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Research in Brief

Jeremy Travis, Director

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Issues and Findings

Discussed in this Brief:
An NIJ-sponsored assessment of adult boot camp programming, particularly those components dealing with substance abuse treatment and aftercare, based on empirical data from survey responses, site visits, and interviews.

Key Issues: There are few descriptive or evaluative studies on the nature of boot camp substance abuse programs, their impact on offenders, or the effectiveness of specific treatment strategies. However, the limited information available suggests that extant programming available in correctional boot camps is not likely to result in reduced recidivism or drug dependence among "graduates" who have been returned to the community. This brief examines the integrity of substance abuse treatment programs in correctional boot camps and whether such programming adheres to the general principles of effective drug treatment.

Key findings: The State and Federal officials, administrators, and program staff who participated in this study generally agreed on the importance of offender rehabilitation as an organizational goal, but for reasons of politics, structure, or statutory constraint, the study found that the substance abuse education/treatment programs actually implemented in boot camp

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"Boot Camp" Drug Treatment and Aftercare Interventions: An Evaluation Review

by Ernest L. Cowles, Ph.D., Thomas C. Castellano, Ph.D., and Laura A. Gransky, M.S.

Because of the rapid expansion of correctional boot camps, limited evaluative research has been produced to inform sound policy and program development. To date, correctional officials in the process of designing or modifying boot camp programming have not had access to information that identifies key components of effective programs, particularly substance abuse programming. Some boot camps have been designed to make positive impacts on substance-abusing offenders, and even those not developed with this purpose in mind have often included substance abuse as an integral part of their programmatic thrust. Yet, little is known about these efforts.

To fill these information gaps and address three issues germane to substance abuse treatment and aftercare programs for offenders in boot camp prisons, the National Institute of Justice (NIJ) funded a research study that entailed:

- Review of drug treatment interventions in both the inprogram and aftercare phases of the contemporary boot camp experience.
- Assessment of the validity of these programs in light of what is known about drug treatment efficacy.
- Identification of treatment components that are best-suited to boot camp environments and participants, and that are most likely to reduce recidivism in program participants.

This Research in Brief offers an overview of the study's methodology, findings, and implications. It focuses on possible approaches to improving the effectiveness of adult boot camps, particularly substance abuse programming and aftercare components.

Study methodology

The Center for the Study of Crime, Delinquency and Corrections (Southern Illinois University at Carbondale) collected data in 1992 and the first 6 months of 1993; the study results reflect the adult boot camp substance abuse programming that was offered during this time period.

Programs selected for study. Some debate exists concerning the definition of a correctional "boot camp" and whether the

Issues and Findings

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facilities are not likely to result in the rehabilitation of boot camp participants. Specific findings suggest that a maximally effective boot camp treatment regime would:

- Include substance abuse education and treatment programs involving psychotherapeutic-based interventions, such as individual and small group therapies, with a focus on multimodal approaches that are relevant to the offender population.
- Arise from comprehensive planning processes that are sensitive to the unique environment and offender population of the facility and include input from substance abuse treatment professionals.
- Use standardized assessment processes to place inmates in individualized treatment programs.
- Employ or contract with well-trained, qualified substance abuse treatment providers to run facility programs and ensure that the ratio of inmates assigned to each of these professionals is sufficiently low to permit individualized approaches.
- Adopt the therapeutic community model, involving frequent staff/inmate interaction, the use of peer pressure to reinforce positive behavior and eliminate negative behavior, and a de-emphasis on the punitive aspects of boot camp experience.
- Include prerelease and postrelease programming to ensure a continuity of care throughout the institutional and aftercare phases of the program.

Target audience: Policymakers, practitioners, and researchers.

term is an appropriate descriptor of the various types of programs and facilities that have emerged in recent years. Many jurisdictions do not use this term, even though their programs resemble boot camps found elsewhere and contain strong elements of a military model. Because of this debate, the term "shock incarceration" (SI) is used interchangeably with the term "boot camp" throughout this document.

SI programs were selected for this study according to the following criteria:

- The sponsoring correctional agency had to consider the program a shock incarceration program.
- The program had to include an intensive training component, not necessarily based on a military model.
- The program had to be considered an incarceration-based alternative to a traditional prison sentence.

