

THE PRISON JOURNAL

An International Forum on Incarceration
and Alternative Sanctions

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THE PRISON JOURNAL: An International Forum on Incarceration and Alternative Sanctions was begun by the Pennsylvania Prison Society, America's oldest prison reform organization, founded in 1787. The editorial team's aim is to establish **THE PRISON JOURNAL** as a focal point and the forum of choice for studies, ideas, and discussion of adult and juvenile confinement, treatment interventions, and alternative sanctions. Contributions in the form of articles, research notes, review essays, and book reviews should explore broad themes of punishment and correctional intervention. Submissions that advance theory, research, policy, and practice will be considered, as will descriptive and evaluative accounts of innovative programs and policies, state-of-the-art surveys and reviews, and legal and historical analyses.

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WHERE TO FIND CORRECTIONS RESEARCH: AN ASSESSMENT OF RESEARCH PUBLISHED IN CORRECTIONS SPECIALTY JOURNALS, 1990-1999

RICHARD TEWKSBURY
University of Louisville

ELIZABETH EHRHARDT MUSTAINE
University of Central Florida

Correctional research can be found in a wide range of publications, both specific to corrections and more general in focus. This research is designed to assist academics and practitioners in identifying where particular types of corrections research are most likely to be found. A total of 1,121 articles published in five corrections specialty journals—The Prison Journal, Journal of Offender Rehabilitation, Federal Probation, International Journal of Offender Therapy and Comparative Criminology, and Corrections Management Quarterly—between 1990 and 1999 are reviewed for content and topical focus. Results show clear patterns of topical focus across titles. Results are presented both for the entire sample and for each journal.

The American correctional system presents some of the most legally and socially controversial as well as financially expensive issues challenging our society today. Simply based on the fact that more than 6 million persons annually are clients of correctional agencies (U.S. Department of Justice, 2000) and approximately \$40 billion is spent on corrections (U.S. Department of Justice, 1999), it is clear that corrections has significant effects on contemporary American society. Because of its far reach, it is critically important to have sound understandings of the system's structure, processes, and challenges. These understandings are most important, of course, for those individuals who make (and implement) policy decisions about the structures, processes, and challenges in the system and for those who provide the scientifically based information on which these decisions are (or at least should be) based. For policy makers and scientists to be informed, however, they need to be able to identify and access the research literature in the discipline.

This article reports on a content analysis of major American corrections specialty journals. The intent of this article is to provide corrections practitioners and scholars alike with a guide of what correctional research is being conducted and where they can expect to be able to efficiently locate research concerning particular correctional issues/topics.

To be informed about best practices, innovations in management, and simply to keep up on all types of developments in the field, correctional practitioners need to have the skills and resources to effectively and efficiently locate research information. The skills to do this are one of the primary gains of higher education. Knowing and having access to appropriate resources, however, can be a stumbling block for some. Gaining access to research-based information is not that difficult in today's world, especially with the growing popularity of online resources. However, knowing where to look for information and what resources to view as both credible and likely places to find particular types of information can be more challenging. Academic literature is certainly (generally) regarded as a very credible source of information. Knowing where in the academic literature to look for particular types of information or information on particular issues is an art that individuals tend to develop through experience and practice. This need not be the case, however.

To be able to predict what resources are likely to contain what types of information would be a much-valued skill for practitioners and academics alike. However, at least in the field of corrections, there are no reliable guides indicating what one may expect to find in the major research outlets/journals. In simple terms, systematic assessments of what is available in the correctional research literature are generally missing. Content analyses of correctional (or even the broader category of criminal justice) research literature have not been done.¹ This is interesting considering that scholars have examined the content of other materials and media focused on both criminal justice practitioners and the public at large. These other examinations have looked at corrections textbooks (Horvath & Meesig, 1998; Mahan & Anthony, 1992; Welch, 1992; Wright & Miller, 1999), criminal justice and criminology textbooks (Dorworth & Henry, 1992; Wright, 1992, 1996), agency training materials (Sloan, King, & Sheppard, 1998), newspaper articles (Welch, Fenwick, & Roberts, 1997), television news (Dorfman, Woodruff, Chavez, & Wallack, 1997), and even true-crime novels (Durham, Elrod, & Kinkade, 1995) and reality-based television shows about the police (Oliver, 1994).

The value of being able to know what journals (or other research dissemination outlets) tend to publish what types of information is especially helpful in disciplines such as corrections where there are a large number of specialty

areas. Being able to identify where to find information on prisons, jails, or community correctional programs; management, policy, or program development information; or research addressing health care issues, special-needs inmates, or juvenile corrections can greatly facilitate the work of anyone seeking out research literature in the discipline. Efficacy and efficiency are enhanced when information seekers are provided with guides and directions to likely beneficial outlets.

Significant challenges in finding correctional research are posed by the simple fact that (as with numerous other disciplines) relevant information is likely to be found in discipline-specific specialty journals, broader criminal justice publications, and occasionally in journals outside the discipline of corrections (i.e., sociology, psychology, education, medical, and legal journals). This challenge is made somewhat unique to the field of corrections, however, by the fact that there are very few specialty journals devoted to the discipline. This fact may both frustrate and encourage those seeking information on correctional issues. On one hand, this means that only a few journals may need to be perused to identify relevant information. However, this also means that it is likely on-point information that happens to be published in a noncorrections journal will be missed. A likely assumption, especially by practitioners, may be that the greatest concentration of (and perhaps objectively best) research in the field can be found in corrections specialty journals.

Despite the broad scope of the discipline, there are only a handful of corrections specialty journals. These include *The Prison Journal*, *Corrections Management Quarterly*, *Journal of Offender Rehabilitation*, *Federal Probation*, *Corrections Compendium*, and the *International Journal of Offender Therapy and Comparative Criminology*.² As stated by these journals, their foci, although not all exclusively on correctional issues, do center on the discipline of corrections. As stated by *The Prison Journal*, the goal of the journal is to “establish *The Prison Journal* as a focal point and the forum of choice for studies, ideas, and discussion of adult and juvenile confinement, treatment interventions, and alternative sanctions.” *Corrections Management Quarterly* is described on its publisher’s Web page as providing “corrections administrators sophisticated management information in a peer-reviewed and written format. *Corrections Management Quarterly* contains proven, thought-provoking strategies and methods that will help administrators lead their facilities, people and programs.” *The Journal of Offender Rehabilitation* carries the subtitle of “A Multidisciplinary Journal of Innovation in Research, Services, and Programs in Corrections and Criminal Justice.” *Federal Probation* describes itself as “dedicated to informing its readers about current thought, research, and practice in corrections and criminal

justice." Or, as the *International Journal of Offender Therapy and Comparative Criminology* explains, its mission is "to provide a forum for research, discussion, and treatment of variables associated with crime and delinquency. There is an emphasis on the treatment of the offender—both as to theory and for clinical practice." These journals, then, provide the foundation of corrections specialty publications. Knowing that these are the journals that are primarily devoted to corrections issues, however, is only an initial step. What still remains unidentified is where within this body of literature practitioners and scholars can expect to find what types of information.

THIS STUDY

This study seeks to fill the gap in our knowledge about what information/topics have been examined during the most recent decade (1990s) and which are most likely to be found in which journals. In this study, we seek to provide information seekers with a guide to what is actually being studied in the field of corrections and where researchers can effectively and efficiently direct their energies and time to keep up on research developments in particular areas of interest/study within the correctional field. In pursuit of this goal, this article reports on the results of a content analysis of the major American corrections specialty journals.

METHODS

DATA SOURCES

Data for this research come from abstracts of all identifiable articles, research notes, and features published in five leading corrections specialty journals during the period of 1990 to 1999. The journals included in this research are *The Prison Journal*, *Corrections Management Quarterly*, *Journal of Offender Rehabilitation*, *Federal Probation*, and the *International Journal of Offender Therapy and Comparative Criminology*. These five journals were selected through consultation with numerous academics that study, teach, and do research in corrections; reviews of reference lists from a large number of corrections research articles; and assessment of each journal's mission (as presented in the mission/purpose statement of the journal). The selection of these five journals is based on their focus on correctional research issues and publication for a minimum of 3 years during the study period. Other publications, such as *Corrections Compendium* and *Punish-*

ment and Society, are not included due to their recent redesign, short tenure of publication, or recent change in policy to accept unsolicited manuscripts.

A total of 1,121 published pieces are included in the analysis. This includes 313 (27.9% of the total sample) in *Journal of Offender Rehabilitation*, 284 (25.3%) in *Federal Probation*, 233 (20.8%) in *International Journal of Offender Therapy and Comparative Criminology*, 206 (18.4%) in *The Prison Journal*, and 85 (7.6%) in *Corrections Management Quarterly*.

ANALYTIC PROCESS

This research is a content analysis of all article topics/primary issues for the selected journals during the period of study. The process began with obtaining either an abstract or full copy of each article. Once obtained, all 1,121 abstracts were reviewed (by both authors) so as to identify general themes/issues in the literature. This process identified approximately 120 general topics/issues in the articles. After review for significant overlap and conceptual similarity, this list was collapsed into 108 specific, distinct topical areas (see Table 1 for a complete listing of all topical areas).

After identifying the 108 topical areas, a coding sheet for each year of each journal was constructed. All abstracts were reviewed by the two authors for coding of the article's content, which was recorded on the code sheets. Because of the multifaceted nature of many articles, multiple categories of topical content/focus were coded for these. Once all articles were reviewed and coded, annual code sheets were combined for each title, and all code sheets were summed. From these aggregated code sheets, percentages (as shown in Table 1) were computed.

FINDINGS

GENERAL TRENDS

An examination of Table 1 provides the information on and percentage distributions for the 108 specific topical areas and 17 broader themes covered in each of the five journals and in total. During the decade of the 1990s, corrections journals covered topical areas that addressed such matters as noncorrectional topics, general correctional topics, matters relating to offenders and their families, special-needs offenders, programs for inmates, general program outcomes, the conditions and culture in prison, correctional management/administrative issues, correctional staffing issues, miscella-

(text continued on p. 429)

TABLE 1: Percentage Distribution of Article Topics in Major Corrections Specialty Journals, 1990-1999

<i>Topic</i>	<i>Total Percentage</i>	The Prison Journal	Journal of Offender Rehabilitation	International Journal of Offender Therapy and Comparative Criminology	Federal Probation	Corrections Management Quarterly
Noncorrections topics	17.6	1.0	25.9	44.6	3.2	1.2
Corrections—general miscellaneous						
Statistics, population sizes, and trends	2.1	6.3	0.3		1.4	7.1
Offender characteristics and profiles	1.3	2.4	1.0	2.1	0.4	1.2
Sentencing—factors and influences	2.6	2.4	1.0	0.9	5.3	4.7
Juvenile justice	8.8	6.8	10.5	10.3	8.1	5.9
Juveniles tried as adults	0.4		1.0			1.2
Female offenders	4.0		3.8	1.3	3.5	2.4
International issues and cross-national studies	9.7		8.9	25.8	3.5	
Reviews—historical studies and literature reviews	6.6		2.2	4.7	12.7	4.7
Correctional policy frameworks	0.4			0.4	0.7	
Policy applications of research	0.1					1.2
Crime prevention	0.9	1.0	0.3		2.5	
Offenders and family						
Parenting issues	1.1	1.0	2.6	0.4	0.4	
Other family issues	0.5		1.0	0.9	0.4	
Visitation	1.0	1.5	0.6	1.7	0.7	
Special-needs offenders						
Special-needs offenders—mental, physical, and cognitive	1.5		3.2	0.9	0.4	4.7
Elderly offenders	1.2	5.3		0.9	0.4	
Programs for inmates						
Program description—specific program	7.7	4.4	7.3	5.6	13.7	3.5
Program evaluation	6.9	7.8	5.4	6.0	8.1	8.2

Mental health programming and assessment	9.0	4.4	14.8	15.5	3.2	2.4
Home incarceration and electronic monitoring	1.7		1.6	0.4	4.2	1.2
Vocational training	0.9		1.9			3.5
Boot camps	1.2		1.3	0.4	2.5	
Alcohol and substance abuse treatment and drug testing	8.3	12.1	6.4	6.0	11.6	2.4
Sex offender treatment	4.4		9.9	6.9	0.4	1.2
Anger management programs	0.5		1.3	0.4	0.4	
Probation—general/description	2.9	0.5	2.2	2.6	5.6	3.5
Intensive supervision probation	0.5		0.6	0.4	1.1	
Parole—general/description	1.8	0.5	1.9	0.4	2.5	5.9
Probation/parole revocation	0.1				0.7	
Fines and restitution	0.5				2.1	
Day reporting	0.4	0.5	0.3	0.4	0.4	1.2
Community service	0.5		0.3		1.8	
Diversion programs	1.7	1.0	3.2	0.4	1.4	2.4
Shock incarceration programs	0.4		1.0		0.4	1.2
Prison and jail education programs	2.1	3.9	3.8		1.1	1.2
Innovative, new program descriptions and evaluations	0.7	0.5	1.3	0.4	0.7	
Restorative justice programs	0.4				1.1	1.2
Program outcomes						
Public safety versus offender rehabilitation, cost-benefit analysis	0.4	0.5			0.4	3.5
Reintegration	0.8	0.5	1.6		0.4	2.4
Recidivism and relapse	2.6	1.9	4.8	2.6	0.4	3.5
Conditions and culture						
Prison conditions	1.0	2.9	0.3	0.4	0.7	2.4
Male versus female prison culture	0.3	1.0				1.2
Jail conditions	0.9	2.4		0.9	0.7	1.2

(continued)

TABLE 1 Continued

<i>Topic</i>	<i>Total Percentage</i>	The Prison Journal	Journal of Offender Rehabilitation	International Journal of Offender Therapy and Comparative Criminology	Federal Probation	Corrections Management Quarterly
New generation/direct supervision jails	0.1	0.5			0.4	
Personal accounts—offenders	0.4	1.0	0.6		0.4	
Race issues, discrimination, and disparities	0.8	1.5	0.6	0.9	0.4	1.2
Values and attitudes of inmates	1.5	1.9	2.9	0.9	0.7	
Recreation and weight training	0.1	0.5	0.3			
Depression and learned helplessness	0.9	1.0	1.2	1.7		
Suicide and self-destructive behavior	0.9	0.5	1.9	1.3		
Sexual behavior	0.1	1.0				
Victimization of inmates and fear of victimization	0.8	1.0	1.6	0.9		
Gangs and threat groups in institutions	1.7	6.8			1.1	2.4
HIV/AIDS	1.3	6.3			0.4	1.2
Medical care and medical issues	0.5	1.9	0.3		0.4	
Inmate misconduct, violence, and disciplinary processes	3.3	6.3	3.8	2.6	0.4	5.9
Escapes and absconding	0.3		0.3		0.7	
Management/administrative issues						
Administration and management	2.0	1.0			3.9	10.6
Leadership/other desirable skills—qualities and description	0.8				1.8	4.7
Costs, finances, and money	1.2	1.9			2.1	4.7
Management strategies for specific populations	1.9	5.8	0.3		0.4	8.2
Managing change	0.4				0.7	3.5
Crisis management, riot recovery, and emergency preparedness	0.5	0.5			1.4	1.2

Goals and ideologies	1.2	0.5			2.8	4.7
Jail strategic planning	0.4	1.0	0.3			1.2
Prison classification	0.4	1.0	0.3			1.2
Overcrowding	1.3	4.4	0.3		0.7	3.5
Decentralized management	0.3		0.6			1.2
Participatory management/ inmate involvement	0.3	0.5			0.4	1.2
Privatization	1.0	2.4	0.6		0.7	3.5
Political skills of correctional administrators	0.1					1.2
Staff issues						
Staff issues—general	0.6	0.5			1.8	1.2
Staff characteristics	0.4		0.6	0.4	0.7	
Personal accounts—staff and interviews with staff	1.5	1.5		0.9	3.2	3.5
Inmate-staff relations and interactions	0.7		1.0	1.3	0.7	
Staff perceptions of offenders	1.0	1.5	1.6	0.9	0.4	
Staff attitudes and opinions	1.4	2.4	1.9	0.4	1.4	
Staff job satisfaction and turnover	0.9	1.9	0.3	0.9	1.1	
Staff development and training	0.9		0.6		2.1	2.4
Case management	0.6	1.5	0.3		0.7	1.2
Probation/parole caseloads	0.5	0.5			1.8	
Gender issues/differences	0.6	1.9	0.6	0.4		
Staff use of force/weapons	0.6	0.5			1.8	1.2
Staff misconduct/discipline	0.1				0.4	
Staff legal issues, restrictions on staff, and civil liability	0.4	1.0	0.3		0.7	
Services—miscellaneous						
Pretrial services	1.0			0.4	3.5	
Victims issues/services	0.3		0.3		0.7	
Public opinion						
Media contact/images	0.2	0.5				1.2

TABLE 1 Continued

<i>Topic</i>	<i>Total Percentage</i>	The Prison Journal	Journal of Offender Rehabilitation	International Journal of Offender Therapy and Comparative Criminology	Federal Probation	Corrections Management Quarterly
Public opinion	1.4	2.9	0.3		0.7	8.2
Legal issues						
Presentence investigations	0.6		0.3		2.1	
Bail	0.4				1.4	
Judicial views	0.5	1.0	0.3		1.1	
Legislative attitudes and processes	1.2	1.9	0.6		2.5	
Impact of specific statutes	0.9	0.5	0.6		1.8	2.4
Legal issues, court cases, and inmates' rights	2.9	9.7			4.2	1.2
Miscellaneous						
Death penalty	0.4	1.0		0.4	0.7	
Ethics	0.7	0.5		0.4		
Religion and religious programs	0.4	0.5	1.0			
Site selection for new facilities	0.1	0.5				
Theoretical applications						
Deterrence	0.4	0.5			0.7	2.4
Incapacitation	0.4	0.5				3.5
Unintended consequences of increased incarceration	0.1					1.7
Futures						
New technologies—descriptions	0.4				0.4	4.7
Mega trends/organizational change	0.6				0.4	7.6
Planning for change	0.5				0.7	4.7
Thinking globally	0.1				0.4	1.3
Proactive thinking and planning	0.4					3.5

neous criminal justice services, public opinion assessment, legal issues, theoretical applications, projections or future issues for corrections, and miscellaneous corrections topics.

By examining the total allocation, we looked for the largest numbers and sought the natural distributional breaks. Within these general themes and specific topics, several clearly stand out as being covered the most frequently. Thematically, the most common areas of coverage are programs for inmates (56%), general correctional topics (32.9%), and noncorrectional topics (17.6%). Specifically, the most common topics are noncorrectional topics (17.6%). After that, specific topics occurring most frequently are cross-national corrections/international issues (9.7%), mental health programming and assessment (9.0%), juvenile justice (8.8%), and alcohol and other substance abuse treatment programming (8.3%). It is interesting to note that noncorrectional topics are so common in journals whose main focus is correctional issues. It may be that there are fewer researchers in this area, and journals with this mission must take off-topic manuscripts to fill the journal. Also, it may be that corrections academics and practitioners are also interested in noncorrectional issues and want to see this type of work in the journals they read.

Continuing, a second tier of topics is represented in the corrections journals. Topics included in this second tier of frequency include program descriptions (7.7%), program evaluations (6.9%), reviews of literature (6.6%), sex offender treatment (4.4%), female offenders (4.0%), inmate misconduct (3.3%), issues in general probation (2.9%), prison and jail education (2.9%), legal issues/inmate rights (2.9%), sentencing (2.6%), recidivism (2.6%), statistics on population sizes and trends (2.1%), and administration/management (2.0%).

Consideration of these most frequently occurring and second tier topics suggests, then, that corrections topics that have been published at the greatest frequency are manuscripts addressing inmate programs, evaluation, and general correctional concerns.

Another interesting assessment of the patterns of research in 1990s corrections journals is whether these topical patterns noted hold up in general across the individual journals. In this light, we turn to an examination of each common topic. First, noncorrectional topics are the most common of all topics in the journals. We find that all of the journals contained at least one noncorrectional topic for the period under review. However, noncorrectional topics are substantially more common in *International Journal Of Offender Therapy and Comparative Criminology* and *Journal of Offender Rehabilitation*.

Second, cross-national corrections research or research addressing international issues is a topic that some journals cover more than others; thus, the pattern of high frequency does not hold for all journals. The *International Journal of Offender Therapy and Comparative Criminology* has a much higher proportion of articles devoted to cross-national research than other journals do. This should not be surprising because this is the only journal in the analysis that incorporates an international focus into its title. Continuing, *Federal Probation* and *The Prison Journal* have a small number of articles on this topic, and *Corrections Management Quarterly* has no international focus articles. However, *Journal of Offender Rehabilitation* has 8.9% of 1990s articles devoted to cross-national corrections research, which is very similar to the proportion devoted to this topic in general. Certainly, it may be the case that the only reason this topic is such a common one in corrections research in the 1990s is because of the prominence of the topic in *International Journal of Offender Therapy and Comparative Criminology*.

Moving on, mental health programming and assessment is another correctional topic accounting for a large proportion of articles. However, not all of the corrections journals are equally inclusive of this topic. *Corrections Management Quarterly*, *Federal Probation*, and *The Prison Journal* all cover this topic only infrequently. At the same time, *International Journal of Offender Therapy and Comparative Criminology* and *Journal of Offender Rehabilitation* cover this topic much more often, with 15.5% and 14.8% of the journals' articles devoted to research concerning mental health issues. This, perhaps, is expected given the title of these journals, *International Journal of Offender Therapy and Comparative Criminology* and *Journal of Offender Rehabilitation*. Clearly, therapy and rehabilitation programs for inmates are a main focus for these journals. Likewise, *Corrections Management Quarterly*, *Federal Probation*, and *The Prison Journal* are not specifically focused on such topics but on other correctional matters or corrections in general. In addition, an examination of the types of therapy and rehabilitation that *International Journal of Offender Therapy and Comparative Criminology* and *Journal of Offender Rehabilitation* cover, besides mental health programming and assessment, seem to be descriptions of programs, program evaluation, sex offender treatment, and alcohol and substance abuse treatment.

