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Patuxent Institution

Treatment Manual

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Patuxent Institution

Treatment Manual

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Patuxent Treatment Manual ♦

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TREATMENT MANUAL

PATUXENT INSTITUTION

Jessup, Maryland 20794

April, 1988

William Donald Schaefer, Governor

Melvin A. Steinberg, Lt. Governor

Bishop L. Robinson, Secretary,
Dept. Public Safety and Corrections

Norma B. Gluckstern, Ed. D., Director

John J. Murry, Associate Director
Behavioral Sciences Administration

Robert L. Johns, Associate Director
Superintendent

Frank Eisenberg, M.D., Associate Director
Treatment

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ACQUISITIONS

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LIST OF CONTRIBUTORS

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We wish to thank all of the staff listed below for their extensive work in writing this Manual. The mistakes, if any, are ours, and the accomplishments are theirs.

Frank Eisenberg, M.D.
Claire Gilbert, Ph.D.

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- MT McFADDEN TILGHMAN: The Volunteer Services Program.
- JY JOHN YATES: Unit V: Community Re-Entry Program.
- IY ISAAC YOHANAS: Medical Services.
- JHY JAMES H. YOUNGER: The Role of Educational Services.

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A. FRAMEWORK

Patuxent Treatment Manual

PREFACE

A1

Treatment in a correctional setting is different from treatment in other mental health settings, primarily because the welfare of the patient must often take second place to the safety of society. The first mission of Patuxent Institution is the protection of the public. We are obliged to keep inmates in prison so long as we feel they are dangerous, up to the maximum time that the law allows.

To think in this way is not only good public policy, it's also good therapy. Characteristically, inmates shirk responsibility; they at times blame all of Patuxent Institution for their problems, in spite of the fact that they have chosen to be here in a voluntary correctional program. When they are accepted, or Eligible, and assigned to a therapy group, they attempt to place the burden of therapy on the therapist who, in their judgment, is supposed to get them out. However, there is no system of psychotherapy which does not cast the therapist in the role of facilitator; the real work of rehabilitation is the responsibility of the patient. When we insist that it is the inmate who keeps himself locked in a real prison, we are being no more repressive than when we insist that a phobic keeps himself bound in chains of his own fashioning. At Patuxent, we do not "rescue" inmates. Our job is to help them come to terms with the reality of themselves, their crime, and the world they live in.

In the Patuxent model, psychotherapy is one part of a total treatment approach. The treatment Units coordinate inmate programs with all staff here. This includes the Education staff, the Custody officers, the Maintenance supervisors, the Kitchen staff, and the medical personnel. All staff members make this program work by observing the behavior of inmates and by supervising them. The responsibility for the development and updating of this Treatment Manual is assumed by the Associate Director for Treatment. This Manual presents the role of staff in a variety of roles, in addition to providing a basic introduction to the functions of the Treatment staff. It can truly be said that this model works best when all of us work together; "milieu treatment" is a daily reality at Patuxent, not just a theory. Thus, this Manual is a basic presentation of a treatment model, as well as a functional guide for new staff members.

Norma B. Gluckstern, Ed. D.
Director

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INTRODUCTION TO THIS MANUAL

A2

This Treatment Manual of Patuxent Institution is intended to serve as a concise summary of treatment procedures. It serves as a major revision to the 1983 Treatment Manual of Patuxent. It reflects on every page the unique history and mission of this Institution, as well as the professional orientation of the multidisciplinary staff members and their training. It is a cooperative effort, with many different staff members writing sections; all of the clinical staff have participated in the review and editing process. The aim of this Manual is to provide an introduction to working here as a treatment staff member. Thus, it is not complete in every detail, but is to be used rather as a starting point for orientation for new employees and reference on procedures for experienced staff.

Actual policy and procedures of Patuxent Institution are contained in the Patuxent Institution Regulations, or PIRs, and the Patuxent Institution Bulletins, or PIBs. A complete updated file of these is available on each Treatment Unit. This manual should be considered the first step in understanding the Patuxent treatment procedures. Staff should then consult the PIRs and the PIBs for particular problems. Most sections of this manual contain references to the relevant PIRs; if there are any conflicts, the PIRs are correct, and this Manual will be amended accordingly.

This Manual contains two parts, as can be seen by the Table of Contents; the first part consists of brief presentations, a page or less in length, of important aspects of the program; the second part consists of samples of Forms used in the routine work of the Treatment Units. As new Forms are devised to administer various programs, they will be added to the second section. Because this is a dynamic Institution, changes in procedures and in staff will occur after you receive this Manual. You will be given updated pages to reflect those changes; insert the new pages and discard the old ones. In all sections of this manual, the inmate is referred to as "he" for convenience; all discussions of any inmate matters apply equally to female inmates as well. Each section ends with the initials of the staff member who wrote it; a List of Contributors gives the full names of each staff member who wrote a section. The participation by so many staff members in writing this Manual makes it a unique resource; unlike many other manuals that merely copy or condense existing documents, this is a primary source which, while based firmly on the regulations, rewords treatment issues in the most relevant and direct style. The date of the last revision is also given, in the Year/Month/Date format, so that future updates can be easily identified in sequence.

One member of the Treatment Staff who worked on every page of this Manual should be acknowledged - Dr. Claire Gilbert. She has made a lasting contribution to the process of treatment in this unique Institution. For new treatment staff members, this Treatment Manual should introduce you to some of the major issues and procedures you face here, and should help to welcome you into our professional staff. For experienced professional staff, many of whom helped to write and to edit this Manual, thank you for your ongoing creativity and dedication to the goal of inmate rehabilitation. It is our hope that this Manual facilitates and supports that central task for all of us.

Frank Eisenberg, M. D.
Associate Director for Treatment
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TABLE OF ORGANIZATION FOR CLINICAL STAFF AT PATUXENT

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Director - Dr. Norma B. Gluckstern

Associate Directors:

- Dr. Frank Eisenberg, Associate Director for Treatment
Supervisor for all 5 Unit Chairmen
Member of the Board of Review
Member of the Staffing Committee which admits new inmates
- Mr. John J. Murry, Associate Director for Behavioral Sciences
Executive Secretary and Member, Board of Review
Head of Personnel (promotions, hiring, etc.)
Member of the Staffing Committee which admits new inmates
- Mr. Robert L. Johns, Associate Director/Superintendent
Head of Custody
Member of the Board of Review
Member of the Staffing Committee which admits new inmates

Administrators:

- Dr. Francis Carney, Clinical Coordinator and Chief Psychologist
Votes on Promotional and Hiring Panel for all clinical staff
Supervises training for new treatment staff, Supervises all psychologists
- Mr. Marty Salisbury, Head of Education Department
Administers high school, college courses, and Recreation
Coordinates vocational shops and Volunteer Programs, etc.
Votes on Promotional and Hiring Panel for all clinical staff
- Ms. Karen Buxton, Research and Computer Coordinator
- Mr. Chuck Fuller, Administrative Officer, handles legal matters
- Ms. Maryanne Gottschall, Training Officer
- Mr. Conrad Nathan, Quality Control Administrator

Board of Review:

- Consists of the Director, the three Associate Directors, and four outside, or community members:

- Dr. Stella Hargett (Sociology Professor and Chairman)
- Mr. Mose Lewis (Lawyer)
- Professor Minor B. Crager (Professor of Law)
- Professor Edward A. Tomlinson (Professor of Law)

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TABLE OF ORGANIZATION - FIVE TREATMENT UNITS

A4

SW: Social Worker; Senior Social Worker listed first

P: Psychologist

MD: Psychiatrist

UNIT ONE

Dr. Claire Gilbert, SW, Chairman

Mr. Paul Edwards, P; Mr. Lou Florenzo, P; Dr. Randall Nero, P

Mrs. Kathy Mahlin, SW; Mrs. Anna Bradford, SW

Dr. Amon Taheri, MD

UNIT TWO

Mr. Devon Brown, P, Chairman

Dr. Jay Casey, P; Mr. Isaac Yohanas, P

Ms. Dianna DeFord, SW; Mr. Mario Rivas, SW

Dr. Julie Soler, MD

(Vacancy for Social Worker)

UNIT THREE

Ms. Myra Keel, SW, Chairman

Dr. Howard Hines, P

Mr. Bob Norris, SW; Mr. Joe Meyer, SW; Mrs. Susan Witty, SW

Dr. Lud Egleseder, MD

(Vacancy for Psychologist)

UNIT FOUR

Ms. Pat Reuppert, SW, Chairman

Dr. Betsy Crozier, P; Dr. Jack Farrell, P

Mr. Charles Warfield, SW; Mrs. Ina Alterman, SW

(Vacancy for Psychiatrist, Social Worker)

UNIT FIVE (At the Re-Entry Facility, for Work Release and Parole programs)

Mr. John Yates, SW, Chairman

Mr. Warren Lee, SW; Mr. John McGough, SW; Ms. Suzan Cozzolino, SW

Dr. Judy Ricci, P

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DUTIES OF ADMINISTRATORS AND UNIT CHAIRMEN

A5

The duties of the administrators of Patuxent involve many complex tasks. Complete job descriptions for each position are on file with the Personnel Office of Patuxent, where they may be consulted. This brief introductory summary is given to show some of the overall structure of the Institution.

The Director is responsible for ensuring that the correctional rehabilitation mission of Patuxent following the provisions of Article 31B is carried out. Duties of this position include serving as a liaison between the Institution and the Department of Public Safety and Corrections, communicating and following policies, presenting administrative and financial recommendations to carry out the Institution's mission, chairing, among other meetings, the Board of Review, the Associate Directors' meetings, the Administrative Council, and Grievance Hearings. The Director is the hiring officer and oversees the selection and promotion of all staff.

The Associate Director for Treatment directly supervises the Unit Chairmen and sets internal policies for inmate treatment, as well as communicating to treatment staff about administration decisions and procedures. Duties include voting on the Board of Review and on the Admissions Committee, chairing meetings of the Unit Chairmen and Clinical Conferences, and participating in hiring and promotional panels for clinical staff. In addition, as a psychiatrist, this administrator supervises all staff psychiatrists and does crisis intervention as needed. In a broad sense, this position is also responsible for clinical training at all levels for all professions, on both administrative and treatment issues, and ensures that standards for clinical staff are maintained.

The Associate Director/Superintendent supervises all custody staff, and ensures that custody carries out policy made at the Institutional and Departmental levels. The Superintendent is a voting member of the Board of Review and the Admissions Committee, and is actively involved with treatment staff in approving telephone calls, special visits, inmate passes, placement on the segregation tiers, and many issues of inmate movement.

The Associate Director for Behavioral Sciences supervises the Personnel and Accounting departments, and thus chairs hiring and promotional panels for staff; other duties include voting on the Board of Review, while serving as its Executive Secretary, and chairing the Admissions Committee. Thus, treatment staff interact with this position in a variety of issues for inmate scheduling.

The Clinical Coordinator/Chief Psychologist handles specific inmate issues, such as signing out of the program, appeals on disciplinary actions, and scheduling evaluations. Other duties include supervising and training new psychologists, training all new clinical staff in group therapy methods, and co-chairing the Research Committee.

The Unit Chairman on each of the five Treatment Units assigns and supervises evaluation and treatment duties, ensures that necessary reports such as evaluation and therapy progress reports are done in a professional and timely manner, signs time cards for all Unit staff, is to be contacted first for any inmate emergencies, presents the inmates to the Board of Review, and chairs various meetings, such as Unit meetings, Pre-Board, and Progress Review meetings.

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CHAIN OF COMMAND FOR ADMINISTRATION AND TREATMENT

A6

Staff members at Patuxent who have the authority to authorize in writing matters pertaining to inmates, such as inmate movement, pre-release or parole status matters, or emergency visits or phone calls, must designate other staff members to act on their behalf when they are out of the Institution, for any reason. The designee then has the authority to sign documents normally signed by the administrator who is out.

When the Director is out, the Acting Director is the Superintendent. If the Superintendent is also out, the Acting Director is the Associate Director for Behavioral Sciences. If this Associate Director is also out, the Acting Director is the Associate Director for Treatment. In the event that the Director and all three Associate Directors are all absent from the Institution, then the Assistant Superintendent assumes the responsibility for the functioning of the Institution.

When the Superintendent is out, the Acting Superintendent is the Assistant Superintendent. If he is also out, the Acting Superintendent is the Shift Commander, usually a Major. If the Shift Commander is also out, then he appoints an Acting Shift Commander who may in turn serve as Acting Superintendent, usually a Custody Supervisor with the rank of Captain or Lieutenant.

When a Unit Chairman is out, the Acting Unit Chairman must be designated, even for just a day or part of a day of absence. This is generally, but not always, the Senior Social Worker on the Unit.

For duties involving the Board of Review, the substitute members are as follows: For the Director, the Administrative Officer; for the Associate Director/Superintendent, the Assistant Superintendent; for the Associate Director for Treatment, the Clinical Coordinator or a Unit Chairman; for the Associate Director for Behavioral Sciences, the Director of Research. If both the regular Board member and the designated substitute are absent, the Board may appoint a member of the professional staff to serve on the Board for one of the four inside members. Since a quorum of five members, out of the appointed eight members, must be present to vote on inmates, one outside Board member must be present for all Board meetings.

(cf. PIB I2-80; PIR 240-2)

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B. THE PROFESSIONS

THE ROLE OF PSYCHOLOGY IN TREATMENT

B1

In both the Defective Delinquent and Eligible Person statutes, psychologists have been a necessary part of the evaluation of all new inmates. The psychologist may, in rotation with other Unit staff, orient the inmate, explaining the diagnostic procedure, the role of tier counseling, Unit expectations and procedures, and staff names; forms for release of information are signed. The psychologist then interviews the inmate, obtains a brief history, and writes a brief Psychological Report, which should include at least one projective test. This is the basis for voting on whether an inmate should be accepted as an Eligible Person at the Diagnostic Staffing. If an inmate is accepted, a more comprehensive psychological evaluation is then done. The Wechsler Adult Intelligence Scale Revised (WAIS-R) is used to assess the inmate's intellectual functioning, while the Rorschach, Bender-Gestalt, and House-Tree-Person tests are used to assess the personality of an inmate. Other instruments may be used when the psychologist needs further data. A review of the inmate's base file and a clinical interview are integral parts of this examination. The data is then assessed, and a report is written, incorporating all pertinent information. This Psychological Report will then be used to determine the initial treatment plan for an inmate, along with other reports from the Unit.

As a part of a treatment Unit, psychologists participate in patient management and treatment. This includes voting on promotions and demotions, on job assignments, and on pre-release status recommendations to the Board of Review. They conduct group and at times individual psychotherapy; as therapists, psychologists are responsible for writing biannual treatment plans, quarterly therapy progress notes, and annual Unit Evaluation notes for the Board of Review. These written reports stress the emotional growth of inmates, with emphasis on their progress within the total treatment program. Thus, the progress in the areas of educational and vocational training, and employment and behavioral adjustment must also be assessed. With this information, a recommendation is made annually as to whether an inmate continues to meet the definition of an Eligible Person.

