
<td>Goals nominating a need for negotiating skills, improved communication skills, appropriate expression and communication of emotions</td>
<td>78</td>
<td>82.10</td>
</tr>
<tr>
<td>Total admissions</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>

These figures (although the sample is small) are supported by our own experience from previous years. They suggest that many of our clients at some stage of their imprisonment independently recognise these issues as adversely affecting their lives and also recognise the need to take some positive steps to make personal changes in the setting of the Special Care Unit.

Many prisoners choose other options, such as individual work with a psychologist or drug and alcohol worker, or other specialised programmes within the system, such as placement in the Drug Unit at Parklea Prison, or participation in AA or NA.

7. Evaluation of the Special Care Unit Programme.

In this section we offer our evaluation of the psychological strategies used in the Unit, the educational components, staff training and the style of management.

7.1 Evaluation of psychological strategies.

Although statistics show that the major proportion of our clients have committed acts of violence, the programme does not specifically aim to attract or deal with this type of client.

Our experience shows that a group which was homogeneous in terms of issues nominated for exploration did not produce any marked change of behaviour. A proportion of 20 to 25% of clients with different problems on which they wish to work from the majority is absolutely essential for effective peer feedback and modelling within our community. Ideally, this proportion should be even greater.

While we will isolate several psychological strategies that in our opinion were effective in our setting, we stress that specific psychological strategies only form one, however integral, part of the overall management strategy in our Unit.

It is basically milieu therapy intervention with all interactions and activities, even the most trivial, within our community being seen as management tools and therefore potentially therapeutic.

This approach allows basically for cognitive behavioural modification as it promotes accurate observation and understanding of behaviour. Information is disseminated promptly and there is as near as immediate response as possible in terms of reinforcement of desired behaviours. This also allows immediate response to any crisis and its resolution in a preventive rather than punishing manner. All these policies stress the importance of the "here and now" approach as necessary in view of time limitations and constraints.

The principle of psychological intervention is aimed at enhancing and increasing personal competence. It consists of a combination of cognitive self-control and stress/relaxation management. Group work is focussed, task oriented and is based on "here and now". Peer feedback, criticism and support is elicited. It explores contemporary relationships, patterns of behaviour looking at enhanced insight, the search for varied options and alternatives and the practical applications of them, using the Unit's resources. It acts as a powerful motivational force in the subsequent accountability of the individual and promotes personal responsibility for the individual for his actions.

It also becomes obvious that there is a gradual change in the individual's locus of control, from external to internal, as intervention progresses.

In individual encounters the Egan model of counselling has been adopted. It is delivered by prison officers only after appropriate training and within the requirements set by the Australian Psychological Society regarding supervision of non-psychologists. This reflective-listening model emerged as the most appropriate in terms of enhancing clients' insight as well as preventing personal bonding (transference issues) to one person within the programme.
Inmates have individual counselling with a variety of staff exploring only those goals nominated on their contract as these are the only issues for which informed consent was obtained. This prevents undue invasion of privacy and the possibility of conflict between clients and custodial staff. In both settings (group and individual sessions) communication skills, self-expression and negotiation of conflict is promoted by discussion, modelling of appropriate behaviour and role plays.

It appears that with progressively improved communication and self-expression, a buildup of anger occurs only rarely, especially as the relaxation component is seen as vital throughout the entire programme. Specific techniques are used, such as those of self-instruction, thought-stopping strategies, progressive desensitisation, relaxation with visualisation as well as progressive muscle relaxation, and calibration and evaluation of the intensity of emotions.

Our experience shows that these aid improvement in cases of well-established patterns of aggressive response as well as the enhancing of impulse control.

We also mentioned role plays as an extremely useful strategy in changes of aggressive patterns of behaviour. Training in reversal of roles enhances insight, allows expression of emotions related to particular problem areas and therefore in some ways acts as a cathartic experience. Subsequently it effectively rehearses desired patterns of behaviour and considerably reduces anxiety related to implementing these patterns in real life. Role plays are particularly effective in modeling of appropriate behaviour and in the search for options related to conflict negotiation and resolution. They are also used by us in areas of assertiveness training, especially promoting self-monitoring strategies.

The experience from the Special Care Unit suggests that purely supportive strategies and ventilation do not defuse violence but rather in many ways they perpetuate it by constant rehearsal; therefore, these sorts of strategies are only used in the Unit in a limited fashion.