Another frequently found topic is juvenile justice. The proportion of articles devoted to juvenile justice is fairly consistent across journals. With the exception of *Corrections Management Quarterly*, juvenile justice is a topic that falls in the top tier of most common topics covered for all of the journals. Perhaps not surprising, in *Corrections Management Quarterly*, the pattern is not as strong. Juvenile justice is not a frequently covered topic, and the pro-

portion of articles devoted to juvenile justice is not as large as it is in the other journals or in general.

Finally, articles on alcohol and substance abuse treatment were prevalent in the 1990s. However, as with other common topics, this pattern does not hold for all journals. *Corrections Management Quarterly*, *Journal of Offender Rehabilitation*, and *International Journal of Offender Therapy and Comparative Criminology* covered this topic at a less frequent rate than in general. Simultaneously, *The Prison Journal* and *Federal Probation* dealt with this topic with much greater frequency than in general. It is interesting to note that the two journals with *rehabilitation* and *therapy* in the title are low ranking (although this was a type of inmate programming each covered more often than other types of inmate programming).

Next, given that each journal does not follow the identified general pattern, we turn to an analysis of each specific journal. *The Prison Journal* only has 1.0% of all articles devoted to noncorrections research, so they really are focusing on correctional issues and topics. The most frequently occurring topics in *The Prison Journal* are substance abuse treatment programs, female offenders, legal issues/inmates rights, program evaluation, gangs, HIV/AIDS, misconduct, juvenile justice, and statistics/population sizes. It seems that this journal focused on issues that affect/influence the operations of an institution, not the process of managing or operating a prison or treatment program. This journal also did not devote much space to staffing issues. Finally, they also tended to publish a higher number of pieces that reviewed the literature or research on a variety of topics.

Continuing, we turn to the *Journal of Offender Rehabilitation*. The most common topics addressed in this journal are mental health programming and assessment, inmate program descriptions, juvenile justice, sex offender treatment, cross-national or international corrections issues, and substance abuse treatment. As such, this journal is clearly focusing on rehabilitative types of programs. It has only minuscule coverage of institutional conditions and culture, management, staff, and legal issues. Furthermore, it has no articles that deal with theoretical explorations, future correctional issues and projections, and miscellaneous categories. *Journal of Offender Rehabilitation* almost exclusively focuses on program issues in the 1990s.

International Journal of Offender Therapy and Comparative Criminology had the preponderance of articles discussing cross-national or international correctional issues. This should not be surprising because that is what the journal's title implies is its focus. This journal did cover many other topics, however. Among them are mental health programming and assessment, juvenile justice, program description and program evaluation, sex offender treatment, and substance abuse treatment. Similar to *Journal of Offender*

Rehabilitation, it appears to be primarily focusing on research about treatment programs. It also incorporates very little on legal issues, theory exploration, prison/program management, institutional conditions, and staffing issues.

Next is *Federal Probation*. This journal, clearly, is much more than a probation or community corrections journal. Its primary topics are reviews on a variety of issues, program descriptions, substance abuse treatment, juvenile justice, and program evaluations. Interestingly, probation is not even one of the top-tier topics covered in *Federal Probation*. Other topics that are covered minimally or not at all include theoretical applications, future issues and projections, miscellaneous corrections issues and topics, special-needs inmates, issues relating to inmates and their families, and institutional conditions.

Finally, *Corrections Management Quarterly* is a journal that seems to live up to its name. The topics most commonly covered are administration/management issues, organizational change, analyses of megatrends, public opinion, program evaluation, statistical trends, and management of special or specific populations. As expected, this journal includes almost no articles on legal issues, miscellaneous correctional issues, staffing issues, institutional issues, and prison conditions and culture.

It is also interesting and informative to consider the topics that were covered only minimally in this set of journals during the 1990s. Topics that are only very rarely addressed by any of the journals in the analysis are issues relating to juveniles tried as adults, correctional policy frameworks, research informing public policy, anger management programs, intensive supervision probation, probation and parole revocation, fines and restitution, day reporting, community service, shock incarceration, and description of innovative or new programs. Also, most of the prison conditions and cultures are covered minimally (only one topic has a value higher than 2.0%), with the exception of inmate misconduct. Regarding all of the management and administration issues, the highest value is 2.0%, so this is not a common topic except for in *Corrections Management Quarterly*. Also, on the whole, staffing issues are very rarely studied (all categories are 1.5% or less). Furthermore, services, public opinion (except *Corrections Management Quarterly*), theoretical applications, future projections (except *Corrections Management Quarterly*), and all of the miscellaneous categories all account for 1.4% or fewer of the total articles published.

DISCUSSION AND CONCLUSION

What this analysis rather clearly shows is that the research literature published in corrections specialty journals during the 1990s has very definite and

sometimes surprising trends to it. Although there is a wide array of topics in the discipline of corrections, the published academic research literature has a handful of common topics and a large number of rarely addressed topics. Perhaps most interesting in this analysis is the fact that these corrections specialty journals publish nearly one in six articles that are focused on noncorrections topics. The reasons for this and the implications it may have for the discipline are unclear at this time.

Interestingly, individual journals appear to have very distinct foci for the materials they publish. This is not to say that specific journals actively seek out and try to publish particular types of research or research on specific topics. However, it can be very beneficial for information seekers to know that if they are interested in locating information on mental health programming in corrections, it might be best to peruse *Journal of Offender Rehabilitation*, or if interested in female offender issues, *The Prison Journal* will yield more articles. What this may suggest, then, is that individual journals seem to develop themes that are recognized by authors submitting their work for publication, and this recognition subsequently becomes an unintended self-fulfilling prophecy.

Although the mission statements of these journals all indicate a focus on correctional issues, it is interesting to note that the title of the journal truly does appear to indicate the contents. This is not always the case in many disciplines; however, with corrections specialty journals the publication's name does speak to what can be found in the journal. For instance, *Corrections Management Quarterly* does publish articles concerned with management issues, and it does so much more frequently than do the other journals. *Journal of Offender Rehabilitation* is the most promising journal to review when interested in finding discussions/evaluations of all forms of programming for offenders. *The Prison Journal* includes a wider array of specific topics, and this is reflected in the publication's name. Information seekers, then, can be relatively confident that when looking for information they can begin to narrow their searches based on the title of the publications at their disposal. However, *Federal Probation* seems to defy this trend as articles on probation are not a common occurrence in this journal.

The fact that there are definite patterns and trends across the individual journals is important and useful for all individuals who need to locate information about corrections topics. Whereas most academics have developed their own personal styles and routines for seeking out information, having better knowledge about where they can efficiently devote their time can be an important contribution. But, this information may be most beneficial for correctional practitioners and policy makers. For those who believe that scientifically informed policies and decisions are superior to those not informed by

science, knowing both how and where to effectively and efficiently seek out information can be very beneficial. The research reported in this article, hopefully, will provide an important step forward in developing this base of knowledge and skills.

NOTES

1. The exceptions to this are the few studies that have looked at women's participation in the publication process (Eigenberg & Baro, 1992; Moyer, as cited in Eigenberg & Baro, 1992).

2. We recognize that there are other corrections specialty publications, such as *Corrections Today* and *American Jails*. However, these are not considered research journals as much as they are professional periodicals. Although research results are reported in these publications, this is not the primary mission of these publications.

REFERENCES

- Dorfman, L., Woodruff, K., Chavez, V., & Wallack, L. (1997). Youth and violence on local television news in California. *American Journal of Public Health, 87*, 1311-1316.
- Dorworth, V. E., & Henry, M. (1992). Optical illusions: The visual representation of Blacks and women in introductory criminal justice textbooks. *Journal of Criminal Justice Education, 3*, 251-260.
- Durham, A. M., III, Elrod, H. P., & Kinkade, P. T. (1995). Images of crime and justice: Murder and the "true crime" genre. *Journal of Criminal Justice, 23*, 143-152.
- Eigenberg, H., & Baro, A. (1992). Women and the publication process: A content analysis of criminal justice journals. *Journal of Criminal Justice Education, 3*, 293-314.
- Horvath, F., & Meesig, R. (1998). A content analysis of textbooks on criminal investigation: An evaluative comparison to empirical research findings in the investigative process and the role of forensic evidence. *Journal of Forensic Science, 43*, 133-140.
- Mahan, S., & Anthony, A. M. (1992). Including women in corrections texts. *Journal of Criminal Justice Education, 3*, 261-275.
- Oliver, M. B. (1994). Portrayals of crime, race, and aggression in "reality-based" police shows: A content analysis. *Journal of Broadcasting and Electronic Media, 38*, 179-192.
- Sloan, L. M., King, L., & Sheppard, S. (1998). Hate crimes motivated by sexual orientation: Police reporting and training. *Journal of Gay and Lesbian Social Services, 8*(3), 25-39.
- U.S. Department of Justice. (1999). *Justice expenditure and employment in the U.S., 1995*. Washington, DC: Bureau of Justice Statistics.
- U.S. Department of Justice. (2000). *Persons under correctional supervision, 1999*. Washington, DC: Bureau of Justice Statistics.
- Welch, M. (1992). How are jails depicted by corrections textbooks? *American Jails, 6*(3), 28-34.
- Welch, M., Fenwick, M., & Roberts, M. (1997). Primary definitions of crime and moral panic: A content analysis of experts' quotes in feature newspaper articles on crime. *Journal of Research in Crime and Delinquency, 34*, 474-494.
- Wright, R. A. (1992). From vamps and tramps to teases and flirts: Stereotypes of women in criminology textbooks, 1956 to 1965 and 1981 to 1990. *Journal of Criminal Justice Education, 3*, 223-236.

- Wright, R. A. (1996). Do introductory criminology textbooks cite the most influential criminologists? *American Journal of Criminal Justice, 20*, 225-235.
- Wright, R. A., & Miller, J. M. (1999). The most-cited scholars and works in corrections. *The Prison Journal, 79*, 5-22.

SITUATIONAL INFLUENCES ON THE IMPLEMENTATION OF A PRISON-BASED THERAPEUTIC COMMUNITY

DONALD M. LINHORST
Saint Louis University

KEVIN KNIGHT
Texas Christian University

J. SCOTT JOHNSTON
Missouri Department of Corrections

MYRNA TRICKEY
Family Guidance Center for Behavioral Healthcare

Therapeutic communities (TCs) are emerging as one of the primary approaches for the treatment of substance abuse for criminal offenders. However, the achievement of positive TC outcomes is predicated on their successful implementation. This study examines the effect of two situational influences on the implementation of a TC program in a state prison—the enactment of a smoking ban and a change in treatment providers. Results suggest that the smoking ban led to a loss of inmates' focus on treatment goals and strained inmate-custody staff relationships, whereas the change in treatment providers resulted in an immediate turnover of one third of the counselors and a disruption of relationships between custody and treatment staff.

In September and December 1999, *The Prison Journal* published a two-part special issue titled “Drug Treatment Outcomes for Correctional Settings” that focused on prison-based therapeutic communities (TCs). This choice of topic reflects two points. First is a concern about the extensive use of drugs and alcohol by state and federal prisoners, which is well docu-

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mented. For example, a national study of persons incarcerated in 1997 found that half of state prisoners and a third of federal prisoners had perpetrated their committing crimes while under the influence of drugs or alcohol (Mumola, 1999). In addition, the study characterized three fourths of state prisoners and four fifths of federal prisoners as being involved with alcohol or drugs. Second, it reflects the emergence of TCs as one of the primary approaches used in prisons to treat substance abuse (Wexler, 1995). Although definitions of TCs vary, they essentially are self-help programs that use a 24-hour per day learning experience to change addictive behaviors (De Leon, 2000). TC programs seek to make global lifestyle changes in the residents that include refraining from substance use, engaging in prosocial conduct, obtaining employment, and adopting attitudes and values that support these changes (Pan, Scarpitti, Inciardi, & Lockwood, 1993). Over the past two decades, TC programs have been adapted to the prison setting to treat substance abuse. Research reported in the special issues of *The Prison Journal* and elsewhere has documented the success of prison-based TC programs in reducing substance abuse and recidivism, particularly when combined with follow-up treatment in the community (Field, 1985; Knight, Simpson, Chatham, & Camacho, 1997; Knight, Simpson, & Hiller, 1999; Martin, Butzin, & Inciardi, 1995; Martin, Butzin, Saum, & Inciardi, 1999; Pearson & Lipton, 1999; Wexler, Falkin, & Lipton, 1990; Wexler, Melnick, Lowe, & Peters, 1999). Based in part on their early success, a panel of national experts in the fields of corrections, social services, and substance abuse recommended in 1992 that TC programs be implemented in every federal prison and every state prison system (Wexler & Lipton, 1993).

The achievement of these positive outcomes by TC programs is predicated on their successful implementation. Researchers have identified numerous obstacles to effective implementation of TC programs in prisons. Wexler and Williams (1986) cited institutional resistance, the severity of inmate problems, and program inadequacies as impediments to effective prison-based TC programs. Inciardi, Martin, Lockwood, Hooper, and Wald (1992) identified seven issues in implementing prison-based TC programs, including initial budget planning, choosing the facility, staff recruitment, client selection, treatment and correctional staff interaction, program autonomy, and aftercare. Likewise, Farabee et al. (1999) identified six barriers to implementing effective correctional drug treatment programs related to client referrals, recruitment and training of treatment staff, redeployment of correctional staff, overreliance on institutional sanctions, aftercare, and coercion. When program staff or administrators do not adequately address one or more of these implementation areas, program outcomes can suffer. Martin, Inciardi, Scarpitti, and Nielsen (1997) provided an example of a case man-

agement program for persons on parole who were drug involved that had poorer than expected outcomes because of improper implementation.

Fletcher and Tims (1992) asserted that implementation of prison-based TC programs also can be affected by situational influences. Despite this potential, they believed the effect of situational influences has not been adequately researched (Fletcher & Tims, 1992). This study seeks to address this void by examining the effect of a no-smoking policy and a change in treatment providers on the implementation of a Missouri Department of Corrections (DOC) prison-based TC substance abuse treatment program (TCSATP). These two events were identified as having had a potential negative effect on implementation of TCSATP in an extensive process evaluation of that program funded by the National Institute of Justice (NIJ) (Linhorst, 2000).

These issues are relevant to other states as prisons and jails increasingly are banning smoking on prison grounds or limiting it to outdoor areas within prison grounds (Falkin, Strauss, & Lankenau, 1998; Lillis, 1994). Reasons for this action include expectations of improved health among inmates and staff members, a reduction in the number of fires, a cleaner physical environment, and a reduction in costs associated with these improved outcomes. In addition, the potential for changing treatment providers in prison-based TC programs is increasing as more states are using private organizations to operate entire prisons or to provide programming within prisons (Folz & Scheb, 1989; Patterson, 1998; Travis, Latessa, & Vito, 1985; York, 1993). Reasons for privatization typically include anticipated cost savings and expectations of improved quality of services.

This report begins by describing TCSATP and the circumstances under which the no-smoking policy and change in treatment providers occurred to provide a context for assessing the effect of the two situational events on the implementation of TCSATP. It then describes their effect on the treatment program and discusses implications for other prisons and areas for further research.

PROGRAM DESCRIPTION

In October 1993, the Department of Health and Human Services' Center for Substance Abuse Treatment (CSAT) awarded a 3-year grant to a nonprofit social service agency to create a TC substance abuse treatment program for inmates in an all-male, 650-bed, minimum-security DOC prison. The grant was administered through the Missouri Department of Mental Health (DMH) in cooperation with DOC. Program development and implementa-

tion proceeded under this grant, and the first program graduates were released into the community in April 1995. Most candidates are referred to TCSATP by the Missouri Board of Probation and Parole. A limited number are sentenced directly to the program by Missouri circuit court judges. DOC staff members screen all persons for drug problems prior to referral to the program. During the study's evaluation period, primary program criteria included a history of substance abuse, the absence of serious health or mental health problems, and eligibility to participate in DOC work release programs.

TCSATP consists of four phases. During Phase 1, which typically lasts about 30 days, treatment staff members complete assessments and develop treatment plans. Phase 2 involves intensive treatment for a minimum of 30 hours weekly for 6 to 9 months. This treatment includes participation in the TC structure and activities, substance abuse and life skills topics, individual and group therapy, and weekly Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings. In Phase 3, inmates participate in supervised community work release projects for 40 hours weekly for 3 to 6 months. While in the work release program, inmates continue to participate in the TC structure and activities, relapse prevention activities, and AA/NA groups. Phase 4 usually takes place during inmates' last 30 days at the prison. During this period, the aftercare plan is completed, including finalization of the community-based aftercare activities. The program activities and total length of time in the program, usually 12 to 18 months, are similar to TC programs in other states (Inciardi, 1995; Knight et al., 1997).

DESCRIPTION OF SITUATIONAL EVENTS

Consistent with the action of other states to ban or limit smoking in prisons, a group of Missouri legislators approached DOC about banning smoking in Missouri prisons. The two parties agreed to initiate a smoking ban as a pilot project and to evaluate its effect after 1 year. On July 1, 1996, DOC prohibited use of any tobacco products by inmates at all DOC Institutional Treatment Centers and Community Release Centers, which included the TCSATP prison described in this study, but still allowed inmate smoking in nontreatment prisons. Under this policy, these inmates could not smoke anywhere on the prison grounds. Previously, staff members and inmates were allowed to smoke outside of buildings. This policy initially was to ban smoking for staff members too, but a state law was applied to the prison that required state employers to provide a designated smoking area for state employees within the boundaries of the building grounds. Consequently, the new policy contin-

ued to allow staff members to smoke outdoors at the same time inmates could not.

Although DOC operates Missouri's state prisons, it contracts with private providers for inmate medical care and some substance abuse treatment and educational services. TCSATP is implemented by a private provider. One treatment provider held the contract throughout the 3-year CSAT grant period, which ended on September 30, 1996. At the end of the grant period, DOC assumed funding for the program in its entirety and issued a request for bids for the TC treatment contract in accordance with the state-regulated competitive bid process. DOC selected a different treatment provider based on the results of an evaluation of the proposed method of performance, the perspective provider's experience in the field, and the overall cost. On May 1, 1997—within a year of the smoking ban—the conversion to the new provider was completed.

It is important to note that the new treatment contract included two changes. First, the method of payment changed from a flat rate paid on a monthly basis under the initial 3-year CSAT grant to payment based on the number of inmates served in each phase of the program. Second, DOC wrote into the contract that all inmates were to participate in TCSATP. Under the initial CSAT grant, at any given time approximately 150 of the 650 inmates were not actively participating in treatment. Inmates not in treatment usually were barred from treatment because of disruptive behaviors, or they had graduated from the program, were awaiting release, and typically were participating only in AA/NA activities. DOC decided to include all inmates in treatment so that the entire prison would operate under the TC model rather than having separate rules for a segment of the prison population and to ensure that inmates received all needed treatment and discharge planning services.

METHOD

ANALYTIC PLAN

This study applied a multimethod approach to assessing the effect of instituting a smoking ban for all inmates and changing TCSATP treatment providers on the implementation of TCSATP. It incorporates the views of inmates and prison staff members through focus groups with staff members and telephone interviews with inmates 12 months after release from the TCSATP prison. Supplementing the responses from inmates and prison staff members was information obtained from a review of selected DOC docu-

ments. This study was conducted as part of a larger process and outcome evaluation of TCSATP funded by a grant from the National Institute of Justice. Although the two situational events occurred within a year of each other (the smoking ban began on July 1, 1996, and the change in treatment providers was effective on May 1, 1997), the time span between their initial occurrences was examined to determine the potential influence of each. Following is a description of the three data sources.

FOCUS GROUPS

On April 21, 1998, two members of the evaluation team conducted three focus groups in the prison with key administrative and treatment program staff members. One member served as the primary moderator while the other took detailed notes, and both members participated in data analysis. To promote openness of discussion in the focus groups, all responses were kept confidential, and separate groups were held with three different groups of staff members. One focus group was held with 8 TCSATP counselors who had been employed by both treatment providers. A second was held with the 3 counselor supervisors. A third was held with 4 administrative staff members, including the prison's superintendent, the associate superintendent, the chief of custody, and the TCSATP site director. The broad purpose of the focus groups in the larger NIJ evaluation was to identify program changes through its first 5 years. Relevant to this study were questions that addressed staffing changes, the no-smoking policy, the change in treatment providers, and their effect on implementation of TCSATP. Focus groups have been conducted with staff members in prisons and jails (e.g., Ammar & Erez, 2000; Doyle, 1999) and with inmates (e.g., Mahon, 1996; Swartz & Lurigio, 1999).

INMATE FOLLOW-UP INTERVIEWS

The larger NIJ evaluation of TCSATP included a 12-month follow-up of inmates who were released from the TCSATP prison between April 1, 1995, the date the first inmates graduated from the program, and September 30, 1997, the cutoff date for follow-up surveys. Data were gathered by staff members from the Center for Social Research at Southwest Missouri State University. Four closed-ended questions were added to the survey instrument specifically to obtain the inmates' views of the effect of the smoking ban and the change in treatment providers on their morale and the treatment programs. Inmates also were asked an open-ended question requesting suggestions for improving the program. Responses were received from 158 of 468 former inmates (34%) who were present when the smoking ban went into

effect (July 1, 1996) and who were released by September 30, 1997. Of the 158 responses, 84% were from inmates who successfully completed the program. Responses also were received from 60 of 160 former inmates (38%) who were present when the change in treatment providers occurred (May 1, 1997) and who were released by September 30, 1997. Of the 60 responses, 68% were from inmates who successfully completed the program. It should be noted that the additional questions were added to the interview instrument after the survey process had begun; thus, not all inmates who were contacted were asked questions about the two events.