Additionally, psychologists communicate with other staff involved with inmates; this includes academic, vocational, and recreational instructors, maintenance and food service personnel, and correctional officers. These contacts may be informal or part of regular meetings. Participation in large group tier counseling affords the opportunity to assess inmates in treatment with other Unit staff members, and to develop a common experience of all inmates on the Unit. Because of the importance of behavioral controls, psychologists are part of the disciplinary teams, hearing and assessing the evidence of inmate infractions, and voting, along with an educational representative and a custody officer, on whether they are guilty, and if guilty, what discipline to impose. All these activities lead towards a goal of deciding when, if ever, a recommendation for conditional Leaves will be made. Finally, psychologists participate in institutional duties, such as serving on task force and research committees, and other duties as assigned by the Unit Chairman, the Chief Psychologist, the Associate Director for Treatment, or the Director.

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THE ROLE OF SOCIAL WORK IN TREATMENT

B2

The role of the Social Worker at Patuxent has been a constantly evolving one. Social workers now participate fully in all treatment duties, including psychotherapy, case management, diagnostic work-ups, and even as administrators in heading treatment units, and as Senior Social Workers in supervising roles for other staff social workers.

For intake, the social worker rotates with all staff to orient newly arriving inmates; he/she explains the evaluation process and the overall treatment program, gives out a Unit Orientation form, gets consent forms signed for release of information, hands out a Threshold Offender form where needed, and sends out a Family Questionnaire. A brief Social History Evaluation is then written. Based upon the criteria for eligibility in Article 31B and his/her clinical assessment, the social worker then votes at the Diagnostic Staffing on whether to accept the inmate for treatment, as an Eligible Person. If the inmate is accepted, a more complete Social History is written; this includes a complete description of the present offense, all pertinent historical data about the family background, previous treatment, and drug/alcohol abuse. This will then provide the basis for treatment, along with other reports.

Each social worker provides group psychotherapy for ten to thirty inmates. This involves case management, overseeing involvement in academic and vocational programs, institutional jobs, and adjustment problems, and working with each patient to set goals for his eventual release. Therapists are required to prepare treatment plans every six months, quarterly reports, and a yearly summary of progress for the Board of Review. As a member of a Unit treatment team, the social worker participates in Unit decisions on inmates' promotion through the graded tier system, job placement, and readiness for pre-release status, for all inmates on the Unit.

The social worker serves a unique role at Patuxent in also providing casework services to a caseload of about 50 inmates. This involves acting as a liaison between the inmate and his family, or community resources, during emergencies, or other matters of concern to the inmate and his family. This may involve arranging for phone calls or visits to hospitals or funeral homes. Counseling is provided for grief-stricken or otherwise emotionally distraught inmates during times of family crisis. Once a year, the social worker writes a summary of the inmate's Family Relations for the Board of Review. In preparation for pre-release status, such as Leaves or Work Release, contact is made with significant community resources, and a home visit is made when indicated. These resources will then be contacted by a social worker after each leave to determine how well the inmate is adjusting to the community. A pre-release inmate with limited community resources may be accompanied by his social worker during brief leaves to the community.

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THE ROLE OF PSYCHIATRY IN TREATMENT

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Each Treatment Unit has a half-time psychiatrist assigned to it. In some units, the psychiatrist may be full-time. Every inmate who is sent here for evaluation must be seen by the Unit psychiatrist. A mental status examination is required shortly after the inmate arrives at Patuxent to insure that he is not overtly psychotic or suicidal or in need of special treatment. Also, the psychiatrist must write a Psychiatric Report to evaluate each inmate. This is presented to the Staffing Committee; it includes brief descriptions of the criminal history, the social development, and the mental status, and a summary which may include DSM III diagnostic impressions. It is the basis for the vote of the psychiatrist on whether to admit the inmate to Patuxent.

In addition to his evaluations, the psychiatrist has some basic responsibilities towards accepted inmates, or Eligible Persons (EPs). He is expected to monitor psychotropic medications for all inmates, renewing or adjusting medication as needed. If an inmate appears to be overtly psychotic or suicidal, the Unit psychiatrist will be asked, by the Unit Chairman or by custody, to evaluate him as soon as possible. This evaluation will include a consideration of whether the inmate needs psychotropic medication or protection in hospital isolation. These two measures can only be ordered by physicians on the staff. If the inmate is in isolation, the Unit psychiatrist writes orders for this in the infirmary. Orders must also be written for his diet, whether or not the inmate can have clothes, or a mattress, and whether there should be a "keep watch" on the inmate every fifteen minutes. The psychiatrist also has the option of placing the inmate into a locked ward, with or without clothes, or with or without a bed, etc. Orders must be written for oral medication as well. Medication can be given I.M. (by injection) only with the consent of the Associate Director for Treatment. If the inmate is in isolation, a note on his adjustment, based on direct or indirect supervision by the psychiatrist, must be written every day. If needed, the psychiatrist must also fill out commitment papers for an inmate to have him transferred to Clifton T. Perkins Hospital Center. Full-time psychiatrists rotate on call, for a week at a time, for psychiatric emergencies. For inmate emergencies, if the psychiatrist is not available, the Unit Chairman and then the Associate Director are to be contacted.

In addition to these duties, psychiatrists participate in treatment. They may lead one or more therapy groups or see inmates for individual psychotherapy. They may also participate in unit staff meetings, pre-staffing and staffing conferences, pre-board and Board of Review meetings, and tier counseling. Psychiatrists may be called on as consultants to other staff on psychodynamics or theoretical aspects of psychiatric treatment and assessment.

(PIR 110-1 & Appendices)

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THE SOCIAL WORK PRACTICE BOARD

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The Social Work Practice Board was instituted by the social workers of Patuxent to improve the quality of social work services, and to facilitate communication within the social work profession and with other professions. Another aim was to provide support for social work staff through promoting practical and professional development, and thus in some aspects to serve as a Department of Social Work; for Patuxent has a Chief Psychologist, but does not have a Chief Social Worker. It meets on an irregular basis, in response to issues affecting social work staff, or as requested by the Administration to provide input on specific patient management issues. There is a Coordinator, chosen informally by those who attend the meetings, and all social workers on the staff are informed of the meetings and urged to attend.

This Board is founded with the view that social workers have a specific value system and expertise in understanding family dynamics, assessing social and cultural factors, linking inmates with appropriate community resources, and carrying out pre-release planning. The Practice Board provides input to the Patuxent administration regarding these specific areas of interest and practice. In addition, it acts as an advocate for social work staff, in areas such as pay scale and work load. The Board makes social workers aware of continuing education opportunities through relevant community resources, such as special lectures or workshops, and to emphasize such professional issues as Social Work Month and liaison with other area correctional social workers. It provides a forum for the discussion of social work practice issues and treatment techniques. Also, it encourages social workers to serve as Field Instructors for social work students of the University of Maryland School of Social Work.

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C. THE MILIEU

THE ROLE OF EDUCATIONAL SERVICES IN TREATMENT

C1

The Education Department is an integral part of the total treatment system at Patuxent. Its primary mission is to maximize educational opportunities and services to all interested eligible inmates, providing a wide scope of services which range from traditional academic and vocational classes to life-survival training such as Career Education and Alcoholics Anonymous. The goal is to provide the skills needed to live in today's complex society, in order to avoid becoming a repeat offender. Its major divisions are: Academic Division, which includes Speech and Hearing; Vocational Training Division; Recreational Services; Volunteer Services; and Special Programs and Projects. The Director of Education reports to the Associate Director for Treatment, and is aided by the Assistant Director of Education (who also functions as the principal of the school), a Correctional Vocational Supervisor, a Recreation Supervisor, and a Coordinator of Volunteer Services, and a Special Projects Coordinator.

The Academic Division is directed by the Assistant Director. There are ten classrooms, a large library, offices, and an auditorium. The wide range of subjects taught includes English, Math, Reading, Science, High School Equivalency Certificate (GED) Preparation and Testing, Career Education, Health Education, Introduction to Computer Science, and the Associate of Arts and Bachelor of Arts or Science degrees through cooperative programs with local colleges. The academic year runs from September to July; classes are small, with a maximum of 15 students per class; there are eight certified instructors including a librarian. Federal funds are used for college grants; the Veterans' Administration has approved the college programs. A licensed Speech Pathologist/Audiologist tests inmates for speech and hearing problems, and appropriate therapy or corrective devices are provided. A cooperative program enables the large, well-stocked library to borrow books from any public or academic library in Maryland; the Howard County Library bookmobile makes regular visits to Patuxent; and the library is part of the Legal Assistance program, through which an inmate can receive up to five legal case copies from the University of Maryland law library. An Associate of Arts degree is offered through the Community College of Baltimore, and a Bachelor of Arts or Science degree is offered, in Business Administration or Sociology, through Morgan State University.

Vocational Training is provided to third and fourth level inmates in Automobile Mechanics, Welding, Sheet Metal, Drafting, Plumbing, Residential Housewiring, Carpentry, House Construction Technology, Barber Science, and Culinary Arts; instruction is competency-based, and certificates of achievement are given for completion. The issues of employability skills, such as punctuality and productivity, are also addressed. Howard Community College offers a cooperative program where students can earn up to three certificates of proficiency and credits towards an AA degree in the House Construction Technology class.

Recreational Services provides inmates with the means to maintain personal fitness, to develop outlets for their energies, to learn psychologically healthy sports. It is operated year round; intramural sports are a major feature. Volunteer Services coordinates efforts of clergy, community service organizations such as AA, and individuals who volunteer to work with inmates; they receive in-service training, and enable Patuxent to expand the variety of programs for inmates. Special Programs include educational testing, the Mensa Friends program (radio and cassette reading for the blind), the "Reasoned Straight" program for juveniles, liaison with State Use Industry, and Asbestos Control and Safety.

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TABLE OF ORGANIZATION - EDUCATION DEPARTMENT

C2

DIRECTOR - Mr. Martin Salisbury

ACADEMIC DIVISION

Mr. Lewis Wimmer, Assistant Director of Education Department
Mr. Ben Montague, Skilled Trades Instructor and Librarian
Mr. Gene Walle, Speech Pathologist and Audiologist

Correctional Teachers:

Mr. Anthony Demma
Mrs. Chris Goodlake
Ms. Barbara Hayes
Mr. David Manning
Mr. Fred Moyer
Mrs. Diane Sibiski

VOCATIONAL DIVISION

Mr. James Younger, Vocational Supervisor

Skilled Trades Instructors:

Mr. Michael Adams, Carpentry
Mr. William Buettner, Plumbing
Mr. James Orzolek, Welding and Sheet Metal
Mr. Charles Schultz, Auto
Mr. Donald Seymour, Electricity, Air Conditioning/Refrigeration
Mr. Robert Wooldridge, Building Maintenance
Mr. Richard Youngbar, Barbering

RECREATION DIVISION

Mr. Charles Brightful, Recreation Coordinator

Recreation Officers:

Mr. Waddell Lindsay
Mr. Joseph Pullum
Mr. Walter Young

VOLUNTEER DIVISION

Rev. McFadden Tilghman, Coordinator

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THE ROLE OF CUSTODY IN TREATMENT

C3

In this Institution, Custody and Treatment function very closely together. All movement by inmates on the tiers and throughout the Institution is controlled by Custody. The first and foremost purpose of this Institution is security, which in no way dilutes the purposes and goals of Treatment. Through the years, the treatment programs have greatly expanded at Patuxent, which has made this Institution unique in many ways. Also, as these programs expanded, Custody has become more involved in the total milieu of rehabilitation. The Custody staff is proud of the growth of each inmate who has passed through or who is currently a part of Patuxent's Treatment Program.

When an inmate asks for a one or two hour Special Visit, this request is sent to the Superintendent for approval by his Unit; these visits should be only for those from out of state, or who have very long travel times within the state; two hour visits can only be on weekdays. Custody staff serve the treatment of inmates on a daily basis by moving inmates for regular scheduled activities, and for special treatment activities as called for. Requests for permanent passes for therapy groups, special tier counseling sessions, jobs, and school sessions are sent to the Captain's Office in the DC Building. To interview an inmate in Corridor N, or to call for him before his permanent pass has been made, treatment staff must telephone the Front Desk (Ext. 213 and 214) if they wish to see an inmate from the DD Building (Tiers C, D, E, and F). They should telephone the Control Center (Ext. 300 and 320) if the inmate is housed in the DC Building. They should not telephone directly to the tiers, as the tier officers have been advised not to respond to such calls. Due to mass movements into the inmate dining room at 11:30, 12:30, and 1:30, inmates cannot be called down at those times. In the event assistance is needed in custody related matters, treatment staff should phone the Captain's office (Ext. 312 and 313) or the Major's Office (Ext. 485).

Effective September, 1986, the Associate Director/Superintendent became a member of the Diagnostic Staffing Committee, which previously included the Associate Director for Treatment and the Associate Director for Behavioral Sciences. The three Unit examiners for each inmate, a Social Worker, a Psychiatrist, and a Psychologist, comprise the rest of this Committee. In the procedures of the Disciplinary Committee, Custody shares the responsibility with Treatment and Education; one staff member from each discipline votes on the guilt or innocence, and on any necessary punishment given to the inmate with a ticket for a disciplinary infraction. The security and control of the inmate residents in the Patuxent Community Re-entry Facility in Baltimore, and of those inmates who are assigned to work there and who return to the Institution each night, is under the supervision of its Director, a C.O. VI.

Treatment personnel should report information pertaining to an inmate's strange or questionable behavior, even if it seems minor. Information of this type should be discussed with the Unit Chairperson, the Department Head, the Superintendent, or the Director. Treatment and Education staff should not hesitate to ask questions of Correctional Officers or Correctional Supervisors. Doing so is a way to avoid possible security problems. Although the Custody staff can be considered the "police" of the Institution, through providing security, they also function as an integral part of the treatment mission of Patuxent.

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TABLE OF ORGANIZATION FOR CUSTODY STAFF

C 4

SUPERINTENDENT: Robert L. Johns

ASSISTANT SUPERINTENDENT: Kenneth Taylor

First Shift: 12:00 Midnight to 8:00 A.M.

MAJOR (C.O. VI): Clifton Johnson

CAPTAINS (C.O. V): Joshua Carington, Thomas Richardson.

LIEUTENANTS (C.O. IV): Cecil McCloud, Charles E. McMullen, James Quinn.

SERGEANTS (C.O. III): Vivian Anderson, Herman Bock, Steven Hogan,
Bernard Taylor, Johnnie Taylor, Ezekial Thornton.

The Line Staff complement of Correctional Officer (C.O.) I's and II's: TOTAL: 47

Second Shift: 8:00 A.M. to 4:00 P.M.

MAJOR (C.O. VI): William J. Smith

CAPTAINS (C.O. V): Ronald Bridges, Manuel Cruz, Cleotha Hackett, Walter Ruth.

