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**VETERANS RESIDENTIAL
THERAPEUTIC PROGRAM**

**GROVELAND
CORRECTIONAL
FACILITY**

SONYEA, NEW YORK 14556

PROGRAM OVERVIEW

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OVERVIEW OF THE VETERANS RESIDENTIAL THERAPEUTIC PROGRAM (VRTP)

At Groveland Correctional Facility, a medium-security facility operated by the New York State Department of Correctional Services (DOCS), a unique inter-governmental program is providing services to more than 120 incarcerated U.S. military veterans. These services, primarily therapeutic intervention and training and practice in relapse prevention and related skills, are implemented through a full-time one-year program, focused on addressing the issues of alcohol and chemical dependency, and PTSD for the many combat veterans (mostly from the Vietnam War).

The unique nature of this program stems from the involvement of the U.S. Veterans Administration in the therapeutic content and direction of the program. Through the collaboration of a mixed team of federal (VA) and state (DOCS) staff, Groveland's veterans have been provided an intensive program which has been described by an external evaluator, Dr. Terence Keane, Director of the National Center for Behavioral Sciences and PTSD at the Boston Veterans Administration Medical Center, in the following terms:

It is clearly among the very best psychological service delivery programs that I have observed in the public and private sector...a high quality program consisting of committed staff with important goals and objectives. This excellent program can also serve as an important model for other similar programs in correctional facilities across New York State. Due to its modular orientation, the program can easily be transported to other sites where clinicians can be quickly trained to deliver similar types of services.

The ultimate test of a therapeutic program is the success of the program's "graduates" upon completion. Recidivism, the return of a previously-incarcerated individual to the criminal justice system, is a clearly-defined statistic, not generally open to interpretation. Simply put, if the role of a correctional system includes an attempt to aid the offender to become a productive member of society and to avoid committing a new crime, then this program is a clear success. Within NYS, 51.85% of offenders re-enter the system (with new convictions) within 66 months. Among military veterans (with no special therapeutic programs), the rate is 40.57%. But, among participants in the Groveland program (and its smaller "sister" program at MacGregor) the number was 6.1%, with a projected rate of return over a 66 month period of 8.89%. This number was statistically significant at the $p < .001$ level.

At this point, this unusual - if not unique - program is already the most successful program of its type in the New York State system, a judgement supported by both qualitative and quantitative assessment, and has the potential to make an important contribution to society.

Background

Beginning in August, 1986, with a handful of Vietnam combat veterans, the Veterans Residential Therapeutic Program at Groveland Correctional Facility has grown from a one-hour weekly rap group meeting to a full five day/8 hour-a-day program that serves over 120 military veterans with nearly 100 classes and intensive therapeutic groups each week.

The program was originally established to address the unique -and well-documented - need of combat veterans who suffer from Post-Traumatic Stress Disorder (PTSD), including dependency problems, incarceration and suicide. Initially, it consisted of a group of men who had been exposed to combat in Vietnam. Patterned after veterans rap groups at local veterans outreach centers, the program rapidly expanded due both to interest from the vets themselves, and support from individuals and organizations outside Groveland.

The rap group grew from one hour per week to four hours. By 1989 the administration at Groveland was prepared to enthusiastically support the development of a therapeutically-intended program. A dorm with 29 beds and classroom space was provided. From 1989 through 1990, the program maintained a primary focus on PTSD. To support the therapeutic content, the Canandaigua VA Medical Center provided staff (in 1991) which allowed the scope of the program to be broadened to address substance abuse issues and to extend these much-needed services to a greater percentage of the incarcerated veteran population.

This expansion made possible a more intensive therapeutic focus, dozens of intensive groups, individual therapy as needed, and a more-extensive written curriculum for the increased numbers of vets, scheduled sequentially over a year-long program divided into quarterly cycles. The commitment of the Canandaigua VA, and the nature of the relationship of a federal agency working closely with a state agency, the New York State Department of Correctional Services administration at Groveland, led to the development of a written statement of purpose. It had become clear, by this point, that the vast majority of the incarcerated veteran population could directly, or indirectly, attribute their incarceration to the abuse of alcohol and/or other illegal substances.

