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Computers Can Help

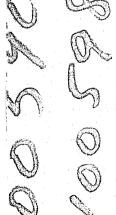
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All phases of preventive and correctional activities in delinquency and crime come within the fields of interest of Federal Probation. The Quarterly wishes to share with its readers all constructively worthwhile points of view and welcomes the contributions of those engaged in the study of juvenile and adult offenders. Federal, state, and local organizations, institutions, and agencies—both public and private—are invited to submit any significant experience and findings related to the prevention and control of delinquency and crime.

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This Issue In Brief

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The Myth of Corporate Immunity to Deterrence: Ideology and the Creation of the Invincible Criminal.—Commentators frequently assert that the criminal law is ineffective in deterring corporate crime because either (a) the public will not support sanctions against businesses or (b) companies are too powerful to be swayed by existing legal penalties. Authors Francis T. Cullen and Paula J. Dubeck suggest, on the contrary, that studies reveal the public favors the use of criminal sanctions against offending corporations and such sanctions will ultimately diminish future illegality.

Racism, Sexism, and Ageism in the Prison Community.—A survey of literature suggests that blacks, women, and the elderly experience differential treatment in prison and that such treatment is somewhat in concert with that afforded them in the outside community, according to Professor Ann Goetting of Western Kentucky University. She concludes that such discrimination is likely to persist in the institutional setting until such time it is no longer tolerated in society at large.

Sentence Planning for long-Term Inmates.—Recent sentencing law changes throughout the United States are likely to produce an increase in size and proportion of long-term prisoners in state and Federal correctional facilities. Professor Timothy J. Flanagan of the State University of New York at Albany addresses a number of issues involved in planning constructive sentences for these prisoners and discusses administrative structures for the implementation of long-term sentence planning.

Profiles in Terror: The Serial Murderer.—One alarming aspect of contemporary serial murder is the extent to which its perpetrators believe that violence against human beings is a normal and acceptable means of implementing their goals or motives, assert University of Louisville professors Holmes and

DeBurger. Their article describes a systematic typology of serial murgers and indicates some of the general characteristics of the offender.

Computers Can Help.—Until recently the computer-assisted instructional options available to correctional educators were not very practical, reports Federal prisons education specialist Sylvia G. McCollum. The situation has changed sharply, however, and correctional educators can now choose

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from a wide variety of user-friendly equipment and software which includes vocational, high-school equivalency, career assessment, job search, and life-skill courses. Those interested in using computers in correctional education may benefit from the Federal prisons experience.

FCI Fort Worth Substance Abuse Evaluation: A Pilot Study.—Dr. Jerome Mabli, research administrator for the South Central Region of the Federal Bureau of Prisons, and members of his staff, discuss the preliminary results of a pilot Substance Abuse Program Evaluation. The unit evaluated after 8 months of testing was the FCI Fort Worth STAR (Steps Toward Addiction Recovery) Unit which houses 200 inmates. The authors present a research paradigm which concentrates on cognitive-attitudinal variables and outline recommendations for future evaluation.

Female Correction Officers.—Author Peter Horne presents a current overview of the status of female correction officers in the American penal system, examining data and levels of utilization of females in corrections. The limited progress that female correction officers have made in working in all-male prison facilities is noted and the problems which have impeded their progress are explored. Recommendations are made and administrative strategies outlined in order to promote increased employment of females in opposite sex prisons.

Protective Custody: The Emerging Crisis Within Our Prisons?—The use of protective custody (PC) in North American prisons has increased dramatically over the last two decades with current rates varying from 6 percent to 20 percent of prison populations. According to authors Gendreau, Tellier, and Wormith, the increased use of PC was probably caused by changes in judicial and court-related practices, changing trends in prison populations, and liberalized institutional regulations. They express concern for equitable treatment and an acceptable quality of life in PC.

