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EVALUATION OF THE SPECIAL CARE UNIT

DRAFT REPORT

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PREFACE

Programme evaluation is an important function of the Research and Statistics Division. Research-based evaluation is expensive and takes considerable time. Thus, it is only used for important programmes, where the cost and potential value justify the investment of resources in a major evaluation study.

The Special Care Unit is such a programme. Although not a large unit, its operating costs per prisoner per year are very high, and it has been controversial among prison staff, especially in its first 2-3 years. The work reported here sought to assess the units' impact in its two major functions of improving the capacity of selected prisoners to cope more appropriately with imprisonment, and training staff to be more effective in working with prisoners and other staff.

As with all major programme evaluations, the difficulties, both practical and theoretical, were great. These were compounded by changes in research staff during the project. However, the data obtained give evidence that the unit is achieving its major objectives with about half the prisoners and perhaps more than half of the staff, without substantial destructive side effects. Real efforts are being made by unit personnel to improve its contribution to constructive change for inmates, staff and the overall prison system. The unit is thus unusual among correctional programmes. It has been implemented very much as was intended: it has been flexible in identifying problems and changing to overcome the problems; and it has had substantial success in achieving very difficult goals.

I completed the final report and was not able to ensure that all other members of the research team would agree with all that is now contained in the parts to which they contributed. Part 1 was initially drafted by Tina Monk and I subsequently revised it. Most of Part 2 was drafted jointly by Brian Cooper and Tony Macris, with a section (2.2) initially prepared by Tina Monk. I revised Part 2 and wrote sections 3.7 and 4.0. Part 3 was largely drafted by Brian Cooper. I added sections 10.0 and 11.0, and revised the other sections. I also wrote Part 4. I wish to thank all those who commented on drafts, and Angela Gorta in particular for her careful and detailed critical comments, and Isabel Hight for raising some very important issues.

I am pleased to submit this report showing the affective implementation of an innovative and successful programme to the Corrective Service Commission and the Criminology Research Council. The views expressed in this report do not necessarily represent those of the Minister for Corrective Services, the Corrective Services Commission, or the Criminology Research Council. The assistance of a grant of \$16,000 from the Criminology Research Council is gratefully acknowledged. The study of staff reactions and detailed analysis of prisoner interview data would not have been possible without the grant.

Dr Don Ferritt
Chief Research Officer

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1.0 HISTORICAL BACKGROUND

The Special Care Unit was set up following the recommendations of a Departmental Working Party whose brief was the disposition and treatment of prisoners who suffered from some form of emotional disturbance. Previously these inmates were housed in the Observation Unit (OBS) at Malabar, but the inadequacy of this unit in terms of facilities and suitable treatment for a wide variety of disturbed inmates led to a search for an alternative option.

To this end, in May 1980, Mr John Horton and Dr David Schwartz visited a number of institutions in Canada, the United States, Denmark, The Netherlands, England and Scotland in order to investigate the various alternatives developed for the treatment of mental distress and illness in other correctional systems. Their findings, which are contained in Schwartz and Horton (1980), were incorporated into the programme they developed for the Special Care Unit. They planned to provide an opportunity for prisoners who were in a state of crisis, unpredictable in their behaviour, and (in some cases) dangerous, to be looked at and encouraged to change their behaviour. The old OBS section had also held prisoners who were actively psychotic. Separate plans were made for re-housing these prisoners, who were considered quite unsuitable for the type of therapeutic programme Schwarz and Horton proposed.

The Special Care Unit is housed in a prison wing formerly used to accommodate inmates in the Metropolitan Reception Prison, one of the maximum security gaols situated in the Malabar Complex of Prisons in Sydney. The building was renovated to update cell accommodation, provide living amenities and work space and to install a security system of closed circuit television cameras throughout the building. At the conclusion of this work in 1981, the unit had become a fully self-contained and autonomous maximum security prison.

The unit housed 18 prisoners in single cell accommodation from its inception in March 1981 until 1985, when a further eight cells were made habitable, so that a total of 26 prisoners can now be accommodated at any one time.

2.0 STAFF STRUCTURE

The custodial staff structure of the Special Care Unit consists of a Superintendent, Deputy Superintendent, and 5 Assistant Superintendents, all of whom are permanently attached to the unit, and 22 prison officers temporarily seconded to the unit from other New South Wales penal institutions. A Senior Psychologist (designated as Second Officer-in-Charge) is permanently attached to the unit to oversee the programming and therapy of inmates and the selection and training of staff. A Senior Prison Officer assists in staff training and undertakes general duties as an officer in the unit. In line with the training function of the unit, 6 trainee officers are attached to the unit at any one time for a period of 12 weeks each. From time to time, unit officers are exchanged with officers from other prisons for short periods, to allow a greater number of officers to gain a first hand knowledge of the unit and its operations.

3.0 THE PHILOSOPHY OF THE SPECIAL CARE UNIT

David Schwartz (1984) suggested that the desirable goal of a correctional system should be the "re-education" of prisoners rather than their "rehabilitation" - a concept which he argued is too ill-defined to provide operational goals and objectives. He argued that "re-education" is a more workable goal, suggesting as it does, a programme of attitude change and skills training that seemed more comprehensible to both prisoners and prison officers - the people Schwartz calls "the central actors in the correctional drama".

The Special Care Unit was conceived as a "re-education" programme which was designed along the lines of a therapeutic community. (For a more thorough exposition of the nature of a therapeutic community, interested readers could consult Jones, 1968a, b; 1976; Rappoport 1960; Clark and Yoemans, 1969). The prison officers were seen as the primary therapeutic agents who would be responsible for the day-to-day programming of the unit in consultation with civilian staff.

The Special Care Unit was also intended to be a vehicle for staff development. It was believed that the therapeutic community was an excellent model through which to pursue the much needed task of re-defining the narrowly-defined custodial officer's role.

3.1 The "Therapeutic Community" as Treatment Model

Most therapeutic communities, and especially those developed within larger institution such as psychiatric hospitals or prisons, attempt to reduce formality and humanise relationships, flatten authority hierarchies, share decision-making by group discussion to seek consensus, and provide maximum communication throughout the therapy setting. All elements of the community are seen as important to the treatment programme. Thus, relationships and personalities of staff and inmates are seen to be the raw material for the re-education process. Rather than define only some activities as "therapy", every event and experience is to be treated as having potential for examination and learning.

For a prison unit to be effective as a therapeutic community, the prisoners have to be actively involved in each other's treatment. Consequently, unit staff have been encouraged to confront and oppose dependency by prisoners, and to challenge the image of the "prisoner as victim". Every effort was to be made to show inmates how they wittingly or unwittingly deprive themselves of opportunity to make an impact on their environment by means acceptable to others.

4.0 AIMS

The unit philosophy emphasizes the re-education of prisoners (rather than "rehabilitation") as a desirable goal of the correctional system in general and the Special Care Unit in particular. Inherent in the notion of re-education as embodied in the aims of the unit is a programme of attitude change and skill training for prisoners.

It should be pointed out that at no time has the Special Care Unit had as an aim the reduction of recidivism, although, as we shall see, many inmates and officers see this as an important and credible aim.

Although to date the aims of the Special Care Unit have not been formally articulated, they appear to fall into three categories, i.e., those concerning inmates; staff; and the prison system. These are each discussed in turn.

4.1 Aims for Inmates

The unit aims to assist the individual towards improved social functioning which will benefit him in any social situation, be it in the prison system or outside in the community. The immediate objectives are thus changes in thought and action indicating more skilled and less problematic functioning in social situations. The short-term objective is to assist inmates to modify their behaviour to enable them to fit back into the gaol system; and the longer term objective is to facilitate their re-integration back into society. It must be recognised that, while changes in self-image and social skills can assist inmates to avoid further involvement in crime, other situational factors can easily overwhelm such gains. Thus, the hopes expressed by inmates and staff for a reduction in recidivism have a realistic basis, but the unit cannot be judged in terms of reduced recidivism. The unit can be accountable for success in the immediate and short term objectives, but much more than these may be required for a programme to have a measurable impact on recidivism.

To achieve these objectives, inmates have to become more responsible for themselves in relation to the immediate community in which they are living. Participation in a self-help programme of reality testing is the means through which greater personal and social responsibility is developed. Thus, participation in self-help and reality testing are complementary process goals, and development of a greater sense of personal responsibility an immediate desired outcome.

The more specific therapeutic aims of the unit largely depend on the individual inmate as the unit programme is tailored to meet their individual needs. Therefore, the unit programme aims to improve an individual's functioning in a variety of areas which are dictated by the inmate's presenting problems, as articulated in his goals.

4.2 Aims for Staff

The broad objectives for seconded and trainee staff, which are closely interrelated, are:

- a) skill development in such areas as interviewing inmates and counselling;
- b) staff re-education, i.e. to foster a greater awareness of inmates as people with problems and the ability of staff, as prison officers, to help them;
- c) role re-definition and expansion of the work role which staff carry into the general prison system.

4.3 Aims for the Prison System

Objectives for the impact of the unit on the prison system as a whole are:

- a) to reduce the number of troublesome prisoners, so that fewer are hard to handle;

- b) to improve inmate-officer relationships throughout the system:
- c) to humanise the prison system as a whole as ex-members of the unit - staff and inmates - return to the general prison population:
- d) to give prison officers more experience in a complex role in the management of prisoners;
- e) to increase the number of prison officers willing and able to be accountable to inmates by providing them with explanations.

5.0 THE SPECIAL CARE UNIT PROGRAMME

This report is not the place to describe the programme in fine detail, nor to trace the exact history and rationale of changes. Schwarz is preparing such a history. However, many readers of this report will not have ready access to other material describing the unit, and some feeling for its day to day operation and routine is essential to understand the results of the evaluation studies reported here. Thus, this section presents a broad outline with detail sufficient only to give abstract statements of principle and objectives some concrete meaning. While we have done our best to report accurately, people with a long-term personal involvement with the unit would probably find the description too cursory and perhaps would wish to dispute some points of detail. Readers should bear in mind that the section is intended only to give a general idea of the unit and its changing programme, and should not expect to find that on every point the unit currently operates as described here.

5.1 The Constancy of Change

An essential feature of all therapeutic communities is the willingness and ability to adapt fairly rapidly in response to the changing needs and demands of its participants. Such adaptability is rare in any part of any prison system. While the continual evolution of the unit programme is typical of therapeutic communities, it is unusual for a prison. Any description of its current operation and functioning however true when written, could well become obsolete in 3, 6 or 12 months time. Major changes have been made in the unit's functioning over its 6 year history, some during the course of the current research project. It is not intended to detail all of these changes in the present report, but some of the major policy changes are considered noteworthy. The Special Care Unit was initially seen as a facility for troublesome, intractable prisoners in the system, rather than being for troubled prisoners. This emphasis has shifted so that the unit now caters for a wider cross-section of the prison population, although the troublesome prisoner is well-represented. (An analysis of the types of problems experienced by a sample of unit inmates is given in Part 2). Another major change in the unit's operation, introduced in July 1982, was the institution of three month therapeutic 'contracts' for the inmates. Prior to this no limit was set on the amount of time an inmate could spend in the unit, and the average length of stay was in fact 5.5 months. A therapeutic contract lists the inmate's commitments in terms of his behaviour and conduct within the unit and details the therapeutic goals he will work on during the course of therapy. This process was designed to emphasise to inmates both their personal responsibility for their learning, and the break with the social environment they had experienced in other prisons.

5.2 Overview of Special Care Unit Procedures

The formal work of the Special Care Unit is carried out in two therapy groups consisting of up to nine inmates and three staff members (including the Senior Psychologist) who meet every week-day morning. An additional group - "The Upper Eight" - consisting of up to eight inmates new to the unit, one senior officer and one or two trainee officers, also meets daily. An attempt to use experienced inmates who had successfully completed their three-month contract as "Linkers" who remained in the unit to assist with the induction into the programme of incoming inmates was abandoned after it was found to create too many conflicts for the prisoners.

Formal evening groups are also conducted to help an individual prepare for his group work the next day, and although these commenced as impromptu initiatives by the inmates, the groups became a part of the formal programme.

The "Upper Eight" group, which was introduced in 1985, was designed as an induction process for incoming inmates prior to their participation in the formal therapy groups. The group discusses general topics rather than an individual's specific problems and goals. This is intended to introduce the inmates to the concept and method of operation of group work in a less pressured and personally threatening atmosphere where they can choose how much of themselves they wish to reveal to the group.

Dyadic therapeutic discussions (called "counsels" in the unit's jargon) between an inmate and an officer have also become an integral part of the unit programme. These contacts are intended to aid the inmate to clarify his feelings and "rehearse" personal material to be brought up in group therapy. Following each "counsel", both the officer and the inmate are required to write a report on the exchange, thus emphasising the public nature of therapy which is central to the Special Care Unit programme. This element of the programme is such a clear break with the distance and sometimes active hostility between officers and prisoners typical of other high security prison settings that it was paid some special attention in the evaluation.

5.3 Operational Procedures

The following brief outline of the operational procedures which were in effect during the initial data collection period of this project (April-October 1985) are based upon David Schwartz's (1983) paper (to which reference should be made for a fuller account), and observations by Tina Monk. The procedures are summarised below under the headings of admission procedure; small therapy groups; and large therapy groups.

a. Admission procedure

During the initial screening and goals clarification interview, conducted by the Senior Prison Officer, the inmate's reasons for applying for entry to the Special Care Unit are reviewed, and the unit programme is explained to him. A central task of this initial interview involves the explanation of the "contract" as a public statement of goals and objectives that can be evaluated during the therapy.

Following this interview, the inmate attends an entry assessment which is carried out by a panel of three inmates (of the unit) and three unit officers. The participation of inmates in the

assessment process was seen as a significant break with the prisoner code which implies that no inmate may sit in judgement on another prisoner, particularly in company with prison officers. However, in practice very few prisoners have ever been refused entry to the unit because of a decision on the part of the prisoners. This assessment procedure was reviewed and modified in 1986, to involve a wider range of staff.

b. Small therapy groups

Although misconceptions about the nature and operation of the Special Care Unit are common amongst prisoners, prison staff and members of the broader community, the most misunderstood area seems to be the therapy groups. As the results section will show, even some incoming inmates to the unit are less than clear on the actual processes of group therapy. Such descriptions as "something they (the officers) do to us"; "a brainwashing process"; "mind games" and "a place where other crims bag you" offered by some inmates shortly after entering the unit show a combination of fear and uncertainty.

Therapy of any sort is an intensely personal experience and one which it is difficult to communicate to others who have not shared the experience. Consequent upon this widespread lack of knowledge is a perhaps natural fear of the process and outcome of therapy. The essence of therapy is change. However unsatisfactory an existing situation may be, the prospect of change, especially through personal effort and responsibility, almost inevitably provokes anxiety.

Therapy, as it is practised in the Special Care Unit, is very much a learning process. Inmates enter the unit in order to learn how to cope with a wide variety of intrapersonal, interpersonal and behavioural issues. The function of therapy groups is to give the prisoner an opportunity to discuss the learning experiences he encounters in the unit and evaluate them in the light of feedback from peers and officers.

The two small therapy groups meet for 1 hour each morning and focus on intrapersonal issues: that is, the personal concerns and problems that have been identified by the prisoner as part of his therapeutic "contract". Low self-esteem, inappropriately aggressive tendencies, poor communication skills and lack of assertiveness are typical examples of "contract" related topics dealt with in the small group.

When an inmate is admitted to the Special Care Unit, he "contracts" to work initially on five therapeutic goals which then become the subject of the work he does in therapy groups. Generally each inmate will have at least one therapy session in which to work on each of his five goals. When an inmate is working on one of his goals in the group he is said to be in the "hot seat"; in other words, he is the focus of the group's attention during that time. The individual in the hot seat begins by explaining his goal to the group in terms of its meaning to him and the kinds of consequences it has had in the past. The other group members participate by asking clarification questions, offering realistic feedback, sharing their own similar experiences and by offering advice. The involvement of the psychologist is, by design, minimal and is restricted to occasional interpretations and efforts to keep the discussion focussed on the problem at hand. Since late 1985, the psychologist has also prescribed "homework", often in the form of writing up what the session meant to the individual in the hot seat in a personal diary, or some task which involves practice of new and more

satisfactory behaviour. At the end of the session all of the group members, commencing with the person in the hot seat, summarize their perceptions of what has transpired during the session. In a debriefing session, after the group, with the psychologist and the two officers, all of the inmates are awarded points (a grading), according to their level of participation in the group. Maintaining an acceptable rate of earning points is an essential part of each inmate's contract.

c. Large Therapy Groups

Large therapy groups in the Special Care Unit take the form of:

- (1) Daily 'Shares' Meetings;
- (2) Community Meetings (held on Mondays and Fridays); and
- (3) Communication/Debating Groups (held on Monday evenings);

These are each described in turn.

(1) Daily "Shares" meetings

The "Shares" meeting is held daily, immediately following therapy groups and acts as a formal mechanism designed to "bridge" groups. It consists of a report by members of each group on the topics discussed in therapy groups, usually led by the group member who has been the focus of the group's work.

(2) Community meetings

Twice a week the "shares" meeting is preceded by a community meeting. These meetings deal with such things as issues relating to the running of the unit, the needs of the community, the unit rules, election of various unit officers and the resolution of interpersonal conflicts. These meetings have often been the occasion for the expression of considerable negative affect from inmates. According to Schwartz, the underlying reasons for this conflict seem to revolve around two issues: understanding the central notion of "community", namely that everyone feels a sense of responsibility to self and others, as well as meaningful personal involvement with one another; and the mistaken belief among inmates that management of the unit by participatory decision-making and problem solving is to be achieved by "democratic" majority vote.

These two issues are never resolved completely because the unit population is constantly changing and re-clarification of the rules is often necessary. It is particularly difficult for inmates to understand the notion of participatory decision-making: often they misconstrue this as majority rule, believing that they must have an equal voice in management decisions or participation is a sham.

(3) Communication/debating group

This compulsory group, which meets weekly on a set evening, has been run by a public speaking instructor. He provides a particularly important and valuable part of the unit programme since so many of the inmates have communication problems.

d. **Self assessment procedure**

Every inmate in the unit is required to take part in a self-assessment in his therapy group before he leaves the programme to return to his goal of classification. In a formal sense, this is a ritual of farewell and a means by which the inmate can sum up his accomplishments in the programme. The self-assessment is structured by the inmate's responses to a formal structured check list a copy of which is given to all members of the group for discussion.