Design approach. A multiphase approach was designed to identify the adult boot camp facilities that might provide substance abuse programming and to assess a wide range of such program offerings. In the first phase, jurisdictions operating shock incarceration programs were identified through the literature, by other researchers conducting SI research, and with the assistance of two Federal Government agencies: the National Institute of Corrections and NIJ. In addition, directors or commissioners of the Department of Corrections in all 50 States, the U.S. Virgin Islands, the District of Columbia, and the Federal Bureau of Prisons were contacted to determine whether correctional programming in their systems included a shock incarceration facility. These efforts identified 45 SI facilities operating at the Federal/State level and 10 operating at the county level.

In the second phase, researchers described and evaluated the drug treatment programming and aftercare services provided by the identified facilities and assessed the contexts in which services were provided. The research team sought to develop a framework to assess the validity and efficacy of substance abuse treatment programs. This framework was created using a multilevel survey in four distinct stages:

- Telephone interviews with the person at the system level (e.g., Department of Correction's central office) responsible for implementing shock incarceration programming.
- Mailed questionnaires directed to the facility administrator at each identified shock incarceration site.
- Mailed questionnaires directed to the staff member responsible for delivery of the facility's substance abuse treatment/education program (if applicable).
- Questionnaires forwarded to those identified by shock incarceration facilities in the previous surveys as providers of substance abuse aftercare programming to SI graduates.

The purpose of this multilevel approach was to assess the continuum of substance abuse treatment within the Nation's various shock incarceration programs and to gather the differing perspectives of those involved with substance abuse programming at the system, facility, and program delivery levels.

To evaluate the effectiveness of SI substance abuse treatment and education programs, analysis of the survey data focused on two issues:

- Treatment issue: Does the drug treatment paradigm competently deal with the offender's drug problem?

- Program/policy issue: Does drug treatment fit within the context of the larger boot camp/aftercare effort?

Another aspect of the design to evaluate the validity and efficacy of substance abuse programming involved site visits to three facilities that were thought to have unique, extensive, or particularly innovative substance abuse treatment programs. These three programs were the Challenge Incarceration Program at Willow River in Minnesota, the Massachusetts Boot Camp at the Bridgewater Correctional Complex, and the Lakeview Shock Incarceration Program in New York. During site visits, the research team collected information, observed the boot camps, interviewed key staff members, administered a survey to available inmates, and held discussions with these inmates to elicit additional perceptions of the boot camp experience.

Response rates. Since survey responses from county-operated (e.g., jail) boot camps were quite low, the findings do not include information from the local level. In general, however, the study findings apply to boot camps at the Federal and State level, as response rates of these boot camps were 69 percent for the administrative survey and 64 percent for the substance abuse treatment/education survey (see exhibit 1). Respondents were also provided with written program summaries developed from information gathered in the surveys and asked to both verify and update them. As a result, the program information presented in this document accurately captures the dimensions of these SI programs as they existed in 1992.

Nonresponses for the administrative and substance abuse surveys resulted primarily from response patterns in three States. New York State, with five facilities at the time of the survey, declined to participate in the facility-based survey component. Only three of Georgia's six facilities responded to both surveys, and only one administrative questionnaire was returned from among Oklahoma's four programs. Thus, these States represented most of the nonresponses. Fortunately, because these programs were well documented and one of New York State's facilities served as a case study site, sufficient information on all State- and Federal-level adult boot camps is reflected in the findings.

Excluded from this national assessment are juvenile programs, which are the subject of evaluations funded separately by NIJ. Results of these evaluations are not yet available, but it appears that many innovative features are being incorporated into juvenile boot camp programs, and the lessons they generate may be quite applicable to adult boot camps.

Study findings

Research literature. An extensive review of existing research literature revealed little detailed descriptive or evaluative research on substance

Exhibit 1: ***Survey Response Rates***

Administrative Surveys

Level[a]	No. of Facilities	No. of Responses	Return Rate (%)
Federal	2	2	100
State	43	29	67
Total	45	31	69

[a]Three county-level administrative surveys were also returned. They represented only 30 percent of that population and were excluded from all analyses.