Changing the Criminal.—Gad Czudner describes a theoretical proposal for a way to change the criminal. The proposal is for a cognitive model with an added moral component which assumes that, only if a person is capable of feeling "bad" about doing "bad," is he able to feel "good" about doing "good." He believes that guilt can be a guide for moral behavior and that awareness of others is the key to this approach.

The Probation Perspective: Analysis of Probationers' Experiences and Attitudes.—Using the

theoretical perspectives of rehabilitation, deterrence, desert, and the justice model as points of reference, this study evaluated probationers' experiences and obtained their ideas as to what the mission of probation should be. Author G. Frederick Allen's findings suggest that probationers are able to conceptualize criminal sanctions as rehabilitation, deterrence, desert, and within a justice model perspective, simultaneously; and that they have useful suggestions for improving the system.

ERRATA: The concluding lines of the article "The Effect of Casino Gambling on Crime" by Jay S. Albanese, which appeared in the June 1985 issue, were eliminated during the printing process. The last two paragraphs of that article should have read as follows:

As a result, states having support for the legalization of casino gambling should not fail to consider legalization due to fear of increases in serious crimes against persons and property. Based on this analysis of the Alantic City experience, the advent of casino gambling has no direct effect on serious crime. Such finding suggests that any city which undergoes a significant revitalization (whether it be casino-hotels, theme parks, convention centers, or other successful development) that is accompanied by large increases in the number of visitors, hotels, and/or commercial activity, may experience increases in the extent of crime but a decrease in the risk of victimization—due to even faster increases in the average daily population of the city.

Although crimes known to the police have increased in Atlantic City since the introduction of casinohotels, this increase has been more than offset by changes in the average daily population of the city and a general statewide increase in crime. States that follow New Jersey's example in providing a significant crime prevention effort as part of their casino legislation are also likely to experience success in introducing casino-hotels to revitalize a local economy, without an increase in the risk of victimization of its citizens. As this investigation has found, the average visitor to Atlantic City in 1982 was less likely to be the victim of a serious violent or property crime than he or she was before casinos were introduced there.

All the articles appearing in this magazine are regarded as appropriate expressions of ideas worthy of thought but their publication is not to be taken as an endorsement by the editors or the Federal probation office of the views set forth. The editors may or may not agree with the articles appearing in the magazine, but believe them in any case to be deserving of consideration.

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FCI Fort Worth Substance Abuse Evaluation: A Pilot Study*

By Jerome Mabli, Ph.D., Karen L. Nesbitt, Steven Glick, Jaclyn Tilbrook, and Barbara Coldwell Research Department, South Central Region, Federal Prison Service

THE FEDERAL Correctional Institution at Fort Worth is a Security Level I institution. Its goals for the inmate population, over and above incapacitation, are primarily education and drug treatment programing. Treatment is provided by three substance abuse units: the STAR Unit for male substance abusers, the WIN Unit, for female substance abusers, and the FREEDOM Unit, for male alcohol abusers. Inmates are assigned to units based on either a documented history of drug abuse or a recommendation by the sentencing judge. An inmate must actively participate in the program in order to remain in the unit. All inmates have the option of withdrawing from the program after 90 days. If they choose to withdraw, they are usually transferred to a general unit at another institution.

Substance Abuse Managers at FCI Fort Worth and elsewhere continue to express the belief that the single most important goal is to help inmates overcome their addiction through cognitive restructuring of their basic beliefs and attitudes toward drugs. The managers' view is that a drug treatment program should be designed to develop new behaviors by encouraging healthy attitudes. Thus, in order to develop appropriate helping procedures, it is important to change the belief systems the addict has evolved with respect to drugs and the addictive process (Steinfeld, Rice, and Mabli, 1974).

Historically, drug abuse programs within the prison system have been evaluated through incident reports and inmates' behavior during incarceration. Given the heavy structure and close surveillance in most prisons, this approach to evaluation is questionable as a valid predictor of drug usage after incarceration where, even on parole, external constraints are frequently minimal. The internal controls of drug abusers must be buttressed to effect true and lasting change. It follows, then, that a more effective predictor of enduring change might be a measure of attitude change during the process of drug abuse programing with the anticipation that

a modification of attitudes toward drugs would decrease the chances of substance abuse following release.

