Phoenix Program Evaluation

Contents

Acknowledgments

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Introduction

The Phoenix Program evaluation began in August 2007 with stakeholder consultations and a brief literature review in order to develop the semi-structured interview schedule. Qualitative interviews were completed in September 2007 and a more thorough literature review continued as Phoenix Program documentation was reviewed and stakeholders were consulted further for their program-delivery knowledge.

The aim of this report is to document and evaluate the Phoenix Program located within Cessnock Correctional Centre against the four common components of effective AOD treatment as identified by Moos (2007, pp. 115~116) by conducting a literature and document review, comparing recidivism rates and by interviewing Phoenix Program participants and Phoenix Program AOD counsellors.

DCS and the National Drug Strategy

Australia's current National Drug Strategy (NDS) [1] has been operating since 1985. NDS was created with bipartisan political support and involves co-operative ventures between the Commonwealth, State and Territory governments and the non-government sector to implement a comprehensive and balanced approach to the reduction of supply, demand and harm associated with the use of alcohol and other drugs (AOD). The estimated cost of AOD-related crime to the Australian community ranges from $1.96 billion to over $4 billion per year (Prichard and Payne 2005, p.1) and this necessitates various prevention and intervention strategies.

The NSW Drug Summit 1999 and NSW Summit on Alcohol Abuse 2003 linked harmful AOD use and its effects with anti-social behaviours and criminal offending in the NSW community. The NSW state government contributes to furthering initiatives against hazardous, harmful or dependent AOD use and its consequences to make NSW a safer and healthier environment. The 2006 NSW State Plan (p.7) has set a target for 2016 to:

- reduce property crime by 15%
- reduce violent crime by 10%
- reduce re-offending by 10%

The NSW Department of Corrective Services (DCS) has been commissioned with the responsibility of reducing re-offending (p.139), and the State Plan further encourages:

> *... finding new and more effective ways to reduce rates of re-offending. Falling crime rates can be reduced still further by better addressing the causes of re-offending.* (p.25)

[1] The National Drug Strategy was originally called the National Campaign Against Drug Abuse

To this end, DCS along with other state agencies are committed to redress the impact harmful AOD use has on NSW communities.

A history of harmful AOD use in inmates is a significant contributing factor associated with their initial contact with DCS as well as any future recidivism.

Butler and Milner (2003) reported "60% of both women and men were under the influence of drugs or alcohol at the time of offending for the current imprisonment" among the 914 inmates surveyed in NSW prisons in 2001. They also reported that 53% of the males had a history of injecting drugs, and 63% of them had done so in the past 12 months (p.120). Therefore a change in harmful AOD use in inmates needs to occur in order to reduce recidivism rates. This can be facilitated within the DCS environment – as outlined in the DCS mission and vision statement (2006 p.11) – through quality correctional services underpinned by the principles of:

- professionalism and quality in service delivery
- continuous organisational improvement
- integrity, transparency and accountability in the lawful conduct of departmental business
- open engagement with the community
- regard for community safety and public interest

DCS provides treatment and rehabilitation opportunities for inmates wishing to address their criminogenic risk behaviours. The AOD programs delivered within DCS are funded by NDS and DCS. The Phoenix Program also receives funding from the NSW Drug Summit Budget to employ an AOD program co-ordinator. Justice Health provides health services such as the supervised Methadone Maintenance Treatment program to stabilise inmates with a history of harmful heroin use. AOD programs delivered by DCS within the Offender Programs Unit are therefore 'part of the mix' of strategies and services across Australia. DCS AOD programs adhere to the "supply reduction, demand reduction and harm reduction strategies [of the NDS] in order to minimise the harm to individuals and the community resulting from alcohol and other drug use" (DCS 2006, p.34). The content and structure of these AOD programs are required to conform to the DCS Accreditation Strategic Framework and the Australian Offender Program Standards. This means that the content and structure of these AOD programs within DCS must be consistent with evidence-based methodology and techniques, and this underpinning also informs the methodology of this Phoenix Program evaluation.

Evaluation Methodology

The delivery and implementation of the Phoenix Program was examined against how it was intended to be conducted. The methodology underpinning this report is based on guidelines published within *Principles for Evaluating Community Crime Prevention Projects* (Attorney-General's Department 2002) and the qualitative research technique of phenomenography.

The research approach is a combination of goal-based and illuminative evaluation models. The goal-based approach focused on obtaining information on the extent to which the objectives of the program have been attained, and the illuminative approach provides an understanding of the complexity of the Phoenix Program via a portrayal of the experiences of the Phoenix Program AOD counsellors and participants. Phenomenography theory aims to explain their experience of the Phoenix Program. The six research aims are:

1 **What is the Phoenix Program, and how does it compare against current literature on evidence-based efficacy in reducing hazardous, harmful and dependent alcohol and drug use?**

2 **What is the recidivism rate for the Phoenix Program?**

3 **What is the structure and goal of each module within the Phoenix Program?**

4 **What types of support is there for inmates within the Phoenix Program?**

5 **What are the rewards and rewarding activities within the Phoenix Program?**

6 **What are the self-efficacy and coping skills taught within the Phoenix Program?**

These six research aims were addressed by a triangulation of data from these sources:

- literature review
- qualitative interviews
- recidivism rates
- Phoenix Program documentation
- Phoenix Program application forms
- Phoenix Program discharge summaries

All inmate interviews and inmate document reviews occurred by stratified random selection in order to maintain inmate privacy, and all information reported has been de-identified to ensure anonymity. Support and ongoing consultations with various stakeholders within DCS was sought in order to better inform this evaluation and reporting process. The data collection procedures are presented below.

Literature review

A literature review of AOD therapeutic communities informed the questions within the semi-structured interview schedule for Phoenix Program participants and Phoenix Program AOD counsellors. Literature was selected from peer-reviewed publications that address harmful AOD use and offender populations within the Australian, New Zealand, UK, Canadian and US social contexts. The literature review offers current evidence-based methods in effective AOD treatment and counselling for offenders

within TCs. This evidence enabled an informed understanding of how the Phoenix Program performs within the six research aims underpinning this evaluation.

Qualitative interviews

Phoenix Program AOD counsellors (two current staff members and one former staff member) were interviewed, as well as eight current participants and four post-participants of the Phoenix Program. Selection of Phoenix Program participants occurred by stratified random selection. After the consent form was read out and a verbal agreement was received, the qualitative interviews began. The interviews were taped and transcribed for analysis with a thematic coding program called Weft QDA. The analysed experiences of the Phoenix Program participants and Phoenix Program AOD counsellors are reported within the six research areas.

Recidivism rates

DCS maintains statistics on inmates, and it is possible to calculate the recidivism rates of those who return to custody after being released. By investigating an earlier cohort of Phoenix Program participants against a similar DCS average, a possible benefit of the Phoenix Program may be estimated. This evaluation proposed comparing the 2004 cohort of Phoenix Program participants who were released between January 2005 and June 2005 against the overall DCS male recidivism rates calculated between January 2007 and June 2007.

Phoenix Program documentation

An overview of the Phoenix Program is presented in sequential order obtained from existing documentation.

Phoenix Program application forms

Additional qualitative data was sampled from selected areas within documentation held within the Phoenix Program. By taking a random sample of the available Phoenix Program 2005 intake participant application forms, another layer of rich data was applied to the six research aims being evaluated. The Phoenix Program application form questions identified as possible sources of qualitative information were:

- *Why do you need to attend this service?*
- *What have I heard about Phoenix?*
- *What benefits do you hope to gain from completing this program?*
- *What is involved in doing this program?*
- *Do you understand what may happen if you did not complete it?*
- *What do you know about the 12-Step Programs of AA / NA / GA?*
- *What is your solution to your drug / alcohol problem and why?*

- *How did you come to that solution and why did you not use this solution in the past?*
- *In your own words, why should you be the one chosen to go onto The Phoenix?*

Eleven application forms from 2006 and 2007 were located still 'on file'. A sample of five application forms was drawn. In an attempt to construct a useful sample, the eleven questionnaires were divided across five groups based on age and whether the participant self-reported receiving methadone maintenance treatment or other medications from Justice Health. Only one application form was drawn at random from each of those five distinctive groups.

All identifying features were then removed from the application forms. The application forms were then assignment a code number to further ensure inmate privacy. The nine questions from the application forms (identified above) were then coded for themes and analysed.

Phoenix Program discharge summaries

The Phoenix Program inmate discharge summaries provide another rich source of qualitative data from past-participants. Phoenix Program AOD counsellors have documented the attendance, contributions and achievements of participants within each Phoenix Program module.

Twenty discharge summaries from 2005, 2006 and 2007 were located still 'on file'. A sample of eight application forms was drawn. In an attempt to construct a useful sample, the 20 questionnaires were grouped by demographic characteristics.

The initial demographic characteristics available were: two young adult offenders; two Indigenous Australians; and two inmates with Pacific Islander background. One summary was selected at random from each of these groups. There were also five people from a non-English speaking background. One discharge summary each was selected from the Middle-Eastern group and the south-east Asian group. The remaining nine discharge summaries were arranged in chronological order by MIN, and then split into three groups. One discharge summary from each of these groups was selected at random. A total sample of eight discharge summaries were then de-identified and assigned a code number to ensure inmate privacy.

Within this sample of eight discharge summaries, themes for pre-release and post-release plans were coded across the four core components and the other non-core programs. The core components consist of Relapse Prevention (Life Skills 1), Building Better Relationships (Life Skills 2), Breaking Barriers to Change (Life Skills 3) and Anger Management (Life Skills 4).

Literature Review

A one-page summary from this review of the "What Works" evidence is located on page 21.

Overview of AOD use and Offending

The inter-relationship between AOD use, physical and mental health, social integration, offending and re-offending are of concern to DCS. Collins and Lapsely (2002 reported in Makkai and Payne 2005, p.153) estimated that between 37 and 52 per cent of offenders self-report a direct causal link between their use of drugs and subsequent criminal activity. The confluence of these determinants for criminogenic risk are represented in research series such as DUMA and the Illicit Drug Reporting System, and minimum data sets such as the National Diversion Minimum Data Set and the Alcohol and Other Drug Treatment Services National Minimum Data Set[2].

