

# Managing a Therapeutic Community 'K' Division - A Case Study

---

---

Paul Hamilton  
Program Coordinator  
'K' Division  
Pentridge Prison  
Melbourne, Victoria

---

---

**I**n 1987 a joint submission from the Health Department of Victoria and the Office of Corrections was made for a drug education and prevention project for prisoners. This project was approved and funds were made available from the National Campaign Against Drug Abuse and from State health resources on a dollar-for-dollar basis. As a result, one program commenced in 'G' Division for males at the Metropolitan Reception Prison and another at Fairlea for women.

In early 1987 the Metropolitan Reception Prison received its second HIV seropositive prisoners (two prisoners). Due to industrial issues involving prison officers the prisoners were moved from 'D' Division to the hospital in Pentridge Prison. Over the next six months the numbers of HIV seropositive prisoners increased from two to a total of six. As the numbers grew an increasing burden was placed on hospital services which were not designed to house prisoners on a long-term basis. In addition, hospital beds were being occupied by persons whose needs were not being met under a hospital regime. At this stage, the Corrections Health Board intervened and, as a result, facilities within the recently refurbished 'K' Division were made available for persons identified as being HIV seropositive.

This decision coincided with the relocation of the drug treatment programs to 'K' Division, in order to allow the redevelopment of 'G' Division into an acute psychological unit and the resources from the male unit to be shared with the female unit. Therefore, resources became available for the delivery of a drug program, to provide a service for persons identified as being HIV seropositive, and to increase the number of positions available for males and females within the drug treatment program.

In March 1988 'K' Division started to accept prisoners who were HIV seropositive. Initially, the unit opened with seven prisoners, six of whom were HIV seropositive. To address industrial issues negotiations with the unions took place for the unit to open with volunteer staff. An education program was made available to the staff and support provided to address their concerns. Since then, two other programs have been developed in 'K' Division to meet other prisoners needs. These are a small high protection/security unit and a programmed unit for offenders with intellectual disabilities.

## Description Of Programs

Up to approximately 100 prisoners can participate in the various programs offered in 'K' Division. 'K' Division is dedicated to the delivery of programs across all its five Units. A brief description of each Unit follows:

### *Unit Two*

Unit Two is a high security/protection unit with facilities to house a maximum of nine prisoners, for extended periods of time. Its goals are:

- the containment of high security risk prisoners and the safety of prisoners in need of high protection;
- to provide activities, interests and pursuits for prisoners that engage their interest and assist them in coping with long periods of confinement. Employment, education and recreational activities are examples;
- to provide an environment which promotes an harmonious and relaxed level of interaction between prisoners and prisoners and prisoners and staff; and
- to prepare prisoners for release or transfer to another division.

### *Unit Three*

This Unit can accommodate up to twenty-four women. However, eighteen is considered its operating maximum. These prisoners are classified to the program for a period of four months. The objectives of the program are to enable women to understand their own drug use, develop self-esteem and confidence, equip them with more productive methods of coping, and enhance life-skills. The Alcohol and Drug Programme (ADP) for women is also designed to enable them to address chemical dependency issues by:

- developing self-esteem and assurance;
- enhancing assertive behaviour;
- increasing their understanding of the abilities and skills they possess and can utilise to change their lives;
- assuming responsibility for leading a drug-free lifestyle;
- working on personal issues and planning for release; and
- encouraging them to participate in the running of the program.

The program aims to achieve these goals by offering women the opportunity to discuss and explore their experiences in a non-threatening atmosphere. In the process they are given an opportunity to gain insights into lifestyle and behaviour patterns associated with their chemical dependency.

The program is primarily targeted at women with drug and alcohol issues, but also accepts women who have other problems and are willing to address them in this environment.

### *Unit Four*

This Unit can accommodate up to twenty-four male prisoners. However, its operating maximum is set at eighteen prisoners. Prior to admission to the program, participants must volunteer to participate, undergo a rigorous assessment, enter into a contract to participate fully in the program and display a high level of motivation.

The goals of this program are to create an atmosphere that is safe, secure, and supportive. This is achieved by group cohesiveness, positive group interaction and by encouraging the prisoners to:

- run the Unit as a community which reflects the values and standards of society;

- manage the personal areas of their lives or issues that relate to their drug use and offending;
- participate in the running of the program;
- support each other in the maintenance of a drug-free Unit;
- share equally with other prisoners;
- not engage in prisoner politics; and
- prepare for release.

The program is targeted at mainstream prisoners who have a history of chemical dependency, criminal offences, and institutional living. It is also important that prisoners are motivated to participate in the program and are willing to comply with its management style.