The self-assessment is seen as another aspect of therapy, which provides the prisoner with an opportunity to identify and summarise the work he has carried out in his therapy group. The process is also intended to be therapeutic for the group: the other prisoners are able to gain insight into their own thinking and behaviour and, in doing this, they are in a better position to deal with their own life issues, as well as provide the prisoner under assessment with feedback of a positive and constructive nature. This process is also intended as a learning process for the officers by enabling them to gain a clearer understanding of the prisoner's achievements and future goals, and it is hoped that they will use this information about the "process" of therapy in the unit to better focus future work with other inmates in the programme.

e. **"Body Corporate"**

The "Body Corporate" consisted of a panel of three inmates and two officers elected by the community to enforce communal responsibility. The issues relating to the difficulties experienced at community meetings, particularly that of coming to terms with personal responsibility and unit involvement, apply here as well. The setting of limits to assure that everyone can avail himself of the unit privileges has been an onerous task for the inmates to carry out. It has meant that a group of elected prisoners were working with prison officers to "police" standards which were often foreign to them in the first place. When one considers that prisoners, in general, often live for self-gain and, in addition, see every ill-gotten benefit as a successful manipulation of the "system", the recurrent failure of this self-regulating body is not surprising. These failures are seen as an indication of the extent to which the inmates are poorly socialised to deal effectively with the legitimate commitments of life outside of prison. The failures are expected and used as an opportunity to learn something. Every time the members of the "Body Corporate" resigned, attempted to cancel meetings or found themselves to be the focus of disapproval or sanction for violating or abusing unit principles offered an opportunity which could be (and, so far as possible, was) used for the personal growth of inmates and staff.

f. **Contracts and points system**

One final point of the unit's operation needs explanation, and that is the system of "contracts" which has since their introduction in 1982 been integral to the Special Care Unit programme. "Contracts" were introduced to provide direction to therapy and to act as a means of assessing each individual's progress in the unit. The contracted period of stay for each inmate is three months, although by no means all of the inmates are successful in completing this period. Since 1986, inmates were able to spend up to four weeks in the pre-contract orientation programme, and could thus stay for up to four months.

The "contract", which must be signed by each inmate on entry to the unit, covers three areas of commitment which each individual must fulfil to an acceptable standard if he is to avoid premature eviction from the unit. These areas are:

(1) Therapeutic commitments

These are the issues that the individual brings to small therapy groups for discussion, and are formulated in terms of his therapeutic goals. The inmate is evaluated by the psychologist on his therapeutic work in small therapy groups and in counselling sessions with officers in terms of his participation and commitment, and he is awarded points accordingly.

(2) Unit commitments

The individual's commitments to the unit as a whole are to attend group meetings and whilst in the unit to refrain from physical violence, refrain from the use of alcohol and non-prescribed drugs, and to undertake an educational course.

(3) Individual commitments

This part of the "contract" covers the obligations of the inmate to perform certain work duties in the unit; to submit to blood, urine, or breath tests on demand; and to attend the weekly communication meetings. Subsumed under this heading are also the obligations the unit has to the inmate in terms of the number and length of phone calls and visits he can receive each week.

Not meeting "contract" commitments has consequences. The decision as to whether or not an inmate receives the maximum number of phone calls and visits is made by the superintendent and the psychologist on the basis of his performance in therapy and his conduct in the unit generally. More serious sanctions are applied, however, if an inmate's performance in therapy consistently fails to reach the acceptable standard: the inmate is asked to leave the unit and his "contract" is terminated. In late 1985, a formal procedure was introduced of warning inmates when their performance was not reaching the required level, and of negotiating with them what they had to do over the next two weeks if they were to stay on. An inmate's "contract" can also be terminated if he uses, or attempts to use alcohol or a non-prescribed drug, or if he breaches certain rules of conduct laid down in his contract.

6.0 STAFF TRAINING

The Special Care Unit, from the early planning phases of the project, has been designed to serve a staff-development function in addition to its therapeutic mission for prisoners. Staff development in the Special Care Unit takes place in the areas of skill development and personal development.

6.1 Skill Development

The psychologist has a major responsibility for training custodial staff to carry out therapeutic objectives. Schwartz pointed

out in his 1983 paper that the psychologist rarely performs the traditional therapist's role; the community is the therapist and all "helping responsibility" is diffused through the entire community. The psychologist's role is to aid this process.

The major skills which are the focus of staff training in the unit are: the interviewing of prisoners for entry into the unit; small therapy group facilitator; counselling inmates; and participation in panels with inmates. More will be said about these various staff functions in Part 3 which reports the results of a survey of staff reactions to working in the unit.

6.2 Personal Development

The two venues for this important process are: the staff meetings which are held twice each week, and the staff support groups which are held once a week. The staff meeting is intended as a forum for officers to express their concerns about the work taking place in the unit and their relationships with other unit officers. These meetings also provide the officers with an opportunity to participate in the management of the unit and to examine and articulate issues of programme direction and policy implementation. During staff support groups, officers are encouraged to discuss such personal issues as job satisfaction, personal happiness, employment aspirations and family problems. During 1986 a more structured and skill based training programme was developed, with a number of modules which are repeated in a cycle so that, as officers move through the roster, they are all able to participate in each module.

7.0 IMPLICATIONS FOR THE EVALUATION

The style of operation and the objectives of the unit have implications for its evaluation. Because individual inmates have different problems, it is not easy to choose a specific measure which can be used to assess the level of problems before and after the programme. However, some analysis of inmate contracts can be used to identify common themes, which might guide the choice of baseline and outcome measures. Despite the goals expressed by many inmates, and the perceptions of many of the staff, reduction of recidivism is not a unit objective: the unit is concerned with adjustment while in prison rather than after release. Thus, ambitious recidivism studies are neither necessary nor relevant. Also, it is clearly important to assess the impact of working in the unit on staff, and the larger impact on the whole prison system if this can be assessed.

Part 2 of the report describes a study of impact on prisoners, and results of some additional data collection based on the results from the first groups of prisoners. In Part 3, a survey of past and current staff is presented, which tries to address the impact of the unit on staff, and to some extent consider the impact on the prison system overall. In conclusion, Part 4 explores some implications of the results, summarises the conclusions reached, and suggests some action which might further enhance the contribution of the unit to the operation of the prison system.

SPECIAL CARE UNIT EVALUATION STUDY:

PART 2: INMATE IMPACT STUDY.

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1.0 INTRODUCTION

This part of the report describes a study of the impact of the Special Care Unit on inmates. The work was supervised by Don Porritt and commenced by Tina Monk. Data collection was completed by Brian Cooper and Tony Macris, who prepared the early drafts of Part 2. The final data analyses and writing of this part were completed by Don Porritt.

The study obtained a substantial and useful body of data about the impact of the unit on inmates, despite some limitations on the project's research design and data collection. These were: difficulty in obtaining repeated measures from all inmates; the sample sizes; breaks in data collection due to changes in staff; problems in establishing a comparable comparison group; and reliance on self-report data. Thus, the results reported here are tentative, but do add to the available knowledge about the unit's impact on inmates.

An ideal design would have collected data from each of a sample of inmates at entry, exit and follow-up, and from a comparison group at two points separated by the standard follow-up interval. As only some inmates complete their treatment "contract", the treatment group would have to be split into those completing, and those not completing.

To overcome the effects of time limitations imposed by the available funds, a less powerful design was adopted. The original resources required completion of data collection over a period of six months. Data were to be collected from treatment cases at three points: on entry to the unit, at exit from the unit, and at follow-up 3 months after exit. Given the short duration of data collection compared to the expected treatment and follow-up periods, very few cases could be assessed at all three points. To increase the volume of data, it was decided to obtain data from all inmates entering the unit in the period, from all leaving the unit in the period, and from all reaching a point three months after their exit during the period. As a result, some inmates were assessed only at entry, others only at exit, and others only at follow-up, while others were assessed at two points, and a few at all three.

Data collection commenced at the end of April 1985. There was a break in data collection due to the initial Research Officer leaving at the start of September, 1985, before repeat interviews with the comparison group were completed. Thus, initial data collection was effectively limited to a four month period. A higher than expected rate of non-completion of "contracts" in this period resulted in very few prisoners who completed "contracts" being assessed at both entry and exit. Arrangements were therefore made to continue collection of data at exit and follow-up. These were not fully successful. When the project was recommenced in April 1986, it was found that some 36 interviews planned to occur between September 1985 and January 1986 had not been completed. Fourteen of the 36 missed interviews were with members of the comparison group at a second occasion. Most of the others were scheduled follow-up interviews with inmates 3 months after they had completed their treatment "contract". As many as possible of the missed follow-ups were completed in April 1986, but this did not add much data. This reduced the sizes of samples in some combinations of stage (entry, exit, or follow-up) and group ("contract" completed, "contract" not completed, or comparison group).

It would have been helpful to obtain data from staff about the inmates' behaviour, as well as the self-report data. When unit staff were asked to provide the data, it was often not completed, especially at exit. It proved impossible to obtain detailed data from staff at other prisons on inmate behaviour at follow-up. On reflection, a much briefer data collection instrument, and a much greater investment of effort in obtaining observer data

would have been a great advantage. A suggested brief instrument for this purpose is outlined in Part 4 of this report. Without such data, the possibility of bias or deliberate distortion of self-reports by inmates is difficult to rule out.

The policies and practices of the unit changed in a number of areas during the extended data collection period. It was possible to arrange for the collection of selected self-report data at entry from most inmates entering the unit from December 1986 to November 1987 and, for those successfully completing their treatment "contract" in this period, at exit. The results from these cases are included in analyses where appropriate to test the generalisability of the results, and increase the statistical power of the analyses. Wherever this was done, the data were reported separately to test whether the changes in data collection procedures or other changes had affected the results.

2.0 METHOD

The data were collected from three distinct groups. The first group included all the inmates who entered or left the Special Care Unit during the initial data collection period of 4 months. Data were collected from each consenting inmate who entered the unit, exited from the unit, or had left the unit three months before. These inmates were asked to complete a series of psychological tests and participate in an interview tailored for the stage reached (entry, exit or follow-up) by the inmate.

Selected psychological test data were obtained from a second group of inmates who entered the unit from December 1986 to November 1987, to test the stability of the findings from the earlier sample. The additional 1986/87 data have been kept separate from the data from the 1985 group in all data analyses.

A comparison group of prisoners who had not been in the Special Care Unit formed the third group. These prisoners were identified by psychologists in other institutions as having similar behavioural difficulties to the inmates in the unit. They were asked to complete an interview and the psychological tests at two points, three to four months apart. The interview was similar to that used for unit inmates. As mentioned in the introduction, it proved extremely difficult to obtain the data from comparison group prisoners on a second occasion.

2.1 Research Design

This study used a quasi-experimental design. as the constraints outlined in section 1.0 prevented use of a strict experimental design. Also, there was no practical or ethical possibility of randomly allocating prisoners who were suitable for the unit to treatment or control groups, nor could prisoners be treated as successes or failures in meeting their "contract" obligations on a random basis.

Table 1 shows the basic Group by Stage design, and the number of cases in each cell of the design. Some cases appear in only one cell, some in two cells, and some in three cells of the design. In analysing quantitative data (i.e., psychological test scores), the scores were treated as statistically independent. This reduced the power of tests for differences between means, but was the best approach to the partially independent, partially repeated data obtained.

TABLE 1 : NUMBER OF CASES IN EACH CELL OF THE DESIGN

	STAGE: <u>Entry</u>	<u>Exit</u>	<u>Follow up</u>	<u>Total</u>
Treatment				
Initial Sample (1985)				
Completers	13	26	12	51
Non-Completers	24	24	23	72
Additional Sample (1986/7)				
Completers	35	43	0	78
Non-Completers	26	0	0	26
Non-treatment				
Comparison	n/a	21	11	32
TOTAL	98	114	46	257

Some treatment cases were assessed at only one stage; some at two stages; and only a few at all three. This provides a valid basis for comparison if, and only if, those assessed were similar to each other at entry. Comparison of data obtained at entry from those tested only at entry with data obtained at entry from those who were also assessed at exit or follow-up can give some confidence that the assumption was not unreasonable.

The sub-groups which did or did not complete their treatment contract also could have differed from each other at entry. This would not invalidate the design. Rather, it would reveal some important facts about the programme. Additional data were collected from inmates entering the unit from December 1986 to November 1987. Selected psychological tests were administered by the unit's Senior Psychologist. Some were tested before December 1986 but had been in the unit for too long to be considered to have provided data at entry before experience of the unit could have an effect. The numbers given in Table 1 for the 1986/7 entry stage sample are based on cases tested within 2 weeks of entry to the unit. In this period, all eligible inmates completed tests at entry, and all eligible inmates completing their "contracts" successfully completed tests at exit. Because some inmates who had entered before December 1986 completed successfully after testing was started, the number of successful exits (43) in the 1986/7 samples was greater than the number of successful inmates tested at entry (35).

Table 2 shows the numbers in each group from whom interview and/or psychological test data were obtained for each combination of stages.

TABLE 2: SAMPLE DISTRIBUTION

STAGE:	<u>Completers</u>		<u>Non-Completers</u>		<u>Comparison</u>	<u>Total</u>
	'85	86/7	'85	86/7	'85	
Entry Only	3	-	5	26	-	34
Exit Only	9	8	4	-	13	34
Follow-up Only	3	-	7	-	3	13
Entry/Exit Only	8	35	7	-	-	50
Entry/Follow-up Only	-	-	3	-	-	3
Exit/Follow-up	7	-	4	-	8	19
Entry/Exit/Follow-up	2	-	9	-	-	11
TOTAL	32	43	39	26	24	164

In the initial 1985 treatment group (including the 32 'completers' and 39 "non-completers") 44% were tested only once; 41% were tested twice and only 15% were tested on all three occasions. None of the 69 additional 1986/7 cases were tested at all three occasions; 38% (all non-completers) were tested only at intake; 12% were tested only at exit; and 51% (all of whom completed) were tested at entry and exit. For the 1985 treatment groups, the data

included an interview, and/or one or more of the psychological tests. For the comparison group, the data collected at first contact (shown as exit) came from an interview and/or psychological tests, and at follow-up was limited to test data. For the 1986/87 samples, only test data were obtained.

Initial data only was obtained from 13 comparison group prisoners. Three who were initially interviewed but did not complete the tests did complete at least one test at follow-up, and 8 others completed a test at both initial and follow-up interviews. The initial contact with the comparison group is shown in Tables 1 and 2 as an exit contact.

2.2 Psychological Tests Used

The tests were standard psychological tests designed to be self-administered. However, in most cases the interviewers administered the tests by reading each item to the inmates. This was to overcome any problems of lack of understanding and also to ensure that the tests were actually completed. Some inmates who were well able to complete the tests themselves, so long as the interviewer was available to deal with any queries, preferred to do so. This procedure was followed in a few cases. Although this variation in procedure could have affected the results, it was the best compromise which could be achieved, as those inmates who could readily read the tests for themselves found responding to questions read out to them very tedious, and co-operation was jeopardised. Sometimes when there was insufficient time to administer the tests during the interview they were left with the inmate to complete and return. Often they were not returned despite efforts to follow-up and obtain them. This was the main cause of the variations in the numbers completing each test compared to the possible numbers shown in Table 1. The data loss in the treatment groups varied from nil to two cases.

The contract goals of the last 50 inmates who had been through the unit before the study commenced were analysed to guide the choice of variables to measure with psychological tests. The analysis indicated that the prisoners most frequently had problems in the areas shown in Table 3.

TABLE 3: MOST FREQUENT PROBLEMS AS STATED IN CONTRACT GOALS BY 50 INMATES

1) poor communication skills	29	58%
2) inadequate interpersonal skills and relationships	24	48%
3) lack of personal responsibility	19	38%
4) low self esteem and lack of assertiveness	17	34%
5) problems in dealing with authority	16	32%
6) inappropriate and/or excessive aggression	9	18%

Every individual had at least one of the above problems, with 36% reporting two of them and 26% three. The problems were often related. For example, it is difficult to maintain satisfying relationships if extremely aggressive and/or unable to verbally convey one's feelings and thoughts: and problems with aggression were often most evident when dealing with people in authority positions such as those held by prison officers. It is our impression from interviews with inmates at entry and exit, that aggressive behaviour, particularly towards prison officers and other authority figures, was often implied in, and perhaps to some extent masked by, descriptions of problems with communication and interpersonal relationships.

In order to measure the magnitude of these problems experienced by all of the individuals in the sample, and to measure change over time, the following tests were administered: the Interpersonal Behavior Survey, the Jessness Behavior Checklist, Lovibond's Self Analysis Questionnaire, and Spielberger's Trait Anxiety scale. Each is described in turn below.

a. **Interpersonal Behavior Survey (IBS)**

This is a 272-item, true/false response test designed to be self-administered. The administration time was approximately forty-five minutes. It covers most of the problems experienced by the unit inmates and provides a profile of the individual in terms of several relevant interpersonal scales such as self-esteem, hostility and aggression. Being worded in the present tense, it was designed to be sensitive to behavioural change following therapeutic intervention.

b. **Jessness Behaviour Checklist**

This test, which was developed for juvenile delinquents (and later modified for use with adults), had the advantage of having parallel observer and self assessment forms which could be used to provide a check on the inmates' responses. It consists of 80 items forming fourteen scales such as "effective communication", "social control" and "responsibility", and "anger control". The questions describe behaviour rather than opinions or attitudes. The test overlaps with the IBS. It was included because it was designed to describe the behaviour of people in conflict with the law, and had an observer form. The IBS was included because it had been developed on 'normal' samples and appeared to have better reliability than the Jessness.