Since the 2001 heroin drought, urinalysis data from adult male police detainees in Bankstown and Parramatta charged with an offence depict an averaged rate of approximately 55 per cent and 65 percent respectively for testing positive for any drug[3] (cf. DUMA 2006). DUMA 2006 also reports high proportions of the Bankstown and Parramatta adult male police detainees who had an offence charge in 2005 and who tested positive for any drug also self-reporting a previous offence charge (65% and 64% respectively) or stay in prison (17% and 30% respectively) *in the previous 12 months* (pp. 49 and 89). The BOCSAR Recorded Crime Statistics Quarterly Update September 2007 reports the 24 month period trend for recorded criminal incidents (drug offences) were mostly stable apart from possession and/or use of amphetamines (up 16.2%) and possession and/or use of other drugs (up 12.1%). The 24 month period trend for recorded criminal incidents (against justice procedures) were mostly stable apart from breach bail conditions (up 28.4%) and fail to appear (up 12.8%). Couched within these results is the fact that drug supply and drug demand still occurs within the prison environment in NSW (cf. Kevin 2005 and Butler 2001) despite interdiction and other efforts which attempt to alter what has become a long-term biopsychosocial and medical issue for many inmates:

> Drug dependence is a chronic relapsing condition, and individuals vary in their stage of change and the rate with which they progress between stages. There is considerable co-morbidity between drug use disorders and other mental disorders, but there is very little research evidence as to effective treatment for people with both mental health and drug use problems." (Gowing *et al*. 2001, p.x)

Overall, these statistics indicate a rising impact on DCS resources due to a correlation between AOD use and re-offending, and the need for AOD interventions to reduce offending and recidivism rates as required by the current NSW State Plan.

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[2] Services based in prisons and other correctional institutions are not included in the coverage of this minimum data set; closed treatment episodes due to imprisonment are collected

[3] "Any drug" here means testing positive for: methylamphetamine, benzodiazepines, cannabis, cocaine or heroin

Determinants of Recidivism

Recidivism is often imprecisely defined, and surrounded by confused research methodologies (Department of Justice 2007, p.8). Post-release mortality and post-release interstate and overseas relocations, among other nuances, need to be included in the methodology for calculating recidivism rates. The 'golden rule' for recidivism across different international jurisdictions is 50 to 75 per cent – "no matter what you do" (Maruna 2007, p.8).

Measuring success during the stages of post-release integration and aftercare needs to move beyond only measuring recidivism and towards "incorporating small gains and progress rather than only reoffending" (Borzycki and Baldry 2003, p.4) are documented for further service delivery improvements. The determinants of recidivism are explained by the Social Exclusion Unit as a combination of these two vectors (*cf*. Social Exclusion Unit 2002 reported in Borzycki and Baldry 2003, p.2):

1 poverty, poor education, unemployment and poor physical health
2 alcohol, drug and mental health issues, intellectual disability and poor social and communication skills

Drug users, and particularly those who inject both opiates and psychostimulants, are at greater risk on a range of adverse crime and health outcomes (Dark *et al*. 2002; Anglin and Wugalter 1995 – reported in Freeman and Donnelly 2005, p.10; Ramsay 2003, p.43). Freeman and Donnelly found that missing program appointments and testing positive to both stimulants and opiates "were identified as being independently predictive of subsequent offending" (2005, p.10). Prendergast *et al*. found that prison-based TCs combined with post-release aftercare "has a positive impact on post-release recidivism" (2001, p.64). For every 100 persons in methadone maintenance treatment for one year there is a estimated reduction of 12 robberies, 57 break and enters and 56 motor vehicle thefts (Lind *et al*. 2004, p.8). Therefore aftercare support and "seamless delivery … of drug treatment to ex-prisoners" is needed in order to reduce recidivism (Ramsay 2003, p.149).

Definition of a Therapeutic Community

TCs began in England after World War II to assist returning servicemen with what is now termed as post-traumatic stress disorder. The first TC was established by the British army at Northfield Hospital, and the focus of treatment was "full participation of all its members in its daily life and the eventual … re-socialisation of the neurotic individual for life in ordinary society" (Main, 1989). The first example of a TC tailored towards AOD issues is Phoenix House in New York City. It was started in 1967 by a dozen males who pooled their money to rent the top floor of a residential building after their discharge from a medically supervised heroin detoxification unit (De Leon 1984, p.1). The first Australian AOD TC is We Help Ourselves which was established in NSW in 1974 (Gowing *et al*. 2002, p.40).

The World Health Organization defines AOD TCs as structured residential rehabilitative environments characterised by individuals with psychoactive substance use disorders confronting their AOD problems while receiving support from staff and

peers (WHO 2007). There is also an expectation of voluntary participation in mutual-help groups such as Narcotics Anonymous coinciding with, and being integral to, the AOD TC (*ibid*.).

There are two general TC models. The UK model is based on equality and shared equity (the Maxwell Jones TC), and the US model is based on earning the honour of trust within a hierarchy (the Hierarchical Concept-Based TC) (Vandevelde *et al*. 2004). TCs are traditionally characterised as having program stages with prescribed points of expected change as participants move within the "organisational structure and planned activities of the model" (De Leon 2000, p.193). According to De Leon (1995) the generic TC model is comprised of:

- a community environment
- community activities
- peers as role models
- structure
- phase format
- work as therapy
- education

The TC program is structured around peer encounter groups, awareness training, emotional growth training, planned treatment duration and continuity of care (Prendergast *et al*. 2001, p.66). These TC elements are based on the recovery assumptions of self-help, motivation and social learning (De Leon 1984, p.2). TCs view drug use issues as a "disorder of the whole person involving multiple areas of functioning [where] the problem is the person, not the drug" (p.2) and where success is seen as a correlation between the amount of time in the program and post-treatment success (p.vi). TCs are designed to run concurrently with participation in a 12-step program. Ramsay lists the three main stages of 12-step program therapeutic activity as preparation, action and consolidation (2003, p.98) which neatly matches the Prochaska and DiClemente stages of change model. The stages of change continuum starts at the pre-contemplative stage where an individual is not aware of behaviour-change benefits, and ends at the termination stage where former problem behaviours are now no longer desirable.

Overall, there are four related theories for behavioural therapies in action within a TC:

- motivational interviewing and motivational enhancement therapy
- twelve-step facilitation treatment
- cognitive-behavioural treatments and behavioural family counselling
- contingency management and community reinforcement

(Carroll and Onken 2005, pp.1453~1456; Moos 2007, p.109).

Prison-Based Therapeutic Communities

Therapeutic communities (TCs) can be a successful AOD intervention model for pre-release prison-based populations. Prison-based TCs are more successful when compared to community-based TCs. A Cochrane systematic review of seven

randomised controlled trials of TCs, two of which were prison-based TCs, found "little evidence that TCs offer significant benefits in comparison with other residential treatment" (Smith *et al*. 2006). Prison-based TCs however, showed some change in inmates post-release and indicated that "prison-based TCs may be better than prison on its own … to prevent re-offending post-release for inmates" (*ibid*.). There appears to be a relationship between an effective TC and controlled and supportive environments:

> "Good-quality treatment can be effective in reducing reoffending, particularly when it is of adequate length, meets individual needs and, above all, is followed through by aftercare, both in prison and following release. The need for high-quality, seamless aftercare is an important issue for both the prison and probation services, together with the wide range of other relevant organisations." (Ramsay 2003, p.vi)

This integration of treatment services and supervision within a controlled environment produces change. Freeman and Donnelly (2005, p.9) also found that Drug Court of NSW clients who had no sanctions, or who had sanctions which were waived due to increased program compliance, faired better with program compliance than those with sanctions exclusively.

Well-developed and supported programs delivered within the prison environment aim to reduce costs associated with harmful drug use, and positively benefit the wider community in the longer term. In order to measure this effect, it is worth noting the benefit of including an evaluative process when designing a TC as Farabee *et al*. highlighted how better programs *could have been* created had they been "developed in conjunction with formative process evaluation" (1999, p.160).

An example of a failed pre-release intervention is the New York State Department of Corrections Project Greenlight. A total of 735 male inmates across three treatment groups were studied. The control group received no intervention while the 344 inmates in Project Greenlight received eight weeks of pre-release training and assistance. The one-year post-release recidivism rates were dismal: the control group recorded the lowest recidivism rate while Project Greenlight participants recorded the highest rate (Project Greenlight 2006, p.94). Failure was attributed to larger class sizes (26 people instead of 12), a compressed program duration and delivery (daily classes for eight weeks instead of twice-weekly classes for four to six months) and enforced prison transfer and coerced participation (Wilson 2007, p.5). The lesson from Project Greenlight, and espoused elsewhere, is that "an examination of the protective factors that can help prevent prisoner reoffending … can assist in offender reintegration" (Borzycki and Baldry 2003, p.5) and deliver a better overall effect. Adhering to peer-reviewed research and theory is vital.

Successful Elements of a Therapeutic Community

The successful elements of a TC can be summarised as a long-term self-supporting environment based on mutual-agreement. The successful elements documented in peer-reviewed literature indicate that TC programs should be underpinned by research (Altschuler *et al*. 1999, p.17), and cast as a complete treatment environment where

transformations in "behaviour, attitudes, emotions and values are introduced and inculcated" (Martin *et al*. 1999, p.297). Holistically, the TC must focus on the "factors that predate both offending and drug use" (Makkai and Payne 2005, p.165) and a broader consideration of the factors behind intergenerational crime and ill-health where "post-release interventions should encompass specific interventions that [also] target the children of offenders" (*ibid*.). Young people are at a greater risk of problematic drug use when parents and caregivers practice ineffective parenting, create a chaotic home environment, engage in criminal behaviours and when parents and caregivers also engage in problematic illicit substance use (Robertson *et al*. 2003, p.8). Moos (2007, p.118) summarised the successful elements which protect young people from progressing towards problematic substance use as:

- bonding, goal direction and monitoring from family, friends, religion and other aspects of traditional society
- participating in rewarding activities that preclude or reduce the likelihood of substance use
- selecting and emulating individuals who model conventional behaviour and shun substance use
- building self-confidence and effective coping skills

These are the same elements that are typically delivered and reinforced within TCs.