DOCUMENT REVIEWS

Three sets of documents were reviewed to supplement information provided in the focus groups and inmate interviews. First were minutes from Oversight Committee meetings. Led by the prison superintendent, this committee consisted of administrative staff members from the prison, DOC administrators who worked outside of the prison, the on-site program director and regional representative from the contract provider, and the principal investigator for the NIJ evaluation. Minutes were reviewed for seven meetings, spanning September 1996 to October 1997. Also reviewed was an unpublished DOC report titled *Tobacco Free Procedures for Inmates of Institutional Treatment Centers and Community Release Centers: Pilot Project Evaluation Summary Report*. Third, DOC provided a monthly tally of the number of conduct violations committed at the TCSATP prison over a 2-year period. Specific documents are cited when their content is referenced in the text.

RESULTS

INFLUENCE OF THE NO-SMOKING POLICY

Participants from all three focus groups and the former inmates believed that the no-smoking policy had a substantial detrimental effect on the implementation of TCSATP, including inmate behaviors, program completion, and the overall treatment process. These conclusions are consistent with statements included in the Oversight Committee meeting minutes, with the findings of a 1-year evaluation of the pilot project that included all affected DOC treatment institutions, and with a review of inmate incidents at the prison.

Inmate behaviors. Both staff members and inmates indicated that cigarettes became the drug of choice in the TCSATP prison within a short time after enactment of the no-smoking policy. Staff members identified that inmates' attempts to smoke created a subculture of criminal activity. In addition, staff members indicated that some inmates who previously had not committed violations became involved in cigarette trafficking or committed other violations related to smoking.

These behaviors affected the TC program in at least two ways. First, staff members offered anecdotal accounts in which inmates blatantly smoked to obtain conduct violations so they could be discharged from the treatment program and be transferred to nontreatment prisons, which still permitted smoking. These inmates included some who previously had actively participated in treatment and had no previous violations. Their perceptions that the number of conduct violations increased after the smoking ban went into effect were supported by a tallying of such incidents. According to information provided by DOC, TCSATP prison inmates committed 516 conduct violations in the 6-month period before the smoking ban. During the first 6 months after the start of the smoking ban, the number of conduct violations almost doubled to 1,024. It should be noted that these data are in aggregate form; thus, it is not known whether the number of inmates committing violations increased or the same number of inmates committed more violations.

Program completion. This increase in conduct violations was associated with a slight decline in the percentage of released inmates who successfully completed the program. According to unpublished DOC data, 56.7% of the 298 inmates released within the 6-month period prior to the smoking ban successfully completed TCSATP compared to 49.7% of the 455 inmates released during the first year the smoking ban was in effect ($\chi^2 = 3.76$, $df = 1$, $p = .053$). No other changes could be identified within the prison itself or TCSATP that could account for this small change. The association between a decline in program completion and the advent of the no-smoking policy is strengthened when considering the program completion rate in the seven DOC Institutional Treatment Centers that provide either long-term TC or acute substance abuse treatment. An unpublished DOC study found that across all seven facilities during the first year of implementation of the no-smoking policy, the number of negative terminations from treatment increased from 9% to 22%, and the rate of positive program completions dropped from 80% to 65%. In addition, the study found that 25% of all inmate conduct violations in the facilities were tobacco related.

TABLE 1: Former Inmates' Evaluation of the Effect of the No-Smoking Policy (in percentages) (N = 158)

How did the "no smoking policy" affect your morale? Would you say it:	
Significantly improved your morale?	3.8
Slightly improved your morale?	2.5
Had no effect on your morale?	34.2
Slightly hurt your morale?	20.3
Significantly hurt your morale?	39.2
Total	100.0
How did the "no smoking policy" affect the treatment program?	
Would you say it:	
Significantly improved the treatment program?	1.9
Slightly improved the treatment program?	1.3
Had no effect on the treatment program?	4.4
Slightly hurt the treatment program?	14.6
Significantly hurt the treatment program?	77.8
Total	100.0

Treatment process. Evidence suggests that the no-smoking policy also negatively affected the treatment process. Counselors indicated they found it increasingly difficult to provide treatment to the large number of inmates who were involved in behaviors associated with violation of the no-smoking policy. Both staff members and inmates indicated that the smoking ban and the subsequent quest to obtain tobacco products caused inmates to lose focus on their treatment goals and instead focus on tobacco-related issues during groups rather than the designated topics. In addition, largely because the smoking ban still allowed staff members to smoke outdoors, the policy often damaged the positive relationship that generally had developed between inmates and custody staff as part of the TC model. Correctional officers had to assume more of a role of "Do as I say not as I do," which negatively affected their ability to support the prosocial behavior of inmates. The DOC evaluation of all its treatment facilities that instituted the smoking ban reached the same conclusion that the no-smoking policy significantly impaired the treatment environment.

The views of former inmates who were incarcerated when the smoking ban became effective also reflect that the no-smoking policy had a detrimental effect on their morale and on the TC program. The majority of former inmates (60%) indicated that the initiation of the no-smoking policy hurt their morale. Even more strongly, almost 78% of former inmates indicated that the smoking ban had significantly hurt the treatment program. Only 8% of the former inmates responded that the no-smoking policy had no effect or improved the TC program. Table 1 summarizes their responses to the two questions. Table 2 provides a selection of quotes pertaining to the no-smoking

TABLE 2: Selected Quotes by Former Missouri Department of Corrections Therapeutic Community Inmates About the No-Smoking Policy

“The no-smoking policy creates too much stress and tension. It changes the atmosphere to a ‘street mentality.’”
“A lot of guys who were addicted to nicotine lost their focus on the treatment program after the no-smoking policy.”
“Give tobacco back to the men. The no-smoking policy created chaos and criminal thinking in the camp.”
“The no-smoking policy turned the whole camp into a drug set. Where there used to be a few trying to sell drugs in the camp, the no-smoking policy took the focus off drug treatment and just put an emphasis on cigarettes.”
“Bring smoking back so it will allow people to stop the unnecessary criminal behavior and let them have time to think about their lives and self-help, instead of where they can buy cigarettes.”
“The men were becoming treatment-oriented, but the no-smoking policy brought back a drug mindset and behaviors.”
“Give them back their smoking. You can’t quit everything at once.”

policy that inmates offered when we asked in the 12-month follow-up for suggestions for improving TCSATP.

Follow-up note. DOC rescinded the no-smoking policy 21 months after it became effective after Missouri legislators and DOC staff members reviewed the DOC evaluation report of the first year of the no-smoking pilot project. Although the focus group interviews were held only 3 weeks after inmates were allowed to resume smoking outdoors, respondents from all three focus groups already had observed a substantial improvement in the atmosphere of the prison, with a corresponding positive effect on the treatment environment.

CHANGE IN TREATMENT PROVIDERS

Information provided by staff members in all three focus groups and by former inmates in the 12-month follow-up survey indicated that the change in treatment providers and the new contract provisions also had a negative effect on the program. Staff members indicated that it affected staffing levels, relationships between custody and treatment staff, staff training, and inmate treatment.

Staffing changes. The initial CSAT grant funded 21 counselor positions and 3 counselor supervisor positions. According to the counselor supervisors, the program had 22 counselors and 4 supervisors and an additional 2 vacant counselor positions at the time the new treatment provider assumed

responsibility for the program. Immediately after taking over the program, the new provider cut the salaries of all treatment staff and reduced the number of counselor positions and counselor supervisor positions to its previous level of 21 and 3, respectively. Some counselors chose not to accept the pay cut and resigned. Consequently, the number of counselors fell from 22 to 17 almost immediately. It took more than 6 months for the new treatment provider to reach its full staffing of 21 counselors and 3 counselor supervisors, which still was 3 fewer counselor positions and 1 counselor supervisor position than the previous provider.

Participants in all three focus groups raised concerns over the staff turnover, the staff vacancies, and the reduction of staff positions. Counselors identified the added stress of trying to cover the workload of the counselors who left and believed they no longer had the time to provide needed treatment to all inmates. The counselor supervisors indicated that several of the staff members who left were key staff members who were with the program since its inception. Supervisors believed their absence reduced the overall quality of the program. In addition, the counselor supervisors believed the staffing changes had disrupted the sense of trust and community between counselors and inmates that is integral to TC programs. Participants in the administrator focus group said the counselor turnover also negatively affected the relationships between counselors and custody staff. The turnover in counselors made the development of working relationships difficult, particularly during the initial period when the hiring of new counselors occurred.

Counselor training. The issue of counselor training was raised in the counselor and counselor supervisor focus groups. The counselors indicated that although all had prior work experience and education in substance abuse treatment, some had not worked within the TC model, and none previously had worked within a prison setting. They agreed that it takes counselors about 1 year to become fully trained to function as an independent counselor in a prison environment. The counselors indicated that one of the benefits of working during the initial program start-up funded through the CSAT grant was the extensive training they received about substance abuse treatment, the TC model, and functioning within a prison setting. Although the counselor training given by the new treatment provider met contract requirements, both counselors and counselor supervisors believed that the training the employees received from the new provider was substantially less than that received under the initial grant and inadequately prepared counselors to implement the TC model within a prison setting.

Services provided. Both counselors and counselor supervisors agreed that the number of group activities offered by counselors remained about the same under both treatment providers. However, the staffing reduction and vacancies influenced treatment services in two ways. First, both counselors and counselor supervisors indicated that the amount of work with individual inmates greatly diminished. Second, counselors indicated that the number of inmates participating in each group therapy session greatly increased, which they believed reduced the effectiveness of the treatment. They stated that optimal group therapy size was 12 inmates, with a maximum of 16 inmates, but that group size grew in some instances to 24 inmates or occasionally more. It should be noted that one counselor indicated that this growth began under the first provider as the program reached full implementation. However, all agreed it was accelerated by the staff reductions and vacancies. They perceived that the increased number of inmates did not appear to be as great a burden under the first provider because that provider gave staff members an opportunity to process the changes and de-escalate. They believed that the new provider did not offer this support.

A second influence on treatment was the requirement contained in the new contract that all inmates be included in TCSATP. The new treatment provider required that TCSATP staff members assess or reassess the 150 inmates who were not currently in treatment and begin offering services to them by the end of their first week of operation. According to Oversight Committee minutes, this included some inmates who were awaiting transfer out of the prison for disruptive behavior or refusal to actively participate in the program. The speed of the transition was due in part to the method of reimbursement contained in the new treatment contract. The new treatment provider had a financial incentive to include all inmates in treatment as quickly as possible. Counselors identified that the inclusion of all of the remaining 150 inmates into the program during the new treatment provider's first week was a major disruption to ongoing treatment activities. Counselors said they were pulled from many of their treatment activities to complete the intake of the new inmates. This was exacerbated by already being short-staffed because of the counselor resignations when the new treatment provider began. In retrospect, a DOC administrator indicated that the Oversight Committee could have asked the provider to phase the additional clients into the TC community at a slower pace and could have been more sensitive to the workload of the counselors and to its potential negative consequences on the program.

Former inmates' evaluation of the change in treatment providers was consistent with the findings from the focus groups that the change had a negative effect on the treatment program. Inmates' morale was somewhat affected, with 30% indicating it slightly hurt their morale and an additional 10% indi-

TABLE 3: Former Inmates' Evaluation of the Change in Treatment Providers (in percentages) (N = 60)

How did the change to the new treatment provider affect your morale?	
Would you say it:	
Significantly improved your morale?	0.0
Slightly improved your morale?	0.0
Had no effect on your morale?	60.0
Slightly hurt your morale?	30.0
Significantly hurt your morale?	10.0
Total	100.0
How did the change to the new treatment provider affect your treatment?	
Would you say it:	
Significantly improved the treatment program?	0.0
Slightly improved the treatment program?	5.0
Had no effect on the treatment program?	30.0
Slightly hurt the treatment program?	31.7
Significantly hurt the treatment program?	33.3
Total	100.0

cating it significantly hurt their morale. Inmates perceived that the effect on treatment was much greater. Almost two thirds of the inmates indicated that the change in treatment providers hurt the treatment program, including 33% who indicated that it significantly hurt the treatment program. None of the respondents indicated the change in providers significantly improved the program, and only 5% of the inmates indicated the change slightly improved the program. Table 3 includes the inmates' responses.

When asked for suggestions for improvement in the 12-month follow-up interview, inmates offered no comments about the new treatment provider, but 2 inmates expressed their opposition to the inclusion of all inmates in treatment. One former inmate stated, "Don't force people into the program that don't want to be there. It just creates disturbances for the ones who do want the program." Similarly, the other former inmate stated, "Do not try to force change or it will more likely be fake; they'll fake it to make it."

Follow-up note. Since the conclusion of the study, DOC issued another request for bids for the treatment contract 1 year after it was awarded to the new provider. The contract subsequently was awarded to the original treatment provider that started TCSATP under the CSAT grant. That provider has since received certification from the DMH Division of Alcohol and Drug Abuse, which the previous provider was unable to obtain. Anecdotal reports by DOC staff members indicated that staff and inmate morale has improved, and the program is being implemented as it was prior to the original change in treatment providers.

DISCUSSION

These findings illustrate the difficulties prisons face as they try to maintain well-developed TC programs over time. It is inevitable that situational events will occur that can negatively affect the program. At the end of the 3-year CSAT start-up grant, focus group respondents believed that TCSATP had “matured,” that is, the TC program was being fully implemented according to the TC model by well-trained treatment and custody staff members. However, both staff members and inmates agreed that the subsequent smoking ban and the change in treatment providers negatively affected program implementation.

The experiences with the smoking ban in the TCSATP prison are similar to those reported from other states, in particular, cigarettes becoming the drug of choice, an increase in inmate incidents, and an increase in tension among inmates and inmates and staff members (Falkin et al., 1998; Lillis, 1994; Roberts, 1999). However, this was the first study to link their effect to implementation of prison-run treatment programs. As states contemplate banning or limiting smoking in prisons with TC programs, attention should be paid to the potential negative effect on treatment. To lessen the negative effect on treatment, prison officials may want to consider taking a middle-ground approach that allows smoking outside of buildings or in designated areas within buildings. This protects the health of nonsmokers, limits the amount of smoking, and keeps inmates focused on the most serious addictive behaviors, those associated with drugs and alcohol. Regardless of the smoking policy that states select, it should be uniformly implemented across staff members and inmates. Banning smoking among inmates but not staff members at the TCSATP prison altered the positive therapeutic relationships that had developed between inmates and staff members, particularly custody staff members.

DOC's experiences in contracting out for prison-based TC services were mixed. By all accounts, implementation of the contract with the initial provider under the original CSAT grant went smoothly. The problems occurred when rebidding the contract and modifying its requirements, which necessitated that time be spent on writing contracts, devising appropriate financial incentives, and developing monitoring systems. Not surprisingly, these issues are known to pose significant challenges to the privatization of public services as well (Chalk, 1997; Gormley, 1994). Once again, this is the first study to consider the effect of the contracting process on implementation of prison-based TC programs.

One of the most serious problems with the change in TCSATP providers was its effect on staffing. Staff continuity is an important consideration in TC

programs (Lipton, Falkin, & Wexler, 1992; Weinman & Lockwood, 1993). In a TC system, open communication between the two groups is important, and it is facilitated by strong working relationships that develop over time (Inciardi et al., 1992). The reduction in TCSATP counselors that followed the change in treatment providers overloaded the remaining counselors, placed a large training burden on the counselor supervisors and counselors as new ones were hired, and strained the positive relationships that had developed between custody and treatment staff members.

Another consideration is the contracting process itself. Must awards be granted to the lowest qualified bidder? If so, how much weight should be given to the current provider to ensure continuity of programming and to the qualifications and experience of each provider versus cost? The weighing of cost and qualifications of providers must be balanced to ensure the quality of prison-based TC programs operated by private providers. The writing of contract requirements is complicated by the lack of agreement on the specific components of TC programs (Pan et al., 1993). The adoption of national TC standards and appropriate substance abuse treatment certification requirements that incorporate TC standards would help states to write better specifications for such services. The development of such standards is currently being undertaken (Office of National Drug Control Policy, 1999).

Also at issue is the method of reimbursement of contract providers (Chalk, 1997; Patterson, 1998; Travis et al., 1985). The switch from a flat monthly rate under the CSAT grant to a per capita basis provided a financial incentive for the new provider to add additional inmates to the program as rapidly as possible, which placed a burden on the ability of treatment staff members to maintain their programs. It also provides a financial incentive to attempt to treat inmates who may have been inappropriate for treatment because of disruptive behaviors or attitudes. In addition, this payment system did not include incentives to train staff members, which resulted in a reduction in the amount of training counselors received compared to the initial CSAT grant.

This study also has implications for the evaluation of TC programs. Typically, substance abuse treatment programs (or any social programs) should be given time to mature prior to conducting outcome evaluations (Tims & Fletcher, 1992). This study reinforces that situational influences (i.e., historical events) can threaten the internal validity of outcome studies, even among programs that have matured (Fletcher & Tims, 1992). By the time TCSATP had reached a level of maturity for an outcome evaluation, the two situational events discussed in this study arose that threatened the integrity of the treatment in the TC program and threatened the internal validity of

outcome studies. Evaluators should not assume that treatment integrity is high just because the program has existed for a long period of time.

Finally, this study illustrates that the negative effect of situational events on prison-based TC programs can be time limited and appropriately dealt with at the administrative level. DOC conducted an evaluation of the smoking ban, which led to DOC rescinding that policy and replacing it with a middle-ground policy that restricted smoking to outside areas. DOC also revised its contracting process, which led to the reawarding of the contract to the initial treatment provider. Anecdotal reports suggest that the TC program has recovered from the negative effect of both events and is being implemented in the intended manner.

Further research is needed to better understand the effect of these and other situational events on therapeutic communities. Numerous questions exist. For example, why was the TCSATP therapeutic community unable to curtail the negative behaviors associated with the no-smoking policy? Did this represent a general failure of TCSATP, or would this incident have ultimately strengthened the community? Are the findings of this study limited to the implementation of TC programs in prisons, or would there be similar results in community-based correctional TC programs? If the results would have been different, what is different about the TC process in prisons versus community-based correctional TC programs? Ethnographic studies could be invaluable for examining program changes over time and capturing the perspectives of staff members and inmates with the intent of explaining why and under what conditions these and other situational events affect therapeutic communities.

REFERENCES

- Ammar, N. H., & Erez, E. (2000). Health delivery systems in women's prisons: The case of Ohio. *Federal Probation, 64*, 19-26.
- Chalk, M. (1997). Privatizing public mental health and substance abuse services: Issues, opportunities, and challenges. *Quality Management in Health Care, 5*, 55-64.
- De Leon, G. (2000). *The therapeutic community: Theory, model, and methods*. New York: Springer.
- Doyle, J. (1999). A qualitative study of factors influencing psychiatric nursing practice in Australian prisons. *Perspectives in Psychiatric Care, 35*, 29-35.
- Falkin, G. P., Strauss, S. M., & Lankenau, S. E. (1998). Cigarette smoking policies in American jails. *American Jails, 12*, 9-14.
- Farabee, D., Prendergast, M., Cartier, J., Wexler, H., Knight, K., & Anglin, M. D. (1999). Barriers to implementing effective correctional drug treatment programs. *The Prison Journal, 79*, 150-162.
- Field, G. (1985). The Cornerstone Program: A client outcome study. *Federal Probation, 49*, 50-55.

- Fletcher, B. W., & Tims, F. M. (1992). Methodological issues: Drug abuse treatment research in prisons and jails. In C. G. Leukefeld & F. M. Tims (Eds.), *Drug abuse treatment in prisons and jails* (pp. 246-260). Rockville, MD: National Institute on Drug Abuse.
- Folz, D. H., & Scheb, J. M. (1989). Prisons, profits and politics: The Tennessee privatization experiment. *Judicature*, 73, 98-102.
- Gormley, W. T. (1994). Privatization revisited. *Policy Studies Review*, 13, 215-234.
- Inciardi, J. A. (1995). The therapeutic community: An effective model for corrections-based drug abuse treatment. In K. C. Haas & G. P. Alpert (Eds.), *The dilemmas of punishment* (pp. 406-417). Prospect Heights, IL: Waveland Press.
- Inciardi, J. A., Martin, S. S., Lockwood, D., Hooper, R. M., & Wald, B. M. (1992). Obstacles to the implementation and evaluation of drug treatment programs in correctional settings: Reviewing the Delaware KEY Experience. In C. G. Leukefeld & F. M. Tims (Eds.), *Drug abuse treatment in prisons and jails* (pp. 176-191). Rockville, MD: National Institute on Drug Abuse.
- Knight, K., Simpson, D. D., Chatham, L. R., & Camacho, L. M. (1997). An assessment of prison-based drug treatment: Texas' in-prison therapeutic community program. *Journal of Offender Rehabilitation*, 24, 75-100.
- Knight, K., Simpson D. D., & Hiller, M. L. (1999). Three-year reincarceration outcomes for in-prison therapeutic community treatment in Texas. *The Prison Journal*, 79, 337-351.
- Lillis, J. (1994). Clearing the air in U.S. correctional systems: Prison smoking policy more defined, comparable. *Corrections Compendium*, 19, 3-5.
- Linhorst, D. M. (2000). *Report of a process evaluation of the Ozark Correctional Center drug treatment program: Final report* (NCJ No. 181648). Washington, DC: Department of Justice, National Institute of Justice.
- Lipton, D. S., Falkin, G. P., & Wexler, H. K. (1992). Correctional drug abuse treatment in the United States: An overview. In C. G. Leukefeld & F. M. Tims (Eds.), *Drug abuse treatment in prisons and jails* (pp. 8-30). Rockville, MD: National Institute on Drug Abuse.
- Mahon, N. (1996). New York inmates' HIV risk behaviors: The implications for prevention policy and programs. *American Journal of Public Health*, 86, 1211-1215.
- Martin, S. S., Butzin, C. A., & Inciardi, J. A. (1995). Assessment of a multistage therapeutic community for drug-involved offenders. *Journal of Psychoactive Drugs*, 27, 109-116.
- Martin, S. S., Butzin, C. A., Saum, C. A., & Inciardi, J. A. (1999). Three-year outcomes of therapeutic community treatment for drug-involved offenders in Delaware: From prison to work release to aftercare. *The Prison Journal*, 79, 295-320.
- Martin, S. S., Inciardi, J. A., Scarpitti, F. R., & Nielsen, A. L. (1997). Case management for drug involved parolees: It proved to be a hard ACT to follow. In F. M. Tims, J. A. Inciardi, B. W. Fletcher, & A. M. Horton, Jr. (Eds.), *The effectiveness of innovative approaches in the treatment of drug abuse* (pp. 115-133). Westport, CT: Greenwood.
- Mumola, C. J. (1999). *Substance abuse and treatment, state and federal prisoners, 1997*. Washington, DC: Department of Justice, Bureau of Justice Statistics.
- Office of National Drug Control Policy. (1999). *Therapeutic communities in correctional settings: The prison based TC standards development project: Final report of Phase II*. Washington, DC: Office of National Drug Control Policy, Executive Office of the President of the United States.
- Pan, H., Scarpitti, F. R., Inciardi, J. A., & Lockwood, D. (1993). Some considerations on therapeutic communities in corrections. In J. A. Inciardi (Ed.), *Drug treatment and criminal justice* (pp. 30-43). Newbury Park, CA: Sage.
- Patterson, R. F. (1998). Managed behavioral health care in correctional settings. *Journal of the American Academy of Psychiatry and the Law*, 26, 467-473.

