

Therapeutic Communities and Prison Management: An Examination of the Effects of Operating an In-Prison Therapeutic Community on Levels of Institutional Disorder

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Abstract: *There is a growing emphasis in corrections on the treatment of inmates with drug problems. The typical method of evaluating drug treatment programs is to examine how the treatment affects the inmate in terms of relapse and recidivism. This study examines the institutional consequences of operating a therapeutic community located in a medium/high-security male institution. The effect on management is examined from a perspective of institutional disorder. Disorders, from less severe inmate rule violations to more serious assaults, and rates of grievance filing are examined within the treatment unit and compared with rates in the general population. The inmate's perception of the environment, whether in treatment or nontreatment, is also examined. Findings indicate that in-prison therapeutic communities have lower levels of disorder than nontreatment housing units and tend to produce more positive perceptions of the living environment among the inmates living there. The impact of these findings for prison management is discussed.*

Keywords: *prison; therapeutic communities; drug treatment; prison violence; inmates*

INTRODUCTION

When combined with aftercare, the use of in-prison therapeutic community (TC) programs has been shown to be effective in lowering rates of drug relapse and recidivism among inmates released from Delaware's prison system (Inciardi, Martin, Butzin, Hooper, & Harrison, 1997). Similar positive effects have been documented for programs operating in California, Texas, and elsewhere (Hiller, Knight, & Simpson, 1999; Martin, Butzin, Saum, & Inciardi, 1999; Wexler, DeLeon, Thomas, Kressel, & Peters, 1999). Although there have been numerous

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outcome evaluations of these programs, little is known about the effects of operating a therapeutic community within the prison on the management of the institution. Some observers have hypothesized, however, that operating a therapeutic community in the prison would have a positive effect on that unit in the form of reduced violence and an increase in overall manageability (Wexler, Blackmore, & Lipton, 1991).

To date, little research has examined the effects of in-prison therapeutic communities on unit management within the prison. Those who have explored this issue have found that the therapeutic communities studied evidenced a more positive environment than the general population. For example, Prendergast, Farabee, and Cartier (1999) collected data from the California Substance Abuse Treatment Facility on infractions, drug tests, and rates of absenteeism of the correctional staff members. The Correctional Institutions Environment Scale (CIES) was administered to correctional officers working on the treatment unit, and interview data were gathered from focus groups of inmates and correctional officers. Their results showed that the treatment unit had a much lower rate of infractions as compared to units in the general population. Results from random drug tests uncovered almost no drug use on the treatment unit. Findings from the CIES indicated that the correctional officers working in the treatment unit tended to perceive their unit in a more positive light than a national sample of officers working in nontreatment institutions. They also found that staff absenteeism was much lower in the treatment unit than it was for officers in the nontreatment units. Focus groups with both inmates and correctional officers indicated that the forced racial integration in the treatment unit made a significant contribution toward the lessening of racial tensions and the likelihood of violence.

Prendergast et al. (1999) concluded that these findings "suggest a positive impact of therapeutic communities on various aspects of prison management" (p. 15). From virtually nonexistent drug use to lowered numbers of all forms of infractions, therapeutic communities appear to make the management of inmates living in treatment environments considerably easier.

Therapeutic community effects on unit management were also explored by Lowe (1992) as part of a process evaluation of the California-based RIGHTURN substance abuse program. Prior anecdotal evidence suggested that inmates living in the treatment unit had fewer behavioral incidents than inmates living in nontreatment units. Lowe's analysis found that inmates residing in the treatment unit had no positive drug tests as compared to 7 of the 369 inmates in the nontreatment unit. Furthermore, inmates in the nontreatment unit had a higher than average per person time credits lost and more serious behavioral incidents as compared to those inmates in the treatment unit. Although Lowe cautioned that these results are preliminary, her analysis appears to show the positive effects of therapeutic community units on the management of the institution.

Whereas both of these studies find support for the significant benefits of in-prison therapeutic communities, it is quite possible that these findings are the result of the type of inmate housed in each unit. For example, compared to those in

the general population, it is possible that treatment inmates are less violent and have less severe criminal histories than inmates housed in nontreatment units. That is, inmates entering treatment, whether classified there by the institution or self-selected, are possibly the most well-behaved, institutionally stable individuals. It is possible, then, that differences in types of inmates housed in the treatment and the nontreatment units account for the lower rates of institutional disorder rather than some environmental factor.