LIEUTENANTS (C.O. IV): Charles Anderson, Stanley Christian, Anthony Jordan,
Ronald McClure.

SERGEANTS (C.O. III): Wesley Carter, Isadore Coleman, Eugene Davis, Michael Hall,
Gerald Howard, James Jerikins, Aubrey Johnson, Lacretia Latham, Allen Long,
Vernessa McMurray, Lewis Smith, Randolph Tate, Georgia Wallace, Phillip Young.

SPECIAL DUTY SERGEANTS (C.O. III): Richard Morgan, Clothing Room;
Harold Nickelberry, Identification Room; Douglas Pergerson,
Transportation.

The Line Staff Complement of C. O. I's and II's: TOTAL: 96

Third Shift - 4:00 P.M. to 12:00 Midnight

MAJOR (C.O. VI): J. C. Conner

CAPTAINS (C.O. V): Archie Caine, Robert Eggleston, Maynard Hendershot.

LIEUTENANTS (C.O. IV): Melvin Catterton, Oliver Coates, James Matthews, Harold Pogar.

SERGEANTS (C.O. III): Kenneth Anders, Joseph Bradley, John Dicken,
Richard Moore, Sterling Paige, Eugene Pigatt, Russell Sands, Steven Ullah,
Ronald Williams.

The Line Staff complement of C. O. I's and II's: TOTAL: 72

Community Re-Entry Facility

MAJOR (C.O. VI): Archie Gee

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MAINTENANCE DEPARTMENT

C5

The Maintenance Department at Patuxent has a dual function; it maintains the physical plant of the Institution, and it also provides on the job training for assigned inmates as an important part of their rehabilitation. Vocational training provides basic fundamentals, including classroom instruction and hands-on training for the following trades: building maintenance, carpentry, electrical, metal maintenance, and plumbing. All inmates must satisfactorily complete training in these trades before job assignment. Each section carries out an extensive preventive maintenance program, to prevent premature wear and/or equipment failure, and performs needed repairs and emergency services. In working with the inmates assigned to the different maintenance work details, the supervisors work on a model of "Lead, Teach, and Direct." Each needed skill is first demonstrated to the inmate; he is then given a chance to learn the skill with hands-on training; and when he is fully trained, the supervisor can then direct him to carry out the needed work. Inmates are trained for specific tasks; more importantly, they are encouraged to develop good work habits; they are given as much responsibility as they are willing and able to handle. The number of inmates assigned to each shop given below may vary from time to time.

Auto/Auto Body Shop repairs and tunes up institutional vehicles, including cars, trucks, vans, and tractors.

Carpentry Shop repairs furniture, plasters walls, carries out new construction or remodeling projects, such as the Work Release Annex, fixes doors and windows, and repairs floor and ceiling tiles and picnic tables.

Communications Shop repairs staff telephones, radios, and CBs.

Electrical Shop deals with all electrical fittings and equipment, which include exterior and interior lights, sockets and switches, electric pumps, exhaust fans in every building, the emergency power generator, electrical grills, and alarms.

Grounds Detail does trash and snow removal, cuts grass, etc.

Heating Detail maintains air handlers, unit heaters, thermostats, and steam and condensate return lines.

Metal Maintenance Shop repairs and maintains air conditioning and refrigeration units, metal windows, metal doors, metal roofs, and fences.

Open Status Grounds Detail is open only to inmates with Leave Status, who work outside of the gates maintaining the parking lot and front gate area.

Paint Shop is an outside shop which does both interior and exterior painting under custody supervision.

Plumbing Shop maintains all hot and cold water, showers, basins, and sanitary facilities throughout the Institution.

Power House employs inmates who learn how to operate, clean, and repair the boiler, which supplies hot water for both direct use and for heating, and to maintain water softeners, feed pumps, and condensate pumps, under professional supervision. Inmates here can be trained to become licensed stationary engineers, as their supervisors are, in a 3 to 5 year program.

A Key and Lock Shop under the direct supervision of the Maintenance Supervisor services security devices in the Institution. All requests for service should be forwarded to the Maintenance Chief. Jobs with "Close" security, which includes all inmate maintenance jobs except the "Open Status" jobs, are for inmates on the third or fourth level. Treatment staff are encouraged to discuss work reports and any work problems with both the inmate and his supervisor. A poor report may cause an inmate to lose his job.

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TABLE OF ORGANIZATION FOR MAINTENANCE DEPARTMENT

C6

Assistant Superintendent - Kenneth Taylor

Maintenance Supervisor

Stanley Brown: Maintenance Administrator, Capital Projects and Special Projects Planner

Operations Chief - William Wehner

Maintenance Supervisor - Gilbert Johnson

Electrician - (Vacancy)

Plumber - Gary Benton, CMO I

Carpenter - Thomas Holden

Lawn Care, Equipment Repairs, and Deliveries - Lloyd Hindman, CMO II

Security Functions

Security Keys, Locks, Vehicles - Frank Sims, CMO I

Mobile Radio, Television Repair - Simon Bobich, CMO II, Stationary Engineer

Power Plant

Engineer, CMO II - William Hardy

Engineer, CMO II - Julius Bacon

Stationary Engineer - Wayne Barbour

Stationary Engineer - Robert Braman

Stationary Engineer - Benjamin Koamaczewski

Heat Mechanic, CO II - Donald St. Germain

Refrigeration Mechanic - James Harrington

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THE ROLE OF THE FOOD SERVICE DEPARTMENT

C7

The Food Service Department at Patuxent plays a dual role in providing food and service for the Institution. First and foremost, it provides a balanced diet that is highly nutritional and also satisfying to both the inmate population and to three shifts of officers. The Department feeds about 700 inmates and 150 officers each day. The food is prepared under sanitary conditions by the inmates, who are supervised by Correctional Dietary officers. The food is served in the Inmates' Dining Room (IDR), which is the main dining room, in several shifts, in the Officers' Dining Room (ODR) for all three shifts, and all other special areas designated for feeding inmates, such as the Hospital, and the M-1 and L-1 Tiers. Inmates who have special needs for nutritional supplements because of a medical condition are supplied with Special Diets.

Secondly, the Department provides vocational training for those inmates who want to pursue Food Service as a vocation after leaving Patuxent. It is the largest employer of inmates here; as of November, 1986, it employs 108 inmates. In the Culinary Arts program an inmate receives 180 hours of classroom instructions, combined with on the job training. After successfully completing this phase of training, the inmate then enters into a one year Apprenticeship program where he can specialize in cooking or in baking or in both if he wishes. After completing a total of 18 months in the program, the inmate is awarded an Institutional Diploma, certified by the Education and Food Service directors, stating that he is qualified for an entry level job as a Cook or a Baker upon release from this Institution. The American Culinary Art program has been planned; this would offer advanced training and college credits through the Howard County Community College, and would guarantee program graduates a job.

The Food Service Department is a vital link in the chain of treatment and rehabilitation offered at Patuxent. Treatment staff are urged to look at the work reports issued for inmates who work in the kitchen, and to discuss them with both the inmates and the kitchen staff. If an inmate is held off from a kitchen job, the Unit has five working days to contact the staff to see if he can be re-assigned to the kitchen; whether or not he can get the kitchen job back, his adjustment in this important job area should be discussed with his treatment staff.

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TABLE OF ORGANIZATION: DIETARY DEPARTMENT

C8

FOOD ADMINISTRATOR

William A. Fossett

CORRECTIONAL DIETARY OFFICERS III

Robert Edwards

Patricia Johnson

CORRECTIONAL DIETARY OFFICERS I and II

Thomas Dixon

Eldridge Glass

James Johnson

Edward Owens

James R. Roye

Randolph Spalding

Glorita Summers

Tyrone Taylor

Jesse Thompson

Mary Villarill

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MEDICAL SERVICES

C9

Patuxent Institution is currently receiving medical services from a contractual company, Preventive Health Plan (PHP). This company has a statewide contract to provide medical services to inmates of all state prisons in the Jessup area. They took over contractual medical care in July 1, 1986 from another supplier, Basil Health Services. All PHP personnel work in our infirmary, located on the third floor of the DC Building. This hospital area includes a 12 bed inpatient area, an isolation unit for seriously disturbed inmates, a locked ward for unstable inmates, and a communicable disease ward. Inmates are seen for sick call in the part of the hospital which includes a holding area, an examination room, and the dentist's office. Appointments are made for inmates by the PHP staff to outside hospitals, such as the University Hospital in Baltimore, if more complex procedures are needed; inmates may also be referred to infirmaries in other prisons, such as Maryland Correctional Institution-Jessup, and Maryland House of Corrections. All female inmates are to be sent to the women's prison for medical treatment.

At present, the PHP contract calls for a nursing staff for this Institution which includes two full time nurses, who work the second shift, from 8:00 am until 4:00 pm. One nurse works the third shift, from 4:00 pm until midnight, and one nurse works the first shift, from midnight until 8:00 am. A Physician's Assistant, or PA, also works on Monday and Wednesday evenings. This PA is responsible for medical care of inmates who are on the segregation tiers, M-1 and L-1, on the DOC Protective Custody tier, and on the transfer tiers for non-Eligible inmates who are awaiting transfer out of this Institution back to the DOC. Other medical staff, on duty during the daytime shift, includes a full time physician, a full time dentist, and an X-Ray technician. The latter staff member shares time between Patuxent and other prisons. In facilities at other correctional institutions, PHP personnel include a variety of personnel for other medical services. These include psychiatrists (for DOC inmates housed here), ophthalmologists, optometrists, dermatologists, and podiatrists. A physical therapy clinic and an internal medicine clinic are operated by PHP at the Maryland House of Corrections as well.

Inmates are assigned regular sick call days, depending on the tiers on which they are housed, and can go to the hospital on an emergency basis as well. Medications are dispensed directly by PHP personnel in the hospital. For complaints or for inquiries about special problems PHP has supplied inmates with an address they can write directly. PHP representatives have also attended meetings of the Inmate's Advisory Council to answer questions about medical care procedures. Unit staff members can be contacted by hospital personnel as well, if there are patient management problems relating to an Eligible or Prestaffing inmate assigned to a treatment unit.

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THE VOLUNTEER SERVICES PROGRAM

C10

Volunteers are an integral part of the treatment process at Patuxent. Many of the necessary but unfunded ongoing activities are conducted with regularity by volunteers from the community. They are considered unpaid staff members, and are issued employee ID badges and are given functional training. They are supervised by the Community Volunteer Coordinator. In addition, they may be responsible to the person who supervises the program with which they are working. For example, a tutor would be assigned and trained by the Volunteer Coordinator, but would report to the Director of the School and follow regulations and procedures as they relate to the job to be performed in the context of the regular Patuxent educational activities.

Volunteers serve the Institution in six categories:

1. Regular Service Volunteers come to the Institution on a regular basis to conduct a program; this can be daily, weekly, or monthly.
2. Occasional Service Volunteers come in to carry out a program or a service much less frequently, at intervals of a year or longer between service.
3. Material Donors are those who give to the cause of the Institution materially in order to help individual inmates or to help carry out services.
4. Interns are non paid staff who have selected or who have been selected to work at Patuxent to complete or to develop skills that are required as part of their training in specific fields of study.
5. Inmate Volunteers are residents of this Institution who volunteer their time to work on a non treatment related project; this activity is usually over and above the goals set forth on their treatment plans.
6. Shared Volunteers are working at Patuxent, but are paid by another employer. Included in this group are college teachers, who are paid by their colleges and who have volunteered to work here.

Some of the programs that are conducted by Regular Service Volunteers include the sponsorship by the two Alcoholics Anonymous and the one Narcotics Anonymous weekly groups, most of the weekly religious services and programs, the Siddha Meditation and Jazzercise classes, the Reasoned Straight program, a youth incarceration deterrent program, and the Mensa Friends program which organizes reading to the Blind over live radio daily. Including these and other programs, we can boast of more than 384 volunteers, contributing more than 21,000 hours of work a year to enrich the lives of both inmates and community workers who participate.

(Cf. PIRs 170-3, 140-1,2, and 3)

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D. RESEARCH AND TRAINING

RESEARCH: ROLE IN TREATMENT AND GUIDELINES

D1

The Research Office has a dual role. It plays an active role in implementing research projects of special interest to the Director and the Administration of Patuxent, or to the Maryland Legislature. These have included analysis of recidivism and cost effectiveness statistics, monitoring staff and inmate perceptions of this environment, analysis of admissions and Board of Review decisions, and study of the integration of female inmates here. It takes a more passive role on other research projects. Rather than set the entire research agenda for the treatment staff, the Research Office works to provide the information and computer resources necessary for staff to conduct research they feel is necessary and appropriate. It also develops information resources by establishing data reporting and information management systems for the various departments (see Flatfile below). It also works with the Division of Data Services of the Office of the Secretary to develop networks of computer terminals and other devices for use by treatment staff. In cooperation with the Chief Psychologist, it also manages the Patuxent Institution Research Committee, which coordinates research projects done here by both our staff and outsiders.

Research is defined in our regulations as the systematic collection of data about or from former or present inmates or staff to test hypotheses, analyze data, answer specific questions, and to prepare reports. Research, which must present no more than minimal risk and inconvenience to subjects, can include psychiatric or psychological experimentation and social research. Medical or pharmaceutical experimentation on inmates is forbidden. Refusal by any inmate to participate in any research project, or the results of his participation in any such project, cannot be held against him in any decision making process at Patuxent; this includes the Board of Review, Disciplinary Team, Progress Review Committee, and Treatment Unit decisions.

The Research Committee reviews all proposals, and recommends their approval or disapproval to the Director; they must be submitted on a Proposal Form which includes name of researcher(s), description of project, number and kinds of research subjects needed, proposed tests and methods, and a tentative schedule of total time needed to complete it. The review by the Research Committee will consider such factors as the feasibility of the proposed research; its relevance to the goals of Patuxent; protection of subjects from unfair application or dissemination of research findings; and informed consent. The Committee then oversees the progress of approved projects, and reviews the results and publications from them.

The Flatfile is an on-going research and management information system maintained by the Research Office. Treatment staff participate in this by completing data coding forms on new inmates during the intake process, at the time of Screening and diagnostic Staffing. The Social Work Form (SW) records criminal, family, social, and mental health history; the Psychiatric Form (PS) gives information regarding current psychotropic medication, previous DSM 3 diagnosis, and previous suicide attempts, if any; the Psychological Form (PY) records the WAIS subscale and full scale IQ scores, and which projective techniques were used during the psychological examination.

(PIRs 90-1, 90-2)

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IN-SERVICE TRAINING

D2

Patuxent encourages clinical personnel to get in-service training in a variety of ways. Training programs at the Institution are on both general topics, such as fire prevention and dealing with infectious diseases, that are mandated for all correctional employees, and more specifically on clinical issues of dealing with patients in a therapy model. In addition to special training sessions for all Patuxent staff, there are three types of regular training sessions for the treatment staff.

