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SUBJECT: *Research in Review*

TO: Executive Staff
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 Other Readers



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Enclosed please find Volume 7, Number 1 of *Research in Review* (RIR). With this issue of RIR, we temporarily depart from last year's series of issues which summarized findings from evaluation projects that have been conducted within the Department. This issue features reviews of five articles which are part of a special new issue of *The Prison Journal* (Volume 84, Number 1) on the topic of alcohol and other drugs (AOD) treatment. Given the important contribution that these articles offer to our knowledge of effective AOD treatment, we felt compelled to devote an entire issue of RIR to summarizing their findings.

The five articles reviewed in this issue of RIR touch on a variety of topics related to AOD treatment. The first review examines outcomes of a therapeutic community (the Amity TC) at five years post-release, representing the longest follow-up period for a TC outcome evaluation to date. The second review takes a look at the effects of aftercare on outcomes of AOD treatment. The third review summarizes an outcome evaluation of a cognitive-behavioral AOD treatment program for women (the Forever Free Program). The fourth review examines the interplay between offender risk levels and treatment outcomes for AOD programming. Finally, the fifth review examines offender perceptions of the quality of AOD treatment programs and the interaction between coercion of treatment and client satisfaction.

We welcome your feedback on RIR. We also welcome your suggestions for specific topical areas for future issues. While we cannot promise that we can produce an issue in response to all suggestions offered, we are very much interested in knowing what questions and topics are most interesting to our readers. Future issues of RIR will continue with a review of our own departmental evaluation projects, as well as article reviews, book reviews, and other relevant pieces.

Thank you for your continued interest in *Research in Review*.

Research in Review

Office of Planning, Research, Statistics and Grants

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Special Focus on *Alcohol and Other Drugs (AOD) Treatment*

The first issue of Volume 7 of *Research in Review* features reviews of five articles on the topic of alcohol and other drugs (AOD) treatment, which are part of a special new issue of *The Prison Journal* (Volume 84, Number 1) on Correctional Drug Treatment Outcomes – Focus on California.

SUMMARY AND MAJOR FINDINGS

Michael L. Prendergast, et al. 2004. “Amity Prison-Based Therapeutic Community: 5-Year Outcomes.” *The Prison Journal*: 84(1), 36-60. Page 2

This article provides findings from a 5-Year outcome evaluation of the Amity TC program. Positive and statistically significant treatment effects are found even at 5 years post release, most notably for those inmates receiving aftercare.

William M. Burdon, et al. 2004. “The California Treatment Expansion Initiative: Aftercare Participation, Recidivism and Predictors of Outcomes.” *The Prison Journal*, 84(1), 61-80. Page 4

This article examines the interaction of aftercare participation and other treatment variables on one year post-release outcomes for over 4,000 addicted inmates treated in the California Department of Corrections. Most notably, this study reinforces the conclusion that time spent in treatment is one of the most powerful predictors of post-release outcomes.

Elizabeth A. Hall, et al. “Treating Drug-Abusing Women Prisoners: An Outcome Evaluation of the Forever Free Program.” *The Prison Journal*, 84(1), 81-105. Page 7

This article examines the significant changes that the Forever Free program has on drug abusing female offenders in the California prison system. Women completing this program had a reincarceration rate that was eleven percentage points lower than similar women not receiving the program. Reductions in substance use were also noted. Significant effects were also found for aftercare participation.

Harry K. Wexler, et al. 2004. "Risk and Prison Substance Abuse Treatment Outcomes: A Replication and Challenge." *The Prison Journal*, 84(1), 106-120. Page 9

This article contributes to the literature showing that the most positive treatment effects for addicted offenders are found among high risk individuals. A challenge to the literature is presented with the finding that the addition of aftercare produced reductions in recidivism even for lower risk offenders.

Gerald Melnick, et al. 2004. "Client Perceptions of Prison-Based Therapeutic Community Drug Treatment Programs." *The Prison Journal*, 84(1), 121-138. Page 10

This article reports on an examination of the interaction between drug treatment program environment and client perceptions of these environments and their level of satisfaction with the treatment received. This study finds that "coercion" into treatment may not conflict with positive perceptions of treatment experience.