The Active Ingredients within Therapeutic Communities

Moos (2007, pp. 115~116) identified the elements needed within a TC to deliver results as:

- support, structure and goal direction
- rewards and rewarding activities
- abstinence-oriented norms and models
- self-efficacy and coping skills

Successful programs also offer larger amounts of meaningful contact and multimodal behavioural and skill-oriented treatment, and were longer in duration (Altschuler *et al*. 1999, p.17). Walsh *et al*. found that treatment delivered closer to the end of an inmate's sentence offered a better effect while minimising "deterioration or frustration effects following treatment" (2007, p.612). More successful programs are also longer in duration (cf. Gowing *et al*. 2002).

Importantly, TC participants also value "structure and goal orientation as key ingredients of treatment, and they emphasise the value of bonding and confiding with peers, sharing feelings to increase the sense of community and self-confidence, being recognised and obtaining rewards for achieving treatment goals, learning specific coping skills for avoiding substance use, and relying on the structure of treatment to occupy their time and help them develop alternatives to substance use" (Lovejoy *et al*. 1995, and Moos 1997 – reported in Moos 2007).

Other Influencing Factors

Due to the nature of substance use and criminogenic risk factors, a TC cannot be viewed in isolation as many other factors are 'in play'. External influences such as: Justice Health offering supervised pharmacotherapy treatment within NSW Correctional Centres; the nature of the sentencing requirements; and the custodial environment all have an influence on each TC participant. These external factors can positively influence a successful TC program. Carroll and Onken noted a greater program efficacy through combining behavioural treatments with pharmacological treatments (2005, p.1457), and a positive prison environment where there are meaningful and healthy activities such as paid employment, work-skills training and sports which can reduce the workload of prison staff (Prendergast *et al*. 2001, pp.74~75).

Incentives for Therapeutic Community Participation

Prison-based TCs have the ability to offer an alternative (and socially acceptable) view of what an inmate is (Pan *et al*. 1993 – reported in Prendergast *et al*. 2001, p.67) due to the positive effects on inmate behaviours as TC participants focus on their interpersonal, communication and conflict resolution skills. The motivations and incentives for people to join a TC program were identified by Treloar *et al*. (2004, p.xii) within the personal, interpersonal, organisational and social domains in their literature review. These correspond respectively to:

- people wanting to have more control and quality in their lives
- concern about the impact of drug use on others
- support from family and friends
- provision of non-threatening and low threshold services with pharmacotherapy, travel and court diversion support
- a change in community attitude
- a reduction in stigma and discrimination

Participants also recognise the importance of cognitive changes and value changes linked to greater self-efficacy and coping skills, particularly when "changes that involve more support from family members and friends" (UKATT Research Team 2006 – reported in Moos 2007) are part of 'the package' of attending a TC.

Barriers to a Successful Therapeutic Community

Barriers for TCs can be generalised as unsuitable expectations of the participants and the AOD counsellors. The barriers for inmates entering a TC, apart from an individual being assessed as pre-contemplative on the Prochaska and DiClemente stages of change continuum, have been identified within the personal, interpersonal, institutional and societal domains by Treloar *et al*. (2004, p.xii) as:

- an individual not being ready
- opposition from an individual's sub-cultural network
- waiting times

- costs and lack of appropriate services
- social stigma

For TC counsellors and developers, the barriers to implementing effective programs have been identified by Farabee *et al*. (1999, p.160) as:

- client identification and referral
- recruitment and training of treatment staff
- redeployment of correctional staff
- over-reliance on institutional versus therapeutic sanctions
- aftercare
- coercion[4]

Regarding the final issue of coercion into program enrolment, Farabee *et al*. (1999) noted Grendreau's 1996 review of effective correctional programs which found positive reinforces outnumbered punishers by at least four to one (p.158). Any of these barriers for TC workers and developers within a prison environment can impact on participants progressing through an acceptable TC channel. As remediation, Farabee *et al*. (2007) point to TC staff being involved in the selection of new participants (p.152), awareness training for TC staff of the conflicting goals of corrections and treatment (p.153) and guarding against the destructive effects of TC staff turnover (p.155).

Prison-Based Therapeutic Communities and a Throughcare Continuum

It is important to enable the progress made within a prison-based TC to flow through into other support services and interventions, and assist with reintegration into the community. It is also important to avoid releasing TC participants into "what is typically an antisocial, non-productive setting" (Martin *et al*. 1999, p.299) whose retrograde effects undermine the previous gains. Inmates experience difficulties moving from a structured custodial environment to living in the community post-release (Callan and Cox 2005), and given the longstanding and complex nature of inmates' drug use coupled with the determinants of recidivism, "a continuum of primary, secondary and tertiary TC treatment corresponding to sentence mandates" (Martin *et al*. 1999, p.312) is needed. The Queensland Department of Corrective Services (Callan and Cox 2005) identified their AOD program continuum model:

- beginning with an individual needs assessment
- delivering core modules and workshop modules; and
- finishing with a module incorporating a transition to release preparation plan with plans for a maintenance program

Providing 'life skills' and linkages to community-based support for ex-offenders (*ibid*.), and "providing TC-oriented treatment programs … has a positive impact on post-release recidivism, particularly when combined with aftercare in the community"

[4] It should be noted that DCS does not coerce inmates into the Phoenix Program as there is a limited number of places available, and the Phoenix Program AOD counsellors screen, interview and select suitable participants.

(Prendergast *et al*. 2001, p.64). A continuation of co-ordinated TC program delivery for a prison-based primary TC close to release becomes even stronger through a secondary work-release TC and a post-release tertiary TC with heavy reliance on mentoring and ongoing personal support to guard against recidivism (Rossman 2001; Prendergast *et al*. 2001, p.67; Martin *et al*. 1999, p.299, p.312 and p.317).

Barriers to Maintaining the Benefits of Prison-Based Therapeutic Communities

If prison-based TCs are effective in achieving their objectives, what are the barriers for inmates maintaining the beneficial effect? The UK Home Office report (Fox *et al*. 2005) identified key aftercare issues as:

- evaluation and monitoring
- needs-led-support
- providing support with housing issues
- engagement of hard-to-reach groups
- maintaining engagement and motivation in the community
- managing risk in the community
- commissioning and funding

Holmes *et al*. and Rossman *et al*. (reported in Rossman 2001) identified the barriers to co-ordinating prison and community-based services as:

- anticipation of rejection by service agencies based on prior difficulties negotiating system requirements
- desire to deny the reality of their at at-risk behaviours or their need for medical or mental health intervention
- distrust of providers or services, and "poor decision making and often irresponsible choices"

Farabee *et al*. (1999) identified community-based providers being reluctant to admit ex-inmates especially those convicted for violent or sex offences, and that only a "minority [of ex-inmates] volunteer to continue with these services once they are no longer required to do so" (*ibid*.). To counter these barriers, timely assessments, consistent collaboration in aftercare planning, comprehensive referral systems, timely access to clinical assistance, and maintaining engagement and motivation are needed at the point of release (Fox *et al*. 2005) as part of the reintegration package, and to address the determinants of recidivism.

Post-release integration and aftercare requirements

Maintaining the benefits of participating in a prison-based TC requires post-release integration and aftercare services. Therefore, planning and preparation is required by parallel services within the corrections environment (Altschuler *et al*. 1999) before inmates are released into aftercare, and before "individuals … become overwhelmed

if confronted with a range of reporting requirements following release" (Borzycki and Baldry 2003, p.4).

Best practice for integrative aftercare planning requires an intensification in levels of contact which focuses on the whole person and the overlapping networks of family and friends (Altschuler *et al*. 1999; Borzycki and Baldry 2003, p.3). Although individually tailored case management which uses input from prisoners and reliable tools for risk-assessment within a low case-load environment (Altschuler *et al*. 1999; Borzycki and Baldry 2003, p.4) is the ideal, it is clear that aftercare is under-funded and understaffed "far below what is required to provide truly intensive supervision and enhanced service delivery" (Altschuler *et al*. 1999). Especially when generic service providers are not skilled for the needs of the post-release inmate population (Borzycki and Baldry 2003, p.4), and where a demarcation is required between the staff responsible for supervision and the staff responsible for aftercare service delivery (*ibid*.).

Summary of the "What Works" literature

Therapeutic communities for problematic AOD use work within the prison environment. These therapeutic communities work better:

- towards the end of a custodial sentence
- when participants are screened for suitability, and are selected by TC staff
- on a model of abstinence, combined with pharmacotherapies where needed
- where the programs and activities are underpinned by evidence-based research
- when rewarding recreational activities are included
- when TC staff and custodial staff are independent, and where custodial staff understand and support the TC model and process
- within a system of enforced rules, meaningful rewards and acknowledgement of achievements
- the longer they are, and when combined with throughcare and aftercare education, employment and counselling programs

Chapter One

The Phoenix Program and Evidenced-Based Efficacy Literature

This section will address the first research aim of *What is the Phoenix Program, and how does it compare against current literature on evidence-based efficacy in reducing hazardous, harmful and dependent alcohol and drug use?*. This will be investigated via:

- the background of the Phoenix Program
- qualitative evidence on re-offending and recidivism derived from interviews with Phoenix Program participants
- a summary of Phoenix Program strong points, and a discussion area with recommendations for further consideration

Phoenix Program Background

The Phoenix Program is a residential alcohol and drug counselling program located within Cessnock Correctional Centre for minimum security inmates. The inmates selected for this program need to:

- be within the last two years of their sentence
- have at least five months of their sentence remaining
- be employed or be a full-time student
- have no further court cases
- be willing to address their alcohol, drug or gambling problem

The Phoenix Program has four core modules:

- relapse prevention
- building better relationships
- breaking barriers to change
- anger management

Cessnock Correctional Centre is a 'working-gaol' which means most minimum security inmates work within one of the four Correctional Service Industries (CSI). The Phoenix Program selects a number of screened applicants from across New South Wales (NSW) to undertake the 12-week residential program while participating in CSI employment or full-time education.

