BUILDING AND REPLICATING AN IN-PRISON THERAPEUTIC COMMUNITY THAT REDUCES RECIDIVISM:

Amity Foundation's TC in the Richard J. Donovan Correctional Facility

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The California Department of Corrections (CDC) has the largest number of prison inmates in the United States and has experienced dramatic growth in inmate population in recent years (see Figure 1). Substance abuse has been identified as a "major contributing factor to the criminal lifestyle of a large portion of the offenders committed to the California Department of Corrections." (CDC, 1997). Over 75% of CDC's inmates have histories of substance abuse and drug offenders represent the largest offense category of new felon admissions (33.8%). Further a third of all parole violators who were returned to custody for new terms were returned for drug offenders.

For many years California engaged in a massive expansion of prisons as the bulwark of its approach to crime. However, that approach is under scrutiny. In January of 1998, the Little Hoover Commission (an independent government agency) completed a comprehensive and highly publicized report to the Governor and the

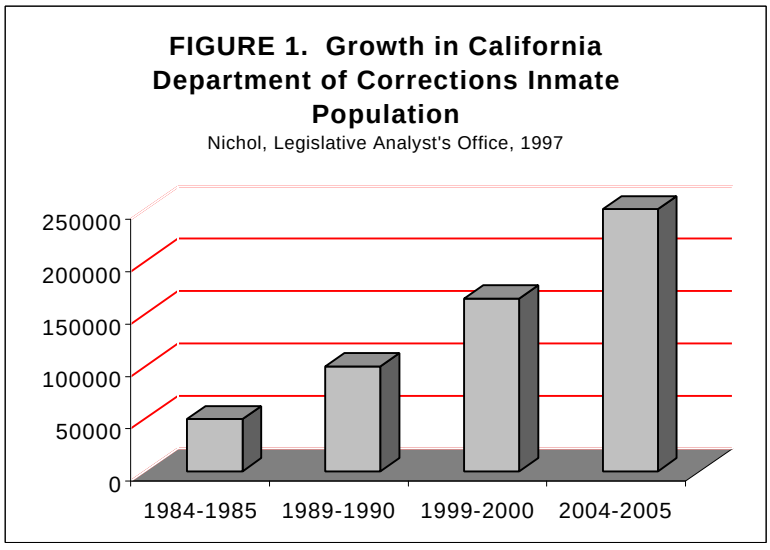


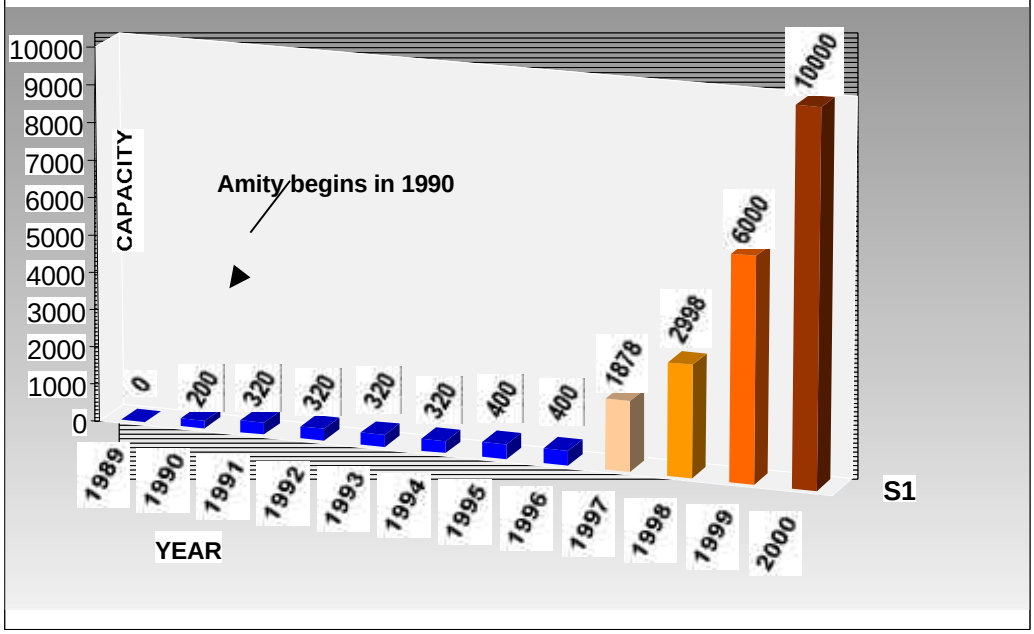
FIGURE 1. Growth in California Department of Corrections Inmate Population

Nichol, Legislative Analyst's Office, 1997

State Legislature stating "there is increasing evidence that the growing inmate population reflects a correctional system that is not using the most cost-effective strategies available."

The Little Hoover Commission cited California's high recidivism rate, one of the highest in the U.S., as evidence that it was time for the state to develop alternative strategies to cope with the increasing number of men and women incarcerated. In their report, the Little Hoover Commission repeatedly cites the success of the Amity Therapeutic Community (TC) at the Richard J. Donovan Correctional Facility near San Diego. Following the Commission's recommendations, legislation passed at the end of the 97-98 fiscal year authorized a major expansion of "Amity-style therapeutic community programs" to be completed by the end of calendar year 1999. This expansion includes an additional two thousand drug treatment beds (with funded residential and non-residential aftercare for all participants) within existing CDC facilities, and one thousand beds with aftercare to be provided in new Community Correctional Facilities (CCFs) to be built and operated by private corporations (see Figure 2). The legislative language specifying "Amity-style" therapeutic community programs speaks to the credibility that Amity's TC at R.J.Donovan has achieved amongst legislators, the administration, and other state policy makers. During the most recent legislative session, the legislature authorized another 3,000 in-prison beds to be bid out to private vendors no later than the end of fiscal year 1999-2000, bringing the total to 10,000.

Figure 2: Expansion of In Prison Therapeutic Communites in California



HOW DID THE AMITY/RJD THERAPEUTIC COMMUNITY BEGIN?

In 1987, CDC Director James Rowland contacted Amity's CEO Rod Mullen. A corrections professional for many years, Rowland's career spanned police officer, Victim's Rights advocate, and Director of the California Youth Authority. Mullen, by contrast had been a UC Berkeley student activist, one of the first non-addicts involved in Synanon's rehabilitation efforts with heroin addicts, a designer of a comprehensive educational system for the infants and children of addicts, and a 20-year veteran of therapeutic communities (TCs). Rowland and Mullen had collaborated previously in the 70's when Rowland was the Chief Probation Officer of Fresno; they worked together taking violent, substance abusing juvenile gang members into the first "boot camp" program for youngsters in the country, which Mullen was operating.

Rowland explained that CDC's rapid prison expansion was not addressing the fact that 70% or more of CDC inmates had serious and chronic substance abuse problems. Their substance abuse was the key factor in their violating parole more quickly than other parolees, so that many were "doing life on the installment plan." Rowland asked Mullen to tour several CDC institutions and parole regions and to make a presentation to Rowland's executive staff and Wardens regarding the feasibility and effectiveness of substance abuse treatment for CDC inmates and parolees.

