EVALUATION OF SUBSTANCE ABUSE PROGRAMMING AT MCI-CEDAR JUNCTION

VOLUME 2: IMPACT EVALUATION OF THE PROGRAM UNIT FOR SUBSTANCE ABUSERS

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ABSTRACT

A growing recognition of the linkage between substance abuse and criminality, coupled with sharp increases in the proportion of persons incarcerated for drug offenses, has led to the implementation of an increasing number of prison-based substance abuse treatment programs. This report presents results from an impact evaluation of the Program Unit for Substance Abusers, a treatment unit operated at MCI-Cedar Junction at Walpole, the state's maximum security facility.

The purpose of the study was to assess the long-term abstinence of Program Unit completers as compared to three other groups of inmates: Walpole inmates known to be substance abusers who had never participated in the Program Unit ("control group"); Program Unit non-completers; and, inmates who applied to but were not accepted into the Program Unit. The three variables used to measure the incidence of substance abuse one year prior to participation/application in the Unit and one year following release/termination from the Unit were: disciplinary reports related to substance abuse; positive results of urinalysis; and, transfers/reclassifications for known drug abuse.

Results indicated that Program Unit completers had both less serious pre-incarceration and institutional substance abuse histories, and disciplinary histories than either the control, applicant, or non-completer groups. Moreover, when all indicators of a substance abuse problem were combined, more inmates in the control group had substance abuse problems followed by the applicants, non-completers, and completers.

Pre-and post-treatment measures of institutional substance abuse indicated slight improvements in the completer group but similar improvements in the applicant and control groups raising the question of whether or not improvement was due to treatment participation. Thus, although 31% of the program completers experienced less indicators of substance abuse after treatment, so did 40% of the applicant and 37% of the control groups. Almost two-thirds of program completers and non-completers experienced no change in their amount of substance abuse while 8% of program completers evidenced more substance abuse compared to 20% of the non-completers, 16% of the applicants, and 23% of the control group. In sum, participation in the Substance Abuse unit did not appear to ensure less substance abuse activity nor clear improvements in institutional behavior as indicated by disciplinary reports.

While the impact results call into question the effectiveness of treatment and screening criteria in the Program Unit, interviews with staff and program participants indicated some positive effects. Issues concerning screening and classification, program requirements and incentives, the treatment and education groups, reasons for non-completion, participants perceptions, and unanticipated effects and findings are discussed.

The final section of the report summarizes major findings and presents recommendations concerning the assessment of treatment impacts, the Unit screening process, use of bed space, and program incentives and requirements.

INTRODUCTION

Incarcerated offenders have rates of alcohol and drug abuse substantially higher than the general population. Moreover, there is extensive evidence of a strong association between substance abuse and criminal behavior. While the causal nature and direction of the relationship between substance abuse and criminality has received considerable debate, it is imperative that the alcohol or drug-involved offender receive treatment.

In recognition of these issues, the Massachusetts Department of Correction has increasingly begun to implement substance abuse treatment programs within the institutional setting. In March, 1984 the Program Unit for Substance Abusers was opened at MCI-Cedar Junction (hereafter referred to as Walpole), the state's maximum security facility. A whole institutional unit, or cellblock, in this facility was emptied and subsequently refilled with inmates who volunteered to enter the unit to get help for their alcohol and/or drug problems. Inmates who apply and are screened to reside in the unit must agree to a classification contract which outlines program requirements and generally designates transfer to a medium security facility after a specified period of time. Program requirements include work, educational programming as needed, substance abuse treatment, education and urinalysis. In addition to the Program Unit, another program, SPAN, Inc. offered treatment groups to inmates who were approaching release.

The DOC Administration expressed an interest in having the Program Unit for Substance Abusers evaluated and in learning more about other substance abuse programs operating out of Walpole. Therefore, in 1985, the DOC Research Division began an evaluation of substance abuse programming at Walpole. The purposes of

this evaluation were two-fold. First, and foremost, to measure the impacts which the Program Unit for Substance Abusers was having on institutional alcohol and drug use by inmates. Second, to learn more about other substance abuse programs which were operating out of Walpole like SPAN, Inc.

In recognition of these different, yet complementary study objectives, the research consisted of two types of evaluation. The first, process evaluation, describes the Program Unit and SPAN in terms of origins, goals, activities, staff and participant characteristics. The second, impact evaluation, is focused on an assessment of the impacts of the Program Unit on the institutional alcohol and drug use behavior of inmates.

This report presents the results of the impact evaluation of substance abuse programming at Walpole. A description of the Program Unit and results from the process analysis are presented in a separate report titled "Evaluation of Substance Abuse Programming at MCI-Cedar Junction: Volume I - Process Analysis of the Program Unit for Substance Abusers and SPAN, Inc."

The organization of this report is as follows. Chapter 1 provides a brief review of issues and research in prison-based substance abuse treatment. Chapter 2 describes the research methods used in the impact analysis phase of the overall evaluation. Chapter 3 presents the results of the impact evaluation. Chapter 4 identifies the salient issues which emerged during the impact evaluation of the Program Unit. Finally, Chapter 5 summarizes the major study findings and presents six recommendations based on those findings.

I. PRISON-BASED SUBSTANCE ABUSE TREATMENT: A REVIEW

A growing recognition of the linkage between substance abuse and criminality coupled with sharp increases in the proportion of persons incarcerated for drug offenses, has led, in recent years, to the implementation of an increasing number of prison-based substance abuse treatment programs.[1] Whereas formerly, prison-based substance abuse treatment consisted solely of meetings of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), today prison-based substance abuse treatment encompasses a variety of treatment modalities. The increased interest in treatment for prison and jail inmates was noted in a recent national survey of prison and drug treatment officials in all 50 states conducted by the National Criminal Justice Association (1989). This survey found that whereas, formerly, treatment of inmates was limited by a belief that it is ineffective, and that punishment rather than treatment was the purpose of incarceration, the survey respondents said that there was too little funding for treatment services, especially for drug-dependent inmates. A growing belief in the effectiveness of treatment, increased federal grants for treatment, and the previously cited recognition of the drugs-crime connection has led to an increasingly pro-treatment atmosphere in corrections.

Still, compared to non-prison settings, the variety of treatment modalities settings, and slots are severely limited within correctional institutions. For example a National Institute on Drug Abuse (NIDA) survey of 414 state correctional institutions found that only half (215) were served by some drug

[1] For a review of the literature on the connection between "alcohol-drugs and crime", see, Inciardi (1981); Gropper (1985); Graham (1987); McBride and McLoy, (1982); Austin and Lettieri, (1977).

abuse treatment program. Moreover, only 3.9% of incarcerated adults nationally, a fraction of the drug using population in prison, were enrolled in drug abuse treatment (Tims, 1986). In addition to scarce treatment resources and a poor picture of the needs of the addicted offender, the peculiar nature of prison-based treatment, where drugs are contraband, generally rules out the possibility of certain types of pharmacological treatment such as methadone maintenance.

These factors have been partly responsible for the widespread popularity of the drug-free "therapeutic community" concept of treatment within prison. As defined by Nelson et. al. (1982:93), a therapeutic community is:

> A generic term describing a wide spectrum of residential treatment approaches and clients, all of which embrace the fundamental need for individual change through a communal living milieu in order to render stable changes in lifelong self-destructive and socially destructive behavior.
>
> Generally, drug abuse TCs are operated as long-term, live in, 24-hour-a-day residential abstinence treatment experiences, in which individuals help cure each other through group therapy, mutual reinforcement, companionship, and social pressure. The interactions between member, and between individuals and the group, are utilized to reinforce and strengthen continued abstinence.

Given this description, it is possible to see why the therapeutic community model of drug treatment is most suitable for prison settings. This was confirmed by the previously-cited NIDA survey (Tims, 1986) of drug abuse treatment in prison which found that 32% (49) of the 154 programs were based on a therapeutic community model and served 42% of the clients in state prison treatment programs.[2]

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Variations are typically found in therapeutic communities and this is no less true of prison-based TCs.[3] Tims (1986) notes that despite variation in the basic prison-based TC model, all share certain characteristics. Most notably, these include: (1) full-time residential treatment; (2) emphasis on intensive resocialization of the client away from the drug-abusing lifestyle and value system; and, 3) substitution of a more positive set of values and behaviors.

What has research shown with respect to the effectiveness of prison-based treatment in reducing substance abuse and drug-related criminality? While little evaluation research exists on the effectiveness of prison-based therapeutic communities, and there are substantial methodological barriers to conducting such research (Forcier, 1988) a new crop of program evaluations has begun to emerge. Results from evaluations of two prison-based treatment programs are reviewed below.

[3] Nelson et al. (1982:93) distinguish 2 types of TCs which differ in terms of the "group therapy" utilized. Thus, some use confrontation or encounter group therapy "in which community members meet in regular and frequent sessions in order to analyze each other's past drug-taking behavior and conduct in the program." By contrast, "milieu therapy is aimed at further strengthening internalization of community values."

A. The "Stay'n Out" Program

The "Stay'n Out" Program is a prison-based therapeutic community which has been operated by the New York State prison system for the past eleven years. "Stay'n Out" currently consists of three 35 bed treatment units for male inmates in one facility and one 40 bed unit for female inmates in another facility. The inmates selected for the programs must meet the following criteria: history of drug abuse; at least 18 years of age; evidence of positive institutional participation; and, no history of sex crimes or mental illness. "Stay'n Out" inmates are housed separately from the general prison population although they dine and attend certain activities with other inmates.[4]

A recently completed evaluation of "Stay'n Out" funded by the National Institute on Drug Abuse has provided outcome data for up to nine years after release to the community on "Stay'n Out" participants compared to two other prison-based programs and a control group of inmates on program waiting lists who received no treatment. Among the major findings from this study was that "Stay'n Out" clients had lower rearrest rates (27%) than those in other programs (35-50%) and those on the waiting list (42%). Even when re-arrested, "Stay'n Out" clients took longer to fail than others, averaging 18 months to rearrest compared to 9 and 11 months for the two comparison groups. Moreover, "Stay'n Out" participants who remained in the program for nine to twelve months were less likely to have had parole infractions (80 percent positive parole discharge) than those who remained in the program less than three months (50 percent positive parole discharge), and

[4] For an in-depth description of the "Stay'n Out" program, see Wexler and Williams (1986).

those in the other two programs (47% and 56% positive parole discharge) (Wexler, Lipton and Johnson, 1988). On the basis of these finding, the "Stay'n Out" Program has been proposed as a model for prison-based drug treatment by the U.S. Department of Justice.

B. State of Washington Treatment Programs

The Washington State Department of Correction has recently released outcome data on its Substance Abuse Treatment Program operated in seven correctional facilities (Hall-Milligan et. al., 1988.) The Washington State Department of Corrections contracts with certified agences so that the nature of the treatment varies by facility and contractor. A research evaluation component examined substance abuse rule violations pre and post-treatment as a measure of improved prison behavior and substance abuse-related returns to prison for both treatment participants and a comparison group of non treatment inmates.

This research documented program-wide significant reductions in the rate of overall major disciplinary infractions following treatment although the rate of substance-use infractions was unchanged following treatment. In short, treatment did not result in a significant change in rates of substance-use infractions. With respect to the two-year post-release follow-up of 436 treatment participant releasees and 240 non-treatment releasees, it was found that the two-year recidivism rate (return to prison) was significantly lower (21%) for treatment participants than non-treatment controls (40%). However, approximately 76% of both the control and participant recidivists were found to have substance abuse involvement in their return to prison. In sum, this research found that the frequency of overall major rule infraction was reduced following treatment for program participants indicating improved overall prison behavior although the frequency of substance abuse infractions was not significantly reduced following

treatment. Moreover, compared to a control group, the recidivism rate was less and returns to prison delayed for program inmates although substance abuse involvement in the crime or parole violation among those who did recidivate was identical for the treatment and control groups (Hall-Milligan et. al., 1988).

C. Obstacles to Evaluating the Effectiveness of Prison-Based Treatment

Researchers attempting to evaluate the effectiveness of prison-based substance abuse treatment face a number of methodological obstacles which stem from the unique nature of prison-based treatment. Forcier (1988) identified six issues facing the program evaluator of prison-based substance abuse treatment. These are discussed below.

1. Inadequate Diagnosis and Assessment of Substance Abuse Among Incarcerated Offenders

Substance abuse is not a unitary phenomenon. On the contrary, the types of drugs, frequency of use, and quantity of use varies widely across individuals and time. Even clinically diagnosed addicts and alcoholics have been found to alternate periods of abstinence with active use. The same is also true of the drug involved offender whose progression in both a drug and criminal career will vary by individual. Chaiken and Johnson (1988) have recently developed a typology of drug-involved offenders which describes types of offenders (occasional users, persons who sell small amounts of drugs, types of dealers), their typical drug use pattern, typical problems they encountered, and their level of contact with the criminal justice system.

The assessment and diagnosis of substance abuse among prison populations frequently only occurs upon intake to the system. At inital classification, the diagnosis of substance abuse too often relies only upon the self-

reports of drug and alcohol used by the inmate and/or the presence of a drug or alcohol-related offense. Such information is likely to be of poor quality as is the case with much criminal record data. The utilization of standard drug and alcohol screening instruments, like those used in non-correctional treatment programs is more the exception than the rule. Because of this crudity in measurement, the offender who admits to a ten year history of heroin addiction is diagnosed in much the same way as the offender who reports to drinking two six packs of beer before committing an armed robber. In fact, although both may be identified as substance abusers, the nature of their addictions are substantially different and this fact alone has implications for the treatment plan which is developed. Related to this first issue is the validity of self-reports of alcohol and drug use by offenders.

2. The Validity of Self-Reported Alcohol and Drug Use Behavior by Offenders is Questionable

Despite the relatively high proportion of incarcerated offenders who self-report extensive histories of alcohol and drug use, the validity of their self-reports is still open to question. Although some (Wish, 1988) have argued that self-reports of sensitive drug use information can be trusted if collected for research purposes only in a voluntary and confidential manner, others (Watson et. al., 1984) have argued that even where these conditions obtain, the validity of self-reported drinking behavior by alcoholics, for example, is dubious. Watson et. al. (1984) argue against the standard practice of use of self-reports of drinking by alcoholics in treatment follow-up studies.

Where conditions of confidentiality and voluntary reports do not exist, such as in the criminal justice system, there is even greater reason to doubt the veracity of self-reported alcohol and drug use behavior by arrestees or inmates. Wish (1988)

notes that many detainees attempt to conceal their drug use behavior even if this information is sought in a voluntary, confidential, research interview and points to research which indicates that estimates of recent drug use obtained by self-reports from arrestees generally identify about half as many drug users as urine tests do.

Similarily, studies of prison populations have found moderately high inconsistency in the initial and follow-up reports of drinking by prison inmates. Thus, Goodwin et. al., (1972) found that 26% of prison inmates who originally described themselves as alcoholics denied alcoholism at follow-up while 16% of those who first described themselves as non-alcoholics, claimed to be definitely alcoholic at an 8-year follow up. It was not possible for the researcher to say whether this moderate unreliability reflected misreporting or actual changes in drinking practices.

In short, arrestees and incarcerated offenders have "more to lose" by truthful self-reports of alcohol and drug use behavior. Even where the denial of an alcohol or drug problem is not an issue, but on the contrary, is recognized by the individual offender, there are disincentives to candid self-reports. These include a perception by offenders that a self-report of a substance abuse history will only slow their transfer from higher to lower levels of security and eventual release, particularly where such transfers are contingent upon satisfactory participation in designated treatment program areas. Moreover, in light of the fact that self-reports of prior substance abuse are likely to be monitored after release where abstinence is a condition of parole, it is less likely that offenders will volunteer such information.

3. Poor Treatment-Client Matching

The plethora of substance abuse treatment modalities (detoxification, pharmacotherapies, aversive therapy, behavior therapy, psychotherapy, self-help, and family therapy) and setting (inpatient, out-patient, partial hospitalization, day

clinics) simply do not exist within the correctional setting. If anything correctional substance treatment programs are most saliently characterized by self-help groups such as Alcoholics Anonymous and Narcotics Anonymous which for some, do not meet the formal definition of treatment. Where treatment does occur, it is more likely to consist of individual counseling provided by members of the psychological services staff who may or may not be formally trained in substance abuse treatment. This may be contrasted with public and private treatment programs which are often staffed with trained substance abuse counselors some of whom are recovering alcoholics or addicts themselves.

The lack of a variety of treatment modalities has considerable implications for treatment outcome since a wide body of research on alcohol treatment effectiveness indicates that one of the most important predictors of treatment outcome is the patient-treatment match. Because of the considerable heterogeneity among alcoholic and addicted populations, individuals with one set of personal and situational characteristics may respond favorably to one type of treatment or setting but less favorably to another (U.S. Department of Health and Human Services, 1987). In other terms, evidence of differential response to different treatment types has led some to call for an increased emphasis on client-treatment matching since such matching alleviates problems identifed through clinical assessments and portends a more favorable treatment outcome. In the words of Solomon (1981:1): "An opinion widespread throughout the alcoholism field is that treatment effectiveness will be maximized by tailoring therapeutic approaches to fit the type of client served."

Although little is actually known about which treatment approaches work best for which types of clients and how clients respond to diverse therapies, it is known that these issues are magnified with an incarcerated population. This is because incarcerated offenders generally do not possess those social

characteristics found to be related to successful treatment outcome. For example, a wide body of research on patient characteristics and alcohol treatment outcome has found that patients who are married, stably employed, free of severe psychological impairments, of higher status occupations and social class, fewer arrests, higher education, and history of AA contact prior to treatment, respond most favorably to treatment (U.S. Department of Health of Human Services, 1987; Solomon, 1981). Incarcerated offenders, by contrast, typically possess characteristics related to a poor prognosis of treatment outcome such as an unstable work history, lower education and social class, psychological impairment, more arrests, and unstable marriage. As such, the need for accurate client treatment matching may be even greater when dealing with incarcerated offenders.

4. Mandated Treatment Effects on Program Retention

Research on the relationship between length and intensity of substance abuse treatment to treatment outcome in non-correctional settings has had mixed results. Some studies have shown no differences in treatment outcome as a result of length and intensity of treatment while other studies find effects favoring longer and more intensive treatment (U.S. Department of Health and Human Services, 1987). While the relationship between treatment length, intensity, and outcome has not been the subject of research in prison settings, it is intuitively apparent that given the possession of characteristics prognostic of poor treatment outcome, incarcerated offenders are very likely in need of longer and more intensive treatment than non-incarcerated addicts and alcoholics. For example, the previously-cited evaluation of the "Stay'n Out" Program found that those who stayed in the program for nine to twelve months had lower rates of parole infractions than those who remained in the program less than three months

(Wexler, Lipton and Johnson, 1988).

Yet the participation and retention of individuals in treatment in prison settings is made difficult by a number of factors. First, is the well known fact of denial of substance abuse problems and consequent resistence toward treatment. The non-voluntary or "coerced" nature of substance abuse treatment is related to the nature of incarceration itself. Unlike workplace-based employee assistance programs where the employer can hold out the threat of job loss to problem drinking/drugging employees as a strong incentive to enter treatment, correctional authorities have fewer options (except, for, recommendations on classification, transfer, and release decisions). Incarceration has already been applied as the punishment and there is therefore less incentive for the offender to voluntarily enter treatment. It is thus imperative for classification staff to mandate substance abuse counseling/treatment as part of a classification contract/agreement. It must further be made known that in light of a diagnonis of substance abuse, participation in available treatment is expected, will be monitored, and tied to classification transfer, placement, and parole decisions. Second, while acknowledging the importance of treatment, however, there are a number of serious inconsistencies in current approaches toward mandating treatment for the offender. The very notion that treatment can be coerced and need not be voluntary to be effective, as appealing as it may be to the courts and correctional authorities, has simply not been established conclusively by research to date. Mandating intensive treatment or attendance at meetings of Alcoholics Anonymous and Narcotics Anonymous as a condition of probation has assumed that coercion is necessary because of the frequently noted denial of addiction syndrome and lack of motivation to seek treatment among alcoholics. Pressuring or coercing persons to seek treatment, however, is in direct opposition to the traditional Alcoholics Anonymous philosophy that the alcoholic must be ready to accept

treatment before he or she is willing to make an effort to control the drinking.

5. Prison Overcrowding Effects on Program Retention

Another factor mitigating against treatment program retention is prison overcrowding and the consequent rapid movement of inmates through the various security levels. Knowing that because of bed space needs they may get a move to a lower security level even without attending and participating in designated program areas, some inmates have less incentive to attend substance abuse treatment. Even when they are sincerely attending and participating in treatment, however, bed space needs may result in a transfer ahead of schedule and preclude the completion of treatment. These issues are borne out by the statistics. In the first report on the Program Unit for Substance Abusers at Walpole, only half of the initial 74 inmates completed the program (Rocheleau and Forcier, 1988). Although participants were contracted to stay in the program for six months before being considered a completer, the average length of stay was only four months. In another substance abuse program within the same institution, 34% of the 50 participants were terminated from the program as a result of being transferred to other institutions.

6. Poor Surrogate Measures of Program Outcome

In non-correctional settings, the measurement of substance abuse treatment gains usually relies on three pre-post treatment measures of substance abuse behavior. These are: 1) the average volume of alcohol or drug use which is simply quantity times frequency of use over some specified period of time; 2) number and types of alcohol/drug dependence symptoms (e.g., hallucinations, blackouts withdrawal) over some specified period of time; and, adverse consequences due to alcohol or drug use (e.g., being arrested, missing work getting into fights) over

some specified period of time. The time period used for examing the currency or recency of self-reported volume of use and dependence symptoms is usually the past 30-days and for adverse consequences of use, the past 6 months.

These standard measures of treatment effectiveness are simply not relevant in a correctional setting for two reasons. First, although illegal alcohol and drug use does occur in correctional settings, it is contraband and proscribed behavior which usually results in the issuance of major disciplinary reports and a return to higher security upon its detection. Second, the reporting periods for each measure, past-30 days or past 6-months, do not apply where someone is serving a lengthy sentence unless an assessment is done immediately at initial classification. Even then, issues of recall are significant for the offender whose immediate pre-incarceration period was less likely to be a time of substantial alcohol or drug use.

Substance abuse treatment programs, both those based in correctional settings and those not, usually mandate abstinence as the appropriate goal of treatment. Although it would be impossible to determine whether or not an inmate had really abstained from all alcohol and drug use, a number of proxy measures can be used. They include: disciplinary reports related to substance abuse; positive results of urinalysis; and, transfers/reclassifications for known drug abuse. A major problem with these proxy measures, however, is that each of them requires detection by correctional authorites and detection may be as much a function of the security level as it is of actual incidence of alcohol or drug use. For example, whereas only 3% of the 8,737 disciplinary reports issued at Walpole maximum were substance related (e.g. possession of alcohol/other drugs, misuse of medication, refusing a drug test), 34% of the 507 disciplinary reports issued at one of the state's minimum security facilities (MCI-Shirley) were substance-abuse related. Drugs more easily enter a minimum security facility and their greater presence partially accounts for the higher rate of detection.

This completes a review of issues in prison-based substance abuse treatment and research on treatment effectiveness. In the next section, a description of the research methodology used in the impact component of the evaluation of the Program Unit for Substance Abusers is presented.

II. RESEARCH METHODS

This research effort involved two types of evaluation. Results of the first type of evaluation were presented in Volume I. The second type of evaluation conducted was an impact assessment of the Program Unit. This section describes the research methods and samples utilized in the impact evaluation.

A. Impact Evaluation

One of the objectives of this evaluation was to determine the long-term impact of the Program Unit and whether the goals of the program were met. The program description states that a primary objective of the Program Unit is "to assist in the development of an alternate lifestyle by utilizing a structured environment which mandates full-time job assignments and treatment programming for inmate participants, promoting drug/alcohol abstinence within the institutional setting. An additional benefit is that inmates with substance abuse problems are offered needed drug programming that is concentrated on inmates residing in the unit." Whether in fact the Program Unit does provide a structured environment, full time job assignments and drug programming could be determined by the process analysis. Whether inmates abstain from substance abuse during their stay in the Program Unit could also be obtained from monitoring. However, an impact evaluation was required to look at the long-term abstinence of Program Unit completers and compare it with the abstinence of inmates in other comparison groups.

Ideally, an impact evaluation would involve random assignment of drug/alcohol-involved inmates to an experimental and a control group. Due to the voluntary nature of the Program Unit, this was not possible. Therefore, this

impact evaluation used a quasi-experimental model with before and after program measures and three comparison groups (but no random assignment), otherwise known as a non-equivalent control group design.

The experimental group included those inmates who completed their contract in the Program Unit -- the program completers. The comparison groups were: 1) Walpole inmates who were known to be substance abusers but who had never participated in the Program Unit -- the "control" group;[5] 2) Program Unit participants who were terminated from the Unit -- the program non-completers; and, 3) inmates who were applicants to the Program Unit but who, for whatever reasons, were not accepted.

The program completers and non-completers included all those inmates who entered the Program Unit between 10/1/84 and 12/31/85. The applicant group involved a random sample of the 1985 applicants to the Unit who were not accepted. The control group involved a random sample of inmates who had been identified as substance abusers and who were at Walpole on 1/1/85. This sampling resulted in approximately fifty inmates in each group.

5. We refer to this group as a "control" group for purposes of labeling. Technically, however, they do not meet the formal definition of a control group since random assignment was not used in the process by which they did not receive treatment.

Measures of Program Impact

Although it would be impossible to determine whether or not an inmate had really abstained from all alcohol and drug use, there are a number of proxy measures including disciplinary reports for substance abuse, positive results of urinalysis, and transfers/reclassifications for known drug abuse. These variables were used to measure the incidence of substance abuse one year prior to participation/application in the Program Unit and then again one year following release/termination from the Unit. This not only allowed a comparison to be made between program completers, non-completers, applicants and the control group, but the before and after measures help control for any non-program-related effects that contribute toward abstinence.

III. RESULTS OF THE IMPACT EVALUATION

This chapter presents the findings of the impact evaluation conducted on the Program Unit completers, non-completers, applicants and a control group. The first section compares the overall substance abuse histories of all four groups. The second section compares the indicators of institutional substance abuse a year before and a year after program participation.

A. Substance Abuse History

This section focuses on the four groups' pre-incarceration and institutional substance abuse histories. It should be cautioned before presenting the pre-incarceration findings that the control group was selected by identifying those inmates who either had prior charges for drug and alcohol offenses and/or who had been identified as having substance abuse problems through probation records. Therefore, the percentage of control group inmates who have positive pre-incarceration substance abuse histories will be necessarily high.

The control group had the least amount of inmates with no prior drug charges (6%) and the largest percentage of inmates with three or more such offenses (50%) as expected. The applicants had the next most frequent amount of inmates with three or more prior drug charges (28%) but still had 44% who had none. The Program Unit participants were similar, with 51% of the completers having none and only 18% having three or more and 58% of the non-completers having none, while only 20% had three or more. The differences were statistically significant.

Overall, less inmates had prior alcohol offenses compared to drug offenses. The average for each of the groups was less than one. Twenty-four percent of both the completers and non-completers had prior alcohol charges as did 18% of the

applicants and 28% of the control group.

In addition to those with drug and alcohol charges, 16% of both the completers and non-completers were identified as having a substance abuse history through their probation records as were 14% of the applicants and 6% of the control group inmates. Taken together, it appears that almost three-fourths of the Program Unit completers (71%) and non-completers (70%) have some evidence of a prior substance abuse problem compared to just over three-fourths of the applicants (76%) and all of the control group inmates (100%).

Indicators of institutional substance abuse were collected and compared for all four groups and include disciplinary reports and reclassification for substance abuse, positive urinalysis findings and any other suspected activity related to substance abuse. Tables 1 and 2 present a summary of this information.

Table 1

Indicators of Past Institutional Substance Abuse

	Completers N	%	Non-Completers N	%	Applicants N	%	Control N	%
Substance Abuse D-Reports	20	(42)	23	(47)	29	(58)	34	(74)
Positive Urinalysis	5	(10)	8	(16)	14	(28)	9	(20)
Reclassification for Substance Abuse	14	(29)	8	(16)	15	(30)	13	(28)
Other Indicators	4	(08)	4	(08)	24	(48)	34	(74)

Except for the reclassification category, the applicant and control groups had more indicators of institutional substance abuse than the Program Unit participants, regardless of being a completer or non-completer. Seventy-four percent of those in the control group and 58% of the applicants had received D-reports for substance abuse activities compared to 42% of the completers and 47% of the non-completers.

When one controlled for the amount of time incarcerated, the picture changed slightly. The control group inmates averaged one substance abuse D-report every 14 months, while non-completers received one every 11 months, completers one every 9 months and applicants one every 7 months. These differences were statistically significant. Few positive urinalysis slips were found for any of the four groups. The applicant group had the highest number of inmates with a positive urine finding (28%), compared to 20% for the control group, 16% for non-completers and 10% for completers.

In examining those who were reclassified due to substance abuse, the applicant group again had the highest percentage (30%). Following right behind were the Program Unit completers (29%), the control group (28%) and the non-

completers (16%). Finally, other indicators of institutional substance abuse were found for 74% of those in the control group, 48% of the applicants, but only 8% of the completers and non-completers. These other indicators included visitors barred due to bringing in controlled substances into the facility, suspected strong-arming for drugs, and associations with known drug dealers, among others.

Next, the number of positive institutional indicators per participant were combined and counted. The results, shown in Table 2, indicate again that inmates in the control group had experienced more institutional problems with substance abuse. That is, control group inmates averaged two indicators each and applicants 1.6 indicators each, compared to less than one each for the Program Unit completers and non-completers. These differences were statistically significant.

Table 2

Number of Indicators of Past Institutional Substance Abuse

	Completers		Non-Completers		Applicants		Control	
	N	%	N	%	N	%	N	%
None	25	(51)	22	(44)	15	(30)	6	(13)
One	7	(14)	14	(28)	12	(24)	9	(20)
Two	12	(24)	10	(20)	5	(10)	18	(39)
Three or Four	4	(08)	3	(06)	18	(36)	13	(28)
Unknown	1	(02)	1	(02)	0	(00)	0	(00)

Another indication of a problem with substance abuse is an inmate's participation in substance abuse programming. More inmates in the control group (72%) had previously participated in substance abuse programs than in the remaining three groups (Table 3). The lowest level of prior substance abuse participation was found in the completer group. Again, the differences were

statistically significant. Of those who did have prior participation, about one-third had been involved in either AA or NA, except for the completers who had almost two-thirds involved in these programs.

Table 3

Frequency of Prior Substance Abuse Participation

	Completers		Non-Completers		Applicants		Control	
	N	%	N	%	N	%	N	%
No Prior Participation	36	(74)	23	(46)	21	(42)	13	(28)
One Prior Program	9	(18)	12	(24)	10	(20)	12	(26)
Two	3	(06)	9	(18)	8	(16)	9	(20)
Three	1	(02)	6	(12)	11	(22)	12	(26)

A final proxy measure examined was the number of disciplinary reports received per month prior to program participation. As mentioned previously, inmates who are involved in institutional substance abuse also are more likely to have multiple disciplinary problems as a result. As can be seen by Table 4, the non-completers received disciplinary reports more frequently and the completers less frequently than the other groups. Of those inmates in each group who did receive disciplinary reports, the average numbers of months that went by before they received another D-report was 2.8 months for non-completers, 1.7 months for applicants, 3.6 months for the control group and 4 months for the program completers. Additionally, more completers had never received a D-report (31%), compared to the non-completers (8%), applicant (22%) and the control group (6%). The differences between the groups were statistically significant.

Table 4

Frequency of Receipt of Disciplinary Reports

	Completers		Non-Completers		Applicants		Control	
	N	%	N	%	N	%	N	%
Less Than 3 Months	2	(45)	36	(72)	31	(62)	29	(63)
4-6 Months	7	(14)	5	(10)	3	(06)	6	(13)
7 Months -1 Yr.	2	(04)	3	(06)	1	(02)	6	(13)
More Than 1 Yr.	2	(04)	1	(02)	0	(00)	1	(02)
Received No D-Reports	15	(31)	4	(08)	11	(22)	3	(06)
Unknown	1	(02)	1	(02)	4	(08)	1	(02)

Finally, the three types of evidence of a substance abuse problem were examined together. These included the indicators of institutional substance abuse, prior participation in substance abuse programming and prior criminal charges for drug and alcohol offenses.

Table 5 illustrates that when all the indications of a substance abuse problem are combined, that more inmates in the control group have substance abuse problems and more of them, followed by the applicants, the non-completers and lastly, the completers. Of significance is the fact that twelve of the completers (24%) had no indications of a substance abuse problem as did seven non-completers (14%). Conversely all but six of the applicants (12%) had indications of a substance abuse problem. Both of these findings have implications for the screening process.

Table 5

Number of Total Indications of

a Substance Abuse Problem

	Completers		Non-Completers		Applicants		Control	
	N	%	N	%	N	%	N	%
None	12	(24)	7	(14)	6	(12)	0	(00)
One	13	(27)	13	(26)	8	(16)	4	(09)
Two	14	(29)	15	(30)	18	(36)	11	(24)
Three	7	(14)	12	(24)	15	(30)	21	(46)
Four	2	(04)	2	(04)	3	(06)	10	(22)
Unknown	1	(02)	1	(02)	0	(00)	0	(00)

The differences among the four groups for this variable were again statistically significant.

In summary, there are a number of conclusions that one might make from these findings. First, it appears that almost one-fourth of the completers and one-sixth of the non-completers had no documented pre-incarceration or institutional history of substance abuse. It also appears that the Program Unit participants got into less trouble in the institution as far as substance and overall disciplinary reports. They were also less apt to have been previously involved in substance abuse programming or to have other indicators of substance abuse. This brings into question not only the screening process, but also any possibility of finding significant improvements after program participation.

B. Comparison Of Institutional Substance Abuse Before And After

As explained in the chapter on research methods, the indicators of institutional substance abuse were compared for all four groups. For the Program Unit completers and non-completers, these indicators were collected for the year prior to entering the Program Unit and for the year following their termination from the Unit. For those in the applicant group, indicators were collected for the year prior to their applying for participation in the unit. Eight months were added to that day in order to approximate the length of participation and then the year follow-up began at the end of the eight months. For those in the control group, indicators were collected for the year prior to January 1, 1985 and a year following November 1, 1985.

Table 6 presents the results of an examination of all those inmates who had no indicators of institutional substance abuse a year before and those without indicators a year after program participation. Two important findings emerge from this table. The first is that 58% of the completers and 69% of the non-completers had no indicators of institutional substance abuse a year prior to their program participation. Conversely, only 44% of the applicants had no institutional indicators of substance abuse the year prior to applying for participation. Although more than half (58%) of the completers had no indicators a year before, even more (82%) had no indicators a year after. However, there was a similar increase for the applicant group who went from 44% having no indicators before to 60% having none after. The increase was slighter for the control group (50% before to 63% after) and for the non-completers, there was a decrease in the percentage with no indicators from 69% before to 65% after. While this examination shows a slight improvement in the completer group, it also shows a similar improvement in the

applicant and control groups bringing to question whether or not the improvement was due to Program Unit participation.

Table 6

Absence of Institutional Substance Abuse Indicators Before and After Participation

	Completers		Non-Completers		Applicants		Control	
	N	%	N	%	N	%	N	%
None Before	28	(58)	34	(69)	22	(44)	23	(50)
None After	32	(82)	30	(65)	22	(60)	27	(63)

Table 7 presents the results of a different type of examination of the institutional substance abuse indicators. The number of indicators before and after were compared for those in each group for whom both sets of information were available. Unfortunately, no clear cut improvements were found for the completers compared to the other three groups. Even though 31% of the completers experienced less indicators after their participation, there was also a similar improvement for those in the applicant (40%) and control (37%) groups. Only 8% of the completers regressed after their program participation, compared to 20% of the non-completers, 16% of the applicants and 23% of the control group. However, almost two-thirds of the program completers and non-completers experienced no change in their amount of institutional substance abuse indicators.

Table 7

Comparison of Institutional Substance Abuse Indicators Before and After Participation

	Completers		Non-Completers		Applicants		Control	
	N	%	N	%	N	%	N	%
Less After	12	(31)	9	(20)	15	(40)	16	(37)
Same Amount	24	(62)	28	(61)	16	(43)	17	(40)
Less Before	3	(08)	9	(20)	6	(16)	10	(23)

A final proxy measure of potential substance abuse problems is the number of disciplinary reports. A comparison of disciplinary reports received in the year prior to and the year after program participation reveals that there is no clear improvement as a result of participation in the Program Unit. Program completers were split fairly evenly between those who received more disciplinary reports before participation (40%), those who got the same amount (30%) and those who received more after their participation (30%). Although the non-completers and the applicants had greater percentages of those with more disciplinary reports after (56% and 51% respectively), the control group fared slightly better than the completers in that a larger percentage had more disciplinary reports the year before (60%) and less who had the same amount (10%).

In summary, it appears on the surface that participation in the Program Unit did not ensure less institutional substance abuse activity. However, there are several important points to keep in mind. The first is that since Program Unit completers were less apt to be involved in institutional substance abuse before their participation, it is no wonder that there is not much change between the two time frames. Both completers and non-completers had large percentages of inmates whose institutional substance abuse was similar in the before and after

periods, even though the completers had more inmates who had shown improvements. Finally, one must remember that these are proxy measures of substance abuse and not all instances of substance abuse. One might argue that the inmates in all four groups are involved in more activities than for which they were caught. Others might argue that Program Unit inmates use drugs just as often but because of their general behavior are caught less often. Regardless of all of these arguments, one must conclude that participation in the Program Unit had no clear impact on future institutional substance abuse when compared to other groups. Further discussion of the program's impact is presented in the following chapter.

IV. PROGRAM UNIT ISSUES

This chapter presents the salient issues which emerged during the evaluation process. In many instances information gathered from program records and inmate folders are compared to information obtained during inmate and staff interviews, as well as that which was observed. A final section presents the perception which staff and inmates hold regarding the Program Unit - effects on substance abuse.

A. Screening Program Applicants

As mentioned previously, the Program Unit guidelines specify four admission criteria. The applicant must have a documented history of problematic substance abuse. Priority is given to those inmates whose history included documented evidence of institutional substance abuse. Inmates must exhibit the motivation to participate and finally, mental health issues can be considered when assessing an applicant's appropriateness for the program. In addition to the criteria in the guidelines, in interviews staff added the necessity of assessing security issues and attitude, especially as it pertains to the willingness to be involved in treatment. Inmate interviews also revealed that inmates understood why they had been chosen for the program - mainly that they had a history of drug or alcohol problems and also that they were willing to seek out help for these problems.

While staff appeared to understand and use the program guidelines for screening, somehow 24% of the completers and 14% of the non-completers had no documented indications of a substance abuse problem. These facts bring several questions to mind. Did the Program Unit accept some inmates who had no substance abuse problems? What were the reasons behind the fact that 167 of the applicants did not enter the Program Unit? What impact did the screening process

have on the number and type of inmates entering the Program Unit?

To answer the first question (Did the Program Unit accept some inmates who had no substance abuse problems?), the researcher examined the responses of inmates to interview questions regarding their substance abuse histories, as well as a sampling of inmate responses to the Unit Psychologists' intake and responses to the intake with caseworkers. When interviews were conducted with a sample of nineteen Program Unit completers and nineteen non-completers, one completer admitted that he had never had a substance abuse problem but had lied so he could get into the program which would result in a quicker transfer to medium security. However, of the remaining eighteen completers, t . cited problems with drugs, four with alcohol and nine with both. Similarly, twelve non-completers cited drug problems, three alcohol problems and four had problems with both. When asked about the types of drugs involved, the most popular appeared to have been cocaine and heroin, followed by alcohol, marijuana, barbiturates and amphetamines. Three-fourths of both the completers and non-completers began using drugs by the age of seventeen. However, most completers reported not realizing that their substance abuse was problemmatic until after their mid-twenties. Interestingly, the non-completers realized at a younger age that their substance abuse was a problem that they could not handle.

As far as their extent of substance abuse, only three in each group characterized their substance abuse histories as "casual". The majority reported that over time, they became "heavy" users. Fourteen completers and thirteen non-completers reported serious histories prior to their incarceration. Fifteen completers and thirteen non-completers said drugs or alcohol were somehow involved in their current offense. The majority of these were under the influence during the commission of the crime and others were attempting to steal to pay for drugs. This is similar to the percentage of state prison and jail inmates who self-

reported being under the influence at the time of the offense in the national surveys conducted by the U.S. Department of Justice (1983a; 1983b; 1985). Finally, half of the completers admitted that their substance abuse had continued during their incarceration.

Of the 99 Program Unit participants in this study, information from the Unit Psychologist's intake was available for 41 inmates. One of the questions asked what the longest period of time was that the inmate had remained drug-free prior to being incarcerated. Fifty-six percent responded that between the time they began using drugs heavily and the time they were committed they were never drug-free. Only 14% said they had gone four or more months without drugs/alcohol. During the intakes, the psychologist asked if the inmate had experienced any of the symptoms associated with severe alcoholism or substance abuse including blackouts, seizures and the delerium tremums (d.t's). Almost two-thirds (64%) had experienced either one or a combination of these symptoms. Additionally, 46% identify either a sibling and/or a parent as having either been alcoholic or drug addicted.

A look at inmate responses to caseworkers' questions about whether they had a drug problem showed that 72% of the completers and 78% of the non-completers said their problem was with drugs. Sixty-one percent of the completers and 51% of the non-completers had a problem with alcohol. Obviously then, there were a number who admitted to both drug and alcohol abuse.

Before making conclusions about the substance abuse histories of program participants, it is probably important to look at those who did not make it into the program, the applicants. In 1985 there were 167 applicants for the Program Unit who did not enter the program. Fifty-eight percent (97) of these applicants were "rejected", while 42% (70) of them "changed their minds" in regard to the program. However, the applicants who did not enter the Program Unit in 1985 were broken

into three separate categories: those who were transferred; those not found to be appropriate; and, those who changed their minds (See Table 8).

Of these three groupings, the largest category was those who changed their minds (42%). Of the seventy inmates who had changed their minds, no specific reason had been recorded as to why 68% of them did not want to enter the unit. Thirty-two percent did express reasons including a displeasure with the contract offerred them, a preference to remain where they were at Walpole (in the minimum end), and a few other specific concerns.

The second largest category of applicants were those applicants rejected due to their inappropriateness for the program. Fifty-six applicants (33%) fell into this category. Of these inmates, twenty-five percent were deemed not appropriate without a subsequent reason why recorded, while 75% recorded a reason for their ineligibility. Twenty-five percent were rejected for disciplinary reasons, including D-reports, DSU referrals pending and DSU placements, while twenty-three percent were deemed not to have serious substance abuse problems. The remainder were rejected due to their bad attitudes, mental health concerns, and for various other reasons.

The smallest of the three applicant categories is that of the "transfers" (25%) those inmates rejected for the program due to time/transfer considerations. Of these inmates, forty were rejected for the program because they had transferred or had a fast approaching transfer date, while one received a good conduct discharge.

Table 8

Reasons Why 1985 Applicants Did Not Enter The Program Unit

Reason	#	% of Applicants	% of Category
Changed Mind			
No reason given	48	22%	68%
Didn't like contract	13	8%	19%
Preferred minimum end	5	3%	7%
Other	4	2%	6%
Subtotal	**70**	**42%**	**100%**
Not Appropriate			
No reason recorded	14	8%	25%
Disciplinary reasons	14	8%	25%
No drug/alcohol problem	13	8%	23%
Bad attitude	5	3%	9%
Mental health issues	5	3%	9%
Enemies in Unit	2	1%	4%
Incomplete application	2	1%	4%
Pending Legal issues	1	0%	2%
Subtotal	**56**	**33%**	**100%**
Transfers	41	25%	100%
Total	**167**	**100%**	---

Although it is conceivable that a handful of inmates simply lied their way into the Program Unit, the findings illustrated from a number of sources (inmate and staff interviews, inmate intakes with caseworkers and the Unit Psychologist) give serious doubt that a significant number of inmates with no substance abuse problems were accepted into the Program Unit. This appears to be the case despite the fact that no documented evidence of substance abuse could be found in the folders for twelve of the completers (24%) and seven of the non-completers (14%). This discrepancy highlights three considerations in the screening process. The first is that requiring documented evidence of pre-incarceration and institutional substance abuse may not be the most accurate manner of screening applicants. Information in inmate folders, as found throughout this and other evaluations, is often inaccurate, inconsistent or poorly documented. Obviously program staff made decisions to allow some applicants into the program despite a lack of documented evidence. However, one must ask how many others were rejected from the program due to a lack of documentation?

Another consideration is that documented evidence depends on inmates getting caught at using drugs either before or during incarceration. It is therefore very possible that those inmates who smoke pot or inject heroin are more likely to be caught than those swallowing pills or snorting cocaine simply due to the paraphernalia and/or smell associated with the former drugs that makes detection more possible.

The third consideration is that documented evidence may not distinguish between user and non-user but instead between casual or heavy user or maybe between inmates who exhibit good and bad institutional behavior. This would explain why the program completers appeared to have the least serious substance abuse histories while those in the control group had the most serious. That is, program completers were probably a cross-section of inmates who were casual

users, and those who were heavy users but did not exhibit poor institutional behavior. They were also probably the most motivated of all four groups. On the other hand, those in the control group had long documented histories of substance abuse, especially that in the institution and most likely were not motivated to seek serious help for their substance abuse problems.

The breakdown of those who applied but did not enter the Program Unit raises an additional question regarding the screening process. This question concerns the actual screening process and how decisions are made. Inmates apply to the unit and are then intaked by a counselor. At this point the inmate can either change his mind, be rejected by the caseworker or be referred to a second intake with the Unit Psychologist. Unfortunately no information was available as to at which point the applicant was rejected or changed his mind. Interviews with the treatment staff pointed to some dissatisfaction with the process. They believed that inmates were often inappropriately rejected because they either had not documented evidence of substance abuse or were deemed to be unmotivated.

Overall these findings suggest that Program Unit staff and future substance abuse program planners give careful consideration to the screening process and to the desired target population of the program. It is also very doubtful that the Program Unit accepted a significant number of applicants with no substance abuse problems. Instead it appears that they attracted and accepted those inmates who were more motivated and who were less likely to have caused institutional problems due to their drug abuse, despite their range from casual to serious abusers.

B. Program Unit Classification Agreement

One of the initial incentives of the Substance Abuse Program Unit was that

inmates were offered a contract whereby they would be moved to a medium security facility in return for their participation in the program. Just before this evaluation began, the Department of Correction began a new process aimed at putting the majority of DOC inmates on Classification and Program Agreements (CAPA). Over time, CAPAs were substituted for Program Unit contracts. This left a lot of questions up in the air for inmates. Many were unsure about the differences between each, whether one had precedence over the other and whether or not entrance into the Program Unit could now hinder or help their chances of a quicker move to lower security. While the two types of agreements were essentially the same, CAPAs were more extensive in that they stipulated movement beyond medium security and into minimum according to a transfer timetable (i.e., the Standard Movement Chronology) contingent upon positive institutional adjustment and satisfactory participation in designated program areas. Once some inmates realized that they could get a move through a CAPA, some felt they no longer needed to go into the Program Unit just for a move.

As mentioned, most agreements stipulated a move to medium security in return for program participation. Of the 44 completers for whom destinations were known, all were scheduled for medium security except one who would remain in the Unit until he was discharged. The majority (60%) of these were stipulated to go to Norfolk. This was similar for the non-completers also. From interviews with staff and inmates, it was learned that on the one hand, Program Unit staff were being urged to send inmates to Norfolk, while on the other, a large number of inmates did not want to transfer there. The push to send inmates to Norfolk became a constant battle between staff and inmates.

Table 9

Number of Months of Participation Stated in Program Agreements/CAPA's

	Completers N	%	Non-Completers N	%
5 Months or Less	6	(12)	5	(10)
6 Months	22	(45)	16	(32)
7 Months or More	15	(31)	8	(16)
Unknown/No Agreement	6	(12)	21	(42)

Most of the inmates were scheduled to be in the Program Unit for six months. As can be seen in Table 9, a small number were scheduled for more and a smaller number were scheduled for less than six months. However, in reality, 57% of the completers were released before six months of participation (Table 10). While one would expect that 92% of the non-completers would drop out or be terminated before six months were up, there were concerns about completers not finishing their scheduled six months, especially since 16 of them left within four months of participation. It was found that Program Unit participants were among the best behaved in the institution and that when overcrowding problems occurred, Program Unit participants who were doing well were often the target for early movement to medium security. Although several of these early completers mentioned in interviews that they had been happy to move, they felt thay had not really gotten all they could have from the Program Unit because of the move. Several staff agreed and were concerned about early moves, especially since they occurred on very short notice. One administrator understood the concerns, saying that they were legitimate but that there was a need to move people out. As he said, "It comes down to the credibility of the Program Unit versus the need to address

overcrowding". One of the treatment staff associated with the unit believed that there was little regard or consideration for the effect on treatment when there was a decision to move a participant early. It was felt that early moves left no or little time for the termination process to take place and that many times, inmates were not prepared to leave. He cited inmates who were moved early within a 40 day period and pointed out that most were leaving two months before their scheduled release. It was believed that treatment participation was crucial around the fourth month and that release at this time without a proper termination and without plans to continue treatment at the next facility were detrimental to the inmate's chances of a successful adjustment at the new facility.

Table 10

Number of Months of Actual Participation

	Completers		Non-Completers	
	N	%	N	%
5 Months or Less	28	(57)	46	(92)
6 Months	7	(14)	1	(02)
7 Months or Less	13	(27)	2	(04)
Unknown	1	(02)	1	(02)

In summary, it appears that the idea of using program agreements to stipulate both the extent of participation and the next transfer is a sound one. However in reality, it appears that overall systemic needs in the DOC caused problems in the planning and implementation of those agreements in the Program Unit. Some balance needs to be found between the needs of the institution and DOC and the needs/credibility of the Program Unit.

C. Program Requirements and Incentives

This section examines the requirements and incentives of the Program Unit and how both staff and inmates viewed them.

1. Program Requirements

One of the main components of the Program Unit is that inmates must submit to urinalysis on a random basis at least twice a month. This allows Program Unit staff to monitor the drug usage of program participants.

Most staff believed the urinalysis to be crucial to the Program Unit's effectiveness. They, as did some inmates, felt that it kept participants drug-free and honest. However, a number of staff were concerned about the testing process - that it should be more consistent, that the testing equipment often broke down, and that the testing process was lengthy and required an inordinate amount of staff time.

It should be noted that of the 44 completers where documentation was available, 36 (82%) had no positive urines during their participation. Similarly, 33 (73%) non-completers never had a positive urine during their participation.

Two other Program Unit requirements were that all participants have a full-

time job assignment where they maintained a positive work record and that participants without a high school diploma or its equivalent, must attend school to work toward their G.E.D. Almost all of the completers and non-completers had no problems with this requirement and several even found it to be beneficial to them. A few inmates, usually those who were older, did not want to participate in school and did not care if they gained their high school diplomas.

All of the staff thought that the requirement to work was important. They viewed it as a constructive and structured use of time. One treatment staff person felt that work takes on a different light in the Program Unit. He explained that forcing inmates to work and learn what it feels like allows them to view work in a new light, not just as hustling. It therefore becomes part of their treatment as they incorporate it into their lives, learning what the work ethic is all about, often for the first time.

Most staff were equally enthusiastic about requiring inmates to go to school. However, a few staff questioned this requirement for a number of reasons including that it was difficult and often embarrassing for older inmates and also that unmotivated students would not benefit from the requirement anyway.

The requirement regarding remaining disciplinary report-free was understood by the inmates and seen as essential by staff. The guidelines state that the receipt of one guilty disciplinary report may result in the renegotiation of the Program contract and that receipt of two may result in termination from the Program Unit. Forty-one percent of the completers received no d-reports, while 18% received more than two. Non-completers tended to receive even more with only 20% receiving none, and 54% receiving more than two. The differences in the number of d-reports that each group received was statistically significant. Overall, the Program Unit requirements seemed to be agreeable to both inmates and staff and crucial to the Program's success.

2. Program Incentives

In addition to the already-mentioned incentive of receiving a move to medium security in return for program participation, there were two additional incentives for inmates.

The first of these was one day of earned good time a month for positive participation in treatment programming. More than half of the non-completers and three-fourths of the completers believed it to be a good incentive. A small number of inmates did not believe it to be necessary, and several others stated it did not matter to them because of their sentence structure. About half of the staff thought it to be a good incentive but the remaining half questioned its necessity. Of these, a few did not think it to be a big incentive, others questioned whether there were too many incentives and a couple felt that good time should be tied to more than just treatment groups.

The other incentive, back-to-back visits for Program Unit participants on weekends, was really more of a compensation rather than an incentive. Since participants were not allowed to interrupt their work schedules or their groups for visits, they were given the privilege of being allowed two visits, back-to-back on weekend days. Most non-completers claimed to have no difficulty with this as an incentive, as opposed to only one-third of the completers. Some said this was no incentive since they did not receive visits anyway. However, other completers voiced objections about how this incentive was actually carried out. They complained that often officers in the visiting room would not abide by this and they would either not be allowed a second visit or it would be terminated early. Several staff acknowledged the stated problems, saying that over time there had been less and less problems.

In summary, there were more mixed feelings about the incentives and their

utility than there were about the requirements. Some staff and participants alike believed that inmates should enter the Program Unit to get help for their substance abuse problems. Still others felt the incentives to be necessary to get a participant in the program, where once in, he would become motivated to help himself.

D. Treatment and Education Groups

The mandatory treatment and education groups were an integral component of the Program Unit. Inmates were required to attend one of each of these groups weekly. The forty-five inmates in the Program Unit were split into two education groups and four smaller treatment groups.

When staff were asked why the group therapy approach had been chosen as the modality of treatment in the Program Unit, most pointed to two reasons. First, it was more efficient in that it reached the largest number of inmates for the least amount of money possible. The second reason given is that in the substance abuse field, group therapy has been proven to be the treatment of choice. One of the treatment staff added, that it was important to have a knowledgable clinician in the room but to also have inmates confronting and supporting peers who live next door to each other. He explained that if one or more inmates try to cover-up their use of drugs, everyone in the group would have to be in on it to be successful and that that was not likely to happen. A few staff recognized the importance of group therapy but thought that it should be enhanced with individual counseling.

From observations of a treatment group and interviews with inmates it appears that discussion generally focuses on the members' prior substance abuse, the reasons behind it, and their reasons and plans to reach the goal of abstinence. From time to time, discussion would center on a particular drug/alcohol case

currently in the news or from a film or speaker run in the education groups. During the infrequent times that discussion turned to institutional issues, the clinicians were very skillful in turning the discussion around to how to deal with prison frustration without relying on drugs or alcohol. The majority of the inmates interviewed spoke highly of the treatment groups, highlighting their helpfulness and their being the key component of their success in the Program Unit.

The education groups are supposed to center on the facts surrounding substance abuse and its resultant effects. Most inmates interviewed found them to be somewhat beneficial but there were also more complaints about the education groups than the treatment groups. From interviews with inmates and observation of the Program Unit over a couple of months, it appeared that the education groups were put together in as best fashion as the limited resources permitted and that there was no set curriculum. Because of this, the quality of the education groups seemed to fluctuate depending on what the treatment person running the groups could come up with on little resources. Another complaint of inmates who had been in the Unit over six months was that the education groups became repetitive in that they had begun to see the same films and hear the same speakers. Perhaps it would be sufficient to mandate that inmates participate in education groups for a specific number of months and that a set, cyclical curriculum would insure a thorough substance abuse education without repetition for the inmate. It is apparent that more resources are needed to support a quality educational component.

E. Program Completers and Non-Completers

Of the applicants who entered the Program Unit between 10/1/84 and 10/1/85, 49 participants were recorded as successful completers while 50 were

recorded as terminated or non-completers. It should be noted here that inmates who were transferred to lower security before they finished their contracted time in the Unit, were deemed to be non-completers by Program Unit staff. However, interviews with some of these non-completers found that they were surprised they were listed as such since they had chosen to go along with a transfer to lower security and believed that such a move implied successful completion.

Among the non-completers, the majority were terminated for their receipt of disciplinary reports. Fifteen inmates were terminated due to serious disciplinary reports for incidents such as fighting, possession of a weapon, and riotous behavior (Table 11). Of these, three were subsequently classified to the Departmental Segregation Unit. Thirteen of the non-completers were terminated due to an accumulation of minor disciplinary reports. Two inmates were terminated due to a lack of attendance at mandated groups and two others for possession of drugs/alcohol. Of the remaining fifteen inmates for whom information was available, nine had left the program on their own and six had been transferred to lower security or paroled.

Table 11

Reasons for Terminations from Program Unit

	Number	Percent
Serious Disciplinary Reports	15	(30)
Numerous Disciplinary Reports	13	(26)
Left Program on Own	9	(18)
Transferred to Lower Security/Paroled	6	(12)
Lack of Attendance	4	(08)
Possession of Drugs/Alcohol	2	(04)
Unknown	3	(06)

When Walpole staff were asked why they thought inmates were terminated, most pointed correctly to major or accumulated disciplinary reports. It was pointed out by several staff that according to policy, terminations could result from either two major disciplinary reports, two positive urines or two missed treatment/education groups. However these staff acknowledged that in reality inmates were given more chances and that the circumstance involved in these infractions were considered when decisions were made. A few staff noted that most participants were terminated as a result of institutional factors, but believed that participant attitude and participation level should be equally important factors. They pointed to some inmates who were not invested in the program who completed the program despite their obvious non-chalance and to others who were very invested and active who were terminated due to infractions incurred outside of their Program Unit activities.

F. Perceptions of Effects on Substance Abuse

Although the impact evaluation did not show any clearcut effect of the Program Unit on institutional substance abuse, interviews with staff and inmates indicated definite effects. The interviews extracted both inmate and staff perceptions on how the Program Unit was helpful and what features were effective.

Both completers and non-completers were asked what goals they had set for themselves upon entering the program. Of the nineteen completers, eight said their goal was to remain drug-free and five were interested in finding out the underlying cause of their substance abuse. In contrast, only four of nineteen non-completers stated their goal was to remain drug-free while two wanted to learn more about substance abuse.

When staff were asked how the Program Unit had helped its participants, the question yielded 35 responses. Of these, only nine (26%) were related to substance abuse-either that participants would be helped by learning about or abstaining from substance abuse. One staff person said the unit "provided (inmates) with an atmosphere more conducive to dealing with substance abuse issues." Another likened the move toward abstinence as a seeding process, that they "may get the information they need now but not be ready to do anything about it yet - maybe in six months or later."

Several of the responses pointed out that the program helped the participants become better persons. For example, some staff believed the program helped inmates learn about themselves, structure time, increase self-confidence, make them responsible, and teach them how to confront problems. One administrator explained that the requirements of working and going to school gave participants a feeling of accomplishment which would in turn increase their self-esteem and

confidence. He pointed out that even the abstinence while in the program contributed to this process since it was probably the longest period of abstinence the inmate had ever experienced. Almost a third of the responses portrayed the Program Unit as helping to change the participants for the better, either by changing their attitude, teaching them how to communicate (especially with staff) and how to behave and do their own time.

Inmates were also asked the general question, "Did your participation in the Program Unit help you in any way?" All but three of the nineteen completers and the same number of non-completers said the program had helped them. However, they differed in how they believed they had been helped. The non-completers responses mirrored those of staff in that only half said the Program Unit had helped them with their substance abuse, either by helping them to remain drug-free or teaching them about it. The remaining non-completers said it had helped them deal with their problems, with people and with their institutional life. Conversely, fourteen of the seventeen completers who said they had been helped, mentioned that the help had to do with their substance abuse. Several inmates discussed how they had learned to deal with problems and frustrations in alternative ways instead of turning toward drugs. Many spoke of learning about the physical and emotional effects of substance abuse and how that had changed their minds about using, indicating that they had not been totally convinced to quit when they had entered the Program Unit.

It appears then that the completers came into the Program Unit with goals aimed towards ending their substance abuse and for the most part, believed they had achieved their goals. Although all were not willing to state they had remained drug-free as a result of their participation, they at least acknowledged progress toward that ultimate goal. Conversely, many non-completers came into the unit with goals having little to do with substance abuse. As might be expected, they

were not helped with their substance abuse problem.

Both inmate participants and staff were asked what features of the Program Unit had been effective in helping. The majority of the staff gave answers that were geared toward how the Program Unit was organized and operated. More than half mentioned the structure and atmosphere of the Program Unit, as well as the fact that it was voluntary. One staff person believed that because the participants were in treatment, a peer support type of atmosphere was developed on the block. Others pointed to the expectations that staff placed on participants and the positive effect of the qualified staff itself. As one counselor put it, "staff always dealt with people in a reasonable, consistent and non-dehumanizing manner. That plus providing a relatively safer housing unit freed people to act like human beings." Only two staff attributed effectiveness to the treatment groups. One of them, a counselor, said, groups lead to more cohesiveness... they learn to get support from each other." However it was the treatment and education groups that were mentioned almost unanimously by both completers and non-completers as the most effective feature of the program. Only a small number attributed the effectiveness to the overall program or the atmosphere on the block. Inmates instead discussed the shared experiences and the fact they could not fool each other in the treatment groups. They also discussed the valuable knowledge they had gained about substance abuse but also about how to deal with problems and frustrations in a more positive manner. There were a few participants who added that the urinalysis was also an effective feature. As one inmate said, "it kept me honest."

In summary, the information provided in this section yields three conclusions. The first is that completers differ from non-completers in that the former entered the Program Unit with clear-cut goals having to do with substance abuse, while many of the latter group had varying goals. As one would expect, more of the

completers felt that the Program Unit had helped them deal with their substance abuse in some way. Second, not only did these two groups differ but also participants differed overall with staff on how they had been helped and what the effective feature of the Program Unit was. This difference appears to stem from a lack of communication between the Unit team with the participants regarding substance abuse issues. Although there was more than sufficient discussion between the Unit Team and inmates regarding daily issues and general behavior, this did not extend to substance abuse issues. Instead, those types of discussions took place with the treatment staff. One counselor attributed the lack of substance abuse discussion with inmates to the lack of staff and thus the large numbers of inmates with whom staff had to deal. Indeed, during this study this same Unit Team was also responsible for running two additional Orientation units.

A final conclusion is that while the statistics show no clear-cut effect of the Program Unit on subsequent substance abuse, inmate participants perceived otherwise. The most likely explanation of this conflict is that the inmates who applied, were accepted and completed the Program Unit were the most motivated and likely to succeed. Therefore they would not have had extensive indicators of recent institutional substance abuse, nor would they be likely to begin such abuse. One must also keep in mind that much of the help participants receive from a Program such as this one is unmeasurable and difficult to prove. This researcher would therefore caution program planners and institutional staff about concluding that the Program Unit had no effect on substance abuse. Although the statistical findings are disappointing, the fact is that inmate participants believed that the Program Unit had helped them. In the least, it educated the participants on substance abuse issues and exposed them to the type of resources and treatment available to substance abusers. For many inmates, this was an important first step.

G. Unanticipated Effects and Findings

This final section will highlight several unanticipated effects and finding that emerged during the research period. In each case, the researcher was directed to the areas through repeated mention in discussions with staff and/or participants.

a. Reduced Disciplinary Reports

The first unanticipated effect of the Program Unit was that there were less disciplinary infractions committed by its participants. Over a three month period ending on the 28th of March, 1986, there were approximately 2,283 disciplinary reports written out at MCI-Cedar Junction at Walpole. Broken down by unit, 698 of these "d-reports" were given to inmates residing in the Bristol Unit, 651 were given to those in the Essex Unit, 790 were given to those in the Suffolk/Orientation I block, and 144 were given to inmates residing in the Program Unit/Orientation II block. Keeping in mind that the units are of different sizes, it was the Essex block, with 20% of all available bedspace at Walpole but 29% of all the "D-reports", that had the greatest ratio of "D-reports" to bedspace during this period. The Suffolk/Orientation I unit had 35% of all the D-reports during this period with 36% of the available bedspace, while the Bristol Unit had 31% of all "D-reports" with 28% of the bed space during this time. The Program Unit/Orientation II block had the smallest percentage of total "D-reports" - 6% with 16% of the bedspace. This Unit also had on average the least amount of "D-reports" per week (11) as compared with all of the other Units (See Table 12).

These figures relate remarkably well to a survey taken of all the "sanctions" (punishments received for disciplinary infractions) served over an 8 week period ending on the 17th of March, 1986, at MCI-Cedar Junction at Walpole. Keeping in

mind the various sizes of the units, we see that the Bristol Unit, while having only 28% of all the bedspace at Walpole, had over 43% of all the sanctions being served by its residents, with an average of 72% of the inmates in the block serving some sort of sanction weekly during this time period. In comparison, the Suffolk Unit had 28% of all the sanctions with 28% of all the bedspace, and the Essex Unit had 21% of all the sanctions with 20% of all the bedspace. The Program Unit, however, had 8% of all the beds but only 4% of all the sanctions during this time period averaging 22% of its inmates serving some sort of sanction weekly. Still, it was the Orientation Unit, however, that had the lowest ratio of "sanctions" to bedspace, with 5% of all the sanctions but 16% of all the available beds during this time period (See Table 13).

Discussions with staff and participants confirmed that inmates were less likely to get into trouble and therefore receive less disciplinary reports than inmates in other units. This was attributed to several causes including the safer, more congeniel atmosphere of the unit, the regulation that inmates must remain relatively d-report free during their participation, the pressure put on each other to also do so and the relative absence of drug use by participants. The disciplinary reports received by participants were often for infractions committed outside of the Unit. All in all participants pointed to the lack of trouble on the Unit as a very attractive feature of the program that allowed them to concentrate on their substance abuse problems.