The Phoenix Program began operation on 1 June 2000 after the programs area in Cessnock Correctional Centre was renovated and equipped. Its formation coincided with NSW government policy achievements made through the NSW Drug Summit 1999 where funding became available for new initiatives. NSW state government Drug Budget funding was initially provided for three years.

Chaplain Reverend Rodney Moore was a full-time chaplain located at the Cessnock Correctional Centre who conceptualised the formation of the Phoenix Program as a residential therapeutic community (TC) for inmates nearing the end of their custodial sentence. Insight for constructing the Phoenix Program was drawn mainly from Rodney Moore's personal experience of illicit drug use, addiction and homelessness as a young person and from his role as chaplain within DCS (personal communication). Lioba Rist (currently Senior Planning and Projects Officer) wrote the management plan and other DCS staff contributed to the formation of the Phoenix Program with oversight and feedback.

The concept of a residential TC is a participative, peer-based, group-led approach to redressing problematic behavioural issues via group work, practical activities and community members reinforcing the efforts and achievements of every participant. The underpinning of the Phoenix Program was a creation of safe residential and therapeutic environment to explore human values, and to support inmates participating in the AOD programs and other services on offer in that correctional centre. The original mission statement was: "to provide a supportive and safe environment where inmates can address their alcohol and other drug issues through a holistic program approach taking into consideration their physical and spiritual needs" (unpublished document). Some reinforcing values of that community are concepts that exist within the broader NSW community: no racism; no sexism; a sense that everyone mattered and positive potential and emotional development is possible; and the concept that spirituality can have a positive influence. Although Rodney Moore was involved in these two areas within Cessnock Correctional Centre, the TC supported a non-religious non-prescriptive spirituality whereby inmates where encouraged to explore their religious beliefs through the multi-faith chaplaincy if they needed that support.

Another reinforcing value within the TC was the inclusion of 20 screened and trained volunteers from the broader NSW community who co-participated as external program providers within the groups run within the Phoenix Program. The benefit of outside people joining the workshops was their independence from the correctional centre and their life experiences that they brought in with them. Another benefit was that their presence changed the constitution of the groups and this altered pre-existing prison-based peer pressures on participants. Anecdotally, the original participants settled down and participated in the groups quicker than usual, they progressed through the classification process quicker, their behaviour became easier to manage, and they participated in more AOD programs (personal communication).

The Phoenix Program underwent many changes in personnel and changes in program structure between June 2000 and August 2007 – more program design improvements are planned for 2008. Currently, there are no external program providers included in the program, and the core and elective modules follow a structured adult education design with clearly defined learning facilitation and group work aims and outcomes which reinforce the overall program objectives. The current (August 2007) Phoenix Program iteration has one full-time position (Inez Geddes) and one half-time position (Rodger Whittal) to deliver most of the program content and undertake the administrative and other reporting duties.

Qualitative Evidence

Evidence points to programs such as the Phoenix Program making it possible for inmates to undertake changes in their behaviours. Screening for suitable candidates for program inclusion program ensures less disciplinary action for non-compliance and subsequent expulsion – therefore ensuring less wastage of limited program resources.

Who participates in the Phoenix Program?

The participants were asked who goes in to the Phoenix Program and why do they go in. All 12 participants were able to elaborate more on this theme. The overall theme that emerged here was inmates with problematic AOD issues attend the Phoenix Program for goal-oriented assistance. The reasons underpinning this theme were varied. Participants gave future-focused reasons with a focal point of change and improvement in personal circumstances:

- Assistance with mitigating their AOD use and other criminogenic problems
- Assistance with breaking the drug-crime-drug cycle
- Assistance with 'staying clean' in the community
- Assistance with moving to a minimum classification gaol
- Assistance with their parole needs
- Assistance with their post-release needs

Three participants talk about who goes in…

I-4 *Well a lot of people go in for different reasons, some for classo, some for parole, people who have just had enough and want to give up and need support, need just that extra support in gaol, you know what I mean*

I-7 *People that have done drugs for a while and done crime and been in gaol, and obviously haven't learnt out of it, you know and just keep coming back*

I-10 *A couple of reasons. For me it was I didn't need to do it for parole but I needed to do it because I keep on re-offending through drug problems. Yeah I wanted, address those problems, I didn't want to come back so I'll try anything*

Who is the Phoenix Program useful for?

The participants were asked who is suitable for inclusion in the Phoenix Program. All 12 participants were able to elaborate more on this theme. The general consensus was that the Phoenix Program is good for anyone who is "fair dinkum" and wants to "give it a go" to make an AOD lifestyle change. The theme that emerged here was that

everyone participating in the groups wants 'this to work' and that it is not just for parole purposes. Participants also reported that it would be difficult to "muck up", not participate or take illicit substances as the AOD counsellors were actively in charge and would remove non-compliant participants, and that random urinalysis was built into the program structure. Participants also reported that as they lived and worked together it would be difficult for someone to be dishonest with illicit substance use on the Phoenix Program, and attempt to deceive others within group sessions. Some participants expressed that these sorts of deceptive or non-participatory behaviours would not be tolerated by themselves or other participants within the Phoenix Program.

Three participants talk about who the Phoenix Program is good for…

I-2 *I think it comes down to the individual like if you want to … I think it comes down to is that if you're fair dinkum and you're willing to change, because that's what it's about*

I-7 *Good for people that want to change, they're sick of the lifestyle they've been living and they really want to change, you know, get off the drugs, stay out of gaol, have a good life, get out to work, look after their family, all that sort of stuff … Like the relapse prevention that we do is about breaking the cycle, otherwise it's just a never-ending circle, you just keep coming back, coming back and doing drugs. You might quit for six months but then you might break somewhere along the line. It's good for people that have been that way, that want to give up and want to break the cycle. I think that's what it's good for*

I-9 *For people that want to have a go and do everything different in life that they, I mean why do you want to come to gaol every year or every couple of years, knowing that the reason why you are coming to gaol is because you're doing exactly the same thing that's getting you in trouble in the first place*

How do inmates hear about the Phoenix Program?

The participants were asked how they learnt about the existence of the Phoenix Program. All 12 participants were able to elaborate more on this theme. Knowledge about the Phoenix Program is peer-network based. Most participants reported hearing about it from other inmates – many from former Phoenix Program participants. Seven participants said they only heard about it through other inmates, two participants said they only heard about it from AOD counsellors working in Cessnock or other prisons, and the remaining three participants said that they heard about it from both inmates and AOD counsellors.

Three participants talk about how they heard about the Phoenix Program…

I-4 *Through other inmates from other gaols … I think other inmates from other sentences. When they finished their sentence they were here before. It's just by word of mouth is mainly how it gets around. Because it's not, I didn't see any advertisement in any other gaol for the Phoenix*

I-5 *Through other inmates first of all and through the gaol*

I-8 *I heard it through gaol, plus the boys … Yeah other inmates.* **Participants who'd done it or?** *Yeah. People who had done it*

What do inmates know about the Phoenix Program before they apply?

The participants were asked what they had learnt about the Phoenix Program before they entered the Phoenix Program. All 12 participants were able to elaborate more on this theme. They reported learning from other people that:

- It is a good program
- It is a bit more intense compared to other prison-based programs
- It will help with parole
- It will help with their lives after they leave gaol

Three participants talk about what they knew of the Phoenix Program before they started it…

I-1 *Everyone, I must say this, that everyone that I'd spoken to that has done the program said it was great. They got you know, some said they'd got a lot out of it, some obviously said it would help for their parole which is fine. I would say the majority said that they got a lot out of it. One chap in fact who was sentenced, sorry, his sentence didn't involve drugs or alcohol and he still did it because he wanted to get something out of it. He's doing it now in the other group, there's two groups going at the same time*

I-10 *[The Phoenix Program AOD counsellor] told me that it was basically all the courses that you used to be able to do all summed up into one program, but a bit more intense*

I-11 *That it was a good program, a lot to do with outside and that too … Nah, that it's a really good program*

What is the Phoenix Program application process like?

There are guidelines and restrictions for candidates seeking to enter the Phoenix Program. Participants were asked about their experiences applying for and being accepted in the Phoenix Program. All 12 participants were able to elaborate more on this theme. Participants (unprompted) mentioned the threshold requirements of classification and remaining sentence length as the two main hurdles that they encountered. Participants reported having to wait a median duration of two months (range: one week to one year) before being accepted into the Phoenix Program. Three participants mentioned concerns with moving prisons – such as wanting to stay where they were comfortable, or being relocated to another gaol while on the program, and then returning to join a later Phoenix Program intake group. Only one person reported the application questionnaire as being difficult and too complex.

Three participants talk about the Phoenix Program application process…

I-3 *Uhm, I was worried that I wouldn't get in because there was 80 people wanting one out of 30 spots but, the questionnaire is pretty complex. I've got a fair bit of experience with courses and getting clean and stuff and I was just lucky I suppose because lots of people do miss out.* Did you wait long to get in? *No I got in about a month after I applied*

I-4 *Actually I applied for it and then pulled out, I thought no, no, no, but they were persistent, persistent in they kept ringing up … I eventually did, I said yeah I will go down and do it … they were sort of shuffling, moving other people around, gaol is a pretty hectic place, people changing their minds, want to do this and go there and don't care.* I think you said you pulled out of it. How come they – did you pull out? *Because it's just gaol, you get comfortable in one spot and you don't want to move. You know what I mean? You finally get to a minimum site because I was in maximum and that, got my C1, went over the wall to the minimum, thought hey this is pretty cruisey new gaol so I started thinking twice about it but there was something on my mind that I really wanted to do it. Not just for me, for classo, parole and various of all sorts of other things you know. I know I had to do it*

I-5 *No, there was a lot of questions that I needed to answer on the form and that. And due to the gaol system it was hard because of the way classos and that are run, so I couldn't get here straight away, I had to wait a fair bit. Like I've been in two and a half years now and I filled in for it about 18 months ago, 12 months ago. So it took me a while*

How does the Phoenix Program compare to other AOD programs?

