

## FACILITATOR'S CORNER

### REFORM OR RETRIBUTION?

By Sergeant Barbara Perry  
S.A.I.L. Coordinator

The ***Successful Achievements in Living (S.A.I.L.)*** Program was developed primarily as a result of SB1145. This law states inmates, who are sentenced to prison on a felony for one year or less will do their time in a local county jail. It was felt that each community, working together with the offender, could better determine what tools the offender needed and be more effective in providing needed opportunities for change. Jails were charged with developing programs to meet these needs.

It seems fitting that since the number of sentenced inmates has grown in Lincoln County, in part due to SB1145, that we take a look at what works and doesn't work in dealing with jail/prison inmates. The line between prisons and jails has blurred with the passage of SB1145 and it doesn't really matter any more if we talk about methods used to rehabilitate inmates in prisons or inmates in jails. They're virtually the same. In jail, the length of time the inmate stays, and thus the length of time to present a program, is often shorter.

There have been many methods, designs, and philosophies used in the U.S. to punish law-breakers and to rehabilitate them. Prisons were developed as a humane alternative to capital and corporal punishment. (Jails were and still are used –in part- as facilities to hold those awaiting trial or sentencing.) Those wanting reform and those wanting punishment have competed over the years, each holding prominence from time to time. America has experienced great hope and great despair when dealing with inmates. ***Does anything work?*** Our history of prisons and jails will give us clues to mistakes we should avoid as well as correctional methods that have promise. Let's take a look at what we can learn from our experience so far.

In the late 1700's imprisonment started being used as the major means of punishment. Prior to that, violators were punished with death, mutilation, branding, flogging, or banishment.

America's first prison, a wing on Philadelphia's Walnut Street Jail, developed the Pennsylvania System or "separatist system". Cells were built facing outside to small individual walled-in yards. Prisoners came to this jail to "do penance" (thus the word penitentiary). The leaders of that day thought that keeping the inmate in *total* isolation would give the offender nothing to do but think about their crime and repent. This repressive regimen was so austere, it was found that isolation

and silence contributed to mental distress and behavior problems. This defeated the idea of rehabilitation and was proven ineffective.

The Pennsylvania System had a rival called the Auburn System (Auburn, New York) also known as the “congregate system”. These institutions were built as foreboding, dreary places to emphasize to the offender their wrongdoing. Institutions built according to the Auburn System had inside cells that faced walkways. (This is the way many of our modern-day cellblocks are built in prisons and jails – in a line or linear design.) Inmates would eat and work together, but could not talk to one another (known as the silent system). Working together inmates could mass-produce products. Businesses in the Northern U.S. would “contract out” inmate labor to work in their factories. In the South and Western U.S. a similar “lease system” was used in mines, logging camps and plantations. Chain gangs were invented. To control large groups of inmates, officials felt they had to use harsh discipline. Striped uniforms were issued to readily identify inmates, and the “lockstep” was invented for control.

In the mid 1800’s the public rebelled over the harsh, punitive features of the Auburn System, and the abuses of convict leasing, and called for a more rehabilitation-oriented system. The Reformatory Era came into being and out of that grew a new prison system called the Elmira System (Elmira, New York). The Elmira System displaced both the Pennsylvania and Auburn Systems. This new system believed inmates could change, and offered religious and educational classes to help the inmate work toward early release. Good behavior (a forerunner of our current “good time”) was viewed as more important than having the inmate serve a fixed sentence. Similar thinking is found in the SB1145 law. An SB1145 inmate can serve part of their time in an alternative program in the community (such as treatment) if it is determined treatment is needed, and they are deemed a safe risk to serve their remaining “prison” time outside of jail. At this time America moved away from fixed or determinate sentences, as it appeared inmates responded to incentives to get out early. Measure 11 in Oregon and “three strikes” laws in other states have brought us back to fixed sentences.

The Elmira System changed how prisons were built to include classrooms and training areas. The prison had more of a campus-type look. Prisons built in the Auburn style found it hard to incorporate Elmira style thinking, as they were not suited for programs. There are still many Auburn style prisons in existence. They were (are) better suited for punishment. The foreboding, harsh Auburn style proved ineffective in rehabilitating offenders as they failed to allow for the human needs of prisoners. Harsh discipline and humiliation proved just as ineffective as isolation. The silent system, striped uniforms, corporal punishment, lockstep and chain gangs were phased out. The Elmira style prisons were found to be much more effective as they viewed the offender as a human being worthy of change. People respond much more positively if they are not beaten down emotionally or physically.

The first part of the 20<sup>th</sup> century saw some technological changes that improved living conditions, reduced tensions, and increased safety. Some of those changes were plumbing, steam heat and electricity. Medical care and sanitation improved. Some denounced that these reforms were coddling inmates, but it was proven that healthier prisoners, when safer and more secure, respond better to change.