- Pearson, F. S., & Lipton, D. S. (1999). A meta-analytic review of the effectiveness of corrections-based treatments for drug abuse. *The Prison Journal, 79*, 384-410.
- Roberts, M. (1999, May 13). Drug use by Oregon inmates drops. *The Oregonian*.
- Swartz, J. A., & Lurigio, A. J. (1999). Final thoughts on IMPACT: A federally funded, jail-based, drug-user-treatment program. *Substance Use and Misuse, 34*, 887-906.
- Tims, F. M., & Fletcher, B. W. (1992). The challenge of drug abuse treatment in prisons and jails. In C. G. Leukefeld & F. M. Tims (Eds.), *Drug abuse treatment in prisons and jails* (pp. 1-7). Rockville, MD: National Institute on Drug Abuse.
- Travis, L. F., Latessa, E. J., & Vito, G. F. (1985). Private enterprise and institutional corrections: A call for caution. *Federal Probation, 49*, 11-16.
- Weinman, B. A., & Lockwood, D. (1993). Inmate drug treatment programming in the federal bureau of prisons. In J. A. Inciardi (Ed.), *Drug treatment and criminal justice* (pp. 194-208). Newbury Park, CA: Sage.
- Wexler, H. K. (1995). The success of therapeutic communities for substance abusers in American prisons. *Journal of Psychoactive Drugs, 27*, 57-66.
- Wexler, H. K., Falkin, G. P., & Lipton, D. S. (1990). Outcome evaluation of a prison therapeutic community for substance abuse treatment. *Criminal Justice and Behavior, 17*, 71-92.
- Wexler, H. K., & Lipton, D. S. (1993). From reform to recovery advances in prison drug treatment. In J. A. Inciardi (Ed.), *Drug treatment and criminal justice* (pp. 209-227). Newbury Park, CA: Sage.
- Wexler, H. K., Melnick, G., Lowe, L., & Peters, J. (1999). Three-year reincarceration outcomes for Amity in-prison therapeutic community and aftercare in California. *The Prison Journal, 79*, 321-336.
- Wexler, H. K., & Williams, R. (1986). The Stay'n Out therapeutic community: Prison treatment for substance abusers. *Journal of Psychoactive Drugs, 18*, 221-230.
- York, P. A. (1993). Privatization of prisons: A look at the issues surrounding private sector involvement in prisons and prison industries in North America. *Security Journal, 4*, 129-138.

MAKING THE NEXT STEP: USING EVALUABILITY ASSESSMENT TO IMPROVE CORRECTIONAL PROGRAMMING

BETSY MATTHEWS
Eastern Kentucky University

DANA JONES HUBBARD
EDWARD LATESSA
University of Cincinnati

The research on what works in correctional interventions provides a powerful agenda for correctional programming. Evaluability assessment is a tool that can be used to help put this research into practice by providing a measure of program quality. This article describes Gendreau and Andrews's Correctional Program Assessment Inventory (CPAI) as one example of an evaluability assessment tool that is designed to ascertain how well programs are meeting certain principles of effective intervention. It also reports the results of CPAIs conducted on 86 treatment programs. The results indicate that these programs are not adequately incorporating the principles into their correctional programming. Common shortcomings are discussed, and potential resolutions are offered.

Thanks to a growing body of literature on what works in correctional intervention, corrections professionals have for the first time a blueprint for improving correctional programming. Unfortunately, lengthy planning and development processes are uncommon luxuries in the correctional arena. Despite the best of intentions, the pursuit of long-term endeavors is often sacrificed to resolving the more immediate problems of staff turnover, probation violations, and institutional misconduct. Even if programs were afforded the ability to devote time to improving their program, the prospect of developing a program that works can be overwhelming. What is needed is a tool for structuring the inquiry—a tool that can answer the following three basic questions: Where are we now? Where do we need to go? How can we get there?

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One tool capable of answering these questions and facilitating program improvements in corrections has been referred to in evaluation literature as an *evaluability assessment* (Prosavac & Carey, 1992; Rutman, 1980; Van Voorhis & Brown, 1996). This article first summarizes the principles of effective intervention as empirically based standards that can serve as benchmarks for program development. Second, it describes an evaluability assessment tool that is designed to provide a standardized quantifiable measure of program quality. Third, it reports the results of 86 assessments of correctional programs across the United States. Fourth, it reports common problems in correctional programming that were identified through the assessments and offers recommendations for improvements. Finally, the article concludes with a discussion regarding the potential benefits of an evaluability assessment tool that provides specific and timely feedback to correctional programs that are interested in taking the next step toward developing programs capable of reducing recidivism.

PRINCIPLES OF EFFECTIVE INTERVENTION

Over the past two decades, numerous literature reviews and meta-analyses have been conducted to examine the effectiveness of various correctional interventions. Despite the differences in samples and statistical techniques, the conclusions drawn by these authors are strikingly similar: Programs that reduce recidivism possess several common characteristics (Andrews, Zinger, et al., 1990; Gendreau & Andrews, 1990; Izzo & Ross, 1990; Lipsey & Wilson, 1998). The most effective programs were conducted in the community (Izzo & Ross, 1990; Lipsey & Wilson, 1998; Palmer, 1974; Whitehead & Lab, 1989), included multimodal programming (Clements, 1988; Lipsey, 1992; Lipsey & Wilson, 1998; Palmer, 1992, 1996), and involved the family in the offender's treatment (Clements, 1988; Gendreau & Ross, 1987; Palmer, 1996).

Other more specific characteristics have been identified. They are referred to as *the principles of effective intervention* (Andrews, Bonta, & Hoge, 1990; Gendreau, 1996; Gendreau & Andrews, 1990). They include the following:

1. Effective interventions are behavioral in nature. A well-designed behavioral program combines a system of reinforcement with modeling by the treatment provider to teach and motivate offenders to perform prosocial behaviors. In addition, problem solving and self-instructional training may be used to change the offenders' cognitions, attitudes, and values that maintain antisocial behavior.

2. Levels of service should be matched to the risk level of the offender. Intensive services are necessary for a significant reduction of recidivism among high-risk offenders, but when applied to low-risk offenders, intensive services produce a minimal or negative effect.
3. Offenders should be matched to services designed to improve their specific criminogenic needs such as antisocial attitudes, substance abuse, family communication, and peer association. Improvements in these areas will contribute to a reduced likelihood of recidivism.
4. Treatment approaches and service providers are matched to the learning style or personality of the offender. For example, high-anxiety offenders do not generally respond well to confrontation (Warren, 1983), and offenders with below-average intellectual abilities do not respond to cognitive skills programs as well as offenders with above average or high intellectual abilities (Fabiano, Porporino, & Robinson, 1991).
5. Services for high-risk offenders should be intensive, occupying 40% to 70% of the offenders' time over a 3- to 9-month period.
6. The program is highly structured, and contingencies are enforced in a firm but fair way: Staff members design, maintain, and enforce contingencies; internal controls are established to detect possible antisocial activities; and program activities disrupt the criminal network and prevent negative peers from taking over the program.
7. Staff members relate to offenders in interpersonally sensitive and constructive ways and are trained and supervised appropriately.
8. Staff members monitor offender change on intermediate targets of treatment.
9. Relapse prevention and aftercare services are employed in the community to monitor and anticipate problem situations and to train offenders to rehearse alternative behaviors.
10. Family members or significant others are trained how to assist clients during problem situations.
11. High levels of advocacy and brokerage occur if community services are appropriate.

Meta-analyses of correctional interventions have found that programs that meet these principles are achieving on average a recidivism reduction of 30% to 50% (Andrews, Zinger, et al., 1990). This research on what works in correctional interventions provides a powerful agenda for correctional programming. The next section of this article describes a valuable tool that can be used to help programs put these principles into practice.

EVALUABILITY ASSESSMENT

According to Van Voorhis and Brown (1996), a major impediment to conducting useful evaluations is flawed program design and implementation.

Poor outcomes are often assumed to be program failures, when in actuality, the program was never implemented as designed (Van Voorhis, Cullen, & Applegate, 1995). Another problem noted by Van Voorhis et al. (1995) is that it is common to see reports on outcome data with no clear indication of what the program did to achieve these results. This approach to evaluation provides a limited basis for program improvements, and it makes the replication of effective programs nearly impossible.

One way to avoid these problems is to conduct an evaluability assessment (Prosavac & Carey, 1992; Rutman, 1980). Evaluability assessments are designed to ascertain if a program has a sound theoretical basis and a well-designed treatment protocol, if the program has been implemented as designed, and if the program is suitable for further inquiry such as an outcome evaluation (Prosavac & Carey, 1992; Van Voorhis et al., 1995). Evaluability assessment comes in many forms. Van Voorhis and Brown (1996) suggested the following four key steps for conducting an evaluability assessment: (a) identifying the purpose and scope of the assessment; (b) developing a program template that describes the goals and objectives of the program, the theory underlying the program, and the intended treatment protocol; (c) validating the program design through interviews and focus groups with program staff members and stakeholders and through observations of program activities; and (d) preparing a report that details the assessment findings and provides appropriate recommendations for future evaluation or program improvements.

The Correctional Program Assessment Inventory (CPAI) (Gendreau & Andrews, 1994)¹ is one example of an evaluability assessment tool that can be used to identify programmatic areas requiring modification. In the case of the CPAI, the principles of effective intervention outlined earlier serve as the program template, and the goal of the assessment is to ascertain the extent to which correctional programs have incorporated these principles. The CPAI provides a standardized, objective way for assessing the quality of correctional programs against empirically based standards. According to Lipsey and Wilson (1998), effective intervention requires a good match between program concept, host organization, and the clientele targeted. The CPAI provides a method for determining if this match exists.

With this type of assessment, agencies can be made aware of inconsistencies in program design and practice before investing in an expensive outcome evaluation. It also facilitates program replication should later outcome evaluations be favorable. The remainder of this article describes the methodology and results of CPAIs conducted on 86 correctional programs and demonstrates the utility of such an assessment.

TABLE 1: Program Type (N = 86)

<i>Characteristic</i>	<i>Frequency</i>	<i>Percentage</i>
Service provided		
General services	49	56.9
Substance abuse treatment	34	39.5
Education	2	2.3
Domestic violence	1	1.1
Population		
Juvenile	30	34.5
Adult	56	65.5
Setting		
Residential	46	53.5
Nonresidential	38	44.2
Both	1	1.1
Missing	1	1.1

METHOD

SAMPLE

CPAIs were conducted on 86 programs from January 1996 through September 1998. The sample included both residential and nonresidential programs that provided a variety of services to juvenile and adult offenders. Programs included in this study were not selected randomly; rather, they were self-selected (they requested to be assessed) or chosen by the funding source to be evaluated. The 86 programs included private, nonprofit, and public programs located in 25 states.

Table 1 reports the frequencies and percentages of the services provided, the populations served, and the settings of the programs that were assessed. The majority of the programs (56.9%) provided a variety of services, whereas 39.5% of the programs provided only substance abuse treatment. Two of the programs were limited to the provision of educational services, and one of the programs provided domestic violence treatment. Most of the programs served adult populations (65.5%), and a little more than half of the programs (53.5%) were conducted in residential settings.

MEASURE

The CPAI (Gendreau & Andrews, 1994) was used to ascertain how closely the programs met known principles of effective correctional treatment. There are six primary sections of the CPAI, and they are described as follows:

1. Program implementation: This section focuses on the qualifications and involvement of the program director, the extent to which the treatment literature was considered in the program design, and whether the program is consistent with existing values in the community, meets a local need, and is perceived to be cost-effective.
2. Client preservice assessment: This section examines the program's offender selection and assessment processes to ascertain the extent to which clients are appropriate for the services provided. It also addresses the methods for assessing risk, need, and responsivity factors.
3. Characteristics of the program: This section examines whether the program is targeting criminogenic attitudes and behaviors, the specific treatment modalities employed, the use of rewards and punishments, and the methods used to prepare the offender for release from the program.
4. Characteristics and practices of the staff: This section concerns the qualifications, experience, stability, training, and involvement of the program staff members.
5. Evaluation: This section centers on the types of feedback, assessment, and evaluations used to monitor how well the program is functioning.
6. Miscellaneous: This final section of the CPAI includes miscellaneous items pertaining to the program such as ethical guidelines and levels of funding and community support.

Each section consists of 6 to 22 items for a total of 66 items that are designed to operationalize the principles of effective intervention. The number of items in each section (see Table 2) represents the weight given to that particular section relative to the other sections of the instrument. Each of these items is scored as 1 or 0. To receive a 1, programs must demonstrate that they meet the specified criteria (e.g., the director is involved in some aspect of direct service delivery to clients and client risk of recidivism is assessed through a standardized, quantifiable measure). Based on the percentage of points earned, each section is scored as either *very satisfactory* (70% to 100%), *satisfactory* (60% to 69%), *needs improvement* (50% to 59%), or *unsatisfactory* (less than 50%).² The scores from all six areas are totaled, and the same scale is used for the overall assessment score. Some items may be considered not applicable, in which case they are not included in the scoring.

DATA COLLECTION

Teams of researchers visited the 86 program sites. The primary data source was structured interviews with program staff members at each of the sites. Attempts were made to gain information from a representative cross-section of program staff members. Interviews were conducted separately to encourage open discussion and to provide a method for cross-referencing

TABLE 2: Correctional Program Assessment Inventory (CPAI) Results—Category and Mean Scores (N = 86)

CPAI Area	Programs in Each Category								M
	Very Satisfactory (70% to 100%)		Satisfactory (60% to 69%)		Needs Improvement (50% to 59%)		Unsatisfactory (< 50%)		
	%	n	%	n	%	n	%	n	
Program implementation (11 items)	69.8	60	11.6	10	14	12	4.7	4	72.99
Client preservice assessment (11 items)	27.9	24	1.2	1	16.3	14	54.7	47	47.94
Program characteristics (22 items)	7.0	6	12.8	11	25.6	22	54.7	47	43.91
Staff member characteristics (8 items)	34.9	30	17.4	15	25.6	22	22.1	19	60.12
Evaluation (8 items)	14.0	12	2.3	2	10.5	9	73.3	63	38.39
Other (6 items)	74.4	64	17.4	15	7.0	6	1.2	1	83.91
Overall (66 items)	10.6	9	27.1	23	28.2	24	34.1	29	54.87

responses to determine the extent to which consensus exists regarding the purpose and design of the program. Other sources of information included the examination of program documentation, the review of representative case files, and some observation of program activities.

RELIABILITY

Reliability is an important issue in any standardized assessment. Because of the qualitative nature of the data used to score the CPAI, reliability is an important issue. Several steps were taken to increase the reliability of the CPAI. First, to conduct the CPAI, researchers must have demonstrated a strong knowledge of the literature on correctional rehabilitation. Second, researchers participated in a comprehensive training session on how to use the instrument. This training focused on defining the criteria that support each principle of effective intervention, interviewing and observation techniques for collecting the necessary data, and scoring the instrument. Third, each researcher was provided with a scoring guide that listed the criteria that a program must meet to earn a score of 1. Finally, at least two researchers conducted each assessment. Following the scheduled interviews and observations, the researchers compared notes and scores. When inconsistencies were identified, more data were collected to clarify whether the program met the specified criteria.

ANALYSIS

All of the CPAI scores were entered into a project database. Descriptive statistics were used to summarize the results of the assessments. *T* tests were used to identify any significant differences in the average scores between juvenile and adult and residential and nonresidential programs in each area of the CPAI. Individual items and sections were also examined to identify common problem areas among the programs assessed.

RESULTS AND DISCUSSION

CPAI SCORES

Table 2 presents the number and percentage of programs scoring either *very satisfactory*, *satisfactory*, *needs improvement*, or *unsatisfactory* on each section of the CPAI and overall. It also reports the mean scores (i.e., the average percentage of points earned) in each area of the CPAI and the mean overall score.

The two strongest areas in the CPAI are other and program implementation. Mean scores of 83.91 and 72.99, respectively, suggest that programs generally meet the principles of effective intervention in these areas. In the area of other, 74% of the programs scored in the very satisfactory range of the scale; only 1.2% of the programs fell in the unsatisfactory range of the scale. This suggests that in general, the programs assessed maintained comprehensive client information in confidential files, had a code of ethics to guide program practices, and demonstrated stability in programming, funding, and community support. In the area of program implementation, 69.8% of the programs fell in the very satisfactory range of the scale; only 4.7% of the programs fell in the unsatisfactory range of the scale. This suggests that in general, the programs assessed had an experienced and involved program director, were developed to meet a pressing local need, and were perceived as being cost-effective and sustainable.

The next strongest area of the CPAI was staff characteristics. Thirty-five percent of the programs assessed scored in the very satisfactory range of the scale, and 22.1% of the programs scored in the unsatisfactory range of the scale. A mean score of 60.12 indicates that most of the programs assessed hired qualified staff members, involved staff members in decision making, and annually evaluated staff members on skills related to service delivery.

The three weakest areas of the CPAI were client preservice assessment, program characteristics, and evaluation. The majority of the programs assessed (54.7% to 74.3%) scored in the unsatisfactory range of the scale in each of these areas. Mean scores ranging from 38.39 in the evaluation section to 47.93 in the assessment section suggest that programs were not committed to evaluating program practices, that the treatment modalities and associated practices lacked a strong theoretical basis, and that programs had not implemented standardized, objective methods for assessing the risk, need, and responsivity factors of clients.

The overall CPAI scores indicate that 34.1% of the programs scored in the unsatisfactory range of the scale. A mean overall score of 54.87 on the CPAI suggests that on average, the programs that were assessed suffered from a general lack of program integrity.

DIFFERENCES IN JUVENILE AND ADULT PROGRAMS

t tests were conducted to examine differences in the CPAI scores between adult and juvenile programs. Table 3 reveals that for the most part, adult and juvenile programs shared the same general strengths and problems. In two of the areas, however, the mean scores for the adult programs were significantly higher than the mean scores for the juvenile programs. First, in the area of

TABLE 3: *t* Tests on the Differences Between Adult and Juvenile Programs

<i>Correctional Program Assessment Inventory Area</i>	<i>Adult Programs Mean (n = 56)</i>	<i>Juvenile Programs Mean (n = 30)</i>	<i>t-Value</i>	<i>df</i>
Program implementation	75.21	68.85	2.065*	84
Client preservice assessment	51.92	40.53	2.407*	84
Program characteristics	43.26	45.14	-0.476	84
Staff member characteristics	61.14	58.20	0.637	84
Evaluation	39.84	35.69	0.760	84
Other	84.81	82.21	0.726	84
Overall	55.95	52.85	1.236	84

program implementation, the mean score for the adult programs was 75.21 as compared to a mean score of 68.5 for the juvenile programs ($p = .042$). This difference was not attributable to any one factor. Second, in the area of client preservice assessment, the mean score for the adult programs was 51.92 as compared to a mean score of 40.53 for the juvenile programs ($p = .018$). This difference can be attributed to the fact that many juvenile programs have only recently begun to implement standardized, objective methods of risk and need assessment.

DIFFERENCES IN RESIDENTIAL AND NONRESIDENTIAL PROGRAMS

Table 4 presents the findings of *t* tests that were conducted to examine differences between residential and nonresidential programs. The only significant difference in the two samples was in the area of program characteristics. Residential programs had a significantly higher mean score in this area (47.90) as compared to nonresidential programs (39.05; $p = .017$). The difference in the scores on program characteristics can be attributed to the more controlled setting of residential programs. This setting allows for closer monitoring of clients and promotes consistency in the administration of rewards and punishments, both of which are essential ingredients for effective intervention.

COMMON SHORTCOMINGS, IMPLICATIONS, AND POTENTIAL RESOLUTIONS

Table 5 identifies the specific items in the CPAI on which programs generally score poorly. In the area of program implementation, the majority of the programs that were assessed scored poorly on two items; 61.6% failed to conduct a review of pertinent treatment literature, and 62.8% failed to con-

TABLE 4: *t* Tests on Differences Between Nonresidential and Residential Programs (*N* = 86)

<i>Correctional Program Assessment Inventory Area</i>	<i>Nonresidential Mean (n = 38)</i>	<i>Residential Mean (n = 46)</i>	<i>t-Value</i>	<i>df</i>
Program implementation	73.69	72.10	0.528	82
Client preservice assessment	49.06	47.26	2.407	82
Program characteristics	39.05	47.90	-2.443*	82
Staff member characteristics	62.85	57.76	1.151	82
Evaluation	35.95	40.85	-0.919	82
Other	83.16	85.28	-0.621	82
Overall	53.58	56.10	-1.066	82

duct a pilot period prior to implementation. Without a review of the treatment literature, program models are not likely to reflect theories and practices that have been found to be effective in reducing recidivism. Furthermore, a pilot period is needed to sort out program logistics and content prior to the formal implementation of the program. Changes can be difficult to initiate once a program is formally implemented. Existing programs are advised to review the literature pertinent to program modifications or additions and to pilot new program components for at least 1 month.