The participants were asked how the Phoenix Program was different to any other courses they had undertaken. Eleven participants were able to elaborate more on this theme:

- Six mentioned that the longer duration of the Phoenix Program allows more time to reflect and put what they have learnt 'into action'. They said it was less intense but requires full participation which delves further and is therefore a more in-depth learning experience
- Six mentioned the personal side of the Phoenix Program which comes through the longer duration and the amount of time, care and support afforded to them by the AOD counsellors
- Five mentioned the in-depth nature of the course where the mechanisms and triggers behind their anger and AOD use is reflected upon outside of the classroom
- Three mentioned the commitment needed to stay in the course (through the strict guidelines), how they engaged in homework or how they sought more information and clarification for concepts they did not understand in the classroom
- Three mentioned the support given to them by the AOD counsellors. Examples of support include voluntary urinalysis for parole purposes and being able to discuss and resolve the after-effects of a "bad phone call" from home
- Two other differences were mentioned: it is more like a drug rehabilitation program; and there is nothing like this anywhere else in prison

Three participants talk about how the Phoenix Program is different to other AOD programs…

I-1 *It's more personalised in terms of, I mean there's nine or ten of us in the actual class, but they touch on other things, you know. Other courses, when I say courses, they've all been day things, and they're more like, I'm trying to explain it, just on a smaller nature of what the Phoenix is, so it really doesn't delve into it. Whereas Phoenix does, it gives you a great insight into how to go about your life after you leave gaol, stay clean or sober and help interpersonal skills, definitely*

I-6 *Just by, it's more detailed you know. It gets right into the triggers and the obstacles, it gets right into the details of it. You're just not given a paper and it says have a read through this. They put overhead projectors those things on, overhead projectors and it gets into detail, every trigger of whatever problem you have. It's sort of tackles it, all those areas.* **So how does it get into the detail? So you've got overheads.** *Yeah like with anger, it doesn't just teach you about anger it teaches you the effects, leading to anger, you know, what types of anger there is, the steps that lead to anger, you know things like that. Same with the non-violence, same with drugs. If you're willing to stop and you*

can't stop and you really want to stop, just learning to. It gets right into details

I-12 *A lot more, well you could say intense, but the fact that you're looking at those issues on a regular basis perhaps intensifies how closely you scrutinise the whole issue. With small, one day a week or perhaps just three days of the entire course, or one day of the entire course, you're only dealing with the situation for that short period of time. Dealing with it for a three month or a six month basis, of course it's being brought home a lot more often and allows, even probably unconsciously, that you would think about the situation a lot more often, and perhaps reach a conclusion ... I've done the one-on-one counselling in gaol before, I've done the group thing you know where you, I find that some of the groups in gaol, the blokes are using it as a rort. That's just my opinion but I see blokes using it as a rort, they come to the group stoned and all that and fucking it up for other blokes who really are there and are willing to change. With, with Phoenix ... You've got no choice to be clean. You can't 'cause with the workers over there at the moment like [the Phoenix Program AOD counsellor] for example you can't go to group stoned because [the Phoenix Program AOD counsellor will] pick up on it straight away and … turf you out.* **And is there urines as well?** *Yeah there are urines. You get targeted and the good thing about it is, like if you're going for parole and you need a classo or you need something that more or less the Corrective Services want a urine from you, you can go and speak to [the Phoenix Program AOD counsellor to] get you targeted, because you are clean in there*

Discussion

The Phoenix Program enjoys a reputation and integrity that inmates seek to protect. These qualitative interviews provide evidence that the inmates can be classified as being at least contemplative on Prochaska and DiClemente stages of change model.

Inmates are pre-selected by other inmates who have already completed the Phoenix Program or who know about the Phoenix Program. This peer-network structure is further supported by inmates within the Phoenix Program who do not want other inmates to disrupt the status quo with non-compliant or non-participatory behaviours. Inmates express a lot of support exists for the AOD counsellors, and that the AOD counsellors are also a major support mechanism for all inmates. This means that inmates will accept some modifications to the Phoenix Program if they perceive that any changes to the Phoenix Program are in their best interests, as well as in the interests of the AOD counsellors.

Chapter Two

The Phoenix Program and Recidivism

This chapter addresses the second research aim of *What is the recidivism rate for the Phoenix Program?*. This will be investigated via:

- a definition of recidivism
- quantitative evidence derived from the DCS OIMS[5] database for an earlier Phoenix Program cohort
- qualitative evidence on re-offending and recidivism derived from interviews with Phoenix Program participants
- a summary of Phoenix Program strong points, and a discussion area with recommendations for further consideration

Defining Recidivism

Recidivism is a difficult concept to define. The possibilities of post-release interstate or overseas relocations, and the incidence of post-release mortality need to be included in the investigation of a cohort of inmates. Within DCS, recidivism is defined as an inmate returning to a custodial environment within two years after completing a custodial sentence. A recidivism rate for the Phoenix Program was not able to be calculated within that definition. Closer inspection of the available data, and insight into structural and personnel changes within the Phoenix Program allows a small cohort of participants to be tracked over a much smaller post-release time-period.

The Phoenix Program delivery changed from an open-ended program to a six-month program and then to a three-month program. Inmates from those three different streams may have overlapped within the Phoenix Program, the live-in residential environment or within the large correctional centre environments. Personnel changes over the last four years have also influenced program content and program delivery. Therefore, a recidivism rate statistic based on a small and skewed cohort can only provide a limited insight at most.

Quantitative Evidence from an Earlier Cohort

In order to gain a limited overview of what effect the Phoenix Program may have on recidivism, a cohort of data from an earlier version of the Phoenix Program was investigated. The Phoenix Program has undergone many changes over its lifespan, and these results therefore do not apply to the current version of the Phoenix Program being evaluated.

[5] Operational Integrity Management System

Twenty-nine inmates were identified as having received a Phoenix Program certificate of completion between January and June 2005. Their OIMS records were checked on 10 January 2008 for their release-from-custody date, and any further contact episodes with DCS. [6] Of those 29 inmates, six inmates (21%) have not yet been released from custody – some 30 to 35 months after receiving their Phoenix Program certificate of completion.[7] Of the 23 inmates who had been released from prison, ten people (44%) were recorded as having come into contact with DCS again. (It is not known if the remaining 13 people who have had no further contact episodes with DCS are still in NSW or if they are alive.)

With these caveats in mind, the following data cannot be quoted as statistical evidence. This data only provides insight into the challenges that need to be addressed for the Phoenix Program to operate effectively within a custodial environment.

The OIMS data indicates that half of the Phoenix Program participants (who received their certificate of completion between January and June 2005 and who were released from prison) were released from prison within seven months, and that half of those who went on to have a further contact episode with DCS post-release did so within their first eight months in the community. That is, for the cohort of 23 who received their Phoenix Program certificate of completion and who had been released from prison:

- the median number of days waiting to be released is 205 days (range: 8 to 821 days)

and for the 13 of them who left prison and who did not have any further recorded contact episodes with DCS (as at 10 January 2008):

- the median number of days without coming into contact with DCS again is 540 days (range: 135 to 918 days)

and for the 10 who left prison and who have another recorded contact episode with DCS:

- the median number of days in the community until coming into contact with DCS again is 244 days (range: 19 to 947 days)

Qualitative Evidence on Recidivism from Phoenix Program participants

The current participants were not asked about their concept of recidivism. Eight participants broached that topic unprompted, and five of them offered more insight by discussing their personal involvement with – and their self-reflection on – recidivism.

[6] Recontact includes breach of parole, and any further episodes of remand, bail or custodial sentences in NSW after certified completion of the Phoenix Program between January and June 2005 and subsequent discharge from prison.

[7] One inmate in this group had absconded from a minimum security prison in the last four months of his minimum custodial sentence. He was apprehended and returned to prison the following day.

Most of the participants (seven) mentioned a cycle of drug use and re-offending and the difficulties they have because these two facets are intertwined within their lives. They mentioned relapsing into a problematic use of illicit substances in the community to cope with daily stresses, or simply due to the nature of their social network. Many of the participants (five) mentioned the protective elements that the Phoenix Program attempts to strengthen in order to reduce re-offending and recidivism. Half of the participants (four) mentioned wanting to stay out of prison, and that they are now becoming actively involved in AOD programs in order to reduce their likelihood of re-offending and returning to prison.

Three participants talk about recidivism…

I-2 *I've had enough of it, I get out I use, I get out I use, then I get out I'm clean and I want to stay clean and I go well, and I just buckle, you know and pick up again. And so I'm trying to look for more options, more skills on how like I said to stop a lapse becoming a relapse and back to gaol … you just feel like fuck and everything's hopeless because more or less every time people, when I've gotten out, maybe I am clean and I have been out a few times when I have stayed clean, but then like I said, I don't deal with things, I let things build up and fuck nothing's going right. Criminal record, you're going for a job and you've got a criminal record, yeah we'll get back to you, and you think to yourself, oh fuck it. And so you go back to using, which leads on to stealing, which leads on to bigger things, which leads on to back to gaol … you're doing programs, you're getting your head straight. At the end of the day we all want to go home*

I-7 *they're sick of the lifestyle they've been living and they really want to change, you know, get off the drugs, stay out of gaol, have a good life, get out to work, look after their family, all that sort of stuff. People that have done drugs for a while and done crime and been in gaol, and obviously haven't learnt out of it, you know and just keep coming back … Like the relapse prevention that we do is about breaking the cycle, otherwise it's just a never-ending circle, you just keep coming back, coming back and doing drugs. You might quit for six months but then you might break somewhere along the line. It's good for people that have been that way, that want to give up and want to break the cycle … A lot of people have been in here you know like six or seven times, they have just been in here since they were in boys homes that sort of stuff*

I-9 *I mean why do you want to come to gaol every year or every couple of years, knowing that the reason why you are coming to gaol is because you're doing exactly the same thing that's getting you in trouble in the first place*

Discussion

Reducing re-offending and recidivism is a DCS objective. DCS can contribute towards that end with appropriately managed and accredited programs, and pre-release and post-release support. When the $194 cost-per-day of a custodial sentence (DCS 2006 p. 28) is considered, slowing down the potential re-entry of a post-release inmate into another custodial sentence by one week will potentially save $1358. A greater reduction in the cost burden of crime would come from reduced criminal activity, and the reduction of its policing and judicial costs. Other savings to the community flow through in terms of post-release inmates participating in employment or education, as well as the benefits of positive and conducive engagement within the community.