#### *Unit Five*

This Unit can accommodate up to twenty-four prisoners. Once again, eighteen is considered the operating maximum. The Unit houses two groups of prisoners: those identified as being HIV seropositive and a number of mainstream prisoners who wish to participate in a drug and alcohol program, but do not wish or are ineligible to participate in the Unit Four program.

The goals of this program are similar to the other Units, that is to create an atmosphere that is safe, secure and supportive through group cohesiveness and positive group interaction. Briefly the Unit goals are to:

- promote through education, counselling and vocational activities, a better understanding of the psychological, social and physical effects of the virus;
- support each other and share with each other;
- encourage prisoners to participate in the program;
- support each other in the maintenance of a drug-free program;
- monitor and accommodate the short-term and long-term needs of (HIV seropositive) prisoners;

- provide assistance and referral sources to the family and others who may know the (HIV seropositive) prisoners;
- provide a creditable drug and alcohol program for all prisoners in the Unit; and
- prepare prisoners for release or transfer to other prisons.

In general, while the two groups share a number of similar goals the ADP prisoners have a number of extra goals as well. These are generally the same as the program in Unit Four, in addition to being HIV aware. The staff in 'K' Division provide formal education to the prisoners but, more importantly, prisoners receive considerable information from other prisoners about the virus.

Any prisoner (convicted or unconvicted) identified as being HIV seropositive will be placed in Unit Five upon advice from the Medical Superintendent. However, the Medical Superintendent does have the discretion to place HIV seropositive prisoners in Pentridge Hospital for a period, following the identification of the virus, to allow the prisoner to address any medical or emotional issues that might arise prior to placement in 'K' Division.

Confidentiality is maintained in that the only staff informed of a prisoner's HIV status is the Officer-in-Charge of 'K' Division or the Program Coordinator via the Medical Superintendent. However, any prisoner domiciled in Unit Five and not part of the ADP is assumed by the staff to be HIV seropositive. The staff in 'K' Division do their utmost to maintain and keep the information confidential. If a direct inquiry is made regarding a prisoner's HIV status, the person is told that the information is confidential, and a suggestion is made that if they wish they can take up the issue with the prisoner concerned.

Medical services for seropositive prisoners are the same as for all of 'K' Division, that is, weekly access to doctors and a 24-hour emergency service.

Once a month a specialist from Fairfield Hospital, Dr Sutherland, attends the Unit. To date, no prisoner has required hospitalisation for long periods of time due to the progress of the virus. A prisoner needing hospitalisation would be accommodated in the Pentridge facility or if medically required, at Fairfield Hospital. Prisoners have access to zidovudine (AZT) under the same guidelines as the general public and, to date, three prisoners have been on the drug at different times in the Unit.

Within the Unit the two groups of prisoners have very good relations and the HIV seropositive prisoners mix with all other Units for sporting and other occasions. As mentioned earlier, the HIV prisoners have access to support staff and a number have participated in the ADP program.

### *Unit Six*

During the early part of 1990 the Special Purpose Unit (SPU) was relocated to Unit Six in 'K' Division and, as part of the move, Community Services Victoria agreed to fund one full-time position in order to service the needs of intellectually disabled prisoners.

The goals of the program are to identify those prisoners within the mainstream prison population and to attempt to maximise their potential via:

- an individual management approach that identifies their needs, provides them with attainable goals and monitors their progress;
- the provision of suitable programs which emphasise vocational, educational, social, recreational, therapeutic and life skills acquisition; and
- a regime that is defined clearly and applied consistently.

This Unit has a regime and programs which are directed specially towards the following groups of prisoners:

- Intellectual Disability Services (IDS) registered offenders; and
- prisoners who are not IDS registered, but who present as having similar difficulties and needs.

The Unit's programs have been developed in cooperation with the Office of Intellectual Disability Services, and are designed to assist these prisoners to prepare for release, and where appropriate, to rejoin prison life. The work of all the staff is coordinated through individual case management files, which the officers update daily.

### **Prisoner / Staff Interaction**

The stated orientation of 'K' Division is that of programs. These are designed to meet the needs of the prisoners, and the officers play a critical role in their delivery and management. All staff working in the Division are selected to work there and must demonstrate a considerable commitment to the various programs within the Division.

'K' Division's divisional goals are diverse but, uniformly, the following are the base standards:

- to maintain a safe, secure, clean, drug-free environment that safeguards both the physical and mental well-being of prisoners;
- to provide prisoners with a diverse range of activities, which encourage responsibility, self-reliance, industry and independence from drugs or alcohol;
- to maintain an effective system of security based on the proactive management of prisoners and their surroundings;
- to provide living conditions which, within limitations of a prison, reflect the demands and obligations of ordinary life;
- to, as far as possible, manage prisoners in such a way that they are encouraged to determine their own future and direction;
- to provide a disciplinary system which emphasises: the value of a mutually supportive and cooperative system; earned reward rather than punishment; and consistent and persistent application of the rules; and
- to provide services, facilities and/or programs that attend the specific needs of individuals or groups of prisoner in 'K' Division.

Each unit has its own particular needs but fits into the overall goals of the Division.

## Overview Of Unit Five

To date, 'K' Division has housed forty-six HIV seropositive prisoners of which two have returned to the system once and two have returned three times. It currently has eight HIV seropositive prisoners. As can be seen from the figures, the numbers have been relatively low. However, this should not be seen as responsible for the lack of incidents involving seropositive prisoners, as the Unit has domiciled prisoners who pose management problems without major incidents to date. Success, in this regard is achieved primarily by the utilisation of two strategies. Firstly, the introduction of a unit management regime. Secondly, the introduction of a reverse integration policy for seropositive prisoners.

The concept of a unit management regime in 'K' Division has meant the development of a unified approach to the management of issues and problems within the Unit and solutions which are practicable to that particular locale. In practice, this means that the community within the Unit acts for and takes responsibility for what occurs within the Unit.

This creates a community ethos within the unit, between the prisoners, and between the prisoners and staff. It tends to break down the traditional 'us and them' attitude amongst the unit members and towards the staff. Normal security or custody issues associated with the prison are not ignored, and there still are a number of traditional duties for the staff. However, via meetings amongst the various groups realistic goals and objectives can be set which create a mutually conducive environment for all concerned. An example may give some insight how mutual goal setting between staff and prisoners can be effective in problem-solving. Drugs within the prison are a constant and common source of problems - not only in terms of security but also in terms of the potential risk to officers of needlestick injury during searches. This issue was addressed in the early days of Unit Five. Prisoners and staff suggested a number of methods to reduce potential dangers. First, all prisoners in the Unit undergo regular urine testing for drugs. Second, all prisoners assume the responsibility of creating and enforcing a drug-free environment. As a result, not only are the traditional methods of drug detection utilised but also the prisoners take responsibility for keeping the Unit drug-free.

What is different in the regime is that there is a shift away from prison officers simply policing a rule. Instead, the community together has set a norm of behaviour which creates a powerful influence for any new person coming into the Unit, to conform to the Unit rules. The Unit takes responsibility for informing new prisoners of the advantages of keeping the unit drug-free and the sanctions imposed for breaches of the rules. However, there is more emphasis on rewards for positive behaviour than penalties.

Within 'K' Division there has been a shift in roles for most of the staff involved as well as for the prisoners, and an emphasis on mutually looking for solutions to problems. Moreover, there has been a change in role for civilian staff. They tend to perceive themselves now as consultants for uniform staff in the facilitating of the management of prisoners and the delivery of programs in conjunction with uniform staff and prisoners.

The other achievement of the program has been the integration of the Unit. What is meant here is the policy of reverse integration whereby HIV seropositive and seronegative prisoners are accommodated in the same Unit.

This has had an effect in both normalising the Unit and providing a venue for peer education. Also, as time has progressed, the Division as a whole has mixed regularly for various sporting and other activities. This has facilitated the crossover of knowledge between the various units about HIV, and the development of a peer education system. HIV seropositive prisoners have benefited because they have some control over how other prisoners perceive them, and they can tackle and breakdown some of the stigma associated with the virus. These benefits have had a flow-on effect, in that as prisoners move out of the Division and on to other locations the knowledge they have gained about the virus is transferred throughout the prison system.

Transfer of knowledge has not been limited to prisoners, because as staff move from one unit to another or on to new postings, the skills and knowledge they have developed in dealing with people and about the virus are incorporated into their work practices

throughout the prison system. Because they also act as peer educators for their fellow staff members, a more commonsense approach to HIV is slowly developing throughout the system. Therefore, the Unit is having a valuable catalytic effect in terms of education and work practices, as well as providing a relatively normal environment for HIV seropositive prisoners.

This is not to say that this method of management is a panacea or is perfect. What it does offer is a dynamic system which is constantly evolving as new people become involved. This has played a major role in making the Unit a safe and secure environment for staff and prisoners because it is constantly feeding back and setting new goals for itself as key people move through it.

In managing the Unit or others in the Division, it is the use of staff together with prisoners to set realistic and achievable goals which is critical in the development of an environment that meets the needs of a number of people both within the system and outside it.