On Thursday mornings preceding Staffing, which is twice a month, there is a Clinical Conference chaired by the Associate Director for Treatment and the Clinical Coordinator. Each treatment Unit in turn presents a case, usually chosen as an interesting diagnostic or therapeutic problem. The clinical staff from all treatment units then discusses the case with the staff member presenting it. Feedback may offer help in dealing with the particular inmate in therapy, or in status supervision, or in initial assessment. At times, the peer feedback may relate to overall institutional issues. Cases usually last for a one-hour session; at times, a very interesting or complicated case can be continued for another session. The Units follow each other, One through Four in rotation, with Unit Five from the Re-Entry Facility presenting a case every other rotation. These sessions could also include didactic clinical presentations by Patuxent staff or by outside speakers, on topics such as drug testing or the use of the Diagnostic and Statistical Manual for psychiatric diagnosis.

On Tuesday mornings about once a month, a Training session on general topics is presented by the Training Coordinator; these may involve a brief test to ensure that all staff have attended. These can include dealing with female inmates, from both legal and custody management perspectives, and programs on a clinical program here, such as the Sex Offender Program.

New treatment staff members are required to attend sessions that deal with training in group therapy methods. These are held on Monday mornings, under the supervision of the Clinical Coordinator.

Clinical staff members can apply for administrative leave, or Release Time, to attend outside professional meetings and workshops. In addition, the Administration sometimes pays fees for selected clinical staff to attend workshops on topics such as the Treatment of the Sex Offender.

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Patuxent Treatment Manual

INTERN TRAINING FOR THREE MENTAL HEALTH PROFESSIONS

D3

Recognizing the importance of the professional forensic services provided by the three mental health professions at Patuxent, of Psychology, Social Work, and Psychiatry, training programs are provided here for psychology externs, social work graduate students, and forensic fellows in psychiatry.

The Psychology Externs currently here for training are first-year doctoral candidates from the University of Maryland, College Park, under the administration of the Chief Psychologist. Supervision is provided by licensed staff psychologists, and their assignments are limited to administration and interpretation of psychological tests, including the WAIS-R and projective tests, such as the Rorschach, the Bender-Gestalt, and the House-Tree Person test.

Social Work students in a graduate program leading to the MSW at the University of Maryland School of Social Work and Community Planning (UMAB) work on treatment units here to meet their field placement requirement, under the administration of a Staff Liaison social worker. They work here two days a week; each student is supervised by a licensed social worker on the staff. Most students work one semester on a treatment unit and one semester at the Patuxent Re-Entry Facility in Baltimore. They perform most of the functions of the social work staff, including written work, clinical interaction with the inmates, community and resource liaison for inmates, administrative tasks, and attending unit and staff meetings.

The Psychiatric Fellows are selected and supervised by the Psychiatric Services of the Supreme Bench of Baltimore, and at Patuxent, they are administered by the Associate Director for Treatment, a psychiatrist. They can be psychiatrists from any residency, or psychiatrists in practice already. They usually work here for one semester, on a part time basis, on a treatment unit. They may be assigned any duties of staff psychiatrists, including psychiatric evaluations for intake, participating in therapy and counseling, and attending staff conferences and meetings.

The staff of Patuxent is committed to sharing the rich and unique clinical situation here with professionals in training, as mandated when this Institution was founded, and this has continued to be a mutually rewarding experience.

(PIR 135-2, 11/24/80, College Training Programs)

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Patuxent Treatment Manual ♦

E. INTAKE

ADMISSIONS: INTRODUCTION

E1

The examiners of inmates who apply for admission to Patuxent must by law include at least one psychologist, one social worker, and one psychiatrist. In practice, the evaluation team generally includes at least two additional mental health professionals. The psychological examination generally includes the administration of standardized tests. The social history may vary in the depth of the examination and presentation of material from the files. The psychiatric examination will include, but is not limited to, a mental status examination.

Admission is a time when many factors come together, to be weighed and balanced; there are no absolutes. Because Patuxent is constantly being examined by society and our failures are magnified, these factors may include at times elements extraneous to clinical definitions of treatability, such as length of sentence and nature of the crime. We must also consider ourselves in this selection process; however professional we may be, we must be on guard against the influence of our own emotional reactions. An assessment of treatability should be related to both DSM-III diagnoses and to factors that point to treatability, such as those summarized in the Eligible Persons Criteria Scale (EPCS), which are discussed below.

When an inmate is admitted to a Unit for evaluation, he will be assigned a social worker, a psychologist, and a psychiatrist. He will be oriented to our program, and sign release of information forms. During a six month period, the three examiners interview the inmate, and prepare the initial reports: Social Work Evaluation, brief Psychological Report (see Forms appendix), and initial Psychiatric Mental Status Examination. These reports and a summary of the inmate's total institutional adjustment and tier counseling participation are presented to the Diagnostic Staffing Committee, which consists of all three Associate Directors and the three examiners. A final decision is then made whether or not the inmate is Eligible; a tie vote of 3 yes and 3 no votes is a negative decision, and any negative decision may be appealed to the Director. Inmates rejected as Non Eligible will be transferred to the D.O.C. as soon as possible. For accepted inmates, an expanded Social History, Psychological Report, and Psychiatric Evaluation will be prepared. This material is reviewed at a treatment planning meeting to be held prior to the inmate's first Board of Review.

The whole diagnostic process is designed to find those inmates who can be treated at Patuxent, and eligibility inevitably depends on treatability. Treatment is the key concept, and it is not synonymous with psychotherapy. We must keep in mind that total treatment here includes school, shops, and outpatient programs. As early as the day of admission, thought should be given to the day of discharge. Diagnosis at the time of admission can be used to plan the initial phase of treatment.

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ADMISSIONS AND DIAGNOSIS

E2

The following diagnostic categories are discussed in terms of the treatability of inmates, in our experience in this program. Most of these are drawn from Axis II of the DSM III.

1. Antisocial Personality Disorder. This is the most frequently used diagnosis with prison inmates. In its pure form, it may not be treatable; we should be careful to separate out Mixed Personality Disorders, which may include antisocial features.

2. Dependent Personality Disorder. In its pure form, it is difficult to treat. While the antisocial personality may be a management problem, this type is likely to accept institutional structures, and make little effort towards independent behaviors. If released into the community because of his good behavior, he is likely to violate his release status, in order to return to the safety of the institution.

3. Conduct Disorders. If they are under 18 years old at the time of admission, the youthful inmates are given these if they are really Antisocial Personalities, but cannot by DSM III rules be given that label, or if they fit the old diagnosis of "Adjustment Reaction of Adolescence," predicting that their criminal behavior is transitory. If applied to those over 18, this implies that there is a healthy core, and treatment should succeed.

4. Histrionic and Narcissistic Personality Disorders. These two disorders are often seen combined with antisocial elements, and can be positive indicators; less energy may be directed toward acting out and more energy invested in intrapsychic processes. Establishment of the therapeutic alliance may be difficult, but there may be enough anxiety to be worth it.

5. Schizoid, Compulsive, and Avoidant Personality Disorders. These are characterized by an inability to form healthy interpersonal relationships; the capacity to relate must be an important factor in considering an inmate for psychotherapy. People in this group are likely to adjust well to the institution, and can feel their anxiety; they are generally treatable. Their basic character structure may be modified, but probably won't be basically changed.

6. Schizotypal Personality Disorder. These people act "sick" and are highly motivated for treatment. But the surface is deceptive; for here is a profound disintegration of personality and the stress of treatment may produce psychosis; even the best therapy may not work.

7. Explosive Disorders. This implies that there is no severe underlying personality disorder, and that we are dealing with a healthy core in an inmate with impulse control problems; these are among the most treatable of inmates.

8. Mental Retardation. This is rarely a primary diagnosis; if it is a secondary diagnosis, the inmate should be considered treatable, with behavioral therapies more important than insight therapy. It should be considered as neither a good nor a bad prognosis; the treatability then depends on whether social programs can be designed to meet his needs.

9. Paranoid Personality Disorder. This is a diagnosis we rarely encounter in its pure form; it is most often mixed with Antisocial Personality Disorder; in combination, these disorders are virtually untreatable.

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ADMISSIONS AND USE OF THE DSM-III

E3

The Diagnostic and Statistical Manual of Mental Disorders, Third Edition, or DSM-III, is used to diagnose each inmate at intake, and at the annual Board of Review. The majority of inmates accepted here, who according to Article 31B must have "an intellectual deficiency or emotional unbalance," have both Axis I and Axis II diagnoses. As mental health professionals, treatment staff here should be familiar with this standard reference work.

The majority of inmates here have a history of substance abuse, involving both alcohol and illicit drugs. These are listed under Axis I. A few inmates have major affective or psychotic disturbances, also found under Axis I. Aggressive sexual behavior, with the exception of Pedophilia, is usually not classified on Axis I. Personality disorders on Axis I include: Organic Personality Syndrome - emotional lability, impaired impulse control, apathy, paranoidia; Cyclothymic disorder - mood changes from depression to irritated or expansive hypomanic states; Intermittent and Isolated Explosive Disorders - aggressive behavior out of proportion to stressor, without generalized aggressiveness; and for those under 18 years old, Conduct Disorders - violate basic rights of others, or violate social norms.

Almost all inmates we diagnose at intake have Axis II Personality Disorders. These are patterns of current and long term functioning which cause significant impairment in social or occupational functioning, or subjective distress; they may occur along with Axis I diagnoses. Boundaries between the eleven types given in DSM-III are not sharp, and inmates will often show features of more than one type. These Personality Disorders (PD) are:

- Antisocial PD - most often used at Patuxent; before 15 years old: truancy, school suspension, vandalism, substance abuse; since 18: recurrent failures in areas of work, parenting, marriage; failure to plan ahead or to learn from experience; reckless. Cannot be given to a person under 18 years old at time of diagnosis.
- Paranoid PD - suspiciousness, mistrust, hypersensitivity, restricted affect.
- Schizoid PD - cold, indifferent, aloof, limited friendships.
- Schizotypal PD - odd speech, magical thinking, ideas of reference, depersonalization.
- Histrionic PD - dramatic, reactive behavior, disturbed interpersonal relationships.
- Narcissistic PD - grandiosity, fantasies of success, exhibitionist, no empathy, entitlement.
- Borderline PD - impulsive, unstable relationships, angry, affective instability, intolerance of being alone, physically self-damaging acts.
- Avoidant PD - hypersensitive, withdrawal, desire acceptance, low self esteem.
- Dependent PD - lack of self-confidence, passively subordinate to others.
- Compulsive PD - perfectionist, excessive devotion to work, indecisive, constricted affect.
- Passive-Aggressive PD - indirectly resists demands; pervasive ineffectiveness.

It is important to distinguish between the initial diagnostic description, that tells us in general what the patient is like, and the more elaborate diagnostic formulations, derived from personality, familial, biological, and cultural factors, that tell us why the patient got to be the way he/she is. The DSM-III system is very useful, but it does have its drawbacks. It provides a behavioral checklist, or "snapshot" for diagnoses, which differs considerably from the traditional dynamic and developmental models taught in many mental health settings. Perhaps this contrast helps to fuel the constant push to revise DSM-III (which is based on DSM and DSM-II); a revised, or DSM-IIIR, edition and a DSM-IV are now planned.

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ADMISSIONS: ELIGIBLE PERSONS CRITERIA SCALE

E4

As defined by law in Article 31B, an inmate shall be found to be Eligible for the program at Patuxent if: 1) he has been convicted of a crime and has three years remaining on his sentence; 2) he has an intellectual deficiency and/or emotional unbalance; 3) he is likely to respond favorably to programs and services at Patuxent; and 4) he can be better rehabilitated at Patuxent than by other incarceration. This allows us to select inmates for whom there is a reasonable chance of treatment, as we define it. Some inmates, among the sickest, are beyond our capacity to treat; some have antisocial attitudes too firmly ingrained; and some have become institutionalized. All of these may need treatment, but we may not have a program for them. To have a chance to benefit from the Patuxent program, an inmate must have some ego strength and a willingness and capacity to change.

There are several pragmatically established criteria for admission to Patuxent. These have been listed in an Eligible Persons Criteria Scale, EPSCS. Although this checklist is not required to be filled out for each inmate, it provides a useful way to summarize the factors that have been used at Patuxent to evaluate inmates for admission.

1. Psychosis. We do not have the facilities to care for those with chronic psychotic illness; a history of intermittent psychotic episodes may also rule out inmates, since we can predict that the stress of therapy will bring on new psychotic episodes.

2. Onset of Antisocial Behavior. The earlier the onset, the worse the prognosis; however, if the single criminal act occurred late in the inmate's life, the prognosis is better. We distinguish between those who have rarely tried to adapt to societal norms and those who essentially have tried but failed.

3. Alcohol and Drug Use. Addiction to alcohol and/or drugs may suggest a poor prognosis because these problems are difficult to treat.

4. Affective Capacity. The more withdrawn, isolated, and schizoid the inmate, the more difficult it is to establish a therapeutic relationship with him; it requires more time. Time available is a factor as well when we consider how long it will take to treat effectively the game-playing of the antisocial personality or the dramatics of the hysterical personality.

5. Remorse and Guilt. Generally, the inmate who does not admit guilt for his crime cannot be treated; an exception may be the inmate who admits other crimes. Career criminals are likely to justify or minimize their crimes; if an inmate is bothered by his crime, if his behavior is ego-dystonic, we can infer motivation for change.

6. Life Successes. These may include a good school record, advanced academic training, reliable job performance over a period of time, or a commitment to family. But if the inmate has never searched for stability before, he may not search for it while in here.

7. Motivation. All of the above criteria should enter into the evaluation of the inmate's motivation for change. Too often, his motivation is related only to a long sentence, and to his desire to get out of prison as quickly as possible via our program. No matter how sincere he may appear, if he has never attempted to do anything positive with his life before now, his sincerity is questionable; the predictor of future success is past successes.

Patuxent Treatment Manual ♦

F. TREATMENT ISSUES

THERAPY: THE TRADITIONAL PATUXENT MODEL

F1

The Eligible inmate at Patuxent is assigned to a treatment Unit; he will then be assigned to a therapist and to a social worker on his Unit. The therapy will include a formal, or closed, group therapy session for 90 minutes weekly, and an informal, or open, group counseling session on his tier with all Unit staff members, for an hour weekly.