Future volumes of RIR will continue to feature summaries of the PADOCC's own research projects, as well as reviews of any new and interesting journal articles or books. We at RIR hope that you find these topics to be informative, practical and relevant to your work in corrections.

Detailed Reviews

Michael L. Prendergast, Elizabeth A. Hall, Harry K. Wexler, Gerald Melnick, and Yan Cao. 2004. "Amity Prison-Based Therapeutic Community: 5-Year Outcomes." *The Prison Journal*: 84(1), 36-60.

While several evaluations of in-prison therapeutic communities have been completed, none of these studies have examined outcomes over a period of time extending beyond three years post-release. In general, existing studies have found that positive results for treatment (in terms of various measures of recidivism) are observable at 1 or 2 years post-release. At 3 years, however, the outcome differences between treatment and comparison groups tend to disappear, calling into question the capacity of therapeutic communities to reduce recidivism rates over the long term. The following study represents the first 5-year post-release outcome evaluation of a therapeutic community.

The Amity therapeutic community (TC) began as a demonstration project funded by the California Department of Corrections in 1990. The Amity program employs a three-phase treatment model. During the first phase (2 to 3 months duration) residents undergo clinical observation and assessment of needs and problem areas, as well as to begin the assimilation process into the TC culture. The second phase (5 to 6 months duration) involves the bulk of treatment where residents earn positions of increased responsibility through program involvement. During the third phase (1 to 3 months duration), residents prepare for community reentry by strengthening treatment goals and designing specific post-release plans with guidance from treatment and parole staff. In addition to in-prison services, program graduates are offered to voluntarily participate in residential aftercare treatment for 6 to 12 months at an Amity-operated facility called Vista.

The Amity TC was first evaluated in 1999 by the Center for Therapeutic Community Research. This first evaluation reported reincarceration outcomes for study participants at 12, 24, and 36 months post-release. The study found statistically significant differences in reincarceration rates between the treatment and control groups at 12 months (33.9% and 49.7%, respectively) and 24 months (43.3% and 67.1%, respectively) post-release. While the treatment group still demonstrated lower reincarceration rates at 36 months post-release (69% versus 75%), the difference was no longer statistically significant.

This current evaluation of the Amity TC is based on a sample of 715 prisoners randomly assigned to either the Amity TC program or to a no-treatment control group. The study examines outcomes for an extended follow-up period of 5 years post-release. The outcome variables that are reported include: 1) recidivism (reincarceration) in the 5 years after release, 2) heavy substance use (excluding alcohol and marijuana) several times per week in the year before the 5-year post-release interview, and 3) employment (full or part time) in the year before the 5-year post-release interview. The researchers conducted two levels of analysis. The first level of analysis involved a comparison of the treatment group (i.e., Amity participants) to the control group. The second level of analysis involved comparisons of the following four treatment subgroups: 1) Amity in-prison dropouts, 2) Amity in-prison completers with no aftercare, 3) Amity in-prison completers who dropped out of the Vista aftercare, and 4) Amity in-prison completers who also completed the Vista aftercare.

When comparing the Amity TC treatment group to the no-treatment control group, Amity TC participants demonstrated a significantly lower 5-year recidivism rate than the control group (75.7% versus 83.4%). In addition, of the recidivists, those in the Amity treatment group spent an average of 6 months longer on the street than did those in the control group before first returning to prison. Two additional factors significantly differentiated recidivism rates- being older and the number of months attending post-release treatment. For each additional year of age, the likelihood of reincarceration decreased by 2%, and for each additional month spent in post-release treatment, the likelihood of reincarceration decreased by 4%. For the drug use outcome, the percentage of participants in the treatment group and the control group who reported using drugs heavily during the year before the interview (or before their current incarceration) was nearly identical (24.9% and 22.6% respectively). Findings from the employment outcome variable also indicated no significant difference between the treatment and control group in employment levels during the previous year (54.8% and 52.3% respectively).