The approach adopted by the program staff is a holistic cognitive-behavioral approach with a heavy emphasis on individual-specific relapse prevention planning. The culmination of each veteran's efforts would be a detailed written personal relapse prevention and post-release plan, reviewed by program staff, and made available to the veterans family, on-the-street aftercare programs, and parole authorities.

Program Scope

Though the immediate focus of this program is currently on the incarcerated veteran, this model can readily be adapted to the general population - with the potential of saving millions of dollars and the huge cost to society represented by the consequences of anti-social acts that could be prevented by successfully changing individuals thinking and behavior patterns.

The benefit of this program thus is not solely to the incarcerated combat veterans who were exposed to traumatic stress -and their families -but also to society as a whole. The ineffective and constant financial drain of incarcerating people has proven over the past two centuries to be non-productive. Recidivism rates have remained consistently high in all correctional systems. The National Institute of Justice (1990) conducted a nationwide study to identify successful programs for incarcerated individuals with alcohol and/or chemical dependency problems. Their report described four model programs which reported recidivism rates of 16-44%. Those programs were described as the best in the country. Other programs, or the absence of programs, are associated with recidivism rates of 50-80%. The cost to society of allowing this to continue is not only financial, but impacts the very moral fibre of our nation; it is incalculable.

The benefits of this program, however, are easily calculable by the low recidivism rate: an actual figure of 6.1% over a five year period and a projected "cumulative probability" return rate of 8.89% (source: New York State Department of Correctional Services research study, 1993). With the estimated cost of incarceration of a medium-security inmate at over \$30,000 per year, the simple goal of placing people back into society as productive members vs. a "warehouse" drain is easily discerned: nearly a million dollars (per year) of the taxpayers funds can be saved for every 30 inmates.

Program Structure and Content

The program is currently serving over 120 men (mostly Vietnam or Vietnam-era veterans) and is housed in the Wisteria Building, a former residential structure for administrators of the Craig Developmental Center (a state facility which formerly occupied the Groveland site). The men are assigned to a specific housing unit together, allowing them to live and work as a unit.

During the program day (AM and/or PM modules of 3-4 hours each) veterans attend therapeutic groups and classes and individual therapy sessions, following a specific schedule developed for each man. This schedule reflects his specific therapeutic needs as identified by his offense, social and developmental history, substance abuse issues, interviews with counselors and therapists, and, on occasion, the results of psychometric testing.

Of the participants, typically:

- 3/4 are first-time state inmates
- 1/2 are combat veterans (mostly Vietnam)
- most of the remainder are Vietnam-Era vets
- average age is 42
- 1/4 are sex offenders
- nearly all have alcohol and chemical dependency problems
- over 2/3 have some college education
- all services represented; several men have been highly decorated

Program Staffing

Initially DOCS staff and volunteers were supplemented by help from the Rochester New York Veterans Outreach Center, the New York State Department of Labor, the New York State Division of Veterans Affairs, and a psychiatric nurse from the PTSD Clinic at the federal Veterans Administration Medical Center in Canandaigua, New York.

For the past two years, two DOCS counselors were assigned to the program, under the direction of a senior counselor and the Groveland Deputy Superintendent for Program Services. Both counselors are assigned half-time to the program and half-time to regular counseling duties.

During this time, the VA staff has included two full-time addictions therapists from the Substance Abuse Expansion Program at the Canandaigua VA Medical Center. Other VA staff have been assigned to Groveland as well, including a PTSD therapist one day each week, and the VA team has been augmented at times by other staff, including additional addictions therapists and clinical psychologists.

