

Gangs & Gangs Identification cont.

3. Some join gangs to meet basic social needs.
4. Members of rival gangs should be housed separately.
5. Incarcerated members do not stop gang activities.
6. Gang members often use non-members in gang activities.
7. Gang members may dominate others with violence/threats/intimidation.
8. Graffiti provides clues to gang membership/activities/rivalries.
9. Learn the local graffiti of gangs in your community.
10. Discipline inmates who mark up institutional property.
11. Tattoos can reveal an inmates affiliations/activities/values.

These statements are all consistent with the research literature on gangs, some of which has been reviewed in this journal. Two other recent books on gangs which have come to our attention but have not yet been reviewed are: Introduction to Gangs by George W. Knox. Published 1991 by Vande Vere Publishing Co. and The Gang Intervention Handbook edited by A.P. Goldstein and C.R. Huff. Published 1993 by Research Press.

Also of interest is a newly established journal on gangs edited by the aforementioned Dr. Knox, who may be reached by those with questions at the Department of Corrections and Criminal Justice, Chicago State University.

Reviewed by Tom Cook, Wayne State College

DEVELOPMENT OF STAFF PEER TRAINING MODEL ON COMMUNICABLE DISEASE

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I. Problem Identification: Statement of Need in the Department of Corrections

In 1992 the Massachusetts Department of Correction (DOC) privatized the delivery of inmate health services. Prior to this, communicable disease education programs for both staff and inmates were considered part of the overall mission of the health services department. This training mission was not an element that was included in the contract negotiated with the new vendor.

The issue of providing cogent, relevant and ongoing training in this area had been the subject of concern for both the DOC and the unions representing corrections officers and correctional case workers. It became clear in regular meetings held with representatives of these unions that a comprehensive and context-specific communicable disease curriculum needed to be developed and implemented.

In the Fall of 1992, the DOC requested assistance from the Massachusetts Department of Public Health (DPH) AIDS Bureau in the development of a staff training program that would meet the needs of the whole department. This was not a simple request. With several thousand employees and 22 institutions located throughout the state, any training plan would have to be accessible by all staff and get the support of both the unions and the DOC management.

DPH AIDS Bureau staff and the DOC Training Academy had collaborated successfully on various AIDS-related training topics in the past and a meeting was held in early 1993 to discuss the development of a curriculum that would be suitable to everyone. It should be noted here that two terms are being utilized: AIDS training and Communicable Disease training. They are one and the same. The curriculum that

Communicable Disease Training cont.

resulted from this collaboration is considered to be "Communicable Disease" training, as there is some discussion of tuberculosis and hepatitis B. The majority of the one-day curriculum centers around AIDS.

In the Massachusetts DOC, all line staff are required by policy to participate in 40 hours of training per year. Part of this training is CPR re-certification and first aid, which usually takes two days, or 16 of the 40 hours of annual training. The other 24 hours are utilized for other mandatory training topics. All of this training is conducted by correctional training staff at each institution. In January of 1993, the DOC began to utilize the First Responder training curriculum to replace the CPR/first aid training it had used in the past. Instead of using two days, it was condensed into one, which provided an eight-hour window that could be used to provide a comprehensive communicable disease training.

II. Initial Proposal

Most of the previous communicable disease training in the past had been provided by medical staff, however, there was never any uniform or goal-oriented curriculum. Often this training was conducted in reaction to events such as the TB outbreak in 1989 or the decision to return to AIDS patients to their institutions in 1988. Subsequently, this training was sometimes confrontational and often perceived as management vs. worker. This is not unusual considering the fear, hysteria and ignorance surrounding these diseases. The decision to pursue a "peer education" model needs to be seen in this context.

Inmate peer education around AIDS had first been tried in the Massachusetts DOC in 1988 at MCI Norfolk. It proved to be an effective way to provide basic education about AIDS to inmates who otherwise would not participate in AIDS education. Those of us working on this project felt that this curriculum for line staff would work best if it was taught by line staff. We felt if institutional trainers could teach advanced first aid and CPR courses, they should be able to teach the material we were developing. We also felt that it was important to tap into the experience and perspective that line staff bring to this training, particularly when discussing preventive measures on the job.

In February of 1993, the DPH AIDS Bureau was asked to provide a comprehensive day of training for all of the Department of Correction's senior managers and superintendents. We felt that in addition to bringing a number of experts in the field, that we would discuss our plan to develop a staff peer education program that would become part of the Department's permanent mandatory training programs. Without the support of these senior managers in the department, this concept would not work. By now, an outline of our training curriculum had been completed and we were able to preview this to the managers. We solicited their support and provided a timetable for implementation.

The next step was to provide a similar day of training to the unions representing both the correctional officers and the correctional case workers. In mid March of 1993, portions of the training material were demonstrated for them as well as a discussion about the training itself. Included in the curriculum was material developed previously by the Communicable Disease subcommittee of the Massachusetts Correctional Officers Federated Union (MCOFU). By now we felt that we had the cooperation of all the essential players and we could begin planning to train the first group of peer instructors.