CALIFORNIA DEPARTMENT OF CORRECTIONS FACTS

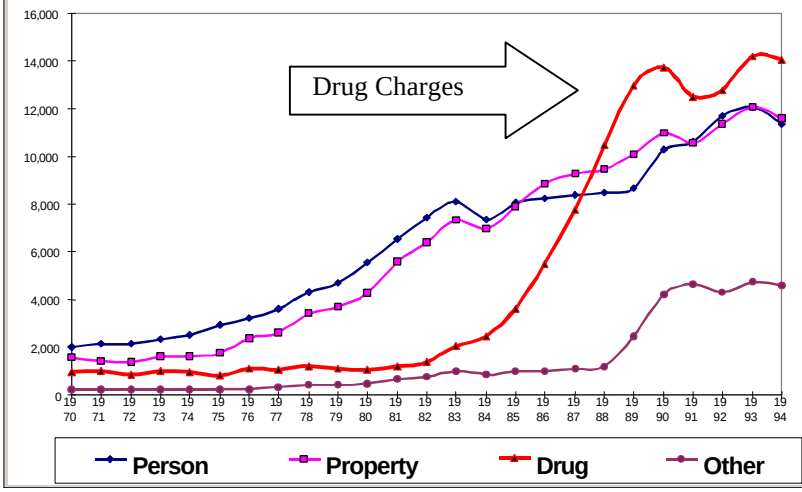
- A CDC survey showed that 75% of committed offenders had histories of drug abuse CDC inmate population growth is driven by parole violators, and by inmates with longer sentences since the implementation of "3 strikes" legislation.
- CDC institutions are at 183.1% over design capacity and, without new construction, CDC will run out of space for new inmates in 1999.
- CDC faces a projected gap of 71,000 in needed beds by 2006. Most of these needed beds are for Level I and Level III inmates.
- Averaging Sentence: 34.0% Hispanic; 31.5% African-American; 29.6 Caucasian; 4.9% other.
- Offenses: 41.8% violent; 25.3% property; 26.4% drugs; 6.6% other.
- In 1984, 9.3% of inmates were committed for drug offenses (sales, use, and possession); at the end of 1995, drug offenders accounted for 31.9% of all new admissions to CDC—the largest offense category of new felon admissions. (source: Nichol, LAO Policy Brief, May 1997)

The Amity report to the CDC Administrative Planning Session, in November of 1987, helped CDC identify substance abuse as a significant problem, and led to the formation of an ongoing task force reporting to Director Rowland. This group decided that CDC should participate in "Project Recovery," a national technical assistance project sponsored by the Center for Substance Abuse Treatment (CSAT), U.S. Department of Health and Human Services. This involvement led to the formation of the CDC Office of Substance Abuse Programs (OSAP); the establishment of a department-wide CDC

Substance Abuse Advisory Panel; and, in 1989, a report to the California Legislature which included plans for a model in-prison TC and the establishment of two parolee

CDC followed Amity's 1987 recommendations that the prison TC be established at a new institution, one that had no history of pervious substance abuse programs, and one in which the Warden was willing to give the program an opportunity to prove itself. Director Rowland asked Warden John Ratelle, of the Richard J. Donovan Correctional Facility (RJDCF) near San Diego, if he would be willing to house the model program. Warden Ratelle agreed only if he had the Director's agreement that the program could be terminated immediately if Ratelle believed it was not working. Ratelle then visited the Amity/Pima County Jail Program, funded by the bureau of Justice Assistance (BJA) as a "national demonstration program" at the Pima County Adult Detention Facility in Tucson, Arizona. He viewed a jail pod where 50 sentenced drug offenders engaged in the Amity model---described as a 'teaching and therapeutic community' that used: ex-addict counselors; a curriculum specifically developed by Amity; and an Amity-developed program of cross training between correctional officers and treatment staff. Male and female offenders attended TC activities together---although they were housed separately. Participants averaged 2 prior convictions and four years of heavy drug use. A BJA evaluation revealed that 30 months post release follow-up data indicated that only 35% of the 362 program completers had been re-arrested. Although fewer women were able to access treatment, their outcomes were better than their male counterparts (for example, 86% of the women were employed at 6 months post-release vs. 60% of the men, and *none* that went on to community based treatment were re-incarcerated within 30 months).

Figure 3: Felon New Admissions to CDC Institutions



Warden Ratelle, who as a young officer had worked at the California Rehabilitation Center, admitted that he came to look at Amity with a great deal of skepticism. "I've seen a lot of programs come and go, and a lot of them have been 'games' where inmates lay around all day, continued to use drugs, went to meetings occasionally, manipulated untrained correctional counselors, got their day-for-day credit---and then got out and went back to drugs and crime." When he talked to inmates at Amity, he met some "old cons" that had been incarcerated in CDC. They talked about how the Amity program was different than other programs they had participated in. He observed the demanding work

schedule, saw that the program curriculum was dealing with "real issues," and that the encounter groups did not allow inmates to shift the blame for their mistakes to others.

He decided that he was willing to take the risk of starting the TC, since, if the program lowered recidivism to re-incarceration only ten percent, it would save the taxpayers millions of dollars over the years. He also knew that the section of RJDCF where Amity was to be located had more violence per capita than the rest of the prison. He hoped that the program would reduce violent incidents, which at an estimated cost of $85,000 per occurrence could alone justify the expense of the program. (These costs included: paperwork, medical attention, hearings; investigations; transportation – sometimes by helicopter; legal representation; special incarceration in segregated units; and the cost of overtime when entire housing units or "yards" had to be put on lengthy "lockdowns.") A CDC Request for Proposal was issued, and amity was the successful bidder. The project began in the late summer of 1990. It was initially called "Right Turn," and housed at the newly opened Richard J. Donovan Correctional Facility (RJDCF) near San Diego, a 4,600-inmate Level III security institution.

HOW WAS THE TC IMPLEMENTED?

From the time the contract was awarded Amity worked closely with Warden Ratelle's staff, OSAP, and security on Facility Three of the RJDCF, where the program was to be located. Amity pointed out that the 200 bed, double celled housing units had no space for program activities. CDC responded by purchasing two doublewide trailers, placing them in close proximity to the housing unit, and modifying them for program activities.

Amity fielded a team of senior counselors and program administrators, all recovering addicts, all ex-offenders, and representing all ethnic groups, with between 10 and 25 years of experience working with criminal addicts. This unusual group "walked the yard," talked to inmates, learned the specific inmate and culture of RJDCF, conducted interviews, met the men who formed the MAC (Men's Advisory Council) for Facility Three, and passed information back to Amity's management about what was needed to mount a successful TC. CDC initially had difficulties screening inmates into the Amity program; the educational requirements for entrance proved too exclusive, and RJDCF classification staff was not experienced with this type of inmate selection. A visit by a committee of the State Legislature to view the program in November 1990 precipitated extensive and immediate changes in inmate classification when they discovered that the program had only 13 participants five months after funding had been provided legislatively. The next 187 inmates were quickly installed in Building 15, Facility Three of RJDCF by February of 1991. There were frequent disputes, and some scuffles occurred, as the "Amity inmates" displaced general population inmates from their "houses" (cells), but, despite the tension, no serious incidents occurred.

Warden Ratelle worked closely with the Amity Program Director, and instructed his staff, "We are going to give it {Amity} our full support; we are not going to allow the program to be subverted." His attitude towards Amity's staff was always supportive-even though almost all of them were "experienced-trained" professionals, whom had been drug users,

criminals, and had been previously incarcerated. Ratelle's only requirement was that anyone with a record be out of an institution for five years and off parole. He accepted Amity management's verification that they had at least three years of sobriety. He said, "You are the experts at changing these guys, you have proven that. We know how to run a prison. You work with us and we'll support you." All Amity staff participated in the standard CDC weeklong security training to learn institutional security procedures and to receive their RJDCF security clearances. Initially, Amity fielded a small staff and then rotated staff between its Tucson programs and RCJCF until those that seemed most capable had been permanently selected as staff. Most of the entry-level staff had previously been participants in the Amity/Pima County Jail Project. Amity realized from its experience in the Pima County Jail that many counselors who were effective in community-based programs could not be so in the much more restrictive correctional environment. During the first four years of the project the staff participated in weeklong immersion trainings conducted by Amity's Director of Services and Training in Tucson.

Amity targeted many of the "shot callers" on Facility Three for support. This included inmates serving life sentences, and other long-term inmates who had "reputations" and the respect of the inmate population. Many of these men joined Amity. Those who did not join spread the word that Amity was different; that it was not the equivalent of PC (protective custody); that some "stand-up guys were trying to get their lives together; that Amity should be respected; that the participants were not "snitches," and should not be "hassled" on the yard. The facility design of R.J.Donovan precluded Amity participants from being isolated from the general population. Yet, Amity wanted participants to minimize contact, as it was well known that the influence of the "convict code" held by general population inmates could significantly reduce the "buy in" needed for Amity participants to progress in the program.