A critical aspect of the program is the involvement of the Groveland facility administration. From its inception one of the program's strongest supporters has been Groveland's Superintendent, Hubert Speckard. On a regular basis, he has visited the program, met with the staff and peer facilitators, and monitored progress towards program objectives. His interest has been supplemented by the daily involvement of the Area Security Supervisor and the Vets Dorm Officer, who are among the program's strongest supporters, and whose interactions range from ensuring that facility regulations are complied with to individual counseling.

The availability of VA personnel and the DOCS staff enables the program to provide the

intensive therapy group and individual counseling as needed. In addition, VA and DOCS staff review the individual written homework assignments required in many classes, and evaluate classroom performance on the skills-based activities, such as the individual skills required in the "Alternatives to Anger and Aggressive Behavior Program" (AAABP). The individual "portfolio" of post release plans is reviewed by both DOCS and VA staff.

Cycles:

A six-month introductory program, primarily substance abuse education, is offered four times a year, and is designed as an "orientation" for the newest members, and includes in-processing, evaluation, and determination of eligibility for VA services. This process builds a readiness for therapy, and serves to increase feelings of safety and trust to help the veteran in self-disclosure. In addition, program rules and norms and a basic therapeutic vocabulary are discussed. The Alternatives to Anger and Aggressive Behavior Program is presented, and the specific skills taught in the course are evaluated by professional staff before a certificate is awarded.

The intensive therapeutic program begins with Cycle A, and reviews, through workbooks and groups such issues as, "Who am I and why and I in treatment?" and "What happened in my life that resulted in my being here?" Intensive small group therapy focuses on helping the veteran to get beyond past trauma, to identify his values and feelings and the areas where he needs to focus his efforts in therapy.

In Cycle B, the cognitive focus on therapy is intensified through group therapy and the Chemical Dependency treatment program, and particular attention is paid to past "cycles" of perceiving, thinking, and behavior. A full-day program, Cycle B is closely overseen by DOCS and VA staff. In Cycle C aftercare planning begins, with an emphasis on improving relationships and building support networks, as well as applied skills practice in developing new behaviors (coping skills and assertiveness, for example).

Cycle D includes a heavy focus on relapse prevention, risk factor analysis and practice in using the specific coping skills needed to address the individual's own highest risk situations - from the earliest signs of vulnerability to the actual "crisis point." A detailed, written, post-release "portfolio" is the cornerstone of this module. The written portfolio is evaluated constantly by DOCS and VA staff. If it is not thorough, concrete, and valid, it will not be accepted.

Selected veterans also may be chosen to participate in the peer cadre training programs. These include train-the-trainer classes, practice teaching, and advanced staff development programs.

Skills Training:

All veterans participate in a sequence of required courses to develop appropriate skills and modify their thinking about life events.

- an anger, aggression, and communication skills course sequence (five courses, 84 classroom hours, with additional therapeutic groups to address individual needs)
- an alcohol and chemical dependency program (combined cognitive/behavioral focus), overseen by the VA (21 groups and courses, 252 classroom/group hours, over a twelve-month period)

- a life management program, including both cognitively-focused courses to address compulsive or addictive thinking and behavior, and a thorough relapse prevention program (24 courses, 288 classroom hours)
- self-awareness and other courses building readiness for therapy (7 courses, 84 classroom hours)
- relationships and family issues programs (5 courses, 60 classroom hours, plus groups as needed)
- peer cadre development programs (normally 60 hours per quarterly cycle)
- specific intensive group therapy each week in the following areas. Typically VA and DOCS staff conduct 40-50 hours of group therapy per week.

Getting Beyond Past Trauma
 Improving Relationships
 Building Support Networks
 Staying Clean and Happy
 Anger
 Anxiety
 Co-Dependency
 Depression
 Loss, Grief, Death, and Abandonment Issues
 Post-Traumatic Stress Disorder (PTSD)
 Life Trauma
 HIV+
 Sex Offenders
 Adult Children of Dysfunctional Families
 Aggressive Behavior

- individual counseling is offered to veterans as needed
- each veteran is responsible for developing a written individual portfolio of his relapse prevention and post-release plans which is reviewed by VA and DOCS staff.