For the people who had been through the Special Care Unit in the 1985 sample, the observer form of the Jessness was given to unit officers to be completed on the inmates. Those who were no longer in the unit or who had not been in the unit (i.e. treatment group at follow-up and comparison group respectively) were asked to nominate an individual who knew them well enough to complete the form. It proved extremely difficult to consistently obtain observer-reported data, whether from unit staff or informants in other institutions. The quantity of data obtained was too small to merit analysis.

c. **Self-Analysis Questionnaire (SAQ)**

This test, which was developed by Professor Lovibond at the University of New South Wales, was designed to measure the emotional states of anxiety, tension and depression. Groups experiencing major adjustment problems tend to report elevated levels of these emotional states, and most therapies seek to reduce their intensity. Changes on these dimensions should be evident at the completion of therapy, especially for those who were initially high. It has also been suggested that non-psychotic clients who report little anxiety or depression resist change, while those who report moderate anxiety and/or depression are more likely to change given the opportunity, and those with very high levels may also resist change (Truax and Carkhuff, 1967). The empirical evidence on this point was found to be unclear (Garfield, 1971), although it appeared to be a reasonable hypothesis for clients who were not psychotic.

d. **Spielberger Trait Anxiety Scale (STAIT)**

This is a widely used and well validated test which has the advantage of being short and quick to administer. The full test has two scales, one measuring trait anxiety (the tendency to become anxious in many situations), and the other measuring state anxiety (the actual level of anxiety experienced at a particular moment or during a short period). Only the trait anxiety scale was used as this is a measure of self concept, and is related to the level of self-esteem. The Spielberger State Anxiety scale was not used as emotional state was covered by the SAQ scales, which appeared to provide more differentiated coverage of a broader range of disturbed emotional states.

Trait anxiety was expected to be less amenable to change during therapy than state anxiety.

Social and interpersonal skills are difficult to measure with self-report instruments since there is often a discrepancy between how one understands and defines one's behaviour and the way one's behaviour is seen by others. There were not sufficient resources available for this study, however, to develop reliable measures (e.g., peer ratings or ratings of videotapes) not based on self report.

Behavioural description measures rather than attitude or belief measures were chosen to evaluate the Special Care Unit programme because its emphasis is on behaviour modification and change.

2.3 Modification to Testing Procedures

Following preliminary analysis of the results from the first 70 sets of test data, it was decided to reduce the range of tests. The Jessness test was discarded as the scales correlated substantially with the General Aggressiveness Empirical Scale (GGE) of the IBS, and with the emotional state scales of the SAQ, while the IBS GGE Scale was substantially independent of the SAQ scales. The Jessness thus added little to the other measures, and did not discriminate mood state from aggressive behaviour. Also, it was not well accepted by the respondents. The IBS was reduced to the first 79 items, which were sufficient to score the two most reliable and relevant empirically based IBS scales, viz., the General Aggressiveness Empirical (GGE) and General Assertiveness Empirical (SGE) scales. At entry, the inmates tended to be most elevated on these scales, and the greatest difference between entry and exit was found for the GGE scale. The other shorter IBS scales also correlated substantially with one or other of these two scales. The other tests which were retained were Lovibond's SAQ and the Spielberger Trait Anxiety Scale. The preliminary analysis indicated that these scales overlapped, but were independent of the two IBS scales selected, which also were uncorrelated with each other. Thus, the tests retained covered three distinct areas: self-acceptance/emotional state (SAQ and Spielberger); aggressiveness (IBS GGE); and assertiveness (IBS SGE).

2.4 Structured Interviews

All inmates included in the initial samples were interviewed using a structured interview schedule. Most of the questions were open-ended, and the replies to the most relevant questions were listed and coded. The topics covered in the interviews were similar but some re-wording of questions was necessary according to the stage (entry, exit or follow-up) and sub-group (completer, non-completer or comparison). As frequency counts based on responses to open-ended questions tend to be less stable than those obtained from closed questions (for which lists of options are provided to respondents), the interview data are used to amplify and elaborate the psychological test data. There were some changes in the questions used as the initial schedules were revised. Also, the interviews were tape-recorded. In some cases the interviewers wrote little or nothing of the reply on the schedule, and it was found that some replies were not audible from the tape. This resulted in variation in the number of replies available for analysis. In reporting the data from the interviews, careful attention was paid to the wording of questions, to the stage reached by the inmate at that interview, and whether he did or did not complete treatment. Some replies by inmates in the comparison group are also described, as these bear on the issue of whether the unit meets the needs for the type of services it offers, and on its general acceptance and reputation among prisoners.

The topics covered in the interviews and described in the results section were:

- unit inmates' initial expectations of the unit;
- comparison group prisoners' expectations of the unit;
- unit inmates' motivations for entering the unit;
- unit inmates' actual experiences while in the unit;
- the relationships of unit inmates with prison officers before entering the unit, and of comparison group prisoners before their first interview;
- unit inmates' relationships with prison officers while in the unit;
- unit inmates' problems and the help desired and obtained;
- the transitions from and back to normal discipline by unit inmates;
- the reasons for non-completion of treatment contracts;
- the sources of help within the unit as seen by unit inmates.

2.5 Descriptive Profile of Unit Inmates

On a number of variables, data were available for all or a substantial sample of the inmates who had passed through the unit. Other data were only available for those interviewed for the detailed study. Where possible the study sample has been compared to the larger set of data.

The majority (72%) of the 137 unit inmates who entered the unit between November 85 and April 86 had an A2 classification before entering the unit; 17% had a C classification. A larger proportion of the comparison group (48%) were classified C.

The subjects in this study tended to have left school before the completion of junior secondary school (year 10), to be single with no dependents, and to be unemployed when arrested. Comparison data for other unit inmates were not available on these variables.

The Special Care Unit has had 408 inmates enter the programme between 1-1-81 (when it opened) and 30-9-86 (when drafting of this report commenced). It was possible to break this time into 4 periods, based on the changes in the programme, and in key staff (particularly the Superintendent and the Senior Psychologist). Period 3, during which the bulk of the data were collected, had the lowest completion rate of the four periods. There are many factors which could have been responsible for the low completion rate in Period 3, such as staff turnover, increasing problems with drugs, the attitudes and ages of the inmates concerned, and changes in management practices. It was also during this period that a significant number of trainee prison officers were employed for the first time in the unit on limited periods of secondment. This group represented 58% of the staff in period 3, whilst in earlier periods they represented a smaller proportion of the staff employed (Period 1 nil, Period 2 8% and Period 4 49%). This could conceivably have also contributed to the increased non-completion rate. Table 4A shows the completion rate, and Table 4B the reasons for non-completion, by period.

In all periods, inmates had to agree to various conditions which must be satisfied if they were to stay in the unit. If they left because they had not satisfied these conditions, they were considered to have not completed their contract. Period 2 commenced with the introduction of written three month contracts. In Period 1 inmates stayed for much longer periods, and were allowed to stay as long as it was considered they were seriously trying to make progress, and had observed the other rules of the unit. The shift to time-limited contracts produced a considerable increase in turnover, and a change in both the completion rate and the distribution of reasons for non-completion. The main reasons for inmates not completing their contracts were

non-work (being assessed by staff and other inmates as not working to achieve their contract goals); evidence of drug possession or use (including positive evidence of drug use from urine analysis); voluntarily leaving before completing a contract (signed out); and a variety of other, rarer, rule violations. Table 4A shows that completion rates have varied considerably.

TABLE 4: OUTCOME BY PERIOD

A: COMPLETION RATE BY PERIOD

	<u>PERIOD1</u>	<u>PERIOD2</u>	<u>PERIOD3</u>	<u>PERIOD4</u>	<u>TOTAL</u>
COMPLETED	40 81.6%	63 54.8%	45 36.6%	56 52.8%	204 51.9%
NOT COMPLETED	9 18.4%	52 45.2%	78 63.4%	50 47.2%	189 48.1%
GRAND TOTAL	49 100%	115 100%	123 100%	106 100%	393 100.0%

B: REASON FOR NON-COMPLETION BY PERIOD

	<u>PERIOD1</u>	<u>PERIOD2</u>	<u>PERIOD3</u>	<u>PERIOD4</u>	<u>TOTAL</u>
NON-WORK	9 18.4%	22 19.1%	38 30.9%	21 19.8%	90 22.9%
DRUGS	0 0.0%	15 13.0%	27 22.0%	17 16.0%	59 15.0%
SIGNED OUT	0 0.0%	9 7.8%	9 7.3%	8 7.5%	26 6.6%
OTHER	0 0.0%	6 5.2%	4 3.3%	4 3.8%	14 3.6%
TOTAL NOT COMPLETED	9 18.4%	52 45.2%	78 63.4%	50 47.2%	189 48.1%

The periods selected appear to correspond roughly to distinct phases in the overall development of the unit. These phases reflect changes in programme philosophy and the range of persons accepted into the unit programme.

During the first stage (Period 1) the programme was less structured than in later periods. This resulted in a lower inmate turnover and longer exposure to the unit programme at the time. The average length of stay for this period was 179 days (5.9 months) with a minimum stay of three days to a maximum stay of 566 days (18.7 months). The effect of introduction of time-limited contracts in Period 2 was dramatic. The average period of stay during Period 2 to Period 4 (inclusive) was 73 days (2.4 months) with a minimum stay of 1 day and a maximum stay of 169 days (5.6 months).

Many influences could have contributed to these fluctuations. It is clear that either enforcement of "work" standards and the "no-drugs" rule sharply increased after Period 2 or there was a substantial change in inmate behaviour, perhaps associated with a change in the type of inmate seeking to enter and/or being accepted into the unit.

The time period was not the only variable related to completion rates. Age data were readily available for all inmates received in the unit from early 1985 to late 1986 (periods 3 and 4). As Table 5 shows, inmates who were older at entry were significantly more likely to complete (for Table 5A, chi-square=16.3, df=2, p<.001). The relationship of age to completion was evident within sub-groups of this sample when it was divided into those received in Period 3, and those received in Period 4. Thus, the effect was not due to confounding the period with age at entry to the unit.

TABLE 5: A: OUTCOME BY AGE OF INMATE

	<u>< 25 YEARS</u>	<u>25-29 YEARS</u>	<u>> 29 YEARS</u>	<u>TOTAL</u>
COMPLETED	16 28.6%	27 41.5%	33 67.3%	76 44.7%
NON-COMPLETED	40 71.4%	38 58.5%	16 32.7%	94 55.3%
TOTAL	56 100.0%	65 100.0%	49 100.0%	170 100%

TABLE 5: B - REASON FOR NON-COMPLETION BY AGE

NON-WORK	22 39.3%	19 29.2%	4 8.2%	45 26.5%
DRUGS	9 16.1%	10 15.4%	8 16.3%	27 15.9%
SIGNED OUT	5 8.9%	8 12.3%	3 6.1%	16 9.4%
OTHER	4 7.1%	1 1.5%	1 2.0%	6 3.5%
TOTAL NON-COMPLETED	40 71.4%	38 58.5%	16 32.7%	94 55.3%

Whether this effect was due to increased maturity, changes in motivation or other processes is impossible to say. The relationship was, however, substantial.

Other variables which were examined (sentence, type of offence and classification) were not substantially related to completion rate.

3.0 RESULTS

The results are presented by describing first the qualitative material from the interviews, (see sections 3.1 to 3.6 below) and then the quantitative analysis of the test scores (in section 3.7). The first qualitative results cover how the prisoners perceived the Special Care Unit and its effects on them. The number and percentage of those interviewed whose replies to a question were coded in a particular category are reported. Because of the open-ended nature of the questions, these counts must be taken as only general indications of the prevalence of particular opinions. Where relevant, the stage (entry, exit, or follow-up) and group (completers, non-completers or comparison) is indicated.

3.1 Prisoners' Initial Expectations and Actual Experiences

a. Expectations concerning access to help: treatment group

The principal source used to ascertain prisoners' expectations of the unit were interview questions asked of both treatment and comparison groups at the entry stage. These questions asked treatment group inmates why they had come to the unit and what they expected the unit to be like. Comparison group inmates were asked what reasons they would have for going to the unit if they decided to do so, and what they thought it would be like.

When asked why they had come to the unit, 35 (92%) of the total treatment group interviewed at entry in 1985 responded; 77% of respondents stated that their principal reason for going to the unit was to sort out their problems, 17% gave a unique response, and only 2 inmates (6%) expressed cynical attitudes concerning their reasons for going to the unit and their perception of the unit's function. Comments such as "[I've] got problems [and I] spoke to blokes who told me the unit was the place to work them out" and "[I] had problems, no communication, [I] had to be real to someone" were typical of the great majority of replies.

Such responses clearly indicated that inmates' reasons for going to the unit were based on the expectation that they would find help with problems. Their motivations for going there were apparently based on a genuine desire to reflect on and reassess their past behaviour and attitudes. They clearly hoped that the unit would provide a venue where self-analysis resulting in positive change could take place.

This conclusion was confirmed by treatment group responses to other questions. When asked what they considered the function of the unit to be, treatment group inmates at the entry stage were nearly unanimous that the unit had, above all else, a therapeutic function. The most common type of response about the nature of this therapeutic function was that the unit was a place where an inmate could "get better insight into problems".

Thus, the replies indicated that the initial expectations of three in four of the treatment group prisoners interviewed at the entry stage centred around having access to a supportive environment where they would be able to sort out their problems.

b. Expectations concerning access to help: comparison group

When asked what they considered the function of the unit to be, the answers of comparison group inmates interviewed at the first interview were similar to the views expressed by the treatment group prisoners at the entry stage. Most (71%) of the comparison group at the entry stage who responded to this question (84% of possible respondents) stated that the unit was there to help people with their problems. Only one inmate (5% of the comparison group respondents) made an overtly hostile comment concerning the function of the unit, stating that it was "for brainwashing people". Another inmate commented that the unit was "another exercise in P.R.", while a third inmate said that it was a place that people went to in order to get out of maximum security. These negative opinions of the unit amounted to only 14% of the respondents to this question, with another 15% saying that they really didn't know what the function of the unit was.

More comparison group subjects may have endorsed cynical accounts of the unit's purpose and of the motivation of inmates who go there if they had been offered such options in a list. Even allowing for this, it appears that

the predominant image of the unit among prisoners generally is of a place where prisoners can go to resolve their personal problems.

When asked at the initial interview what problems they would work on if they were to go to the unit, 14 of the comparison group responded, the others indicating that they would never go, or could not imagine what might cause them to go. All 14 (56% of the total comparison group at initial interview) referred to either internal personal problems, problems relating to others or problems with gaol life in general. Comparison group prisoners at entry thus indicated quite unambiguously that their expectations of the unit, if they were to go there, are more or less identical to those of the treatment group at the same stage. Both groups perceived the unit as an environment where they could receive help with personal and other problems, help that would take the form of communication with other prisoners in the mutually supportive atmosphere of group therapy.

These results suggest the unit's purpose is widely understood and is accepted as realistic. Few prisoners, even in the comparison group, expressed unprompted hostile or cynical views about the unit's purpose. It should also be noted that the treatment group could have been saying what they thought should be said. However, the comparison group would have little motivation to do so. As their views about the purpose of the unit, and the type of problems they might work on if they went to the unit, resembled the answers given by the treatment group, two conclusions could be drawn: that the function of the unit is fairly well known, and that it is viewed as a genuine source of change and not cynically dismissed even by prisoners who have not chosen to go there.

c. "A good roort?": treatment group at entry

The unit differs significantly from normal gaol discipline in many ways. One difference which has important implications for this study is that the unit offers better conditions and facilities than in normal (maximum security) discipline. These better conditions and facilities were described in Part 1. Briefly, they consist of: more frequent visits and phonecalls; more control over personal space; the opportunity for inmates to wear their own clothes; and access to better education and recreation facilities. Taking these better conditions into account, there is a genuine concern that many inmates may come to the unit because they think it will be (in prison parlance) "a good roort". The "good roort" issue is therefore an important one, the analysis of which can throw light onto prisoners' motives for going to the unit, and help ascertain whether prisoners' initial expectations of the unit are based on the desire to change or the possibility of "serving time the easy way". Treatment group inmates interviewed at entry were specifically asked whether their decision to come to the unit had been affected by things like extra phone calls, more visits and greater freedom. Most (70%) of the inmates who responded to this question (79% of the total possible respondents) answered with an unambiguous "no". They claimed that their aims were squarely centred on obtaining help for problems, and that the advantages of the unit played no part in their decision to come. A further one-quarter (23%) of the inmates who responded to the question claimed that their main intention in coming to the unit was to seek help with their problems, but also admitted that their decision had also been influenced, to a greater or lesser degree, by the unit's better conditions. Surprisingly, 7% of inmates claimed that they had enjoyed greater freedom, more phone calls etc. at the Central Industrial Prison and Parramatta Gaol.

Therefore, concerning the "good rort" issue, it can be concluded from the responses given by the treatment group at entry that the majority (70%) revealed no ulterior motives in going to the unit, that 23% went for help but also for some the unit's advantages, and that 7% of inmates had even forsaken certain benefits in coming to the unit. This finding is consistent with the fact that such motives were attributed to unit inmates by only one of the comparison group. If cynical motives were common, those not going into the unit could be expected to know and report it.

d. **Prisoners' actual experiences**

At the exit stage, treatment group inmates were asked whether or not the unit had been as they expected it to be. Out of the 41 prisoners who answered this question (82% of the 50 interviewed at exit), 15% said that the unit was in fact better than they had expected it to be. "I couldn't believe how fast awareness could overcome someone, awareness of my faults, of my positive attitude" was the comment of one inmate. At least 34% of these inmates indicated that although the unit was not as they expected, they still had a positive response to it, each finding it to be to his benefit rather than to his disadvantage. A few (10%) of the inmates said that they found the unit hard, with half of these saying they found it easier after a short time. The remaining 9% made comments which were difficult to categorise (e.g., "I didn't know what to expect").

Not all those interviewed were uncritical. A small proportion (15%) of the inmates interviewed had critical comments to make concerning their actual experiences of the unit. They claimed that the unit differed from their expectations, and they experienced negative reactions to what they found there. One said that he hated groups, another that he didn't like the points system. One inmate said that he felt that there was a lack of understanding in the unit, and another said that he thought the prison officers there were of mediocre intelligence. A further 17% of inmates gave ambivalent answers.

As stated earlier, over 80% of treatment group prisoners expected the unit to be a place where they could sort out their problems. Nearly 60% of treatment group inmates interviewed at exit indicated that after actually having been in the unit, they found it to be either better than they expected or at least what they expected it to be.