The STAR Unit's philosophy for drug rehabilitation is holistic and covers four main areas of life: physical, mental, spiritual, and social. As in most units in the Bureau of Prisons, group counseling is the primary rehabilitative technique. The counseling is aimed at cognitive restructuring of inmates' attitudes about drug usage and covers topics such as stress management, narcotics anonymous, self-awareness, and relaxation therapy. The program consists of three phases: phase I is orientation, and requires 40 hours of programing; phase II is intensive programing, requiring 100 hours; and phase III is prerelease, requiring 40 hours of programing. Inmates are required to attend 180 hours in a variety of programs.

We wished to examine whether this rehabilitative technique would effectively teach new behaviors (i.e., good work habits, regular participation in counseling sessions, and staying off drugs). But since many "cons" can play the game, we wondered whether the inmate would carry those new behaviors into the free world. In keeping with the view that the critical need is to change life-low, values and attitudes as well as behaviors, we felt it was important to explore preexisting attitudes and the related life styles that led to drug abuse.

While many research designs focus only on behaviors, we devised a multimodal research plan including both behavorial indices and attitude measures in order to properly assess whether the program's stated objectives were being achieved. In order to assess institutional behavior, drug attitudes, and personality characteristics of the addict, we focused on the following areas:

- (1) Attitudes toward drugs generally and in specific situations, as manifested by risk levels associated with taking drugs and the changes which occur during treatment.
- (2) Adjustment to incarceration, as indicated by changes in mood levels and disciplinary infractions.

^{*}The opinions expressed in this article are those of the authors and not necessarily those of the Federal Bureau of Prisons.

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(3) The relationship of risk in both criminal and drug-related areas to progress in the program.

It is our view that both drug abuse and criminal behavior represent high degrees of risk-taking, and the inmate's willingness to accept these risks would be interesting to track during the course of his involvement in the program. Along these same lines it would be informative to determine whether this risk propensity was limited to the drug-alcohol area or extended to criminal or indeed legitimate (e.g., vocational) situations. Thus we planned to determine the degree to which the inmate would accept risk in a variety of life situations.

The Choice Dilemmas scale is designed to measure risk-taking and has been used extensively in the research in this area (Kogan and Wallach, 1964). Good evidence exists that this instrument reflects not only concrete instances of risk-taking decisions but is a key to the cultural values underlying those decisions (Brown, 1965). A convergent line of reasoning is that criminally oriented people are more likely to be sensation seekers (Zuckerman, Bone, Neary, Mangelsdorff and Brustman, 1972), and it is through these sorts of activities that they come into conflict with the law. One can readily see how the extreme sensation seeker might gravitate either toward substance abuse or a criminal lifestyle involving high levels of excitement. In this respect, substance abusers may be viewed as being more likely to seek greater risk-taking in their lives than nonsubstance abusers. While risk-taking and sensation-seeking behaviors are difficult to modify, this line of reasoning argues that a proper evaluation of a drug abuse program would do well to incorporate measures of these variables, since they may be closely tied to actual postrelease outcomes.

The emotional liability of substance abusers has received little attention in the evaluation of institutional programs. One emerging view of the addictive process is that for at least a subset of addicts, the abused substance is their attempt at self-medication for emotional problems. This hypothesis would predict greater affective problems or variability in a substance abuse population and a lessening of these problems and variability as an inmate learns to cope. In order to measure emotional ups and downs, we needed an instrument that was readily administered, assessed a variety of affective areas, and was sensitive to variability over relatively short periods of time. The Profile of Moods States (POMS) readily fit these criteria. The POMS consists of several subscales which tap areas such as tension,

depression, and anger. The inmate who shows initial deficits (i.e., more depression, higher levels of anger, etc.) would be expected to show improvement from intake to release.