Substance Abuse Treatment/Education Surveys

Level[a]	No. of Facilities	No. of Responses	Return Rate (%)
Federal	2	2	100
State	43	27	63
Total	45	29	64

[a]Three county-level substance abuse treatment/education surveys were also returned. They represented only 30 percent of that population and were excluded from all analyses.

abuse programming in shock incarceration environments or on participants' subsequent reintegration into the community. The only studies that examined the impact of boot camps on substance abusers were evaluations of a program in Louisiana, which indicated that the boot camp experience itself did not have any differential or positive impact on the community adjustments of drug-involved offenders.[1]

Rehabilitation. Although shock incarceration's acceptance by the public is based mostly on the visceral appeal generated by "tough" media images of drill instructors, most adult boot camps surveyed were positively oriented toward developing programs aimed at offender rehabilitation (see exhibit 2). Survey results further indicated a strong level of agreement on rehabilitation goals for boot camps among system-level officials, facility administrators, and officials in charge of delivering substance abuse treatment and education.

However, responses to questions about the priority of reducing offender drug use varied according to the respondent's role in the boot camp. Facility-based staff emphasized this goal more than system-level administrators. Nonetheless, most surveyed correctional officials indicated that reducing offender drug use was a goal of their shock incarceration facility. At some facilities, the implementation of substance abuse programs was incongruent with stated aims, but the study findings suggest the existence of a strong potential for implementation of bona fide substance abuse programs (and an array of complementary services) that could achieve some positive basic changes in offender attitudes and behavior.

Treatment services. A review of shock incarceration program documents and this study's survey results revealed great variability in the nature of substance abuse and aftercare programming provided in SI facilities. All system-level respondents indicated that alcohol and drug treatment services were being provided in their shock incarceration facilities. However, 25 percent of site-level administrators and site-level substance abuse treatment/education providers indicated that alcohol or drug treatment was not provided in their facilities (see exhibit 3). Thus, confusion apparently existed as to whether a drug treatment program actually was in place at certain facilities.

One explanation for this disparity may reflect the disagreement in the drug treatment literature on whether it is appropriate to consider drug education programming as a drug treatment. Many have argued that substance abuse education/information programs do not constitute treatment, and may, at best, provide basic support for treatment.[2] Prior surveys indicating the almost uniform presence of drug treatment programming in boot camps may have overrepresented the situation because reported findings often were derived from responses of system-level officials, who perhaps considered drug education programming as a drug treatment modality. In this study, those individuals closest to the delivery of such programming indicated that 25 percent of adult boot camps provided substance abuse education, exclusive of treatment.

Survey findings also highlighted the eclectic nature of substance abuse treatment offered in shock incarceration programs. The majority of programs used multiple treatment approaches (i.e., some combination of education, group counseling, Alcoholics Anonymous 12-step approaches, and individual counseling), as shown in exhibit 4; within these approaches, multiple treatment interventions were employed.

Education. Education was prominently featured in substance abuse programming in boot camp facilities, whether as the sole program component or as part of a broader treatment paradigm. In effect, all shock facilities provided drug education in some form.

The presence of substance abuse treatment programming, by itself or in combination with education programming, was directly related to the stated goals of rehabilitative programming found in boot camps. The presence of substance abuse treatment may be a defining characteristic of boot camps that most forcefully assert and seek the goal of offender rehabilitation. When treatment and education programs are merged, the dilution of the former may result (at least in the opinion of substance abuse programming providers). For example, those facilities that offered programs in both substance abuse education and treatment provided, on average, nearly 30 more hours of education instruction (70 hours versus 42 hours) than facilities that offered an education program only.

Treatment interventions. Examination of the most and least often used treatment interventions offered at shock incarceration facilities suggests that most programs were oriented toward pragmatic skill-building as a means of helping offenders cope with problems and stressors they would face on returning to society. These approaches were identified by one re-

Exhibit 2: ***The Importance of Shock Incarceration Aims, Goals, and Program Elements[a] as Reported by System Level Officials (n=31)***

	Importance						
	1 Primary	2	3	4 Least	Not Applicable	Mean	S.D.
CORRECTIONAL AIMS:							
Retribution	0	6.5	25.8	58.1	9.7	3.57	.63
Incapacitation	12.9	9.7	45.2	25.8	6.5	2.90	.98
Rehabilitation	51.6	35.5	6.5	0	6.5	1.52	.63
Deterrence	32.3	41.9	16.1	6.5	3.2	1.97	.89