Initially, the plan was for all amity participants to work together in a new textile mill, which was to be opened by the Prison Industry Authority at RJDCF in 1991. For a variety of reasons the mill did not open until several years later, so Warden Ratelle insisted that the men mix with the general population for their minimum 36-hour weekly work assignment, eat with general population, and share the recreational facilities on the yard. Ratelle felt that this model was more realistic. "If they were on the outside and had a problem," said Ratelle, "they would have to maintain a job and deal with it after work. I don't see why we should make it easier for these guys." So Amity participants performed their institutional work assignments with non-program inmates (many of whom used drugs), and **then** most participated in a minimum of twenty hours a week of intensive Amity TC activities, often at night and on weekends in order to accommodate the institutional work schedule. The exception was forty men who were selected as "cadres" for Amity----these men worked on a one week on, one week off schedule. During their workweek, they cleaned and maintained program areas, landscaped the grounds, copied materials, and did other support tasks. During their week "off" they participated full time in program activities. Amity, out of its CDC contract, developed duty statements for the "cadre" group and paid them the prevailing institutional wage.

The Amity program was shaped both by Warden Ratelle's hard-nosed attitude and his support. He insisted that there be absolutely **no** incentives for men participating in the program. In fact, men who volunteered for the program were not eligible for work furlough, since it would interfere with them completing the required time in program. Because of this, and the program's intensity, Amity developed a reputation as being "serious," which probably discouraged applicants who were looking for an "easy ride." Despite Amity's toughness, the program received from 200 to 500 applications per month for the 10 to 20 program slots that became available monthly.

WHO ARE THE MEN IN THE AMITY TC?

- The ethnic composition of the men closely matched that of the overall CDC population.
- Their average age was 31.2 years old.
- 43% did not have a high school diploma, or GED.
- 34% had been employed during the year prior to incarceration.
- 54% had injected drugs.
- Over half had run away from home as juveniles (at about the age of 12).
- Over 90% had gotten into trouble in school.
- 72% had used methamphetamine, the most common drug of choice.
- 91% had used Crack/Cocaine, the second most common drug of choice.
- 56% had used Heroin, the third most common drug of choice.
- 61% had used PCD.
- 44% used Heroin and Cocaine together.
- 72% had been arrested as juveniles.
- **75% had committed criminal acts of violence against persons.**
- 57% had been arrested for violent acts.
- Only 40% had ever participated in any type of rehabilitative effort to ameliorate their substance abuse problems.
- Had been arrested average of 27 times, and incarcerated an average of 17 times.
- Had spent an average of 4 months in reform school, 16.9 months in jail, and 75.4 months incarcerated.
- Became involved in illegal activity at the mean age of 12.8.
- The majority was diagnosed as having anti-social personality disorders.
- 71% had children, but only 28% lived with their children before incarceration.

Amity executives had worked as consultants for BJA's Project Reform and, in that capacity, had provided technical assistance and ongoing training to develop many prison TCs, including the 50-man "New Vision" at the St. Clair maximum security facility in Alabama. Despite considerable skepticism, amity persuaded Alabama Department of Corrections officials to include "lifers" (inmates serving life sentences with the possibility of parole) in the program. When the project's funding expired, Amity was unable to continue to provide training, but has continued to receive positive feedback from Alabama authorities on how the lifers helped stabilize a program that was severely

understaffed, and were credible role models for other inmates. Upon implementation of the Amity TC at RJDCF, Amity talked to a skeptical Warden Ratelle about including lifers. Ratelle initially refused. But Amity staff returned to his office after several lifers had approached them expressing an interest in joining the program.

Warden Ratelle allowed two lifers to move into the Amity housing unit and become part of the program on a trial basis. These men, one Caucasian, the other African-American, both with convictions for extremely violent crimes, became role models for the remainder of the men. The friendship that they formed became a powerful behavioral message about racial prejudice; their daily demonstration of enthusiastic support of the program, its philosophy, and its staff made it easier for other participants to follow their path. One of the lifers, a former street and prison gang leader, said, "I've been in here for seventeen years and I am respected by other men in any institution where I've done time. I've taken a lot of first-termers deeper into the convict life. Now I'm using the respect I have to speak out against gangs, violence, and all that stupidity. At Amity young guys look up to me and they listen when I tell them to stop gang banging, to get out of prison, stay out, and to get a real job and take care of their kids." Amity has six lifers in the program today---two African Americans, two Caucasians, and two Hispanics; since the program's inception there has never been a negative incident with any of the lifers housed in the Amity unit.

Critical to the success of Amity was the development of a residential "continuance" facility for men who paroled from the program. The initial contract did not fund aftercare, so Amity leased a large house to use as an office, and also housed six to ten parolees who had completed the RJDCF program there. The OSAP Director wanted Amity to send RJDCF completers to other community-based providers in San Diego. But Amity staff was listening to the men who told them, "we've already been to those places, and we've failed there." They told Amity staff that they needed an Amity facility in the community that was a real continuance of what they had started in the prison in order to succeed. Additional funding was secured and, in 1993, Amity opened a 40-bed facility in Vista, north of San Diego, which allowed about one third of Amity in-prison completers to enter an Amity residential program that built upon the curriculum used at RJDCF. The outcomes (see Figure 4) clearly demonstrate the critical importance of this linked aftercare in helping the men maintain sobriety, get a job, and keep from returning to drugs and criminality.

THE AMITY TC AT R.J.DONOVAN CORRECTIONAL FACILITY AND AMITY RESIDENTIAL FACILITY IN VISTA, CALIFORNIA

- Housed within a 4,600 man Correctional Facility, including a regional Reception Center, a unit for processing INS cases, and a number of prison industries programs.
- 200 men in a housing unit on a yard with 800 other Level III inmates. The Amity participants share the yard with the rest of the inmates, but program space and housing is isolated.
- 15 Amity staff and program interns, mostly ex-addicts and ex-offenders, trained by Amity; several with 10 or more years of therapeutic community experience with

Amity; all (except lifer interns) participate in CDC security trainings for Correctional Officers to receive their security clearance; all participate in a minimum of 40 hours per year of Amity immersion trainings to keep skills current.

- Amity staff participates in weekly in-service trainings and encounter groups. Amity management has identified staff "congruence" a major issue. Weekly trainings and encounter groups: improve communication; insure that staff expectations of each other and of inmate participants are congruent; resolve problems between staff that might compromise program integrity; and to demonstrate to inmate participants that these tools are important beyond the immediate program. This intensive involvement in encounter groups by staff appears to be unique to the Amity TC and all concur that it plays a crucial role in the efficacy of the program.
- 6 "lifers" (life with possibility of parole inmates) who work with Amity staff as adjunct staff who are credible role models and help stabilize the program.
- 40 program participants (inmates) who work one week on, one week off, supporting staff in delivering the Amity curriculum, and physically maintaining the housing unit and program space.
- The Amity curriculum, developed over 15 years by Naya Arbiter, is a written and videotaped curriculum specifically designed to reach habitual offenders with chronic drug abuse histories. The curriculum involves encounter groups, seminars, video playback, psychodrama, and written and oral exercises. It addresses violence, family dynamics, racial prejudice, gang involvement, chronic relapse, and other issues relevant to this population.
- A Therapeutic Community (TC) approach, structured, phased, and demanding a very high degree of commitment and accountability from participants and staff.
- A "joint management" approach in which the TC staff and CDC staff both in and out of the institution work very closely together and make all decisions regarding the TC together. This includes a Correctional Counselor III and two Correctional Counselor II's located in the Amity program space—working with the Amity staff and institutional staff to select inmates, conduct disciplinary proceedings, help Amity staff in developing treatment plans and supporting the Amity staff in developing discharge plans. Also a Parole Agent is specifically assigned to the Amity program to handle 75% of the Amity program completers and to work cooperatively with other parole agents.
- A residential program in Vista, California, operated by Amity to provide services to about 35% of those who complete the prison program. The Vista program is a real "linked" program that shares the program philosophy, staffing pattern, and continues the curriculum of the in-prison program.

WHAT IS THE AMITY MODEL?

An explication of the "Amity teaching and therapeutic model" requires a fuller treatment than what follows. While Amity follows a TC methodology that has been discussed by DeLeon and others, there are several key elements of the model that can be briefly highlighted here

Structure and Duration. The population in prison TCs typically: began their drug abuse, criminality and incarceration as teens; have dysfunctional, abusive, and criminogenic families; have little formal education; have inadequate work skills and experience; do not "buy in" to mainstream morality; have little sense of personal responsibility; possess anti-social personality disorders; have neither the attitudes nor the skills necessary to take responsibility for their offspring; have almost exclusively negative social and personal relationships; have poor interpersonal and decision making skills; and have never achieved a high degree of functioning in any non-criminal realm of life. In short, they need habilitative, rather than rehabilitative services. Habilitation entails complete cognitive, emotional, and behavioral restructuring. This means that the TC must be highly structured, very intensive, and relatively long term. Amity's model is delivered for as close to 24 hours per day, seven days a week, 365 days per year as prison security regulations and budgeted staffing permit.