A specific dimension receiving little attention in program evaluations of this nature is the distinction between primary and secondary substance abuse. The MacAndrew Scale was chosen to provide for this distinction since it could possibly enable the researchers to identify differential addictions in the prison setting. Some work in this area has already been done by Burke and Marcus (1977) in private treatment centers.

It is claimed that primary alcoholism cannot really be traced to any specific event in the life of the alcoholic, whereas secondary alcoholics begin drinking following some identifiable event which triggered "neurotic drinking." If successful in the prison setting, the MacAndrew Scale would be a useful tool for sustance abuse units within the prison system in adopting differential treatment strategies for the primary alcoholic versus the secondary alcoholic.

Overview of Method

We chose to assess the aforementioned areas by administering paper and pencil questionnaires (preand post-) as well as by collecting behavioral data. The pretest was administered within the first month of incarceration, and the posttest was given after 6 months of programing, since with even a halfhearted effort, an inmate would complete the program within 6 months. The first questionnaire, the Attitude Scale, attempted to assess inmates' perceptions concerning the risks others take when using drugs. The second questionnaire, the Risk Scale, was designed to indirectly gauge the inmate's own risk-taking level in a variety of contexts. The Profile of Mood States was administered to measure inmates' adjustment to incarceration in the affective realm. The fourth questionnaire, the MacAndrew Alcoholism Scale, was used to distinguish primary from secondary addiction.

Subjects

Subjects were 113 male FCI Fort Worth STAR Unit residents. The mean age was 33.4 years. They were sentenced for a wide variety of offenses with 50 percent being incarcerated for drug-related crimes. The drugs most often used were heroin (38 percent), cocaine (20 percent), and marijuana (16 percent). Over 50 percent had histories of polydrug abuse.

Instruments

Attitude Scale

The Attitude Scale is taken from Monitoring the Future: A Continuing Study of the Lifestyle and Values of Youth (Johnston, Bachman, and O'Malley, 1982). This scale asks about attitudes towards seven distinct drugs: marijuana, LSD, cocaine, heroin, amphetamines, barbiturates, and alcohol. It inquires about the judged harmfulness of drug usage ranging from "once or twice" to "regularly," and the responses range from "no risk" to "great risk." The scale has been administered annually since 1975 to high school seniors across the country to detect general changes in attitudes toward the perceived harmfulness of drugs.

Risk Scale

The Risk Scale utilized was taken from the Choice Dilemmas instrument originally developed by Kogan and Wallach (1964). It is a semiprojective technique which is readily administered as an individual or group test and yields numerical scores. We used five of the original questions dealing with everyday behavior (e.g., making a career change) and wrote five new questions about drug-related behavior (e.g., delivering a package containing drugs). These questions were designed to measure level of risk-taking by presenting a problem having two alternatives. As in the original items, the subject is asked to advise the protagonist in the problem on a course of action. He may advise either a conservative or a risky course of action. If the subject chooses any risk at all, he or she must decide on an acceptable probability level. These probabilities are represented as "chances in ten," so a 1 in 10 choice would represent the highest risk alternative with the most conservative choice being 10 in 10. While the conservative alternative is less desirable, it is virtually certain to be successful. And, although the risky course of action is less than certain, its outcome, if successful, is considerably more appealing than that of the conservative alternative. Because the subject is asked merely to advise a protagonist and not express risk levels for himself, we felt the questionnaire tended to avoid the defensiveness most drug abusers show in testing (especially law enforcement) situations.

Mood Scale

The Profile of Mood States (POMS) is widely used in treatment centers to measure emotional moods during treatment. The POMS measures mood levels in six areas: tension, depression, anger, vigor, fatigue, and confusion (McNair, Lorr and Droppleman, 1971). This test is designed to measure "Right Now" moods and was selected to measure an inmate's mood levels at initial incarceration and to remeasure moods after 6 months of drug treatment programing.