In the second level of analysis, involving comparisons of the four treatment subgroups, some significant differences were identified. As with the findings from the previous Amity evaluation, those who completed the Vista aftercare component were much less likely to be reincarcerated (42% recidivism rate) than those who were in the other three groups. Amity in-prison dropouts and Amity in-prison completers had virtually identical recidivism rates (87% and 86% respectively). Those who completed the Amity in-prison treatment but dropped out of the Vista aftercare program had a slightly lower recidivism rate of 81%. For those who recidivated, the group who completed both the Amity in-prison treatment and the Vista aftercare program “survived” (i.e., were first reincarcerated) nearly twice as long as those who were reincarcerated from the other three groups. Results from the

drug use and employment outcome variables were mixed. Nearly equal percentages of participants in the four treatment subgroups reported using drugs heavily in the past year. The groups did differ significantly in employment during the past year (40% of the in-prison TC dropouts, 56% of the in-prison TC completers, 38% of the Vista dropouts, and 72% of the Vista completers).

This study represents a milestone in that few studies have examined outcomes of prison-based treatment programs over a 5-year observation period. Clearly one of the most important implications of the study is the crucial role that aftercare plays in reducing recidivism, even over such an extended time period as 5 years post-release. However, one caveat to this finding is that differences in recidivism rates between those who participated in aftercare and those who did not participate in aftercare may be attributable to motivation for treatment. Since the aftercare program was not mandatory, it might be argued that those who went through aftercare performed better than those who did not because they were highly motivated to better themselves and may have succeeded regardless of aftercare.

This study also provides some evidence that even though the magnitude of the TC treatment effect seems to decline between 1 and 3 years post-release (from the findings of previous studies), there appears to be a “rebound” in the magnitude of the treatment effect between 3 and 5 years post-release. While this is a particularly encouraging finding, it is important to note that the study does very little to control for a myriad of other “life experience” factors (e.g., marriage, employment, criminal associations, etc.) that may actually account for differences in recidivism rates over the long term. The presumption is that the initial experience of the Amity program (and in some cases the Vista aftercare) is solely responsible for the differences between treated and untreated participants over the extended follow-up period. Clearly the most important limitation of this study is that it needs more controls to build a link of causality between treatment and outcomes, even though a strong design of random assignment is employed up front. This concern has been noted in previous evaluations of TCs. For this reason, the Pennsylvania Department of Correction’s current evaluation of TCs (being conducted by Temple University) has carefully included specific controls for post-release experiences in the design of the study.

While this study provides evidence that the Amity TC program has positive effects on reincarceration rates, such positive outcomes were not consistently noted for post-release employment and drug use. Some evidence indicates that those who complete both an in-prison TC and a community aftercare program are more likely to be employed. The Amity TC program alone, however, does not appear to positively impact employment or drug use levels.

William M. Burdon, Nena P. Messina and Michael L. Prendergast. 2004. “The California Treatment Expansion Initiative: Aftercare Participation, Recidivism and Predictors of Outcomes.” *The Prison Journal*, 84(1), 61-80.

This study is part of the California Department of Corrections substance abuse evaluation research agenda reported on in the other *Prison Journal* articles summarized in this issue of *Research in*

Review. The primary aim of this study was to examine in greater detail specific factors that contribute to post-release success for inmates who participate in prison-based drug treatment. This project reinforces what other studies have concluded about the importance of aftercare and time spent in treatment.

Like other jurisdictions across the country (including Pennsylvania), California has expanded its use of the therapeutic community (TC) as a modality for treating seriously addicted criminal offenders. A reasonably strong consensus has developed over the past several years that TC, when properly structured and managed, can reduce the risk of reoffending for addicted offenders. There is also substantial evidence that community-based aftercare for TC graduates following release from prison produces even greater reductions in recidivism for this population. A special issue of *The Prison Journal* in 1999 (Volume 79, Number 3) presented the findings of TC evaluations in several states (including California), showing overall reductions in recidivism and the importance of aftercare (this issue was summarized in *Research in Review* Volume 3, Number 1). Some evidence was presented that prison-based treatment in the absence of community-based follow-up produces only modest reductions in recidivism (a provocative conclusion to be sure, but one that highlights the role that aftercare is thought to play). What remains an open question is the impact of various types and levels of aftercare, and the treatment response of varying dosages of treatment (i.e. how much treatment is needed to produce a given effect in a given offender?). These are questions of great policy relevance to criminal justice systems across the nation.

