CREATING A TREATMENT CULTURE IN A CORRECTIONAL FACILITY

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Criminal Justice System Reacts to Opiate Epidemic

- Local communities quickly took notice because those mostly involved were largely 18-30 year old white males and females.
- The growing numbers tapped local treatment resources, thus increasing involvement of criminal justice system.
- Many state and local task forces were created, but lacked concrete solutions to address the issue. Mostly in the beginning were looking at possible solutions and collecting data.
- People in our communities were dying and we couldn’t wait, had to develop something.
Criminal Justice System Reacts to Opiate Epidemic, continued

- Our Treatment Leadership developed opiate specific treatment resources.
- Our Executive Team researched the promising and best practices for opiate treatment.
- Our leadership team met with Alkermes, the maker of Vivitrol.
- Working with multiple funding sources, developed a unique unit.
- Have expanded the use of MAT within other community corrections programs, but not as rigorous as CBCF program.
Quick Response Team

Akron QRT

Barberton/ Norton QRT

Green QRT

Munroe Falls QRT

Stow QRT

Tallmadge QRT
CBCF

“A Community Based Correctional Facility, provides chemical dependency treatment and educational opportunities for clients to become contributing members of society.”
The Evolution of Medication Assisted Treatment Unit

- MAT Unit began October 2014
- Self Contained Unit with 16 male clients
- Well designed space; aesthetically pleasing
- Staff composed of resident supervisors, counselor and caseworker
- Overall oversight provided by corrections supervisor with treatment supervisor overseeing treatment aspect
- Began with Vivitrol injections but had to change to oral naltrexone due to funding
- It was a good beginning
DEVELOPMENT OF UNIT

- Our initial positive outcomes created a waiting list for men and a desire for a female unit.

- Decision made to create a unit for women moving the men to the male CBCF

- Increased our capacity for males and created a 26 bed unit in the male facility

- Developed smaller 20 bed unit for females
DEVELOPMENT OF UNIT (CONT)

- The relocation of men brought challenges
- Space less conducive to a therapeutic environment
- Larger facility (total male clients 170) brought its own staffing issues with resident supervisors
- Needed to be creative in finding ways to make it a self-contained unit
- Clients were not happy with the new location
- Staffing became a ongoing issue that brought additional problems
THE NEED TO BRAINSTORM A CHANGE

What were the issues?

- Space
- Turnover of resident supervisors caused staffing problems because they were being used throughout the facility
- There was not a consistent treatment culture and philosophy on the unit
- Clients were bored and continued to act out and were difficult to manage
- The supervision of unit was inconsistent due to two disciplines (treatment and corrections)
SO WHAT DO WE DO NOW???????
Developing a Therapeutic Treatment Culture Within a Community Correctional Facility

- Restructure the management of the unit (Nov 2016)
- Executive Vice President of Operations with strong background in managing a CBCF assumed management authority
- Clinical Director with therapeutic philosophy who recognizes criminal behavior oversees the unit and reports to the EVP
- All disciplines are under the supervision of the treatment department to allow for the strong unity of team
- The Recovery Coaches assume a new role on the unit
- MAT awareness for all correction and treatment staff at the agency
WHAT IS A THERAPEUTIC TREATMENT CULTURE?

- Culture - The sum of attitudes, customs and beliefs that distinguishes one group of people from another.
- Therapeutic Treatment Culture - Is one where the attitudes and beliefs are purposed toward healing the addiction and changing the criminal behavior of the clients.
HOW DOES THIS DIFFER FROM HAVING A CORRECTIONAL FACILITY WITH TREATMENT

- It’s really not that different – it’s just a matter of focus.
- Focus is on healing opposed to punishment and control.
- Focus is on selecting staff who share this view.
- Focus is on compassion without neglecting safety, security, accountability, and control.
What Does Compassion Look Like In a Therapeutic Treatment Culture?

- Not like the grandmother that gives cookies to all the kids.
- Not like the person who strives to make clients feel good about themselves.
- Not like the one who ignores criminal behavior.
BASED ON THE WORK OF
SANTON SAMENOW AND SAMUEL YOCHelson
SAMENOW AND YOCHELSON IDENTIFY COMPASSION AS:

- The Agent of Change (A.C.) showing compassion by what he is willing to do.
- The failure to be discouraged or personally affronted by the offender’s abuse, violations and mistakes.
- A commitment and willingness to take the consequences of doing the right thing.
- Compassion is shown through the hard work of the agent of change.
- Compassion is best shown through helping the offender change his thinking patterns.
DEVELOPING OUR MULTIDISCIPLINARY TEAM CULTURE

- Licensed Clinical Supervisor
- Licensed Counselors and Nurse
- Caseworker (required to pursue chemical dependency licensing)
- Cognitive Skills Specialist
- Certified Recovery Coaches/Peer Supporters
- Collaboration with corrections management staff
STAFF AS “AGENTS OF CHANGE”

- Samenow identifies those who work with clients for the purpose of inspiring behavioral changes as “Agents of Change.”
- Accomplishing our purpose requires every staff member be an Agent of Change and that they recognize this is their purpose during their entire work day.
- We are pursuing this culture.
An Agent of Change (A.C.) must be well trained in understanding the thinking patterns and tactics of people with a criminal personality.