GOALS[b]	Mean	S.D.
SYSTEM LEVEL:	**2.78**	
Reduce Crowding	2.87	1.71
Improve Image of Corrections	3.58	1.48
Public Safety	1.58	1.03
Alternative to Longer-Term Incarceration	1.55	1.03
Less Cost	2.32	1.28
Politically Acceptable Alternative	2.42	0.92
Model for County Programs	5.16	2.24
INDIVIDUAL LEVEL:	**1.87**	
Instill Respect for Authority	1.71	1.10
Promoting Discipline	1.55	0.89
Less Criminal Activity	1.77	0.76
Improve Confidence	1.94	1.18
Reduce Drug Use	2.39	1.23
Positive Social Behaviors	1.84	1.00
PRISON CONTROL/MANAGEMENT:	**2.02**	
Clean, Healthy Environment	2.19	1.01
Offender Accountability	1.84	1.24
Positive Offender/Staff Contact	2.16	1.07
Environment Promoting Rehabilitation	1.90	0.91

ELEMENTS[c]	Mean	S.D.
Physical Training	1.55	.93
Alcohol Treatment	2.42	1.15
Drug Treatment	2.39	1.20
Substance Abuse Education	2.03	.98
Physical Labor	2.10	1.48
Drill/Ceremony	1.74	1.03
Basic Education	2.53	1.31
Vocational Education	3.36	1.45
Pre-Release Programming	2.79	1.40
Post-Release Service Delivery	2.13	1.19

[a]Elements identified by respondents as not being a program element were excluded from calculations of mean scores.
[b]Means of goals are based on a scale of 1 (very important) to 7 (not important at all).
[c]Means of elements are based on a scale of 1 (primary program element) to 6 (minor program element).
Caution is urged in interpreting mean scores due to the use of rating scales.

searcher as "psychoeducational," and they focused on the following:[3]

- Development of motivation and commitment (to overcome dependence).
- Development of life skills (e.g., fiscal management, communication skills, constructive use of time).
- AIDS education and prevention.
- Relapse prevention strategies.
- Development of an aftercare plan to access community resources after release.

Traditional psychotherapeutic approaches, designed to uncover and deal with the offenders' underlying psychological and emotional problems, were used infrequently. Detoxification, pharmacological interventions, individual therapy, and family counseling were rarely used at shock incarceration facilities. The absence of programs addressing the unique psychosocial characteristics of the offender, either through individual or small group therapies, raised questions about the effectiveness of SI treatment programming.

Design and implementation. Many jurisdictions have implemented shock incarceration programs in response to political demands, and input from treatment professionals has been minimal. Frequently, substance abuse programming appeared to have been introduced into the shock incarceration facility as an afterthought, once the major program design features were already in place. In some instances, this late introduction may have weakened the potential effectiveness of substance abuse programs because features of the original design were inconsistent with the goal of reduced drug use. For example, at many facilities substance abuse programming is confined to "off hours"—during the evening and on the weekend. Moreover, most boot camp programs are of relatively brief duration (i.e., 3 to 6 months), which is inconsistent with what is known about the length of effective drug treatment programs. Together, these aspects of drug treatment programming in boot camps may undermine the purpose and efficacy of the programs.

One exception to this pattern was found in New York State, where equal emphasis on treatment and discipline was planned from the beginning. Many States have adopted the New York model, with minor modifications. However, what has worked in New York may not be appropriate in other legal struc-

Exhibit 3: ***The Percentage[a] of Facilities in Which Various Elements Exist as Reported by Systems-Level Officials, Site-Level Administrators, and Site-Level Substance Treatment Providers[b]***

	System-Level Officials (n=27)	Site-Level Administrators (n=28)	Site-Level Substance Abuse Treatment/ Education Providers (n=28)
ELEMENTS	**%**	**%**	**%**
Physical Training	100	96	96
Alcohol Treatment	100	75	75
Drug Treatment	100	75	75
Substance Abuse Education	100	100	100
Physical Labor	100	96	96
Drill/Ceremony	100	100	100
Basic Education	96	93	100
Vocational Education	46	32	43
Pre-Release Programming	93	96	96
Post-Release Services Delivery	74	75	71

[a]Percentages have been rounded to nearest whole percent.
[b]In this table, percentages are presented only for those jurisdictions with system-level respondents (27 of 31), administrative survey respondents (28 of 32), and substance abuse survey respondents (28 of 29).

tures and program environments. Wholesale duplication of programs, without adequate allowance for facility-specific needs that require modifications and/or tailoring, has been an undesirable feature of the boot camp movement. Perhaps the greatest problem resulting from the decision to replicate an existing program has been the failure to solicit the views of substance abuse treatment professionals on initial designs and aftercare components.