Mac Scale

The Mac Scale is a 49-item extract from the Minnesota Multiphasic Personality Inventory (MMPI). Since the MMPI is routinely given to all inmates entering the system, its use in this study was extremely economical with respect to data collection. We felt this subscale would be a useful tool in identifying those with alcohol and drug abuse characteristics.

The MacAndrew Alcoholism Scale is purported to be effective in identifying differential addictions in private treatment centers. Most of the validation work on MacAndrew's Alcoholism Scale has been to determine its range of utility. The scale appears to measure enduring qualities of alcoholic personalities. Prealcoholics score significantly higher on the MacAndrew Alcoholism Scale than do their nonalcoholic peers, and even after treatment their Mac scores remain high (Rohan, Tatro and Rotman, 1969). Therefore, a high Mac score may not reflect current alcohol abuse; instead, it may reflect a history of alcoholism which may no longer be a problem, or it may predict future alcoholism. It is designed to measure current and enduring qualities of the alcoholic personality (Butcher and Owen, 1972).

Procedure

Data Collection began in August 1983. During the period ending January 1984, pretests were administered weekly to all new inmates entering the first phase of the STAR Unit (N=113). Posttesting was carried out approximately 6 months after the pretest. Posttests commenced in February 1984 and ended in July 1984 (N=47). Demographic information such as age, offense, social status, and length and type of drug usage was also collected on each inmate. Inmates were called out to a room on their home unit in small groups (of 4-10) and administered the questionnaires by student interns.

Results

One hundred thirteen subjects filled out questionnaires and had demographic information collected on them. The pretest scores for the scales are presented in tables 1 and 2.

Table 1. Summary of Pretest Scores

Variable	<u>N</u>	Mean	S. D.		
Risk Scale	110	7.29	1.57		
Mac Scale	85	27.96	4.28		
POMS					
Tension	106	9.57	6.45		
Depression	109	13.59	10.80		
Anger	110	9.11	8.51		
Vigor	106	17.34	6.85		
Fatigue	107	6.14	5.67		
Confusion	107	6.37	5.25		

The Risk Scale pretest mean of 7.2 indicates a preliminary conservative risk-taking level. The expectation is that moderate risk-taking is culturally valued on the standard items which do not exhibit a high degree of risk-taking. We felt that the initial scores would be considerably higher on the criminaldrug-related items indicating a greater risk-taking attitude and would decrease as a result of the substance abuse programing. The standard risk items yielded a riskier mean (3.30) than did the drug items (3.97) which contradicts our previous thought. It appears that upon entrance into the program, the subjects associate less risk with drug-related activities as compared to other everyday activities. Once the program has been completed, it is our thought that the subjects would tend to associate a greater risk-taking attitude than before toward drug-related activities.

The MAC Scale pretest mean score was 27.96. The recommended cutoff score is 24 or greater to effectively identify alcoholics for diagnostic and treatment purposes. This particular test posed a problem in that some of the inmates omitted questions dealing with policemen, females, and religion (N=85).

Initial results on the POMS show that inmate response on the negative moods (i.e., tense, unhappy, angry, etc.) were considerably more positive than normative data. They were also considerably higher on the positive moods (i.e., relaxed, cheerful, active, etc.). For example, the norm for the ten-

Table 2. Summary of Pretest Scores for the Attitude Scale

Variable	<u>N</u>	%Responding "Great"		
Attitude Scale*				
Marijuana	113	32.74 %		
Heroin	111	77.47 %		
Cocaine	113	54.86 %		
LSD	113	69.91 %		
Amphetamines	113	60.17 %		
Barbiturates	113	56.63 %		

^{*}Percentage responding "great risk" to regular use.

sion scale is 18, while our drug abuse inmates averaged about half that with a 9.6. The norm on the depression scale is 22, and inmates scored well below the average with 13.6. Conversely, on the vigor scale, which includes positive moods, the inmates responded with an average of 17 while the norm is 11. The validity of the inmates' responses is questioned here since these averages are so far from the norm. It may be that the subjects answered these questions in a way they thought would be desired by the research.