Most aspects for modern correctional institutions were in place by the early 1900's. They were: 1.) Incarceration was/is the primary form of punishment. People are sent to jails and prisons as punishment, not for punishment. 2.) The offender should undergo a process of reform, but should not be degraded or exploited. 3.) Institutions should be clean, safe, and run by professionals.

By the 1930's a new movement was underway. There was an emphasis on individual inmate treatment based on what the science of penology determined was needed. This led to the Medical Model prevalent in the 1960's. The Medical Model was a theory that viewed criminals as having a physical disease. Prisons and jails were to diagnose the causes of crime in a person (alcohol or drug abuse, illiteracy, social immaturity, etc.) and prescribe a regimen to cure the illness. Many programs emerged from the Medical Model Era - Pre-release centers, home confinement, halfway houses and work/study programs. The focus on individual treatment took into account the social and criminal history of the offender, their personality, and unique needs. Everything was geared to prepare the inmate for release. The Medical Model was later criticized as coercive and encouraging deceit. Inmates had to take the prescribed treatment whether or not they wanted to. Knowing they would get out only when they exhibited good behavior & rehabilitation, some inmates engaged in con games to make it look like they had "seen the light".

Opposite the Medical Model was the Control Model developed in Texas in the early 1960's. In this model, all elements of an inmate's daily routine were tightly regimented. If the inmate failed to follow orders, they were placed in solitary confinement and given a work detail. The Texas Control Model brought a flood of lawsuits, and led the way for the judicial activism seen in the 1970's and 1980's. Prisons came under attack by inmate rights groups, scholars, judges and even prison officials. In 1974-75 Robert Martinson set off a national debate that "nothing works" (in corrections) when he wrote an article that treatment programs in a New York prison had not reduced recidivism. A few years later he backed off his implication that treatment programs were futile, but the debate about whether to offer treatment or not was well under way by then.

While the Medical Model was no longer popular with the public, there were scholars who wanted corrections to retain what was good from the Medical Model era. They advocated keeping treatment and education programs, and to have voluntary participation, not mandatory. If an inmate were motivated to

change and wanted to attend programs, they would benefit, as would their community. Officials abandoned rehabilitation that was forced and developed programs that would show the inmate how they could help themselves.

The post WWII era brought other changes in corrections. After riots occurred in institutions that were overcrowded and had few work details for inmates, it became apparent that long periods of idleness has a negative effect and is one of the major causes of unrest and tension. Work programs were emphasized.

Then, institutions learned by sending their worst offenders to one area, they could keep the worst problems localized instead of spreading them system-wide. This allowed them to loosen restrictions in other areas where the emphasis was on programming and treatment.

Next co-corrections brought an experiment in integrating male and female inmates. The idea was to have a more normal, less institutionalized social atmosphere to help the inmates reintegrate into society. It was also to give women equal access to programs. Integration proved difficult to manage. Research showed a tendency for negative sex-role stereotypes to be reinforced in both male and female inmates. Evidence showed male inmates exploited female inmates. Women did not appear to succeed as well in academics and training programs when placed with men. They had more success in institutions that were mostly or all women. By the early 1990's co-corrections was virtually abandoned.

Functional unit management emerged during the Medical Model era. It still remains as a very effective method of operation. The unit might specialize in a particular treatment but often houses general population inmates. It is set up as a semi-autonomous unit with its own managers and rules of operation. Staff are permanently assigned to the unit, which encourages increased interaction between staff and inmate, permits closer monitoring of inmate activities, faster response to inmate concerns, and gives better program results.

It is characterized by a podular housing style of two levels of cells surrounding an open common area. It has proven to be more therapeutic and less demoralizing, less expensive to build, and easier to supervise. Except for permanently assigned staff members, E Pod at Lincoln County is a functional unit in this design.

Other examples of less regimented institutional practices include more comfortable visiting rooms, TV's in common areas, and earphone jacks to listen to radio and TV. All have been tried in an attempt to normalize the prison environment, and encourage healthier community living to help prepare inmates for return to society. Along with effective programming and education, each of these adds their piece of the pie that contributes to an offender's knowledge, experience, and self-esteem. As learned earlier, a healthier inmate including

emotionally and mentally, is a safer and more secure inmate capable of better decision making.

Many criminal justice leaders today feel that prisons and jails must be decently considerate of human needs whether or not this will result in a better corrective effect. The treatment afforded the criminal offender is the key to the treatment every citizen should expect. Corrective systems must contribute effectively to everyday public safety and also help preserve basic rights that are meant for everyone to enjoy in a democracy.

Most administrators see that they cannot force or coerce change, but they can facilitate change, and many believe they have an obligation to offer programs that will help with change. We are fortunate at Lincoln County Jail in that our administrators see the value in programming and allow it to grow.