From the above it can be clearly seen that the majority of inmates found the unit to be a place where they could sort out their problems, and that the unit lived up to the expectations that most prisoners had of it. The few critical comments made perhaps indicate that the respondents were willing to be critical, but most had few criticisms to offer.

e. **Summary**

Responses indicated that at 60-80% of the prisoners in this sample reported that they either (a) went to the unit with the genuine intention of obtaining help with personal problems (treatment group) or (b) would go to the unit for the same reasons if they ever decided to go there (comparison group). Therefore it seems that a substantial majority of prisoners from both treatment and comparison groups, and at both entry and exit stages, saw the unit's principal function as being therapeutic. While there was a degree of self-interest in some inmates' motives for going to the unit, such motives apparently represented a minority of inmates' views. It should also be noted that those inmates who had mixed reasons for going to the unit (23% of the treatment group at entry who answered the relevant question) did not primarily intend to go to the unit for a "good rort". Rather, the extrinsic benefits of the unit were a secondary consideration, with the desire to sort out their

problems taking first place. The low level of cynical views expressed by the comparison group encourages acceptance of the treatment group's replies as honest. It appears also that the unit's purposes are fairly well known among prisoners thought to have problems similar to those of inmates who go into the unit.

3.2 Relationships With Prison Officers.

To set relationships between inmates and officers on a new footing is one of the unit's central aims. One way in which the unit's programme attempts to improve this relationship is by incorporating officers into major aspects of the unit's therapeutic procedures. (Prison officer's participation in group therapy and one to one counselling sessions has already been described in Part 1.) In order to test whether inmates' relationships with prison officers changed as a direct result of the unit, it was necessary to examine inmates' attitudes to prison officers at the three interview stages, entry, exit, and follow-up.

a. Before entering the unit: treatment and comparison groups at entry.

Table 6 indicates that in each of the three groups at entry, (completer, non-completer and comparison), most respondents reported they had not talked about themselves or their problems to prison officers while in normal gaol discipline. In all three groups a small number of prisoners spoke to some officers only, and only a very small percentage said that they spoke to prison officers willingly.

Some treatment group inmates at entry specified the reason why they hadn't spoken to officers. Some inmates said that they were suspicious of officers and couldn't trust them. Another common theme of the replies could be typified as an "us and them" attitude: prison officers, as far as these inmates had been concerned, were "on the other side" and not to be spoken to in any familiar manner.

**Table 6: INMATE WILLINGNESS TO SPEAK TO OFFICERS BEFORE ENTRY:
OPINIONS EXPRESSED AT ENTRY INTERVIEW**

<u>Speak to officers about self and problems.</u>	<u>Completer</u>		<u>Non-completer</u>		<u>Both</u>		<u>Comparison</u>	
	No.	%	No.	%	No.	%	No.	%
1) Willingly	1	8%	1	4.5%	2	6%	6	17%
2) To some only	5	34%	1	4.5%	6	16%	4	27%
3) Hadn't spoken to any	8	58%	19	86.5%	27	75%	13	56%
4) Other	-	-	1	4.5%	1	3%	-	-
Total	14	100%	22	100%	36	100%	23	100%

Table 6 also indicates that there was a greater concentration of inmates who hadn't spoken to prison officers about themselves or their problems in the non-completer group than in the other two groups. The replies by the completers and the comparison group were fairly similar.

b. Relationships with officers in the unit

Given the history of maintaining distance from officers, the impact of taking part in group and individual counselling with officers is likely to be considerable, and not necessarily comfortable.

When confronted with the task of having to communicate with prison officers in the unit, inmates reacted in varying ways. Initially many inmates found it difficult to overcome their stereotyped preconceptions of officers as authoritarian and antagonistic figures. However, on overcoming these stereotyped views, many inmates were surprised at the ease with which they discussed themselves and their problems. In fact, many found it a rewarding experience.

Many inmates (63%) indicated that they would be prepared to talk to prison officers in the future, but were not optimistic that this would eventuate due to the nature of the prison system outside the unit.

The general attitude of inmates to prison officers generated by the normal prison system is diverse. However, it can be said that this attitude tends to be much more negative than positive, and usually the best inmate/officer relationship that can be hoped for is one of caution or indifference. Prior to unit entry, most inmates had this negative image of officers. This is typified by the expressions inmates used to describe officers when asked what they had thought of officers before coming into the unit. The replies were frequently abusive: e.g., "dog", "bastard", "mongrel" etc.

However, after exposure to the unit almost all the inmates' opinions of officers improved, changing from a set stereotype to an acknowledgement that officers were individuals who could have positive human qualities. Many inmates indicated that they were more prepared to go beyond the uniform and ask at least some officers for assistance. A common theme of the comments was the recognition that there are good and bad qualities in each officer and that meaningful communication could be achieved with some or most officers. This held for both those who completed and those who did not.

Individual counselling sessions with officers played an important part in these changes. As remarked above, to sit down and talk in a frank manner about personal issues and problems was, for many of the inmates, not an easy task. From replies to questions asked at exit, it appears that most did manage to come to terms with this demand, although those who did not complete appear to have been more likely to continue to have difficulty. A few made some extremely disparaging remarks about the officers and their opinions. Most, however, accepted the task after initial difficulty. It seems very likely that this element of the inmates' work in the unit must have made a substantial contribution to their changed views about prison officers.

The majority of inmates indicated that they hoped to improve their relationships with officers once they left the unit, this hope being conditional on the particular situation and setting. The responses given showed that the inmates' intentions were to assess the particular officer concerned and if the officer appeared to be suitable the inmate would attempt to communicate with that person. These responses are much closer to those given by a large sample of prisoners held in various levels of security in a previous study (Hoe, 1984) than were the replies when asked about their attitudes to and interaction with officers before coming into the unit.

**Table 7: INMATE REACTIONS TO INDIVIDUAL COUNSELLING SESSIONS
WITH UNIT OFFICERS: REPLIES AT EXIT.**

	<u>Completers</u>		<u>Non-Completers</u>		<u>Total</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1) Willing acceptance	5	23%	1	4%	6	13%
2) Hard at first, took time to open up	12	55%	13	54%	25	54%
3) Intense ambivalence	1	5%	1	4%	2	4%
4) Continued difficulty	2	9%	4	17%	6	13%
5) Rejecting, hostile	1	5%	4	17%	5	11%
6) Other	1	5%	1	4%	2	4%
TOTAL	22	100%	24	100%	46	100%
No Reply	4		1		5	

c. Relationships with officers after leaving the unit

Replies to several questions in the follow-up interviews confirmed that most inmates realised their hopes for better relationships with officers after leaving the unit. Of 29 inmates asked whether their relationship with prison officers had changed since leaving the unit, 13 indicated a change for the better, 14 reported no change, and 2 that it had never been a problem. Those who completed their contracts seemed more likely to report an improved relationship. At follow-up, the inmates were also asked whether they had talked about themselves and their problems. When compared to Table 6, the replies summarised in Table 8 suggest a greater willingness to talk to officers about personal matters, especially among those who did not complete their "contract". A common theme of comments was the recognition that there are good and bad qualities in each officer and that meaningful communication could be achieved with some or most officers. This held for both those who completed, and those who did not.

**Table 8: INMATE WILLINGNESS TO SPEAK TO OFFICERS AFTER EXIT:
OPINIONS EXPRESSED AT FOLLOW-UP**

<u>Speak to officers about self and problems</u>	<u>Completer</u>		<u>Non-completer</u>		<u>TOTAL</u>	
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>
1) Willingly	3	30%	6	38%	9	35%
2) To some only	2	20%	2	13%	4	15%
3) Hadn't spoken to any	5	50%	8	50%	13	50%
4) Other	-	0%	-	0%	-	0%
TOTAL	10	100%	16	100%	26	100%

d. Impact of the unit on relationships with officers: summary.

To sum up, it is clear that a change in attitude and behaviour in relation to prison officers, from an initial prevalent mistrust or extreme hostility, to a willingness to deal with officers as individuals, is a major

achievement of the Special Care Unit. Even though those who did not complete their treatment contract were initially more hostile to officers and found greater difficulty in taking part in individual counselling with officers than those who completed, changes in attitude and behaviour towards officers were evident for both outcome groups. Not only does this reveal one of the major successes achieved by the unit; it also gives some re-assurance that non-completion of the treatment contract does not have a generally destructive effect, and that many non-completers gain something worthwhile from their time in the unit.

3.3 Help With Personal Problems

Inmates' primary reasons for entering the unit can be roughly classified into three areas: the desire to deal with problems that they found either difficult or impossible to solve on their own; a break from the tension of the normal prison system during which prisoners could get "time out"; and the hope of obtaining a lower classification by completing the unit's programme.

Although the majority of inmates who entered the unit had a genuine desire to change, it should not be forgotten that the reputed attractions of the unit (better food, more visits, possibility of lower classification) played a role in the reasons for entry to the unit of about one-quarter of those interviewed at entry.

Those interviewed at entry were asked to describe the problems which they faced. Common problems indicated by inmates were of a diverse nature and only the most salient are mentioned here. They include: difficulty in relating to authority figures; problems related to basic communication and interpersonal skills; inability to cope with responsibility; and inability to resist peer-group pressure. It is worth noting that many inmates' problems were related to use of illegal drugs. In addition to these problems, most inmates had a poor self-image which can be clearly seen in such comments as "I don't finish the things I start", or "I lack confidence". Many inmates also indicated that they had some difficulty with expressing their emotions in socially acceptable ways. Their usual expression of anger or frustration was a violent outburst, either verbal or physical. The replies to this question are consistent with the results of the analysis of "contract" goals reported earlier.

The therapeutic techniques the unit employs to help inmates deal with their problems met with varying forms of prisoners' approval or disapproval. In general, most prisoners thought the group therapy sessions to be the most helpful form of therapy. They found that the best way to deal with their problems was by discussing them, under professional supervision, with other inmates. Interview data indicated that counselling sessions with officers, while considered to be a worthwhile exercise by many prisoners, were ranked below the group therapy sessions as sources of help. (See Table 9 in section 3.6, which provides more detailed data concerning prisoners' rankings of sources of help.)

Even though the group therapy sessions were favoured by many inmates, there were participants who felt that they were not ready to open themselves up to their peers, especially in front of officers. Such inmates tended to be evasive in their behaviour in group sessions, and were often asked to leave the unit because of non-work. (The issue of reasons for exclusion is discussed in greater length in section 3.5).

The success or failure of the programme with inmates depends on whether they acquire and continue to use the skills to which they have been

exposed. The therapeutic methods the unit employs to impart these skills to prisoners have, as we have seen, been received by inmates in differing yet generally positive ways. Many inmates who have successfully completed the programme have indicated in interviews done immediately after release from the unit that they were attempting to use the experiences gained there in constructive ways. One of the principal ways in which these inmates have benefitted from the unit is that they have acquired a greater degree of awareness, of themselves and of other people. In particular, one inmate's response in an Exit interview sums up this attitude succinctly. When asked how the unit affected the way he dealt with his problems, he responded in the following way. "[I've benefitted by] just seeing other people and [getting their] advice, [and from the] fact that I've made myself more aware and want to change now. [I] realised that I can change now and how I want to change." Other responses indicated that inmates were attempting to modify their behaviour as a direct consequence of the unit's programme by becoming more responsible for their actions and by developing a greater awareness of the needs of others.

This sense of heightened self-awareness often contributed a great deal to restoring the confidence and self-image of prisoners who previously had low opinions of themselves. In some cases, individual inmates became advocates for other inmates when back in normal gaol discipline, often breaking down the barriers of hostility and aggression that tend to prevail in the normal prison system. This catalytic role appeared to develop from their experience in the unit programme; increased self confidence enabled inmates to act as an agent for others who lacked the necessary communication skills, self confidence and self control, and to take the role without being labelled as a trouble maker.

3.4 Transitions to and from Normal Discipline

For most inmates, neither the initial transition from the normal gaol system to the unit, nor the transition back from the unit to normal gaol system is an easy one. While the nature of these two transitions does vary from prisoner to prisoner, certain patterns of response are clearly discernible.

Consistent with some inmates' expectation that the unit would be a "good port", was the belief that the unit was "romper room" compared to the normal gaol system. However, both the "good port" and "romper room" view that these inmates had of the unit changed when they found themselves confronted with the intense effort they would be expected to make in order to participate in the unit's programmes. The response of inmates who had less self-interested motives for entering the unit can be summed up by saying that they found it particularly hard at first, but later found it easier to be in the unit. These comments describe, in brief, some inmates' responses to the initial transition from the normal gaol environment to the unit.

Under the rigours of normal gaol discipline, most inmates who later entered the unit had developed, in varying degrees, a "tough-man" mode of behaviour that is designed to cope with the constant, if usually mild, level of aggression and antagonism that exists within the normal gaol system. Once in the unit, inmates are expected to "throw all their old ways out the window". Suddenly, "communication", "co-operation" and "mutual understanding" are the order of the day. Inmates find themselves addressing officers on a first name basis, expressing their personal views before them in groups and participating in one to one counselling sessions with them. Furthermore, many of these inmates felt that they were expected to adopt their new attitudes in strict accordance with a time schedule, enshrined in the "points" system that they felt moved much too quickly. As a result many inmates have reported

feeling shocked and generally bewildered during the initial period of integration into the unit.

The second transition, from the unit to the discipline of normal gaol, was found by most inmates to be of a more traumatic nature than the first. The inmates who met the unit's challenges and went on to make progress later found that on their exit from the unit, they were once again confronted with a change that created a sense of shock and bewilderment. But whereas their first wave of shock was due to the transition from a tense, aggressive environment to a more humane one, the second wave was due to the return to that aggressive and hostile environment after having become used to the more humane atmosphere of the unit. One inmate described his transition from the unit to normal gaol discipline as "going from Surfers Paradise to the Gulag Archipelago". While this statement does appear to be extreme, it contains a fundamental truth concerning the roughness of the transition undergone by many inmates on release from the unit.

Another inmate described his return to normal gaol as follows: "You can't go swimming in a three piece suit. You come out of the unit and you're naked." The defence-system typified by many of these inmates' "macho" behaviour is dismantled in the unit, and this type of inmate often felt that not enough support was offered to ease the transition back to normal gaol discipline.

The previous paragraphs show the problematic side of inmates' reactions to the return to normal gaol discipline. However, there were many inmates who experienced no such difficulties in returning to normal discipline; on the contrary, some inmates found it easier to cope with the normal gaol environment due to the skills they had acquired in the unit. Some prisoners who, as a result of their participation in the unit's programs, had become more positive and motivated in their outlook, found that they could better employ the remainder of their sentence to build for their future.

Many inmates also found that their relationships with prison officers in the unit had forced them to re-assess their attitude towards officers. Often such an inmate was less inclined to indulge in useless antagonism with officers, and adopted a more conciliatory attitude in his dealings with officers, as well as with other authority figures.

3.5 Reasons for Exclusion

Out of the 71 inmates in the 1985 treatment group, 45% completed successfully, 48% were asked to leave and 7% left the unit by choice. These rates correspond well to the overall rates shown in Table 4. The fact that such a significant number of inmates (nearly half the sample) was asked to leave warrants closer examination.

The unit's rules for exclusion, current at the time of this project's period of data collection, were grouped into three categories: (i) non-work; (ii) drug use; and (iii) rule violation. Before going any further, it should be noted that what concerns us here is not so much the reasons that unit staff have for exclusion, nor the procedures by which they come to their decisions; this is out of the range of the current study. Rather it is important to show how the inmate perceives his exclusion, and to what extent this affects his attitudes and self-image.

Out of 27 inmates asked to leave the unit before the end of their contract from whom relevant interview data were obtained, 17 inmates (31%) were asked to leave because of non-work, 9 inmates (16%) were asked to leave because of drug use, and one inmate (2%) violated other unit rules. As the

figures indicate, the majority of these inmates were excluded because of non-work. In interviews, many of the inmates excluded for this reason indicated that **they were not ready** for the unit's programs. While many prisoners did overcome the initial difficulties of coping with the unit's therapeutic demands, the same can't be said for these prisoners. For one reason or another the group therapy, counselling sessions and homework exercises proved to be unacceptable or too demanding for them.

Those inmates who simply did not find the therapy acceptable signed themselves out. The inmates excluded for non-work, however, did not do so; they had to be asked to leave. It is obvious that many of the inmates excluded for non-work did want to stay in the unit, but couldn't bring themselves to participate in the unit's programs to an extent that was acceptable to unit staff. The fact that the inmate who is excluded for non-work **wants to participate in the unit but sometimes can't** suggests that this type of inmate is at a stage where he wants to change but feels incapable of doing so, at least at the required speed. This suggestion is borne out by the fact that a number of non-completers excluded for the reason of non-work enter the unit again at a later stage and do successfully complete the unit's programme.

Concerning drug use as the reason for exclusion, interview responses have indicated that inmates who continue to use drugs in the unit had not yet developed alternative coping strategies to deal with their problems.

Some inmates have indicated in exit interviews a regret at being excluded from the unit. Some non-completers developed an even lower self-image than they had before. These inmates said that they had failed in society and had now failed in an attempt at self-improvement. Thus it can be seen that there is a danger of making prisoners excluded from the unit bitter and even more hostile than they were before. In such a situation, the unit can produce the opposite effect to that which it desires to create: instead of helping an inmate to explore his problems, develop his personal skills and be more accepting towards authority, it can make the inmate more hostile and even less willing to accept his current situation. While the problem is quite real, there did not appear to be adverse effects on large numbers of inmates. Also, the evidence of improved attitudes toward and relationships with officers among non-completers shows that even those who do not complete their treatment contract can show some constructive gains. Also, the unit programme has been modified to provide up to four weeks of less-demanding "orientation" activities before applicants finally commit themselves to a full treatment contract. While this has not increased the completion rate, unit staff believe that it has reduced the potential for negative impact. Also, a more structured and supportive procedure giving warning and detailed discussion of target behaviour has been introduced for those who are considered to not be working well enough to remain. This was also introduced to reduce negative reactions to exclusion.

3.6 Sources of Help in the Unit

The inmates were asked to rank various sources of assistance in terms of helpful they had found each source. The rankings summarised in Table 9 are exactly what would be expected if the unit was functioning as intended, as a therapeutic community, in which the participants are the major source of change and support for each other. The sample was 21 of the 26 inmates who had completed "contracts" in 1985 and were interviewed at exit. They were asked to rank the six listed sources of help, from 1=most helpful to 6=least helpful. Either inmates or groupings mainly composed of inmates (such as group, self or other inmates) appear to be the greatest source of help. Officers, family and the psychologist tended to be ranked as less important sources of help.

