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## Is There Value to Providing Treatment in Administrative Segregation Units?

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Untreated mental illness, lack of treatment resources, and extended stays in solitary confinement lead to exacerbated disruptive behaviors and the extreme costs of operating administrative segregation units. Costs include not only monetary burdens of construction, maintenance, operations, and increased staff-to-inmate ratio, but the human cost, as well. Staff and inmate injury, trauma-related stress, and the debilitating effect of extended solitary confinement for serious mentally ill inmates are but a few of the human costs paid to ensure the safe, secure operation of the institution.

**Administrative Segregation Units**

On any given day, approximately 25,000 inmates are confined in administrative segregation units (Pizarro and Nareg, 2008). This estimate may be conservative depending on how a jurisdiction defines administrative segregation. Administrative segregation goes by many names–super max, special management unit, intensive management unit, extended control unit– just to name a few. Regardless of what it is called, administrative segregation is characterized by long-term solitary confinement, restricted movement, and limited human contact (Collins, 2004; Haney, 2003; King, 2008; Riveland, 1999). Administrative segregation is differentiated from disciplinary or punitive segregation; these are a time-limited response to a disciplinary infraction after due process hearings

resulting in a finding of guilt. O'Keefe (2007) described the difference between administrative segregation and punitive segregation:

> Although institutional behavior may serve as the basis for placement, supermax confinement is an administrative decision rather than a punitive one, relying on staff to predict an inmate's propensity to create disturbances and violence within a prison (p. 150).

Some common characteristics of administrative segregation units include:
- It is a free-standing unit or a distinct unit within a facility
- Inmates are confined twenty-three hours a day, seven days a week
- Movements are heavily restricted; and
- Human contact is extremely limited
    - No contact visits
    - Some have only video conferencing visits
    - Automated doors or in-cell accommodations further limit contact
    - Most and sometimes the only contact is through cell extractions

Administrative segregation operating costs in most jurisdictions are generally the highest when compared to other security levels. Construction of these facilities is expensive as new facilities need to be built with additional security and technologically advanced features such as intercoms, automated cell openings, and in some jurisdictions, self-contained cells opening on timers for recreation and showers to further limit staff contact.

Operation costs of administrative segregation units are high due to the number of staff it takes to secure these facilities. Cell extraction teams consist of five or more personnel and in most facilities two or more personnel are required to escort inmates whenever they are removed from their cells. Thus, the staff-to-inmate ratio in these facilities is higher driving up the cost of operations.

In 1999, the cost was approximately $32,000.00 per year to house an inmate in a supermax facility in Colorado compared to $18,000.00 per year for lower security facilities (Pizzaro and Stetious, 2008). In 2009, in Massachusetts, the cost to house an inmate in the Department Disciplinary Unit was approximately $62,000.00 per year compared to $35,000.00 per year for lower security (Research and Planning Division, 2009). A similar ratio applies across jurisdictions and over time indicating that administrative segregation units cost approximately 46 percent more to operate than lower levels of custody.

**Serious Mental Illness in Administrative Segregation**

Seriously mentally ill (SMI) inmates are disproportionately represented in administrative segregation populations, and many of those diagnoses preexisted incarceration (O'Keefe, 2008). The increased level of restriction results in exacerbation of mental health problems. Solitary confinement and the lack of treatment for seriously mentally ill inmates lead to more disruptive behaviors and violence against staff. O'Keefe (2007) noted that segregated seriously mentally ill inmates experienced significant perceptual changes, affective disturbances, and difficulties in thinking, concentration, memory problems, and impulse control. It is important to understand the interaction between the prison setting and the mental health issues of inmates.

Mentally ill inmates present more of a disciplinary problem than their non-mentally ill counterparts. Inmates with mental illness are 14 percent more likely to engage in rule violations, 7 percent more likely to engage in physically assault, 9 percent more likely to be verbally abusive, and more than twice as likely to be injured in a fight (Lovell, 2008; O'Keefe, 2007). Because the pathway to administrative segregation is through an administrative decision, some research suggests that it can be used for those who are nuisances rather than those who pose a real threat to themselves or others (O'Keefe, 2007).

Although the incidence of Axis I diagnoses (*Diagnostic and Statistical Manual IV-TR*) in administrative segregation is actually less than that found in general population for most classifications, Attention-Deficit Hyperactivity disorders (ADHD) and other impulse-control disorders are found at more than twice the rate in administrative segregation (Arrigo and Bullock, 2008; Cohen, 2008; O'Keefe, 2007). Recent research indicates that the onset of mental illness or the exacerbation of these disorders are brought about by the segregation setting and are believed to be permanently disabling (Cohen, 2008; Kupers, 2008). Even though administrative segregation is an essential tool to provide safe and secure operation of institutions, the question remains: How do we reduce the disruptive behaviors of inmates in administrative segregation and move them to lower security?