And Agents of Change, when teaching others how to function responsibly, must live responsible lives themselves.

These requirements are obviously difficult. The A.C. is, in effect, continually on the front lines of combat with little chance for rest and relaxation.
The Personality of the Change Agent is Important

Personal Characteristics Most Conducive to Success in Working with Offenders:

- Integrity – essential to leading a program grounded in moral values
- Strength and Firmness – not to be confused with harshness
- Endurance and Patience – cannot be easily exasperated as many things need repeated over and over. Need a “time will tell attitude” with respect to progress.
- Flexibility – with respect to procedure but not with respect to basic premises and meaningful content.
PERSONALITY OF THE CHANGE AGENT (CONTINUED)

- Open-mindedness – not productive to be married to a particular theory or school of thought; need to stay open-minded so as not to prejudge.
- Self-criticism – A.C. must be critical of own thinking and action patterns. Take stock of personal and professional life striving for personal growth and improve quality of professional life.
- Compassion – As discussed in a previous slide.
PERSONALITY OF THE AGENT OF CHANGE - CAN THESE BE DEVELOPED?

Yes!
How?

- Through experience the Agent of Change will become increasingly effective in working with the offender.
- Experience is vital; none of the attributes described can be learned didactically.
- They must be learned in the field with coaching and supervision.
- But they must have some basic training in order to recognize the situations they will be facing.
- Learning to maintain a culture of compassion with addicts and offenders takes commitment and endurance.
MAJOR CHANGES

- Recovery Coaches
- Treatment Assistants
- Enhanced Programming
Addition of Recovery Coaches to Manage the Day to Day Activities on the Unit.

- Supervise day to day activities on the unit
- Develop with the client a Recovery Wellness Plan
- Coach, support and provide accountability
- Each client is assigned their own Recovery Coach
- Facilitate discussion groups and activities
- Accompany clients to self-help meetings and sober activities
DEVELOPMENT OF TREATMENT ASSISTANT

- Combination of resident supervisor, recovery coach and treatment counselor.
- Duties similar to recovery coach but without the role of personal experience and coaching.
- Benefits – training ground for new counselors
- Benefits – hopefully decreases staff turnover
- Challenge – minimize splitting
- Maintain strong team and clear roles
- New role begins in June
Core Programming

- Treatment Readiness
- Intensive Outpatient Treatment (IOP)
- Aftercare
- Thinking for a Change
- Thinking Errors
- Booster groups
- Distorted Thinking
- Good Intentions, Bad choices
ENHANCED PROGRAMMING

- Self-care and relaxation
- Recovery coach coffee hours 12 step meeting
- Art and music exploration
- Bridging sober fun and 12 steps
- Life skills
- Leisure sports
- Losses in life
- Seeking safety
- Creating writing
- Our thoughts and what we do with them
ENHANCED PROGRAMMING CONT.

- The attitude of recovery
- Emotion freedom technique (EFT) tapping
- Origami
- Big book study
- Topic Tuesday
- It starts with YOU!
- Me, myself and I
- Men’s issues in recovery
- Corn hole tournament
TREATMENT UNDERSTANDING SAFETY AND SECURITY

- Adjust mindset to recognize although compassion is our culture safety and security can NEVER be forgotten because we are dealing with offenders.
- Must be vigilant in observing clients activities and location.
- Strictly adhere to policies and procedures that ensure safety.
- Routinely practice safety drills
- Remember that while striving for compassion it can be very easy for staff member to lose sight of the way an offender could potentially hurt them.
Moving Towards Outcome Measures and MAT Stats in Combination with our Vivitrol Clinic

- In the year 2017, there have been 271 injections given
- In the year 2016, there were 244 injections given
- Total since clinic started (June 2016) is 515 injections
- In the year 2017, the no show rate is 39%
- Of the 39%, 50.9% of those clients were referred to CDTC from CBCF
**MAT Stats**

- There was a 21.4% increase in clients scheduled from April to May (99 in April and 126 in May).
- There were 26 no shows in both April and May, but due to the increase in appointments the no show rate dropped from 26.3% in April and 20.6% in May.
- In May, 57.7% of the no shows were former CBCF clients.
- In May, 23% of CBCF clients who did not show were receiving their 2\textsuperscript{nd} injection.
**COLLECTION METHOD FOR OUTCOME MEASURES**

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Excel spreadsheet showing data entry for referrals, including columns for client information and outcome measures.
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**Notes:**
- CBCF: Career Building Connections Foundation

**Explanation:**
- The table above outlines a methodology for tracking outcomes. Each column represents a different aspect or measure, such as employment status, attendance at support meetings, and sponsor involvement.
- The rows correspond to different time points or recurring assessments (e.g., monthly, quarterly).
- This structured approach helps in systematically evaluating the impact of interventions over time.
BIBLIOGRAPHY