Group Therapy begins with the inmate's acceptance as Eligible; he will usually meet with the same group of 7 to 10 inmates during his treatment program from Level One to Work Release. Although staff turnover may result in a change of therapist, most inmates will stay with their therapy group. The model most used here is derived from ego psychology. Patuxent benefits from a rich variety of mental health professionals on the staff, whose orientations and training include gestalt, psychoanalytic, and cognitive-behavioral approaches to therapy. The emphasis is on present behavior, as seen during group sessions and as pointed out by the inmates as shown on the tiers, and how it relates to the patterns that led to criminality. Progress seems to be made not by the relationship of the inmate to the group leader, but through the interactions of the inmates with each other. Group members learn to point out reactions of their fellow group members, such as defensiveness or minimizing criminal behavior or failing to relate to other group members. By their second or third year here, most inmates will learn some therapy skills, such as the ability to listen to others, with some degree of empathy, and the extent to which lonely depressed people need some support before they can tackle serious problems. Inmates with the highest IQ levels or the most education are not necessarily the best patients in group; they may have intellectualized defenses that are highly resistant to interventions from others. Inmates who have been educationally disadvantaged, whether by family circumstances or by learning difficulties, can at times cut through verbal defenses with gratifying directness. There is certainly much learning going on in any group session, with more experienced or less defensive inmates providing role models for newer or more difficult patients. Some groups through confrontation, tears, and laughter, develop a cohesion that group members proudly refer to as a real family; other groups will seem more uneven and resistant, yet provide the needed stimulus for inmates to achieve spurts of growth, most gratifying, if mystifying, to the therapist. The therapist learns that a lot of therapy is happening outside of group sessions, when group members react during the week to a session; sometimes growth seems to germinate around an old issue from months before that suddenly impacts on a member, so that he "understands" something he has heard for years. Most therapists here, regardless of their training and differences in approaches, have shared these experiences.

Tier Counseling is a form of group counseling, held on the tiers with all inmates on the tier and all Unit staff members. This usually takes the form of a big circle, which includes all 34 inmates and all 6 staff members, and can focus on one inmate on the "hot seat" who has volunteered to speak that day. At times, inmates on a tier sit around staff members, so that several smaller group sessions can take place in the tier dayroom; this format allows more inmates to participate at once, but also places a larger burden on the staff to share information. On the tier, an inmate can demonstrate to all of his treatment Unit his progress, so that he can get Unit support for a promotion or a recommendation for Pre-Release status. Individual Therapy here is usually time-limited, and is secondary to the primary therapy, done in the therapy group; it can be used for an inmate who is having difficulty using his group to work on his problems, or for intensive work around a crisis, or to help certain fragile inmates initially to get oriented to treatment here.

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ANCILLARY OR ALTERNATE THERAPIES

F2

In addition to the traditional psychodynamically oriented group and individual therapy offered at Patuxent, a number of ancillary therapies are also used. These are designed to supplement rather than replace the standard therapeutic procedures. Generally, they are employed when a very specific problem must be addressed, such as extreme levels of tension, impulsiveness, or phobias. They have also been set up around problems such as those facing the very young offender, or those faced by returned parole violators. Ancillary therapies can thus be more focused than the traditional therapy modes, which address more pervasive problems such as long term personality disorders, or arrested psychological or emotional development.

In Biofeedback Therapy a monitoring device is used to give the patient knowledge of ongoing psychophysiological processes in his body. Impulses are received from the muscles, the visceral organs, or the nervous system. With this information, the patient can gain control over these processes; for example, he can reduce the activation of an overly excited autonomic nervous system to a more desirable level. To date, biofeedback work has been done at Patuxent on skin temperature and the galvanic skin response. If more monitoring devices were available, use of this therapy would expand.

Behavior Modification techniques involving operant conditioning or reinforcing, or rewarding, desirable behavior have been employed here on a limited basis. This technique is especially helpful for mentally retarded or borderline retarded inmates who are not capable of developing the necessary levels of insight to respond to traditional therapy.

Progressive Relaxation and Meditation therapies have been used concurrently here; they have been especially useful with highly anxious, hyperactive inmates, or drug users. In progressive relaxation, inmates are taught to become aware of the tensions in various muscle groups, and then relaxing one muscle group at a time, with the procedures developed by Edmund Jacobson. This physical relaxation leads to a psychological relaxation. The meditation techniques used have been a combination of the Western scientific techniques developed by Herbert Benson, as well as Eastern techniques. Siddha Meditation, an Eastern method combining Yoga and mantra repetitions, has also been taught here by outside volunteers.

Systematic Desensitization is a form of behavior therapy used for very specific, repetitive problems, e. g., impulsive fighting triggered by a particular stimulus such as name-calling. Steps include: training the patient in deep muscle relaxation, developing a hierarchy of provoking stimuli (weakest to strongest), and presenting provoking situations in ascending order of severity, first with mental imagery and then in reality. Since deep muscle relaxation is incompatible with emotional arousal, this process gradually desensitizes the patient to the emotionally provocative situation.

Visualization and Mental Imagery techniques have been used here as well (cf. theories of Schultz, Simonton, and Lazarus). They may be used to achieve relaxation, or to practice desired behavior with images before doing this in reality. These techniques, along with dream interpretation, can also be used to enhance traditional therapy, for example to work on emotional blocks resulting from an earlier event in a patient's life.

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Patuxent Treatment Manual

INMATE CLASSIFICATION AND MOVEMENT

F3

A. INTAKE

When inmates first arrive, they are Pre-Staffing or Diagnostic

- Inmates will transferred to another prison in the DOC as NOT ELIGIBLE if:
 - 1) They are rejected during Evaluation (about 60 to 70% of inmates).
 - 2) They sign out before a final decision, during the Evaluation period.
 - 3) They sign out of the program after they are accepted, after months or years in the program, at any time, since this is a voluntary program.

- If they are accepted, they become ELIGIBLE Persons (EPs):

B. TREATMENT AND TIERS

- Eligible inmates attend group therapy for one and one-half hours a week, and Tier counseling with all of their Treatment Unit for an hour weekly

- They can progress through the graded tier system:

Level One - double celled, in DC or "New building", fewest privileges, can attend school at pre-GED level or college, 4 visits a month

Level Two - single celled, as are higher levels, in DD or "Old building"

Level Three - 6 visits a month, can attend shops, can have medium security

Level Four - unlimited number of visits, lawn party, Christmas party, honor tier, cells not locked at night, no officer on the tier, elected tier council

C. PROGRESS REVIEW

Unit Classification, or Progress Review, meetings move inmates, give jobs:

- Held every four Tuesdays, Unit votes on tier moves and jobs
- With Unit, one Education representative and one Custody vote, sign forms
- The 3 Associate Directors and the Director must approve

D. PRE-BOARD AND BOARD OF REVIEW DECISIONS

- Unit Pre-Board meetings are held each month, so that Unit can interview inmates who will be seen by the Board of Review the following month.

- Unit can vote for each inmate: 1) To remain Eligible for another year (for most cases); 2) To be granted Leave Status to go out in the community, and continue to be on a fourth-level tier; 3) To be granted Work Release status, to move out to the Halfway House in Baltimore to work; 4) To be given Parole (recommended by Unit 5); 5) To revoke any status - Eligible, Leave Status, Work Release Status, or Parole Status.

- If the Board of Review revokes the Parole or Work Release status of an inmate on Unit 5, he then returns to his original Unit, which can decide to retain him as an Eligible person in therapy, or to recommend that he be found Ineligible by the Board of Review, and be transferred to the DOC.

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THE GRADED TIER SYSTEM IN THE TREATMENT PROGRAM

F4

The graded tier system at Patuxent is rooted in communications and learning theory, based on the hypothesis that rewarding behavior which is socially desirable and personally beneficial increases the frequency with which such behavior will occur, thereby reducing the tendency towards undesirable behavior; conversely, undesirable behavior is negatively reinforced. Each of the four Treatment Units has all levels in the graded tier system, from intake, or Admission as Eligible, to discharge to Work Release or Parole on Unit Five. These are designated as Levels One (the entry tier), Two, Three, and Four (the honor tier), with each tier having a different set of privileges.

The inmate is promoted based on his behavior, his therapeutic progress, and to some extent, his seniority. He can demonstrate his progress to all his Unit treatment team during tier counseling sessions, when other members of the team besides his therapist can interact with him. He can be demoted if his Unit judges his behavior inappropriate, or his therapy progress insufficient. Higher levels offer increased privileges, but also require higher levels of acceptable behavior and therapeutic progress. In addition to providing incentive for improvement, the graded tier system provides the inmate with some tangible sign of where he stands in his overall program, and how far he has progressed towards eventual release.

Each tier has a dayroom for television and recreation, such as card games. On all but the first level, certificates earned at Patuxent may be displayed. Third and fourth level inmates may have two paintings and pictures, and fourth level inmates can have additional items, such as floor mats, locked drawers, and control of their wall lights. The third and fourth level dayrooms can have pictures, upholstered furniture, and coffee pots, while the fourth levels can also have a pool table and an aquarium in the dayroom, an ironing board and iron, and a hobby room. Second and third levels have ping pong tables. Food is allowed in the dayroom on all but the first level. Four monthly visits are allowed on the first and second levels, six monthly visits on the third level, and daily visits on the fourth level; visitors can stay only one hour at a time, and cannot return the same day. First level inmates can be in the dayroom 9 to 11 am, 1 to 3 pm, and 7 to 10 pm. Second level inmates can be in the dayroom 9 to 10:45 am, 1 to 3 pm, and 7 to 11 pm. Third level inmates can be in the dayroom 9 to 10:45 am, 1 to 3 pm, and 7 to 11:30 pm. Inmates must lock into their cells for the daily count, or if the officer must leave the tier. First and second level inmates maximum security jobs, and can attend school or college; third and fourth level inmates can have close security jobs, and can attend any classes or vocational shops.

The fourth level has an important privilege: no officer is stationed on the tier. So cells are left open, and inmates can use the dayroom at any time. Each fourth level tier has an elected 5-man Council, which deals with most minor conflicts on the tier; larger disputes are brought to the Unit. Any rule violations must be reported to the officer on the next tier, who also controls access to the fourth level tier. Due to the emphasis on preparing for pre-release status, there are more opportunities given to interact with community resources. For 5 Sundays, May to September, each fourth level tier has a picnic with family and friends, who supply the food, from 9 am to 3 pm, on the front lawn. They also have a Christmas party, when the inmates supply the food for a party in the dayroom, and invite their guests to come share a day on the "inside." See the annually revised Special Regulations for both Lawn Visits and Christmas Parties.

(PIRS 110-18, 135-7, 195-3, and 220-1; PIBS 1-76, 9-82, 11-82, 7-83, 12-83, and 16-83.)

CW880418

PROGRESS REVIEW COMMITTEE

F5

The four Treatment Units meet each week, in turn, as a Progress Review Committee, to recommend inmate jobs, promotions, and demotions to the Administration. Thus, each Unit meets every fourth week. This Committee, chaired by the Unit Chairman, consists of all members of the Unit, the Unit Education representative, and a Custody Supervisor. The Progress Review Coordinator must be present to record all changes, and to supply information on existing job status for all inmates on the Unit. All members sign a sheet with their votes, giving a rationale for the action and explaining any "non-concur" votes; this must then be approved, in writing, by the Director and all three Associate Directors. Non-routine Progress Review votes by the Unit may be taken to promote or demote inmates, to assign jobs not open to other Units, such as tier jobs or School Assistant, with the Unit contacting Custody and Education representatives for their input on the vote.

If an inmate is held off his job, his Unit has five working days to contact the Supervisor for permission to reinstate him. If this is not granted, then the job falls vacant for the Unit scheduled for the next Progress Review meeting. When an inmate leaves on Work Release, his job is filled by the next Unit to hold Progress Review. If an inmate is accepted for a State's Use Industry job, his old job is left for his own Unit to re-assign.

Qualifications must be considered for certain jobs. Completion of the relevant shop is needed for many maintenance jobs, such as welding or auto shop jobs. Clerks must have demonstrated typing skills, and usually must have the GED. School assistants must be enrolled in at least three courses to prepare for the GED; an inmate who passes the GED then loses this job and must be re-assigned. Jobs with status security which involve working around the grounds are reserved for third and fourth level inmates; jobs with open security are for inmates on Leave status. In addition to his tier, an inmate's overall adjustment, progress in treatment, length of sentence and nature of offense may also be considered when assigning close security. Job promotions are determined by the supervisor, who contacts the Progress Review Coordinator or the Unit with his recommendations. Generally, jobs are assigned for the maximum rehabilitation effect of teaching useful skills. Many of the routine jobs, such as sanitation jobs, are assigned to inmates to encourage them to develop good work habits and the ability to work with supervision, or general rather than specific job skills.

Promotions to higher level tiers are based on several factors, including but not limited to overall adjustment, progress in therapy group and on tier counseling, vocational progress, and length of sentence. Inmates assigned for evaluation and newly accepted inmates are on a first level tier; eligible inmates can be promoted through the graded tier system from first to fourth level (cf. Graded Tier system). Generally, inmates with Leave status are on the fourth level, but they can also be granted Leave status on the other levels as well. The minimum requirements are: Level Two - for Eligible inmates with one month without infractions; Level Three - three months on Level Two, and two months without infractions; Level Four - six months on Level Three and three months without infractions. Inmates may be demoted for serious infractions, such as being found guilty of a major ticket, or for serious adjustment problems, whether or not a ticket was issued. They may also be demoted for therapeutic reasons, if the Unit feels that they are not making sufficient progress in therapy and tier counseling. Any inmate who becomes ineligible, whether by signing out of the program or by being found ineligible by the Board of Review, is immediately demoted to the first level.

INMATE TELEPHONE CALLS

F6

Inmates are encouraged to keep contact with their family and friends through direct visits, or through the mail. However, at times inmates can be granted the privilege of making outgoing telephone calls for several reasons. These can include a family emergency, such as an illness or hospital stay of a family member, or a death in the family. Calls can also be granted if a chronic illness or a very long travel time prevents the family member from visiting. Calls must be allowed for legal matters, as well, which may involve setting up a "telephone date" with a lawyer's office, or talking to family members about pressing legal matters. Emergencies or special problems or programs involving the inmate himself may require a phone call as well, such as a medical problem or planning for a leave or a work release status.

Since there is only one telephone available in the Captain's Office for all of the inmates at Patuxent to place outgoing calls, any inmate use of the telephone must be carefully monitored. Eligible inmates generally must talk to a Unit staff member who will then write a memo about the call, if the staff member feels that it is justified. At times, the Unit staff may ask that the inmate discuss the matter in therapy to explore the reasons for the phone call request. However, both eligible inmates during emergencies and inmates who are not yet accepted as eligible, or inmates who are ineligible awaiting transfer, can talk to custody supervisors, Lieutenants or Captains, during meal times or their tier officers at other times to explain the need for an emergency call. Custody supervisors generally then contact a member of the Unit, if the inmate is eligible, to verify the need for the call; in the evening and on weekends, the Unit Chairman is the first to be contacted about emergency calls.

For treatment staff to request a phone call for an inmate, the memo is written to ask for approval from both the Associate Director for Treatment and the Superintendent. It must be approved by the Unit Chairman. It must include the name and number of the inmate, the name, relationship, and telephone number of the call's object, and the reason for the call.

