

# Research in Review

Bureau of Management Information Services

Division of Planning, Research, Statistics and Grants

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## *Summary and Major Findings of Articles Reviewed in This Issue*

### **Special Section on Drug Treatment Outcomes in Correctional Settings**

Steven S. Martin, et alii. 1999. "Three-Year Outcomes of Therapeutic Community Treatment for Drug-Involved Offenders in Delaware." *The Prison Journal*, 79(3), 294-320. Page 2

This article examines the long-term impact of the CREST intensive drug treatment and work release program in Delaware, as well as the role played by aftercare during parole. The authors find that there is a direct relationship between duration of treatment and positive outcomes. Offenders who completed both the CREST program and who continued with aftercare during parole had the lowest re-arrest or drug relapse rates.

Harry K. Wexler, et alii. 1999. "Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California." *The Prison Journal*, 79(3), 321-336. Page 4

This article examines the role played by aftercare in the success of the Amity prison TC in California. The authors find that inmates who have both the Amity program and the aftercare component are 6.2 times less likely to return to prison than inmates who have only the prison-based phase of treatment. This article also includes an informative discussion of defining recidivism.

Kevin Knight, et alii. 1999. "Three-Year Reincarceration Outcomes for In-Prison Therapeutic Community Treatment in Texas." *The Prison Journal*, 79(3), 337-351. Page 5

This article provides additional evidence for the importance of aftercare following prison-based TC treatment. This study of the impact of a TC in the Texas state prison system found that the largest reductions in recidivism were for inmates who had both the prison-based TC and aftercare phases of treatment.

James D. Griffith, et alii. 1999. "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification." *The Prison Journal*, 79(3), 352-368. Page 6

This article reports on the cost-benefit analysis of the ITC prison-based drug and alcohol TC in Texas. This analysis finds that treatment for inmates who completed both in-prison and aftercare phases of programming produces a cost savings to the state. The greatest savings result from programs providing high-intensity services to high-risk inmates.

### **Other Research**

R. Karl Hanson and Andrew J.R. Harris. 2000. "Where Should We Intervene? Dynamic Predictors of Sexual Offense Recidivism." *Criminal Justice and Behavior*, 27(1), 6-35. Page 8

This article explores the differences between sex offenders who recidivate and those who do not. Compared to non-recidivists, sex offender recidivists tend to show less remorse for victims, have antisocial attitudes and lifestyles, poor self-management strategies, few sources of social support, and difficulty cooperating with supervision.

Stephen Porter, et alii. 2000. "Profiles of Psychopathy in Incarcerated Sexual Offenders." *Criminal Justice and Behavior*, 27(2), 216-233. Page 9

This article explores psychopathy in sexual and non-sexual offenders in the Canadian federal prison system. The authors find that different types of sex offenders exhibit different levels of psychopathy, with inmates who have offended against both child and adult victims showing the highest levels of psychopathy. Implications for classification are discussed.

Richard Rogers, et alii. 2000. "Prototypical Analysis of Antisocial Personality Disorder: A Study of Inmate Samples." *Criminal Justice and Behavior*, 27(2), 234-255. Page 11

This article examines the dimensions of Anti-Social Personality Disorder (APD), and reviews changes in the definition of the disorder. Clinician and inmate understandings of this disorder are also explored through a survey, which indicates that inmates have a somewhat different perception of APD than do treatment professionals. Implications for programming are discussed.

### **Book Review**

This book review is provided by Tiffany Ironside, a former Pennsylvania Management Intern who did a rotation in PRSG. We at PRSG thank Tiffany for her review of this book.

Marc Mauer. 1999. *Race to Incarcerate*. New York: The New Press.

### ***Detailed Reviews***

Steven S. Martin, et alii. 1999. "Three-Year Outcomes of Therapeutic Community Treatment for Drug-Involved Offenders in Delaware." *The Prison Journal*, 79(3), 294-320.

This article revisits the evaluation of the Delaware Department of Corrections KEY-CREST drug treatment program that was reviewed in the first issue of *Research in Review*. The authors take a somewhat different approach to this evaluation, focusing more upon the importance of aftercare and the notion of a continuum of treatment. This article provides additional support for the conclusion that multiple stages of drug treatment and aftercare promote successful post-release adjustment.