Based on the possibility that inmates housed in the treatment unit are substantively different than the inmates in the general population, this article explores the variation between treatment and nontreatment inmates in terms of background characteristics and how these differences relate to differential levels of disorder among various units. Furthermore, differences in perceptions of the treatment and nontreatment environments are examined from the perspective of the inmates living in these areas.

The importance of expanding on and extending existing prison research by testing the relationship among therapeutic communities, prison management, and inmates' perceptions of the institutional environment should not be overlooked. Information of this type may help conceptualize innovative forms of prison management as well as effective programs for substance abuse treatment. Furthermore, the effectiveness of prison-based drug treatment on institutional management is important from the perspective of correctional administrators. Whereas wardens and other prison administrators are often required to implement substance abuse programs, they are not typically judged on their ability to successfully rehabilitate inmates under their control. Rather, their job performance is based on their ability to keep an orderly and safe institution. Therefore, evidence of a program that could lower levels of institutional disorder while providing inmates with genuine treatment opportunities would be highly valuable to the correctional administrator.

Inmates themselves may also benefit from participation in a program that creates a safe and secure environment. That is, inmates placed in a treatment program but who do not feel safe in their environment may be less likely to participate fully in the program. If, however, that program is able to create a safer environment by lowering levels of institutional disorder, inmates may be more likely to participate fully in the treatment environment. Further benefit could be found after release from the program because an individual's increased involvement in treatment is likely to enhance his or her likelihood of success after release.

THE KEY THERAPEUTIC COMMUNITY

Delaware's in-prison therapeutic community, known as KEY, began operating in 1988 and has since expanded to all but one of the penal institutions in the state. The program site examined in this article is located at one of the men's correctional institutions. This program, called KEY South, opened in 1997 and currently

houses approximately 120 inmates. The average length of time spent in the program ranges from 6 to 18 months.

Inmates can be referred to KEY in one of three ways: court referral, self-referral, or on a recommendation from a correctional officer. To be eligible for KEY, an inmate must be at least 18 years old and have a history of or conviction for drug or alcohol abuse. Although preference is given to offenders with 6 months remaining until release, program enrollment is based on a case-by-case evaluation and may begin earlier. Inmates must also have a mental health clearance and cannot have any convictions for sex offenses. Finally, any offenders with pending disciplinary actions cannot be admitted into the program until a sanction has been imposed or a not guilty finding rendered.

It should be noted that in 1999, all inmates in the state of Delaware were mandated by the governor to complete drug treatment before release, although this order has yet to be fully implemented. This order adds a coercive element to the therapeutic process, and the facility being studied has had a degree of difficulty with enrollment and retention. Due to this, a sanction was developed to force more inmates into the treatment program.

The KEY operates in a fashion similar to TCs located in the community: It is hierarchically organized, utilizing the philosophy that peer pressure and role modeling are the most effective ways to modify behavior. It is not, however, the difference in status between the staff members and inmates that describes the power structure. Rather, residents themselves as they progress through the program are given increasing levels of responsibility and serve as role models for the younger, more inexperienced residents. Thus, the therapeutic process is created through interactions between each resident and the rest of the community. It is not, as with other therapeutic modalities, the one-on-one interactions between the staff members and residents that define the process.

In terms of controlling negative behavior, counselors and staff members expect residents to take the bulk of the responsibility for reporting and rectifying rule violations. Negative behavior displayed by a resident is generally dealt with through confrontations called *pull-ups*. Instances in which a resident would likely receive a pull-up include being late for a meeting, failure to clean a specified area, poor manners, or a negative attitude. There are more than 20 different accountability actions, or sanctions, given out to residents who exhibit any of the aforementioned behaviors. Depending on the incident, the resident may be made to perform extra cleaning duties and/or address the entire "family" to explain his or her actions.

METHOD

The primary method used to examine institutional disorder was the incident report. Called 122s, these reports are written any time a Class 1 or Class 2 violation is observed by a correctional officer. Class 1 offenses indicate a more serious infraction, such as an assault or sexual misconduct. Class 2 offenses are less seri-

ous infractions, such as lying and being off limits. Because of the therapeutic nature of KEY, Class 2 infractions are typically dealt with by residents and are rarely reported to or witnessed by correctional officers. Therefore, only data on Class 1 infractions were collected. Data from these reports were gathered for the period January 1, 1998, to December 31, 1999. Institutional disorder was also explored through an examination of grievances filed by inmates. Data on grievance rates were available only for 1998.