We also recognise that some of our clients may require more in depth, more psychodynamic intervention related to traumas of their early and adolescent years. This sort of client is then directed to a more appropriate source of help (individual sessions with a psychologist or psychiatrist) and accepted back to the Unit to continue with their work upon being seen as able to function within our framework.

7.2 Evaluation of the educational component.

We believe that the following activities significantly contribute to an individual's progress within the Unit:

- educational courses;
- creative writing;
- pottery, leatherwork;
- fitness and nutrition classes;
- various sporting activities.

As inmates develop their skills in these courses, their self esteem is progressively enhanced, they are taught to plan and set realistic goals, to train their patience and to improve their communication and educational standards.

These activities also provide variety and act as alternatives for the release of tension and frustration.

7.3 Evaluation of staff training and its contribution to the management of prisoners.

Ongoing training provides an interesting and varied work environment, thus creating increased job satisfaction and partly acting to prevent burnout. The jobs of all staff are continually enriched. They begin to appreciate the problems experienced by inmates and therefore, through mutual co-operation, employ non-antagonistic preventive strategies in the running of the institution. Sanctions based on power are used infrequently and as an absolutely last resort, mainly in cases where the structure of the programme is at risk.

Our flattened hierarchical system allows for prompt and effective dissemination of information as well as prompt decision making and quickly observable results. Many of the decisions on changes and improvements in programme content result from an open exchange of views and sometimes heated discussions. Differences of opinion expressed via a legalised forum (staff meetings, training sessions) are seen as positive and vital. Our experience shows that subsequently staff accept the final decision from management even though in many instances it does not accommodate entirely their needs and expectations.

By virtue of their training (encompassing such issues as the theory of aggression, assertiveness training, conflict mediation and resolution) staff develop personally as well as professionally, and it allows for an improved ability to act in stressful situations without feelings of threat or insecurity about their own skills. Staff training aims at equipping individuals with practical knowledge on how to effectively normalise their environment.

Finally, personal commitment to this sort of structure and exposure needs to be stressed. We say again: voluntary entry to our community is a most important factor.

7.4 Evaluation of the style of leadership within the community.

Management of a Unit like ours requires executives to possess or develop special skills. The elements of our leadership style can be listed as follows:

- the ability to relate to people rather than manage purely through control;
- the ability to get things done with stress on proactive, transforming skills (people involved are doers, with a bias for activity and pragmatic, common sense);
8. Benefits of the Special Care Unit.

As suggested by preliminary research:

8.1 Inmates, having successfully completed their contract in the Special Care Unit, frequently return to the various gaols in the New South Wales system as:
- less destructive;
- more self-directed and motivated;
- better able to control impulsive behaviour;
- able to serve as a behavioural model to other inmates.

8.2 The Special Care Unit also promotes societal values rather than the values of the gaol subculture. Prisoners in the traditional system subscribe to their own subculture: the "gaol code". This code is impenetrable, owing to peer pressure, the large number of inmates and their perceived need to present a united front to secure their rights within the system.

In the Special Care Unit barriers are not so evident because of:
- community norms which are at variance with tradition;
- group therapy and public self-disclosure;
- relationship building with officers through counselling;
- increased social responsibility to self and others.

8.3 The Special Care Unit promotes a co-operative and constructive management style based on participation, consultation and non-violent conflict negotiation between officers and inmates.

8.4 The Special Care Unit provides officers with the opportunity to learn skills in management and counselling.

8.5 The Special Care Unit affords every member of the community access to information and decision-making appropriate to their position in the community and their level of maturity.

8.6 The Special Care Unit promotes the idea of control over one's own life through the practice of socially appropriate behaviours, independent decision-making and the taking of responsibility for these decisions.

Overseas and interstate visitors who have seen how the Special Care Unit operates noted that they are aware of similar developments in America and Europe, but often comment on the uniqueness of this model due to the integral input of custodial staff in programme delivery.
The trend towards smaller institutions enabling officers to work closely with inmates is beginning to be quite obvious. The function of correctional officers fulfilling more complex roles in "managing" (rather than merely "controlling") inmates is also seen to be generally recognised as a step comparable with current world-wide developments in the field of modern penology.

Visitors from the United Kingdom, Holland, New Zealand, Mauritius and the United States have expressed interest in, and commented favourably on, our programme and work.