Table 12

D-Reports

(3 Month Period Ending 3-28-86)

Block	Total #	Average Per Week	Percent of all D-reports	Percent of Block Per Week
Bristol	698	54	31%	33%
Essex	651	50	29%	43%
Suffolk-Orientation I	790	61	35%	29%
Program Unit-Orientation II	144	11	6%	12%
Sub-Total	2,283 D-reports over this period			

Table 13

Sanctions

(8 Week Period Ending 3-17-86)

Block	Total #	Average Per Week	Percent of all D-reports	Percent of Block Per Week
Bristol	938	117	43%	72%
Suffolk	621	78	28%	48%
Essex	453	57	21%	49%
Program Unit	79	10	4%	22%
*Orientation	105	15	5%	14%
Sub-Total	2,196 Sanctions over this period			

(* Based on 7 week period)

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b. Non-Participants in the Block

One of the disturbing findings of this research was that the Unit, when not full, was being used to house inmates who would otherwise be in Orientation. This caused a lot of complaints to be made by both staff and inmate participants. Several of the completers and an even larger number of the participants who were residing in the Unit during the study, pointed to this as the thing they liked least about the Program Unit. It was also a sore spot with staff, especially the correction officers in the Unit.

The researcher examined the occupancy of the Program Unit on two separate occasions. On July 8, 1986 of the 45 beds, 32 were filled by Program Unit participants, 10 by Orientation boarders and 3 were empty. Similarly on July 15, 32 were filled by participants, 11 by boarders and 2 were empty.

Although the inmates and staff who complained of these boarders understood the necessity of using empty beds given an overcrowding problem in the institutions, they had several concerns. The first concern was that of confidentiality. In groups, participants were urged to discuss their prior use of drugs, their problems and other relevant matters. However, with non-participants in the block, conversations could not freely take place on the flats because participants found their conversations would be spread throughout the institution.

Another equally important concern was that non-participants were not connected to nor sold on the Program Unit. Therefore they had nothing to lose personally by causing trouble or bringing drugs into the Unit. This was viewed as unfair by participants who said it brought temptation right under their noses and forced them to deal with possible conflict in the Unit.

A less important concern was that several of these boarders, liking what they saw in the Program Unit compared to other units, applied for participation. Since

they were often in their first weeks of incarceration, it was believed that they should not be allowed to become participants. It was believed that they should become settled in the institution first and that they needed some time before entering into a treatment program.

The fact that there were empty beds that could be filled with boarders is a problem in itself. In an institution where the majority of inmates are substance abusers, it seems that these beds should never be empty. From discussions with staff and from observation, it appears the problem was two-fold. First, because of large caseloads, there was a backlog of applications. Applicants waited to have initial interviews with counselors, second interviews with treatment staff and classification boards to finalize their acceptance. What sometimes happened was that once backlogged, staff would then have to interview a dozen inmates when they found time and then that many would enter the program simultaneously. This caused upheaval on the block and made it difficult to assign people to treatment groups. A gradual filtering in of new applicants is preferred.

A second reason for empty space was the lack of public relations. When the unit first opened, there were lots of discussions and announcements about it to inmates. Once underway though, this type of activity decreased gradually over time. One counselor pointed out that inmates often applied because of word of mouth from other participants. This was confirmed by interviews with the participants who almost all said they had heard about the program from other inmates. It therefore appears that there needs to be a continual public relations campaign going for the Program Unit, both toward inmates (in addition to speaking about it in Orientation) and to staff who are not making the referrals.

In summary, the problem of non-participant boarders residing in the Program Unit could be alleviated by filling the beds with participants. Attempts must be made to process applications to the Program Unit expeditiously and to continually

advocate the Unit to staff and to new inmates. Allowing empty beds in an overcrowded correctional department is not feasible.

c. Staff Issues

Several findings regarding staff issues emerged during the research. First, it should be noted that for the most part, inmate participants held high praise for all of the staff associated with the Program Unit. Outside of a few personal conflicts, participants believed staff were hardworking and dedicated to making the program work. As one inmate said, this is the "one block [illegible] here that the Unit Team is sincerely looking to help people." Another said, "the staff was honest with you (so) you could trust them". The two treatment staff running the groups were repeatedly pointed to as being highly qualified, trustworthy and caring. All in all the selection of staff for the Program Unit appeared to be appropriate and satisfactory to staff and inmates alike.

Another finding regarding staff was the importance of the block officers, especially whoever was on duty during the day shift. As one treatment person relayed, "We found that the officer working the Program Unit had a tremendous impact on its success. Officers who were straightforward and fair but strict with inmates contributed strongly to the success whereas officers who played with inmates destroyed many hours of clinical intervention." Several other staff members echoed this belief and a few went so far as to recommend that the day officer should be picked by the Superintendent instead of taking a chance of getting a qualified person through the bid system. As one counselor put it, "the relationship between the officer and counselor is important. That (day) officer has to be very special - it should be a pick position - because it can blow anything treatment is doing." Finally, it was brought up by many that it was also important

to have consistency in that position as well as others in the Unit Team. With a consistent staff, participants knew exactly what was expected of them and it benefitted teamwork in the Unit Team.

A final finding concerning staff issues regarded the interaction between the treatment staff and the Unit Team. Before discussing their interaction problems, it must first be pointed out that there was a very good rapport between the treatment staff and the block officers. As one officer noted, "I keep in touch with (them) and I can call them and they're there for me anytime I think a guy is having a problem." Similarly, treatment staff felt that correction officers were very cooperative when inmates needed to be seen and about send[illegible] inmates to the treatment and education groups.

The problem existed in the interaction between the treatment staff and the Unit Team's manager and counselors. The problems were viewed by some staff on both sides as two-fold. The first was simply the lack of communication between the two groups. Although staff meetings had taken place early on in the Program Unit, they were not at the time of the study. While this has supposedly changed, it should be noted that communication between treatment staff and the Unit team is vital for a successful program.

The other problem with their interaction has to do with decision-making. This can be demonstrated by the application/acceptance process into the Program Unit where the final determination to accept an inmate lies with the Unit Team. In fact, all early terminations are made by the Unit Manager, most often without the input of treatment staff. In a program that is treatment-oriented, this is clearly naive. As a result, treatment staff and inmates felt that there were some inappropriate terminations and completions. That is, there were participants who were getting by and fulfilling the regulations in their contract but who were not serious about participating in the treatment groups - the key aspect of the Program

Unit. On the other hand, there were inmates who were terminated but who were sincerely struggling with substance abuse problems in the group. It is this researcher's opinion that a balance needs to be struck and that decisions to accept, reprimand and terminate should be made jointly by staff and the Unit Team or at least with the imput of treatment staff. This not only ensures that the treatment aspect is considered in decision-making but also when decisions are made, inmates would know that they are supported by all of the Program Unit staff and the issue would end.

V. SUMMARY AND RECOMMENDATIONS

Four major sets of findings have emerged from this impact evaluation of the Program Unit for Substance Abusers. They concern: 1) the Program Unit's impacts on substance abuse; 2) the Program Unit screening process; 3) the effects of overcrowding on the Program Unit; and, 4) program incentives and program requirements. These issues are briefly summarized below and recommendations are presented.

A. Impacts on Substance Abuse

Pre- and post-treatment measures of institutional substance abuse indicated slight improvements for those completing the Program Unit but similar improvements in the applicant and control groups. This raises the question of whether or not improvement was due to the treatment. While the data showed no clear-cut effect on substance abuse, inmate participants perceived otherwise. This leads to a first recommendation.

RECOMMENDATION #1: Given the ambiguous nature of the impact findings, it is recommended that additional follow-up research be conducted on the cohort of Program Unit completers in order to assess their substance abuse histories over a longer period of time.

B. The Program Unit Screening Process

The study found that the Program Unit completers had both less serious pre-incarceration and institutional substance abuse and disciplinary histories than either the control, applicant, or non-completer groups. They also entered the Unit having more clearly defined goals with respect to addressing their substance abuse.

Clearly, the use of a documented history as indicated by the inmate's record of detected use of substance abuse as the primary criterion for determining the existence of a substance abuse problem is inadequate without the simultaneous usage of clinical diagnosis and assessment. This leads to the second recommendation.

RECOMMENDATION #2: It is recommended that the assessment and diagnosis of a substance abuse problem should be made by a qualified substance abuse counselor.

C. The Effects of Overcrowding

The overcrowding population crisis in the Massachusetts state correctional system affected the Program Unit in two ways. First, inmates doing well in the program were frequently moved early, often two months prior to their completion date precluding these inmates from completing treatment. Second, empty beds in the Program Unit were often filled with non-participants. Both of these situations adversely affected the treatment process. Two recommendations are offered.

RECOMMENDATION #3: Both institutional and DOC Central Office classification staff should support this and other similar treatment programs by adopting a policy to not transfer program-involved inmates until they complete treatment unless security considerations dictate otherwise.

RECOMMENDATION #4: Program Unit beds should only be occupied by treatment participants. Filling such beds with non-participants violates the concept of a therapeutic community and may have negative effects on the treatment process. To better ensure that Program Unit beds are only occupied by treatment participants, it should be the shared responsibility of the Unit Team, Director of Treatment, and substance abuse staff to regularly advertise and promote participation in the Unit.

D. Program Incentives/Program Requirements

There were mixed feelings about the utility of the Program incentives. Some staff and participants believed that inmates should enter the Program Unit out of motivation to get help for their problems. Others believed that the incentives were necessary to get a person in the Unit, but that once in, he would become motivated to help himself.

Both staff and participants believed all of the program requirements to be both necessary and effective. However, participants differed with staff on how they had been helped and what the most effective feature of the Program was. Unit Team staff, while listing numerous positive effects, apparently did not notice those effects which participants perceived the Program Unit had on their problems with substance abuse. Moreover, Unit Team staff, unlike participants, did not perceive the treatment groups as the most effective feature of the Unit. Thus, two recommendations are offered.

RECOMMENDATION #5: It is strongly recommended that the Unit Team regularly communicate with inmates about substance abuse issues and not just the daily issues and behaviors that are the topics in other units.

RECOMMENDATION #6: It is essential that treatment staff, correctional officers, and Unit Team members share information about participants' behavior, motivation, and quality of interaction so that their continued stay in the unit is based on a comprehensive picture.

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