For example, Amity has successfully used intensive curriculum based retreats and workshops for many years as an important element of emotional and cognitive restructuring. These often occur in 24, 48, or 72 hour segments and, with sleep and meal breaks, sometimes last as long as seven days. However, security and institutional work constraints resulted in an adaptation: 26-hour workshops at RJDCF, held over two days. These intensive workshops form the backbone for delivery of the Amity curriculum.

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While throughout the treatment field there is constant pressure to reduce time in program, many of Amity's best successes spent as long as eighteen months in the prison TC, followed by a year in Amity's community based TC at Vista. In prison, treatment should last a minimum of nine months, followed by a minimum of six months in community-based aftercare, for a total episode of no less than fifteen months. Residential aftercare is more effective in reducing recidivism than non-residential services. Non-residential services, when employed, need to be as intensive as possible and based upon the needs of this population, rather than the more traditional "outpatient services" for a less criminal clientele. Amity is currently developing a non-residential model using in-prison counselors to provide non-residential services, and linking the two components together.

Staffing and Training: Commitment, competence, credibility, and congruence are the four "Cs" and key factors in this area. Staff must be highly committed to work in an environment where the "convict code" and institutional security are the two established cultures; they must be seen as credible to both security staff and inmates alike; they must be trained in a manner relevant to the unique environment in which they work; and they must be absolutely congruent in their expectations of program participants, each other, and correctional security and parole personnel.

In early days of TCs, there was no formal staff. "All doctors were patients, all patients doctors." Those who led the TC communities were recovering addicts who were highly motivated, experienced, and had more "clean time" than those they led. All leadership, however, was done from the position of personal demonstration; this made TCs both powerful and extremely credible to participants, as all staff shared the same assumptions and agreed upon the same protocols. As TCs matured and became more dependent upon mental health funding, staffing characteristics changed, becoming more akin to other health service organizations. The emphasis was place more heavily on "individual treatment plans" than on building a recovering community in which all, including "counselors" were members first. While an emphasis on professionalism has benefits,

particularly in terms of experience and stability, it can also result in a loss of vitality and credibility. At Amity/RJDCF an "internship program" actively recruits and trains potential counselors from within, increasing credibility. Several Amity in-prison counselors are men who were in the original cohort of Amity/RJDCF participants, who completed parole, trained with Amity, and have returned as counselors.

All staff is trained through weeklong immersion retreats. In these, staff must learn to do themselves what they are going to ask those they lead to do: self-disclose; deal with difficult personal issues; learn about each other; learn to respect different cultures; become skilled and enthusiastic teachers; and work cooperatively with each other from a common set of shared beliefs about "what works." Staff also "practice what they preach" through regular participation in staff encounter groups. These groups help in resolving issues between staff, keeping morale high, maintaining a sense of staff "community," and demonstrating that the methodology used in the treatment program is part of a life-long recovery process, not just "program stuff" to be jettisoned on exit from the TC.

Curriculum: Most TCs have a set of practices that are passed on from generation to generation, mostly orally. What written curriculum is available is often drawn from other treatment programs, most of which work with a better-educated and more advantaged population. Amity has developed an extensive written and videotaped curriculum that aims to provide guidance for counselors and participants alike in tackling issues relevant to the convicted drug abuser. The intensive cognitive, emotional, and behavioral restructuring occurs through the delivery of a curriculum designed to accommodate a wide variety of abilities, cultural backgrounds, and learning styles. It has to be interesting, relevant, and interactive---making every student a "teacher."

Cross Training: Amity developed and refined this at the Amity/Pima County Jail project. At Amity/RJDCF all Amity staff attend regular security trainings; moreover, quarterly two and three days trainings are provided for institutional, parole, and administrative correctional staff so that the Amity treatment model is understood by all the correctional professionals who work with the program.

Key Factors in the success of the Amity TC

- A Director of Corrections who saw the economic impact of drug abuse upon the correctional budget (and public safety) and was willing to break new ground in addressing those issues.
- Central Office staff (Office of Substance Abuse Programs) who worked closely and effectively with the institution, paroles, treatment staff in the prison, and the treatment program in the community
- A Warden who was willing to take a risk, and who maintained a "hands on" relationship with the program---insisting of fitting the program to the institution, but also supporting the treatment staff, treating them with respect, and giving them the independence needed to carry out their jobs.
- A correctional facility that was well managed and stable.

- The "buy in" of the correctional staff in the institution to support the new program in order to determine its effectiveness.
- A treatment program that was experienced in working with offenders and committed to a "joint-venture"/collaborative approach with corrections.
- A curriculum specifically designed for the inmate population served, which was based upon "emotional literacy" and issues particularly relevant to the inmates in the program, including: substance abuse, family dynamics, violence, racial prejudice, relapse prevention, moral development, building and maintaining positive relationships, and how to 'get prison out of ' the inmate.
- A treatment program director that was willing and able to work cooperatively with the institution in implementing the program and maintaining it.
- A treatment staff of ex-addicts and ex-offenders that was: intensively and continuously trained by Amity to meet Amity's exacting standards; prepared to work in the institutional setting so that they were able to work side by side with institutional security staff AND remain credible to inmates; and trained by CDC in security protocols.
- Weekly encounter groups for staff designed to improve communication and resolve conflicts between staff members and to improve congruence of expectations amongst staff.
- The incorporation of "lifers" into the Amity in-prison program as credible role models and trainees who support the staff in teaching the Amity curriculum.
- Regular cross training of treatment, correctional, and parole staff together to enhance understanding, cooperation, communication, and a sense of joint ownership.
- The assignment of a parole agent who worked in an integral fashion with corrections and treatment staff, whom the catalyst for supporting parolee program completers in the community.
- The development of a "linked" aftercare program for Amity prison inmate completers using a continuation of the in-prison curriculum, program philosophy and practices allowing a true continuance of treatment in the community. This program also helped inmates learn "pre-vocational" skills needed to help them obtain and keep a job and encouraged and supported them in re-connecting with their families and take responsibility for their children---who were often already involved in gangs.

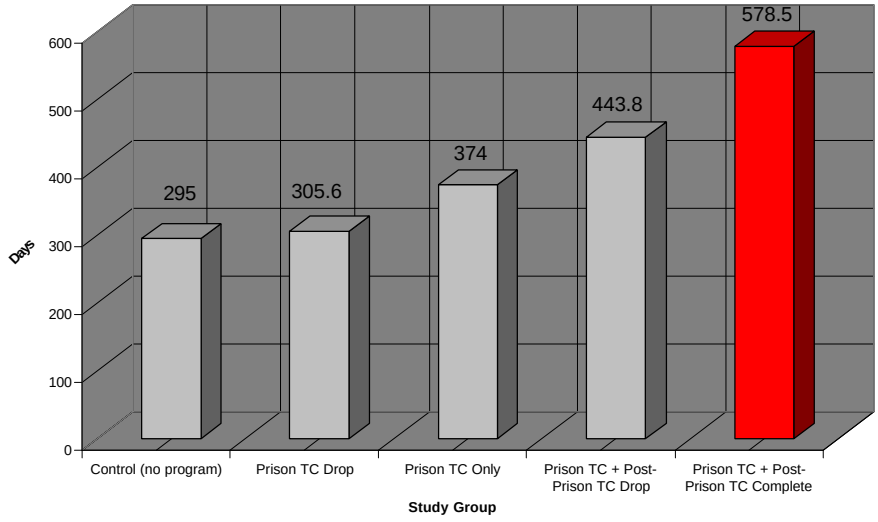
WHAT ARE THE RESULTS?