**Principles of Effective Treatment**

Gendreau (1996) outlined the principles of effective correctional treatment as being behavioral in nature, intensive highly structured, and targeting risk and needs factors that are associated with accountability and responsibility. Effective treatment should occupy at least 40 percent of the inmates' time and be three-to-nine months in length. Programs should also be safe, structured, and predictable to provide an environment conducive to change. Providing performance-based treatment with contingencies for antisocial behavior assists inmates to learn consequential thinking and make better decisions based on the consequences of their actions.

Pizarro and Stenius (2004) state "Spending 23 hours a day in isolation with no activities is not comparable to spending 23 hours a day in isolation with meaningful activities" (p. 255). Adding effective treatment as *the* meaningful activity can help shape and manage behaviors. Effective programs also assist with control and security in administrative segregation by improving inmate compliance with rules. Ultimately, meaningful activities in the form of treatment may prevent deterioration of inmates' mental health while in administrative segregation.

Cognitive-behavioral therapy is short-term programs with the focus on assisting individuals improve their cognitive functioning and manage a variety of concomitant psychiatric issues. This is a structured program typical during twelve-to-sixteen sessions, usually over a twelve-week period.

Addressing the principle of responsivity, cognitive-behavioral therapy is designed to help participants identify situations, affects, and cognitions that are problematic for them. In the case of those in administrative segregation, the focus and goal is to assist the participants in recognizing their faulty thoughts and behaviors and learn to use concrete skills to improve their functioning. The underlying assumption is that maladaptive learning processes play an important role in the development and continuation of pathology. Cognitive-behavioral therapy is a highly individualized type of treatment meaning that participants need to identify their problem areas and change old habits associated with their problematic thoughts and behaviors.

The use of cognitive-behavioral therapy has been evaluated with a broad range of psychiatric issues. The following list illustrates the diverse applications of cognitive-behavioral therapy that have received empirical support (Carroll, 1998):

- anxiety disorders and stress
- borderline personality disorder
- childhood disorders
- depression
- drug and alcohol abuse
- schizophrenia and other severe mental illnesses

Cognitive-behavioral therapy can influence a change in behavior in a very short period of time. This brief treatment brings about sustained improvement for as long as a year after treatment ends. The intention in administrative segregation, however, is to get them out of isolation and into a lower-security facility to engage in further treatment.

**Treatment Outcomes**

Many jurisdictions have implemented cognitive-behavioral treatment programs in administrative segregation units with varying degrees of success. One of the newer treatment programs for administrative segregation units is the High Risk Offender Program developed in 2007 by Spectrum Health Systems, Inc. for the Massachusetts Department of Correction. This program operates in the Department Disciplinary Unit (DDU) at MCI Cedar Junction.

The high-risk offender program is phase-based and gradually increases program intensity as participants phase up. In phase one, inmates and counselors identify specific need areas and issues, which the individual is encountering. This is the preferred time to gain insight into their own behavior for the inmate, and for the counselor to develop a treatment plan that will effectively guide the course of treatment.

Phase two adds group work to individual counseling. Small groups of four participants learn behavioral skills and practice with each other using real life scenarios. Participants are taught how to generalize these skills to all areas of their life. Participants practice skills in group to gain insight and receive suggestions on what might work in various situations. Groups follow a specific structured curriculum, and participants are expected to complete homework assignments.

Phase three comprises the aftercare component of the program and starts upon release from the DDU. Participants review skills learned during the program, practice through the use of role play, and process issues encountered in their transition from segregation to general population.

In fiscal year 2009, forty inmates in the Department Disciplinary Unit completed the high-risk-offender program. Of those, 64 percent (25 inmates) were classified to lower security, 18 percent (7) were released from custody, 8 percent (3) remain in DDU to complete their sanctions, and 8 percent (3) were returned to DDU after release to the general population. The remaining 2 percent were transferred to out-of-state facilities.

Forty percent of those classified to lower security have engaged in and completed other cognitive-behavioral therapy programs to address risk and needs areas. From a security standpoint, 90 percent of those high-risk-offender-program completers classified to lower security have not received any

form of disciplinary segregation. These numbers indicate a significant decrease in aggressive and disruptive behavior in this population. Decreasing aggressive behaviors also has the potential to decrease the number of staff and inmate assaults.

In these times of dwindling financial resources, the fiscal impact of administrative segregation cannot be ignored. In Massachusetts, for example, the cost of housing one inmate in the Department Disciplinary Unit is approximately $62,000.00 per year. The cost for medium-security general population is approximately $35,000.00. A jurisdiction has the potential to save $27,000.00 per inmate per year when providing effective cognitive-behavioral therapy programs that reduce aggressive and disruptive behaviors and keep inmates at lower security.

**Conclusion**

Programming can be an effective intervention on changing the behavior of those housed in administrative segregation. "Appropriate and effective treatment serves a behavior-management function that can enhance the overall operation of the institution" (Adams and Ferrandino, 2008, p. 925). If implemented correctly, benefits can be immediate in administrative segregation and become long term as inmates learn to adjust more quickly to the general population. Treatment in administrative segregation units can lessen the psychological effects that long-term segregation has on some individuals, making it safer to release them to the general population, and eventually the public.

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