The Attitude Scale pretest results indicate that inmates perceive drug taking as less harmful than does the average high school senior. Table 3 compares the 1981 norms for high school seniors (Johnston, Bachman and O'Malley, 1982), with the substance abuse subjects in terms of "great risk" responses for regular use of marijuana, heroin, cocaine, LSD, amphetamines, and barbiturates. As expected, this indicates that on admission, our subjects have a preliminary attitude that regular use of drugs is not perceived as a great risk.

Table 3. High School Seniors and Substance Abusers Responding "Great Risk" to Regular Use of Drugs

	Seniors (%)	Substance Abusers (%)		
Marijuana	57.6	32.7		
Heroin	87.5	77.4		
Cocaine	71.2	54.8		
LSD	83.5	69.9		
Amphetamines	66.1	60.1		
Barbiturates	69.9	56.6		

Posttest

Forty-seven subjects have completed 6 months of programing and been posttested (table 4). Factors such as short sentence length, transfers, and paroles account for the low completion rate.

The posttest results on the Risk Scale revealed a slight tendency toward greater risk-taking, but it is not statistically significant (p.<.32). The POMS depression levels seemed to have improved (-2.71), as did fatigue (-1.27), while positive moods remained high (vigor +1.40). With the Attitude Scale we expected the percentages of "great risk" responses to go up after 6 months of programing, but most tended to actually decrease, especially in the "regular" use of cocaine, LSD, and amphetamines. A significant departure from this trend is the perception of greater dangerousness of barbiturates.

TABLE 4. Summary of Pre- and Posttest Scores
For Subjects Completing Both

	<u>P</u>	Pretests			Posttests				
Variable	<u>N</u>	Mean	S. D.	<u>N</u>	Mean	<u>S. D.</u>	Mean Diff.	<u>T</u>	<u>P</u>
Risk Scale	44	7.13	1.67	44	6.80	1.88	33	1.14	.26
Mac Scale	15	27.47	4.85	15	27.73	4.91	.26	14	.89
POMS									
Tension	40	9.18	7.03	40	9.00	7.27	18	.17	.86
Depression	42	13.26	11.40	42	10.55	10.61	-2.71	1.83	.07
Anger	38	8.26	8.51	38	8.11	9.71	- 15	.08	.93
Vigor	42	17.17	7.27	42	18,57	6.44	1.40	-1.41	.16
Fatigue	33	6.69	5.56	33	5.42	6.12	-1.27	1.09	.28
Confusion	41	7.07	5.74	41	6.27	5.63	80	1.11	.27
Attitude*	47				(x,y) = (x,y) = 0				
Marijuana		42.55%			40.42%			-2.13	
Heroin		71.73%			72.34%			.61	
Cocaine		59.57%		1	53.19%			-6.38	
LSD		65.95%			59.57%			-6.38	
Amphetamines		65.95%			57.44%			-8.51	
Barbiturates		48.93%			53,19%		The second of	4.26	

Discussion

This pilot study attempted a unique evaluation of the effectiveness of a substance abuse unit's programing. Rather than measuring only institutional or free-world behavior, we attempted to assess cognitive and attitudinal changes that occur during programing.

The preliminary test results on both the POMS and Risk Scale were less problematic than expected. The risk scores were quite conservative (7.29) and the POMS scores were high for positive moods and low for negative moods. These positive mood levels may reflect an inmate's temporary positive frame of mind while being drug-free. On the other hand, one might suspect that inmates may be responding to both tests in what they perceive as the socially desirable direction. Inmates who are new to the institution may be wary due to their recent experience with aw enforcement officials and, therefore, respond to the questions in a different manner. Also, rather than being asked to volunteer for the testing, inmates were involuntarily called out from work duty and then asked to volunteer for testing in return for 2 hours of programing credit. Most inmates took the tests with reluctance.