In 1992, Warden Ratelle decided to do a surprise urine drop of the entire Amity in-prison program. He told no one of his decision, neither his staff nor the Amity program staff, so that the results would reflect what was really occurring in the unit. After weekend visitation, the time when most drugs come into the institution, he simultaneously locked down each cell in the entire unit where the Amity inmates are housed, and had every inmate give a urine specimen under security officer supervision. "I knew that I had two hundred guys with serious drug problems living together, and not isolated from the main yard. We were busting guys on the yard for drugs regularly, so I knew that if the guys in Amity wanted to get drugs, they could. I assumed that 25% of the people in the Amity program would turn up "dirty." But the results were that only one Amity participant was positive for drugs---marijuana. "I was shocked," said Ratelle, "but I was very impressed. That was the single most important event for me in convincing me that the program was really working." In the fall of 1996, Ratelle once again had a "surprise" urine screening

of the entire unit. Of 214 men tested there was not one positive test result for any drug. The men in the Amity unit are given random screens every week, and comparatively few positives have occurred over the entire seven-year history of the project. Parole Agent Jody Boyle, who has handled the majority of men paroled to the Amity/Vista facility, reports that entire twelve-month periods have passed with no positive results for men at the Vista Continuance Ranch.

Dr Harry Wexler, who had conducted the NIDA funded outcome study of the Stay'N Out prison TC in New York, worked with Amity management and CDC to write a proposal to the National Institute on Drug Abuse to evaluate the Amity/RJDCF TC. He proposed a random assignment study to insure that the outcome results were credible. Results of the study, just completed, clearly indicate that the program is effective in reducing

FIGURE 4: Number of Days on Parole Prior to First Return to Custody
3 year outcome data on the Amity Foundation of California TC at the Richard J. Donovan Correctional Facility, San Diego, California
Lowe and Wexler, 1998.



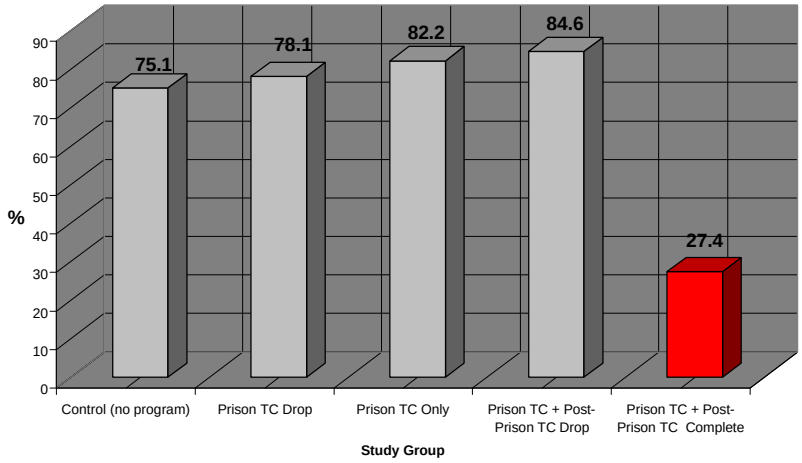
recidivism. The overall results of this study can be seen in Figures 4 and 5. They clearly demonstrate the effectiveness of the combined Amity in-prison and post-prison programs to reduce recidivism to reincarceration.

Former CDC Director James Gomez said:

"I think that one of the most important aspects of the CDC/Amity collaboration was the confidence that it gave the Legislature and the Governor to authorize over $100 million dollars to build the largest dedicated prison drug treatment program in the world. And the confidence it gave us at CDC that it could and should be done. The Corcoran II Substance Abuse Treatment Facility will house over 1400 offenders---and it could have only come about through Amity's work. It is clear that Amity's results are going to help shift the public debate here in California about corrections to a more treatment oriented approach. We have to continue to respond to the public demand to take violent offenders

off the streets, but we also have to make sure that we use a targeted approach and don't lump all our inmates into the same category."

FIGURE 5: Percent Returned to Custody
3 Year Outcome Data on the Amity Foundation of California TC at the Richard J. Donovan Correctional Facility, San Diego, California Lowe & Wexler, 1998



The differences between the first four groups are not statistically significant.

In terms of the "bottom line," the 1997 LAO report on prison population growth determined that if the Amity results could be replicated through an expansion of substance abuse treatment to 10,000 beds over seven years, the state would not have to build an additional 4,700 beds. That scenario would also result in a one time capital outlay savings of $210,000,000 with annual savings of $80,000,000 a year.
But these substantial savings to CDC reflect only part of the cost benefit of Amity at the RJDCF.

The Amity Economic Questionnaire, developed by economist Dr. Conn and training consultant Nay Arbiter, was administered to men who had both phases of Amity (RJDCF and Vista) in 1995. Information was obtained on criminal activities in the year prior to entering Amity. This data included numbers of crimes in different categories, court cases, public defenders, arrests, jailing, state and federal incarcerations, emergency room visits, children on welfare, and other items. This data was then used to construct estimates of the costs to the public of the criminal, substance-abusing careers of these individuals. Imputations from the National Institute of Justice and other government sources were applied to the actions of these men. The net result is that the average social cost of these men in the year prior to their last incarceration had been over $93,000. On a lifetime basis, each of these men had, on average, accounted for social costs in excess of $1,500,000.

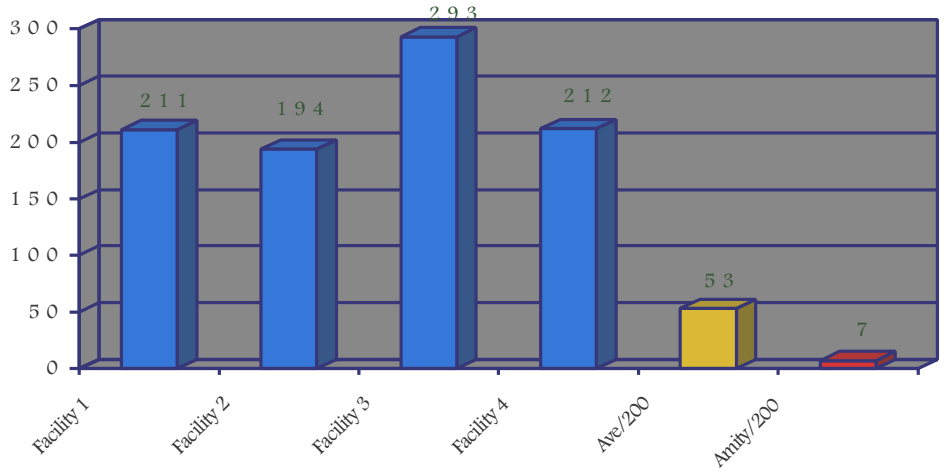
Additionally, most of these men were 3rd strike candidates, with a mean expected cost to the California Department of Corrections of their next conviction in excess of $500,000

each. Similar surveys of men who had not yet been to prison found an annual average social cost of well over $80,000. For women, a comparable sampling yielded an average annual social cost of over $70,000.

Regarding violence reduction, in 1995 Warden Ratelle stated, “The Amity unit is a safer environment for correctional officers to work in. It gives them an opportunity to be more involved, and there are less disciplinary write-ups, resulting in cost savings for management.” He noted that there had been **no** serious incidents of violence at Amity, even though “the inmates in the Amity program are some of the most incorrigible inmates in the correctional system, and one of the hardest groups to work with, with an average of at least eight years of prison time, strong gang affiliations, a long history of substance abuse, and violent backgrounds.” Additional details about some of these men may be found in Dr. Yablonsky’s book, “Gangsters: 50 Years of Death, Drugs, and Madness on the Streets of America” which relied heavily on interviews with Amity participants.

Warden Ratelle’s observation has been corroborated in recent findings regarding CDC 115 write-ups of inmates. The men in Amity engaged in significantly less adverse behaviors resulting in disciplinary write-ups. Dr. David Deitch of the Addiction Technology Transfer Center of the University of California at San Diego states: “A careful and detailed study of adverse behavior incidents among inmates in the therapeutic community environment contrasted to inmates not in treatment {at the R.J.Donovan Correctional Facility} shows all types of disciplinary infractions, a lawful and strikingly significant less number in such reports among the ‘Amity’ treatment population.”

Figure 6: Outcome Findings Regarding Adverse Behaviors of Inmates at the RJD Correctional Facility, January - July 1997
Deitch, et al., 1998



The average number of write-ups per 200 inmates (the size of each housing unit) is 53 throughout the correctional facility (though higher on Facility III where the Amity unit is

located.) As can be seen above, the number of write-ups is significantly less (13% of the average) in the Amity unit.