A significant program change evolved in 1991, with the development of a structured and focused curriculum, designed to be consistent with the VA's cognitive-behavioral therapeutic model. Each of the nearly 70 courses - across all six cycles - has a detailed written course overview, including statement of purpose, the 12-week class-by-class format, techniques to be used, a listing of the specific behavioral objectives expected of participants, a week-by-week outline, and a custom-developed course workbook. Many of these workbooks are of professional quality, some of over 100 pages, and a sufficient quantity has been provided by the Groveland print shop and the VA printing office for every man to have his own copy during each course.

Among the unusual features of this program are these workbooks which direct the class and group discussion, provide for skills practice and written work, and a means of ensuring that the appropriate skills and concepts are not overlooked - or misunderstood. They provide a basis for placing some confidence in peer facilitators, and a means of assessing how they are doing and their adherence to program objectives. The individual class workbooks are at the core of the structure and continuity of the program.

Housing:

The common residential area is a critical aspect of the program. Perhaps for the first time in their lives, the veterans are with other men their own age in an intensive and structured therapeutic setting. There is a safe opportunity to discuss their lives, their therapeutic issues, or family problems, and even the most sensitive issues are addressed in the dorm. Inmate peer staff deal on a regular basis with additional recovery issues, combat-related post-traumatic stress disorder symptoms, and similar problems. If nothing else, they can be a safe and sympathetic listener - for they have shared many of the same problems themselves.

The "Vets Dorm" is one of the cleanest, quietest units in the facility. The vets disciplinary record has generally been very good, and relationships between the Vets Program and security staff are excellent. Dorm officers communicate regularly with DOCS counselors and VA therapists.

The net effect of this arrangement is that the therapeutic process can focus more directly not only on symptomatic behaviors, but on causes. Participants are perceiving that they now are capable of making the necessary changes in their lives, and are learning the skills and solutions to accomplish that.

**VETERANS RESIDENTIAL THERAPEUTIC PROGRAM
SEQUENCE OF CYCLES**

Each cycle is presented quarterly.

CYCLE	
P	<p align="center">New Vet enters Processing and Evaluation Entered on waiting list VA eligibility determined Orientation</p>
O	<p align="center">Readiness for therapy Building safety and trust</p>
A	<p align="center">"Who am I and why am I in treatment? What happened in my life that resulted in my being here?"</p>
B	<p align="center">Cognitively-focused therapy Chemical Dependency Program Anger/Violence Program</p>
C	<p align="center">Aftercare Planning: Improving Relationships Building Support Networks New Behavioral (Skills) Development</p>
D	<p align="center">Relapse Prevention (behavioral) Risk Factors Management Post-Release Portfolio Developed</p>
	<p align="center">Peer Cadre Training Programs</p>

VETERANS RESIDENTIAL THERAPEUTIC PROGRAM
GROVELAND CORRECTIONAL FACILITY

LISTING OF COURSES AND GROUPS OFFERED

December, 1993

ANGER, AGGRESSION, COMMUNICATION SKILLS COURSE SEQUENCE

Alternatives to Anger and Aggressive Behavior Program (B)
(certificate awarded, DOCS) - 24 hours, plus homework
Advanced Communication Skills (C) - 12 hours
Advanced Assertion Skills (D) - 12 hours
Intra- and Interpersonal Skills (on occasion) - 12 hours
Moral Dilemmas (B) - 12 hours
Specific Group therapy (as indicated below)