III. Training The Trainer

Our goal was to develop a comprehensive self-contained lesson plan. We wanted it to have enough structure and content so it could be pulled from a file and presented, yet be flexible enough to allow the proficient trainers to apply their own technique, style and experience. The program is highly interactive, the following is an outline of training:

- Registration
- Pre-Test
- Exercise "Posting anonymous concerns"
- Methods of Transmission
- Hepatitis/Tuberculosis
- PBS Video "Education of Admiral Watkins"

Communicable Disease Training cont.

- AIDS 101
- AIDS on and off the job
- Exercise "Virus in the Workplace Risk Rank"
- Death and Dying
 Loss Exercise/discussion
 Video
- Role play development and presentation
- Referral resources

The lesson plan underwent Departmental Certification. When completed it was submitted to the National Institute of Corrections as a proposed addition to their Resource Information Network.

A comprehensive recruitment effort was made to get a good training team from every major institution in the state system. Out of the ten, eight institutions sent the type of people we had asked the Superintendent, unions and training officers for. In order for these trainers to be credible they should be seasoned, well respected line staff.

A prototype of the program itself was designed and conceived to be a six and a half hour training, which equal a day-long training. It was felt that two peer trainers would be an appropriate number of trainers for a day-long training which is somewhat long. It can be tiring on a single individual.

On May 3, 1993, we started a four-day training that stretched out over two weeks.

We challenged this group and they challenged us and each other. The honest, frank dialogue reinforced the mettle of this program. The presentation included a pre/post test component. This test contained 20 true/false and multiple choice questions that involved complex concepts. Analysis was based on a comparative t-test of incorrect answers. Mean reduction in incorrect answers was four or an average 20% improvement.

Each participant was provided with a complete package lacking only the visual props which they were given materials and time to create themselves. Each peer trainer was given supplemental materials and a network of numbers including the work phone numbers of the other class members.

The Department of Correction Associate Commissioner of Health Services came to the afternoon session of the last day. He reinforced to the class the importance of their charge and pledged his support for their efforts.

IV. Implementation Summary

From idea to a dozen trainers who exhibited enthusiasm and ability in less than six months. Three months later 20 more received certificates and understood they would be training to effect attitudes of their coworkers. The lesson plan is on file at the National Institute of Corrections Resource Information Center.

Our object is to get information out to the field.

BIBLIOGRAPHY

A discussion of professional in correctional healthcare focusing on HIV/AIDS. (1993, July/August) Corrections Forum.

Carrying in Corrections, (1989). Presentations from the third annual conference for clinical professionals and management staff. Medfield: MA. Department of Correction.

Center for Disease Control and Prevention. (1993). HIV/AIDS Surveillance Report. v 5, n 2. Atlanta.

Communicable Disease Bibliography cont.

Center for Disease Control. (1989). Guidelines for Prevention of Transmission of HIV and Hepatitis B Virus to Health-Care and Public-Safety Workers. Atlanta.

Collins, Wm. (1990). Correctional law for the correction officer, Washington: St. Mary's Press.

Crowley, G. (1993, March 22). Taming the AIDS virus. Newsweek. pp. 46-54.

Hammett, T and Daugherty. (1991). 1990 Update: AIDS in Correctional Facilities. Issues and Practices in Criminal Justice. National Institute of Justice.

Hammett, T and Moini, S. (1990, September). Update on AIDS in Prisons and Jails. National Institute of Justice/AIDS Bulletin. Rockville: NIJ AIDS Clearinghouse.

Laszlo, A. and Ayres, M. (1990). AIDS: Improving the response of the correctional system 2nd Ed. monograph prepared for National Institute of Corrections, US Department of Justice.

Latino Health Institute. (1993). Human immunodeficiency virus. Boston.

National Commission on AIDS. (1991). HIV disease in correctional facilities.

New England Journal of Public Policy. (1988). Special issue on AIDS. Boston: John W. McCormick Institute of Public Affairs.

Olivero, J. (1992). AIDS in prison: Judicial and administrative dilemmas and strategies. In A. Merlo and P. Benckos (Eds.), Correction: Dilemmas and directions. Cincinnati: Anderson Publications.

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- - HISTORICAL/ARCHIVAL DATA - -

The IACTP Board has directed Tom Cook and the Archival Committee to compile historical/archival data about our organization at least as far back as the Kentucky meetings in the mid-80's. Please provide any relevant information you have as soon as possible so that a historical article may be published in the journal. You may send a letter or FAX, or call Tom Cook for a telephone interview. Send original or copies of items listed below:

1. Board actions/decisions with agendas/minutes if available.
2. Major correspondence of board/officers/committees.
3. Membership records/rosters/dates.
4. Agendas and other documents including attendance records from all past conferences.
5. Award winners/nominees with dates/categories if available.
6. All past journals at least back to Jerry Hawley's editorship.
7. Names/addresses/phone numbers of others who may have any of the above.

Data/documents should be directed to:

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