Assessment and case management systems. Nearly 70 percent of the shock incarceration facilities indicated they assessed offenders' substance abuse problems. For those offering substance abuse treatment, this percentage increased to approximately 81 percent. The majority of facilities reported the use of multiple assessment techniques. The most common approaches used were interviews, case materials review, and psychological or behavioral testing instruments.

Despite these efforts, the predominant mechanism for placement of shock incarceration offenders in substance abuse treatment was a legally mandated or nonclinical decision process, not a diagnostic assessment or clinically based decision of need, treatment amenability, or potential effectiveness. Instead, substance abuse programming was usually driven by general structural and administrative concerns relating to shock incarceration facilities; treatment was generally mandated for all offenders by statute or policy, and most often all offenders received the same treatment interventions. This finding is particularly troublesome because the only study to examine the effect of the boot camp experience on substance abusers indicated that mandated treatment interventions in the community, based on legal instead of clinical factors, were not associated with reduced levels of offender recidivism.[4] Moreover, the case study of the Minnesota program presented in this research effort indicated that forcing people to receive treatment who did not believe they

Exhibit 4: ***Most Frequently Used Treatment Interventions for Five Primary Treatment Modalities in Shock Incarceration Facilities***[a]

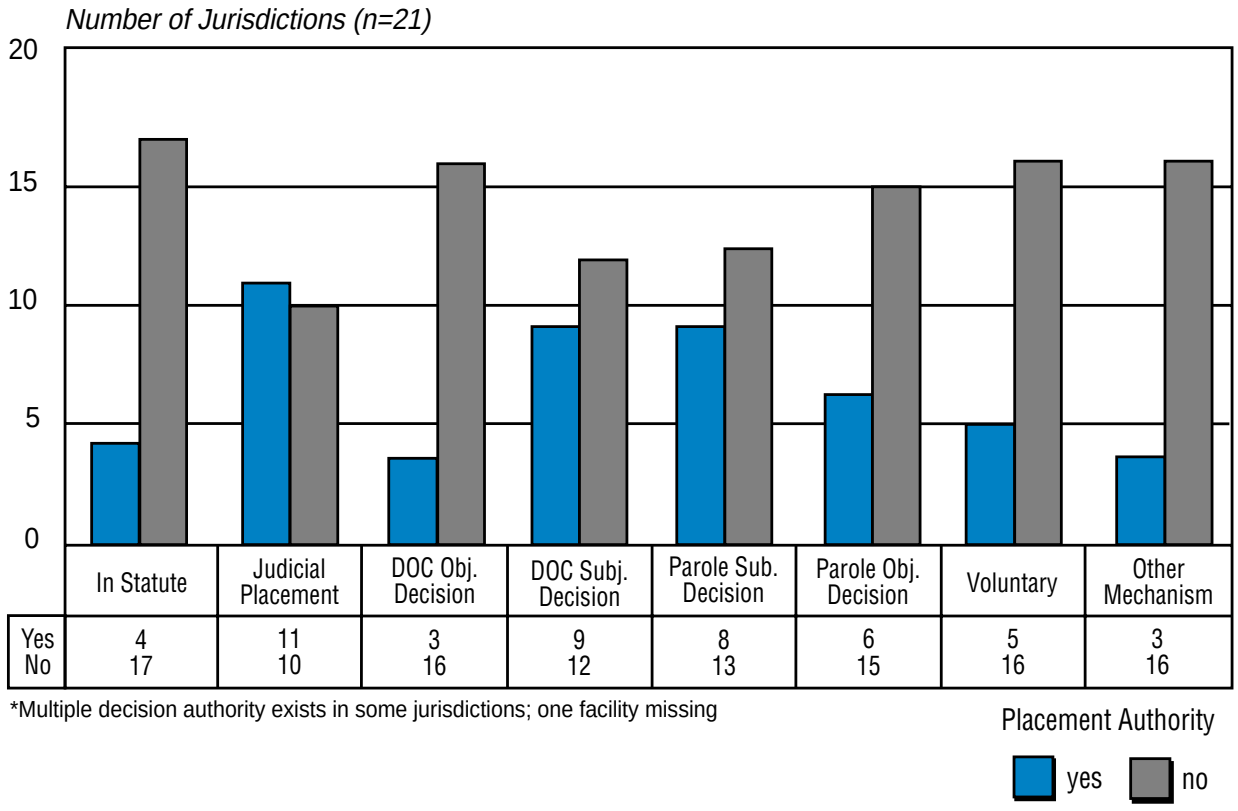
Modality	Number of Facilities Using (%)	Treatment	Number of Facilities Using (%)
Group Counseling	19 (86)	AA 12-Step Reality Therapy Stress Management	18 (95) 16 (84) 15 (79)
Alcoholics Anonymous Model (Self-help: AA/NA/CA)	17 (77)	AA 12-Step Reality Therapy Stress Management	17 (100) 16 (94) 13 (76)
Individual Counseling	14 (64)	AA 12-Step Reality Therapy Reentry Stress Management	13 (93) 12 (86) 11 (79) 11 (79)
Milieu Therapy	11 (50)	AA 12-Step Reality Therapy Stress Management Confrontation	11 (100) 10 (91) 10 (91) 9 (82)
Therapeutic Community	2 (9)	AA 12-Step Positive Peer Culture	2 (100) 2 (100)