(cf PIR 250-2)

CG871120

COMPASSIONATE VISITS AND LEAVES

F7

When a family member of an inmate is seriously ill or has died, a Compassionate Visit or Compassionate Leave can be authorized to permit him to visit the ill relative or to pay his respects to the deceased relative. Relatives covered under this policy must be immediate family members, including grandparents, parents, surrogate parents, siblings, spouses, or children. When other relationships are involved, the Unit must determine whether or not a visit or leave would be appropriate or therapeutic. In all cases, the inmate must be notified by a Unit member of the severe illness or death of the relative, and must be consulted as to whether he would like to have a Compassionate Visit or Leave for this case.

Compassionate Visits are for inmates who do not have any form of Pre-Release Status, such as Leaves or Work Release. These inmates can only leave the Institution in handcuffs and leg irons, escorted by two Patuxent guards who stay with the inmate at all times. In the case of serious illness of a relative, the nature of the illness must be verified by calling the doctor or nurse at the hospital; if it is found to be a critical illness, then permission for the inmate's visit must be gotten from the medical personnel, and a time for the visit agreed upon. In the case of a death, the funeral home must be contacted, and private viewing time for the inmate arranged; inmates are not allowed to attend the actual funeral, and if possible should be scheduled to avoid other family members at the funeral home. For security reasons, it is necessary to schedule a span of time for the visit, rather than an exact appointment. A memorandum is then written to the Director requesting approval for the visit; this memo also must have a place for the approval of the Superintendent, and is sent first to the Superintendent's office. The memo should give the full information about the name of the relative involved, the date and time span of the visit, the name and address of the hospital or funeral home, and the name and phone number of the employee who gave the permission for the visit, so that custody can verify this information. The Major's office should be contacted as soon as this information is known, so that the two guards to escort the inmate, if the visit is approved, can be scheduled in advance.

Compassionate Leaves can be requested for inmates with Pre-Release Status, such as Leaves, Work Release, or School Release. Inmates who have Day Leave status, alone or as part of Work/School Release, or who have Monthly Leave status, can attend the funeral of a deceased relative or visit a critically ill relative in the hospital unaccompanied by any staff member. In this case, after the information has been verified, the "Leave Request" form that is sent to the Board of Review for regular leaves, that is signed by the Director as Chairman of the IBR, as well as the Unit Chairman, must be submitted. It can be sent directly to the Director for approval, who can grant the leave if the full Board cannot meet in time. On this form, the name of the person, usually a relative, who will handle transportation, as well as enough time for traveling time to and from the Institution must be indicated on the form. The office of the Major should also be notified of this type of Leave. Inmates on Accompanied Leave Status can go on a Compassionate Leave accompanied by one staff member, either a treatment or a custody staff member, without restraints; a memo to the Director and the Superintendent, as outlined for those without Pre-Release status, must be submitted, giving information about who will accompany the inmate and what time span is involved.

(CF. Pirs 155-7 and 280-1, and Samples of 2 Types of Leave Requests)

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KHM870325

DRUG ABUSE TREATMENT

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Patuxent Institution has recognized the growing need for addressing the issue of drug and alcohol abuse with the population we serve, in addition to providing the traditional psychodynamically oriented group therapy. Virtually nine out of ten inmates here present with a background of abuse or addiction involving alcohol, illegal drugs, and/or abuse of prescription drugs. At intake, the evaluation team on the assigned treatment unit is responsible for compiling a substance abuse history of the inmate, in addition to data on criminal and social background. This includes information in the following areas: 1) the onset of substance abuse; 2) the classes of drugs abused; 3) a history of previous drug treatment or counseling; 4) the period of heaviest lifetime use; and 5) the relationship of criminal to drug history. Such information appears to be critical for future treatment issues; it also helps to establish the initial DSM-III diagnosis.

When the inmate is accepted, the issue of substance abuse becomes an integral part of his treatment. This issue is examined in therapy groups and in tier counseling, where issues such as his dependency needs, his low sense of self worth, his needs for acceptance, and his lack of problem solving capacity are stressed. Inmates who are known to be alcoholics are referred by their Units to one of the two Alcoholics Anonymous groups at the Institution; a Narcotics Anonymous group will start in December, 1986. The "Special Needs" section of the Treatment Plan has been designated for addressing this issue and its treatment. If it is suspected that an inmate has been using drugs or alcohol, either treatment or custody staff can request a urine sample be taken for drug testing by an outside laboratory service. For the four inside Units, this request is processed by the Associate Director for Treatment. If this test comes back positive for drugs or alcohol, an inmate on the inside Units will be given a ticket and will be referred to his Unit for a demotion within the graded tier system. This issue would continue to be addressed in group and on tier before that inmate would be considered for a promotion again.

On Unit 5 at the Community Re-Entry Facility, which supervises Work Release inmates and Parolees, drug monitoring and counseling are more intense, because of the greater availability of drugs in the community, and the greater potential danger to the community involved. Unit 5 staff is informed about the inmate's prior history of substance abuse, the warning signs of a possible return to illicit drug use, and whether extensive drug treatment is required. There is a weekly Substance Abuse group at the Halfway House, and Work Release inmates and parolees may be required to attend Alcoholics Anonymous and Narcotics Anonymous meetings in the community. Periodically, all men supervised by Unit 5 undergo random drug testing. For Work Release inmates, the first test positive for drugs or alcohol will result in the inmate being held off Work Release status; the Board of Review is notified of this, and he must appear before the Board of Review, which will decide whether or not to revoke his status. For parolees, the first test positive for drugs, and for alcoholics, for alcohol, results in talking this over with the supervisor; the second positive test results in the parolee being seen by all of the Unit 5 staff. The third positive test will lead to the parolee being held off parole status; he will have to appear before the Board of Review, which will decide whether or not to revoke his parole.

The Institution has recently begun a vigorous effort towards addressing the issue of developing both therapy and educational programs to address the issue of substance abuse among this population. The development of more intensive drug intervention programs can be expected in the near future.

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TREATMENT OF WOMEN INMATES

F9

Patuxent started to admit female inmates into treatment as Eligible Persons in August, 1985. So far, all of those who have been accepted have been assigned to Units Three and Four for both evaluation and treatment. They will all be integrated into therapy groups with male patients as enough female inmates are accepted. The women also attend a special tier counseling session, so that they can share the special problems of integrating into the formerly all-male patient population, held at least once a month.

At present, the women who are Eligible are still housed at the Maryland House of Correction for Women in Jessup, and they are bused over to Patuxent for therapy and education. They will eventually be housed in the former Pre Release Center on the grounds of Patuxent.

PR870420

SEX OFFENDER PROJECT

F10

The Sex Offender Project (SOP) is a special treatment program which is research oriented, involving treatment of a special group of inmates. Some sex offenders of the type targeted for the SOP may have been turned down here in the past for admission, because it was felt that our regular programs were not designed for their treatment needs, and because some had shorter sentences than most inmates accepted here. In order to be considered for admission as both an Eligible Person on a Treatment Unit and a patient in the SOP, an inmate must fit the following criteria: 1. He must be convicted of sexual offenses involving children; 2. He must have no more than 15 years remaining on his sentence; 3. He must admit guilt for his crimes; 4. He must have a relatively minor history of antisocial behavior, other than the sexual crimes; and 5. He may not have a psychotic disorder as his primary diagnosis. For evaluation, these inmates are assigned to the Associate Director for a psychiatric evaluation; they are placed on a regular Treatment Unit, which assigns the social worker and psychologist to complete the staffing reports. Generally, he will not get any type of psychotropic medication, including Depo-Provera, during the evaluation period. He will then be seen at a special SOP staffing, with voting done by the Associate Director for Treatment, the Associate Director for Behavioral Science, and the Clinical Director; Dr. Fred Berlin, director of the Johns Hopkins Sexual Offender Program, is a non-voting Project Consultant present at Staffing. Inmates turned down for the SOP will then be staffed for admission as a regular Unit patient. The SOP project evaluates and accepts inmates to maintain a total of 24 inmates, forming three therapy groups, with six SOP inmates housed on each of the four Treatment Units.

Treatment for the SOP inmates is the responsibility of the total staff of the Project, which includes the Associate Director of Treatment, the Clinical Coordinator, and a social worker from each of the four treatment units, as well as the Unit Treatment teams. The Units interact with these patients during tier counseling, both at the pre-staffing and accepted stages, put them on a social worker caseload, and enforce all normal regulations and policies; the Units also assign them jobs and promote them at the therapist's request. Treatment includes group therapy for 90 minutes weekly, SOP tier counseling, Unit tier counseling, educational and vocational services, and other special treatment modalities determined by patient needs. The SOP therapist keeps the Unit informed of progress of these inmates, and writes therapy progress notes, Board notes, and Treatment Plans. In effect, these inmates have treatment on two units.

Re-Entry will be planned three months before any expected pre-release or parole recommendation to the Board of Review; the SOP staff and Unit staff will prepare an in-depth discharge/re-entry plan. This may include Unit Five services, such as special groups at the Re-Entry Facility for sex offenders, and groups for significant others of the patients, and referral to a community-based sex offender program.

Research is coordinated by the Clinical Coordinator and the Director of Research, who are responsible for records management for all inmates referred to the program. This includes a monthly status report for the Director and the Research Department, giving names of all inmates found suitable candidates for the SOP waiting to drop into the Patuxent population, those currently being evaluated for the SOP, and those who have been accepted for SOP treatment. Also, selected psychological instruments will be used for pretesting and posttesting of SOP inmates. This aspect of the program has been coordinated from the very beginning, to assist staff in implementing and evaluating an overall treatment program for this very difficult group of inmates.

AB880418

INMATE MARRIAGES

F11

Marriages of inmates shall be permitted only with the approval of the Director. An inmate who wishes to marry should discuss his intentions with his Unit Treatment Team, and with the Chaplain. He must submit a request to the Director to marry. This request must include the time, place, and manner of the ceremony, as well as the number of visitors who will be involved. The Director will review all requests to marry to ensure that the ceremony plans are consistent with the requirements of institutional security and order. Inmates who are approved for Leave Status, Work Release, or School Release shall be encouraged to plan their marriage ceremony to take place during an approved leave.

(PIR 150-1, 5/10/82)

PE851105

INMATE TRANSFERS BETWEEN UNITS

F12

Inmates can be transferred to another Treatment Unit in several different ways. The Board of Review may decide to transfer an inmate when it feels that there are good treatment reasons for doing so. The Director and the Administration may transfer newly accepted inmates to another Unit in order to even out the load of accepted, or Eligible, inmates on the four Units.

If an inmate contacts one or all three of the Units other than his own, requesting a transfer to another Unit, he will be instructed by the Unit Chairmen involved to write to the Associate Director of Treatment requesting a Unit Change. The Associate Director for Treatment will then explore the matter, which may include discussing it at a Unit Chairmen's meeting. If one or more of the other Units explores the transfer, the decision whether or not to accept the transfer shall be made under the supervision of the Associate Director for Treatment, and then be communicated to all Unit Chairmen.

CG851112

THE ROLE OF DISCIPLINARY PROCEDURES IN TREATMENT

F13

One of the most challenging yet important facets of clinical responsibilities at Patuxent is to function as a member of the Disciplinary Committee. In any situation involving human interaction, conflicts will occur. This is more likely in a prison environment, for those who are pre-disposed towards rule violations. Disciplinary hearings are designed to address these constructively; they serve to promote order and safety, while providing an example of non-violent means to resolve disagreements and discourage misconduct. In emphasizing fairness as well as positive behavioral change, disciplinary hearings demonstrate to the inmate that each of us is personally accountable for our actions, recognizing that our behavior has consequences. Thus, the disciplinary hearing serves a fundamental therapeutic purpose. While not a formal legal hearing, it is quasi-legal in nature. Implementation of its procedures has been in the past and remains now subject to court scrutiny and intervention. It is therefore imperative that participation by treatment staff in these hearings comply fully with the guidelines and regulations outlined in the Disciplinary Procedures Handbook. New employees on the treatment staff are trained in these procedures by sitting in on several weeks of hearings, as well as learning the regulations.

The Disciplinary Committee is composed of three members, representing Treatment, Education, and Custody. It is chaired by a Custody Supervisor. Each member of the team serves for a week at a time, with all staff members of Treatment and Education rotating through this duty roster during the year. Hearings are usually held on Monday, Wednesday, and Friday afternoons, starting at 1:30 pm (or earlier if needed), and may last until or past 4 pm, depending on the number of infractions to be heard. Other activities, such therapy groups, must be cancelled by the Treatment staff member during his/her rotation during Disciplinary meetings. Tickets are written as "Major" or "Minor" which can influence the punishments given. The Team can impose as a punishment up to 15 days on the L-1, or Seclusion Tier, or 15 days on M-1, or up to 15 days Cell Lock Up on a regular tier for each offense. The rationale for each decision must be recorded in writing on the ticket, which all three Committee members must sign with their decision. If an inmate refuses to come, he can be tried in absentia; the hearing will be postponed for disturbed inmates in Hospital Isolation.

Even very serious offenses, such as assault, cannot be punished by longer sentences. However, the Unit may consider for major infractions demoting an inmate one or more levels in the graded tier system, recommending the inmate be placed on Administrative Segregation, or for very serious cases, recommending to the Board of Review that an inmate be returned to the Division of Corrections. Demotions and expelling an inmate from the Patuxent program cannot, however, be done by the Disciplinary Committee. Other punitive measures may also be taken, such as denying the use of a radio for a radio-related infraction, confiscating illegal property, taking illegal currency found on an inmate and donating it to the Inmate Welfare Fund, or requiring that an inmate pay for destroying state property. Each hearing is recorded on audio tape; if the inmate wishes to appeal, this audio tape is heard by the Associate Director for Treatment or his designee. In reviewing a case heard by the Disciplinary Committee, the Administration can request a new hearing to consider new information, or can review written and taped records, in order to reduce or maintain the sentence of punishment. This review process cannot be used to levy additional punishment upon the inmate. If the inmate is found Not Guilty of the ticket by a majority of the Disciplinary Committee (2 or 3 votes out of 3), then the Administration does not have the right to review the ticket.

SEGREGATED TIERS - M-ONE AND L-ONE TIERS

F14

Patuxent Institution has two housing tiers in which the inmates are segregated from the rest of the inmate population. They are restricted to the segregated tier for all daily routines, such as eating and recreation, unless there is a special occurrence, such as a visit from outsiders, a need to go to the hospital, or an appointment with a staff member. When they leave the tier, they must be escorted by an officer, in handcuffs. These are: L-1, the Disciplinary Segregation Tier, and M-1, the Administrative Segregation Tier.

Disciplinary Segregation, L-1 is primarily for inmates involved in serious breaches of the Institution's security. They are placed on L-1 pending resolution of charges against them, or after sentencing by the Disciplinary Committee, for a maximum of 15 days per infraction. On L-1, there are isolation cells, each with a metal bunk attached to the concrete wall, a metal toilet and wash basin unit, and a metal grid door supplemented by a solid metal door. Recreation is confined to thirty minutes daily in the day room. Psychotherapy is restricted to times when treatment staff requests an interview; school and shops are not available. On rare occasions, and only after special screening, inmates may be placed on L-1 at their own request, or at the request of a shift commander or a treatment staff member.