TABLE 9: RANKINGS OF SOURCES OF ASSISTANCE

RANKING	<u>Therapy Group</u>	<u>Psychologist</u>	<u>Officers</u>	<u>Inmates</u>	<u>Family</u>	<u>Self</u>
1	19%	14%	0%	29%	5%	33%
2	33%	5%	10%	24%	29%	5%
3	19%	5%	24%	5%	14%	33%
4	10%	14%	43%	14%	10%	10%
5	14%	29%	10%	14%	19%	10%
6	5%	33%	14%	14%	24%	10%
	100%	100%	100%	100%	100%	100%

NOTE: Rank 1="most important source of help"; 6="least important"

3.7 Psychometric Test Results

Table 8 shows the trend of the psychological test data. The problem of small numbers in the 1985 samples was much reduced by the additional data obtained in 1986/7. While the mixture of repeated measures with measures taken at one only one stage limits the statistical power of the analysis, the overall numbers were sufficient to detect effects of practical importance. The data were treated as if obtained from eleven independent groups:

1. Completers at entry in 1985 (maximum n=13)
2. Completers at exit in 1985 (maximum n=26)
3. Completers at follow-up in 1985 (maximum n=12)
4. Non-Completers at entry in 1985 (maximum n=24)
5. Non-Completers at exit in 1985 (maximum n=24)
6. Non-Completers at follow-up in 1985 (maximum n=23)
7. Comparison at initial interview in 1985 (maximum n=21)
8. Comparison at follow up in 1985 (maximum n=11)
9. Completers at entry in 1986/87 (maximum n=35)
10. Completers at exit in 1986/97 (maximum n=43)
11. Non-Completers at entry in 1986/87 (maximum n=26)

Analyses of variance were conducted using the ANOVA routine of SPSS-PC+ (see Table 10). These showed substantial significant differences on the Spellberger Trait, SAQ Anxiety, Stress and Depression and IBS (Aggression) scales (all $p < .0005$), and smaller but significant differences on the IBS Self-Assertion scale ($p < .002$). Examination of the mean scores suggest the following conclusions:

1. All groups saw themselves as aggressive (high GGE) and assertive (high SGE) at entry (treatment groups) or first interview (comparison group).
2. In 1985, the treatment completers were higher on depression, stress, trait anxiety and state anxiety at entry than were non-completers at entry or comparisons at recruitment: however, only the difference on stress between completers and non-completers at entry was statistically significant ($t=2.54$, 243 df, $p < .05$, using the pooled within-group residual as the error term); also, the trend was

TABLE 10: TEST RESULTS

COMPARISON	COMPLETERS		NON-COMPLETERS
A: STAIT			
ENTRY 1985	53.54 (n=13)	49.17 (n=24)	(n=0)
EXIT 1985	36.59 (n=25)	44.30 (n=23)	41.91 (n=22)
FOLLOW-UP 1985	38.27 (n=11)	41.00 (n=21)	42.25 (n=8)
ENTRY 86/7	48.63 (n=35)	45.35 (n=26)	(n=0)
EXIT 86/7	35.84 (n=26)	(n=0)	(n=0)
	F(10,236 df)=5.208, p<.00005		
B: SAQ ANXIETY			
ENTRY 1985	12.69 (n=13)	9.46 (n=24)	(n=0)
EXIT 1985	7.44 (n=25)	8.88 (n=24)	7.70 (n=20)
FOLLOW-UP 1985	4.91 (n=11)	6.36 (n=22)	8.11 (n=9)
ENTRY 86/7	9.74 (n=35)	8.88 (n=26)	(n=0)
EXIT 86/7	3.95 (n=43)	(n=0)	(n=0)
	F(10,241 df)=2.991, p<.0005		
C: SAQ STRESS			
ENTRY 1985	28.38 (n=13)	18.08 (n=24)	(n=0)
EXIT 1985	13.32 (n=25)	15.25 (n=24)	15.30 (n=20)
FOLLOW-UP 1985	10.36 (n=11)	11.55 (n=22)	9.89 (n=9)
ENTRY 86/7	19.20 (n=35)	20.92 (n=26)	(n=0)
EXIT 86/7	9.28 (n=43)	(n=0)	(n=0)
	F(10,241 df)=4.793, p<.0005		
D: SAQ DEPRESSION			
ENTRY 1985	21.00 (n=13)	15.58 (n=24)	(n=0)
EXIT 1985	6.64 (n=25)	8.58 (n=24)	10.65 (n=20)
FOLLOW-UP 1985	9.91 (n=11)	6.59 (n=22)	8.22 (n=9)
ENTRY 86/7	12.34 (n=35)	12.27 (n=26)	(n=0)
EXIT 86/7	4.16 (n=43)	(n=0)	(n=0)
	F(10,241 df)=4.932, p<.0005		
E: IBS 01 - AGGRESSION			
ENTRY 1985	15.54 (n=13)	15.63 (n=24)	(n=0)
EXIT 1985	9.42 (n=24)	12.14 (n=22)	12.63 (n=19)
FOLLOW-UP 1985	9.64 (n=11)	12.33 (n=21)	10.43 (n=7)
ENTRY 86/7	11.60 (n=35)	12.92 (n=26)	(n=0)
EXIT 86/7	8.07 (n=43)	(n=0)	(n=0)
	F(10,234 df)=6.207, p<.0005		
F: IBS 02 - ASSERTION			
ENTRY 1985	12.46 (n=13)	12.21 (n=24)	(n=0)
EXIT 1985	15.29 (n=24)	14.41 (n=22)	12.47 (n=19)
FOLLOW-UP 1985	16.00 (n=11)	15.81 (n=21)	15.00 (n=7)
ENTRY 86/7	12.11 (n=35)	13.50 (n=26)	(n=0)
EXIT 86/7	15.26 (n=43)	(n=0)	(n=0)
	F(10,234 df)=2.877, p<.002		

not replicated in the 1986/87 data.

The treatment completers tested at exit and follow-up in 1985 and in 1986/7 were usually, but not always significantly, lower on aggression, trait anxiety, state anxiety, stress and depression than the comparison group cases at recruitment and follow-up.

4. In all except the comparison groups, average scores on assertiveness were significantly higher at exit (and also at follow-up in the 1985 data) than at entry. However, the magnitude of the difference in the comparison groups was similar to that found for the other groups. The lack of statistical significance in the comparison group thus could have been due to the small numbers at follow-up (n=7). The most parsimonious interpretation of these results is that repeated testing might increase scores on this scale, regardless of any specific treatment effect.

4.0 Discussion

There are some uncertainties in drawing firm conclusions due to missed data (especially in the comparison group), the reliance on self-reported data, and the uncertain equivalence of the treatment and comparison groups. However, the replication in the 1986/7 data of effects found among the completers from the 1985 data, collected by different interviewers, in a different relationship with the inmates, provides grounds for greater confidence in the main findings. The conclusions are further supported by the convergence of the effects indicated by the psychometric test data with those reported by both inmates and staff in more probing interviews. The following tentative conclusions are suggested, based on the assumptions that the Trait Anxiety scale (STAIT) can be taken as an index of self-criticism vs. self-esteem; that the mood state scales (SAQ Anxiety, Stress and Depression scales) are valid measures of distressed mood; and that the aggression and assertive behaviour scales (GGE and SGE respectively) are valid indicators of likely aggressive and assertive behaviour.

1. Participation in the unit is built around some common problems in which difficulties with aggression and authority, poor self esteem and difficulties in communication stand out. Stereotyped avoidance of and, in some cases, hostility to prison officers was another common problem.
2. Participants believed that they have gained in all of these problem areas. They reported that this involved hard and often uncomfortable work. Attitudes to prison officers in particular, became much more flexible and discriminating, even among those who did not complete their treatment contract.
3. There was a high rate (50-80%) of non-completion. Reactions to this varied, and some non-completers gained from their time in the unit. At interview only a few were bitter and complained they had not been helped or had been damaged.
4. In the 1985 data, completers were more stressed, self-critical, anxious and depressed at entry than non-completers but only the difference on the SAQ Stress scale was significant. This suggested that being distressed about one's problems motivated more effective work while in the unit. This difference was not confirmed in the 1986/7 data. The hypothesis that only those who were distressed would show evidence of change was thus not supported.
5. The data from 1986/87 confirmed the drop in self-criticism, anxiety, depression and aggression. On each of these variables, the 1986/87 cases tended to show lower average scores at entry than the 1985 data. However, compared to population norms, the average scores at entry on self-criticism, anxiety, depression and aggression were elevated in both data collection periods.

6. Overall, the psychometric test data confirmed that the changes in self-concept, mood state and aggressive behaviour, reported at the interviews, occurred for those who completed their contracts in both data collection periods. The data do not offer any consistent guidance for identifying those likely to not complete their contracts. The data for 1985 do not suggest that any consistent damage has been done to the self-esteem, mood state, or aggressiveness of the inmates who do not complete their contracts.

Finally, it is essential to remember that the data came from particular periods in the unit's development. Changes in personnel and program returned the rate of non-completion to about 50%, and much attention is now paid to ensuring that non-completers respond constructively. Systematic training of officers in core counselling skills has been introduced. The possible causes of the continued loss of 50% of the prisoners before they complete their contracts is kept under review by the staff. It appears that more certain detection of drug use is making a major contribution to keeping the rate of non-completion at 50%. Prisoners who fail to complete because of positive urine tests often admit that they used (usually marijuana) to cope with the stresses they encounter in attempting to work on their problems. A number re-enter the unit after a break and then complete their contracts. Also, an orientation period has been introduced to assist new inmates to learn what is expected of them, and to ease them into active and responsible participation in the unit. Given the very real problems of the prisoners coming into the unit, and the unavoidably demanding nature of the programme, the rate of completion might be accepted as reasonable. It should be continuously monitored (as is now happening) to detect any adverse trend and initiate corrective action.

SPECIAL CARE UNIT EVALUATION STUDY

PART 3: STAFF REACTION STUDY

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July, 1987.

1.0 INTRODUCTION

The Special Care Unit challenges and redefines many of the conventions of the typical prison culture. This is a key element in the effects of the programme on officers as well as inmates. The change in allowable and expected behaviour was expected to force officers to re-examine their understanding of how they should interact with prisoners, and to have them question their concept of their role as prison officers. Thus, the focus in Part 3 is on the effect of secondment to the unit on the officers' perception of their role, and the skills they have available to perform that role. Only 'perceived' skills were studied, as we relied on officer reports and did not measure behaviour directly. As considerable personal change could be involved, we also examined how the officers reacted to the two major transitions - from "normal discipline" to the unit, and from the unit back to "normal discipline".

The unit programme attempts to develop in officers a range of skills in relating to both inmates and other prison officers. The emphasis is on learning by practical experience. Experience in the unit is intended to assist officers to approach inmates on a basis of co-operation, communication and problem solving rather than coercion and punishment.

The training programme has developed considerably since late 1985 and is far more formalised than previously attempted. The emphasis in the past, as far as it can be established, was on discussion of reactions to experiences while working in the unit without a specific conceptual base. By late 1987, the training programme had been developed by the Senior Psychologist in conjunction with the senior staff of the unit to overcome perceived limitations of past approaches. The current approach uses both review of work experiences and presentation of specific concepts and skill practice through planned learning experiences. This is achieved by practical exercises under the direction of the psychologist and formalised staff training sessions. Thus, it seems likely that officers working in the unit since the beginning of 1987 might show greater evidence of learning and change in response to their experience of the unit than those included in this study, as data were collected in July to October 1986, and included officers who had left the unit up to three years earlier.

1.1 The Issues Investigated

The focus of this study was on the following issues:

1. What did the officers expect of the Special Care Unit?
2. What adjustments did officers have to make on joining the Special Care Unit?
3. How did these expectations correspond to their experiences of the effects of the unit on officers and prisoners generally, and specifically in relation to the officers' career prospects and family relationships, and experience of mixed staffing?
4. What skills do officers believe they have acquired from their experience in the unit?
5. Since leaving the unit, have they used any skills gained while working in the unit?

6. What barriers restricted or hindered their use outside the Special Care Unit of any skills which they reported having gained?
7. What effect did working in the unit have on the prison officers' relationships with prisoners once they had left?
8. What changes would the officers suggest in the Special Care Unit Programme for either inmates or officers?

2.0 OVERVIEW OF OFFICERS' BACKGROUNDS

2.1 Current Location, and Rank and Status while in the Unit

The Special Care Unit was commenced in January 1981. Up to May 1986, 172 Officers had worked in the unit. By October 1986, the officers' locations were as shown in Table 11.

TABLE 11: LOCATION OF OFFICERS AT OCTOBER 1986

<u>Location</u>	<u>%</u>	<u>Location</u>	<u>%</u>
Head Office	2.4	Goulburn	2.4
Special Care Unit	18.2	Mulawa	1.8
Long Bay Complex	22.1	Cessnock	1.8
Parramatta	3.5	Parklea	11.6
Maitland	0.6	Probation and Parole	4.1
Bathurst	4.1	Silverwater	1.2
Emu Plains	1.2	Left Service	24.7

The rank and basis of the officers' employment in the unit was as shown in Table 12. A few senior officers are permanently appointed to the unit; most are seconded for 1 year; some trainee officers spend 3 months in the unit during their first, probationary year; and some officers have spent short periods at the unit in exchange for a member of the unit's staff. The numbers in each of these appointment status categories are tabulated by the officer's rank in Table 12. For two officers, no information could be found.

TABLE 12: OFFICER RANK BY EMPLOYMENT STATUS AT ENTRY TO THE UNIT

<u>Rank</u>	<u>Employment Status</u>	<u>Permanent</u>	<u>Seconded</u>	<u>Trainee</u>	<u>Exchange</u>	<u>Trainee/ Seconded</u>	<u>Total</u>
Probationary				18		1	19
Base Grade		3	75	30	3	1	112
Mid (1/c or Sen)		2	19		1		22
Executive		15	2				17
Total		20	96	48	4	2	170

2.2 Data Collection

Data were obtained from officers working in the unit in April-June 1986 and from as many officers previously employed in the unit as possible. They were contacted either in person or by mail and asked to complete a detailed structured questionnaire or to be interviewed about the issues listed in 1.1 above. At the interviews, the same questions were used as in the questionnaire, but for most questions, those interviewed were allowed to reply in their own words and were not offered the choice of specific replies which were used in the questionnaire. One question about effects on promotion prospects was added to the interview.

The number of respondents varies with the particular topic, as some respondents to the questionnaires did not answer all the questions. Most replies appeared to have come from current officers or from officers who had worked in the unit over the 2 years before the data were collected. The actual time was not asked, as this could have undermined respondent's confidence in the anonymity of their replies. Very few of the officers who had left the department responded. Overall, 45 questionnaires were returned and 28 officers were interviewed. Interviews were conducted with past and current senior staff, and previous staff working currently in the metropolitan area who, when contacted, said they had not returned a questionnaire and were willing to be interviewed.

3.0 OFFICERS' EXPECTATIONS OF THE UNIT

Officers' expectations were assessed by asking them what they saw as the five main aims of the unit; whether the officer agreed with each aim the officer had identified; what they expected to gain from working in the unit; what they expected it to be like working in the unit; and the sources of their information.

3.1 Officers' Views of the Aims of the Unit

Almost all the respondents agreed with each aim he or she listed. Only one officer listed aims in apparently negative terms (using the words "brain washing") and he indicated agreement with these aims. Three did not complete the relevant questions.

The nominated aims (summarised in Table 13) fell into three broad categories. The first category involved improved prisoner adjustment either to the prison system or to wider society. The more specific issues which fell into this group were: improved adjustment to prison life; improved adjustment on re-settlement in the community; the development of the prisoner's interpersonal/life skills; and the reduction of drug dependence.

The second category covered aspects of staff and organisation development. This category included aims related to: the general aspects of staff development but not focussed on any single issues; increased understanding of prisoners; and the development of officers' interpersonal skills.

The third category covered the improvement of officer/inmate relationships.

It appears that these officers were more likely to be aware of the intended effects of the unit on prisoners than of aims concerning staff or organisation development. However, most of the reported aims corresponded to officially stated aims of the unit.

3.2 Expectations of Personal Benefit and Work Style

Officers were asked what they expected to "get out of" working in the unit, the type of work involved and the source of their information about the unit. The replies received from both questionnaires and interviews are summarised in Table 14. Three respondents did not reply to these questions.

TABLE 13: NUMBER OF RESPONDENTS REPORTING AIMS IN SELECTED CATEGORIES.
(Maximum Possible Number of Responses in a Category=70)

<u>Category</u>	<u>Number Who Gave at Least One Aim in Category</u>	
	<u>No.</u>	<u>%</u>
Inmate Adjustment/Coping		
-Improved interpersonal skill	54	77%
-Improved adjustment to prison	49	70%
-Improved adjustment in community	21	30%
-Reduced inmate drug dependency	2	3%
Officer Training		
-Non specific	18	26%
-Increased understanding of inmates	17	24%
-Develop officer interpersonal skills	7	10%
Improve Officer/Inmate Relationship	21	30%
Other	10	14%

TABLE 14: EXPECTATIONS, PRE-KNOWLEDGE AND SOURCES OF INFORMATION.
(Maximum Possible Number of Responses in a Category=70)

<u>Category</u>	<u>Number Who Gave at Least One Reply in the Category</u>	
	<u>No.</u>	<u>%</u>
Expectations of personal benefits		
-Skill development for officer(s)	28	40%
-Learn more about inmate behaviour	19	27%
-Job satisfaction	17	24%
-No idea	6	9%
-Experience in a therapeutic community	4	6%
-New approach for whole department	2	3%
-Promotion	2	3%
-Other	2	3%
Pre-knowledge of unit work & style		
-None	15	21%
-Emphasis on person	14	20%
-Kindergarten/holiday camp	14	20%
-Hard work	12	17%
-Better place to work	6	9%
-Mixing with prisoners	5	7%
-Therapeutic community	5	7%
-Experimental unit	3	4%
-Other	1	1%
-Not stated	12	17%
Sources of information		
-Could not say/No reply	19	27%
-Special Care Unit staff	15	21%
-Training school	11	16%
-Former Special Care Unit staff	11	16%
-Other staff (not Special Care Unit)	10	14%
-Former Special Care Unit inmates	2	3%
-Other	2	3%

It appeared that the information available to the officers influenced the aims she or he had defined. For example, officers who expected to gain interpersonal skills tended to express the unit's aims in these terms and also gave consistent responses to other questions.

4.0 INITIAL ADJUSTMENT TO THE UNIT

Whilst 38 officers said they had no difficulties with settling into the unit, 32 indicated that they had some problems with fitting into the unit programme. Three did not comment. The problems encountered ranged from the sexist attitudes of some male officers reported by one female officer, to role conflict reported by 12 officers (see Table 15).