Under the Medical Model, rehabilitation was foremost. When the Medical Model was rejected, other goals of incarceration became equally important. They are incapacitation, deterrence, and punishment. They reflect the public demands for safer communities. At the same time, the public also wants jails and prisons to offer education, training, and treatment. This has become known as the Balanced Model approach and is currently where we are at today in corrections.

Let's sum up what we know to this point. The following have been tried and do not work in corrections:

- 1.) Isolation and sensory deprivation (little contact with other humans).
- 2.) Demeaning, dehumanizing, and humiliating inmates with physical punishment, striped uniforms, the silent system, lockstep, and chain gangs.
- 3.) The Control Model with harsh discipline and where institution life is tightly controlled.
- 4.) Forced rehabilitation where inmates are required to undergo programming.
- 5.) The Dispersion Model – dispersing the worst offenders to all areas causing more problems in each area.
- 6.) Co-corrections where females and males take classes together. Both sides are more focused on what they think their stereotype should be, than on problem solving.

**By contrast**, the following have proven effective:

- 1.) Functional Unit Management where: a.) Participation in education, training, and structured activities is encouraged and idleness discouraged. b.) There are permanently assigned officers, and c.) Programming and treatment are offered to facilitate change.
- 2.) Inmates are treated with respect and dignity and are not humiliated.

3.) Less rigid rules are in place to help the inmate develop good decision making skills, time management skills, and to learn how to be accountable for their actions.

4.) Participation in programming is voluntary.

5.) Use of the Concentration Model – placing the worst offenders in one area to focus resources for their humane, safe treatment, and to allow other areas more freedom to facilitate change with those who want to learn life skills.

The S.A.I.L. program at Lincoln County focuses on education and motivation. It is a program where inmates voluntarily apply, state their reasons for wanting in the program, and pass an interview by staff to be chosen as a student. About 50-55 inmates apply for each SAIL program; 25 are chosen to attend. Criteria for those chosen include a desire to improve, willingness to learn, good attitude and adherence to facility rules. Staff also look at who might benefit the most, and what needs some applicants have identified for themselves. In many cases, there are SAIL classes that provide information in those specified areas.

S.A.I.L. is a cognitive based program meaning we teach the students thinking skills – how to identify problems and thinking errors, and how to make better decisions. The program also focuses on holding oneself accountable for one's decisions and accepting responsibility for one's behavior. Once the student learns the tools, they can choose to use them – or not. Some choose to do so, some don't. Healthy change is seen in those who keep an open mind to absorbing the information, and who also choose to use the tools they have learned.

Research tells us that for every dollar we spend on programs and treatment, we save \$7.00 down line in reduced crime and health care costs. Studies show that about 25% of our inmates in prison are truly violent and need to remain in custody for the protection of society. The other 75% are locked up for non-violent crimes and technical violations of their probation and parole. 62% of this group lack a high school education. Many in the 75% group are good candidates for change. We know that long-term change comes when programs address the following:

- 1.) Educational assessment
- 2.) Parenting classes
- 3.) Life skills training
- 4.) Cognitive skills training - identifying thinking errors
- 5.) Accountability for ones actions and decisions.
- 6.) In-patient alcohol and drug treatment
- 7.) Extended out-patient treatment

S.A.I.L. is able to address the first five. The last two must be obtained on the outside.

Thus far we have graduated our 28 S.A.I.L. class. Total graduates now top 300 students. 23 have taken the program twice, and 4 who have been in jail for a lengthy time, have completed three full sessions. As we gather data for a formal evaluation, we notice some graduates have not returned. Others have. Some for less serious offenses and some return less often. Some are getting off probation or parole. These might be small steps, but they are steps in a positive direction.

If we view success on a line where the left side represents dysfunction, and the right side (re)-habilitation, then each small step to the right is a small success of it's own. Small successes become big successes.

S.A.I.L. isn't magic. It's working day by day, resolving tough issues, finding peace, and becoming whole. Those students who have discovered this are joining us in making our community a safer place in which to live. They are a part of us, and I am glad to have them on board. They are a talented group who have a lot to offer. Their life experiences and decisions to do better offer a powerful teaching lesson for anyone who has yet to conquer their barriers. Anyone of us can change for the better and many of us, staff and inmate alike, are doing just that.

After nearly 20 years in corrections and law enforcement, it is very satisfying to me to be a part of a culture change in a profession that is often thought of as authoritarian only. While we certainly have that role, we also have a teacher, parent, or mentor role. Treating people with respect and dignity, while at the same time holding them accountable for their actions, are not two mutually exclusive roles. The better we learn how to blend these two together, the more positive change we will see.

Good luck to all graduates as you travel your road to change. And, as always, my sincere thanks to all the administrators, volunteers, staff, Commissioners and Judges who support our efforts and help to make this program possible.

**Sergeant Barbara Perry**

Lincoln County Jail

Newport, Oregon