In the nearly five years since that first special issue on drug treatment outcomes in correctional settings, research has more closely examined the relationship between prison-based and community-based treatment. The present article by Burdon et al carries forward this line of inquiry. Burdon and colleagues examined one year post release recidivism (defined as return to custody) for 4,155 offenders (male and female) who participated in some phase of prison-based and/or community-based drug treatment in the California correctional system over the past six to seven years. Of the 4,155 offenders, 3,093 graduated from a prison-based TC (mean time in treatment was eight months), and 1,207 of the graduates went on to receive various dosages of aftercare on the street.

This study was less concerned with comparing outcomes of offenders receiving treatment to offenders who received no treatment at all (such analysis was conducted by other studies reported on in this issue), but more concerned with examining predictors of outcome for those offenders receiving various levels of treatment. The question then is not so much whether TC works, but rather what factors make it effective. Of particular interest to this study was an exploration of the impact of participation in different types of aftercare, factors that influence participation in aftercare in the first place and the impact of time spent in treatment on outcomes.

This study came to a number of conclusions about factors that contribute to increased or reduced recidivism for this sample. Many of the findings are expressed in terms of adjusted odds ratios resulting from logistic regression analysis. For most analyses reported here, this translates into a percentage increase or decrease in the likelihood of recidivating based upon some other variable(s) factored into the analysis. Some findings have relatively less policy relevance. For example, the odds

of women being returned to custody were 49.7 percent lower than for men. Similarly, for each additional year of age, the chance of recidivism decreased by 3.3 percent. This confirms much of what we know about the influence of gender and age on recidivism for offender populations in general. Similar analyses were conducted on other ascriptive variables such as race. Again, while these findings may be of academic interest, they have less utility for policy making.

Other analyses from this study, however, can inform correctional agencies' efforts to reinforce evidence-based practices in treatment delivery. For example, each additional year of education reduced the odds of recidivism by 9.3 percent. Employment prior to incarceration reduced the odds by 19.5 percent. This confirms findings from other studies (including those conducted within the PADO) that employment and educational achievement can have powerful interaction effects with prison-based drug treatment, and that they can be good collateral treatment targets for addicted offenders.

The most interesting findings of this study concern aftercare and time in treatment. The study compared participation in various modes of aftercare: residential only, outpatient only, and mixes of the two. There was no significant difference in outcomes between those who participated in residential only or outpatient only aftercare. The odds of recidivism for those who participated in some mixture of residential and outpatient aftercare decreased by 63.3 percent compared to those who participated exclusively in only one mode of aftercare. Offenders who did not receive any aftercare had a 47.4 percent increased chance of recidivating. This finding *may* tell us that offenders receiving mixed modes of aftercare may have received treatment that was more closely matched to their individual needs; individual matching of treatment to needs generally produces better outcomes. A closer examination of the analysis, however, yields a more general interpretation of this finding.

Perhaps the most notable finding of this study concerns time in treatment. **Each additional month spent in the prison-based TC reduced the odds of reincarceration by 4 percent.** While this study does not lend insight into where a point of diminishing returns might be found with prison-based treatment, it does add to the body of evidence that time in treatment is an extremely powerful predictor of treatment outcome. On a related point, each additional month spent in prison-based treatment increased the odds of participating in aftercare by 2.6 percent.

Returning to the above findings regarding differential outcomes based upon type of aftercare modality, offenders who participated in a mix of residential and outpatient aftercare had the longest total mean time in aftercare - 192 days, compared to 113 days for those who had only outpatient aftercare and 102 days for those who had only residential aftercare (findings are statistically significant). Thus, total time in treatment appears to more predictive of outcomes than does modality of aftercare by itself.