The programs scored poorly on several items in the area of client preservice assessment. Although most programs assess clients' risks and needs associated with recidivism, they generally do so with a clinical psychosocial assessment that is based on subjective, professional judgment. Empirical evidence suggests that actuarial methods of assessment that are based on objective and standardized factors are more accurate at predicting the risk of recidivism than are clinical methods (Gottfredson, 1987; Jones, 1996). Only 33.7% of the programs, however, used an objective method of risk assessment, and only 41.9% used an objective method of need assessment. Without an objective method for risk and need assessment, these programs are left without a summary score that defines the clients' level of risk and need and that can be used in case classification. This impedes a program's ability to allocate treatment resources in an equitable manner as well as its ability to assign clients to the intensity and type of treatment that best matches their risks and needs. It is recommended that programs develop actuarial methods of assessment to identify the general risks and needs of clients. Examples of such instruments include the Wisconsin Risk/Need Instrument (Baird, Heinz, & Bemus, 1979), the Level of Services Inventory-Revised (LSI) (Andrews & Bonta, 1995), or the Correctional Offender Management Profiles for Alternative Sentences (Northpointe Institute for Public Management, 1997). Each of these instruments includes factors that are known corre-

TABLE 5: Correctional Program Assessment Inventory (CPAI) Items (or Principles of Effective Intervention) That Programs Are Not Meeting (N = 86)

	<i>No</i>		<i>Yes</i>	
	%	n	%	n
Program implementation				
Literature review	61.6	53	34.9	30
Pilot period	62.8	54	18.6	16
Client preservice assessment				
Risk methods	64.0	55	33.7	29
Need methods	57.0	49	41.9	36
Responsivity factors	74.4	64	26.6	22
Responsivity methods	80.2	69	17.4	15
Risk level defined	66.3	57	32.6	28
Need level defined	64.0	55	36.0	31
Responsivity defined	83.7	72	16.3	14
Program characteristics				
Matching risk level to service	82.6	71	16.3	14
Matching treatment to client	88.4	76	11.6	10
Matching staff members to treatment	75.6	65	24.4	21
Matching staff members to client	89.5	77	10.5	9
Ratio favors rewards	84.9	73	15.1	13
Theory of punishment	84.9	73	12.8	11
Appropriate punishing stimuli	63.5	54	29.4	25
Procedure for punishment	70.6	60	22.4	19
Negative effects	80.0	68	15.3	13
Significant others	69.8	60	27.9	24
Booster/aftercare provided	76.4	64	23.3	20
Staff member characteristics				
Training for 3 to 6 months	87.2	75	9.3	8
Evaluation				
Of clients on target areas	70.9	61	29.1	25
Clients followed	54.7	47	37.2	32
Outcome study (methodological)	70.9	61	9.3	8

NOTE: Percentages may not add to 100% because some programs were scored not applicable in some of the aforementioned CPAI items.

lates of crime and dynamic factors that are amenable to change, and each instrument provides a summary score for use in case classification. Several researchers have cautioned agencies against adopting existing instruments for use with their offender population and warn that accurate prediction is dependent on an instrument that is validated and normed on the population on which it is to be used (Clear, 1988; Gottfredson, 1987; Jones, 1996). If specific areas of need are identified through this initial assessment (e.g., substance abuse, aggression, and antisocial values), other more in-depth assessments could then be conducted to determine the extent of the problem.

Only 26.6% of the programs assessed responsivity factors, and those programs that did assess responsivity factors did not use a standardized, objec-

tive method of assessment. Responsivity factors are traits of the client that may interfere with treatment effectiveness. For example, persons with low intelligence do not perform well in cognitive skills programs (Fabiano et al., 1991), high-anxiety offenders do not respond well to counselors or treatment environments that are highly confrontational (Warren, 1983), and persons with a low conceptual level need a treatment strategy that provides a high level of structure (Brill, 1978; Reitsma-Street & Leschied, 1988). Each of these factors could be assessed at intake. In addition, research has identified subgroups of offenders with varying personality traits that influence how they respond to treatment (Van Voorhis, 1994). Two instruments that can be used to identify these subgroups of offenders include the Client Management Classification Assessment Instrument (Lerner, Arling, & Baird, 1986) and the Jesness Inventory (Jesness, 1988). Both of these instruments offer intervention strategies for each of the subgroups of offenders.

The problems in the area of client preservice assessment carry over to the area of program characteristics. Without standardized, quantifiable methods of assessment, programs are limited in their ability to match clients to appropriate services. Even when programs have a comprehensive assessment process, however, little treatment matching occurs; programs tend to use a one-size-fits-all approach. One of the most important principles of classification is the risk principle, which states that the level of service should be matched to the risk level of the offender (Andrews, Bonta, & Hoge, 1990). Only 16.3% of the programs varied the intensity and duration of the program according to the clients' risk levels. This common shortcoming has serious ramifications. The application of intensive services and controls to low-risk offenders can actually be harmful; it interferes with the generally prosocial lifestyles of these offenders and in some cases increases their risk of recidivism (Andrews, Bonta, et al., 1990; Clear & Hardyman, 1990). Furthermore, according to Gendreau (1996), intensive services that occupy at least 40% of an offender's time are needed to produce significant reductions in the recidivism of high-risk offenders.

Another important principle of classification is the responsivity principle, which states that offenders should be matched to treatment approaches and to treatment staff members that accommodate their learning styles and personality traits (Andrews, Bonta, et al., 1990). Only 11.6% of the programs matched clients to treatment approaches based on responsivity factors, and only 10.5% of the programs matched clients to treatment staff members. This failure to match treatment strategies with the personal characteristics of offenders can lead to an increase in program failures. Many programs appear ineffective when it may be that inappropriate cases are masking the success that these programs are having with the clients who are appropriate for the ser-

vices provided (Van Voorhis et al., 1995). The advantages of incorporating the responsivity principle are twofold: First, agencies benefit from increased program success, and second, clients benefit from the provision of services that are well suited to their unique constellation of needs and personality characteristics.

Another common shortcoming in the area of program characteristics concerns a program's failure to systematically match staff members with the types of treatment that they provide. This matching occurred in only 24.4% of the programs assessed, with most of the agencies appearing to be more interested in having staff members be jacks-of-all-trades. Although there are obvious advantages to this approach (e.g., staff coverage), the disadvantages are more compelling. First, staff members are not given the opportunity to develop a particular area of expertise. Second, and more importantly, the failure to match staff members to services based on specific skills and interests can threaten program integrity and interfere with client treatment. The optimal time to implement this matching principle is during the recruitment and hiring stage. It can be effectively implemented, however, through ongoing staff member evaluation and professional development that is designed to ensure that staff members have the requisite skills and motivation for delivering the designated services.

One of the most problematic areas within the program characteristics portion of the CPAI revolves around the use of rewards and punishments. As suggested by the literature on behavioral and social learning theories, positive reinforcement is a powerful mechanism of behavioral change (Akers, 1985; Spiegler & Guevremont, 1993). Although most programs have some appropriate rewards in place, their use is somewhat sporadic. It is recommended that the ratio of rewards to punishers be at least 4:1 (Gendreau, 1996); only 15.1% of the agencies that were assessed met this criterion. It is recommended that a range of possible rewards be identified and that program policies be developed to encourage their systematic application. In addition, given the context of correctional programming, staff members may require training on the importance of positive reinforcement to overcome their predominant focus on negative behavior and their dependence on negative sanctions as a means to control behavior.

Despite the overreliance on punishment, it appears that correctional programs lack theoretical insight on why they use punishment and practical knowledge about how to punish effectively. Only 12.8% of the programs had a theoretically relevant rationale for their use of punishment. Rather than using punishment to extinguish or suppress negative behavior over the long term, punishment was more often used as a means of short-term, in-program control of behavior. Moreover, only 22.4% of the programs followed the principles of effective punishment. As outlined by Gendreau (1996), six cri-

teria must be met for punishment to be effective. First, punishment must be administered at the earliest point in the deviant behavior. Second, punishment must be administered after each occurrence of the deviant behavior. Third, the punishment should be administered at maximum intensity. Fourth, the punishment should vary with repeated negative behavior. Fifth, escape from the punishing stimuli must be impossible. Sixth, in addition to the punishment, the client must be taught a prosocial alternative to the deviant behavior. The CPAIs also revealed insufficient follow-up to punishment. Only 15.3% of the programs monitored clients to look for any unintended negative effects of punishment such as aggression or withdrawal. It is strongly recommended that correctional agencies interested in using punishment as a mechanism of behavioral change draw on the psychological literature (see Gendreau, 1996; Spiegel & Guevremont, 1993) to develop training and policies that encourage the proper administration of punishment.

Two other important components that are difficult to implement in correctional intervention programs are the involvement of families or significant others in the clients' treatment and the provision of aftercare services. Only 27.9% of the programs engaged families in treatment, and when they did offer services to families, they experienced very low participation rates. Juvenile programs appear to have more success in this area. Some programs have experienced success in getting families to participate by making it a condition of the client's successful release from the program. Other programs have had success in getting families involved by providing transportation to the program.

Only 25.6% of the programs assessed provided aftercare or booster sessions. A common finding was that although a residential program may have prepared aftercare plans for clients, the plans were not implemented after the clients' release to probation or parole supervision. The consistent provision of aftercare services requires collaboration among all components of the criminal justice system. Given that meta-analyses of correctional treatment studies have found that the provision of aftercare services is associated with higher reductions in recidivism (Gendreau & Andrews, 1990; Lipsey & Wilson, 1998), this area should be given high priority in program development.

In the area of staff member characteristics, programs consistently had trouble meeting the criterion for staff member training. The CPAI criterion states that new staff members should receive 3 to 6 months of formal training on the type of intervention being used in the program. Only 9.3% of the programs met this criterion. All too often, the only training staff members received was on-the-job training that entailed shadowing an experienced worker and reading program materials. It is recommended that this type of

on-the-job training be accompanied by formal training on the theories of the intervention (e.g., behavioral-cognitive and social learning theories).

There were several problem areas in the evaluation component of the CPAI. First, only 29.1% of the programs evaluate clients on their improvements in target areas. It is recommended that standardized and quantifiable instruments be used as preintervention and postintervention measures to assess changes in key target areas. For example, one of the programs used the LSI at intake and discharge to assess change in client risk. This procedure offered the following two benefits: It allowed them to monitor individual client progress, and it provided them with data on which to assess specific program elements. This particular program discovered that no significant improvements were occurring in the area of peer relationships. Based on these data, they modified their treatment curriculum to include a component that addressed the issue of peer pressure. Using preintervention and post-intervention measures is one of the most efficient and reliable methods of program evaluation.

Second, only 37.2% of the programs collected follow-up data on their clients for at least 6 months after release from the program. Finally, only 9.3% of the programs have conducted outcome studies. The second and third problems with the evaluation component are not so easily resolved. Both are time-consuming and costly endeavors.

SUMMARY AND CONCLUSIONS

The overall CPAI scores indicate that 34.1% of the programs scored in the unsatisfactory range of the scale. A mean overall score of 54.87 on the CPAI suggests that on average, the programs that were assessed suffered from a general lack of program integrity. The good news is that the requisite organizational framework appeared to be in place: Program directors and staff members were well qualified and integral to program development, the level of funding was adequate and sustainable, and there was internal and external support for the programs.

On the other hand, the majority of programs we assessed do not adequately assess offender risk, need, or responsivity factors; do not utilize effective treatment models; do not use behavioral strategies; do not adequately train staff members; and do not evaluate themselves or the performance of the offenders they serve. These findings mirror other studies of program integrity (Gendreau & Goggin, 2000; Latessa & Holsinger, 1998).

There are a number of limitations to the CPAI that should be noted. First, the instrument is more applicable for a self-contained program and is more

difficult to apply on certain programs. For example, when examining an agency or program that uses several external treatment providers, it is necessary to examine each component, which in turn may affect the scoring of the instrument. Second, the instrument is based on the ideal type of program. It is unlikely that any correctional program can meet all of the criteria set forth in the CPAI. Third, reliability can be a problem because the process involves making some decisions concerning the information obtained in the interviews. As mentioned previously, steps are taken to increase reliability in scoring; however, when there are disagreements in scoring, a final decision is ultimately made. Fourth, the assessment is present oriented; the score is based on the program at the time of the assessment. Accordingly, the assessment might give a program credit for recent changes although the improvements in the program may have just been made. Fifth, the process does not take into account system issues. For example, a program's effectiveness can be undermined because of a lack of understanding or support from others within the system. Often, programs have little control over these factors.

Despite these limitations, there are a number of advantages to this process. First, the instrument is based on empirically derived principles that are applicable to a wide range of correctional programs. Second, the instrument provides a measure of program integrity—the degree to which a program meets the principles of effective intervention—and a measure of program quality—the extent to which a program consistently delivers services and interventions. Third, the process identifies both strengths and weaknesses of a program. In other words, it identifies those areas of a program that are consistent with the principles of effective intervention as well as areas that are not. Fourth, a product of the CPAI is a detailed written report that provides recommendations for program improvement. These recommendations offer specific ways that agencies can meet the principles of effective intervention by improving or adding components and practices. Fifth, because programs are assessed on the same criteria and the process is quantifiable, the process can be used for benchmarking. Program scores can be compared over time as well as across programs. Finally, with baseline information on the quality of their programs, many of these agencies have the capacity to move forward and implement practices that reflect the principles of effective correctional programming.

NOTES

1. The Correctional Program Assessment Inventory (CPAI) is a copyrighted instrument. Its use requires training and the permission of Paul Gendreau and Don Andrews.

2. The cutoff scores were arbitrarily derived; however, because the CPAI is based on an ideal type program, it is unlikely that any program will ever achieve a perfect score. In addition, a recent validity study of the instrument demonstrated a high degree of correlation between CPAI scores and offender outcome. The relationship was generally linear and further supports the established categories (see Holsinger, 1999).

REFERENCES

- Akers, R. L. (1985). *Deviant behavior: A social learning approach* (3rd ed.). Belmont, CA: Wadsworth.
- Andrews, D. A., & Bonta, J. (1995). *The Level of Supervision Inventory-Revised*. Toronto, Canada: Multi-Health Systems.
- Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17*, 19-52.
- Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? Clinically relevant and psychologically informed meta-analysis. *Criminology, 28*, 369-404.
- Baird, S. C., Heinz, R., & Bemus, B. (1979). *The Wisconsin case classification/staff deployment project* (Project Report No. 14). Madison, WI: Department of Health and Social Services, Division of Corrections.
- Brill, R. (1978). Implications of the conceptual level matching model for treatment of delinquents. *Journal of Research in Crime and Delinquency, 15*, 229-246.
- Clear, T. (1988). Statistical prediction in corrections. *Research in Corrections, 1*, 1-39.
- Clear, T., & Hardyman, P. (1990). The new intensive supervision movement. *Crime and Delinquency, 36*, 42-60.
- Clements, C. (1988). Delinquency prevention and treatment: A community-centered perspective. *Criminal Justice and Behavior, 15*, 286-305.
- Fabiano, E., Porporino, F., & Robinson, D. (1991). Canada's cognitive skills program corrects offenders' faulty thinking. *Corrections Today, 53*, 102-108.
- Gendreau, P. (1996). The principles of effective intervention with offenders. In A. T. Harland (Ed.), *Choosing correctional options that work* (pp. 117-130). Thousand Oaks, CA: Sage.
- Gendreau, P., & Andrews, D. A. (1990). Tertiary prevention: What the meta-analyses of the offender treatment literature tell us about what works. *Canadian Journal of Criminology, 32*, 173-184.
- Gendreau, P., & Andrews, D. A. (1994). *Correctional Program Assessment Inventory* (4th ed.). St. John, New Brunswick, Canada: University of New Brunswick.
- Gendreau, P., & Goggin, C. (2000). Correctional treatment: Accomplishments and realities. In P. Van Voorhis, M. Braswell, & D. Lester (Eds.), *Correctional counseling and rehabilitation* (pp. 289-298). Cincinnati, OH: Anderson.
- Gendreau, P., & Ross, R. (1987). Revivification of rehabilitation: Evidence from the 1980s. *Justice Quarterly, 4*, 349-407.
- Gottfredson, D. (1987). Prediction and classification. In D. Gottfredson & M. Tonry (Eds.), *Prediction and classification: Criminal justice decision making* (pp. 1-20). Chicago: University of Chicago Press.
- Holsinger, A. (1999). *Opening the black box: Assessing the relationship between program integrity and recidivism*. Unpublished doctoral dissertation, University of Cincinnati.
- Izzo, R., & Ross, R. (1990). Meta-analysis of rehabilitation programs for juvenile delinquents: A brief report. *Criminal Justice and Behavior, 17*, 134-142.

- Jesness, C. F. (1988). Jesness Inventory Classification System. *Criminal Justice and Behavior*, 15, 78-91.
- Jones, P. (1996). Risk prediction in criminal justice. In A. T. Harland (Ed.), *Choosing correctional options that work* (pp. 33-68). Thousand Oaks, CA: Sage.
- Latessa, E. J., & Holsinger, A. (1998). The importance of evaluating correctional programs: Assessing outcome and quality. *Corrections Management Quarterly*, 2(4), 22-29.
- Lerner, K., Arling, G., & Baird, S. C. (1986). Client management classification strategies for case supervision. *Crime and Delinquency*, 32, 254-271.
- Lipsey, M. (1992). Juvenile delinquency treatment: A meta-analytic inquiry into the variability of effects. In T. Cook, H. Cooper, D. Cordray, H. Hartman, L. Hedges, R. Light, T. Louis, & F. Mosteller (Eds.), *Meta-analysis for explanation* (pp. 83-127). New York: Russell Sage.
- Lipsey, M., & Wilson, D. (1998). Effective intervention for serious juvenile offenders: A synthesis of research. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions* (pp. 313-345). Thousand Oaks, CA: Sage.
- Palmer, T. (1974). The Youth Authority's community treatment project. *Federal Probation*, 38, 3-14.
- Palmer, T. (1992). *The re-emergence of correctional intervention*. Newbury Park, CA: Sage.
- Palmer, T. (1996). Programmatic and nonprogrammatic aspects of successful intervention. In A. T. Harland (Ed.), *Choosing correctional options that work* (pp. 131-182). Thousand Oaks, CA: Sage.
- Prosvac, E. J., & Carey, R. G. (1992). *Program evaluation: Methods and case studies* (4th ed.). Englewood Cliffs, NJ: Prentice Hall.
- Reitsma-Street, M., & Leschied, A. W. (1988). The conceptual-level matching model in corrections. *Criminal Justice and Behavior*, 15, 92-108.
- Rutman, L. (1980). *Planning useful evaluations: Evaluability assessment*. Beverly Hills, CA: Sage.
- Spiegler, M. D., & Guevremont, D. C. (1993). *Contemporary behavior therapy* (2nd ed.). Pacific Grove, CA: Brooks/Cole.
- Van Voorhis, P. (1994). *Psychological classification of the adult male prison inmate*. Albany: State University of New York Press.
- Van Voorhis, P., & Brown, K. (1996). *Evaluability assessment: A tool for program development in corrections*. Unpublished monograph, National Institute of Corrections, Washington, DC.
- Van Voorhis, P., Cullen, F. T., & Applegate, D. (1995). Evaluating interventions with violent offenders. *Federal Probation*, 50, 17-27.
- Warren, M. (1983). Application of interpersonal maturity theory to offender populations. In W. Laufer & J. Day (Eds.), *Personality theory, moral development, and criminal behavior* (pp. 23-49). Lexington, MA: Lexington Books.
- Whitehead, J., & Lab, S. (1989). A meta-analysis of juvenile correctional treatment. *Journal of Research in Crime and Delinquency*, 26, 276-295.

LIVING IN PRISON AFTER RESIDENTIAL MENTAL HEALTH TREATMENT: A PROGRAM FOLLOW-UP

DAVID LOVELL
CLARK JOHNSON
University of Washington

RON JEMELKA
Texas Health Quality Authority

VICTORIA HARRIS
DAVID ALLEN
University of Washington

Sixty-one inmates with mental illness who had been treated in a medium-security residential mental health program were interviewed and assessed in other prison units after they left the program, 43 (70%) in general population units and 18 in special living units. Participants showed a decrease in psychiatric symptoms and expressed appreciation for the program. A minority of participants had adjustment problems that persisted in every prison setting. The coping abilities of inmates with mental illness and program implications are discussed in relation to differences in individuals and in settings.

In the United States, growing numbers of persons with mental illness are living in prisons and jails (Butterfield, 1998). Literature reviews concede that from 10% to 15% of state prison inmates suffer from severe mental illness (Jemelka, Trupin, & Chiles, 1989; Lamb & Weinberger, 1998). The presence of inmates with serious mental illness poses the following two major issues

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for prison systems: the obligation to provide clinically adequate care and disruption by inmates whose mental illness renders them ill equipped to cope with prison.

While they are wards of the state, inmates with mental illness are constitutionally and ethically entitled to reasonable and timely access to medically necessary treatment (Cohen, 1993; Jemelka et al., 1989; Metzner, Cohen, Grossman, & Wettstein, 1998). Some mentally ill offenders require ongoing medical supervision, cannot understand and follow rules, cannot exercise the discretion required for safe living among other offenders, and disturb other offenders. As a consequence, inmates with mental illness tend to receive more infractions than others and spend disproportionate amounts of time in segregation or maximum-security units such as intensive management or control units (Adams, 1986; Jemelka et al., 1989; Toch & Adams, 1986, 1989).