The coping mechanisms used included: ignoring the problems; asking for help from other staff; developing an acceptance of the programme; and becoming more involved in the overall programme.

TABLE 15: INITIAL DIFFICULTIES ENCOUNTERED IN THE UNIT BY STAFF
(Reported by 70 officers; 32 acknowledged some problem "fitting in")

<u>Category</u>	<u>Number Who Gave at Least 1 Reply in Category</u>	
	<u>No.</u>	<u>%</u>
Disagreement with management/Commission policy	18	26%
Conflict with prisoners	11	16%
Conflict with other staff	5	7%
Not used to idea	3	4%
Reduced security role (security not emphasised)	2	3%
Had to develop new skills	2	3%
Sexism	1	1%
No problems	38	54%

5.0 REPORTED EFFECTS OF THE UNIT PROGRAMME ON OFFICERS AND INMATES

Perceived effects were explored by broad questions about positive and negative effects on staff and on inmates; effects of the promotion prospects of staff; effects on the family relationships of staff; and effects of mixed staffing on staff, on inmates, and on relationships in the unit.

5.1 Reported Positive and Negative Effects on Staff and Inmates

Officers sent the questionnaire were asked to identify from a list which effects they believed the unit programme to have had on inmates and themselves. Officers who were interviewed were asked to identify positive and negative effects of the unit programmes, but were not given a list. To ensure balance the questionnaire listed equal numbers of possible positive and negative effects, and the interview probed for both. The replies to the questionnaires are summarised in Table 16. Unfortunately, only 17 officers who returned questionnaires completed some or all of the section dealing with positive and negative effects. The number who recorded a reply to each section is shown in the relevant part of Table 16. The responses at interviews, where the lists of possible changes were not given to respondents, fell into similar categories, and so gave some confidence that no important areas have been missed. As the results were similar, only the questionnaire responses were tabulated.

The questionnaire results showed that the officers believed that their experiences in the unit had developed their people management skills (listening, acceptance of individual limits, acceptance of prisoners as people, capacity to make independent decisions and of how to bring about changes in the prison system). They also reported they had seen similar changes in inmates, including such changes as: improvement in

interpersonal skills: greater acceptance of self and acceptance of responsibility for one's own actions; increased ability to listen to others and at the same time express feelings in an acceptable fashion. Thus, their experience of the unit generally confirmed their expectations of gains in interpersonal skills, both for inmates and for themselves.

TABLE 16 A: REPORTED POSITIVE EFFECTS ON OFFICERS
(Maximum Possible Number of Replies in One Category=16)

<u>Category</u>	<u>Number Who Gave at Least 1 Reply in Category</u>
-Develop interpersonal skills	8
-Gain insight into inmate behaviour	7
-Develop/improve communication skills	6
-Recognise prisoners as people	6
-Other	3

TABLE 16 B: REPORTED NEGATIVE EFFECTS ON OFFICERS
(Maximum Possible Number of Replies in One Category=16)

<u>Category</u>	<u>Number Who Gave at Least 1 Reply in Category</u>
-Staff develop unrealistic expectations of what the system can do	5
-Staff relax/forget security role	5
-Burnout	2
-Closed environment	2
-Officers are unable to differentiate between various inmates	1
-Conflict with rules and regulations	1

TABLE 16 C: REPORTED POSITIVE EFFECTS ON INMATES
(Maximum Possible Number of Replies in One Category=17)

<u>Category</u>	<u>Number Who Gave at Least 1 Reply in Category</u>
-Learn to be themselves (more open)	11
-Learn to see officers as people	7
-Learn to place limits on themselves (take more responsibility)	6
-Other	5

TABLE 16 D: REPORTED NEGATIVE EFFECTS ON INMATES
(Maximum Possible Number of Replies in One Category=12)

<u>Category</u>	<u>Number of Officers Giving 1+ Replies in Category</u>
-Have to learn to re-adjust to prison	6
-Some inmates are unable to distinguish between unit officers and other officers	3
-Use programme as a joke	2
-Easier to gain access to drugs	2
-Disclosures used against other inmate	2
-Other	4

5.2 Effects on Promotion Prospects

Twelve officers who were interviewed had been promoted. All twelve said that the experiences they had gained in unit assisted with promotion. These officers said the unit had expanded their understanding of the role of the prison officer and/or had increased their skills. These respondents indicated that they were able to demonstrate their new outlook and skills to selection committees and gain rank as a result. Only one of these officers remarked that being a member of staff of the Special Care Unit is a credential for promotion without having to show greater capacity.

5.3 Effects on Officers' Family Relationships

We had thought that officers' relationships with their families could be affected for better (through using improved communication skills at home), or for worse (through the tension of the very demanding work in the unit, which could be difficult to discuss with people who had no similar experience). In both the interviews and the questionnaires, officers were offered three possible options to describe any effects which had taken place: that family relationships had been improved, that family relationships had been worsened, or that there had been no effect. In all 61 officers replied. The 9 single officers did not respond to this question.

More than one-third who replied said that their experiences of the unit were beneficial to their relationships with their families. A common comment made was that the experiences gained made them listen far more carefully to their families and this helped the officers improve their communication with their families. Only one in ten reported effects for the worse (see Table 17).

TABLE 17: REPORTED EFFECTS ON OFFICERS' FAMILY RELATIONSHIPS

For the better	22	(37%)
No change	33	(56%)
For the worse	6	(10%)
Total	61	100%

5.4 Mixed Staffing

The Unit was the first prison to have mixed staffing. Table 18 shows the rank by sex distribution from the opening of the unit up to June 1986 (with data missing for 2 officers).

TABLE 18: SEX AND RANK DISTRIBUTION OF OFFICERS IN UNIT, 1981-86

	Probationary	Base Grade	1/c or Sen	Executive	TOT
Male	16 (84%)	95 (85%)	17 (77%)	16 (94%)	144 (85%)
Female	3 (16%)	17 (15%)	5 (23%)	1 (6%)	26 (15%)
Total	19 (100%)	112 (100%)	22 (100%)	17 (100%)	170 (100%)
%	11%	66%	13%	10%	100%

The officers were asked in both interviews and questionnaires how they felt having mixed staffing influenced prison officer morale, the working environment and any effect on the inmates. The majority reported that the presence of females did have a positive effect on all the previously mentioned items. This response choices of those who completed the questionnaire are shown in the Table 19. The opinions expressed

overwhelmingly reported positive effects or no effects in each area. At least in this specialised unit, mixed staffing was seen as a source of problems by only a small minority of officers (3 or 4 of the 43 or 44 questionnaire respondents who replied to one or all of the three relevant questions that were asked).

TABLE 19: OFFICERS' OPINIONS ABOUT THE EFFECTS OF MIXED STAFFING

A: ON PRISON OFFICER MORALE

Better for officer morale	25	(57%)
No change on officer morale	16	(36%)
Worse for officer morale	3	(7%)
TOTAL	44	(100%)

B: ON WORKING ENVIRONMENT

Improved	20	(46%)
No change	20	(46%)
Worsened	4	(9%)
TOTAL	44	(100%)

C: ON PRISONERS

Positive effect	30	(69%)
No effect	13	(30%)
Negative effect	-	(0%)
TOTAL	43	(100%)

6.0 SKILLS GAINED AND SKILLS USED

The officers were asked in both the interview and questionnaire if they had gained skills and if they were using them. They were then asked if they had had any difficulty using these skills on leaving the unit, and (if so) the nature of these difficulties. The questionnaire then presented a list of 13 types of skill, and for each skill sought two ratings: the degree of skill gained (from low=1 to highest=5) and the degree of use (nil=1 through sometimes=3 to often=5).

The most important result from the ratings was that the officers believed that they had gained and were using skills related to the management of inmates and relationships with other officers. Gaining and using skills needed to negotiate with superiors and the administration was less often reported, but generally over half claimed such gains. Given the nature of the programme, this concentration of skill learning on dealing with inmates and peers was expected. It appeared to us that officers might find some difficulty in using improved skills in relating to inmates and staff if placed in areas of the organisation which might be unsympathetic and could discourage the changes which use of their skills could bring. The items about skills in dealing with group and organisational issues and taking initiatives were included to test whether the officers saw themselves as gaining skills in organisational change. At least half did claim relevant gains.

Table 20 summarises the ratings of skills gained and used. The skill areas are listed in order from that most often rated as both gained and used to that least often so rated. As would be expected, those who reported little gain in a skill area (gain rating 1 or 2) rarely reported using that skill (use rating 3-5). All skills were reported to have been

used by 90% or more of the officers who their gain in skill at 3-5. The number who made ratings was 42 (for 9 areas), 41 (in 3 areas) or 40 (in 1 area). The ratings are summarised by showing, for each area, the number who rated their gain at 1 or 2 versus those who rated their gain at 3-5, first for those who reported using the skill at least sometimes (use ratings 3-5) and then for all those who responded. The third column of the table shows the number who both gained and used the skill, and the number who reported gaining the skill as a percentage of all those who recorded ratings for that area.

TABLE 20+ OFFICERS' RATINGS OF SKILLS USED AND SKILLS GAINED

SKILLS		GAIN RATING		NUMBER	TOTAL RATINGS
		1-2	3-5	RATED 3-5 (% of Total)	
Managing prisoner's game-playing .	NO USING	1	35	83%	42
	OUT OF	4	38	91%	
Being assertive	NO USING	1	35	88%	40
	OUT OF	4	36	90%	
Listening to an upset prisoner	NO USING	1	34	81%	42
	OUT OF	3	39	93%	
Handling angry prisoners	NO USING	1	34	81%	42
	OUT OF	3	39	93%	
Negotiating with fellow officers	NO USING	2	33	79%	41
	OUT OF	5	37	88%	
Assessing prisoners more effectively	NO USING	1	33	81%	41
	OUT OF	5	36	88%	
Taking initiatives	NO USING	3	31	76%	41
	OUT OF	7	34	83%	
Negotiating with prisoners	NO USING	1	30	71%	42
	OUT OF	6	36	86%	
Coping effectively with stress and pressure	NO USING	2	30	71%	42
	OUT OF	10	32	76%	
Using your own ideas	NO USING	2	29	71%	41
	OUT OF	8	33	81%	
Negotiating with superiors	NO USING	3	26	62%	42
	OUT OF	11	31	74%	
Managing staff game-playing	NO USING	2	25	60%	42
	OUT OF	13	29	69%	
Negotiating with administration	NO USING	2	18	43%	42
	OUT OF	19	23	55%	

NOTE: Respondents were classified as 'USING' a skill if they reported using it at least 'sometimes'.

In the interviews the officers were asked if they had gained any new skills or developed existing ones. The majority said they had developed or improved their skills. Three said they had not developed or improved their skills. Of the group who said they had improved their skills, the most common response was associated with the improvement of interpersonal skills of the types listed in the mailed questionnaires. The interviews did not identify any major skill areas not listed in the questionnaires.

7.0 BARRIERS TO SKILL USE

The officers were asked to identify any barriers they had encountered to using the skills once they had left the unit. Although the relationship (see Table 21) was not significant, there was a definite trend among officers for whom the data were available for less experienced officers to report greater barriers. More of the officers with less than one year of service (i.e., trainee officers) reported difficulty in using the skills than officers with longer periods service. Unfortunately, the length of service was reported by only 28 of the officers. If similar results were found on a larger sample, this effect would have been significant. It does suggest that the involvement in the unit programme of trainee officers might need more careful attention than it received for some of the probationary officers who responded to this study. In 1986, several changes were made in how these officers were selected and trained, which could have overcome any problem with the earlier procedures.

TABLE 21: LENGTH OF SERVICE BY REPORTED BARRIERS TO USE OF SKILLS

<u>BARRIERS</u>	<u>LENGTH OF SERVICE (YEARS)</u>				<u>TOTAL</u>	
	<u><1</u>	<u>1-5</u>	<u>6-10</u>	<u>11-15</u>		
NO DIFFICULTY	4	5	1	2	12	(43%)
SLIGHT DIFFICULTY	2	2	2	0	6	(21%)
<u>SUB-TOTAL (%)</u>	<u>6 (50%)</u>	<u>7 (78%)</u>	<u>3 (60%)</u>	<u>2 (100%)</u>	<u>18</u>	<u>(64%)</u>
CONSIDERABLE						
DIFFICULTY	3	2	0	0	5	(18%)
GREAT DIFFICULTY	3	0	1	0	4	(14%)
INSURMOUNTABLE						
DIFFICULTY	0	0	1	0	1	(4%)
<u>SUB-TOTAL (%)</u>	<u>6 (50%)</u>	<u>2 (22%)</u>	<u>2 (40%)</u>	<u>0 (0%)</u>	<u>10</u>	<u>(36%)</u>
<u>TOTAL</u>	<u>12</u>	<u>9</u>	<u>5</u>	<u>2</u>	<u>28</u>	<u>(100%)</u>

There was no clear relationship with the officers' rank. Of the 21 officers who reported no difficulty with the use of the skills they had gained in the Special Care Unit, 11 (52%) had a rank greater than First Class Prison Officer compared to 28 (57%) out of 49 officers who reported at least a slight difficulty.

The officers who reported at least "considerable difficulty" with using their new skills, were also asked to describe the barriers they had encountered. Those who did reported that they were stigmatised as "do gooders" and "not being an officer". These officers said they were subject to snide remarks and at times they felt they were restricted in what they allowed to do by other officers. Their replies are summarised in Table 22.

TABLE 22: REPORTED BARRIERS ENCOUNTERED BY FORMER SCU OFFICERS WHO SAID THEY HAD AT LEAST SOME DIFFICULTY USING SKILLS GAINED

<u>Type of Barrier</u>	<u>No.</u>
Resentment by other officers/attitude of senior staff/peer pressure	11
Stigma/labelled as "do gooder"/"S.C.U.M."/seen as anti-social	10
Other	2
TOTAL	23

NOTE: S.C.U.M.="Special Care Unit Malabar"- a pejorative nickname applied to unit officers in the first 2 years, which they adopted with some pride.

Overall, these officers considered they had gained and were able to use increased skills in relating to prisoners and other officers. Some believed they had gained wider skills in taking initiatives and dealing with group and organisational processes. While a number had encountered some resistance from other officers to using these increased skills, this did not seem to have been a major problem for most of those from whom data were obtained.

8.0 EFFECTS ON RELATIONSHIPS WITH PRISONERS.

The officers were asked (in both questionnaire and interview) if there was a difference in how they related to inmates since they had left the unit compared to before coming to the unit. On this issue, of the 54 officers who responded, 19 said they had changed the way they related to prisoners, 32 said they had not, and 3 were undecided.

The officers who replied that they were treating prisoners differently were asked to explain how they treated prisoners in a different manner. Their replies indicated they had developed greater self confidence in handling a wide range of difficult situations, that they were better able to differentiate between various inmates with confidence and were more relaxed with their varied roles. Some officers said that they were more tolerant of some "acting out" behaviour rather than applying coercive approaches. Most said that they had a greater understanding of the prisoners and their problems.

8.1 Coping with angry prisoners

The officers were asked to describe a situation where an inmate was angry about something and how the officer had reacted in that situation. Almost all of these situations reported by the 42 officers who gave details in response to the questionnaire involved an inmate being subjected to some form of systemic injustice producing some uncertainty as to his future. Some described inmates who felt they had been 'set up', while other inmates described were frustrated by delays in official response to requests. Common to the officers' descriptions of these incidents was some recognition of the frustration the prisoner felt. Only in one case did an officer describe a fight between inmates.

In none of the situations did the officer mention charging the inmate. While each response was unique to the situation, there was a common theme in the approaches the officers took. All the officers said they talked with the inmate and attempted to work with the inmate to find a solution to the problem. None of the officers reported using coercive behaviour. The behaviour reported was based on co-operation and negotiation with the inmate and mediation with the prison system.

When asked if their approach would have been different before they had been in the unit, the majority (26) of the 42 officers who

replied reported that they would have acted differently, while 6 were unsure. The most common response was that the officer would previously have taken a more punitive approach and applied a more literal understanding of the prison regulations. They indicated that they would not have been as flexible as they are currently.

8.2 Coping with distressed prisoners

The officers were then asked to describe a situation where a prisoner was emotionally upset, (rather than angry) and how they reacted. The responses (from the same 42 officers who completed this section of the questionnaire) showed that the officers were prepared to talk with the inmate to discuss options then (in some cases) a plan of action. The approach most of the officers took was one of facilitator which allowed the inmate to explore options available. The officers also reported that, where they considered it necessary and the inmate agreed, they had acted as an advocate for the inmate.

When the officers were asked would they have approached this situation differently before they had been in the unit, the majority replied that they would not have (yes=12, unsure=8, no=22).

Of the 35 officers who, in completing the questionnaire, indicated the time they spent with the inmate, over half reported that they spent more than 15 minutes. Only 1 in 7 spent less than five minutes (see Table 23).

TABLE 23: REPORTED LENGTH OF TIME SPENT WITH ANGRY OR UPSET INMATE

LESS THAN 5 MINUTES	5
BETWEEN 5-15 MINUTES	8
BETWEEN 15-30 MINUTES	6
BETWEEN 30-45 MINUTES	3
MORE THAN 45 MINUTES	9
NO IDEA HOW LONG IT TOOK (but longer than 5 minutes)	4

The officers were asked if they had referred the inmate to some other source of help; 27 said they had, 14 said they had not, and 1 did not reply. It appears that the majority of respondents were prepared to use a range of sources of assistance for the type of problem encountered. The reported sources of assistance are shown in Table 24.

TABLE 24: INMATE REFERRALS FOR ASSISTANCE BY OFFICERS

REPORTED AT LEAST ONE REFERRAL	27
WELFARE/DRUG WORKER	11
SUPERINTENDENT	9
PSYCHOLOGIST	5
FAMILY	4
PROBATION AND PAROLE	3
NOT STATED	6
OTHER	8
<u>NO REFERRAL REPORTED</u>	<u>15</u>

The officers were also asked if they had given any advice. Their replies indicated that they had not given 'advice' in the sense of prescribing what the inmate should do, but had sought to clarify the problem, which allowed the inmate to examine a range of options. It is important to note that no officer who answered this particular question

reported giving any advice which imposed the officer's own value position. They all reported having used a "reflective listening" approach.