Initially, rates of infracting and grievance filing were calculated for the treatment and nontreatment units. Rates were calculated as the number of infractions per 100 inmates in the daily population during the 2-year study period. In addition, infraction types were created (0 = nonviolent, 1 = violent) to explore possible differences in types of infracting across treatment and nontreatment units. To test for possible differences between the treatment and nontreatment groups, rates of infractions and grievances were converted to proportions. Proportions were calculated as the number of infractions on a given unit divided by the unit's inmate days at risk. The unit's inmate days at risk was calculated by multiplying the unit's average daily population by the number of days in the study period (730). This calculation yielded the proportion of infractions on a given unit per day based on the number of inmate days at risk. *Z* tests for differences of proportions were conducted to determine whether observed differences in rates of offending between treatment with nontreatment units were significant. The same conversion to proportions and *Z* tests were run with the grievance data.

In addition to the quantitative institutional disorder data, inmates' perception of the unit environment was examined using the Correctional Institutions Environment Scale (Moos, 1974). This scale is part of a series of atmosphere scales developed by Rudolph Moos and designed to measure the residents' perceptions of the particular environment in which they reside. The CIES consists of three perceptual dimensions, with each perceptual dimension of the survey then broken down into three areas. The first is a relationship dimension that explores the extent to which inmates become involved in the functioning of the unit (involvement, support, and expressiveness). The second is a personal growth dimension, where an inmate's perception of the unit's treatment orientation is measured (autonomy, practical orientation, and personal problem orientation). Finally, the system maintenance dimension explores the perceptions of how well the inmate perceives the unit to be functioning in clarity and organization (order and organization, clarity, and staff control).

Due to security concerns, only the treatment, minimum, and medium units were surveyed. Inmates were chosen for the survey response based on availability. Initially, a sign-up sheet was sent around to each of the units asking for volunteers. When researchers arrived, another request for participation was made verbally to all of the residents of each unit. In total, 69 inmates in the nontreatment unit and 87 inmates in the treatment unit filled out the survey. Results were analyzed by converting individual responses to mean scores for the treatment and nontreatment units and comparing these responses across subscales (Moos, 1974).

To address the issue of differences in type of inmate housed in either the treatment or nontreatment units, aggregate offender characteristics for each type of housing unit were examined. These data were gathered for all inmates who were in the prison during the study period. Data on prior criminal history consisted of counts for felony (FELONY), misdemeanor (MISD), violent (VIOLENT), nonviolent (NVIOLENT), and drug (DRUG) arrests for the 10 years prior to their current offense of incarceration. Other individual-level variables consisted of months in prison for current sentence (MONPRIS) and number of prior prison stays (PRIORPRIS). Available demographic indicators consisted of age (AGE) and race (RACE). Race was coded as 0 = White and 1 = non-White.

Raw scores from each of the demographic and criminal history variables were converted to means to examine differences in the type of population housed in the treatment and nontreatment units. As with the infraction and grievance data, mean measures of background characteristics were created for each unit by randomly sampling a subset of individuals equivalent to the average daily population for each unit. These mean criminal history scores and demographic characteristics were then compared across housing units using *t* tests to determine if any observed differences were significant.

RESULTS

DEMOGRAPHIC CHARACTERISTICS

Descriptive statistics of the demographic and criminal history indicators (Table 1) do not support the speculation that the more well-behaved inmates were living in the treatment unit. For example, all criminal history indicators (based on number of arrests) were greater for the treatment than the nontreatment unit. Furthermore, the treatment unit housed inmates with a greater number of prior prison stays and more total months in prison on current sentence. Finally, the percentage of Whites living in the treatment unit was smaller than for those living on the nontreatment unit.

To determine whether these observed mean differences were significant, *t* tests were conducted with all demographic and criminal history variables (Table 2). Indicators of age and race showed a significantly higher average number of African Americans in the treatment unit than in the nontreatment units ($p < .01$), with a slightly higher but nonsignificant age difference for treatment inmates ($p > .05$). On the whole, inmates housed in the treatment unit exhibited significantly more severe criminal histories, based on all FELONY and MISDEMEANOR arrest variables, than inmates housed in nontreatment units ($p < .001$). Furthermore, treatment unit measures of arrests for drug violations and both violent and nonviolent arrests were significantly higher than those for the nontreatment units ($p < .001$). Institutional measures indicated that treatment inmates had a greater number of