The Delaware prison-based "KEY " therapeutic community (TC), along with the "CREST" work release and intensive treatment program, have received a great deal of attention in the correctional program evaluation literature. These programs have been evaluated by the University of Delaware

and have been found to reduce recidivism rates of inmates participating in them. The most notable finding from previous evaluations has been that inmates who had both the prison-based *and* community-based treatment components have experienced the most dramatic declines in recidivism. This finding has lent support to the notion of a continuum of care, whereby substance abusing offenders receive ongoing treatment while on work release and/or parole.

In their current line of research, the authors thought that it would be valuable to explore more closely how aftercare influences the post-release success of inmates. The current study examined four groups of inmates: (1) 109 who dropped out of the CREST program; (2) 101 who completed the CREST program; (3) 69 who completed the CREST program and continued to receive aftercare while on parole supervision; and (4) 210 inmates who did not receive either KEY or CREST, but who were assigned to a regular work release program (comparison group). The interesting thing about this research design is that not all of the inmates in the first three groups actually had the prison-based KEY phase of treatment. Thus, for some inmates, the CREST phase was their primary drug treatment experience.

Inmates in all four groups were interviewed at six, eighteen and forty-two months after release from prison. The subjects were asked about their use of drugs, their interaction with the criminal justice system, and other factors relating to their post-release experience. This self-report data was supplemented by official records. Thus, this study provides more than three years of follow-up data on this population.

The authors found a nearly perfect linear relationship between duration of treatment and positive outcomes for the offenders in this study. Offenders who completed the CREST program and who had aftercare during parole showed the lowest rates of arrest or drug use. The arrest rate for this group was 31 percent. Inmates who completed CREST, but had no aftercare while on parole, had an arrest rate of 45 percent. Inmates in the comparison group had an arrest rate of 71 percent. Outcomes for relapse to drug use were not as dramatic, but again, the groups who completed CREST and CREST plus aftercare had the lowest levels of drug relapse.

The authors conclude that it is critical to examine not only the intensity of treatment, but also the continuation of treatment. There is a rapidly growing body of evidence that correctional systems that provide for ongoing treatment and counseling for inmates even after their release from prison are most likely to see positive impacts from the treatment. Prison-based treatment is increasingly seen as the first step in a broader strategy to equip offenders with the tools they need to avoid relapse to crime and drugs.

This is a well done piece of research on a vital topic for corrections. I can find no major shortcomings in the design or analysis. I would like to have seen more discussion about how the authors used official records to validate the self-reports of drug use and arrest provided by the inmates. Still, much of social science research is driven by self-reported data; thus, this threat to validity is not unique to this study. This study also excluded parole violations from the criteria for failure. At least in the context of the Pennsylvania criminal justice system, this would be an important variable to include. These limitations notwithstanding, this research provides interesting insight into the utility of intensive drug treatment programs.

Harry K. Wexler, et alii. 1999. "Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California." *The Prison Journal*, 79(3), 321-336.

This article reports on the ongoing analysis of the Amity Therapeutic Community (TC) in the California Department of Corrections. As with the previous study, this research reinforces the conclusion that aftercare is a critical component of substance abuse therapy for criminal offenders.

The Center for Therapeutic Community Research at the National Development and Research Institutes has conducted ongoing inquiry into the effectiveness of the Amity TC program in the California Department of Corrections. Along with similar evaluations of TC's conducted by other researchers in Delaware, Texas and New York, this research has contributed to a developing consensus about the effectiveness of TC's nationwide. The current study expands upon earlier reports of the one and two year outcomes of the Amity program, which showed powerful effects when aftercare was added to the in-prison TC phase of treatment. Indeed, earlier studies found that inmates who had both the Amity program and aftercare had recidivism rates (return to custody) of only 8 and 14 percent at 12 and 24 months out, respectively.

The Amity program is a 200 bed unit at the R.J. Donovan medium security prison in San Diego. Inmates go through a three phase treatment regimen. In connection with the current research, graduates of the Amity program were offered the opportunity to participate in an intensive, community-based aftercare program for up to one year after their release from prison. Services were also provided to inmates' family members during the aftercare phase.