It is reasonable to hope that clinical care for prisoners with mental illness would ameliorate their disruptive tendencies. But, the care and management objectives are conceptually distinct and may need to be measured in different ways. An inmate who withdraws to his cell to cope with private demons may pose few problems for other inmates or staff members; an inmate whose symptoms have subsided may nevertheless get into fights as a means of defending himself or seeking advantage over others. The residential mental health program at McNeil Island Corrections Center, a medium-security men's prison in Washington State, was designed both to provide adequate clinical care and to improve the ability of inmates with mental illness to manage themselves in prison. Other studies show that the McNeil program has achieved its objectives with most inmates (Lovell, Allen, Johnson, & Jemelka, 2001; Lovell & Jemelka, 1998). The current study describes the issues that concern inmates after they have left the program for other units.

BACKGROUND

A study of mental illness in the Washington prison system found prevalence rates of 3.7% for mania, 4.4% for schizophrenia, and 10% for depression (Jemelka, Wiegand, Walker, & Trupin, 1992). Because the system houses 14,000 inmates (Washington State Department of Corrections, 2000) and has a total of only 398 mental health beds, most mentally ill inmates must live in general population (GP). Before the McNeil program was established, there were two special residential units for male inmates with mental illness, a special housing unit (SHU) at the penitentiary and a special offender unit (SOU) at another prison. The SHU provides regular groups and medication monitoring, but it is less concerned with clinical change than with providing a safe

living environment for inmates with mental illness who have been unable to cope in other settings. The most extremely disordered inmates are sent to SOU. It provides intensive physical control of inmate movements as well as a full complement of mental health and custody staff, individualized treatment and behavior management plans, and psychoeducational groups. Because of its architecture and staffing, it is twice as expensive to operate as any other facility in the department (Christopher Murray & Associates, 1995).

The Department of Corrections developed the McNeil program to provide a range of treatment options in addition to the two described earlier to match the clinical needs of inmates with mental illness. It is aimed at inmates with severe mental disorders (schizophrenia, bipolar disorder, and major depression) and is intended to assess them, treat them, and teach them how to manage their illness well enough to cope with GP prison environments. The McNeil program relies on the following three elements to accomplish its objectives: careful monitoring and counseling concerning medications by psychiatrists and nurses; psychoeducational classes (e.g., anger management, symptom management, and chemical dependency); and a supportive, low-stress milieu. Successful coping with the limitations of mental illness also requires an environment that supports the efforts of individuals; for this reason, the program is part of a larger effort to improve the mental health capacities of prison environments in Washington.

Because the McNeil program is designed to provide an intermediate care option rather than duplicating the functions of SOU, it generally admits inmates who are expected with appropriate clinical care to be manageable in a medium-security unit. The program is less expensive than SOU; furthermore, unlike either SOU or SHU, it allows inmates to leave the unit for meals, recreation, and programming alongside GP inmates in the same institution. In terms of the department's resource management interests, program success can be measured by the ability of participants to live in GP rather than the special facilities described earlier; but the program will not be cost effective unless it risks failure by admitting some inmates with extensive histories of infractions and assignment to special units. To manage these risks, the program maintains a segregation unit for intake and stabilization, for acute care of participants during clinically unstable episodes, and for disciplinary responses to serious infractions by participants.

University of Washington faculty members have played an important role in designing, advising, and evaluating the program since its inception. Several studies (Lovell & Jemelka, 1998; O'Connor, Lovell, & Brown, 2000) discuss issues of program implementation and indicate that the program has been carried out with a fair degree of integrity given the difficulties of providing treatment in prison. The program's success in stabilizing inmates'

symptoms has been measured by Brief Psychiatric Rating Scale (BPRS) (Overall & Gorham, 1962) and interviews at program admission and exit. Many participants are referred to the McNeil program directly from the prison system's reception center, but most have lived in other prison settings before entering the program. By tracking disciplinary actions, housing, and work or school assignments, it is possible to compare the participants' adaptation to prison life before and after the program. As mentioned before, our studies indicate that the program is generally successful in these terms (Lovell et al., 2001; Lovell & Jemelka, 1998).

Measures of posttreatment outcomes such as infractions and housing assignments reflect the management objective of reducing disruptiveness by inmates with mental illness and enabling them to live in GP. They do not tell us, however, how participants are faring from a clinical perspective and what kinds of problems they have encountered in other settings. To do so, in the current study we interviewed 61 past program participants in their current living units and surveyed the front-line officers and counselors who deal with them daily. We addressed the following questions:

- How well are participants coping with their new prison units?
- How do participants now view their program experience?
- How do participants in special housing units differ from those living in general population?

METHOD

Human subjects review boards at the university and the department examined and approved the study proposal. Inmates who had been treated at the McNeil program and who were still within Washington State Department of Corrections facilities were eligible for follow-up provided they had been in the program for at least 3 months and had been living in other units for at least 2 months. Using McNeil program documentation, we identified 77 inmates who met the criteria at the time site visits were planned. Of these, 61 inmates were evaluated and assessed, 11 did not consent to participate, and 5 were unavailable for other reasons such as release or transfer. Of the inmates interviewed, 43 (70%) were living in GP units (1 high security and 42 medium security). The remainder were living in special sites, including SOU, SHU, and (in 2 cases) intensive management units. The proportion living in GP versus special settings is similar to that found among all McNeil program graduates when they leave for other prison units.

The centerpiece of the study was inmate interviews, which lasted 45 to 60 minutes and were usually conducted by two researchers. Our assessments

of participants' psychiatric symptoms and adaptation to their surroundings were based on these encounters. In assessing their adaptation or functioning, however, we used additional sources, described below, to corroborate or qualify interview impressions. As a result, we collected substantial information on each participant, and with sufficient time and ambition, we could well have presented our findings in the form of 61 case studies. We have not done so here but instead have coded information in ways that cut across individual stories to permit descriptions of participants as a group (or groups) using variables to which numbers can be attached. Nevertheless, the study remains exploratory and descriptive; it was not designed to test hypotheses specified in advance.

To codify our assessments of the inmates' clinical status, we rated the level of psychiatric symptoms exhibited during our loosely structured interviews by means of the Brief Psychiatric Rating Scale (18-item version) (Overall, 1974; Overall & Gorham, 1962). This instrument, initially designed to measure changes in psychiatric symptom expression in response to psychotropic medications, directs interviewers to rate the patient on a set of items that describe the patient's behavior and self-reports during the interview. The BPRS has been widely used and extensively tested (Faustman & Overall, 1999; Hafkenscheid, 1993; Hedlund & Vieweg, 1980). Because BPRS ratings had also been collected at program intake for many participants, we also hoped to ascertain whether they were less symptomatic some time after program exposure in GP environments than they were when they entered the program.¹

We presumed that continuity of care would be important to posttreatment success and considered psychotropic medication monitoring a critical aspect of care. Because the accounts of participants were often vague or unreliable, we followed up our interviews with reviews of their medication records. For similar reasons, we reviewed the inmates' files in the department's electronic inmate tracking system to collect or confirm information on major infractions and work and school assignments. We had already collected demographic, diagnostic, and criminal history data from the electronic tracking system and from inmates' medical charts while they were still in the program. Diagnoses were based on our clinical interviews but were supplemented and checked by review of medication records and previously recorded diagnoses. Knowing the vagaries of psychiatric diagnosis in prison systems, we favored the evidence of inmates' symptom presentations in cases of conflict.

To permit summaries of the kinds of problems mentally ill prisoners encountered after treatment, we checked off items on a problem checklist, to which several items were added after the first batch of interviews. This 20-item list included physical disorders (e.g., seizures) and clinical manifes-

TABLE 1: Criteria for Summary Scale Ratings

0 = extremely psychotic; must be maintained in segregation cell due to mental illness
1 = major difficulties adjusting to general population routines: cannot follow instructions, multiple infractions, and danger to self and others at times
2 = functions marginally in general population setting: frequent staff member attention, difficulty complying with routines, major infractions, and requires acute mental health intervention
3 = generally functions acceptably in general population but requires special attention with frequent on-site adjustments
4 = functions adequately in general population with no serious infractions or adjustment problems
5 = functions better than most offenders and fully participates in programming
6 = model inmate in any setting; consistently maintains positive attitude

tations (overt psychosis and anxiety) but emphasized living unit difficulties ranging from minor annoyances (requires frequent staff member attention) to management risks (assaultive, suicidal, and acts out sexually). Here we relied not only on the reports of participants but also on unit staff member surveys. Two correctional staff members, either officers from day and evening shifts or one officer and the inmate's counselor, were asked to complete an evaluation of the inmate's functioning in such areas as social behavior, activities of daily living, medical problems, work or school participation, and mental health issues. Completed forms were collected by administrators at each site and forwarded to us. Forms were returned on 58 participants (95%), with two or more forms in 51 cases (84%).

Each of the 24 items on the staff member survey presented three to five choices. One choice was normative, and the others described forms or degrees of deviation from the norm. For example, social interaction with others presented the following choices: (a) unable to engage in any significant social activity, (b) can engage in conversation if approached, (c) enjoys some social activity in groups, and (d) spontaneously seeks out social activity. Responses to such items, particularly when several staff members assessed the same inmate, allowed reasonably well-grounded judgments about the nature and severity of problems perceived by staff members who dealt with the inmate daily and about how far the participant differed from standard expectations for GP inmates.

To make a summary rating of the inmates' functioning in their new units, we began with interview impressions and modified them on the basis of the additional information described earlier. A 7-point Likert-type scale had been devised to rate the participants' overall functioning in GP units (Table 1). Inescapably, because inmates who had concerned or antagonized staff members enough to be assigned to special units could not be seen as functioning

acceptably in GP, scoring could not be entirely independent of their current living situations.

STATUS OF PARTICIPANTS AFTER TREATMENT

Participants were somewhat older than inmates systemwide, with an average age of 40 years, but comparable in racial composition, with 42 (69%) White and 14 (23%) African American. A significantly higher proportion (44% vs. 23%) of participants had been convicted of sex crimes. The primary diagnosis was derived comparing the inmates' clinical presentation with the medication and diagnostic data we found in medical records. In half of the participants, the primary Axis I diagnosis was some form of psychotic disorder (schizophrenia, schizoaffective, or not otherwise specified); another 30% were diagnosed with a mood disorder, most commonly depression; and the remainder were divided among organic disorders, anxiety disorders, and unclear or nonpsychiatric diagnoses.

CLINICAL STATUS

To provide some indication of the levels of severity associated with BPRS scores, we used an earlier large-scale study (Overall, 1974) that applied previous empirical cluster analyses of BPRS scores to characterize and test a set of symptom prototypes among 2,000 psychiatric patients. Patients fitting the florid thought disorder prototype, for example, tended to score high on items such as hallucinatory behavior and unusual thought content, whereas those fitting the anxious depression prototype scored high on anxiety and depressive mood. Patients with some prototypes, however, tended to have higher total scores than others. Within each prototype, we summed the average item scores and found that patients showing a florid thought disorder profile averaged a total score of 44.5, patients showing other symptom profiles associated with major mental illness (paranoid hostility, withdrawn-disorganized, and hostile depression) averaged from the mid-20s to the low 30s, whereas patients showing an anxious depression profile averaged 14.5. On this basis, the program inmate scores were grouped into four severity ranges (mild, moderate, marked, and severe, as specified in Table 2).

There were 49 participants with more than 3 months in the McNeil program for whom we had both exit BPRS scores and scores from tests given when they entered the program or shortly thereafter. Across the 49 cases, the average decline in scores was about 7 points ($p < .01$). Table 2 presents a cross-tabulation of initial test scores against exit test scores classified by

TABLE 2: Distribution of Brief Psychiatric Rating Scale Total Scores: Initial Program Tests and On-Site Follow-Up Tests (N = 61)

	<i>Follow-Up</i>				<i>Total</i>
	<i>Mild</i>	<i>Moderate</i>	<i>Marked</i>	<i>Severe</i>	
Initial					
Mild (0 to 13)	2	4	0	0	6
Moderate (14 to 23)	1	2	3	1	7
Marked (24 to 36)	3	9	6	2	20
Severe (37+)	0	6	5	5	16
Total	6	21	14	8	49

NOTE: $p < .05$, McNemar test for symmetry.

level of severity; the cell values indicate the numbers of participants with particular combinations of initial and exit test severity levels. There is a significant decrease in the number with symptoms classified as marked or severe and a concomitant increase in the number with symptoms classified as moderate ($p = .024$). Elsewhere it has been shown that most McNeil program inmates are less symptomatic when they leave the program than when they entered (Lovell et al., 2001); most of the current study participants also maintained these gains afterward.

SUMMARY OF FUNCTIONING

As described earlier (Table 1), our summary ratings of participants' functioning were based not only on their behavior and reports during interviews but on staff member surveys and official records. No participants were rated at the extreme points of the summary scale, resulting in a range of scores from 1 to 5. Because the scale measured GP functioning, none of the 18 participants (30%) living in special units were deemed to be coping well. The summary scores were combined to classify the functioning of participants as problematic (2 or less), acceptable (3), or good (4 or more). Table 3 summarizes results for GP and special setting participants.

These ratings indicate that McNeil program graduates in GP units were generally functioning as well as the average inmate. By itself, of course, this result tells us very little. Because inmates' behavior is the principal criterion for classifying and assigning inmates to living units, inmates who are visibly functioning poorly will usually not be found in medium-security living units. Medium security is the modal setting for Washington prison inmates, comprising 55% of the beds compared to 16% and 29% for higher and lower security facilities (Christopher Murray & Associates, 1995). Without bother-

TABLE 3: Distribution of Participants With Problematic, Acceptable, or Good Overall Adjustment Scores ($N = 61$)

Group	Scores		
	Problematic (≤ 2)	Acceptable (3)	Good (≥ 4)
General population (43)	5	12	26
Special settings (18)	15	3	0
All participants (61)	20	15	26

ing to conduct this study, then, we could have deduced that inmates living in medium-security settings—and consequently most of our participants—were generally functioning as well as the average prison inmate.

We note, however, that 5 GP inmates were rated as problematic, and an additional 18 participants were living in special units. What kinds of problems distinguished those doing well from those doing poorly? Did the participants' response to the program make any difference to posttreatment adjustment? How did those living in general population differ from those in special settings? In the next section, we will address these questions as a vehicle for reflection on issues raised by mentally ill inmates in prisons.

FACTORS IN POSTTREATMENT ADJUSTMENT

SYMPTOMS VERSUS BEHAVIOR ON THE UNIT

There was no relationship between clinical status as measured by BPRS and the type of unit in which participants were living. Special setting inmates had higher BPRS scores at follow-up than GP inmates (mean 26 vs. 22.3, *ns*), but the two groups were similar in initial BPRS scores and in the difference between tests. Almost all special unit residents appeared to be there for good reason, such as uncontrolled or dangerous behavior or persistently florid symptoms. Some special unit participants may have received surprisingly benign BPRS ratings because they were being treated or protected when we interviewed them. The unexpected closeness of BPRS ratings across the two settings also reflects the highly symptomatic presentations of some GP inmates despite their current placement. As we will proceed to explain, these observations reflect the distinction between management issues—the behavior to which prison staff members respond—and care issues, which may emerge more clearly in a clinical interview.

TABLE 4: Problem Checklist (with number of cases)

<i>Common</i>	<i>Intermediate</i>	<i>Occasional</i>
Fearful (18 cases)	Medication compliance (8)	Seizures (4)
Refuses to program (14)	Annoys others (8)	Following orders (3)
Frequent staff member attention (13)	Physical disability (7)	Cell hygiene (3)
Depressed (12)	Inappropriate (7)	Sexual acting out (3)
Overtly psychotic (11)	Intellectual limits (5)	Suicidal (2)
Disruptive (10)	Hygiene (5)	Assaults (2)
	Victimized (5)	Understanding orders (1)

The summary form contained a 20-item problem checklist (Table 4). Problems were checked on the basis of both interviews and staff member surveys. Not all problems interfered with the participant's ability to cope with GP. Results showed 15 participants (25%) with none of the listed problems, 14 (23%) with only 1, and 10 (16%) with 2; almost all of these 39 participants were living in GP. The average number of problems checked for GP participants was 1.4; for those living in special units, 4.5.

The most serious problems from a custodial standpoint (suicide and assaults) were relatively rare. Most commonly cited by staff members were problems that were annoying but did not directly threaten the welfare of inmates or staff members (requires frequent staff member attention, refuses to program, disruptive, and annoys others). Fearfulness, depression, and psychosis were also common but were generally noted on the basis of clinical interviews rather than staff member observations.

Mr. Adams (all names are fictitious) exemplified the tendency of inmates to reveal in clinical interviews problems they concealed from officers and other inmates. He had been cooperative with all programs and appeared to function well in GP. The staff member survey rated him as a model inmate. Adams had arrived at his new prison on medications for anxiety and depression, but the local psychiatrist, being rather less liberal than the program psychiatrist in his conception of a mental illness requiring treatment, had discontinued the medications and removed Adams from the mental health caseload. A large man serving a substantial sentence for child molestation, Adams wrung his hands, wagged his knees, and wept throughout the interview, confessing that he hated himself for what he had done. He reported that he was continually anxious, depressed, and afflicted by thoughts of suicide.

Less disturbing but more remarkable was Mr. Baker, an older man serving a life sentence for murder, living in the medium-security wing of the penitentiary and holding down a modest porter job. He had refused all medications since leaving the program. He came across as a gently eccentric sage, with

deeply held religious convictions that informed his perceptive observations about the feelings and motivations of inmates and others. But Baker continued to maintain that God had commanded him to kill his victim to prevent her from wreaking nuclear destruction on millions of people, and he is often visited in his cell by spirits, usually beautiful angelic ones.

Some symptoms may genuinely subside while others go underground. In clinical consultations at McNeil, several of us had previously seen Mr. Clark. He came across as pitiful, desperate, and delusional. Months later, when we interviewed him for this study, we found a confident, articulate, and actively programming inmate who could hardly be recognized as the same person. As questioning proceeded, however, Clark reaffirmed that he had committed incest to save his family from moral destruction and described his continuing battles with the Evil Force in terms that sounded to us like hallucinations.

These cases are worth noting for several reasons. They indicate that some seriously mentally ill inmates can learn to control the expression of illness well enough to cope with GP. But they also show the pitfalls of inferring that because counselors or corrections officers must deal with inmate behavior every day they have privileged access to what inmates are really like. This point is illustrated, from the staff member side, by Ted Conover's (2000) recent account of his experience as an officer at Sing Sing. There are sensitive portraits of several inmates he got to know well, and the complexities of staff-inmate interactions are richly described. But the author recognizes that he cannot explore the feelings and motives of inmates as he explores those of his fellow officers. While inhabiting the same space, staff and inmates live in different worlds.

REACTIONS TO THE McNEIL PROGRAM

Among other objectives, the McNeil program attempted to bridge the gap between inmates and staff members. During interviews, participants were asked open-ended questions about their experience there. Some who had not done well or who felt they had been treated unfairly nevertheless offered positive assessments of the program's design and its benefits for other inmates. Only 6 participants were completely negative about the program. Forty-three praised aspects of the program, and 28 (often the same individuals) had complaints or criticisms. Comments were reviewed to identify themes and then reviewed again and classified under the following four main headings: psychoeducational classes, psychiatric care, relationships with staff, and milieu.

Most frequently praised (23 cases) were the psychoeducational classes, which participants credited for helping them to control anger, stay out of trouble, understand symptoms, and recognize that others shared their prob-

lems. Almost as often (19 cases), participants commended the quality of psychiatric care (medication, assessment, and counseling related to symptoms). Few negative comments were offered in these two areas, although several participants believed classes were too elementary and some (5) disliked the medications that had been prescribed.

Under the heading of milieu, there was a preponderance of positive comments (22 vs. 13) about architecture, freedom of movement, protection from the stresses of GP, and availability of activities inside and outside the unit. Some complained about being identified as a "ding," about wanting additional activities such as arts and crafts, and about staff members who emphasized cell hygiene and other issues participants perceived as minor. Interactions with staff members produced equal amounts of praise and criticism (14 comments apiece). Staff members were commended for being available, helpful, and tolerant and blamed for being unavailable, antagonistic, or too strict. Features welcomed by some participants, such as staff members who pay close attention to behavior, were resented by others.

Some inmates wanted more intervention and others less, but almost all recognized striking differences between the program and other prison units: Inmates and staff members were expected to be more tolerant and less hostile, staff members paid more attention to inmate behavior and to expressed needs, and medications and classes offered the opportunity to change patterns of thinking and behavior. One participant, who doubted that he had really needed the program, then commented, "Looking back, however, the program benefited me. . . . Their intent is important: to help people with more severe problems." Not all inmates who praised the psychoeducational classes were good examples of the virtues taught in those classes. What mattered to many, however, was the fact that the department was trying to help them. Because the program presented an opportunity to do something positive, most were motivated to expend the effort to change. In short, the predominant tone of remarks was gratitude for the program's existence.

It stands to reason that the program's emphasis on interaction and attention would not appeal to all inmates. Neither dependence on staff members nor avowal of mental illness is well regarded among inmates who subscribe to the convict code that enjoins toughness, independence, and shunning of staff members—an ideology with great sway in close-custody, mainline institutions. Rejection of the program's premises was exemplified by one heavily tattooed long-term inmate who was feared by more vulnerable inmates while in the program; looking back, he maintained that his prospects had been damaged and that he had been "set up" by the very counselors whom others found most helpful. Inmates with severe mental disorders who

were seeking help and interested in working with staff members responded more readily to the program milieu.

Wanting staff members to help you with your problems is not enough to ensure continuing success. Not only must help be available, as we saw with Mr. Adams, but it must address the right issues. With those afflicted by chronic, major mental illness, one issue is acceptance of this condition. Mr. Davis has led a violent and traumatic life, much of it behind bars. Rather late, he was diagnosed with schizophrenia and after several years at SOU moved to the McNeil program, where he did well. He acknowledged the symptoms of schizophrenia and knew that in GP he must control behaviors such as laughing, pacing, and talking to himself. Mr. Davis preferred, however, to attribute his problems to trauma rather than underlying illness, an interpretation rejected by the program psychiatrist but not consistently disallowed by GP mental health workers. Consequently, when confident he could control his symptoms, he would abandon his medications, decompensate, get into trouble, and return to the program. After cycling in this fashion for several years, with accumulating damage to his faculties, Mr. Davis was transferred back to SOU.