Total - 72 hours

CHEMICAL DEPENDENCY AREA

Chemical Dependency Intensive Group Therapy (VAMC therapists)
(B) - 48 hours (individual-specific letter upon completion)
Chemical Dependency Education
(A) - 48 hours (VAMC and DOCS civilian staff)
includes "Understanding Ourselves I"
(B) - 36 hours (VAMC)
(B) - 36 hours (peer staff, under VA supervision)
(C) - 24 hours (Aftercare Program, under VA supervision)
(D) - 12 hours (peer staff, under VA supervision)
Specific Groups to address substance abuse-related issues
(see attached listing)

Total - 204 hours

LIFE MANAGEMENT/IMPROVED COGNITIVE UNDERSTANDING -Cognitive & Behavioral
Therapeutic Focus -to address chemical dependency and related compulsive/addictive thinking
and behavior

Basic Goal Setting (B) - 12 hours
Relapse Prevention 1 (A) - 24 hours
Relapse Prevention 2 (B) - 24 hours
Relapse Prevention 3 (C) - 24 hours
Relapse Prevention 4 (D) - 12 hours
Coping Skills 1 (C) - 12 hours
Coping Skills 2 (D) - 12 hours
Stress and Anger (0) - up to 12 hours
Basic Stress Management (B) - 12 hours
Advanced Stress Management (C) - 12 hours

Feelings (A) - 12 hours
Introduction to Addictions (0) - up to 12 hours
Compulsive/Addictive Thinking and Behavior
 Overview (A) - 12 hours
 Class (B) - 24 hours
 Aftercare (C) - 24 hours
Dependencies (C) - 12 hours (occasionally offered in Cycle D)
Recovery (D) - 12 hours
Shame, Loneliness, and Depression (introduction) (0) - up to 12 hours
Shame, Loneliness, and Depression (D) - 12 hours
Therapeutic Focus (offered occasionally by VAMC staff) - 12 hours
Release Preparation 1 (C) - 12 hours
Release Preparation 2 (D) - 12 hours
Addressing "Stinking Thinking" (Cognitive Distortions) (B)
Understanding Ourselves II (B)
Risk Factors Management (D)
Staying Clean and Happy (D)
Getting Stronger (D)
Specific group therapy (as indicated below)

Total - 372 hours

PARTICIPATION IN GROUP ACTIVITY, SELF-AWARENESS

Team Building (A) - 12 hours
Self Esteem (B) - 12 hours
The Military Experience (0) - up to 12 hours
Introduction to the VRTP (0) - up to 12 hours
Introduction to Addictions (and group therapy) (0) - up to 12 hours
Self-Awareness (0) - up to 12 hours
Taking Control (0) - up to 12 hours

Total - 84 hours

RELATIONSHIPS AND FAMILY ISSUES

(focused primarily on substance abuse/compulsive behavior issues)

Family/Self-Esteem/ACOA (overview) (A) - 12 hours
Dysfunctional Families and Traumatic Stress (B) - 12 hours
Dysfunctional Families and Traumatic Stress (D, on occasion) - 12 hours
Family Relationships (C) - 12 hours
Co-Dependency (D) - 12 hours (occasionally offered in Cycle C)
Advanced Co-Dependency (D) - 12 hours (on occasion)
Adult Child of Dysfunctional/Alcoholic Family (D) - 12 hours
Specific group therapy (as indicated below)

Total - 60 hours

STAFF DEVELOPMENT PROGRAMS

Train-the-Trainer - 12 hours
Train-the-Trainer (practice teaching, with supervision) - 24 hours
Train-the Trainer II - 12 hours
Peer Counseling Skills (on occasion) - 12 hours
Advanced Staff Development - 12 hours
Advanced Staff Development 2 - 12 hours
Chemical Dependency Staff Meeting (VAMC) - 12 hours
Relapse Prevention Team Meeting (VAMC) - 12 hours

SPECIFIC INTENSIVE GROUP THERAPY

(All groups have, as a major focus, the issues of substance abuse and/or compulsive behavior)

Getting Beyond Past Trauma
Improving Relationships
Building Support Networks
Risk Factors Management
Getting Stronger
Staying Clean and Happy
Caring and Helping Others
Anger
Anxiety
Co-Dependency
Depression
Loss, Grief, Death, and Abandonment Issues
Post-Traumatic Stress Disorder (PTSD)
Life Trauma
HIV+
Sex Offenders
Adult Children of Dysfunctional Families
Self Esteem
Family of Origin Issues
Aggressive Behavior

INDIVIDUAL COUNSELING - documented by number of hours of therapy and therapist; letter of progress is provided.