8.3 Comparison with other officers' responses to angry and upset prisoners.

Similar questions had been asked in a 1983 study of role problems and training needs among 113 officers of rank below Senior Prison Officer. The replies received were very different, both in the type of situation described, and the responses they reported. The situation involving an angry prisoner (which was reported by 101 of them) most often involved refusal to obey an instruction. Not one of the situations involving an angry prisoner reported by the SCU officers involved refusal by a prisoner to obey an instruction. This suggests that the unit officers were approaching prisoners in a manner less likely to result in antagonistic responses by prisoners, or that they did not automatically see such refusals as involving anger. One in ten of the 1983 sample responded with overt hostility and at least another one in five took disciplinary action. A number withdrew from the situation and ignored it, while others simply insisted on obedience. While almost half talked to and tried to calm the prisoner, there was much less evidence that they explored the situation in any detail.

The responses of the 1983 sample and the SCU officers when asked about an emotionally upset prisoner were also rather different. Almost one in five of the 1983 sample said they had not experienced such a situation. While nearly half of those who said they had dealt with an upset prisoner reported showing some evidence of concern, and many spent substantial time with the prisoner, their responses appeared more prescriptive and often involved rapid referral to civilian staff. The unit officers were more likely to spend time, to take an exploratory, problem-solving approach, and were less likely to offer prescriptive advice.

9.0 SUGGESTED CHANGES TO THE SPECIAL CARE UNIT.

The officers were asked what they would change about the Special Care Unit if they had the opportunity. The responses fell into the following categories: establishing continuing support programmes; location of the unit; examining thoroughly the basis of the training programme; developing inmates' participation in decisions about the unit programme; and the selection of staff and inmates.

These issues are dealt with in depth in Part Four. Many of the suggestions would involve significant change in policies in force at the time the data were collected. Some point towards changes which have already occurred, or which are under active consideration. The comments represent the collective experience of a variety of officers who have worked in the unit since its establishment, and should be carefully considered. However, in discussion of drafts of this report, it has been argued that by members of the Consultative Committee to the unit that some of the suggestions are based on a misunderstanding of the unit's purposes and the principles on which it is based. The presentation of these officers' suggestions below does not attempt to make any critical assessment, nor to endorse the suggestions. The appropriateness of the suggestions is considered in Part 4 of the report.

9.1 Continuing support programmes

Several officers asked for some continuing systematic support in other goals for inmates who have moved from the unit. These responses fell

into two groups. The first called for the development of similiar specialised units in other establishments. The second group suggested introduction of less intense backup programmes in other prisons, which could also act as a filter to select inmates for the more intense programme of the Special Care Unit. Once the inmate had completed the unit programme, he could be then offered the opportunity to continue to participate in a follow-up programme.

9.2 The location of the unit

A second issue raised by some officers concerned the physical location of the unit. Several officers suggested that the unit was not located in a suitable site. Some believed that the unit should be moved to another site with its own gates and fences. Several officers said having the unit inside the Metropolitan Reception Prison was not a suitable location, as they felt they were not totally in control of the Special Care Unit. Officers who lived in the western suburbs said the unit was for them proving inaccessible by virtue of distance and time; they would like to continue with the programme but the travelling involved was too costly, both socially and financially.

9.3 Selection of unit staff and inmates.

The selection of inmates and staff was an issue with many staff. All who were critical said that the selection processes used were not stringent enough to filter out "unacceptable" participants. There was a confusion within this group as to the task of the Special Care Unit. Most wanted the unit to be re-defined as a highly specialised programme dealing with specific behavioural problems or as a programme which would focus on a specific stage of sentences such as commencement or completion.

9.4 Staff training for the unit.

The training of staff was an issue which had two themes. The first theme related to the improvement of staffing resources such as training aids. It was felt that a greater range of staff development material should be accessible in both written and audio-visual forms. The current training officer said that there should be an additional position created for a person to undertake such a role.

The second training theme related to the preparation of staff before commencing duty in the unit. Some felt that before commencing duty in the unit an officer should have completed a prerequisite modular course in the basic skills required for duty in the unit.

10.0 ATTITUDES TO PRISONER MANAGEMENT AND OFFICER DISAFFECTION

The officers were asked to complete a questionnaire which covered their attitudes on prisoner management and what they saw as problems in doing their job. One scale (of 15 five point ratings) covers disaffection from the Department and its perceived policies; the other (of 8 five point ratings) contrasts preference for coercive versus cooperative methods for controlling prisoners. The two scales had been developed in previous studies and comparative data from other samples were available. One sample included 52 Bathurst Gaol officers; the other was 103 officers below Senior Prison Officer rank drawn from a number of institutions. Due to non-reponses to some items, scores for 45 cases were available from the Bathurst sample. In all three studies the same questions were asked. The prisoner control scale had not been developed when the general sample was obtained. The results are summarised in Table 25.

The Special Care Unit officers and the general sample of junior officers were about equally disaffected, and both significantly more disaffected than Bathurst officers. The SCU officers were significantly more coercive in their beliefs about how to control prisoners than Bathurst officers. The difference was equivalent to almost half a point per item on the eight items, each item being a five point rating scale, and was thus not large. The scores indicated majority agreement with statements implying disaffection, and a fairly even division between those preferring co-operative and those preferring coercive methods of control.

TABLE 25: DISSAFFECTION AND PRISONER CONTROL ORIENTATION

	MEAN	S.D.	N
DISAFFECTION			
BATHURST	43.9	8.04	45
GENERAL	50.9	9.92	103
S.C.U.	53.2	11.54	41
CONTROL ORIENTATION			
BATHURST	20.2	4.45	45
S.C.U.	23.5	3.63	42

From these results it is clear that experience of the Special Care Unit is not a panacea for the chronic disaffection expressed among prison officers. Interview data suggested that disaffection in the general sample concerned lack of support for coercive power over prisoners, while some Bathurst officers felt it was co-operative approaches which lacked support. It could be that SCU officer disaffection concerned perceived lack of support for new approaches rather than for greater coercive power. It is encouraging that officers at Bathurst were similar to the unit officers in advocating a balance between co-operative and coercive methods of controlling prisoners. Neither group advocated abandonment of the use of power and coercion, but in both groups knowing prisoners and talking issues through with them were seen as preferable to automatic use of punitive power to compel compliance.

11.0 OVERVIEW OF THE STAFF REACTION STUDY

The results obtained from this study largely reported the opinions and attitudes of officers who have worked, or were when studied working in, the Special Care Unit. Data were obtained from about half the officers still employed with the Department. Their views cannot be accepted as unbiased or automatically correct. However, they have been close observers of the unit and its effects, and their views must be given some weight. In particular, their reports of "critical incidents" with prisoners and how they dealt with these could be compared to the reports of other officers without experience in the unit. The other major caution which must be applied in considering these data, is due to the difficulty in obtaining the views of officers who had left the Department. Very few of these replied to the mailed questionnaire (although one did respond from overseas). Those who have left are more likely to have been dissatisfied with working as prison officers, and might well include most of those with a negative reaction to the unit and to working there. On the other hand, leaving could have occurred in some cases in response to gains in skill, confidence and aspirations which might have been constructive effects for the individual of working in the unit. While the total of 25% who were found to have left the Department might seem high,

turnover among prison officers is generally considerable, and some of the officers were being followed over two or three years after leaving the unit.

Keeping these cautions in mind, what can be said from the officer survey? The main points which emerged were favourable. The officers saw the unit as enhancing their own skills in working with prisoners and other staff; as having positive effects on the skill and behaviour of most inmates; and they substantiated these reports by their descriptions of incidents where they had encountered angry or distressed prisoners. The fact that none of them reported as an 'angry prisoner' one who was refusing to obey an order, and that none had felt it necessary to apply disciplinary sanctions is particularly telling, as such reports were common among a general sample of officers who had been asked similar questions in a 1983 study. The difference in the approach to an upset prisoner, and the much higher rate of being able to recall dealing with such an incident by the unit officers compared to the general sample, also confirms much that the officers reported about what they had gained from their work in the unit. Further encouragement can be drawn from the lack of systematic resistance from other officers to using the skills gained, although it may be that the most junior probationary officers were less free to use what they had learned. The officers also reported that their experience in the unit was helpful in gaining promotion, which would suggest that the skills they had gained were being recognised and valued by the prisons administration. Despite concerns that have been expressed about the strains which involvement in such intense relationships at work might have on family relationships, these officers were almost unanimous in reporting the effect as neutral or an improvement.

The officers were also quite willing to make suggestions for improvement. The four main areas in which such suggestions were made deserve more detailed attention, and are discussed further in Part 4 of this report. At least some of the points they have raised have already been dealt with by changes in the unit, especially in the staff training programme. The need for some continuing support for prisoners who have left the unit is, however, a point that merits some particularly careful attention. Each of the suggestions must be carefully weighed against the rationale of current policy and practice.

SPECIAL CARE UNIT EVALUATION STUDY:

PART 4: IMPLICATIONS AND CONCLUSIONS

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1.0 UNIT AIMS AND UNIT ACHIEVEMENTS

The Special Care Unit is a complex programme, with aims to be achieved for the inmates who enter the unit, for the staff who spend time working there, and for the prison system as a whole. It has not been possible to evaluate the extent of achievement for each of the objectives identified in Part 1. However, the examination of record data, the study of impact on inmates, and the study of staff reactions have given some useful indications of the level of achievement for many of the aims. The studies also allow some suggestions to be made which might further improve the unit's contribution to the operation of the prison system. Each of the aims set out in section 4 of Part 1 is considered in turn.

1.1 Achievement of Aims for Inmates

The primary aim for inmates is to assist them to achieve their own goals for personal change. Although these goals are as varied as the inmates, considerable evidence was obtained that many inmates seek to overcome similar problems. These include negative self-image, high levels of anxiety and depression engendered by their difficulties, highly aggressive behaviour, and chronic difficulties in communicating with people in authority (and specifically with prison officers) and with friends and family.

The evidence from the structured interviews and the psychometric test data indicated that many inmates become much more able to communicate with prison officers without automatic mistrust, friction or hostility. This in turn would suggest improved communication skills, and increased capacity to deal constructively with people in authority positions generally. These gains appear to be made by both those inmates who completed their treatment "contracts", and many of those who did not.

Improvement in self image, mood state, and aggressiveness was more evident among those who completed their treatment "contracts". The psychometric tests indicated that at both exit from the unit, and on follow-up after at least three months, completers were on average less disapproving of themselves, felt less anxious, tense and depressed, and saw themselves as less aggressive than completers assessed at entry.

In any group such as this which is selected to undergo a treatment because it is extreme in some way (e.g., highly anxious or aggressive), some reduction over time will almost certainly occur simply by chance. This effect, called "regression to the mean", is due to the fact that individuals will lie at the extremes of a distribution in part because of an accumulation of transient, chance influences which, at a later point, are likely to have changed so that the group is, on average, less extreme. However, the differences between entry, exit and follow-up for those who did not complete and for a comparison group were not significant, and were smaller in magnitude than the differences found for completers. Thus, the difference between scores at entry and at exit and follow-up for the completers could not all be due to "regression to the mean".

There are many impressive anecdotes about particular inmates with histories of continual conflict and violence who have been able, after a period in the unit, to largely stay out of such trouble. The research data on changes in aggressive behaviour and relationships with prison officers confirm the reality of these anecdotes and suggest that such gains might be achieved for considerably more than the half of those entering the unit who successfully complete their "contracts".

Taking all these results together, it seems reasonable to conclude

that the unit programme does help many inmates achieve some of their personal goals for change. The programme is much more successful in doing this for those who complete their agreed treatment period than for those who leave or are excluded for breaches of their treatment "contract". Even the non-completers showed evidence of improvement in their relationships with officers.

The unit seeks these gains through processes which emphasise personal involvement and acceptance of personal responsibility by the inmates. Some of the authors were able to observe the behaviour of inmates in the unit. These observations suggested that the process goals are achieved. The number who do complete their "contracts", which require maintaining a certain level of participation, together with the fact that a number of those who do not complete later chose to return and complete treatment, provide confirmation for this impression.

Any therapeutic system built on group processes and with elements of confrontation has the potential to upset, and perhaps to further impair the functioning, of some of those vulnerable individuals who seek help. From the exit and follow-up interviews and the trends in the test data it appeared that, while some non-completers were upset by the experience, few if any could have been properly described as having been made worse in any way by their experience.

To sum up, the unit appears to be meeting its objectives for inmates. The main concern must be to maintain this achievement while ensuring that as few as possible are damaged, and (if possible) to further reduce the rate of non-completion. Certainly, it would be reasonable for the unit to aim to keep this rate below 50%, and to seek effective ways to reduce it further without rendering the therapy ineffective.

1.2 Achievement of Aims for Staff

Three broad aims were identified for staff: skill development, increased awareness concerning inmates and the capacity of staff to make a constructive difference to them; and willingness to re-define and expand their role as custodial officers on leaving the unit. The results of the staff reaction survey show that those who completed questionnaires or were interviewed believed they gained considerably in a range of relevant skills. They corroborated these opinions by describing specific incidents of skilled responses to angry and upset prisoners. Both the incidents, and the officers' responses were very different from the incidents and responses reported by a varied sample of custodial staff in a previous study. The incident descriptions are also persuasive evidence of success in the other two areas of increased awareness and broadened role definitions, although there was some indication that they believed they had been interested in constructive relationships with prisoners before working in the unit.

The evidence summarised above concerns the intended effects. Evidence was also obtained about other effects that were not explicitly planned. These included effects on promotion prospects; effects on family relationships; and the impact of mixed staffing.

The officers surveyed believed their experience in the unit had been helpful in seeking promotion. It was thought that the intense and emotionally demanding work in the unit might have had adverse effects on their family relationships. When asked about this, the respondents overwhelmingly said that any effects were positive. Finally, they generally agreed that mixed staffing had definite advantages, especially in this type of unit.

The main reservations about accepting these results are due to the overall low response rate, especially for those who had left the Department. Also, most of those who replied to questionnaires, and nearly all who were interviewed, had worked in the unit after 1982. Thus, the impact of the suspicion and hostility, amounting to severe harrassment, which some officers experienced in the initial years of the unit's operation, were probably not tapped. It is re-assuring that so few of those who responded reported any such difficulties, even in mild form.

There were some indications that it was not always easy to use what they believed they had learned. There were indications that the probationary officers in particular appeared to find obstacles they could not easily overcome. These points will be discussed further in considering improvements which could be made in the unit programme.

In summary, the evidence which was obtained indicated that those officers who provided data had gained in the intended ways, and in other ways as well. While it would be re-assuring to have similar data from those who had left the Department since working in the unit, the available data at least are consistent with concluding that the unit is able to achieve its aims with staff, although the level of achievement may have been overstated.

1.3 Achievement of Aims for the Prison System

There are so many factors influencing such system characteristics as the number of particularly "difficult" prisoners, the quality of officer-prisoner relationships, and the willingness of officers to be accountable to inmates by, for example, providing explanations, that there is little realistic possibility of assessing the impact of the unit on such areas. A number of other more recent innovations provide some signs that these system level aims are being achieved. This conclusion would follow if it is accepted that the innovations occurred partly because the Special Care Unit, and those prisoners and staff who had moved on from it, opened the way. Such major developments as the Bathurst residential units, and the general Bathurst management approach; the intensive drug unit at Parklea; and the strategic emphasis on management by interaction and incentive rather than by physical restriction and coercion, could all arguably be related to the system effects of the unit. These developments are at least consistent with the arguments which some have advanced that the existence of the Special Care Unit, and the movement of its graduates (both prisoners and staff) into the system are having some of the desired effects. However, it is difficult to see how this could be objectively tested, or what sorts of data would be relevant. It is interesting to note the high level of involvement by ex-staff of the unit in crucial roles in some of these developments. Also, while the staff study was underway, a potentially explosive confrontation between prisoners and staff developed at Parklea. According to at least one senior officer interviewed, the peaceful resolution of this incident was attributed by several of those involved to the confidence they had in being able to negotiate because they had either worked in, or been inmates of, the unit. The confidence reported was not due to personal relationships developed at the unit, as those involved had been there at different periods. Rather, it was said to be due to some trust that each could talk honestly with the others, and be trusted. Such incidents give some grounds for believing that the unit is contributing to the general pattern of change which is developing and being fostered throughout the prison system, despite the adverse effects of increasing populations, overcrowding, uncertainty due to changing practices in determining release rates, and the adverse influence of drug use by prisoners.

Thus, while systematic, replicable evidence was not obtained, there are some grounds for believing that the unit programme has been having

constructive effects in the prison system as a whole.

2.0 SUGGESTIONS FOR FURTHER IMPROVEMENT

The officers made a number of suggestions, outlined in section 9 of Part 3. The main issues they raised concerned continuing support programmes for prisoners after leaving the unit: the location of the unit inside a larger, maximum security prison; the selection of staff and inmates for the unit; and staff training for the unit.

2.1 Steps Already Underway

Some of these matters have already received constructive attention from the unit's staff. More systematic and formalised skill training, with use of audiovisual training material, has been implemented. Selection processes for inmates have been revised. Trainee officers are now differently selected, and are themselves oriented through the inmate orientation programme. At one point, one of the accommodation units at Parklea (where many of the inmates leaving the unit go at exit) was set aside for ex-inmates of the SCU and the Parklea drug unit. Experience showed that this type of "half way back" programme was only effective when there were sufficient ex-unit inmates with established relationships to form a viable group. Now, when there are sufficient ex-inmates of the unit who formed relationships while in the unit, the psychologist convenes a mutual support group. The group helps its members to move back into the mainstream of prison life without succumbing to pressures to use drugs or become involved in violence or excessive conflict with staff.

Another major concern which has been tackled is the non-completion rate. At 50% it is high, and at one period was much higher. As few inmates who apply to enter the unit are rejected, and the unit is rarely kept full, being more selective about who is accepted does not appear to be a viable strategy. The orientation programme, and the systematic confrontation and support for inmates who are not working at an acceptable level have been introduced to reduce the drop out rate, and to cushion inmates from possible adverse effects of not completing. It may be that these would have had more evident effect, if the procedures for detecting drug use had not been improved at the same time. An increasing number of exclusions follow evidence of drug use through urinalysis, and staff now systematically observe inmate behaviour for signs of drug use, and target the testing on those showing such signs. Inmates in the 1985 sample who had been excluded for drug use when interviewed at exit or follow-up indicated that they had used because they found the pressure for involvement and change too demanding, and turned to drugs to help manage their anxiety. While the orientation programme should help to reduce this problem, it may also be useful to include specific training in stress management skills and focus the training initially on coping with the stresses of being actively involved in the unit. Another potentially useful innovation which has been recently implemented is to agree with inmates who do not complete a set of tasks which they should undertake to ensure they will be accepted back into the unit after 3-4 months. Some careful monitoring should be established of the rate at which non-completers return and of their outcomes.