THE ROLE OF INDIVIDUAL DIFFERENCES

Difficulty in managing an inmate results in greater use of expensive resources through disciplinary proceedings, good time loss, and stays in segregation, intensive management units, or the SOU. For each study participant, these extra costs can be calculated on a per-day basis, summed over time, and compared to the per capita costs of imprisonment. The resulting cost index (Lovell et al., 2001) represents an approximate ratio between the annual costs attributable to a subject and the annual costs attributable to the average prison inmate. By definition, the average cost index for all inmates in the system is 1. A cost index of 1.5 indicates that an inmate has used expensive resources at a 50% higher rate than the typical prison inmate. Because this measure uses fixed rather than marginal costs, its principal use is not for cost-benefit analysis but to quantify the extent to which an inmate has been high maintenance.

The mean preprogram cost index of special setting participants was 1.62, versus 1.16 for the GP participants (statistically significant by both *t* test and nonparametric tests). Special setting participants were also far more likely to have had difficulties while in program as measured by infractions and time spent in segregation. Of the 18 in special units, 13 had spent their final program weeks in its segregation wing; of these 13, 11 were assigned directly to

TABLE 5: Adjustment Patterns of Participants: Preprogram, in Program, and Subsequent Placement

<i>Maintenance Levels</i>			<i>Number</i>	<i>Percentage</i>
<i>Preprogram</i>	<i>End of Program</i>	<i>Postprogram</i>		
High	High	High	10	16
High	Low	High	6	10
High	Low	Low	13	21
Low	High	High	2	3
Low	High	Low	7	12
Low	Low	Low	23	38

one of the special units. These results indicate a relationship between previous adjustment, program adjustment, and subsequent placement.

To display these relationships, we distinguished high-maintenance from low-maintenance participants at the following three stages in their careers: preprogram, program exit, and follow-up. Those with a preprogram cost index higher than the median were classified high for preprogram status, those with 7 or more days in segregation immediately before leaving the program were high at program exit, and those living in special settings were high at follow-up. The patterns are exhibited in Table 5.

Table 5 shows that more than half the participants (33 high-high-high + low-low-low) continued through the program and subsequent placements to maintain the patterns of successful or unsuccessful adaptation to prison life they established before entering the McNeil program. There were no high-high-low or low-low-high combinations. Among the previous high-maintenance group, a substantial proportion was successful in the program and living in GP units when interviewed. This subgroup (high-low-low) tended to have slightly less troublesome previous careers than the high-high-high group, but many members had very high previous rates of disciplinary entanglements and use of the SOU. Of the 6 high-low-high participants, who had managed well in the program, 5 were sent to GP units where troublesome behavior recurred, leading to their placement in one of the special units; the other high-low-high participant was a developmentally delayed inmate who evidently was considered too vulnerable despite his success in the low-stress program milieu to cope with GP.

The presence in special settings of a substantial number of McNeil program graduates is consistent with data from outcome evaluations that show a success ratio of approximately 70% (Lovell et al., 2001; Lovell & Jemelka, 1998). The program's willingness to work with historically difficult inmates

means that not all participants will succeed in the McNeil program or after they leave. Among these are inmates who in every prison environment have proved themselves difficult to manage, and their presence in prison suggests that they have not managed well in community settings either. There is a need in prison for long-term, safe residential environments such as the SHU for inmates who cannot cope with GP despite past efforts to treat them.

THE ROLE OF SETTINGS

We have written throughout in terms of *adaptation* to emphasize that the careers of inmates reflect features of the environments to which they are subjected as well as individual propensities. Some prison settings, including especially the McNeil program itself, are better suited than others to the vulnerabilities or eccentricities of inmates with mental illness. Most GP participants were living in one of two medium-security institutions, the host institution and another with a large treatment program for sex offenders. These participants were generally functioning better than other GP participants as measured by summary scores. One may speculate that the presence of a major treatment program affected practices throughout the institution, producing a more tolerant or concerned environment.

In Mr. Adams's institution, by contrast, there were other participants whose psychotropic medications had been discontinued with no clinical follow-up after making that decision. Mr. Evans had been a gang member; both his subcultural values and the consistency of his account made it unlikely that he was fabricating the psychotic symptoms he described, which included persistent auditory hallucinations. He appeared otherwise competent but had been planning to continue medications when he left the program. Since arriving at his current institution, he had not been treated for mental illness, had incurred four major infractions, and had spent considerable time in segregation. Since we interviewed him, Mr. Evans lost his medium-custody status, was sent to the penitentiary, and finally returned to the program. Mr. Evans and Mr. Adams illustrate two forms of failure in matching general population practices to individuals. With Mr. Evans, the failure lay in misinterpreting his disturbance as (purely) willful troublemaking; with Mr. Adams, there was no troublemaking, and the mental disturbance was not noticed at all.

Settings can also fail to fit inmates by not placing protective limits on them. The freedom to move throughout an institution carries with it the risk of encountering menacing strangers, sometimes in large and noisy numbers in places such as the prison cafeteria. Among those prone to paranoia or auditory hallucinations, such occasions can induce panicky or belligerent reactions. For more vulnerable participants, special units were safe niches,

although not all of them voluntarily accepted the trade-off between freedom and safety (cf. Toch, 1977).

PROGRAM IMPLICATIONS

Information gathered during the course of this on-site follow-up study has a complex bearing on program evaluation. Some features of the participants' posttreatment careers reflect enduring individual propensities, for example, denial of mental illness. (Baker, Clark, and Davis illustrate this pattern, each in his own way.) Other features may be attributed to the facilities to which they are assigned, such as medication and clinical follow-up practices (Adams, Davis, and Evans). Because of these factors, it is unrealistic to expect the McNeil program to succeed with all participants. The pattern of success and failure observed in this study does, however, have a bearing on the conduct of the program. If, as we hypothesize, acceptance of mental illness is a major difference between those who continue to adapt poorly to prison and those who do better after program exposure, it is incumbent on program staff members and administrators to design methods of intervention that directly target this factor.

Program evaluation is also complicated because there are dual standards of program success. One standard is behavioral change, as indicated by the disciplinary and housing resources the department must devote to managing persons with mental illness. From this standpoint, the McNeil program's success with 30 of 32 participants classified as low maintenance before entering the program has little weight for these inmates who were not a problem for the department. But the management challenges posed by some inmates with mental illness are not the only reason for the program's existence. The department also has a constitutional and ethical duty to provide adequate medical care to inmates with mental illness in their role as wards of the state. That most participants remain clinically stable after moving to other units is therefore important, although, as we have seen, there is no simple correlation between psychiatric symptom levels and ability to adapt to prison environments. For the same reason, the participants' appreciation for the program cannot be disregarded even when their subsequent behavior or placement was less than optimal.

Because the provision of care to persons with mental illness has an ethical as well as a practical dimension, the existence of a group of inmates who adapt poorly to every prison setting raises further questions. We cannot know that the program has made every effort to help them cope with their illness and that the system has made every effort to accommodate their disabilities. It is therefore impossible to discern exactly where we address inherent limits

on what can be done with such challenging individuals in an environment not designed to care for them. We are therefore required to continue working for change in both individuals and environments. But the likelihood of inherent limits also requires us to ask whether it is wise social policy to send desperately ill people to prison.

NOTE

1. Results from various level of functioning instruments used in this study are described and discussed in Harris and Lovell (2001). This article also presents more detail on the diagnoses and medications of participants. The form used for staff member surveys is available from the authors.

REFERENCES

- Adams, K. (1986). The disciplinary experiences of mentally disordered inmates. *Criminal Justice and Behavior, 13*, 297-316.
- Butterfield, F. (1998, March 5). Prisons replace hospitals for the nation's mentally ill. *The New York Times*, pp. A1, A18.
- Christopher Murray & Associates. (1995). *Criminal justice in Washington State: Growth factors, cost components, potential economies*. Olympia: State of Washington, Sentencing Guidelines Commission.
- Cohen, F. (1993). Captives' legal right to mental health care. *Law and Psychology Review, 17*, 1-39.
- Conover, T. (2000). *Newjack: Guarding Sing Sing*. New York: Random House.
- Faustman, W., & Overall, J. (1999). Brief Psychiatric Rating Scale. In J. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment* (pp. 781-830). Hillsdale, NJ: Lawrence Erlbaum.
- Hafkenscheid, A. (1993). Reliability of a standardized and expanded Brief Psychiatric Rating Scale: A replication study. *Acta Psychiatrica Scandinavica, 88*, 305-310.
- Harris, V., & Lovell, D. (2001). Measuring level of function in mentally ill prison inmates. *Journal of the American Academy of Psychiatry and Law, 29*, 68-74.
- Hedlund, J., & Vieweg, M. (1980). The Brief Psychiatric Rating Scale: A comprehensive review. *Journal of Operational Psychology, 11*, 48-65.
- Jemelka, R., Trupin, E., & Chiles, J. (1989). The mentally ill in prisons: A review. *Hospital and Community Psychiatry, 40*, 481-491.
- Jemelka, R., Wiegand, G., Walker, E., & Trupin, E. (1992). Computerized offender assessment: A validation study. *Psychological Assessment, 4*, 138-144.
- Lamb, H., & Weinberger, L. (1998). Persons with severe mental illness in jails and prisons: A review. *Psychiatric Services, 49*, 483-492.
- Lovell, D., Allen, D., Johnson, C., & Jemelka, R. (2001). Evaluating the effectiveness of residential treatment for prisoners with mental illness. *Criminal Justice and Behavior, 28*, 83-104.
- Lovell, D., & Jemelka, R. (1998). Coping with mental illness in prison. *Family and Community Health, 21*, 54-66.

- Metzner, J., Cohen, F., Grossman, L., & Wettstein, R. (1998). Treatment in jails and prisons. In R. M. Wettstein (Ed.), *Treatment of offenders with mental disorders* (pp. 211-264). New York: Guilford.
- O'Connor, R., Lovell, D., & Brown, L. (2000). *Implementing residential treatment for mentally ill prison inmates*. Manuscript submitted for publication.
- Overall, J. (1974). The Brief Psychiatric Rating Scale in psychopharmacology research. In P. Pinchot & R. Martin (Eds.), *Modern problems in pharmacopsychiatry: Vol. 4. Psychological measurements in psychopharmacology* (pp. 67-78). Basel, NY: Karger.
- Overall, J., & Gorham, D. (1962). The Brief Psychiatric Rating Scale. *Psychological Reports*, *10*, 799-812.
- Toch, H. (1977). *Living in prison: The ecology of survival*. New York: Free Press.
- Toch, H., & Adams, K. (1986). Pathology and disruptiveness among prison inmates. *Journal of Research in Crime and Delinquency*, *23*, 7-21.
- Toch, H., & Adams, K. (with Grant, J.). (1989). *Coping: Maladaptation in the prison*. New Brunswick, NJ: Transaction Books.
- Washington State Department of Corrections. (2000). *Client characteristics, population movement, and custody report for fiscal year 1999*. Olympia, WA: Author.

MASTURBATION UNCOVERED: AUTOEROTICISM IN A FEMALE PRISON

CHRISTOPHER HENSLEY
Morehead State University

RICHARD TEWKSBURY
University of Louisville

MARY KOSCHESKI
Morehead State University

The topic of male and female masturbation both in free society and in prison has received very little academic attention. In fact, no study has been conducted on female masturbatory practices in correctional facilities. The present study examined the amount and frequency of masturbation in a Southern female prison. In addition, the authors uncovered predictor variables associated with female masturbation in prison. The most salient variable associated with female inmate masturbation was homosexual behavior (partnering with another female inmate) while incarcerated. Factors such as age and religious affiliation (which have consistently been found to have a significant relationship with masturbation in free society studies) did not have an effect on female masturbation in prison.

Throughout history, the subject of sexually transmitted diseases has been of great concern. From the past epidemics of gonorrhea and syphilis to the present-day HIV crisis, methods of prevention have been of concern to both medical and correctional professionals. Some media and selected religious and sex education classes have taught that abstinence was the preferred mode for the prevention of sexually transmitted diseases. For others in free society and behind prison walls, other outlets of sexual expression had to be explored. With correctional policies levying severe ramifications and penalties for persons involved in sexual activities (both coerced and consensual), the obvious yet misinterpreted and understudied alternative is masturbation.

Only a few pioneer researchers have ignored the stigma of prison sex research and delved into this forbidden topic. Tewksbury and West (2000)

All correspondence should be submitted to Dr. Christopher Hensley, Director, Institute for Correctional Research and Training, 114 Rader Hall, Morehead State University, Morehead, KY 40351; e-mail: ch.hensley@morehead-st.edu.

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noted that most sex research conducted in prisons has had obvious political overtones. Only when evidence was needed to provide support for an advocated or proposed social policy would researchers be allowed to enter a prison. Under the guise of studying sexual activities, the only arenas studied were those specified by prison officials. Even today, prison sex research continues to be discouraged not only by general society but by academic researchers and prison administrators. Tewksbury and Mustaine (2001 [this issue]) reported that only 0.1% of all articles published during the 1990s in the five leading corrections journals were concerned with the issue of sex in prison. In addition, only one of the five journals contained any information about sex in prison during the 1990s.

When the topic has been studied, penologists have typically documented the extent, the dynamics, and the roles of prison sex (Tewksbury & West, 2000). For example, males have been stereotyped as being more sexual and in constant need of a sexual outlet. Due to this mindset, the scant research available has focused primarily on the sexual behaviors of male inmates and on sexual assaults and presumed coerced sexual behaviors. Consensual sex, including autoeroticism, has only rarely been studied in male prisons (see Tewksbury, 1989; Wooden & Parker, 1982).

The small number of sex researchers who have studied incarcerated females has, in contrast to the work on male inmates, focused their research on consensual same-sex sexual behavior and the establishment of pseudo-families within the prison subculture. During Ward and Kassebaum's (1965) landmark study of female sexuality in prison, Iverne R. Carter, superintendent of the California Institute for Women in Frontera, California, pointed out that "women's prisons had not been the subject of research" (p. vii). For example, the study of masturbation in female prisons is nonexistent. However, masturbation studies in society have existed for several decades.

One of the first researchers to study masturbation in society was Alfred Kinsey. His groundbreaking studies on both males and females in the late 1940s enlightened the public about attitudes and behaviors regarding sexuality. It was not only an avenue for those involved in the study to discuss and answer questions about different aspects of their sexuality, but it was also an opportunity for members of society to realize that their ideas, beliefs, and activities were shared by others. Kinsey brought to light the influence of age, education, rural-urban background, and religion on masturbation. Kinsey and his associates found that 62% of the 5,940 females studied had masturbated at some point in their lives (Kinsey, Martin, Pomeroy, & Gebhard, 1953). The study also revealed that more mature females (ages 35 to 45) masturbated at a 38% higher rate than younger females (ages 5 to 30).

It was 24 years later before another major study of sexuality was conducted. *The Hite Report* (Hite, 1976) dealt only with the subject of female sexuality. The data revealed that out of the 1,844 women surveyed, approximately 82% masturbated. The results of the next significant sexual research project, *The Janus Report on Sexual Behavior* (Janus & Janus, 1993), revealed that of the 1,384 female respondents, 38% were frequent masturbators, and 67% viewed masturbation as a natural part of life. An age comparison of females who masturbated at least once a month revealed that masturbation was most common for women in their late 20s, 30s, and 40s. Specifically, the reported percentages of women who masturbated were 27% between the ages of 18 and 26, 47% between the ages of 27 to 38, 47% between the ages of 39 to 50, 36% between the ages of 51 and 64, and 27% for those aged 65 and older. This was similar to Kinsey et al.'s (1953) findings.

In 1994, Davidson and Moore conducted a study of 647 never-married female undergraduate students in a midwestern residential state university. The study revealed that 16.3% of respondents had engaged in masturbation. Also in 1994, Michael, Gagnon, Laumann, and Kolata wrote *Sex in America*. This study, conducted through the National Opinion Research Center at the University of Chicago, drew on a random sampling of more than 3,400 respondents to assess a wide range of sexual information including sexual histories and beliefs. Several assumptions about masturbation were explored in this study (Michael et al., 1994). First, the researchers found that masturbation among females is not rare. Forty percent of the females in the survey were found to have masturbated at least once in the past year. Adding the age differential, the data revealed that among females, fewer than 4 out of 10 aged 18 to 24 had masturbated, fewer than 3 out of 10 older than the age of 54 had masturbated, but nearly half the women in their 30s had masturbated (Michael et al., 1994). Again, these results were consistent with previous findings.

The explanation for variations across age categories is usually linked with explanations about sexual development and partner availability. More specifically, "the rates of masturbation rise and fall with the availability of sex partners, suggesting that each individual has a given level of sex drive that needs to be expressed in one way or another" (Laumann, Gagnon, Michael, & Michaels, 1994, p. 80). The assumption that masturbation is more common when one has a partnered sexual outlet was clearly advocated by these authors. Nearly 45% of the women who were living with a sexual partner reported that they had masturbated within the past year. The study concluded that White, college-educated women who were living with a partner and sexually experienced had higher rates of masturbation. Young women who did not masturbate typically were sexually inexperienced and often virgins. Afri-

can Americans, both men and women, tended to be more conservative and conventional about sexual behavior and were less likely to masturbate. The researchers observed "that the practice is so strongly influenced by social attitudes that it becomes more a reflection of a person's religion and social class than a hidden outlet for sexual tensions" (Michael et al., 1994, p. 168).

As previously mentioned, studies on masturbation—the misunderstood stepchild of sex research—are rare both in free society and correctional facilities. In addition, research on female sexuality in prison is both marginal and centered primarily on consensual homosexual activity and pseudo-families. By combining these two arenas, the present study joins two subjects that are frequently overlooked by both penologists and sex researchers.

THEORETICAL PERSPECTIVE

The two competing theoretical foundations applied to explain masturbation in correctional facilities are the deprivation and importation models. The deprivation model contends that the inmate culture is a collective response to the deprivations imposed by prison life (Sykes, 1958). When correctional administrators deny inmates heterosexual outlets, they often turn to alternative outlets such as homosexuality and masturbation.

Boredom, forced association, and lack of privacy are additional pains of imprisonment (Sykes, 1958). Intimate relationships with both family and loved ones are often diminished. These pains of imprisonment felt by women tend to differ from those felt by men. Because sex and companionship are needs of all human beings, women cite their absence as among the most painful aspects of incarceration. Often, women respond to this deprivation (lack of companionship) by forming ties within the prison to substitute for the former familial bonds (Pollock, 1997). Thus, the conception of the pseudo-family and myths of rampant homosexuality were created.

In contrast, the importation model explains that the characteristics and actions of individuals that predate confinement are critical factors in determining modes of inmate adjustment. This model argues that inmate conduct is an extension of the cultural and structural differences in individuals beyond the prison walls. Men and women behave differently in society and have different value systems. These socialized gender differences are brought into the prison system (Irwin & Cressey, 1962). In simple terms, sex roles, expectations, and needs from the outside affect one's behavior on the inside.

Women who are still dependent on family roles (wife, mother, daughter, etc.) as a part of their self-identity are those most likely to become involved in

pseudo-families. Talking and worrying about children and/or family on the outside can be shared and understood with the inside family. The female inmate can function in basically the same capacity that she did in free society (conveying previous family values, ideas, and norms). This does not displace or curtail sexual urges but rather is theorized to provide acceptable and familiar types of outlets for sexual needs.

In addition, the emotional and physical sexual needs that females import into prison may differ greatly across individuals. Those who have previously adopted a homosexual lifestyle on the outside can be expected to continue this behavior once incarcerated. Many women, however, resort to homosexuality to sustain the needs and emotions that remain with them after being imprisoned. What about the women who do not participate in these activities as outlets for sexual release? For some women, remaining faithful to an outside partner is a decisive priority. Many women in prison choose celibacy as an alternative sexual lifestyle. Is masturbation their answer? This study was conducted to address this issue.

METHOD

PARTICIPANTS

In March 2000, all inmates housed in a Southern correctional facility for women were requested to participate in the current study. Inmates were assembled in the main area of their respective units by correctional staff members so that the researchers could explain the contents of the surveys. The lead researcher and a graduate assistant then distributed self-administered questionnaires to each inmate. Inmates were told it would take approximately 30 minutes to complete the 46-item questionnaire. In addition, they were informed of their anonymity and confidentiality while participating in the project. No incentives were given for completion of the survey. Inmates were asked to return their completed questionnaires in a stamped self-addressed envelope within 2 weeks of distribution. Of the 643 inmates incarcerated at that time, a total of 245 agreed to participate in the study, yielding a response rate of 38%.

Table 1 displays the characteristics of the prison population and the sample. A comparison of the prison population and the study group reveals some slight differences. For example, Blacks and inmates in medium security are underrepresented in the sample. Inmates describing their race as other and maximum-security inmates were overrepresented in the sample.

TABLE 1: Population and Sample Characteristics

<i>Characteristic</i>	<i>Prison Population</i>		<i>Sample</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Race				
White	394	61.3	150	61.2
Black	247	38.4	82	33.5
Other	2	0.3	11	4.4
Security level				
Minimum	241	37.5	92	40.2
Medium	393	61.1	121	52.8
Maximum	9	1.4	16	7.0
Average age	35 years		34.4 years	

MEASURES

Inmates were asked two questions concerning their masturbatory behavior while incarcerated. First, inmates were asked, "Have you masturbated since being incarcerated?" Response categories were dichotomized so that a response of no was coded as 0, and an affirmative response received a score of 1. They were then asked, "How often do you masturbate?" Originally, eight response categories existed. These categories were recoded so that infrequent masturbators (less than once a month) were coded as 0 and frequent masturbators (more than once a month) received a score of 1. Both items served as dependent variables.

Demographic characteristics (age and race) were recorded for the study group. Data were also collected on religion (Protestant vs. non-Protestant), time served (less than 1 year, 1 to 5 years, 5 to 10 years, and more than 10 years), security level, type of offense committed, engaging in homosexual behavior while incarcerated (touching the genitals of another female inmate while incarcerated), and education (high school or less vs. some college or more).