PEER CADRE RESPONSIBILITIES - documented by courses taught or co-facilitated

INDIVIDUAL PORTFOLIO OF POST-RELEASE PLANS - developed and reviewed by VA and DOCS staff, for use by parole authorities, therapists, aftercare, family, and safety net (see attached description).

It is not unusual for an individual veteran to have over 1000 hours of classes and group therapy, as well as individual counseling.

Groveland Veterans Program Evaluation Criteria

Reaction Criteria

- quarterly evaluation of each class (both facilitator and participants)
- quarterly program review (at end of each cycle)
- 1:1 and small group feedback to professional staff

Learning Criteria

- demonstration of skills
 - in-class exercises and performance objectives
 - professional staff monitor in-class skill performance
 - written in-class and homework assignments (reviewed by professionals)
- written action/recovery plans (quarterly reviews)

Behavioral Criteria

- individual degree and quality of participation in program activities and therapeutic groups
- disciplinary record, deportment
- benchmarks of personal progress (evaluated on action/recovery plans and quarterly review "goal setting sheets")
- observation/monitoring by professional staff
- observation/monitoring by security staff
- evaluation of 1:1 counseling (VA staff required to document all therapeutic interactions and submit in accordance with VA and JCAHO standards)
- stability of program as indicated by turnover, and reasons for turnover
- evaluation by both DOCS and VA staff of individual post-release plans (an individual-specific portfolio of written plans (for use by the individual, his family, aftercare agencies, and parole authorities) in each of the following areas:
 - residential
 - financial
 - therapeutic activities
 - relapse prevention
 - employment/vocational
 - family relationships
 - education
 - support/safety net

Results Criteria

- evaluation of personality scales (pre/post testing) monitored by DOCS staff
- recidivism, monitored by the DOCS Research office in Albany.

Effectiveness Measures

Evaluative Criteria

As the attached outline indicates, the Groveland Vets Program has selected a wide range of the most commonly-accepted criteria to evaluate its on-going (and long range) effectiveness. They include the following:

- Reaction Criteria: regular subjective evaluations of individuals, courses, and peer facilitators are performed.
- Learning criteria: participants are evaluated in their ability to demonstrate learned skills (against written performance criteria); courses are evaluated against published behavioral objectives; detailed specific written action/recovery plans are prepared by all participants, and evaluated by staff.
- Behavioral criteria: Actual behaviors are monitored and evaluated; written letters reflecting actual performance are provided. Participants are dismissed, re-cycled, or promoted based on actual behavior. The program monitors behavioral criteria such as turnover, group and dorm disciplinary records, dorm cleanliness, and quality and thoroughness of expected written assignments. An external evaluation of the entire program was conducted in 1993 by a nationally-recognized authority (at the request of NYS DOCS).
- Results criteria: evaluation of personality scales (pre/post testing) and external recidivism study by NYS DOCS Program Planning, Research & Evaluation Office.

From the outset, it was recognized that this program would be innovative in many ways - not least in the inter-agency collaboration. It was accepted that all agencies involved would be interested, if not concerned, that this program would have a clear mission - and clear benefits - and that the process and the results would be under scrutiny. In addition to the innovative aspects which would be evaluated, the benefits for a broader population would be examined. The modular nature of the program allows for easy replication and transfer to other sites or other populations.

As noted in the "Overview" section, both the qualitative and quantitative (research) evaluations of the program indicate that its' objectives are being achieved. We invite your questions and comments on this program and its' methodology.