TABLE 1
INMATE CRIMINAL HISTORY AND DEMOGRAPHIC INDICATORS
BY TREATMENT ($n = 118$) AND NONTREATMENT ($n = 656$) UNITS

	Mean		Standard Deviation		Minimum		Maximum	
	Treatment	Nontreatment	Treatment	Nontreatment	Treatment	Nontreatment	Treatment	Nontreatment
Demographic								
RACE	28%	41%	0.455	0.492	0	0	1	1
AGE	32.27	32.68	8.60	9.34	19	18	72	78
Criminal history (arrests)								
FELONY	2.17	1.32	1.64	1.48	0	0	9	13
MISD	9.49	6.73	5.60	5.52	0	0	44	46
DRUG	0.915	0.672	1.04	0.993	0	0	6	7
VIOLENT	1.61	1.03	1.60	1.34	0	0	14	14
NVIOLENT	10.58	7.39	6.01	5.85	0	0	34	46
Institutional indicators								
MONPRIS	16.11	7.82	5.86	7.71	1.29	0.03	24.10	24.10
PRIORPRIS	3.10	2.18	1.57	1.58	1	1	20	18

NOTE: Population size is based on the average daily population of each unit during the study period. Data on prior criminal history consisted of counts for felony (FELONY), misdemeanor (MISD), violent (VIOLENT), nonviolent (NVIOLENT), and drug (DRUG) arrests for the 10 years prior to their current offense of incarceration. Other individual-level variables consisted of months in prison for current sentence (MONPRIS), and number of prior prison stays (PRIORPRIS). Available demographic indicators consisted of age (AGE) and race (RACE). Race was coded as 0 = White and 1 = non-White.

TABLE 2
TREATMENT/NONTREATMENT BACKGROUND
UNIT CHARACTERISTICS COMPARED

	Treatment	Nontreatment	T-Value	Level of Significance
Demographic				
RACE	2.88	0.410	2.64	< .01
AGE	32.27	32.68	0.496	N/A
Criminal history				
FELONY	2.17	1.32	5.28	< .001
MISD	9.49	6.73	5.01	< .001
DRUG	0.915	0.672	2.43	< .05
VIOLENT	1.61	1.03	3.72	< .001
NVIOLENT	10.58	7.39	5.43	< .001
Institutional indicators				
MONPRIS	16.11	7.71	13.41	< .001
PRIORPRIS	3.10	1.58	5.27	< .001

NOTE: Means reported for treatment/nontreatment comparison are based on average daily populations of 118 for treatment and 656 for nontreatment. Data on prior criminal history consisted of counts for felony (FELONY), misdemeanor (MISD), violent (VIOLENT), nonviolent (NVIOLENT), and drug (DRUG) arrests for the 10 years prior to their current offense of incarceration. Other individual-level variables consisted of months in prison for current sentence (MONPRIS) and number of prior prison stays (PRIORPRIS). Available demographic indicators consisted of age (AGE) and race (RACE). Race was coded as 0 = White and 1 = non-White.

months in prison for current sentence ($p < .001$) and more prior prison experiences ($p < .001$) than nontreatment inmates.

INSTITUTIONAL DISORDER

Total infraction rates in the treatment unit were much lower than in the general population of the institution. Rates of violent and nonviolent infractions were also remarkably lower in the treatment unit than in the general population. There were also observable differences in rates of grievance filing between the treatment and nontreatment units. Results reported in Table 3 indicate that the observed differences between the treatment and nontreatment units in total ($p < .001$), violent ($p < .001$), and nonviolent infractions ($p < .001$) were significant. Of a total of 898 grievances filed in the men's prison in 1998, 849 were filed by inmates in the general population, whereas TC inmates filed only 49. Table 3 also indicates that the difference in grievance filing between the treatment and nontreatment population was significant ($p < .001$).

TABLE 3
INFRACTIONS AND GRIEVANCES WITH SIGNIFICANCES ACROSS HOUSING UNITS

Housing Unit	Population ^a	Total Infractions		Violent Infractions		Nonviolent Infractions		Grievances	
		n	Rate ^b	n	Rate	n	Rate	n	Rate
Institution total	774	751	97.0	330	42.63	421	54.39	898	116.02
KEY South	118	34	28.81	9	7.63	25	21.20	49	41.53
Nontreatment ^c	656	717	109.29*	321	49.0*	396	60.36*	849	129.42*

NOTE: Significances were calculated for differences between proportions. Rates are reported in the table for clarity.

a. Population refers to the number of inmates housed in the institution during the 2-year study period.

b. Reported rates are constructed by dividing the number of infractions in the 2-year study period by the average daily population of each unit. This number was multiplied by 100 to give the rate of infractions per 100 inmates in the average daily population.

c. The nontreatment category is an aggregate measure constructed by combining the minimum, medium, and maximum units.

**p* < .001.

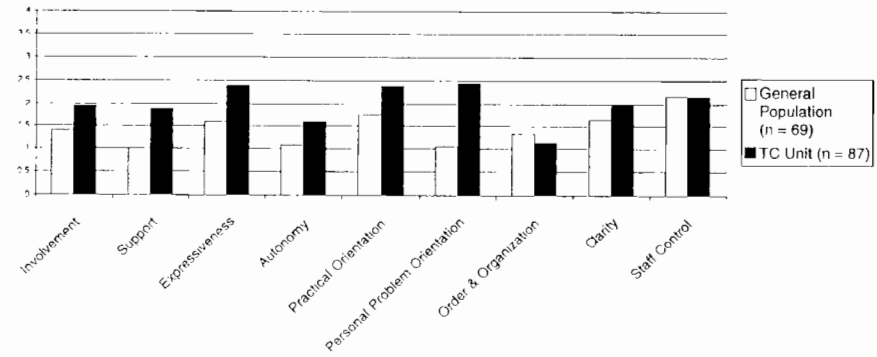


Figure 1 Perceptions of the Institutional Environment as Measured by the Correctional Institutions Environment Scale

PERCEPTIONS OF THE ENVIRONMENT

Responses to the CIES varied markedly between the treatment and nontreatment groups. Figure 1 displays the results of the CIES given in September 2000.

Generally, the scores on the CIES indicate that those inmates residing in the treatment unit had a much more positive perception of their environment than those living in the general population. There were, however, some unexpected scores on two of the subscales. For example, the order and organization aggregate score for the treatment unit was slightly lower than that of the general population. This indicates that inmates in the treatment unit believe that the emphasis on order and organization is not as strong as the inmates in the nontreatment units. Furthermore, the staff control scores for the treatment and nontreatment units were clustered together, indicating a shared perception between units that correctional officers and staff members are using a relatively high amount of formal control.

DISCUSSION

Overall, the results indicate a significantly lower proportion of infractions and grievances on the treatment unit as compared with the nontreatment units. Also, the CIES indicates that generally, inmates living in the treatment unit have a more positive perception of their environment than those living in units of comparable security levels.

There were significant differences in terms of background characteristics between the treatment and the nontreatment populations. However, directionality of these differences was contrary to previous expectations considering common

assumptions made about the composition of each unit. The average criminal history scores for the treatment inmates were much more severe than those for inmates in the nontreatment units. On average, treatment inmates had a greater mean number of felony, misdemeanor, and drug arrests. In terms of their institutional history, they also served longer sentences and had more prior imprisonments than inmates in the general population. Based on numerous prior investigations (see Gaes & McGuire, 1985; Walters, 1998) of factors associated with institutional behavior, these results would lead one to hypothesize that inmates in the treatment program would exhibit a greater propensity toward negative behavior. However, just the opposite was observed in this study: Although at greater risk for disorderly behavior given these indicators, inmates in the treatment unit were significantly less likely to infract and file grievances than inmates in the general population.

Given the comparison of inmates in treatment and nontreatment units, it appears that the findings of lowered amounts of institutional disorder in the therapeutic community are likely attributable to some environmental effect rather than as the result of the type of inmate housed there. A number of reasons may explain the lower numbers of both violent and nonviolent infractions on the treatment units. One possibility, and one shown by Prendergast et al. (1999), is that these populations are more racially integrated than the population in general housing. Inmates are forced to rely on each other and are not allowed to form cliques or organize in any way other than is necessary for the functioning of the therapeutic process. Therefore, any disorder that might arise due to racially motivated disorder appears to be avoided.

Another environmental attribute of the therapeutic community that might lower rates of institutional disorder is that the greater level of inmate involvement and accountability—an important element of the TC culture—works to mediate the possibility that inmates will respond violently in a given situation. That is, inmates are not only accountable to correctional and treatment staff members but are responsible to each other as well. This is contrary to what some (see Patrick, 1998) have described as the “us and them” relationship that exists in prison society, wherein inmates view themselves as a distinct group, constantly struggling against the formal rules mandated by the correctional administration. Although inmates in the therapeutic community are still answerable to the administration, an added dimension of accountability to one’s peers in the group is introduced. It is possible that the simple fact that inmates are holding one another responsible for their actions may decrease the likelihood of both violent and nonviolent rule-breaking behavior.

In addition to the accountability factor, another possible environmental effect is the constant monitoring and addressing of inmates’ behavior. As each “family member” in the therapeutic community is in effect a counselor, problems that one individual may have with another are quickly addressed and dealt with in biweekly group meetings. Inmates in the general population do not have the same opportunity to address problems in such an open and safe environment. By forc-

ing individuals to deal with difficulties in a group setting that affords a relatively safe environment for open discussion, individual negative reaction (e.g., assaults, fights, etc.) toward one another may be alleviated.

According to the results of the Correctional Institutions Environment Scale, inmates living on treatment units have a more positive perception of their units than do those living in the general population. Although the treatment unit scores were generally higher than nontreatment units, two of the subscale scores warrant closer examination. First, the order and organization score was lower for the treatment unit than for the nontreatment units. This indicates from the inmates’ perspective that the focus on order and organization within the treatment unit (mean = 1.16) is not as strong as it is in the nontreatment unit (mean = 1.35). This finding is contrary to what would be expected in a therapeutic community as all of the inmates in the program contribute directly to the organization and control of the unit. Second, the scores for staff control were approximately equal between the treatment (mean = 2.14) and nontreatment units (mean = 2.15). Because of the self-directed nature of the treatment process, we would expect the scores for staff control to be lower in the treatment unit than in the nontreatment units. However, in light of the order and organization scores, the parity between the treatment and nontreatment units for staff control is not all that surprising.

Given the results of the infraction and grievance analysis, the findings of the CIES are not unexpected. The findings regarding the staff control and order and organization scores between the nontreatment and the TC may have occurred due to issues related to the specific program rather than something to do with the nature of therapeutic communities themselves. For example, this institution had a high level of coerced inmates enrolled in the treatment program. Therefore, parity between the staff control scores for the treatment and nontreatment units and the greater level of perceived order and organization for the nontreatment units may be the result of specific programmatic issues rather than an effect of the general therapeutic community model. Although Prendergast et al. (1999) noted that coercive treatment appears to be just as effective as noncoercive treatment at controlling inmate behavior, this does not rule out the possibility that unwillingness to participate in treatment and increased infractions are related to each other.

CONCLUSION

The findings from this study are consistent with those reported by Lowe (1992) and Prendergast et al. (1999): Unit-level examinations of therapeutic communities indicate that they have beneficial effects on the behavior of inmates housed in these treatment units. The fact that inmates residing in the TC cannot be considered the cream of the behavioral crop lends support to the idea of environmental control of inmate behavior.

The results of this study should be interpreted with some caution, however. Given that only one institution was examined, programmatic variables unique to

this therapeutic community might account for the results of this study. For example, the findings with regard to the unit-level background characteristics of the treatment and nontreatment units might not be duplicated at another institution and with another therapeutic community. Furthermore, the aggregate and mean units of analysis might be masking an effect of some individual-level factors that would account for the lowered levels of institutional disorder. Although an examination of available background characteristics revealed that inmates in treatment did not have less severe criminal histories, it is possible that on an individual level, differences might emerge. A more sensitive analysis would examine an individual's behavior over time, from the moment he entered the institution through his enrollment in the treatment program. In this manner, changes in behavior could be tracked before and after the inmate's exposure to the treatment environment.

Nevertheless, given the results of this research and others, it appears that therapeutic communities do have a number of positive effects on the management of inmates living in these units. The benefits noted in this study may have translatable effects for the management of nontreatment units within the prison. Housing inmates in pods, for example, might be a first step toward applying some of the techniques used in the therapeutic community. By holding inmates accountable to one another and by involving them more directly in the daily responsibilities of running the unit, one might see the same positive effects that were shown in the treatment unit. In addition, it seems plausible to assume that increasing the number of available treatment slots would decrease the amount of institutional disruption while providing the substance-dependent inmate with a worthwhile opportunity for rehabilitation. In this way, therapeutic communities may improve the quality of an inmate's life during incarceration and increase his or her chances of success upon release.

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