Administrative Segregation, M-1 placement is made for three reasons: 1) the demonstration of ongoing behavior which is dangerous and/or disruptive to the population and staff of the Institution; 2) Protective Custody when requested by an inmate; and 3) emotional instability which may result in danger to self or others. On rare occasions, inmates may be put on M-1 by the Disciplinary Committee for 15 days or less. A Unit may place an inmate on M-1 for less than 15 days, without the Director's approval, if this is justified in writing to the Superintendent; the Unit can transfer the inmate back to a regular tier with the approval of just the Associate Director for Treatment and the Superintendent. However, if the Unit, or Custody, wishes to keep the inmate on M-1 for longer than 15 days, a written justification must be sent to the Superintendent. If this request is approved by all 3 Associate Directors, and then by the Director, then the inmate will be segregated on M-1 for longer than 15 days. In this case, his continued confinement on M-1 must be reviewed by the M-1 Review Committee, consisting of all 3 Associate Directors, every month, and must be approved each month by this Committee and by the Director. When an inmate is to be placed on M-1, he is to be interviewed and given a chance to respond to this placement, and his reaction must be recorded within 24 hours; this is usually handled by custody. Regardless of the reason or the staff member sending an inmate to the M-1 tier, and whether or not he is Eligible to stay at Patuxent, his Unit staff must see him weekly to write an M-1 note on him, with the Unit recommendation for his staying on M-1 or not. M-1 inmates are confined to the cells, which are regular cells with open barred fronts, except for two hours of dayroom recreation per day and two hours of outside recreation per week. School programs are restricted to those which can be designed for studying in the cell; vocational shops are not available. Psychotherapy is available only when a treatment staff member requests an interview.

(Cf. Patuxent Institution Disciplinary Rules and Regulations, The Patient Handbook, Patuxent Institution, PIRs 110-1 and 110-2, and Custody Directives 28 and 34.)

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SIGNING OUT PROCEDURES

F15

Participation in the Patuxent program is voluntary; inmates who do not wish to remain here may request to leave the Institution, either while they are undergoing evaluation, or after they have been accepted as Eligible. The inmate who wishes to leave here will be sent to another correctional institution, which will be under the Division of Corrections (DOC). It is the DOC, not the inmate himself nor Patuxent, which will decide where these inmates will be transferred. Inmates who have been here a short time, usually those still being evaluated, may often be sent back to the institution from which they came. Inmates who have been here for several years may be placed in institutions according to their sentences.

The Procedure to sign out begins by:

- 1) The inmate asking for a Sign Out Form from the Captain's Office requesting to leave Patuxent. He fills out this form, which is witnessed by an officer. This form is then sent to the Clinical Coordinator. Copies of the form are given to the inmate, the Captain's Office, and the Treatment Unit.
- 2) Then, a Letter from the Director, with 3 copies, is sent to the Unit; this letter explains to the inmate that he will be sent back to the DOC, that he has no choice where he will go, and that he can withdraw his request to leave here at any time before the actual institution where he will go has been chosen. Also, it states that he can re-apply to Patuxent after three years. A Unit treatment staff member signs all copies of this letter, certifying that the inmate has received one copy of it. This letter is given to the Head of Legal Records, along with the signout request, the Evaluation Report and Addendum to the Evaluation Report for Eligible inmates; a letter is then sent to the DOC about the transfer.
- 3) When this has been done, the inmate is sent Another Letter from the Director, stating that the transfer should occur within 90 days.
- 4) If the inmate changes his mind, and decides he really wants to stay at Patuxent, he will be sent another form by the Clinical Coordinator, a Withdrawal of Transfer Request, stating that the first such withdrawal will be honored, but that any other decision to sign out will be final.

An Eligible inmate who signs out then becomes Ineligible; he is demoted to the first level, no longer attends therapy or tier counseling, and loses his job. However, like Ineligible inmates who were turned down at Staffing, he remains a part of his original treatment Unit until he actually leaves Patuxent, and staff of his Unit handle his phone calls, visits, and package requests.

Cf. Samples: Sign Out Form; Letters from Director; Withdrawal of Transfer Request.

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CONFIDENTIALITY OF PATIENT INFORMATION

F16

Staff at Patuxent Institution must protect the confidentiality of all records and information about inmates here, both those who are Eligible and those who are here for Evaluation or who are found to be Ineligible. This Institution is guided by specific laws, and as well as by the professional standards of mental health settings. Any requests for information by any one must be referred to the Director. Family and friends of inmates can always be told to seek information directly from the inmate; for example, the inmate is generally told that he will hear directly whether he has been accepted here, and that it is up to him to inform his family.

Article 31B, the Maryland law which governs Patuxent, states:

13. (d) To the extent that any records, reports and information compiled pursuant to the Section are legally confidential, they shall remain confidential, and may not be disclosed to any person or agency except:

(1) The Commissioner...; (2) The Division of Parole and Probation; (3) The Maryland Parole Commission; (4) A State's Attorney, when required ... in court; (5) A Federal, State, or local law-enforcement officer ... (if) needed for a pending investigation; (6) An authorized correctional official ... of the United States or a state ...; (7) The Attorney General of Maryland; (8) The Inmate Grievance Commission (if) relevant...with written consent...; (9) The Division of Vocational Rehabilitation ...; (10) Providers of medical care ... to the extent necessary to assure proper medical treatment; (11) A judge of a circuit ... or district court ...in connection with pretrial release, pre sentence or post sentence investigation; and (12) State, local, federal, and private agencies to the extent the release of the information will benefit the inmate, and with the written consent of the person to whom the information pertains.

The Director has issued the following policy in writing to all staff members:

Any requests for information, whether written or oral, received from other criminal justice agencies or the general public must be forwarded to the Director's Office. The Director will review the request and designate an appropriate individual to respond to the request.
UNDER NO CIRCUMSTANCES SHOULD THE RECEIVER OF THE REQUEST RESPOND UNLESS HE/SHE HAS RECEIVED PRIOR APPROVAL FROM THE DIRECTOR.

(Cf. Article 31B, PIB 3-87)

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G. OUTCOME RESULTS

INSTITUTIONAL BOARD OF REVIEW

G1

The state law which created Patuxent, Article 31B, set up the eight member Institutional Board of Review, composed of four representatives of the Institution and four of the community. The Institution members are: the Director, the Associate Director of Treatment, the Associate Director of Behavioral Sciences, and the Superintendent. The community members are: two law professors, a sociology professor, and a practicing attorney. At least five members must be present to hold an official meeting, one of whom must be a community representative. The Board of Review meets twice every month to hold hearings. The law also created the Board of Patuxent Institution, consisting of 17 members appointed to oversee Patuxent; this Board usually includes the four community members of the Board of Review, and has regular meetings with the Administration.

By law, the Board of Review has several responsibilities. The Board is the legal paroling authority for inmates accepted at Patuxent as Eligible Persons. Other than by court order, only the Board of Review can grant permission for Eligible Persons to leave the Institution to return to the community, either part time in pre-release programs, or full time on parole. In addition to granting parole, the Board of Review may grant Leave Status, Work Release Status, and School Release Status; it can also revoke any of these forms of status, as well as revoke the Eligible status that permits an inmate to stay at Patuxent. These decisions to grant or to revoke forms of status are usually made after reviewing recommendations to the Board made by the inmate's Treatment Unit.

Each Eligible Person at Patuxent by law shall be seen by the Board at least once a year; if a possible backlog creates an uneven schedule, his appearance may be moved one month earlier; he may request a representative to assist him at his Board appearance, if needed. At an inmate's annual review, the Board reviews his progress in all aspects of the Institution's program, by meeting with the inmate and by reviewing reports by his treatment Unit, on his educational and vocational programs, his disciplinary adjustment, his family relations, and the Annual Unit Evaluation summarizing his progress in psychotherapy. The Board also reviews policy decisions and decides leaves and matters for Work Release and Paroled inmates at a Luncheon Agenda meeting held each day it meets.

Inmates may appear before the Board more often, when either the Board or the Unit requests a "Special" appearance by the inmate. Reasons for this include positive recommendations for pre-release or Parole status by the Treatment Unit; inmates on Leave Status, for example, usually have a "Special" appearance to request Work Release. They can include negative recommendations, such as revocation of Eligible Person, Leave, Work Release, or Parole status. Inmates on Work/School Release or on Parole may be seen by the Board as a warning, if their behavior merits serious reprimand and if their status program is in jeopardy because of possible violations of law. In addition, the Administration of Patuxent initiated Long Term Eligible Persons review; each Eligible inmate who has been accepted into the program for seven years or longer must have his continuation in the program reviewed. His treatment Unit is required to estimate how much longer it will take this inmate to be recommended for a form of pre-release status, and whether or not the length of time needed for his treatment warrants his remaining Eligible. A negative recommendation on the inmate by either the Treatment Unit or by the Director will then lead to his having a Special Appearance before the Board to decide his Eligibility status.

PRE-BOARD: ITS ROLE IN TREATMENT

G2

Pre-Board meetings are an important part of each inmate's annual appearance before the Institutional Board of Review. These are the inmate's opportunity to meet individually with his Unit Treatment Team once a year to discuss his progress, his continued treatment goals, and eventually his readiness for a conditional release program, such as Leave, Work Release, or School Release status, or for Parole status.

During the month prior to an inmate's scheduled appearance before the Institutional Board of Review, he is seen by his Treatment Unit for a Pre-Board meeting. For most inmates, this is a preparation for his annual review by the Board, and is a time to summarize his treatment progress and goals with all of his Unit members in a formal, focused manner; the Unit then votes that he remain Eligible (EP) for another year. Some inmates at this time may ask the Unit to recommend a conditional release program or parole for him. For this request to be considered, the inmate presents to his Unit the progress he has made in the program, and why he believes that he is ready for re-entry into the community. Additionally, the inmate discusses his plans for such a program, such as what family members he would spend his leaves with or where he plans to seek employment, and what his overall goals are for that particular step in his treatment. His Unit then discusses his request and votes on whether or not to recommend a form of release or parole status to the Board of Review. Each Unit member has one vote, which is recorded in writing, and a majority rule is applied. The Board will at times ask the Unit to share its information and decision-making process for the recommendation in order to arrive at a decision.

The Unit may also consider recommending to the Board that an inmate be found to be Non-Eligible or non-EP, for the program at Patuxent, and that he be returned to the Division of Corrections. This possibility is then discussed with the inmate at a Pre-Board meeting, which may not be his regular annual Pre-Board. The inmate is given a chance to express his views; if he wishes to remain at Patuxent, he is given the opportunity to explain why he feels he should be given another chance. As with other decisions, each Unit member has a vote, and the majority rule applies. Since treatment at Patuxent is a voluntary program, the inmate can sign out of the program at any time, and request to return to the Division of Corrections; he does not have to discuss this formally with his Unit, but may sign out after a Unit recommendation to revoke his Eligible status. In this case, he would not have to go to the scheduled Board for a vote on his eligibility. For the Long Term EP Review, the Unit votes in writing whether to retain the inmate as an EP on a special form submitted to the Director, who decides whether the inmate shall appear before the Board to have his EP status reviewed.

The Unit Chairperson is responsible for documenting the Unit members' vote for each inmate seen at Pre-Board. These results are submitted to the Associate Director for Behavioral Sciences no later than two weeks prior to the inmate's scheduled Board of Review appearance.

THE LEAVE PROGRAM

G3

Inmates who have progressed through the therapy program to a level of responsibility can be recommended for Pre-Release programs to prepare for eventual Parole. Generally, the first of these is Leave Status, which enables an inmate to have a leave of absence from the Institution to go out into the community, and then to return to share this experience with his Unit. His Unit can recommend an inmate for Leave status at a Pre-Board meeting, held the month before his annual Board of Review; the Board of Review can then grant or withhold leaves. All inmates approved for leaves must sign a Leave Agreement Contract, showing that they agree to obey the regulations of this status, along with any special conditions imposed by the Board of Review.

There are three types of Leave Status; all of them require a Leave Pass and a Gate Release. The Unit may recommend that an inmate progress between these three types of leave, or may recommend that an inmate go from any one Leave status to Work Release, or may even recommend that an inmate go from Leaves directly to Parole.

1) Accompanied Leaves are for those inmates with limited community resources or for whom a very structured Leave program is felt necessary. The inmate is accompanied by a staff member, and driven in a state car, usually for part of a day. The number of leaves per month is at the discretion of the Unit. Permission for the actual dates and times of leaves is requested on a special Temporary Work Pass/Accompanied Leave Form, which is sent to the Associate Director for Treatment and the Superintendent for approval.

2) Day Leaves, which are unaccompanied by staff, are from 7:30 am to 9:00 pm, and can be taken twice a month, with a five day interval between leaves. Each date must be requested on a special form from the Board of Review; it is discussed at the Luncheon Agenda of the Board, and signed by the Director.

3) Monthly Leaves can be up to three days with two overnights out in the community, starting at 7:30 am on the first day and returning at 9:00 pm on the third day, once a month. The Unit can, at its discretion, request only a one day or a two day leave for the first month, and then go to a request for the full three day leave for the next month(s). Recommended Holiday Leaves, on a schedule approved by the Director, permit special five day leaves with four overnights, for holidays such as Christmas and Fourth of July. Each leave must be requested from the Board of Review.

The goal of the Leave program is to promote the successful reintroduction of the inmate into community and family life. The inmate must understand and abide by the Leave Agreement, and prepare an Itinerary for each leave. Each leave is discussed with the Unit and with his therapy group. Goals for leaves may include becoming familiar with Baltimore and the Re-Entry Facility, getting a driver's license, and seeking out the new social experiences of shopping, sightseeing, and eating out. He must learn to plan transportation and finances for each leave, and must comply with any special Unit requirements for Leave status inmates (such as attending a special Leave group). Shortly after each leave, a Unit staff member will contact at least one person seen by the inmate on his leave to verify his activities, and write a report for the file. If a Leave status inmate is guilty of a Minor Infraction such as a minor ticket, or coming in late, the Unit may cancel one leave. For a Major Infraction such as a major ticket, or going AWOL from a leave, the Unit will hold the inmate off leave status until his case is reviewed by the Board of Review, either at a Special appearance or at the Luncheon Agenda, with a Unit recommendation to continue or to revoke the Leave status.

UNIT V: COMMUNITY REENTRY PROGRAM

G4

The Community Reentry Program at the Reentry Facility in Baltimore provides services and supervision for Work/School Release inmates, who reside there, for Parolees residing at the Facility, and for Parolees who live independently in the community. This program is staffed by an Administrator, three Social Workers, and the Director of the Reentry Facility, a senior Correctional Officer (CO VI); these five staffers make up the Unit V Treatment Team.