The primary limitation of this study is that it excluded certain categories of inmates – sex offenders and the severely mentally disordered – that pose special challenges to correctional treatment. The critical theme emerging from this study is that time in treatment – both prison-based and

community-based aftercare – is a critical factor in producing reductions in criminal offending for addicted inmates. While optimal time in treatment will clearly vary from one individual to the next, this study adds to the body of evidence suggesting that more time in treatment is better than less, up to a point. Exactly where that point lies remains the topic of additional research.

Elizabeth A. Hall, Michael L. Prendergast, Jean Wellisch, Meredith Patten, and Yan Cao. 2004. "Treating Drug-Abusing Women Prisoners: An Outcome Evaluation of the Forever Free Program" *The Prison Journal*, 84(1), 81-105.

Substance abuse related crimes committed by women creates high costs for society, not only as a result of law enforcement and correctional expenditures but also as a result of increased developmental risks to their children and increased needs for social services for both the women and their children. Some previous research has also suggested that a severe drug abuse history is a stronger predictor of criminal activity for women than for men. Hence, substance abuse treatment programs for female offenders are critical. The following study is an evaluation of one such program, the Forever Free program at the California Institution for Women.

The Forever Free program began in 1991 as the first comprehensive prison-based substance abuse treatment program for women in California. The program utilizes a cognitive-behavioral curriculum that places particular emphasis on relapse prevention. A range of other services are also offered through the program, including individual counseling, 12-step programs, educational workshops, and community transition planning. Participants enter the program near the end of their incarceration. The program involves six months of intensive in-prison treatment (4 hours per day, 5 days per week) and community-based residential treatment for those who volunteer.

The program has demonstrated success in several previous evaluations. For instance, one study concluded that at twelve months post-release, only 38 percent of Forever Free dropouts were successful on parole, whereas 90 percent of those who graduated the program and completed 6 months of community treatment were successful on parole. Another study similarly concluded that longer tenure in treatment was associated with more positive recidivism outcomes and that those who participated in the community residential aftercare component were significantly less likely to report using all types of drugs, particularly heroin and crack/cocaine. However, these previous evaluations did not employ a true experimental design (using random assignment), and furthermore, in the absence of random assignment, included no controls for pretreatment differences across groups.

The researchers conducting this evaluation were able to methodologically improve upon previous evaluations of the Forever Free program but still were unable to employ a true experimental design utilizing random assignment to either the Forever Free program or a control group. Instead, all participants entering the program over nearly a one-year period were invited to participate and were compared to a group of women attending a low-intensity substance abuse education course (the Life Plan For Recovery program). The methodological improvement to this study over previous studies

was that a range of variables were examined upon intake in order to investigate the comparability of the treatment group to the comparison group and account for potential pretreatment differences. Upon exploring a host of pretreatment variables, the researchers were able to conclude that the treatment and comparison groups were indeed very similar on almost every variable. The only two statistically significant differences were that a larger percentage of women in the comparison group had received drug treatment during a previous incarceration and a larger percentage of the women in the treatment group reported ever having injected drugs.

Three main categories of outcome variables were examined in this evaluation: 1) recidivism (as measured by rearrest, reconviction, and reincarceration 12 months post-release), 2) drug use, and 3) employment. Recidivism findings were that significantly fewer Forever Free participants had been rearrested or reconvicted than were comparison group participants. About half of the Forever Free women had been rearrested and half had been reconvicted since release, whereas 75 percent of women in the comparison group had been rearrested and 71 percent had been reconvicted. The difference in reincarceration rates were not statistically significant. However, when reincarceration rates were examined using a more sophisticated model with controls for other variables, the difference became statistically significant (the 1-year adjusted reincarceration rate was about 33 % for the Forever Free group and about 44% for the comparison group). A further breakdown of those who only participated in Forever Free versus those who also participated in the aftercare program revealed that as treatment exposure increased from no treatment to treatment in both prison and the community, reincarceration significantly decreased. Also, of those who had been reconvicted, Forever Free participants indicated a trend toward less crime severity (the comparison group engaged in more violent crime and prostitution, whereas the Forever Free group engaged in a larger percentage of parole violations and theft-related crimes).

Although a large percentage of those in both the Forever Free and the comparison groups reported they had used drugs at least once in the year since release, Forever Free participants reported significantly less drug use than the comparison group (50.5% and 76.5% respectively). This effect remained after controlling for various background characteristics in a more sophisticated analysis. In addition, age and primary drug predicted drug use, with young women and women preferring heroin more likely to return to drug use.

Employment data revealed that significantly more Forever Free women than comparison group women were employed at the time of the follow-up interview (65.3% and 44.7%, respectively). However, there were no statistical differences between the groups in mean hours worked per week or in mean weekly pay. In addition, when running a more sophisticated model that controlled for other variables, Forever Free no longer demonstrated a significant treatment effect on employment rates. When controlling for these variables, the number of days of post-release residential treatment and the level of education emerged as the significant predictors of post-release employment, with more post-release aftercare and higher levels of education leading to higher employment rates.

This study is an important addition to the growing investigation of effective gender-specific treatment approaches for women offenders. Specifically, this study provides evidence that aftercare

is important for female offenders, just as it is important for male offenders. In the case of this study, the community aftercare effect seems to be especially strong in helping women obtain post-release employment. This is an important outcome since some previous evidence suggests that women offenders are more likely than incarcerated men to provide for and have custody of their children post-release. This study also adds to the literature on the effectiveness of cognitive-behavioral treatment. While cognitive-behavioral approaches have been generally supported as an effective treatment approach across a wide variety of treatment needs and demographic populations, this study provides evidence of its utility in specifically treating the needs of substance-abusing women.

One important question remaining is whether or to what extent the treatment effect of the Forever Free program diminishes over time. As was noted in another summary in this issue of RIR, previous research on the effectiveness of a substance abuse treatment program for male offenders found a diminishing treatment effect from one to three years post-release and an apparent “rebound” from three to five years post-release. Longer follow-up periods are needed to determine the duration of treatment effect that Forever Free has on participants. In addition, future studies of treatment programs for women should attempt to utilize stronger study designs, including random assignment to either a treatment or control group and larger sample sizes. While many practical limitations make such studies difficult, it is important to aim for such research designs in order to gain greater confidence in findings.

Harry K. Wexler, Gerald Melnick and Yan Cao. 2004. “Risk and Prison Substance Abuse Treatment Outcomes: A Replication and Challenge.” *The Prison Journal*, 84(1), 106-120.

This article reports on another aspect of the California-based research agenda concerning the outcome of prison-based drug treatment – the impact of risk level on treatment efficacy. By risk here we mean simply an estimate of the likelihood that a given offender will reoffend.

One of the most well accepted of the principles of effective correctional intervention is known as the *risk principle*. The risk principle states that treatment (whether it be addressed towards substance abuse or any other criminogenic risk factor) should be directed towards higher risk offenders, as they will more likely to reoffend if we do not intervene with them to reduce their criminogenic needs. Low risk offenders by definition are unlikely to reoffend in any event; thus, treatment may be wasted on them. Indeed, there is substantial evidence showing that treatment given to low risk offenders may even *increase* their risk level, in part by placing them into treatment groups where they are exposed to the criminally deviant attitudes, thinking and behavior of higher risk offenders. The risk principle applies most clearly to intensive treatment such as TC’s – this especially should be reserved for high risk offenders. One point to bear in mind is that an offender may be assessed as high need on addiction, but may still be a low risk offender overall.

The research reported in the special issue of *The Prison Journal* in 1999 (Volume 79, Number 3) on drug treatment outcomes in correctional settings provided some additional evidence that TC was most effective with high risk offenders; low risk offenders seemed to gain little from TC. The

present study explored these findings in greater detail.

This study looked at risk levels for 715 inmates randomly assigned to TC or to a no treatment control group. Within the TC group (N=401), some inmates dropped out, others graduated but received no aftercare, some graduates enrolled in aftercare but dropped out, and some completed aftercare. Their levels of risk were assessed by the Salient Factor Score (SFS) and the Lifestyle Criminality Screening Form (LCSF). The primary measure of recidivism was a three year reincarceration rate.

This study found evidence that among higher risk offenders, those receiving TC did indeed show statistically significant improvements in outcomes compared to higher risk offenders not receiving TC (i.e. treatment made a difference for this group). No difference in outcomes between the treatment and control groups was found for the lower risk offenders. This is what the risk principle would lead us to expect.

Looking just at outcomes for the treatment group and factoring in participation in aftercare, the findings were in an unexpected direction. Among those offenders completing aftercare, improvements in outcomes were found *for both low and high risk inmates*. Thus, both low risk and high risk offenders receiving all phases of treatment seemed to benefit from the experience.

While the last finding is surprising, several concerns are evident. This study does not seem to explicitly compare outcomes for low risk offenders not receiving any treatment at all to outcomes for low risk offenders who completed all phases of treatment (the comparison is simply for treatment/aftercare completers by risk level, i.e. there is no control group factored in). It may be that the low risk offenders who completed aftercare would have done as well even without treatment. Further, the risk assessment instruments used are older, “second generation” tools. It is unclear why this study did not make use of a newer, more accurate risk assessment tool such as the Level of Service Inventory-Revised (LSI-R), which is arguably the most commonly used risk assessment instrument in contemporary criminal justice. It would be interesting to see if the results would have been different using this (or a comparable) tool. Other methodological limitations were discussed by the authors.

The above noted concerns notwithstanding, this study provides yet more insight into the role played by criminogenic risk in mediating the outcomes of treatment interventions. The authors themselves note the importance of measuring and considering risk levels when making program assignment decisions.

Gerald Melnick, Josephine Hawke and Harry K. Wexler. 2004. “Client Perceptions of Prison-Based Therapeutic Community Drug Treatment Programs.” *The Prison Journal*, 84(1), 121-138.

The article reports on an exploration of offender perceptions of the quality of drug abuse treatment programs and of their level of satisfaction with these programs. Relationships between perceived

levels of program structure and quality and program satisfaction were studied, resulting in conclusions about program retention and satisfaction, even under conditions of “coercion” into treatment.

Data was gathered from 1,059 offenders in thirteen prison-based TC programs operated by the same vendor in four states (including California, hence inclusion in this special issue). Client perceptions of program structure and quality regarding three primary treatment orientations – TC, Cognitive-Behavioral Therapy (CBT), and 12-Step – was collected along with measures of client participation in treatment, client satisfaction and rapport with counselors using the Multimodality Quality Assurance (MQA) tool. The MQA allows researchers and program administrations to monitor client perceptions of criminal justice drug treatment interventions. The rationale behind the use of a program monitoring tool such as the MQA is that a program that is well structured and that adheres to the principles of the theory that it is based upon (in this case, either TC, CBT or 12-Step) will engage higher levels of client engagement in treatment and satisfaction and thus will have a greater likelihood of producing favorable outcomes in clients (e.g. reductions in substance use and recidivism).

This study found that the MQA was a reasonably reliable measure of the programs studied; the alpha scores (one measure of the reliability of an instrument) were in the range of .88 to .97 (an alpha of .80 or above is generally considered adequate).

Looking at program structure and treatment participation, self-ratings of treatment participation were high on average. Clients who had the highest rating of the quality of their programs, however, also reported the highest average levels of participation in treatment, rapport with their counselors and overall satisfaction with the program. The authors note that many of these clients were “mandated” into treatment, but still reported positive perceptions of the treatment environment.

This study has several limitations, including a lack of objective measures of treatment involvement (e.g. official records of total time spent in treatment, compliance with program rules, counselor ratings of clients, etc.) or of program quality (i.e. by an objective evaluator) and lack of a linkage with outcome measures (i.e. did clients reporting higher program satisfaction have better post-release outcomes?). These limitations noted, this study does address the linkage between program quality and client perceptions of the value of the program, providing some evidence that criminal justice clients can identify elements of program integrity and that the presence or absence of these elements influences their perceptions of the value of the program.

There is much discussion of the relative outcomes when criminal justice clients are “coerced” versus “volunteering” for treatment. This study may provide evidence that coercion (real or perceived) into treatment matters less for client engagement in treatment than does the clients’ perceptions of whether the program is doing a credible job of trying to help them resolve their issues of addiction and criminality, and equally importantly, whether the program is actually doing what it claims to do.