The authors used an "intent-to-treat" design where inmates were placed on a waiting list for the Amity program, and were randomly selected for treatment while on the list. Inmates who remained on the list until they had less than nine months to serve on their sentences were no longer eligible for the program, and by default became part of the control/comparison group. The authors looked at four groups of inmates: (1) 73 who dropped out of the Amity program, (2) 154 who completed Amity, but had little or no aftercare, (3) 62 who completed both Amity and aftercare, and (4) 189 control inmates (some of whom may have incidentally received low intensity treatment while in prison). These inmates were followed for three years post-release.

The authors defined recidivism as return to prison for a parole violation or a new crime. Their rationale is that "reincarceration outcomes are less ambiguous than incidents of arrest because they include an adjudication process that is more likely to reflect significant criminal behavior". This is the same logic employed by the PADOG in our decision to use reincarceration as the definition of recidivism in our own recidivism reports. Thus, this research, conducted by a leading authority on correctional program evaluation, provides support for our own approach to understanding recidivism.

The authors found that inmates in the three treatment groups had lower rates of recidivism than inmates in the control group, although the difference was not significant. More insight was gained by comparing inmates in the three groups to each other. Only 27 percent of inmates who completed both the Amity TC and the aftercare phase of treatment returned to prison within three years,

compared to over 75 percent of inmates who either dropped out of the Amity program, or completed Amity but had no aftercare. The aftercare component was especially critical, as inmates who completed aftercare were 6.2 times less likely to return to prison than inmates who did not have aftercare. This study also found a clear linear relationship between time in treatment and time to failure for those inmates who did fail. Failed inmates with more time in aftercare showed the longest survival rates before eventual recommitment.

The authors conclude that aftercare is an essential complement to prison-based TC programs. They argue that this and other recent research on the effects of aftercare clearly call for increased attention to the post-release needs of addicted offenders. Indeed, they believe that the evidence for aftercare is sufficiently compelling to make a strong public policy case for routinely building aftercare into prison treatment plans.

This is a well done piece of research with no major limitations. The authors clearly wish to spread the "gospel" of aftercare, but have backed up their message with solid data. Assuming that this line of inquiry and evidence continues, we may be forced to conclude that aftercare must be a part of any serious attempt to rehabilitate substance abusing offenders.

Kevin Knight, et alii. 1999. "Three-Year Reincarceration Outcomes for In-Prison Therapeutic Community Treatment in Texas." *The Prison Journal*, 79(3), 337-351.

This article reports on the impact of a prison-based therapeutic community (TC) coupled with an intensive aftercare program in the Texas state prison system. This research continues the trend of portraying aftercare as an essential component to any prison-based treatment regimen.

The authors begin by reviewing the growing consensus on the effectiveness of TC's, but argue that this research tradition needs to pay greater attention to the sustained impact of these programs by following TC graduates for longer periods of time after release from prison. They also note that the TC research strongly suggests that the most effective programs are those that serve the highest risk offenders (i.e. those in greatest need of treatment and with a high probability of failure without treatment). Indeed, the success of a treatment program may in part be an artifact of the types of offenders it selects. Thus, selection and screening procedures are of the utmost importance for intensive treatment programs such as TC's.

This research examined the impact of the Texas ITC, a 500 bed, nine-month modified TC. Inmates completing the ITC and moving on to parole release are required to spend three months in residential aftercare, with up to a year of outpatient aftercare available after that. Three groups of inmates were followed for three years after their release from prison: (1) 169 who completed both the ITC and community based aftercare; (2) 122 who completed the ITC, but dropped out of aftercare; and (3) 103 who were recommended for ITC, but were released before they could be accepted into the program (comparison group). The primary criterion of failure was reincarceration.

Inmates who did not complete aftercare actually did worse than inmates in the comparison group,

with reincarceration rates of 65 versus 42 percent, respectively. Inmates who completed both ITC and aftercare did considerably better, with a failure rate of only 25 percent. Moreover, only six percent of aftercare completers were reincarcerated for new crimes (rather than parole violations), versus 19 percent of the comparison group.

In general, the strongest treatment effect was for inmates with the most severe addiction problems who had both ITC and aftercare. When looking *only at high-severity inmates*, the reincarceration rate for those who completed aftercare was 26 percent, versus 66 percent for inmates who dropped out of aftercare, and 52 percent for the comparison group.

The authors conclude that this research supports the principle that high-intensity treatment should be targeted to high-severity inmates. Low-intensity treatment provided to such inmates may do little or no good. Similarly, high-intensity treatment provided to inmates with low-to-moderate addiction severity may be a waste of resources. The authors also conclude that aftercare is a necessary component of the treatment regimen for high-severity offenders. Indeed, the authors state that "failure to provide adequate treatment after releasing offenders from ITC's undermines any positive changes that occurred during in-prison treatment". Clearly, the authors feel very strongly about the whole aftercare issue.

This appears to be a well done piece of research, with one potential flaw. Personal conversation with *The Prison Journal* editor Wayne Welsh indicates that there may have been some selection bias that resulted in ITC treatment alone appearing to be less effective than no treatment. The authors admit in the article that inmates in the treatment groups had a significantly higher level of addiction severity than inmates in the comparison group, a function of the way that the program waiting lists were prioritized. While they controlled for this bias statistically, they indicate that additional analysis is called for. The upshot is that while aftercare is clearly important, the impact of the aftercare phase of treatment may have been somewhat exaggerated in this study. It is likely that prison-based TC treatment *alone* has a larger impact on inmate outcomes than is suggested by this study.

James D. Griffith, et alii. 1999. "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification." *The Prison Journal*, 79(3), 352-368.

This article examines the financial impact of intensive drug treatment programs upon the criminal justice system. The costs of treatment are weighed against the benefits resulting from reduced time spent in prison and other savings.

The authors begin by noting the strong linkage between drug use and criminality. Most prison inmates have at least some involvement with drugs, whether as users, dealers or both. Moreover, the "war on drugs" has resulted in an increased burden on correctional systems, with more offenders incarcerated, and greater expectations that treatment will be provided to these individuals. Prison does represent a unique opportunity to provide treatment to offenders, as they are a "captive" audience that may be somewhat more receptive to receiving treatment due to parole considerations.

While scholars have developed an impressive body of evidence regarding the effectiveness of these programs, there has been relatively less attention paid to their fiscal impacts and cost-effectiveness. Studies of community-based treatment have found that long-term residential programs have the greatest economic benefit in terms of reduced criminality, welfare and health-related costs. Some studies have found that these programs save four to ten dollars for every dollar spent on treatment.

The present research attempts to estimate the cost-benefit ratios for intensive, prison-based treatment. The authors use data collected from the evaluation of the ITC program in the Texas prison system (this evaluation is reported above in Knight, et alii). They compare costs for time spent in treatment to savings resulting from reduced drug use, criminal activity and incarceration.

This study finds that prison-based treatment is cost-effective, but primarily when combined with aftercare upon release. Treatment also needs to be targeted carefully to inmates' needs. High-intensity treatment provided to inmates with low-to-moderate addiction severity does not result in any cost savings to the correctional system. Approximately \$500 in treatment was needed to reduce the risk of reincarceration by one percent for low risk inmates, versus only \$165 for high risk inmates. Completion of treatment is also a critical cost factor. Treatment for inmates who do not complete the program, or who do not have aftercare services, represents a financial loss for correctional systems.

The authors conclude that corrections officials should carefully assess inmates' level of risk and readiness for treatment in order to maximize the economic value of intensive treatment programs. Treatment should be matched to an inmate's need and likelihood of staying with the program. The greatest cost savings are found with high-intensity programs that treat high-severity inmates who show a high readiness for change.

This article attends to an aspect of correctional drug and alcohol treatment that is typically overlooked in evaluation studies. While cost-benefit analysis is often subject to uncertainties surrounding the estimation of economic parameters (e.g. how much crime is avoided as a result of successful rehabilitation?), this study does support the conclusion that prison-based drug treatment has tangible benefits for society as a whole. Properly run drug treatment, then, can represent a sound public policy decision.

R. Karl Hanson and Andrew J.R. Harris. 2000. "Where Should We Intervene? Dynamic Predictors of Sexual Offense Recidivism." *Criminal Justice and Behavior*, 27(1), 6-35.

This research explores the mixture of static and dynamic risk factors that contribute to recidivism among sex offenders. While static factors have often been thought to be the most important correlates of failure for this population, this study identifies strong relationships between various

dynamic risk factors and recidivism. This article presents interesting insight into the risk factors of a difficult and dangerous category of offender.

The authors begin by noting that there is little hard research on effective treatment programs for sex offenders. Conventional wisdom in the sex offender treatment field holds that *static factors* are the most powerful predictors of risk for re-offense by these offenders. Static predictors include factors such as criminal history, history of abuse as a child and core personality traits. Static factors change very little or not at all over time. Factors such as criminal history obviously cannot be changed.

The authors argue that *dynamic risk factors* should be explored more carefully as potential predictors of recidivism among sex offenders. Dynamic factors can change dramatically over time, and include drug and alcohol use, antisocial attitudes and associates and living arrangements. Dynamic factors are promising points for intervention because they can be impacted by treatment programs. Research on non sex offenders indicates that dynamic factors can predict recidivism as well as static factors.

To explore the predictive power of dynamic risk factors, the authors collected data on 409 sex offenders: 208 recidivists (new non-sex crimes were not included) and 201 non-recidivists. The authors interviewed the offenders' parole officers and reviewed case files covering the seven month period prior to the offenders' failure (or prior to the interview for those inmates who did not fail). The objective was learn what was going on in the offenders' lives during this period that might have contributed to their success or failure on parole. The researchers gathered data on risk factors such as sexual offense history, sexual deviance, treatment history, antisocial personality disorder, antisocial associates, and adjustment to supervision. Case file information was also used to complete several instruments on each offender, such as the Statistical Information on Recidivism scale.

This study found that recidivists and non-recidivists did not differ in terms of marital status, race, employment or age. The following factors, however, were found to be much more prominent among recidivists than among non-recidivists: dropping out of treatment, an abusive or neglectful family background, antisocial personality disorder, drug and alcohol abuse, a negative social environment coupled with antisocial associates, socially deviant sexual activities (e.g. soliciting prostitutes), few or no close friendships, difficulty cooperating with authority figures and low intelligence. Moreover, the recidivists were more likely to show little or no remorse for their crimes and to think of their sex offenses as a natural and legitimate expression of their sexual drives (sexual entitlement). Anger and recent stressful situations were also found to be particularly powerful acute triggers of reoffending.

Overall, the most powerful dynamic predictors of reoffending were negative social environment, sexual entitlement, anger and noncooperation with parole supervisors.

The authors conclude that this research lends insight into factors that can be targeted by treatment programs to reduce the risk of recidivism among this population. Rehabilitation programs for sex offenders can give special attention to issues such as denial of responsibility for the crime, deviant sexual fantasy and behavior, anger management, prosocial thinking and associations, relapse prevention, drug and alcohol abuse and relationship development.

This appears to be a well done piece of research that identifies sexual offense dynamic risk factors that can be addressed by treatment programs. One potential concern about the methodology is the



reliance upon the accuracy of official records and the recall of parole agents. Future research on this topic should be supplemented by additional data collection directly from the offenders, in order to verify and validate data collected from secondary sources. On the whole, though, this study presents useful insight into the treatment of sex offenders.

Stephen Porter, et alii. 2000. "Profiles of Psychopathy in Incarcerated Sexual Offenders." *Criminal Justice and Behavior*, 27(2), 216-233.

This research explores the various facets of psychopathy in incarcerated sex offenders in the Canadian federal prison system. This study finds patterns of this disorder among this population. The degree and expression of psychopathy seems to vary according to the specific nature of the sexual offending. Given the difficult and sensitive nature of this group of offenders, this research provides interesting insight into the underlying psychological dynamics and treatment for this population.

The authors begin by noting the increased attention that has been focused on sex offenders in recent years. Along with drug and violent offenders, they have been the object of much of the "get tough on crime" and incarceration trends of the past decade. Indeed, sex offenders made up 21 percent of inmates in the Canadian federal prison system in 1996 (versus 10.6 percent in Pennsylvania). The authors also argue that sex offenders in general are difficult to rehabilitate, and are prone to re-offending. Thus, it is important to understand the full range of factors that contribute to this type of offending.

This research is predicated upon three assumptions: that psychopathy plays a significant role in the psychological makeup of this population; that psychopathy is a good predictor of criminal behavior; and that sex offenders are diverse in their levels of risk, psychological dysfunction and treatment needs. A better understanding of the variations in psychopathy among sex offenders can contribute to more appropriate treatment and risk estimation for this population. In brief, psychopathy is characterized by emotional coldness, lack of empathy, impulsivity, great need for stimulation/risk taking, antisocial thinking and behavior, lack of remorse/responsibility for the crime, and an unstable lifestyle.

To explore the manifestations of psychopathy among sex offenders, the authors collected scores from the Hare Psychopathy Checklist-Revised (PCL-R) for 229 sex offenders and 100 non-sex offenders in the Canadian federal prison system (the PCL-R is widely used in the Canadian system). The sex offenders fell into the following five categories: Extrafamilial Molesters (victims age 14 or less outside offender's family); Intrafamilial Molesters (victims age 14 or less within offender's family); Mixed Extra/Intrafamilial Molesters; Rapist (adult victims); Mixed Rapist/Molester (adult and child victims). All offenders were male; 71 percent were white, 23 percent Native American, 2 percent black and the remainder other.

On the whole, a minority of both sex and non-sex offender groups evidenced psychopathy. Among the five sex offender sub-groups, the mixed rapist/molesters were clearly the most psychopathic,

both in terms of percentage of offenders in the group evidencing psychopathy, and in mean scores on the PCL-R. Indeed, 64 percent of this group scored as psychopathic, compared with only 34 percent of the non-sex offenders and 35.9 percent of rapists. Only 6.3 percent of extrafamilial and extra/intrafamilial molesters scored as psychopathic. Eleven percent of intrafamilial molesters were psychopathic.

Psychopathy does not seem to be implicated in the offending of molesters. Indeed, these offenders seem to be even less psychopathic than non-sex offenders. Molesters who prey on children outside of their families seem to be the most psychologically "normal", confirming the common understanding that these individuals rely upon highly developed interpersonal skills to lure their victims. Sexual offending for these individuals may be more a matter of deviant sexual gratification than of violence, domination or humiliation. The authors conclude that assessments of psychopathy will add little to treatment or risk prediction for this population.

Rapists exhibit roughly the same level and prevalence of psychopathy as non-sex offenders. The most psychopathic, and by extension dangerous, group are clearly those sex offenders who have preyed on both children and adults. These *sexual psychopaths* seem to exhibit an extreme disregard for social and moral norms, are especially callous to the injury done to their victims, and have a chronic appetite for risk-taking and thrill seeking. The authors conclude that special attention should be paid to measures of psychopathy among this group, and that decisions regarding programming, classification and release should be informed by such assessment. The authors do not seem to be optimistic about the potential for rehabilitation of this group.

This appears to be a well done study, although the demographic structure of the inmate sample is not comparable to American prison populations. Thus, a replication in a U.S. prison would be useful. Limitations notwithstanding, this study does point to the value of screening for psychopathy among sex offenders, and of differentiating the risk levels of different categories of sex offenders.

Richard Rogers, et alii. 2000. "Prototypical Analysis of Antisocial Personality Disorder: A Study of Inmate Samples." *Criminal Justice and Behavior*, 27(2), 234-255.

This article explores the multiple and changing dimensions of Anti-Social Personality Disorder (APD), which has figured so prominently in corrections psychology over the past decade or so. APD is shown to be a somewhat "loose" disorder that has undergone many changes in definition and diagnosis over the past thirty years. This study also provides insight into how inmates themselves perceive APD.

The authors begin by reviewing the definitions and diagnostic criteria for APD. Clearly, the clinical understanding of APD has hardly been carved in stone. The diagnostic criteria for the disorder have changed dramatically since its first appearance in the *Diagnostic and Statistical Manual of Mental Disorders* (2<sup>nd</sup> Ed.) in 1968 (*DSM-II*). The third and fourth editions of *DSM* have reflected theoretical debates and disagreements over what APD really is. In broad brush, APD refers to some sense that an individual does not quite fit into society, and is a potential, generalized threat to other individuals. There is no universal consensus, though, on specific methods of measuring this. APD is implicated in many criminal offenders. Indeed, antisocial thinking is regarded as one of the primary "criminogenic" factors that contribute to unlawful behavior and recidivism.

Given the confusion and disagreement surround the specific characteristics of APD, the authors believed it would be useful to survey inmates to better understand how they conceive of APD, and to compare their understandings of APD to those of 331 forensic psychiatrists who were surveyed in an earlier study. The authors drew a sample of 448 inmates from four institutions: the Federal Correctional Institute at Fort Worth, the Tarrant County Jail in Fort Worth, and two maximum security institutions in Canada. The inmates were presented with a set of 62 behaviors that are commonly used to measure APD and asked to rate the extent to which they think each behavior is an important indicator of APD. This is the same design used in the earlier survey of forensic psychiatrists, which permits comparability of results.

The authors found that the inmates' perceptions of important features of APD tend to focus on anti-social, aggressive and violent *behavior*. The psychiatrists tended to place as least as much emphasis on mental and emotional states, such as manipulation, deception, impulsivity and blameshifting. Clearly, the inmates were much more attuned to overt physical manifestations of APD, giving relatively less weight to internal psychological states and non-physical indicators. In a sense, the inmates were concerned with "what one did", whereas the psychiatrists were equally concerned with "what one is".

The authors conclude that these findings have implications for treatment. It is not necessarily a question of whether the inmates or the treatment professionals have a more "accurate" description of APD, but whether they are operating from a common understanding of this or any disorder. An inmate's receptivity to treatment will be influenced by his and other inmates' perceptions of what constitutes deviant or problematic behavior. When attempting to address APD or related disorders, treatment professionals may do well to target those behavioral components that even inmates agree are important features of the disorder. This can build rapport and trust that can serve as the foundation for ongoing treatment. Exploring inmates' perceptions of a disorder may also suggest intervention targets that might have been dismissed as unimportant by the treatment professional.

This study provides interesting insight into offenders' perceptions of what it means to be antisocial. The research design seems to be solid, with no apparent major flaws. If we are going to expect inmates to behave in a more prosocial manner, we can benefit from a deeper understanding of how our notion of a prosocial mentality differs from theirs.

## Book Review

Marc Mauer. 1999. *Race to Incarcerate*. New York: The New Press. 208 pp.

Reviewed by Tiffany Ironside.

The jacket of the book argues that “*Race to Incarcerate* tells the chilling story of this unprecedented explosion in the prison population, demonstrating how the dramatic expansion of prisons and jails has failed to have any substantial impact on crime.” Mr. Mauer tells his “story” primarily through statistics, which although enlightening, become tedious and somewhat overused at times. It is quite critical of the “tough on crime” movement, and although there are some suggestions as to alternative proposals, they were not compelling enough for me. For instance, Mauer says that research has found drug treatment is more effective than mandatory sentences, and interventions with high-risk families yield better results than the three strikes policy. But aside from a footnote, persuasive statistics are conspicuously absent. He does go into a little more detail in regards to the cost-effectiveness of a treatment approach (drug courts, etc.) but, although important, I am less impressed with money saving arguments.

Almost the first half of the book is historical in nature. Chapter 2 details the rise in U.S. incarceration rates as well as a comparison to other nations. The author contends that although other areas, such as medicine and transportation have changed, the prison cell has not. Our system is reactive, with themes of confinement, isolation and penitence. One must consider not only the rate at which offenders are admitted, but also the length of time these offenders serve in the institution. According to a study by The Sentencing Project, the U.S. is second only to Russia in incarceration rates among 59 nations. In comparing just the industrialized nations to which the U.S. is most similar the rate of incarceration is, in general, about 6-10 times higher. But Mauer then proceeds to say that because of technology (the media, internet and the like) U.S. policy will begin to infiltrate and affect other country’s policies as well.

Mauer contends that the “tough on crime” movement failed to take into consideration the following factors: a historical perspective (the Wild West, street crime among immigrant groups, gangster violence), the baby boom (an unprecedented number of young males in the ‘high-crime’ years), drug epidemics (heroin, cocaine and crack cocaine), and rapid urbanization. The feminist movement also contributed to the “get tough” movement as women either were more vulnerable or less willing to be silent victims. It is also interesting to note that although blacks are more in danger of being victimized, it is whites who are more in favor of punitive anticrime measures.