Unit V has the responsibility for carrying out a safe, efficient transition of inmates from Patuxent into the mainstream of society, with changes in status granted by the Board of Review. Most inmates go through the stages of: Work/School Release, Parole to the Reentry Facility, Parole to the community, and Recommendation for Complete Release. Each stage requires definite standards to be achieved by all inmates; there is sufficient flexibility within the program to consider the merits, limitations, and capabilities of each individual, when reviewing his case for a possible status change recommendation. The Unit V staff holds Pre-Board meetings with inmates/parolees at least two weeks before a recommendation for a status change is submitted to the Patuxent Institutional Board of Review, in order to vote on each case. Recommendations may include: leave requests, changes in supervision schedules and jobs, special requests such as travel or funds withdrawal, or change of status. Unit V meets weekly to coordinate actions in areas such as patient treatment, specialized patient interventions, behavior management, and disciplinary matters. All recommendations and actions of Unit V are reviewed by the Associate Director for Treatment and, if jointly affecting custodial matters, by the Superintendent as well.

Unit V provides a range of services to the inmates and parolees it supervises. These include individualized therapy, weekly status supervision meetings, and assistance in finding jobs. Liaison with social service agencies and vocational rehabilitation centers is coordinated by the staff. Special assistance is provided by the Education Department for training in Career Planning and, if needed, tutoring. The population served by Unit V is going through a transitional period, and personal crises do arise; crisis intervention is provided by Unit V, involving the family or the employer if needed. For those who develop problems with alcohol or illicit drugs, specific disciplinary steps are outlined in the Reentry Facility procedures. Those who need more specialized attention will be referred to a Substance Abuse clinic, which meets weekly at the Reentry Facility, or to substance abuse groups in the community, coupled with intensive supervision and counseling.

The minimum standards of successful adjustment to the community reentry process include: 1) abiding by the terms and conditions of the status contract; 2) demonstrating a consistent effort to work on areas indicated as important on the Treatment Plan; 3) maintaining employment; 4) developing appropriate relationships with family and citizens within the community; 5) managing financial resources reasonably and productively; 6) attending all program functions and supervision sessions as directed by the Unit. As he progresses through the various stages of his pre-release and parole program, each individual is expected to demonstrate an increased level of personal responsibility, with less of a need for external sources, an ability to tolerate frustration, and an ongoing ability to accept supervision. When Unit V recommends an inmate for independent parole, he is seen as having mastered social skills adequate for crime free, productive community living.

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Patuxent Treatment Manual ♦

H. FORMS: SAMPLES AND GUIDES

PATUXENT INSTITUTION - UNIT ONE ORIENTATION

INMATE: _____ NO.: _____ DATE: _____

1. STAFF: The Treatment Staff of Unit One, to which you are assigned:

Social Workers:

Dr. Claire Gilbert, L.C.S.W., Unit 1 Chairman
Mrs. Anna Bradford, L.C.S.W.
Mrs. Kathryn Mahlin, L.C.S.W.

Psychologists:

Mr. Paul Edwards, M. A.
Mr. Lou Florenzo, M. A.
Dr. Randall Nero, Ph. D.

Psychiatrist:

Dr. Amanollah Taheri, M. D.

2. EVALUATION:

- Your Unit evaluation is done by a Social Worker, a Psychologist, & a Psychiatrist.
- These three will interview you, write up a report on you, and evaluate you.
- Your participation in Tier Counseling will be reported on also.
- Within 6 months, a Diagnostic Staffing Committee will meet on your case.
- This Committee will decide whether or not to accept you as an ELIGIBLE Person.
- Your 3 Unit examiners plus the 3 Associate Directors (see below) will vote.

** If you are found NOT ELIGIBLE for this program:

- You can appeal a "NO" decision to Dr. Gluckstern, Director of Patuxent.
- You will be told the decision when you are called down to Corridor N with the written notification; you will then be moved off the M-2 tier.
- The Division of Corrections (D.O.C.) decides where you go when you're transferred.
- You can re-apply to Patuxent three years after being turned down.

** If you are found ELIGIBLE for this program:

- You will attend a therapy group and tier counseling.
- You can sign up for school to get the QED, or for college.
- A complete Social History and Psychological report on you will be written.
- This is a voluntary program; you can sign out of here at any time.

3. TIER COUNSELING:

- On Tuesdays, 2 to 3 pm, three weeks in a row, the fourth week off,
- The Unit Staff meets with Pre-Staff Inmates, in Corridor "N", Roll Call Room.

4. VISITING CARDS:

- You filled out a Visiting List card, up to 15 names, when you arrived.
- You can change it ONLY during: 1) January; 2) July
- Give the Unit 2 copies of the card, PRINTED, IN BLACK INK, & keep 1 copy.

5. NAMES TO KNOW:

- Dr. Norma Gluckstern, Director of Patuxent Institution.
- Dr. Frank Eisenberg, Associate Director, On Evaluation Staff.
- Mr. John Murry, Associate Director, On Evaluation Staff.
- Mr. Robert Johns, Associate Director/Superintendent, On Evaluation Staff.
- Mrs. Dixon, Classification Department, handles mail and packages.

SOCIAL WORK EVALUATION - PAGE ONE

INMATE _____ NO. _____ AGE _____ MARITAL STATUS _____

BIRTHDATE _____ SOCIAL SEC. _____ LAST GRADE _____ RACE _____

DETAINER ____ (Y, N) THRESHOLD OFFENDER ____ (Y, N) EPCS AVERAGE _____

----- CRIMINAL HISTORY -----

CURRENT OFFENSE(S) _____

TOTAL SENTENCE _____ (YEARS) FROM _____ (DATE)

COURT(S) _____ JUDGE(S) _____

DESCRIBE CRIME(S) BRIEFLY:

NO. OF JUVENILE CONVICTIONS _____ NO. OF JUVENILE INCARCERATIONS _____

DESCRIBE JUVENILE CRIMINAL HISTORY:

NO. PRIOR ADULT CONVICTIONS _____ NO. PRIOR ADULT INCARCERATIONS _____

DESCRIBE PRIOR ADULT CRIMINAL ACTIVITY:

INSTITUTIONAL ADJUSTMENT: AT PATUXENT - TICKETS: MAJOR _____ MINOR _____

SUMMARIZE ADJUSTMENT AT OTHER INSTITUTIONS (JUVENILE OR ADULT):

SOCIAL WORK EVALUATION - PAGE TWO

INMATE _____

NO. _____

- - - - - SOCIAL DEVELOPMENT - - - - -

BRIEFLY DESCRIBE FAMILY BACKGROUND (PARENTS? SIBLINGS? STABILITY?)

BRIEFLY SUMMARIZE EDUCATIONAL, WORK, AND MILITARY HISTORY:

BRIEFLY DESCRIBE HEALTH, MENTAL HEALTH, AND SUBSTANCE ABUSE:

SUMMARIZE SEXUAL AND MARITAL HISTORY:

SOCIAL WORKER'S EVALUATION:

FORM COMPLETED BY _____

DATE _____

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Patuxent Treatment Manual

SOCIAL HISTORY FORMAT

UPDATED BY THE SOCIAL WORK PRACTICE BOARD, MAY 10, 1985

SOCIAL HISTORY

RECEIVED: MONTH/DAY/YEAR

Name and Number:

Birthdate and Birthplace:

Age and Race:

Religious Preference:

Social Security Number:

Permanent Address: Ex: 123 Jones Street, Laurel, MD (Mother, Mrs. Smith)

Telephone Number: (of the relative given above)

Marital Status:

Last Occupation:

Last Grade Completed:

Current Offense(s): Give most serious first, number each one 1), 2), etc.

Sentence: Give sentence for each offense listed above: 1), 2), etc., with TOTAL from (date)

Court:

Judge:

Note that the date Received is the date of Arrival at Patuxent with our 4-digit number, and is NOT the date that the sentence was received. Subheadings generally include:

PRESENT OFFENSE - include briefly both inmate's version and police version; if they agree, indicate that fact and do not repeat versions; may include significant adjustment problems while incarcerated.

PREVIOUS OFFENSES - give in one sentence number of arrests, convictions, and incarcerations as a juvenile before describing offenses; give in another sentence number of arrests, convictions, and incarcerations as an adult before describing prior offenses. The number of prior adult convictions is given by court appearance(s), rather than by total number of offenses convicted of at one trial; the same way of counting total convictions as total number of court trials is used to calculate if an inmate is a Threshold Offender, with two prior felony convictions from two prior trials.

SOCIAL DEVELOPMENT - should be brief, and cover work history, drug and alcohol abuse, sexual development, and current family contacts.

SOCIAL WORKER'S EVALUATION - this should be a brief subjective judgement, including how the inmate presents himself and his motivation for therapy; it should NOT repeat legal information from face sheet data (this is a white 34 year old man convicted of...).

SOURCES OF INFORMATION - should include all dates of interviews with the inmate, the Family Questionnaire if it was received, with Base File the last source given.

A total length of about 3 pages, it was agreed, is optimal; longer histories may not be read.

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Patuxent Treatment Manual

SUBSTANCE ABUSE HISTORY

A. What?

1. What classes of drugs were abused?

- Alcohol - wine, beer, hard liquor; alcohol is the most common drug.

- Nicotine - cigarettes, cigar, pipes.

- Cannabis - pot, hashish.

- Central nervous system depressants:

barbiturates, benzodiazepines, methaqualone ("Ludes"), ethchlorvynol (Placidyl), glutethimide (Doriden), methyprylon (Noludar), meprobamate (Miltown, Equanil).

- Stimulants - amphetamines, cocaine, sympathicomimeticamines.

- Tranquilizers and anti-depressants.

- Inhalants - glue, paint, gasoline, aryl and butyl nitrites, monoamine oxidase inhibitors.

- Arylcyclohexylamines - PCP, PHP.

- Opioids - heroin, morphine, methadone, meperidine, codeine.

- Hallucinogens - LSD, STP.

B. How Long?

2. Age of first use.

3. Period of heaviest lifetime use.

4. Recent pattern of use — frequency and dose.

5. Has tolerance developed? are larger doses needed to achieve the same effect previously achieved with lower doses?

6. Has dependence developed? what happens when he/she tries to stop? tremors? other symptoms?

C. What Effects?

7. What does the drug user get from the drug? How is it an attempt at self-medication?

8. Is there a history of convulsions? If so, did they precede the drug abuse? Did the convulsions begin as a child or as an adult?

9. Is there a history of hallucinations, confusion, delirium, overdoses with attendant coma, delusions or mood changes in associations with "runs" of drug use?

D. Treatment or Crime?

10. Is there a history of previous treatment for drug abuse? if so, where? when? outcome?

11. Does the patient/inmate want help with a drug problem?

12. Does the criminal behavior follow the use of drugs, or was the criminal behavior involved in finding, paying for, or selling drugs?

13. Does the drug and criminal history seem valid?

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PATUXENT INSTITUTION DIAGNOSTIC STAFFING SUMMARY

NAME _____ NO. _____ UNIT _____ DATE _____

AGE _____ RACE _____ FS IQ _____ MEAN EPSC SCORE _____

CRIME(S) - 1. _____ SENTENCE - 1. _____

2. _____ 2. _____

3. _____ 3. _____

4. _____ 4. _____

TOTAL SENTENCE _____ FROM _____

NO. PRIOR ADULT ARRESTS _____ CONVICTIONS _____ INCARCERATIONS _____

NO. JUVENILE ARRESTS _____ CONVICTIONS _____ INCARCERATIONS _____

TIER COUNSELING PARTICIPATION:

NONE _____ BELOW AVERAGE _____ AVERAGE _____ ABOVE AVERAGE _____ VERY GOOD _____

ADJUSTMENT:

MAJOR TICKETS _____ MINOR TICKETS _____ OTHER PROBLEMS? _____

COMMENTS?

PROVISIONAL DIAGNOSIS (CIRCLE PRIMARY):

AXIS I _____

AXIS II _____

AXIS III _____

STAFF VOTE:

1. UNIT SOCIAL WORKER _____ EP _____ NON-EP _____

2. UNIT PSYCHOLOGIST _____ EP _____ NON-EP _____

3. UNIT PSYCHIATRIST _____ EP _____ NON-EP _____

4. ASSOCIATE DIRECTOR _____ EP _____ NON-EP _____

5. ASSOCIATE DIRECTOR _____ EP _____ NON-EP _____

6. ASSOCIATE DIRECTOR _____ EP _____ NON-EP _____

RESULTS: EP _____ NON-EP _____

(USE REVERSE SIDE FOR COMMENTS)

CG861028

STATE OF MARYLAND - PATUXENT INSTITUTION

TO :

SUBJECT: REQUEST FOR TRANSFER FROM PATUXENT INSTITUTION TO DIVISION OF CORRECTION

1. The Director of Patuxent Institution has received a written notice from you that you desire to be transferred to the Maryland Division of Correction under the provisions of Section 11 (B) (1) of Article 31B of the Maryland Code (1977).
2. This is to advise you of the conditions which will apply upon processing of your request for such transfer:
 - a. As a result of your request, the Director of Patuxent Institution is authorized, under the Statute, to initiate a report to the Commissioner of Correction containing your request and making arrangements for such transfer.
 - b. Upon receipt of that report, the Commissioner of Correction shall, within 90 days from the date of receipt, arrange for your transfer to any appropriate correctional facility designated by the Commissioner.
 - c. You have absolutely no choice in determining which facility may be selected by the Commissioner of Correction.
 - d. You may withdraw your request for such transfer at any time before the designation of the Institution to which you are to be transferred. Such a request to withdraw your transfer must be made in writing to the Director and must be received before the official Warrant of Transfer is received. This procedure will apply only to the first such request. Withdrawal of subsequent requests will rest solely with the discretion of the Director.
 - e. Upon transfer to the Division of Correction, you will continue to serve those sentences imposed upon you by the Court.
 - f. Under the provisions of Section 8 of Article 31B, once you are transferred to the Division of Correction, you will be ineligible for return to Patuxent Institution for a period of three years from the date of transfer.
 - g. Upon your transfer to the Division of Correction, you shall not lose any right to parole consideration that you may then have. If you are eligible for parole consideration by the Maryland Parole Commission upon the date of your transfer, you will be entitled to a hearing in accordance with Article 41, Section 110 within 90 days after arrival in the Division of Correction facility.

Norma B. Gluckstern
Norma B. Gluckstern, Ed.D.
Director

I HEREBY CERTIFY that on this _____ day of _____, 19_____, the undersigned personally served a copy of the foregoing document upon the inmate indicated above.

Signature of Unit Treatment
Team Member

UNIT: _____ PRE-BOARD RESULTS FOR:

(MONTH)

(YEAR)

BOARD OF REVIEW

UNIT STAFF AND VOTE

RECOMMENDATION

FINAL

DATE:

REQUESTED BY
PARTICIPANT OR
REFEE

CONSIDERATION
SPECIAL
OR
GENERAL

PRESENT
STATUS

PATIENT NAME & NUMBER:

