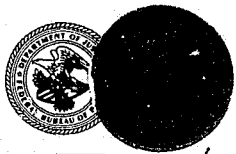


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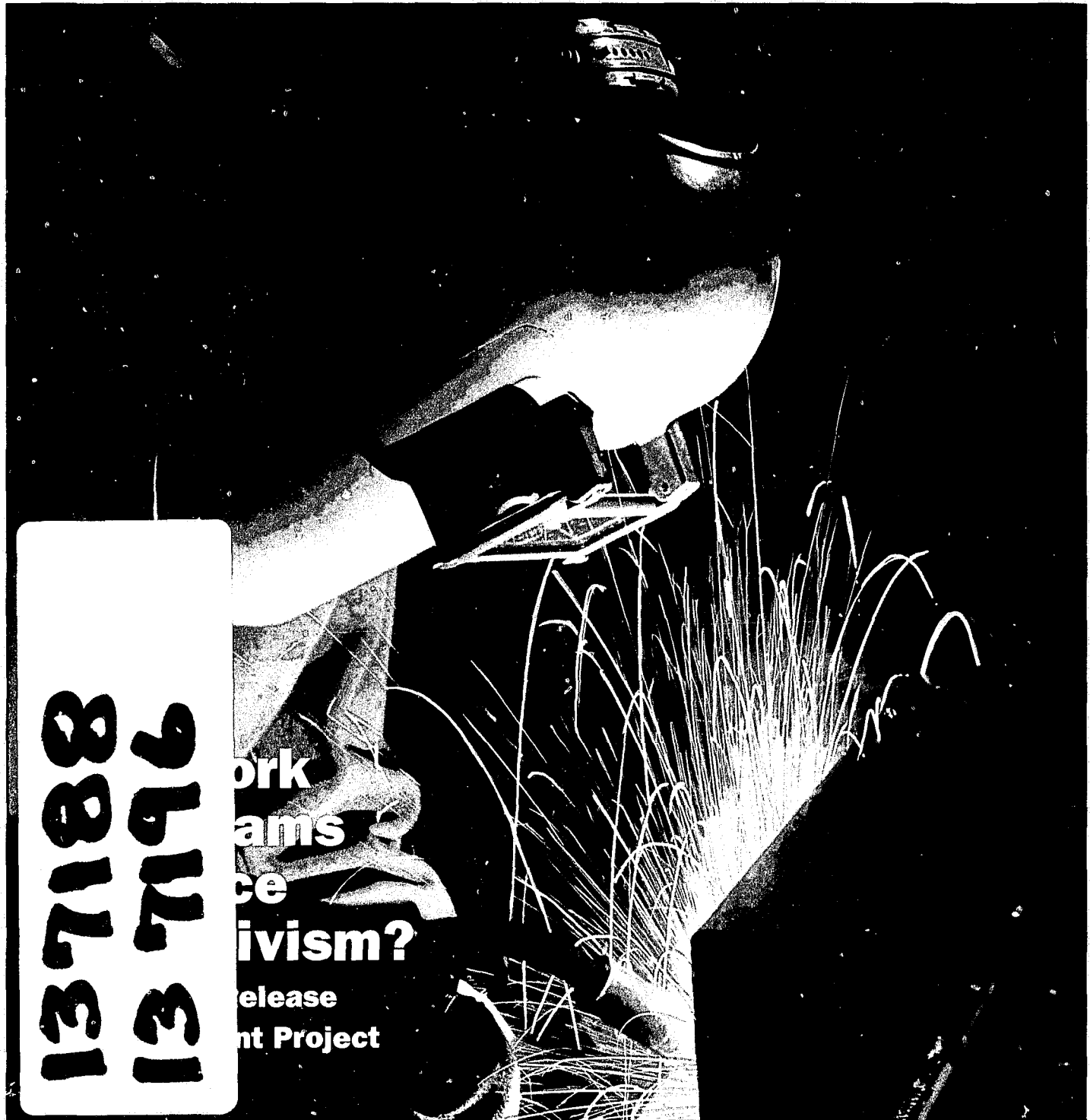


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# Fairton's CHOICE Program

## Developing a comprehensive drug abuse treatment unit

*Glenn Walters and John Dignam*

In the "war on drugs" there are many battlefronts: prosecution in the courts, interdiction at the borders, prevention in the schools, and values education in the home, to name a few. The Bureau of Prisons is currently engaged on two fronts. The first and most obvious campaign concerns the incarceration of drug offenders.

A second campaign has enjoyed an increased level of attention in recent years. Drug and alcohol abuse treatment for incarcerated offenders is nothing new in the Bureau of Prisons. However, the recognition of drug addiction as a major precipitant to crime as well as a serious public health problem has resulted in a reaffirmation and intensification of programming initiatives—one of which is the development of comprehensive drug abuse treatment units at selected Bureau of Prisons facilities (see Wallace, Pelissier, McCarthy, and Murray [1991] for a detailed description of these programs).

The comprehensive drug abuse treatment unit at the Federal Correctional Institution, Fairton, New Jersey, locally known as the CHOICE program, was the first to be developed in the Northeast Region of the Bureau of Prisons. Our primary goal was to establish a program that was consistent with policy guidelines, but also was unique, innovative, workable, and effective. The means needed to realize this goal extend well beyond program content. Organizational support, effective communication, training, and interdepartmental cooperation are also important. This article outlines our "recipe" for a successful comprehensive drug treatment program. As with all recipes, some ingredients are essential, others are important, and the rest are

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added to enhance or improve the flavor. We consider the following to be some essential ingredients for effective prison-based drug programming.

### **A coherent philosophy**

Efforts to develop drug programming initiatives for offenders have often failed because the programs lacked a coherent philosophy of practice, without which a prison-based drug program is doomed from the start. Thus, a great deal of effort was invested in formulating a philosophy of intervention during the early stages of the CHOICE program.

The CHOICE philosophy consists of four principal elements: responsibility, choice, cognition, and education. The CHOICE program rejects the "disease" concept of drug abuse in favor of a personal responsibility interpretation of "drug-crime behavior." Rather than being a victim of some mysterious disease, it is assumed that the drug-involved offender is an active decisionmaker who has opted for a lifestyle in which irresponsibility, self-indulgence, and disregard for the rules of society are emphasized, and social commitment, self-discipline, and lawfulness are not.

While respecting the fact that program staff have less than full control over the "reinforcers" in an inmate's life, the CHOICE program attempts to reward responsible behavior when it occurs. For this reason, participants receive credit for engaging in selected responsibility-strengthening activities, such as unit citizenship, good work performance, or assisting with the 40-hour drug education program.

Although home environment, family background, and peer relations help shape human behavior, they do not fully determine such behavior. Within the boundaries established by the conditions of one's life we select certain options and pursue opportunities. The CHOICE program's second philosophical underpinning therefore involves the issue of personal choice. In the case of drug-involved offenders these choices have led to a pattern of serious drug abuse and criminal behavior. Volunteerism, which has been written into the Bureau's policy statement on comprehensive drug abuse treatment programs, is therefore an essential ingredient in the future success of the CHOICE program; all current participants in the comprehensive residential program are volunteers. Voluntary participation carries the message that while the criminal justice system may have the power to remove a person from society, it is the individual who chooses to change. Without this initial sense of "ownership" of the decision to change, programming efforts will probably be met by opposition and resistance.

A third cornerstone of CHOICE is cognition, or thinking. It is a premise of the program that drug and criminal lifestyles survive on a diet of half-baked, erroneous, and faulty beliefs. Program interventions are designed to teach



Christopher Bing

participants the skills they need to evaluate and challenge old thinking patterns and replace them with a more rational system of thought and understanding. CHOICE-based interventions focus not only on improving a participant's decisionmaking capabilities, but on confronting thinking patterns that promote negative lifestyles.

The fourth cornerstone is education. Consistent with our rejection of the disease model, the CHOICE program emphasizes education and deemphasizes treatment. Drug-involved offenders are seen as persons who have made self-destructive choices, not because they were sick, but because they lacked accurate information about themselves and their environments. Participants are instructed in basic social, coping, and cognitive skills; if properly implemented, these will allow them to lead more productive and satisfying lives. The rejection of treatment terminology may also make the CHOICE program more palatable to inmates, who often resent having "therapeutic" techniques and procedures "forced" on them. Theoretically, this can also give inmates a greater sense of "ownership" of what we hope will be their future successes.

### Holistic program modules

A second essential ingredient for effective drug programming is the inclusion of program modules that address more than just the issue of drug abuse. CHOICE staff view drug misuse as the symptom of a more generalized lifestyle problem. Hence, the focus of the CHOICE program is on challenging drug-seeking behaviors and attitudes, as well as the criminal lifestyle that has directed much of the individual's past behavior. Lifestyles incorporating such factors as wellness, responsibility, and effective decisionmaking, which are



*Left: CHOICE program staff—Diane Whitaker, Pamela Dairsow, James Cianciulli, Sheila Dial, Dr. Glenn Walters, Paul Rothbaum. Right: The first CHOICE program graduating class.*



*Photos courtesy CHOICE Program*

more conducive to long-term success and happiness, are also examined within the context of CHOICE program discussions.

### Individualized programming

Individualized programming is a third ingredient put forth in Bureau policy on comprehensive drug treatment programs—after all, no two inmates are alike. In addition to individualized counseling, several other features of the program recognize a participant's individual needs:

- After a mandatory introduction to drug and criminal lifestyle issues in the program's "lifestyle" component, inmates are channeled into one of two primary tracks—criminal lifestyle or drug lifestyle—based on a continuing assessment of their characteristics and needs. Although there is a high degree of overlap between these two lifestyles, a growing body of research suggests that the drug and criminal lifestyles can be reasonably well distinguished.

- The "responsibility" component also provides for individual variation between participants; inmates can choose from seven different activities in fulfilling their "responsibility" obligation.

- Finally, 150 of the 500 credit hours required for graduation are in elective areas, allowing further individual programming.

### The unit concept

Research has shown "therapeutic communities"—which attempt to mobilize positive peer influence by holding large group meetings and housing participants together—to be reasonably effective in modifying the behavior of offenders who may have abused drugs and alcohol in the past. Evidence suggests that the therapeutic community approach owes much of its success to the communal feelings created when persons involved in the same treatment program are also housed together. This peer support and cohesion may inoculate certain participants against the negative influences commonly found in a general inmate population.

Of course, a unit-based drug program may generate problems of its own (formation of unhealthy alliances, gossip within the unit, overfamiliarity with treatment staff), although many of these problems would likely occur regardless of whether participants are housed in a

single unit or spread throughout the institution. Many of the problems and issues created when inmates enrolled in a drug program live on the same unit can serve as "appetizers" for future counseling discussions.

### Organizational support

The success of any drug program depends on the support of the entire institution. From line staff to department heads to the administration, organizational support is an essential ingredient for effective drug programming. An early goal was the establishment of effective lines of communication between CHOICE staff and the administration and other departments at FCI Fairton. Certain features of program development involved unit staff from the beginning, including the delineation of goals, procedures, and policies. In fact, the unit citizenship board, which determines the number of citizenship credits to be awarded to each inmate based on that inmate's unit adjustment (i.e., cell sanitation, obeying the rules), will include the program coordinator, one or more drug treatment specialists, the unit manager, unit counselor, and unit officer. Furthermore, CHOICE staff participate in selected unit activities (e.g., sitting on unit teams) in an effort to kindle feelings of mutual support between unit and program staff.

### The future of drug programming

Drug programming is expanding at a tremendously rapid rate in the Bureau of Prisons. While there is great potential for developing a system of programs that could serve as a model for prison-based drug treatment, a hidden danger exists. Unless individual programs consider the ingredients discussed here, there is always the possibility that the

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resulting "recipes" may look appetizing on the surface, but do not satisfy the need for effective and enduring results. Completion success should ultimately be measured using both short-term (graduation, disciplinary adjustment in the institution) and long-term (drug and criminal activity following release) criteria.

It is too early to determine whether the CHOICE program is capable of generating such desirable outcomes. In our view, however, the essential ingredients are present and the possibilities for genuine success clearly exist. ■

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## Alaska *from page 46*

fountain and urinal are located approximately 200 feet from the administration building. In other words it is necessary to dress properly before venturing forth."

The end of the Bureau's operation of the Alaska Jail System came gradually, after Alaska became the 49th State in January 1959. The new State organized a Department of Health and Welfare, which had responsibility for corrections, and its director, Paul Winsor, cooperated with the Bureau toward eventual State control of the jails. Unsurprisingly, there was much confusion and delay in a transition that was far from simple. Some of the jails, for instance, were in the same buildings as Federal agencies or courts, making jurisdictional separation difficult. The jail at Juneau had been condemned and the bush jails were still very poor.

The target date for State takeover of the system was February 20, 1960. Paul Winsor later wrote to Attorney General Robert Kennedy to say gratefully that the changeover "from the Federal administration of the Alaska Jail System to a State-operated system could well have been impossible had it not been for the outstanding effort and understanding of our problems by Mr. Bennett, Director of the Bureau of Prisons, and his staff." ■

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