The Phoenix Program has scope for improvement towards contributing to a reduction in re-offending and recidivism. Inmates expressed a desire to not return to prison and that they would rather remain in the community. They say that their AOD use hinders that desired outcome.

The literature review indicates that prison-based therapeutic community participants need to be protected from the detrimental effects of returning to the larger prison population. Therefore the timing of the entry into the Phoenix Program and what occurs after inmates have completed the Phoenix Program needs to be considered carefully. Any progress that has been made by the Phoenix Program needs to be maintained with further AOD programs in prison or in the community. Their desire to make changes – and to not return to prison – is the conduit for inmates to participate in appropriate prison and community-based AOD, and other re-integrative programs.

Post-release aftercare is needed by inmates as indicated throughout this chapter. Almost half of that 2005 Phoenix Program cohort released from prison had another contact episode with DCS – with half having done so within the first eight months post-release. This contributes an indication for the duration of post-release aftercare required by inmates to assist with their reintegration into the community, and to slow down the subsequent rate of recontact with DCS. Assistance with housing, health, employment and engagement with community-based AOD programs for post-release inmates should be considered. Their levels of post-release aftercare should be based on level-of-need factors which change over time.

Post-release programs would be particularly useful if begun early upon re-entry into the community. The effective ingredients used within those programs need to adhere to pre-established and peer-reviewed elements. These elements include:

- Cognitive Behavioural Therapy
- Motivational Interviewing

Chapter Three

Phoenix Program Structure and Goals

This section will address the third research aim of *What is the structure and goal of each module within the Phoenix Program?*. This will be investigated via:

- the structure of the Phoenix Program
- the objectives of the Phoenix Program core modules
- the objectives of the Phoenix Program elective modules
- qualitative evidence derived from interviews with Phoenix Program participants
- a summary of Phoenix Program strong points, and a discussion area with recommendations for further consideration

Phoenix Program Structure

The Phoenix Program was established to enable participants to reflect on the consequences of, and regain responsibility for, their actions. Phoenix is a drug-free program and as such participants agree to remain drug-free. The Phoenix Program structure endeavours to increase knowledge of the biological, psychological and social implications of problematic AOD use through a structured sequence of core and elective modules. The Phoenix Program combines opportunities for individual counselling and compulsory attendance in peer-support AOD groups (AA, NA or GA) with four core components. There are four structured opportunities for individual counselling:

- Pre-course interview
- Application assessment
- Mid-program review
- Discharge Interview

plus further counselling opportunities as required.

Phoenix Program Core Modules and Objectives

Life Skills 1 ***Relapse Prevention*** 12 90-minute sessions	This program follows the *Breakout Workbook* and the *Relapse Prevention* courses. Participants are required to complete each section prior to each group. Inmates are encouraged to share their answers in the groups and develop a network of support with other participants. Also included in this program is an introduction into the 12-step programs of AA, NA and GA.
Life Skills 2 ***Building Better Relationships*** 3 three-hour sessions	How to develop and enhance relationships with ourself and others by learning to be more effective in our personal and inter-personal communication skills. This includes developing an awareness of how attitudes, emotions, feelings, triggers and needs affect others and ourselves in various ways, and how to respond in a balanced, caring and holistic way.
Life Skills 3 ***Breaking Barriers to Change*** 3 three-hour sessions	Examining how negative attitudes and constructed beliefs about ourselves and others can affect our ability to create and sustain positive and realistic change. A range of techniques and strategies are utilised to assist in the development of short, mid and long-term goals by broadening choices and enhancing opportunities in the personal, educational, vocational and career arenas.
Life Skills 4 ***Anger Management*** 3 three-hour sessions	Defining anger and their triggers enables effective management strategies to be safely implemented and integrated into everyday life situations. This will help prevent unresolved or spontaneous anger from leading to violence or self-harm. This includes learning and experiencing assertiveness and conflict resolution skills in action.
12-Step Program ***AA, NA or GA*** 6 sessions	Volunteers from community-based AA, NA and GA programs facilitate those programs within Cessnock Correctional Centre for inmates. The volunteers share their experiences and strengths, and they assist inmates with post-release 12-Step Program contacts in their communities.

Phoenix Program Elective Modules and Objectives

Elective 1 ***Communications and Interpersonal Skills*** 6 two-hour sessions	A range of communication skills are explored, and a range of confidence building exercises are undertaken. Participants focus on dealing more effectively with others and on their own self-talk with greater sensitivity, responsibility and awareness.
Elective 2 ***Yoga / Stress Management*** 6 90-minute sessions	Teaches participants to learn to identify the causes of stress in their lives and to be able to manage stress with practical yoga techniques.
Elective 3 ***Choosing Non-violence*** 6 two-hour sessions	An insight into the options for change by highlighting old habits then enacting a structured process for change.
Elective 4 ***Fathering Course*** 4 six-hour sessions	Focuses on looking at the parenting skills the participants were exposed to, and then develops successful parenting skills with the help of videos and interactive group work.
Elective 5 ***Inmate Peer Group*** 3 one-hour sessions	Participants who have completed the Phoenix Program are able to peer-facilitate a group. Each session needs prior approval from the Phoenix Program AOD counsellors.
Elective 6 ***AOD Video Group***	AOD-related educational movies and videos.
Elective 7 ***Harm Minimisation*** 6 two-hour sessions	Focuses on how AOD use affects the body, and the affects of HIV, HCV and other communicable diseases on health and wellbeing.

Qualitative Evidence

What do inmates experience in the Phoenix Program?

The participants were asked what happens within the Phoenix Program. All participants were able to elaborate thoroughly on this theme. The various program core and elective requirements and objectives were extensively mentioned. Breaking-the-cycle and identifying the triggers and danger signs of anger, stress, re-offending or AOD relapse were heavily mentioned. The AOD counsellors and the other inmates were also mentioned throughout as providing the necessary support and input to 'run the course'.

The overall theme here is a personal development process occurring via structured discussions and insight into the structural, physiological and chemical precursors to anger, stress, re-offending or AOD relapse. The options available to negate or mitigate those same destructive avenues are also heavily mentioned. Participants reported personal-change through discussing or hearing similar situations faced by other participants and the 'brainstorming' and development of alternative resolution skills. Many inmates specifically mentioned stress and anger management techniques – yoga was (surprisingly) mentioned three times here for its beneficial 'therapeutic effect'.

Three participants talk about what it is like doing the Phoenix Program…

I-1 *Well Inez who is taking us through, who I must say is an exceptional lady, she works incredible hours and I don't think she gets paid for all of it. But she does it because she loves it because she wants to help, so she makes it more exciting so therefore beneficial. It gives you inter-relational skills, how to stay clean, anger management, not that I've ever been that way inclined but it all helps for again, when I get released. And it's one of those courses, and I've done, I've been in detoxes and all that sort of thing over the years, so I've done sort of small courses. And this one, I know I'm getting a lot out of it, it's very well structured and beneficial*

I-3 *there's about 15 people in each class and in my classes they were all, at least half of them were pretty serious about it and getting in to it so it was good. I didn't feel silly for participating and speaking and trying … there's heaps of different courses that you have to do in Phoenix, there's like stress management, anger management, relapse prevention, yoga, heaps of stuff. It's basically how to live, like relationships, it's teaches you everything on how to live … it covers everything. It's not just about drugs, it's how to live life … I got a lot out of the stress management techniques and yoga. That's taught me a lot on how to just relax and to get through the craving of wanting drugs. It's also taught me how to, before I'd just use and not think about it but now I can actually understand the process the mind is going through when it wants to use drugs and I've learnt how to stop that process, analyse it and actually*

push my mind off in a different direction ... To elaborate on before, like I've spent over 10 years in and out of rehabs and trying to get clean. But in the Phoenix I learnt more about my mind and how it works than I've learnt in anything else. I've gotten stuff out of it that I'll 100% be able to use to when I get out to stop using drugs. Like I've got a better chance than I've ever had. Because lots of courses are like, don't do drugs, it's very black and white ... But the Phoenix actually teaches you how to get inside your head and analyse what's really going on whereas other courses you don't really do that, it's just sort of, don't use drugs, pray, you know what I mean ... the Phoenix actually, it makes you get inside your own head and see stuff you haven't seen before

I-9 *Well we've got like Break Outs where you're trying to break out of the cycle, like you're always going through the same cycle in life and it's either you're messing yourself up completely really. So it's either put yourself in a program like these that actually gives you different strategies that you can work on to actually set you a different mind frame. Instead of going that one path I am trying to work me way to go another path. They sort of more or less told me that you always, once you get to a certain routine you can always walk the same path, but if you change your path to get to the same destination you want to get to, you can walk another path and still get to the other side if you understand*

Is the Phoenix Program too long or too short?

The participants were asked about the duration of the Phoenix Program. Most (ten) participants were able to elaborate more on this theme – no one reported that the course was too long. Most participants (six) said the course was too short. Their reasons provide an insight into the cohesion of the course:

- Work and muster interrupts the course
- Participants need the support
- The course is something to look forward to, and it makes gaol go faster
- There is a perceived benefit gained from doing a longer course

Four participants said the course duration was long enough. Their reasons concern the integrity of the course if it were longer:

- If it is too long it will be hard to keep people there
- Possible boredom and motivation problems if it were longer
- Possible interruptions of participants being moved to other prisons
- The Phoenix Program already covers its objectives within 12 weeks
- The potential economic costs incurred by a longer duration

Three participants talk about the 12-week duration of the Phoenix Program…

I-3 *It's not too long. Uhm, maybe a little bit short.* **Why could it be longer?** *Because I just felt when it came to the end of the Phoenix I sort of, I didn't get going until sort of half way into the Phoenix, and when I started really getting it, it was over. That's why I followed up with [the Phoenix Program AOD counsellor]. Because it opened the door to all this stuff I'd never seen or heard before and then it was over*

I-10 *I don't know. It could be a bit longer. It's just a bit rushed. It could be a bit longer.* **So it's rushed? And you're working as well.** *Yeah I'm working as well.* **So you've got to balance work and this.** *Yeah.* **And how's that? That sort of balance.** *Well it's pretty hard to do overtime. Our hours are scheduled for it*

I-12 *I've obviously done the three month course I'd heard there was a six month course. I would say three months is long enough.* **Why is that long enough?** *Well you're do it two and a half hours twice a week plus an elective module tucked in there as well, for 12 weeks. It may not sound like a lot but because you've got the mundane majority of gaol happening and then two two-hours portions during the week where it is engaging, it is thought provoking, it's quite a bit of stimuli just in those portions. Having said that I don't know how the six month course would differ, whether there will be extra segments in the program or whatever. But to me it seemed like a good length of course. It covered its objectives I guess in the times allotted*

Discussion

The Phoenix Program has evolved from a 'spirit' of a therapeutic community towards the accepted model and structure of a therapeutic program with the proven therapeutic elements of:

- Cognitive Behavioural Therapy
- Motivational Interviewing
- Peer-support
- Voluntary abstinence

Inmates discussed an awareness of their behaviours and circumstances that contributed to coming into contact with DCS. Inmates accept the current 12-week length of the Phoenix Program and are open to a longer duration if there is suitable and meaningful content – and if the AOD counsellors are supported.

Chapter Four

The Phoenix Program and Inmate Support

This section will address the fourth research aim of *What types of support exists for inmates within the Phoenix Program?*. This will be investigated via:

- qualitative evidence derived from interviews with Phoenix Program participants
- a summary of Phoenix Program strong points, and a discussion area with recommendations for further consideration

Support was identified within the 'what works' literature as necessary for program participants to make personal gains and continue through the program, and onto post-program AOD programs.

Qualitative Evidence

What are the support structures for inmates in the Phoenix Program?

The participants were asked what support they received to participate and remain in the Phoenix Program. All 12 participants were able to elaborate more on this theme. Most participants (ten) reported that the Phoenix Program AOD counsellors gave them support. Other supplies of support came from:

- Current group members (six)
- Former group members (two)
- Un-specified other inmates (two)

Family members were mentioned four times as giving support, while another two participants mentioned a perceived lack of family support due to previous 'false-starts' in other programs and a sense of having to prove themselves first. Interestingly, correctional officers, other AOD counsellors and psychologists were only mentioned once each – by three separate participants.

Three participants talk about the support they receive to do the Phoenix Program…

I-1 *Yeah initially the support I got to do it was from inmates that had done it. And who gives you support. Inez while you're there. I tell you it doesn't make you feel like low or I suppose for want of a better term. You feel like you are a human being and you have something to offer and it's nice and again I can't blow Inez's trumpet enough, but she gives, the way that she portrays it and tells it, makes you feel better and there is a better way. That's a simple, hmm.*

She is very good at being able to portray or be able to, she doesn't talk down to you, you become part of it. **And does anyone else give you support? So you've got Phoenix, you've got Cessnock, do you have anyone else around?** *Around where, outside?* **Yep.** *Oh yes I've got my, outside the gaol you mean, my family, is that what you mean.* **So they're supportive.** *Oh yes, support doing it, oh yes of course. My [relative] who's getting older now she comes over and visits me every four or five weeks. She's getting older, and my cousins bring her over. And they're all supportive of it do you know what I mean, my doing it, which makes me feel better obviously, you know. And again I'm glad I'm doing it.*

I-8 *Mainly the boys, the boys that are in my group. A couple of the old timers here they support us, they support me you know what I mean. When they see me down and out they come and talk to me, and they ask me, you know, do you want to talk about something, what's on your mind, this and that. The boys they help me out. And the counsellors too.* **Anyone else? You got your counsellors and your group members as well, anyone else outside of Phoenix?** *Outside of Phoenix or out of gaol altogether.* **That as well.** *My parents and that I try not to let on too much you know to them because I'm trying to prove myself at the moment you know what I mean … They've heard it too many times, so the boys, so I've got the boys that I cook up [dinner] with, hang with in gaol, they help out heaps, we talk about things*

I-12 *Other inmates to a degree, close associates have been supportive.* **Anyone else at all?** *Well [the Phoenix Program AOD counsellors] are of great support during the time you had your one-on-one counselling sessions, that sort of thing. And you can air specific problems during those times in a more private setting, discuss them. The gaol itself, I don't know, I don't, I guess they do. It's hard to test that out. You get support from inmates who have done it previously, they're quite helpful*

Discussion

The inmates identified the AOD counsellors within the Phoenix Program as their main source of support. Other areas of support came from other inmates on the program or other inmates residing in the wing, most of whom had completed the program.

Providing support needs to be encouraged across the correctional centre from a top-down approach. Support to an inmate can be a spoken (such as a positive and encouraging statement) or non-spoken (extra time or provision for sport or welfare counselling). Voluntary program participation and abstaining from illicit substances is concordant with DCS objectives, and has a positive influence on population management which (theoretically) lessens the workload of custodial officers.

Support should be encouraged from the families and communities of inmates as the enormity of what the inmate has committed to cannot be understated. An inmate may have caused disruption in an already disrupted family or community environment, and

participation in the Phoenix Program can be viewed as a form of reparation or restorative justice.

Chapter Five

The Phoenix Program and Inmate Rewards

This section will address the fifth research aim *What are the rewards and rewarding activities within the Phoenix Program?*. This will be investigated via:

- qualitative evidence derived from interviews with Phoenix Program participants
- a summary of Phoenix Program strong points, and a discussion area with recommendations for further consideration

Rewards and rewarding activities were identified in the 'what works' literature as contributing to successful acceptance and completion of a program. Not all activities delivered within a program setting need to have the underpinning of a goal-related outcome. Rewarding activities can foster group cohesiveness and allow interpersonal dynamics to develop away from the more serious activities which require engagement and reflection of the personal circumstances that brought inmates into contact with DCS. A limited inclusion of activities such as yoga, music, art, sport or religion may contribute towards the overall therapeutic effects of a therapeutic community.

Qualitative Evidence

What do inmates like about the Phoenix Program?

The participants were asked what they like or enjoy doing in the Phoenix Program. Most participants (ten) were able to elaborate more on this theme – they reported that they liked participating in the Phoenix Program.

- Six mentioned the course content and how it is useful to their lives, and how they are already implementing what they are learning
- Five mentioned the AOD counsellors: specifically the amounts of time, care and support that they were able to share with the inmates
- Four mentioned the avenues of communications opened up with other inmates and the AOD counsellors
- Four participants mentioned the techniques they learnt in the Phoenix Program: specifically stress management and conflict avoidance and resolution skills
- Three mentioned the other inmates in the course: specifically the input from others and how inmates co-facilitate groups towards the end
- Two mentioned other things they liked: the atmosphere in the Phoenix Program dedicated wing; and the time to reflect on what they were learning

Three participants talk about what they like about the Phoenix Program…

I-2 *I enjoyed probably all the parts of the Phoenix program, I engaged in as much of it as I could, I couldn't really stipulate a specific module of the course that really. Again because I tend to have a good rapport with both [Phoenix Program AOD counsellors], I just enjoyed the whole thing … I like that the people in the group run the group. It's not that Inez is sitting there like standing at the blackboard writing things down. It's like input from each and every individual that makes the group go, that makes it glue together more or less I think. And honestly if you're going to sit there and piss in each other's pockets we're going to tell you because we're with each other 24 hours a day too more or less, like 18 hours a day, you live in the same wing*

I-6 *When I got into [yoga] and that I enjoyed it. It just teaches you how to manage stress and how to breathe and how stretching is important. And just whenever you're having a bad day, just to go through the breaths and that, through your nose and just do these things before you go to sleep and that. And I was doing it for about a couple of months after I finished, I felt a lot better and that you know. Pretty good … Learning to build barriers and that, to block bad barriers from sort of disturbing you out there and that. Learning to replace negativity with positivity and just learning, choosing non-violence and that, what's the best way to avoid violence without having the consequences later on and that. And choosing non-violence that sort of helped you to avoid violence problems and that you know. And anger management, anger issues, taught you how to control your anger and just to talk to someone if you're feeling down about it, learning to control the emotions inside, what you're going through. You know how every human being goes through the cycles of anger, what kind of anger there is, different steps*

I-8 *The things that I actually like doing was I think, we'd create a discussion about throwing off the boys that you see on the outside, like ways to get around it you know what I mean. Perhaps you'd see them across, you just got out, what are you doing. That's, most of the inmates in here that's where there are like high levels of repeating or busting, is when they get out. And they were just showing us techniques and ways to throw off, I really liked that one, because that's the one that I think that I'm going to need when I get out there*

What do inmates dislike about the Phoenix Program?

The participants were asked what they did not like, did not enjoy or found difficult with the Phoenix Program. All 12 participants were able to elaborate more on this theme – they all said that they were not able fault the Phoenix Program. The participants were not able to mention anything that they disliked about the course structure or contents. Five participants mentioned one minor item each:

- Repeated questionnaires in their booklet

- Course is for people who can read and write
- More yoga is needed
- Homework is difficult as it makes you reflect on your life history
- It is difficult to go to the group after working outdoors on a hot day

Three participants talk about what they do not like about the Phoenix Program…

I-2 *Not particularly I mean, nothing really comes to mind. No I was never of the frame of mind of, Christ here we go again, another Phoenix lesson. No it was fine … To be honest there's none of that. I am happy to go to group every day, I'm happy to, we even get homework sometimes*

I-6 *Sometimes the homework. We were given a lot of homework every week and just some of the questions there, you would sit there and you would think, like just questions like, how were you when you were, before you actually tried drugs and become involved in crime and that. And it was hard for me to write down how I was because I was like clean, free, I had a good life. I was playing [sport] on the weekends, I was hoping to go professional in [professional sport], it hurt to sort of write it down because it made me sort of think you know? That's how I was that's what I ended up turning to. Just little simple questions like that you know, writing down and sort of thinking about it, that hurt for me*

I-7 *No not really … I think the yoga's too short, that should just keep going on the whole time I'm in here that would be good*

What rewards do inmates experience from being in the Phoenix Program?