As mentioned earlier, we used the semiprojective Choice Dilemmas partly in order to avoid the social desirability problem. However, the Choice Dilemmas questions were improperly administered. The instructions to the inmates inadvertently asked them to rate their own level of risk-taking rather than asking them to give advice to a hypothetical protagonist. This may have led to a greater propensity on their part to answer in socially desirable ways.

Recommendations

At the outset we had hoped to overcome some of the limitations of previous research by including measures beyond the usual urinalysis and incident report data. We were fully aware of the pitfalls of self-report measures but hoped that through a variety of techniques we could avoid major problems in this area. Several factors intervened. First, in the semiprojective risk instrument (the original Choice Dilemmas), the items were incorrectly changed to read in the first person, thus asking our subjects to answer for themselves rather than for an unknown abstract protagonist. Thus, the whole thrust of our attempt to avoid social desirability was thwarted. Secondly, a variety of nonpaid student interns were used to administer the tests, some of whom had good rapport with the inmates, others did not. In some cases, these interns did not properly explain the purpose of the tests or did not otherwise enlist the support of the inmates. Since the testing procedures were not voluntary and the inmates had no reason to trust the interns, socially desirable (and,

when possible, missing) answers were the inevitable outcome. Along the way we discovered that the optional number for each testing group was 3 to 5 for proper supervision and rapport development.

Given the previous difficulties, we recommend that future unit evaluations employ paper and pencil tests only in conjunction with other methods and under carefully controlled conditions (i.e., voluntary participation and assurances of anonymity). We strongly recommend the use of a trusted, cordial, and self-assured (if not experienced) person to administer the tests. This person might be an outside student intern but should have considerable maturity and, above all, a facility for interacting with an inmate population. Some "salesmanship" talent is essential, particularly if the procedures are voluntary. Above all, research assistants should not treat the inmates like goldfish in a bowl or even worse, be frightened of the inmates. One highly successful researcher makes it a point to close the door behind her when testing to emphasize her lack of

Consideration should be given to structuring any evaluation in such a way that it is an intrinsic and unobtrusive part of the programing. One of the initial problems we faced was operationalizing program goals. As we mentioned, those unit managers at FCI were relatively clear about their goals, but we recommend interviewing unit staff for specific measurable goals—for instance, if a counselor holds regular counseling sessions concerning measure of the inmates' changes in ability to cope with stress. One study has shown that substance abuse has been related to the inability to handle stress (Joe, Chastain and Simpson, 1984). If Alcoholics Anonymous or Narcotics Anonymous meetings deal with a number of objectives, such as a commitment to a higher being or a commitment to admitting personal responsibility for problems, it seems advisable to measure the success of these specific goals. In the Fort Worth program, holistic health is stressed, and a new "Positive Addiction Therapy Group" has been developed that stresses the physical aspect of drug rehabilitation. A proposal is being prepared to systematically evaluate this particular portion of the unit's program.

Group counseling would probably be more effective if outside contract workers, rather than FCI personnel, were utilized to lead the groups. Inmates do not feel free to express themselves to staff for fear that what they say might be used against them.

Another recommendation is to utilize a different experimental design. First, if at all possible, provide a control group, or if one is not available, use either a pre- or posttest only group for comparison. At Fort Worth we have both a women's substance abuse unit and a women's general unit. The women's general unit has women who have drug histories but who are not receiving programing and would make an excellent control group.

Next, we recommend proper use of the Choice Dilemmas Scale. The semiprojective technique, when properly used, is quite effective in personality and attitude measurement.

And, finally, we recommend personal interviews with the participants. Personal interviews will reveal the program as it is seen from the participant's point of view. The information received from these interviews may provide guidelines for future programing changes. If programing is designed both from the inmates' point of view and a knowledgeable professional point of view, drug abuse rehabilitation will be more effective.

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