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Workshop on AOD recovery units in correctional institutions

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The Bureau of Treatment Services, Alcohol and other Drug Division for the Pennsylvania Department of Corrections designed an AOD Recovery Unit Model for Correctional Institutions. The AOD Recovery Unit Model is currently being piloted at State Correctional Institution Graterford, in the Eastern Region of Pennsylvania. It is anticipated that the AOD Recovery Unit will decrease AOD relapse once an offender re-enters into the community, as well as the overall recidivism rates of AOD offenders. It is believed that once an offender completes the recommended AOD programming such as Inpatient, Outpatient, or Co-Occurring programs; that the offender will then voluntarily participate in the AOD Recovery Unit. The AOD Recovery Unit offers eighteen workshops and one gender specific workshop. There are eighty-two modules that are gender neutral and 24 modules that are gender specific. The workshops encompass evidence based programs such as SHIELD (Self Help in Eliminating Life Threatening Diseases), SAMHSA's Intensive Outpatient Matrix, Living in Balance (Hazelden), Natural Meditation, Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, Double Trouble in Recovery and Moving On. There are many self-recovery tools included in the workshops such as; Addictions Journaling, Addictions Art, Addictions Book Club, Beat the Streets Series, and Guided Group topics. The modules are facilitated by Drug and Alcohol Treatment Specialists and trained AOD Peer Assistants. The AOD Recovery Unit at SCI-Graterford is a 115 bed, Outside Secured Housing Unit. Offenders are recommended AOD programming based on the Texas Christian University screening tool. There are currently four levels of AOD treatment provided; Inpatient-Therapeutic Community (4 months), Outpatient (41 sessions), Dual Diagnosis Therapeutic Community (6 months), and Dual Diagnosis Outpatient (47 sessions). Once an offender has completed the recommended programming, they are provided the opportunity to participate in the AOD Recovery Unit. Of those willing to participate in the AOD Recovery Unit, offenders are randomly selected to participate in the AOD Recovery Unit. It is anticipated from this process that AOD Recovery Unit participants will be less likely to relapse upon release into the community. Although we do not have the current numbers available to validate our thesis, we believe this to be a valid Recovery Unit Model and will be able to provide data based on the research at the August conference. We are working closely with our research department and the field staff to ensure efficacy of the model and workshops.

Biography

E Renea Snyder is a Drug and Alcohol Program Administrator, Pennsylvania Department of Corrections. She has done Bachelor's in Psychology and English, a Master's degree in Education with a Specialization in Curriculum Design and Development, and is currently enrolled as a PhD Psychology student, specializing in Addictions Psychology. She started her career in 2005 with the PA Department of Corrections as Food Service Instructor at SCI-Pine Grove. In 2007, she took a position with SCI-Somerset as a Corrections Counselor and Treatment Specialist. In 2012, she took a position with the Department of Public Welfare, where she had oversight of the Mental Health housing for the Office of Mental Health and Substance Abuse Services. In 2013, she was provided, the opportunity to return to the Department of Corrections, as the Drug and Alcohol Program Administrator. She has worked diligently to bring the AOD Department to current Evidence Based Practices and Programs, by making significant changes to the co-occurring disorders programs, outpatient, and therapeutic communities. She was the lead in making significant changes to the auditing process for the AOD Department and policy revisions. She developed the first Recovery Unit model which is currently being piloted at SCI-Graterford. The model includes progressive treatment modes for the AOD and Corrections field. She has developed training for AOD staff involving clinical supervision and the key components to being an effective AOD counselor.

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