Dr. Deitch states further: "There is a similarly positive striking reduction of work injury, sick leave and other personal quality of life/cost impact among custody assigned to the treatment unit {Amity} versus officers in all other yards and housing units." This is significant, as it speaks to the efficacy of the Amity TC to make the treatment environment "safe" for inmate participants, and also to make it better working environment for CDC custody personnel. Given that both male and female correctional officers have major health problems like heart attacks at a rate of two to four times the U.S. general population matched for age, reducing stress amongst officers is a very significant issue. From an institutional management perspective the Amity TC is a "win-win" in that it significantly reduces operating costs in the institution, **and** improves employee morale and health.

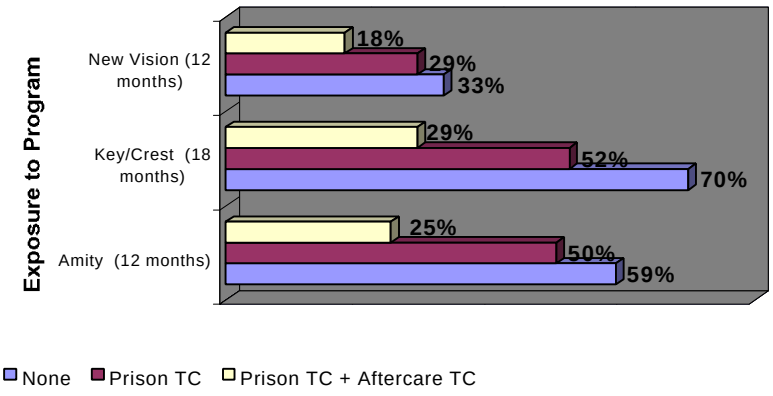
BARRIERS TO REPLICATION/EXPANSION OF RECIDIVISM REDUCTION PROGRAMS

The outcomes achieved leave little question of the value of the Amity TC at R.J. Donovan. The question that remains is whether these results can be widely replicated, justifying further investment of millions of taxpayer funds.

Other Successful Programs: At least two other contemporary studies, one of the Key/Crest Program in Delaware, and another of the New Vision program in Texas, show results that are similar to those achieved by Amity at RJDCF. There are some differences in these studies, and the men in them are significantly less criminal, but the outcomes leave no doubt that well implemented prison TC programs can achieve predictable recidivism reduction results (see Figure 4 above, and Figure 7 below.)

Figure 7: Recidivism Reduction of Three Prison TCs with Post-Prison TC Aftercare

Wexler, 1996



A Paradigm Shift in Corrections: There must be a paradigm shift in thinking about "corrections." Although there are many programs of many types in correctional institutions, the present penal system is not designed to "correct;" the system, it is designed to process and house inmates, to deny them the ability to cause harm in the community during their incarceration, and to do so at the minimum cost possible. It is a huge system that has enormous "clout" in many ways, yet it also has the inertia of other large institutions. In order to provide habilitative services to significant numbers of inmates, which could result in huge savings to taxpayers, and significantly improve public safety, the system must adopt recidivism reduction *as a system wide goal*---not just something that is done in a few programs affecting a relatively small number of inmates.

While correctional departments and administrators often draw fire for the growth of the inmate population, they rebut that they do not recruit inmates, but merely respond to who is sent to them by the judicial system. The judicial system responds to laws enacted by public representatives in legislative bodies. So the paradigm shift needed requires the public to recognize that public funds can be spent in a manner that results in much greater public benefit than the temporary and very costly construction of more and more cells.

In a 1986 paper, Drs. Douglas Lipton and Harry Wexler correctly pointed out that the correctional system has no rewards for recidivism reduction. A Warden whose prisoners all go out and commit terrible crimes immediately after leaving his institution would not receive a negative evaluation (but if there is one escape, he is judged incompetent); equally a Warden whose inmates are disproportionately successful (commit fewer crimes, are employed, support their children, do not return to custody, etc.), would not receive any acknowledgement---in fact correctional departments management information systems are not set up to even capture such important information as a way of evaluating their own performance. While "rewarding" Wardens may not be practical, it illustrates the kind of change in thinking and behavior that will be necessary to make the system work in terms of reducing recidivism and saving taxpayer dollars.

Bidding and Contracting: Bid requests for recidivism reduction services often overemphasize "bottom line" budget concerns over technical merit. This has a negative impact upon recidivism reduction in that it emphasizes the short term and relatively insignificant benefits of "lowest bid" to the detriment of the major long term benefits of an effective program that helps inmates get jobs, take responsibility for their families, eschew the criminal lifestyle, and, most importantly, not come back to prison. Mostly the costs of these programs are personnel. An emphasis in state bids on achieving the lowest operational costs will encourage potential vendors to cut personnel costs, which will result in: poorly qualified staff; inadequate funds for intensive and continual training; and high staff turnover. This will inevitably lead to poor outcomes for inmates in terms of recidivism reduction. Although an ineffective program that shaves its budget may save as much as a few hundred thousand dollars in program costs, it will certainly miss the

millions of dollars in tax savings that a program that effectively reduces recidivism achieves, even if the pr capita program costs are greater.

The need to "reduce risk" by intensive regulation and micro-management is almost an article of faith in many government agencies---including those who bid out and manage recidivism reduction contracts. Those who write RFPs and program standards usually have little if any experience actually operating prison TC programs, and may not have correctional experience either. Academically trained managers often poorly understand the approach and assumptions of these programs. The best approach is to establish minimal but critical, and allow contractors maximum flexibility in achieving results. The funding agency should emphasize almost solely the ability of contracted providers to work effectively within correctional institutions and to reduce recidivism.

Process vs. Outcomes: The literature on prison treatment is devoid of detailed information on the treatment models that produced specific outcomes. Since research has focused almost exclusively on outcomes, it is unclear which factors in successful programs are responsible for those outcomes; and because of that, there is a real danger that wide scale attempts to replicate successful model may fail, alienating those legislators who championed them based upon the cost benefits of specific outcomes. Specific research questions need to be pursued regarding salient factors. What role do elements such as specific staff characteristics, staff training, cognitive and "emotional literacy" curricula, ethnic balance (staff and participant), involvement of families, cross training of TC and correctional staff, continuity between program elements, academic and vocational training programs, peer counseling, and the sense of "community" between staff and amongst participants play in determining outcomes? Outcome researchers downplay the need for process studies, which, they point out, do not lend themselves to random design studies. Without rigorous progress investigations, researchers, policy makers, and bureaucrats who interpret outcome results and convert them into program standards and request for proposal language will fail to identify which elements in successful programs are crucial to replicate and which are superfluous. In their defense, researchers generally find process research extraordinarily complex, easily confounded, and rarely supported by funders, who are fond of simpler "clinical-trial" models that lend themselves to classical double-blind random assignment. The hyperbole and overheated political rhetoric surrounding Americas many "war(s) on drugs" for the past 20 years has put a great deal of pressure on both the treatment and research communities just to prove that "treatment works." This has impeded the more complex research that would produce concrete information about which treatment models are the most effective and what elements within them make the greatest contribution to outcomes.

Loving the outcomes/hating the methods: Common sense would dictate that until process studies produce more hard data on effective treatment models, replication of a successful program in as much detail as possible would help to achieve similar outcomes.

However, often those enthusiastic about the Amity outcomes dislike the methods used to achieve them and discount their importance. Staffing is a good example.

The Amity/RJDCF staff was ex-addicts who were selected and then rigorously trained by Amity. They were not selected by reviewing their resumes, nor their certifications, or credentials, but by assessing their ability to work effectively in a correctional facility in which they had to work cooperatively with security personnel, completely support institutional policies and procedures, and simultaneously remain credible to violent felons. Amity's management looked at academic and national certification bodies and determined that what they taught was largely based on a clinical model that was almost completely irrelevant working with hard core convicts. Amity developed its own training program which emphasized developing the skills to: catalyze encounter groups; form a sense of community among participants; use ceremony and ritual to support both curriculum and significant life events for participants; develop and use protocols that fostered a sense of psychological safety leading to self-disclosure; use one's own "story" and experience to gain credibility; help participants develop a positive vision of their future; and help men form positive and long lasting personal relationships in support of each others recovery. Amity management determined that most counselors did better in intensive immersion trainings that fostered enthusiasm, personal growth, and improved their ability to teach, to listen, and to lead than they did in traditional classroom trainings. Today, several of the counseling staff in the prison are men who were amongst the first cohort of participants, who completed both phases of the program, and who have role-modeled a productive, drug free life for over five years.

Amity's results have been influential, yet around the nation as correctional agencies issue their requests for proposals, they often limit those who can be hired as counselors to those who have formal academic training and/or substance abuse credentials, and often specifically exclude ex-offenders. A good rule of thumb in this area is: *requirements should be imposed only when they have demonstrable value in improving outcomes (recidivism reduction) or reducing risks.*

In an era when policy makers are asking for proof of effectiveness before investing public funds, it is important to note that there are **no** studies demonstrating that academic training and current drug and alcohol credentials improve outcomes, particularly in prison TCs. In fact, these kinds of requirements often have the opposite effect by imposing irrelevant barriers, the equivalent of a "poll tax", on people who are often the most enthusiastic, able, and most credible to drug abusers in the criminal justice system. Other factors such as program length, program intensity, and program curriculum are frequently given little importance in requests for proposals.

Practical Issues in Expansion:

For-profits and Non-Profit groups. Government should not only expand efforts using not-for-profit organizations in existing institutions, but also encourage for-profit

organizations that normally bid for contracts to build and operate secure facilities for inmates to expand their services to recidivism reduction. They should emulate recidivism reduction techniques that have been pioneered by not-for-profit organizations like Stay N'Out, Amity Foundation of California, and others. Funders should make measurable reductions in recidivism part of the performance evaluation of for profit providers to insure that they stay focused on the desired result. Significant expansion of recidivism reduction efforts in state (and federal) prisons will require both types of organizations. For non-profits, state government should provide the necessary up-front financing and revolving lines of credit for these organizations to operate and to expand. Non-profits do not have access to capital markets and always have difficulties with working capital; it is unrealistic for them to make appeals to the public for funds when that public has consistently voted for more punitive laws for felony offenders.

Placing Inmates in TCs. Despite the well documented fact that 75% to 80% of all those incarcerated in our state and federal prisons have chronic substance abuse histories that are inextricably linked to their criminal acts, and to their many incarcerations, correctional agencies have difficulties identifying, recruiting, and transporting inmates who can benefit from these programs. For example, California recently opened the largest prison drug treatment program in the U.S., the Corcoran II Substance Abuse Treatment Facility (SATF), now housing over fourteen hundred inmates. Despite a two-year lead-time before opening the prison, the first cohort of inmates had over 30% identified sex offenders, a population with which TCs have no track record of success. Further, all the outcome research indicates that only those inmates who complete residential treatment post-release have good success rates. It is clear that with sex offenders, placement in residential programs is at best problematical, and usually impossible. Placing inmates into a program that they cannot complete will waste tax dollars and produce degraded outcomes, which will call the value of these programs into question. Expansion of these programs will require significant structural changes correctional departments, particularly in classification of inmates, to get the right men and women into these programs.

Staffing. Expansion of recidivism reduction programs will require many, many more qualified staff than are available today even using the most vigorous recruitment. To get an idea of the numbers, TC treatment of less than one third of California's inmates would require over two thousand new treatment staff working in the prison drug treatment programs alone. There would be an equal need for similar increases to provide post-incarceration services. Perhaps 15% or so of those needed could be actively recruited from existing treatment programs. Active recruitment and training of those graduating from substance abuse treatment programs could provide perhaps another 10%.

But most of the needed staff would need to come from outside the pool of currently available personnel resources. If the field is perceived as stable and salaries are competitive, recruitment could be oriented to the same types of individuals who would normally be recruited by CDC to become entry-level correctional officers. Appeals can also be made to men and women who are completing their undergraduate education in the

social services---sociology, social work, criminology, etc. But both of the "ifs" are substantial. Entry-level salaries for substance abuse counselors are as much as 30-50% below that of entry-level correctional security officers. Raising salaries will be necessary to draw staff, but it will also raise the costs of treatment programs, and lower the current cost/benefit ratios even if best outcomes can be replicated broadly throughout the system. Long-term commitment by state governments and correctional agencies is necessary for men and women to be drawn into these positions. In the past, correctional treatment efforts have been politically volatile, and few with career options have been willing to risk their careers in such a volatile arena.

Along with entry-level staff, there are the even more challenging problems of recruitment and training of the catalytic individuals who are responsible for inspiring excellent performance by their staff and by inmates and parolees in their programs. These individuals are more than mangers in the traditional sense of the work; rather they are the individuals who make the dynamics of the program work.

Training. Since most of the staff to be recruited will not have a background in substance abuse treatment, training will be absolutely critical. The staff of the Amity program was trained extensively by Amity specifically for the task of working with criminal offenders in prison and in community based settings. Amity's training methods have been described in several publications. Amity management feels strongly that the best training program would be one that heavily favored experiential training by staff who had successfully delivered in-prison and post-prison services to CDC inmates combined with some classroom exercises. A large training academy could be built on the grounds of one or more successful in-prison programs allowing trainees to work "hands on" and then go directly to classrooms for more didactic educational experiences. Inevitably, colleges and universities will be seen by many as the preferred sites for training; but the kind of training they provide is not what is needed for these counselors, nor are the typical "credentialing" and "licensure" programs helpful for insuring quality. In fact, reliance upon traditional recruiting, selection, and training methods may have the reverse effect of screening out the people who are the best qualified to produce superior outcomes.

Aftercare or "Continuance." The studies cited in this paper leave no doubt that the provision of an aftercare program (preferably residential) for all inmates who complete the in-prison component of the recidivism reduction program is absolutely essential to achieve significant positive results. But to expand these programs will require a significant outlay of public funds and willingness by Legislative bodies and by cities and towns to recognize the benefit of these programs and to deal with the NIMBY (not-in-my-backyard) problems that make siting such programs often nightmarish. It will also require a commitment to make the post-prison program a genuine continuation of the in-prison program in philosophy and practice---a daunting task. Already, the expansion of prison-based substance abuse programs in California is facing a severe shortage in the number of programs in communities to which inmates parole. It will probably require government funders to provide advance funding to build dedicated capacity and to renovate existing facilities specifically for the purpose of providing services to men and women completing prison TCs.

These are all significant issues, and ones not easily resolved. However, if these issues are not addressed and resolved satisfactorily, policy makers and the public alike may be disappointed to learn that replication of successful models and their tax saving and public safety benefits cannot be achieved.

CONCLUSION

The "Amity model" as developed and implemented at the R.J.Donovan Correctional Facility is now entering its eighth year of continuous operation. It has proven itself able to reduce the recidivism of participants to drug use, criminality, and reincarceration. It has demonstrated the ability to improve institutional safety and public safety by significantly reducing the violent behaviors of inmates with extremely violent histories. It has demonstrated the critical importance of providing post-prison continuation of services in the community for parolees who complete the in-prison portion of the program. It has demonstrated that a staff of ex-offenders and "lifers" trained by the service provider can produce results far beyond the expectations of professionals and policy makers. It has proven that a large percentage of men who have been "written off" by society and considered toxic to it, can be reclaimed, and can play productive roles in society. It has proven that there are both immediate and long-term bottom-line benefits for taxpayers in supporting such programs.

California is now rapidly expanding prison based recidivism reduction programs, based on the success of the Amity Foundation program at R.J.Donovan and their understanding of the key ingredients of the Amity model. As expressed by the California State Director of Finance, Craig Brown, "We are convinced that the Amity model is successful. It provides a significant benefit to California taxpayers by reducing recidivism and a benefit to all citizens by reducing the level of crime, particularly violent crime, in our communities. Our only question now is how fast can we expand this model while achieving results similar to those achieved by Amity at R.J.Donovan."

The challenge now is to deal with the "scaling up" issues that expansion and replication of the model pose.

CITATIONS

California Department of Corrections (1998) Request for Proposals: State Contract C97.203, Therapeutic Community Substance Abuse Program for Prisoners. California Department of Corrections, Sacramento, CA.