2.2 Additional Suggestions

Another suggestion which could help those who find the programme demanding would be to apply with the inmates some of the systematic skill training methods being used with the staff. There is some evidence that teaching counselling skills (and indeed, desirable client behaviour, which also involves learnable skills) can speed up the capacity to make effective

use of group therapy. This idea is already being implemented to some extent in the orientation programme.

The post-unit programme at Parklea is limited to one location. It can be argued that, if prisoners are not ready to return to normal discipline and cope, then the unit has not succeeded with those inmates. This seems to me to impose an unnecessary dichotomy. Readiness to cope with "normal discipline" on leaving the unit will vary considerably, and will depend on the particular institution to which the inmate is moved. If simple arrangements could be made to support inmates in using what they have gained, then such steps should be taken. Deliberate use is made of the psychologists at other prisons by sending, with the agreement of the inmate, a detailed discharge summary to the psychologist, and a less detailed summary to the Programme Review Committee at the inmate's next prison. To be fully effective, especially for those who do not complete, the development of case management systems co-ordinated with Programme Review Committee reviews is essential. If feedback were obtained from the staff to whom discharge summaries were sent this could greatly assist in monitoring the continuing effectiveness of the unit. Finally, it might also be possible to more deliberately draw ex-inmates of the unit together for mutual support at other institutions as well as at Parklea.

Two suggestions made by ex-unit officers appear on balance to be unsound. I deal with these suggestions next.

Some officers sought to have special career paths created which would specialise in prisoner care and development rather than custody and security. Arguments were put to me by the Consultative Committee that these suggestions show a serious misunderstanding of the unit's place in the prison system, and of the aim to change the system by diffusion of skilled officers throughout the system. I accept that it is not appropriate to create protected environments in which officers with an interest in helping prisoners can withdraw from the realities of the custodial system. However, there may be some value in trying to more formally build links among officers who have worked in the unit, so that they can support each other in using their skills and in developing and implementing new approaches. There could of course be some risks in doing this, as it could foster the development of an "us versus them" mentality, both among ex-staff of the unit, and among other officers. I offer the suggestion as a starting point for further discussion.

Another suggestion was to improve staff training by providing training for officers selected to work in the unit before they enter the unit. This suggestion appears unsound in principle, as the best way to learn the relevant skills is through systematic skill training given while doing the work in which the skills are needed. New procedures are being developed through which selected officers will interview prisoners shortly after reception into prison to obtain essential information on the prisoner's background and needs. It has been suggested that training to conduct such interviews be incorporated in the relevant modular courses. This training would be highly relevant to working in the unit, as would experience in the positions established to conduct the interviews. However, access to secondment to the unit should not be limited to officers with such training or experience, as this would restrict excessively the range of officers who could be recruited to the unit.

2.3 Other Issues

When this study commenced, the Corrective Services Advisory Council expressed some interest in whether the unit was meeting the need for such services in the prison system. It was difficult to study this directly without doing a larger survey. However, two lines of evidence seem relevant. It was

extremely difficult to identify prisoners who had problems which could benefit from a period in the unit who had not gone there. Identification through nomination by psychologists was attempted. Another method which was tried was to identify all prisoners who had been segregated in a six month period, and obtain structured comments on their behaviour and possible suitability for the unit programme from the Classification Sub-committee. Neither method was particularly successful. This suggests that perhaps there are not many inmates at other institutions who could obviously benefit from the unit programme. This could, of course, be due to a lack of relevant knowledge of prisoners among the psychologists or the Classification Sub-committee. However, I suspect that the longer term inmates with major problems, especially in controlling aggression, generally become quite well known. The other line of evidence is the small number of inmates seeking to enter the unit who are turned away. This suggests that the unit is at least meeting the demand for its services. It is not considered appropriate either by the unit's staff, or under general Departmental policy, to pressure reluctant inmates to enter programmes "for their own good". The stated policy is to ensure programmes are available, and to provide incentives, but not to coerce participation. Thus, meeting the demand appears to be a reasonable aim.

Continued monitoring of the unit to allow continuing evaluation was recommended by the efficiency audit of the Department held in 1986. Unit staff continually assess the completion rate. This should be extended to monitoring the rate at which non-completers return, and separating statistics on the completion rate for those entering the unit for the first time, and those returning for a second try. It is also important to trial, refine and adopt some simple standardised measures of inmate and staff functioning at entry and exit; and develop ways of obtaining further feedback from ex-inmates and ex-staff at some chosen points after exit. A draft rating form, which covers the major areas of common inmate goals identified in this report, is included as an appendix. It would be desirable to continue using the current longer tests in parallel with the ratings for sufficient time to establish whether the ratings have some concurrent validity. This would require parallel data on at least 50 inmates at entry and exit, and if possible at follow-up. If resources to maintain this additional data-collection and processing workload cannot be found, then the forms could be implemented in place of the longer tests. It might also be possible to obtain parallel data from a group of current inmates, and another group which left the unit in, say, the previous 6 months. Although not as precise as concurrent measurement, this could still be useful. For staff, the adoption of some standardised measures of counselling skills, and perhaps the use of the prisoner control orientation scale, might be worthwhile. The skill measures could be based on Carkhuff's index of communication (e.g., Carkhuff, 1969) but should use statements as stimuli more typical of those made by inmates in therapy groups or individual "counsels".

The unit programme is very demanding in terms of time and emotional investment (not to say turmoil) for the inmates. This intense demand is an integral element of the unit programme. The question arises, given the reasons for non-completion, whether programmes which are less demanding could be effective for some inmates who cannot cope in the unit. Shorter programmes are now available in other institutions which aim at similar objectives but use less demanding techniques based on training in communication and stress management skills. While these less intense approaches may not be effective with inmates whose problems are as complex as those of inmates entering the unit, they might be able to help a broader range of inmates with lesser, but still substantial difficulties. It might be possible to organise, say, modular programmes which operate for 1 to 4 weeks on a half-time or full-time basis, that could have some of the same impact as a full term in the unit, without making the same demands. Such programmes could be very useful for inmates who

were unable to complete their "contracts" in the unit, and would help to reduce the apparent chasm between "normal discipline" and the unit.

During our discussions of the project, the previous Chairman of the Corrective Services Commission, Mr Vernon Dalton, raised a concern which he felt very strongly about. He believed that the existence and name of the unit could have an adverse effect on the system as a whole: that too many staff (and even inmates) could be led to believe that the process of honest communication with each other could only occur in such special settings. Whether such beliefs are widespread is hard to say. Certainly, the views about communication between prisoners and officers seem to vary with the security level of the institution. Results of evaluation studies at Bathurst Gaol show that better communication, with real constructive effects, can be achieved without the intense resourcing and careful selection employed by the unit. However, it is clear that the unit takes on the task of helping some very troubled and difficult people to change. As other initiatives improve the level of communication between officers and prisoners, any adverse effect on expectations which might exist can surely be overcome. While overcrowding, limited staff numbers and emphasis on physical methods to maintain security persist, the belief that things can only be better in very special places perhaps has some substance. The most important point here is, I think, to continue to foster other initiatives, and to use the graduates (both staff and prisoners) from the unit as part of these changes.

The studies reported here have not dealt with the issue of costs and cost-effectiveness. The Director of Programmes reported at a recent Special Care Unit Consultant's meeting that data he has from recently established performance indicators shows that money spent on education programmes in the unit is highly effective in terms of the consistent high levels of attendance and completion of goals. Thus, the cost per inmate class hour, and per inmate completing programme goals is much less than might be expected from the relatively small size of classes in the unit.

It appears to be important to examine all the performance indicators now being collected by different Divisions and Branches to extract and collate information relevant to the comparative cost and effectiveness of services within the unit. Some comparative data on costs for other interventions (e.g., disciplinary segregation: costs generated by past assaultive behaviour, and reductions in such behaviour among unit inmates) would also be useful to keep the apparent high costs of the unit in perspective. Some means to notionally allocate the unit's costs between inmate treatment and staff training would also be helpful, as not all of the expenditure should be charged against inmate care and development.

3.0 SUMMARY OF CONCLUSIONS

1. About half of the inmates who enter the unit complete their treatment "contracts" successfully.
2. Those who enter the unit tend to be more negative about themselves, and to be more anxious, stressed, depressed and aggressive than males in the general community.
3. Those who leave the unit, whether or not they complete, tend to be less hostile toward prison officers, and more willing and able to treat them as individuals, and to discuss personal matters with them.
4. Those who complete their treatment "contracts" tend, both on leaving the unit and after 3-6 months, to be less negative about themselves, and report they are less anxious, stressed, depressed and aggressive than those who enter the unit and subsequently complete, and those who do not complete at any stage.
5. Those who did not complete their treatment "contracts" showed some evidence of having gained from the experience, and few if any showed evidence of being damaged by their failure.
6. The unit is thus achieving its main inmate objectives with a substantial proportion of inmates who enter the unit, but a higher rate of successful completion would be desirable if it can be achieved without reducing effectiveness for those who complete successfully.
7. Staff who have worked or are working in the unit and completed survey forms or were interviewed, reported gains in a wide range of relevant skills in working with both prisoners and other staff, and believed the unit is effective in the intended ways with prisoners.
8. Both staff and inmates tended to believe the unit seeks to reduce recidivism, and many believed it can do so, although this is not an explicit or feasible objective of the unit programme.
9. Staff who responded reported they have gained in other ways, including improved prospects for promotion and improved communication with families. Few believed that the experience was in any way damaging to their personal relationships.
10. Most staff who replied reported they were able to use the skills they gained at least sometimes, and could describe credible examples of incidents with prisoners who were upset or angry which corroborated their reports. The descriptions of these incidents showed marked differences from descriptions obtained in a study of a representative sample of N.S.W. prison officers of rank up to Senior Prison Officer.
11. The unit is thus believed by the staff to be achieving its staff objectives, and there was some evidence to substantiate their beliefs.
12. Some qualitative and anecdotal evidence was noted to suggest that the system level objectives of reducing the number of "hard to manage" prisoners, and of changing the style of relationship between officers and prisoners throughout the prison system, are being achieved in part, and that ex-staff and ex-inmates of the unit are

contributing to these developments. However, it was difficult to collect systematic evidence which could seriously test the level of achievement of system level objectives.

13. Action to improve many of the areas identified in the study as having potential for improvement in unit operations had already been taken by the time this report was completed. These areas include selection and orientation of inmates (both intended to increase the completion rate), selection of trainee officers, and training of officers.

14. It is difficult to assess the extent to which the unit is meeting the need for such a service. Two lines of evidence suggested that it was, at least, meeting the demand. Inmates selected for the comparison group also appeared to have a simple but fairly accurate understanding of the unit's aims, but were very vague about how these were achieved.

4.0 SUMMARY OF SUGGESTIONS FOR FURTHER IMPROVEMENT

A number of suggestions were offered for improvements, either in the unit, or elsewhere in the prison system, which could further enhance the unit's contribution to the system and those within it. These are briefly summarised here.

1. The completion rate must be systematically monitored, and action taken to identify and correct causes of any drop below 50%.
2. The rate at which non-completers return to the unit, and their completion rate when they do so must be monitored separately.
3. Further action to help inmates with the stress imposed by the programme, and to develop coping methods other than drug use, might help to improve the completion rate.
4. Action to support both inmates and staff on leaving the unit could be helpful. Effective action to assist inmates beyond the steps which have already been implemented depends to a large extent on the development throughout the prison system of effective case management systems, and a wider range of effective personal development programmes. Perhaps more systematic steps could be taken to involve ex-staff in the development and implementation of such programmes. Inclusion in the unit's staff training programme of specific material about initiating organisation change in the training of staff would be desirable.
4. Some inmates are unwilling to meet the intense emotional demands of the unit. They could benefit from shorter part-time or full-time programmes, using skill training methods to improve communication and stress management skills. Such programmes already operate at some institutions, and non-completers are, where this seems appropriate, advised to take part in them. The network of available programmes needs to be further improved. If ex-unit staff (among others) were involved in, say, one or two such programmes a year as a matter of policy, this could increase the availability of such programmes, and help to maintain or enhance the gains made from work in the unit, without separating the staff from the mainstream of prison officer work. The major difficulty with such involvement of ex-unit officers is the current severe shortage of prison officers, and the difficulty

of rostering officers on a short-term basis for special duties.

5. A system of obtaining feedback on post-exit functioning of inmates, whether they complete or not, should be instituted. A simple rating form, with versions for self-rating and being rated by an informant, is presented as an appendix to this report. The same forms could then be used in selection of inmates to enter the unit, and provide a base line measure of their problems in common problem areas. These forms could replace the more time-consuming questionnaires and would facilitate obtaining third party reports and follow-up data on non-completers. Resources to establish the concurrent validity of briefer rating measures need to be found.

6. All staff could be assessed on standardised measures of counselling skills at posting to the unit, after completion of defined training units, and on leaving the unit.

7. The studies reported do not examine the cost-effectiveness of the unit. Data now being collected for performance indicators by the Programmes Division bears on the cost-effectiveness of the education component of the unit programme. The full range of performance indicators collected by the different Divisions and Branches providing input to the unit should be reviewed, and data relevant to the unit's cost-effectiveness extracted and collated on a regular basis; comparative costs of other interventions for "difficult prisoners" should be examined; and the unit's costs should be notionally split between inmate care and development, and staff development.

To conclude, it is gratifying to find that so much that we could have recommended has already been done, and that there were so few deficiencies to be dealt with. The studies we have done cannot show whether the unit is cost-effective. Although it is very expensive it may be no more costly than, say, strict protection or strict segregation, which are the alternative regimes for many unit inmates, and is far more constructive. However, it is one element within the prison system which shows evidence of achieving some constructive objectives, and is making real efforts to improve its contribution to constructive change for inmates, staff and the overall prison system. The effort and dedication of the staff and prisoners involved is immense, and it is a pleasure to have found clear evidence of real success in a most difficult area.

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APPENDIX

Draft Self and Other Rating Forms
for use in monitoring inmate impact.

NOTE: The attached draft forms attempt to cover behaviour which appeared to be specific, common problems for unit inmates at entry. The four items cover difficulty in communication about personal thoughts and feelings; difficulty in communicating with prison officers about personal thoughts and feelings; general attitude to prison officers; and tendency to behave aggressively, assertively or submissively.

A highly reliable measure of each of these behaviours would have to include a larger number of items. Thus far, there is no well-validated, uni-factorial measure of assertiveness, which appears to be a complex aspect of individual differences. However, if the items have any validity and reliability, they can be used to monitor groups of individuals, although they would not be sufficiently reliable to be relied on in the assessment of individuals.

Other relevant areas of behaviour are not covered. These include: self-esteem/self-acceptance; willingness to take personal responsibility versus seeing oneself as a helpless victim of circumstances and other people; and degree of anxiety and/or depression. The 20-item Spielberger Trait Anxiety Inventory (STAIT) is probably a reasonably valid and reliable measure of self-esteem or self-acceptance, and is not too laborious to complete. There are numerous "locus of control" scales available in the literature, but whether any capture the clinical reality of the tendency among prisoners to adopt the "victim role" is unclear. Also, measures of this dimension tend to be fairly highly correlated with scales such as the STAIT. Mood state could be measured by using Spielberger's STAI-State form, although the latest revision is an attempt to measure anxiety with less contamination from depressed mood, and thus might not identify individuals who are depressed but not anxious. Items could also be taken from one or other version of Goldberg's General Health Questionnaire (GHQ). Although there has been some negative reactions to the content of the items and the response options when I have suggested use of this scale in various studies, it has been widely used in community studies of the epidemiology of neurotic psychiatric disorder without such problems arising. A relevant recent source of GHQ items is:

Seigert R.J., McCormack I.A., Taylor A.J.W., and Walkey F.H. (1987) An examination of reported factor structures of the General Health Questionnaire and the identification of a stable replicable structure. Australian Journal of Psychology, 39, 89-98.

I have included the 20 items from the factored version of the scale reported by Seigert et al. Items 11-15 appear most related to anxiety and items 16-20 to depression. It may be that the items will seem more acceptable if all 20 are used, with 1-5 concerning general sense of physical health and well-being, and 6-10 with quality of sleep. High scores on these probably indicate anxiety or depression that is not recognised as such, although sleep problems can be simply due to a change of physical surroundings.

Dr Don Porritt
28 February 1988.

GENERAL HEALTH QUESTIONNAIRE

Please read this carefully:

We would like to know if you have had any medical complaints and how your health has been in general *over the past few weeks*. Please answer ALL the questions on the following page simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

HAVE YOU RECENTLY:

- | | | | | |
|---|-------------------|--------------------|------------------------|-----------------------|
| 1. been feeling perfectly well and in good health? | Better than usual | Same as usual | Worse than usual | Much worse than usual |
| 2. been feeling in need of a good tonic? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 3. been feeling run down and out of sorts? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 4. felt that you are ill? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 5. been feeling full of energy? | Better than usual | Same as usual | Less energy than usual | Much less energetic |
| 6. found yourself waking early and unable to get back to sleep? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 7. been getting up feeling your sleep hasn't refreshed you? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 8. had difficulty in getting off to sleep? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 9. had difficulty in staying asleep once you are off? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 10. been having restless, disturbed nights? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 11. been getting scared or panicky for no good reason? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| 12. found everything getting on top of you? | Not at all | No more than usual | Rather more than usual | Much more than usual |

13. been feeling unhappy and depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual
14. been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual
15. been feeling nervous and strung-up all the time?	Not at all	No more than usual	Rather more than usual	Much more than usual
16. felt that life is entirely hopeless?	Not at all	No more than usual	Rather more than usual	Much more than usual
17. felt that life isn't worth living?	Not at all	No more than usual	Rather more than usual	Much more than usual
18. thought of the possibility that you might make away with yourself?	Definitely not	I don't think so	Has crossed my mind	Definitely have
19. found yourself wishing you were dead and away from it all?	Not at all	No more than usual	Rather more than usual	Much more than usual
20. found that the idea of taking your own life kept coming into your mind?	Definitely not	I don't think so	Has crossed my mind	Definitely have