RESULTS

Of the 245 female inmates who responded to the questionnaire, 66.5% had masturbated while incarcerated. Of the 161 who reported masturbating, 7% had not masturbated during the past year. More than 22% of the respondents masturbated once or a few times in the past year, and 7% masturbated every other month. Approximately 13% masturbated once a month or two to three times a month, whereas 10% of the respondents masturbated once a week. An additional 18.6% masturbated two to three times per week. Only

TABLE 2: Zero-Order Correlations Between Independent and Dependent Variables

	<i>Masturbation Since Incarceration</i>	<i>Frequency of Masturbation</i>
Age	-.04	-.04
Race	.05	.17*
Religion	.17*	.06
Education	.06	.12
Amount of time served	.26*	.10
Security level	.11	.40*
Type of offense	-.13*	-.20*
Homosexual behavior	.29*	.33*

NOTE: Coding is as follows: age (0 = younger than 34, 1 = 34 or older), race (0 = non-White, 1 = White), religion (0 = Protestant, 1 = non-Protestant), education (0 = high school or less, 1 = some college or more), amount of time served (0 = less than 1 year, 1 = 1 to 5 years, 2 = 5 to 10 years, 3 = more than 10 years), security level (0 = minimum, 1 = medium, 2 = maximum), type of offense (0 = personal crime, 1 = other crime), and homosexual behavior (0 = no, 1 = yes).

*Denotes statistical significance at the .05 level.

3.6% of the female inmates reported masturbating once a day. Finally, 2.9% reported masturbating more than once a day.

To examine relationships between the independent and dependent variables, correlational analysis was conducted. Table 2 presents the zero-order relationships between the independent and dependent variables. The most salient variable is whether the inmate engaged in homosexual behavior while incarcerated. Inmates who engaged in homosexual behavior while incarcerated were more likely to report masturbating while in prison. In addition, they were more frequent masturbators than those who did not engage in homosexual behavior while incarcerated. Inmates who committed a personal crime were also more likely to masturbate (and be frequent masturbators) than those who had committed a property or drug offense. Inmates who had served longer sentence times were also more likely to masturbate than inmates who had served shorter sentence times. Protestants were less likely to masturbate than non-Protestants. White inmates were more likely to be frequent masturbators compared to non-Whites. In addition, inmates in higher security levels were more likely to be frequent masturbators than inmates in lower security levels.

Intercorrelations between the independent variables are not presented here to save space. The strongest correlation existed between amount of time served and personal offense ($r = .46$). No multicollinearity was found between the independent variables.

TABLE 3: Summary of Logistic Regression Beta Weights ($n = 190$ and 130 , respectively)

	<i>Masturbation Since Incarceration</i>	<i>Frequency of Masturbation</i>
Age	0.50	-0.64
Race	0.52	1.11*
Religion	0.54	0.47
Education	0.06	0.51
Amount of time served	0.44	-0.52
Security level	0.28	1.84*
Type of offense	0.19	-0.42
Homosexual behavior	1.46*	1.40*
Pseudo R^2	0.19	0.40

*Denotes statistical significance at the .05 level.

Because both dependent variables are dichotomous, a series of logistic regression analyses was performed to test if the predictor variables had an effect on the dependent variables. The most salient variable in both models was homosexual behavior in prison. Table 3 indicates that inmates who engage in homosexual behavior while incarcerated are more likely to masturbate (and be frequent masturbators) than inmates who do not engage in homosexual behavior in prison. In other words, inmates who were sexually active while incarcerated were more likely to masturbate while in prison. White inmates and inmates in higher security levels were also more likely to report engaging in frequent masturbation. Interestingly, race and security-level variables were not found to have an effect on whether the inmate has masturbated while in prison. Based on previous literature, we expected that age, education, and time served would have an effect on female masturbation in prison. However, these variables were not significant predictors of either dependent variable.

DISCUSSION

Research on human sexuality both in free society and in prisons has typically focused on the sexual behaviors of males. Notably, prison sex research has emphasized the topics of coerced and consensual sex among male inmates. Free society sex research is more common, yet some topics are clearly marginalized. Perhaps the most obvious of these topics is masturbation. In prison-based sex research, this marginalization is even clearer.

Previous studies on masturbation in free society have consistently found a significant relationship between age and masturbation. However, the present

study did not find such a relationship. Although prisons have been defined as microcosms of society, prison culture is remarkably different from free society. Clearly, this includes differences in sexual activities of citizens and inmates. For example, female inmates are deprived of certain sexual outlets while incarcerated. Thus, it appears many turn to masturbation for sexual release. Previous literature has reported that women in their late 20s to 40s have the highest rates of masturbation; the women in this study have a mean age of 34 and do report high rates of masturbation. And, age does not appear to be a significant predictor of masturbatory activities or frequency among these female inmates. Most interesting, however, is the proportion of females reporting that they do masturbate is nearly twice the proportion of free society women so reporting in previous research. This should not be surprising, however, given the unique cultural contexts and deprivations of prison life.

The results of this investigation also suggest that religious affiliation is not a predictor of female inmates' masturbatory practices. Again, this contradicts the research on female masturbation in free society. In fact, as Michael et al. (1994) argued, in free society, religion may be the most significant predictor of masturbation. However, among this incarcerated sample of women, religion has no statistically significant effect. Again, it appears that the institutional culture outweighs other factors.

Where this research does agree with the existing literature on female masturbation is in terms of the effects of having a sexual partner. Whereas in free society the literature typically presumes that a woman's partner is from a heterosexual relationship, in prison this becomes a same-sex partner. Women who had homosexual experiences while incarcerated were more likely to masturbate than women who did not engage in homosexual activity while in prison. In addition, these same women were more likely to be frequent masturbators. Thus, it may be that there are no differences in the motivation or nature of masturbation for incarcerated and nonincarcerated women but only differences regarding on whom motivation has an effect. As suggested by previous literature, individuals who are sexually active with partners are more likely to masturbate; this also holds true for incarcerated women but cuts across age and religious categories.

As previously stated, masturbation in prison is almost always a rule infraction. However, it provides inmates an alternative outlet to release pent-up frustrations and stresses. It may also possibly reduce the amount of consensual and coerced homosexual behavior behind bars. We must recommend to prison administrators that masturbation is a natural part of life. In addition, masturbation in prison, unlike consensual and coerced sex, prevents the spread of sexually transmitted diseases such as HIV/AIDS for both male and female inmates. Therefore, it is important for correctional administrators and

policy makers to reconsider the definition of masturbation as a violation of institutional rules. Most important, the justification and rationale for instructing inmates that autoerotic activities are wrong need to be revisited and reconsidered. To do so, however, it is important that policy makers first understand the motivations, dynamics, frequencies, and characteristics of practitioners of masturbation in prison. It is our intent to provide the first important steps toward this understanding.

Research of this nature is not only important for correctional administrators but also sex researchers in general. Sex researchers must continue to explore these forbidden topics. We must continue to open the eyes of correctional administrators and staff members. According to Tewksbury and West (2000),

Refusal or reluctance to acknowledge that sex in prison [including masturbation] exists is one thing, but refusal or reluctance even to devote research attention to the issue is detrimental to the study of corrections, to the discipline, and to society as a whole. (p. 377)

Finally, we must strive to make changes in correctional policies that have the potential to make our prisons safer.

REFERENCES

- Davidson, J., & Moore, N. (1994). Masturbation and premarital sexual intercourse among college women: Making choices for sexual fulfillment. *Journal of Sex and Marital Therapy, 20*, 179-199.
- Hite, S. (1976). *The Hite report: A nationwide study on female sexuality*. New York: Macmillan.
- Irwin, J., & Cressey, D. (1962). Thieves, convicts, and the inmate culture. *Social Problems, 10*, 145-147.
- Janus, S., & Janus, C. (1993). *The Janus report on sexual behavior*. New York: John Wiley.
- Kinsey, A., Martin, C., Pomeroy, W., & Gebhard, P. (1953). *Sexual behavior in the human female*. Philadelphia: W. B. Saunders.
- Laumann, E., Gagnon, J., Michael, R., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago: University of Chicago Press.
- Michael, R., Gagnon, J., Laumann, E., & Kolata, G. (1994). *Sex in America: A definitive survey*. Boston: Little, Brown.
- Pollock, J. M. (1997). *Prisons: Today and tomorrow*. Gaithersburg, MD: Aspen.
- Sykes, G. (1958). *The society of captives: A study of a maximum security prison*. Princeton, NJ: Princeton University Press.
- Tewksbury, R. (1989). Measures of sexual behavior in an Ohio prison. *Sociology and Social Research, 74*, 34-39.
- Tewksbury, R., & Mustaine, E. E. (2001). Where to find corrections research: An assessment of research published in corrections specialty journals, 1990-1999. *The Prison Journal, 81*, 419-435.

- Tewksbury, R., & West, A. (2000). Research on sex in prison during the late 1980s and early 1990s. *The Prison Journal, 80*, 368-378.
- Ward, D., & Kassebaum, G. (1965). *Women's prison: Sex and social structure*. Hawthorne, NY: Aldine.
- Wooden, W. S., & Parker, J. (1982). *Men behind bars: Sexual exploitation in prison*. New York: Plenum.

BOOK REVIEW

Newjack: Guarding Sing Sing, by Ted Conover. New York: Random House, 2000, 321 pp., \$24.95 (hardcover).

Ted Conover, a trained anthropologist and contributing writer for *The New York Times Magazine*, was fascinated with prisons. In addition to being interested in the background and life histories of the inmates, Conover was also curious about prison administration. Why did some facilities seem to be plagued with problems, such as riots and unrest, while others appeared to be run smoothly? How were the interrelationships between administration, staff members, and inmates characterized? Were popular movie portrayals of prison life accurate or mere exaggerations?

In an attempt to answer these questions, Conover planned to gain access to a correctional facility where he hoped to use his qualitative training to observe staff members and inmates for a book on life behind the walls. After several semisecret interviews with prison officials in New York State, Conover's requests for permission to observe prison life were denied. He learned that it would be impossible to continue with his original plan. Determined to investigate his questions, he chose another route: If he could not access a facility as a known journalist, he would become a prison guard. Knowing it was a long shot at best, Conover signed up to take the civil service exam. He was somewhat surprised and excited to learn that he was selected to train as a corrections officer (CO) (not "prison guard," the New York State corrections officials stressed) at the state academy. After 7 weeks of training, Conover was on his way to becoming a *New Jack*, prison slang for a rookie corrections officer.

In *Newjack: Guarding Sing Sing*, Conover traces his path to becoming a New York State corrections officer and describes the events during his 1-year position at one of the country's most infamous prisons. His experiences at the academy are not unlike those described by military boot camp recruits. Conover's classmates with military training are quick to tell him that the corrections academy is much easier, however. After academy graduation, Conover is thrilled to learn that he is assigned to one of the nation's most legendary, troubled prisons: Sing Sing in Ossining, New York. Although his classes at the academy included training in firearms, toxic gasses, weapons, use of force, legal rulings, and the like, none adequately prepared him for the harsh realities of prison. Perhaps one veteran CO described the job best when he stated, "We're doing a life sentence in eight hour shifts" (p. 21).

Once he is on the job, Conover finds that very few tasks are performed according to the book. Each day, he literally risks his life as he spends time on the prison galleries and in other areas supervising violent felons. Although his first few weeks are sup-

Editor's Note: This is a second review of *Newjack: Guarding Sing Sing*. The June 2001 book review of this book offered a faculty member perspective. This review offers a graduate student's insights.

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posed to be spent as an on-the-job-training officer, Conover receives little instruction from the more experienced officers. In fact, his training comes primarily from officers with little work experience themselves. As a result, much of what he learns is encountered accidentally via his own mistakes. As the author's time as a corrections officer unfolds in this insightful account, the reader learns that it is not always the prisoners who can make the job a living hell. Rather, much of Conover's stress is related to dealings with other officers and prison administrators. One sergeant in particular, dubbed Wickersham by the author, is an ongoing source of grief. However, Conover gains perception into the sergeant's behavior after learning Wickersham was held hostage in the infamous 1983 riot at Sing Sing:

At some level, I thought, Wickersham hated our innocence and wanted to cure it through abuse. But on another, by keeping new officers on their toes and keeping the blocks running according to the rules—by being a force for consistency—Wickersham may have been insuring himself against repeating the experience. The work inside was never finished. New officers always needed guidance, inmates always had to be listened to but at the same time kept in their place. (p. 117)

Also telling is the subtle comparison of a CO's duties to other traditional, unionized shift-work positions. Unlike many shift-work jobs, a new CO's tasks and responsibilities vary on a daily basis. One day could be spent peacefully, reading and relaxing alone as a tower guard, whereas the next could be spent in the special housing unit guarding the most sadistic and deviant offenders. The unpredictability of the work clearly contributes to stress and anxiety, making it easy to believe the unverified statistic that COs have the highest rate of divorce and shortest life spans among civil servants.

The author's comparisons between the inmates and officers, both explicit and implicit, are quite striking. Whereas it is obvious that prison is a dehumanizing, dreary place for all who spend time there, Conover's account leaves one with the perception that the inmates at Sing Sing may just have it better than the officers, a sentiment the author obviously shares. While incarcerated, inmates' lives are more structured and stable than they ever were on the outside. Inmates must follow a strict schedule: meals, showers, correctional programs, work, and visitors at specific times. Many of them also have tentative parole or release dates to look forward to. Comparatively, although officers do retain the luxury of participating in outside society, officers' time in prison is not so stable. They must always be on guard for random acts of violence and are forced to abide by administrative politics to ensure their likelihood of protection.

The code of officer behavior described by Conover is fascinating, and it is clear that knowledge and critical analysis of these activities could only be obtained through participant observation. Although the corrections motto is "care, custody and control," it is apparent that at least in Sing Sing, custody and control are emphasized, and care is often forgotten. The author provides rich descriptions of his interactions with other staff members, and his immersion in the prison culture allows the reader to also

experience his complicated emotions. For example, his frustration, anger, sadness, and pride in his work are apparent throughout the book.

Newjack also includes an informative chapter on prison history and the death penalty in New York State. This chapter helps explain the current context of Sing Sing and gives the reader an idea of how the job roles and tasks of COs have changed since the facility, constructed by inmates, opened in 1838. Information derived from memoirs of former Sing Sing medical examiners and executioners is especially thought provoking and speaks to the far-reaching, traumatic effects of capital punishment on those most directly involved with the task. In chapter 5, Conover also discusses the tenure of famous wardens Thomas Mott Osborne and Lewis Lawes. This historical evidence shows us that goals of correctional administrators have evolved little over the years.

In addition, Conover's book casts light on the seriousness of our country's prison problems, one being the continuing prison population explosion. According to the author, it is a common misconception that our prisons are overflowing with more violent criminals. New York State's harsh Rockefeller drug laws, for example, created mandatory minimums for minor crimes and, as a result, can be directly linked to prison overcrowding. At Sing Sing, Conover is also struck by the large proportion of inmates who are mentally ill. Referred to as "bugs" by staff members and other inmates, the mentally ill are avoided and often seem to suffer the most in prison. Although mental health treatment is available at the facility, it appears that such services are used infrequently by inmates who could benefit the most from them.

Conover's work supports the idea that the overall goals of corrections are misguided to say the least. For example, instead of investing funds in preventive efforts aimed at inner-city youth, the construction of prisons for potential felons who are currently in preschool continues to occur. Although similar to the tradition of Warden Osborne's (1914) study of inmate life, Conover, as a true outsider, brings unique insight to the study of corrections. Although Conover only "served a year" at Sing Sing, his experience more than adequately describes the job of a CO. Some of the events inherent in this work are expected (e.g., physical struggles with inmates), whereas others are quite unexpected, such as philosophical discussions with an inmate dubbed "Powerful." According to Conover's account, the challenge of the job lies in learning to walk a fine line between leniency and tyranny. The reader learns that this is a job best suited for a certain personality type. This telling account suggests it is a job Conover would not wish on anyone.

Although officers are told to "leave it at the gate" when they go home at night, the job experiences of COs in a maximum-security prison obviously affect those who are closest to them in a unique and trying way. As he spends more and more time working at Sing Sing, the author finds that even regular encounters with his two young children are altered. In chapter 7, Conover describes his disgust with his resolution of a minor act of defiance by his 3-year old son:

Something in me sort of snapped. All day long I was disrespected by criminals; I felt that home should be different. I ran up the stairs and picked him up by his pajama tops outside her [his sister's] door. "When I say no, you will listen!" I

whispered angrily, giving him a spank, surprising myself. I had never done that before, and it surprised him, too. (p. 244)

Newjack: Guarding Sing Sing would make an excellent addition to the reading lists of corrections, criminal justice management, and anthropology courses. In addition, the book would be a valuable asset in multidisciplinary research methods courses, particularly those focusing on qualitative methods. The book is also well organized and flows smoothly, which adds to its appeal toward a more general audience. The primary strength of Conover's work lies in the research methods employed. Through participant observation, the author is able to provide readers with unique, detailed descriptions of daily encounters at Sing Sing. His account provides meaningful clues about roles and concepts integral to the understanding of prison administration and inmate life and will encourage intellectual discussions about past, present, and ongoing dilemmas in corrections.

REFERENCE

Osborne, T. M. (1914). *Within prison walls: Being a narrative of personal experience during a week of voluntary confinement in the state prison at Auburn, New York*. New York: D. Appelton.

Kristy Holtfreter
Michigan State University

ABOUT THE AUTHORS

David Allen is professor in the Department of Psychosocial and Community Health, University of Washington, and is project manager for the University of Washington-Department of Corrections Mental Health Collaboration. He received a Ph.D. in philosophy in 1975 from the University of Iowa and an M.S. in nursing in 1981 from the University of Wisconsin.

Victoria Harris is assistant professor with the Department of Psychiatry and Behavioral Sciences at the University of Washington and is a principal investigator with the Center for Health Education and Research. She is board certified in general psychiatry, with subspecialty certification in forensic psychiatry.

Christopher Hensley is the director of the Institute for Correctional Research and Training and an assistant professor of sociology in the Department of Sociology, Social Work, and Criminology at Morehead State University. He received his Ph.D. from Mississippi State University. His most recent publications appear in the *American Journal of Criminal Justice*, *International Journal of Offender Therapy and Comparative Criminology*, *Humanity and Society*, and *Corrections Compendium*. His research interests include prison sex, inmate attitudes, and program evaluation.

Kristy Holtfreter is a Ph.D. candidate in the School of Criminal Justice at Michigan State University. Her research interests include corporate deviance, correctional programming, and research methodology.

Dana Jones Hubbard is a research associate in the Center for Criminal Justice Research at the University of Cincinnati where she is completing work on her dissertation. She has published several articles on correctional practices and recently completed a national survey of probation and parole agencies on classification practices.

Ron Jemelka is research director of the Texas Health Quality Alliance in Austin. He received a Ph.D. in counseling psychology in 1983 from the University of Texas at Austin. He has consulted on mental health program planning and evaluation with the correctional systems of several states.

Clark Johnson is research associate professor in the Department of Psychosocial and Community Health, University of Washington. He received a Ph.D. in psychology from the University of Washington in 1978.

J. Scott Johnston served with the Missouri Department of Corrections as the principal administrator for the planning and implementation of substance abuse services in both the field and prisons between 1992 through 1999. He has worked in the corrections field for more than 22 years.

Kevin Knight, Ph.D., is a research scientist in the Institute of Behavioral Research at Texas Christian University. He currently is directing projects funded by the National Institute of Justice to examine treatment screening and selection procedures and treatment process and outcomes. His interests focus on the assessment of treatment process components and development of evaluation systems for correctional systems.

Mary Koscheski holds a bachelor's degree in social work from Northeastern State University and a master's degree in sociology with an emphasis in criminology from Morehead State University. Her research and publications center on issues of homosexual behavior in female correctional facilities.

Edward Latessa is a professor and head of the Division of Criminal Justice at the University of Cincinnati. He received his Ph.D. in public administration in 1979 from Ohio State University. Professor Latessa has published more than 65 works in the area of criminal justice, corrections, and juvenile justice. He is also coauthor of *Corrections in the Community*, which is now in its second edition.

Donald M. Linhorst, Ph.D., is an assistant professor in the School of Social Service at Saint Louis University, St. Louis, Missouri. His research focus is the intersection of the criminal justice and mental health systems. Currently, he is assisting with the development of a program evaluation system for a jail-based substance abuse program and is studying the insanity defense from a policy process perspective.

David Lovell is research associate professor in the Department of Psychosocial and Community Health, University of Washington. He received a Ph.D. in philosophy from the University of Wisconsin in 1975 and an M.S.W. from the University of Washington in 1993. In 1982 and 1983, he served as philosopher in residence with the Connecticut Department of Correction.

Betsy Matthews is an assistant professor in the Department of Corrections and Juvenile Services, Eastern Kentucky University. She is completing her doctoral work at the University of Cincinnati where she served as a research associate in the Center for Criminal Justice Research. Prior to that, she was a research assistant at the American Probation and Parole Association. She has published numerous articles on community corrections and has directed several national projects.

Elizabeth Ehrhardt Mustaine is associate professor of sociology at the University of Central Florida. Her research interests are in the areas of criminal victimization, violence, and gender studies.

Richard Tewksbury is a professor in the Department of Justice Administration at the University of Louisville. He holds a Ph.D. in sociology from Ohio State University. His research interests include correctional institution culture and programming, men's studies, and issues of sex and gender identity.

Myrna Trickey, MPA, is vice president of the Family Guidance Center for Behavioral Healthcare, St. Joseph, Missouri. She has been involved in the corrections field for more than 25 years. She has worked for the Missouri Department of Corrections in such roles as prison superintendent and as division director with responsibility for all treatment services. Over the past 10 years, she has represented nonprofit corporations in the development and implementation of prison-based drug treatment programs.

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