The participants were asked what personal rewards they received from participating in the Phoenix Program. All 12 participants were able to elaborate more on this theme. The dominant theme here was *learning* – nine participants mentioned this word specifically, while one participant mentioned this reward indirectly via the 'dramatic' personal changes he attributes to the Phoenix Program. The specific rewards within *learning* are:

- Six mentions of the enjoyment of learning and participating with other men "in the same boat" in the group-work – of "being in it", as opposed to the negative experiences of prison life
- Five mentions of an improvement in interpersonal and communication skills – specifically learning how to tolerate others, how to participate in group-work and learning from the experiences of other men
- Five mentions of how the mind and body operates, and how the whole-person responds to AOD use and its connections with interpersonal skills and re-offending

- Four mentions of AOD-specific tools and skills to 'stay clean', foresee personal danger signs and enable personal change regarding AOD use
- Four mentions of improvements due to anger management techniques
- Two mentions of now being able to ask for help (and still maintain self-pride) when future personal AOD use circumstances change
- Only one participant articulated (among many other personal rewards) the benefits of completing the Phoenix Program for parole, classification and other reporting purposes

Three participants talk about what the find rewarding in the Phoenix Program…

I-6 *the most rewarding thing is sort of learning from other people you know. Because you've got about ten to 15 blokes there in the room and they've all basically got the same problem as what you have, and just learning from what they've gotten out of it. What have they got for that drug problem and all that. To me, to hear what they've gotten out of it and to see what people went through you know to me that's a reward, like that's a bonus, I have learnt something you know*

I-9 *It's a pretty hard question to answer. But I mean if you were to see me a couple of months ago to what I am now, you'd see the reward in itself.* **So it's that dramatic do you reckon?** *Yes.* **The change.** *Yeah well if you'd had [Phoenix Program AOD counsellor] in there sitting with us now to explain what I was a couple of months ago to the way I present myself now, there's a hell of a lot of, there is a lot of reward that as come out of this so far. A lot. Like I wouldn't speak to people, I'd be closed off to the world. I can actually put a smile to my face now*

I-11 *The benefits I get out of it is dealing with anger problems and especially alcohol because I've grown up around it*

Discussion

Rewarding activities provide a balance to activities that inmates may find difficult or confronting. Structuring time for some rewarding activities is part of adult-education program design.

Inmates find the Phoenix Program relevant to their circumstances and enjoyable. This means that the Phoenix Program can be extended (with more time) to allow more difficult or 'confronting' activities to be included into the program. The Phoenix Program provides a forum for men 'in the same boat' who are committed to personal change. This means that more direct, more personal program materials can be included – especially when there is a balance of rewarding activities on offer.

Program extensions can be peer-facilitated or facilitated by suitably qualified and approved external providers.

Chapter Six

The Phoenix Program and Promoting Inmate Interpersonal and Social Skills

This section will address the sixth and final research aim of *What are the self-efficacy and social skills taught within the Phoenix Program?*. This will be investigated via:

- qualitative evidence derived from interviews with Phoenix Program participants
- a summary of Phoenix Program strong points, and a discussion area with recommendations for further consideration

The Phoenix Program provides an environment where inmates who may not be familiar with adult education pedagogy, appropriate classroom behaviours and group facilitation and classroom management techniques are introduced to these concepts and learn how to work within these processes. The Phoenix Program teaches interpersonal and social skills to participants who then practice those skills within their CSI employment and other education and AOD program settings within the prison environment. These interpersonal and social techniques are encouraged in a restorative sense with their families whereby inmates communicate with family members to rebuild trust. Some inmates reported increased contact and improved personal telephone conversations with their families.

Qualitative Evidence

What self-efficacy skills do inmates gain from being in the Phoenix Program?

The participants were asked what 'immediate' self-efficacy skills they perceived gaining from participating in the Phoenix Program. Most participants (10) were able to elaborate more on this theme. The main theme that emerged was *triggers, danger signs – change and mitigation*. This was expressed by six participants with examples of recognising problematic AOD use and anger management issues, and its connections to anti-social behaviours and subsequent re-offending issues. Many participants gave examples of the insight and the skills that they are now putting into action due to the Phoenix Program.

- Five mentions of learning problematic AOD use mitigation skills with examples of not using illicit substances in prison and the techniques for recognising and addressing the precursors to problematic AOD use
- Five mentions of being able to now 'connect with and explore' their emotions and to mitigate anger issues
- Five mentions of change and 'trying something new' and being pleased with the ensuing positive results

- Five mentions of an improvement in their communication and interpersonal skills – such as group participation or a positive change in fathering skills via the telephone

Three participants talk about the Phoenix Program skills they are putting into practice…

I-5 *For one I can express myself. Like I've been doing this for a couple of years now and I can express myself pretty well but.* **Was it harder before Phoenix do you think?** *Yeah oh, yeah like Phoenix has just helped me go along that pathway more comfortably you know, it's just making me stronger you know what I mean. I started off and that and I was able to express myself in a certain way but this is making me strong and better each day you know, each time. And also it's helped me, what can I say, identify problems, identify something before it becomes a problem, to identify things leading up to anger, you know what I mean. Things like that, because when things are leading up, anger, angers lead to, might create a problem if you end up assaulting someone or something, then you think bloody hell I've mucked it up now, I'm going to get classo, I'm going to get tipped, it's going to wreck my parole, I want to go and have a shot to relieve the stress you know, But if we knock that on the head before it gets to that point then that doesn't happen you know what I mean. And Phoenix has helped me identify them things you know what I mean, identify what leads up to anger and that you know, so yeah*

I-8 *what I've been doing lately is just getting training.* **Do you mean like sports?** *Sports, physical yeah and you wouldn't find me training before you know what I mean. [laughs]* **So that's a change.** *Yeah, and another thing that I've, is who was it, I think it was [Phoenix Program AOD counsellor] was telling us that, write things on paper, like your feelings and that and I've never done that before. And I tried it out when I first heard about it and that helps heaps, just about my feelings and what I think about life, goals. And [Phoenix Program AOD counsellor] said write it down, put it away, if you're at night in your cell, put it away and read it in the morning and see what you wrote down. And the stuff I wrote down, the way I feel and that inside, there's a lot of things I've got to change. So those sort of techniques they showed me, I put into practice, that's good.* **So there's a change, you've noticed stuff. Physical training as well as.** *Like I'm feeling a bit better about myself.* **Is it hard to talk in the group? Because you know like you're talking about personal stuff and deep stuff, is that easy to do in a group?** *Well at first it was but then the boys, like hearing the boys' life stories and that you know what I mean and yeah in a way I feel like I'm ripping them off by me being quiet and just kicking back. But then I started talking and yeah it just gave me confidence when I hear the boys talking about their problems. I had to start saying something too*

I-11 *Yeah like, breaking the circle, that's a really big one for me. Just finding different ways, in the Phoenix it's broadened my horizons.* **Do you notice any**

difference like in yourself? Do you see a change or something? *Yeah I see a big change just like wanting to do the course is just a change for me.* **So have you tried different things as well, things you wouldn't have tried normally?** *Yeah.* **And how's that been?** *Yeah it was … quite, dunno, it was just a big change.* **Because you're going out on a limb aren't you, doing stuff you haven't normally done?** *I think that's where it builds your confidence and that*

What pre-release and post-release plans do inmates have?

The participants were asked what they plan to do after the finish the Phoenix Program. Eight out of 12 participants said that they were either considering doing an accredited course immediately after they finish the program, or that they were seeking other support (such as AA, NA or a support group for ex-inmates) after they finish the program.

Three participants talk about what happens after the Phoenix Program…

I-3 *I am going to try go back to NA and it's either I am going to use drugs or I'm not. I'm just hoping the new stuff I've learnt is enough to stop me doing it because I have had huge breakthroughs. I know it sounds silly to someone that doesn't use drugs but when you're using and caught up in it you don't stop and think*

I-9 *Yes I'm hoping to do every single program there is to do in this gaol* **And then after you've finished gaol?** *Reach Out and Relate, Enough's Enough, the fathering course. Basically whatever there is to do. I think there's a road awareness course as well … I'm going to do the road awareness course as well. I've got me name down for it. So I'm just waiting to be called up to do the courses. So I've got me name down for all the courses. It's just when they start.* **When they've got the space there for you?** *Yeah when they start. But I'm interested in doing every single course they've got to go.* **But then after you've finished gaol and you've been released, then what happens? Do you have plans there as well?** *Yeah. I want to stay sober, that's why I've done this. Like I don't have parole sitting on me so I don't have to do this to make myself look good for parole. I'm doing this for me. I did this because I don't want the same life story, I want to change myself. And I needed help. And to have help I had to ask Drug and Alcohol for certain courses I could do to actually work on my problems. And this is where I ended up*

I-11 *To be honest I really haven't thought about it because I'm there doing this course and at the end of it I might want a break, I don't want to like just jump straight back into another course.* **And in the community when you get released do you have anything else maybe that's lined up for you or anything like that?** *No not really*

Discussion

Participants in the Phoenix Program mention a desire for change, and planning for engagement in future AOD programs. Interpersonal and social skills are a particular focus. This means participants are prepared to experience more areas of personal-change and self-improvement. Possible extensions to the Phoenix Program would involve the incorporation of the AOD counselling techniques of:

- Cognitive Behavioural Therapy
- Motivational Interviewing
- Family Counselling

and the cross-over with other programs such as literacy classes for participants who are:

- re-establishing contact and trust with their families
- seeking employment opportunities on re-entry into the community
- needing to re-engage with government agencies on re-entry into the community

as well as programs designed to reconnect inmates with their communities with housing, employment and their vital paperwork such as their Medicare card and other identification documents.

Exposure to adult education pedagogy enables preparation for more intensive AOD programs. The interpersonal and group-work benefits gained within the Phoenix Program can positively influence co-participants in future education and AOD program settings. Group-work based programs would especially benefit from including Phoenix Program past-participants in their intake, and this would facilitate more conducive classroom management for their program facilitators.