California Department of Corrections (1995) "California Department of Corrections Overview of Substance Abuse Programs, May 1995), Office of Substance Abuse Programs, California Department of Corrections. Sacramento, CA. Pamphlet

Condelli, W.S. and DeLeon, G. (1993) fixed and dynamic predictors of retention in therapeutic communities. Journal of Substance Abuse Treatment. 10, 11-16.

Glider, P., Herbst, D., Mullen, R. (1997) "Substance Abuse Treatment in a Jail Setting" in Community as Method: Modified therapeutic communities for Special Populations. ed. DeLeon, G. Ph.D. The Greenwood Publishing Group, N.Y.

Deitch, D. Koutsenok, M., McGrath, P., Ratelle, J., and Carleton, R. (1998) Outcome Findings Regarding In-Custody Adverse Behavior Between Therapeutic Community Treatment and Non-Treatment Populations and Its Impact on Custody Personnel Quality of Life. University of California, San Diego, Department of Psychiatry, Addiction Technology Transfer Center.

Deitch, D. Personal Communication to Mr. Mullen regarding the above study. February, 1998.

DeLeon, G. and M.S.Rosenthal. (1989) Treatment in residential communities. In Treatment of Psychiatric Disorders, Vol.II, edited by T.B. Karasu, Washington, D.C., 1379-1396.

Graham, W.F. and Wexler, H.K. (1997) The Amity Therapeutic Community Program: Description and Approach. In G. DeLeon (Ed.) Community as Method: Modified Therapeutic communities for Special Populations and Special Settings. Westport, CT; Greenwood Press.

Hill, E.G. (1994) "Crime in California." Legislative Analyst's Office, California State Legislature, Sacramento, California.

Inciardi, J.A., Martin, S.S., Butzin, C.A., Hooper, R.M. and Harrison, L.D. (1997). An effective model of prison-based treatment for drug-involved offenders. Journal of Drug Issues (Spring).

Knight, K., Simpson, D.D., and Hiller, M.L. (1996) Evaluation of Prison-Based Treatment and Aftercare: Process and Outcomes. Presented at the Annual Meeting of the American Psychological Association, Toronto, Canada, August.

Lipton, D.S. (1998) "Incorporating Therapeutic Community that Work into the Correctional Armamentarium." Testimony before the California State Senate Committee on Public Safety, February 24,1998.

Lipton, D.S. (1995) "The Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision." U.S. Department of Justice Publication NCJ 157642, Washington, D.C.

Lowe, L., and Wexler, H. (1998) "The R.J. Donovan In-Prison and Community Substance Abuse Program: Three-Year Return to Custody Data. National Development and Research Institutes, N.Y.

Mullen, R., Schuettinger, M., Arbiter, N., and Conn, D. (1998, in Press) "Reducing Recidivism: Amity Foundation of California and the Department of Corrections demonstrate how to do it." In Miller, T. Frontiers of Justice: Volume II. Programs in the Adult Correctional System. Biddle Publishing Company.

Mullen, R. (1996) “Therapeutic Communities in Prisons: Dealing with Toxic Waste” Prison Based Treatment Programs in America, ed. Early, Kevin. Praeger.

Mullen, R. and Arbiter, N. (1992) “Against the Odds: therapeutic Community Approaches to Underclass Drug Abuse.” In Peter H. Smith (ed.) Drug Policy in the Americas. Westview Press, Publishers, Boulder, Colorado. (“Contra Todos los Pronosticos: Los enfoques de Communidad Terapeutica al Abuso de Drogas” En Peter H. Smith (ed.) El combate a las Drogas en America. Trans. Juan Jose Utrilla. Mexico, D.F.: Fondo De Cultura Exonomica, S.A. de C.V., 1993)

Mullen, R., Ratelle, J., Abraham, E., Boyle, J. (August, 1996) “California Program Reduces Recidivism and Saves Tax Dollars.” Corrections Today. Vol. 58, No.5 (pps. 1180123).

Nichol, Chuck (1997) “Addressing the State’s Long-Term Inmate Population Growth.” Legislative Analyst’s Office, Policy Brief. State of California Publications.

Pan, H., Scarpitti, Inciardi, and Lockwood, D. (1993) “Some Considerations on Therapeutic Communities in Corrections.” In Inciardi, J. (Ed.) Drug Treatment and Criminal Justice, Sage Productions.

Terzian, R. (1988) “Beyond Bars: Correctional Reforms to Lower Prison Costs and Reduce Crime.” Little Hoover Commission, Milton Marks Commission on California State Government Organization and Economy.

Wexler, H.K. (1996) “Evaluation of Amity Therapeutic Community at Donovan Prison.” Center for Therapeutic Community Publications, National Development and Research Institutes. (Volume 1, Number 1) New York, N.Y.

Wexler, H.K., DeLeon, G., Thomas, G., Kressel, D., and Peters, J. (1997) “The Amity Prison TC Evaluation: Reincarceration Outcomes. Criminal Justice and Behavior: An International Journal.

Wexler, H.K. (1995) The Success of Therapeutic Communities for Substance Abusers in American Prisons. Journal of Psychoactive Drugs 27 (1) 57-66.

Wexler, H.K. (1995) Report to the California Youth and Adult Authority on the Amity/R.J.Donovan Program. Unpublished Report. National Development and Research Institutes. New York, N.Y.

Wexler, H.K. and Williams, R. (1986) The Stay ‘N Out Therapeutic Community: Prison Treatment for Substance Abusers. Journal of Psychoactive Drugs, 18 (3), 221-230.

Weikel, D. “In Prison, a Drug Rehab that Pays Off.” Los Angles Times, 1&18 April, 25, 1997.

Winett, D.; Lowe, L.; Mullen R.; Missakian, E. (1992). “ Amity Right Turn: A Demonstration Drug Abuse Treatment Program for Inmates and Parolees”. In Carl G. Leukefeld, D.S.W. (ed.) and Frank M. Tims, Ph.D. (ed.) Drug Abuse Treatment in Prisons and Jails, National Institute on Drug Abuse Research Monograph Series 118:

Alcohol, Drug Abuse, and Mental Health Administration. DHHS Publication No. (ADM) 92-1884, 84-98, 1992.

Yablonsky, L. (1965) The Tunnel Back: Synanon. Macmillian.

Yablonsky, L. (1994) The Therapeutic Community. Gardner Press.

Yablonsky, L. (1997) Gangsters: Fifty Years of Madness, Drugs, and Death on the Streets of America. New York University Press.

Endnotes

[1]Throughout the chapter, quotations come from personal interviews by Rod Mullen with the person quoted, unless otherwise cited.

[2]This was Warden Ratelle's method of having the program "prove itself." He gave Amity the opportunity, on a limited basis, to try new initiatives, but retained control. If the new initiatives proved to be effective, and posed no security concern, he would allow the program staff to expand the effort. At no time, however, did he allow the program participants or staff to be treated differently than security staff at RJDCF.

[3]Data from Dr. Wexler's study shows: the inmates at Donovan prison who volunteered for the Amity TC had extensive criminal histories. Table 1 shows that 74% of the total study group had been arrested before age 18, and 55% had been arrested at least once for violence against persons and 49% had been arrested for weapons charges. As expected, the rate of drug related arrests were high with 80% reporting drug possession arrests, and 49% having been arrested for drug sales. Overall, the men had been arrested approximately 27 times, and had been incarcerated for a total of about 80 months during their lifetime. Other than alcohol, various forms of stimulant drugs (cocaine, methamphetamine, crack) were the most widely used category of drugs, taken by 95% of the inmates surveyed at some time throughout their lives. Almost sixty percent engaged in IV drug use at some time in their lives. In addition, more than three fifths of these men had injected with dirty needles and 25% had shared needles with strangers. Sexual relations were for the most part limited to heterosexual partners (except for 4%) and almost all the inmates (97%) practiced unprotected sex. There was considerable prevalence of psychiatric disorders in the study group. As might be expected, over half the group received an Anti-social Personality Diagnosis. In addition 17% were diagnosed with Phobias, 15% with Post-Traumatic Stress Syndrome, 10% major depression and 7% Dysthymia. There were a considerable number of inmates with a diagnosis of Adult Attention Hyperactivity Disorder (33%).