On the Executive end, President Reagan’s “Just Say No” campaign raised awareness and allocated funds to fight drug crimes. More recently, Mauer explains how the Clinton years have been a mixed approach to crime policy which, along with incarceration and the death penalty, included the need for drug treatment and the need for new police. For a time, U.S. Attorney General Janet Reno

emitted a strong pro-prevention message, but unfortunately, according to Mauer, it did not last for long.

Research began to show that incarceration did not appear to significantly reduce crime, says Mauer. But prisons as a good investment and “saving \$405,000 for every offender who is incarcerated” (a statistically miscalculated number published in a 1987 report by the Justice Department) became common messages for many members of Congress and state legislatures describing their approach to the problem.

Although it appears as if the U.S. is “average” when examining victimization rates (compared to ten other industrialized nations), a closer look reveals that the U.S. is significantly higher in regards to violent crime, homicide in particular. According to Mauer, this is attributed to our gun policy and the fact that the U.S. has not been more restrictive. In other words, I believe Mr. Mauer is arguing that if we change the gun laws, we will see a decrease in violent crime, and therefore a decrease in the number of individuals in the prison system.

In my mind, Mauer’s most interesting argument is that the 21<sup>st</sup> century has seen the rise of prisoners as commodities. He quotes a conference invitation letter that reads, “While arrests and convictions are steadily on the rise, profits are to be made – *profits from crime*. Get in on the ground floor of this booming industry now.” As prison privatization becomes more and more popular, the question of policy enforcement and influence will continue to be debated.

Another of Mauer’s arguments is based upon the phenomenon of diminishing returns. He contends that, on average, the expanding prison system increasingly responds to lower-level criminal activity suggesting that the money could be better spent on community intervention or alternative programs. He also points out the “replacement” effect and how when one drug seller is locked up, there is merely another ‘job opening’ on the street corner, and another person just takes his place. Instead of looking at the recent declines in crime rates, Mauer looks overall at the past 25 years and cites “no dramatic decline”, despite the unprecedented increase in the number of prisoners (some 328% from 1970 to 1995).

It is not until Chapter 7 that Mauer addresses the problem of race, particularly African-Americans and the criminal system. He cites a study by The Sentencing Project that indicated in 1989 nearly one in four black males ages 20-29 were under a form of criminal justice supervision on any given day (either prison, jail, probation or parole). Then, a follow-up study in 1995 found that number increased to almost one in three. In considering racial disparity, he focuses on five areas: Crime Rates, Criminal Histories, Racial Bias in Prosecution and Sentencing, Racial Bias in Response to Crime and Policy Changes and African Americans. Racial bias, according to Mauer, is often subtle and even unconscious. For example, African Americans may not have the resources for private defense attorneys or placement in abuse treatment programs, access to expert psychiatric testimony, or even speak in a manner comfortable to decision-makers in the courtroom. An excellent case is made for racial bias in response to crime as Mauer points out the millions of middle-class Americans who “embellish” on their tax returns but little more than a stiff fine is issued. He also points to drugs and alcohol, particularly marijuana and the change in policy as it became more widely used across

college campuses, and drunk driving versus other drug possession, which allow predominately white males (78% of the arrests for drunk driving as of 1990) to receive fines, licenses suspension and community service as opposed to incarceration like those charged for drug possession (usually African Americans and Hispanics).

Because of my communications background, I found Chapter 10, dealing with media images and crime policy, to be the most interesting. Mauer discusses the problems of looking for the best 'violent' visuals and how stories generally omit context, although I would argue that these are significant problems of the media no matter what the topic may be. Media ethics, particularly when it comes to covering crime, is currently being examined across America. But the fact is that papers need circulation, and stations need ratings. The media's response may unfortunately be an economically driven one.

Mauer's *Race to Incarcerate* is packed with figures, tables and statistical data, and is sometimes difficult to digest. But overall, this data does help to illustrate the problems facing our system today, and is certainly a good springboard for discussion and debate.