[a]Responses of 22 facilities indicating that they provide substance abuse treatment.

Exhibit 5: ***Substance Abuse Treatment Staff at Facilities Providing Treatment (n=22)***

Staff Type	Number of Facilities With (%)	Average Number of Staff	Range of Number of Inmates per Staff member	Percentage of Staff With Formal Training	Percentage of Staff Certified
Full-time Contracted	6 (27)	3.2	4–41:1	83	75
Full-time Agency	20 (91)	2.7	10–90:1	70	40
Part-time Contracted	7 (32)	3.7	10–33:1	71	33
Part-time Agency	1 (4)	5.0	15:1	0	100

Exhibit 6: ***Decision Authority* for Aftercare Placement***



*Multiple decision authority exists in some jurisdictions; one facility missing

needed it may have also negatively affected offender adjustments and attitudes in other components of the shock incarceration program.

Staff qualifications. Exhibit 5 provides data on substance abuse treatment staff at facilities where treatment was provided. Nearly 70 percent of the facilities relied exclusively on correctional agency staff to deliver substance abuse programming. Of the six facilities using contracted staff, only two relied solely on them, and the remaining four facilities used a combination of agency staff and contracted personnel. The survey findings indicated that contracted substance abuse treatment staff were more likely to be certified and have formal training in substance abuse treatment than inhouse treatment providers. The majority of substance abuse counselors and educators were not certified in their respective States; 41 percent were State-certified, and 73 percent had received formal training in substance abuse treatment programming.

Shock incarceration programs also differed widely in the ratio of substance abuse treatment providers to client offenders. One program had a ratio of four clients to one treatment provider. However, another program had a ratio of 90 client offenders to 1 treatment provider. The average inmate/staff ratio in boot camp treatment programs was 30 to 1.

Therapeutic environments. Many boot camp facilities contended that the entire incarcerative experience was therapeutic in design. Information collected during the case study visits suggested a positive treatment environment in the smaller facilities, where a greater degree of staff/inmate interaction and more individualized treatment programming were permitted. However, the case studies also illustrated that even those facilities designed as "therapeutic communities" experienced conflicts often seen in more traditional incarcerative settings. For instance, summary punishments were a common feature of the boot camp environment. These were often referred to as "learning experiences" intended to be therapeutic, not punitive, in nature. Conversations between the research staff and shock incarceration inmates, along with personal observations at numerous facilities, indicated that this distinction was often illusory, especially in cases where the drill instructor's imposed sanction was not framed in appropriate therapeutic terms, or the drill instructor's enacted role was primarily that of a security official rather than a change agent.

Overall, therapeutic environments were rarely found in boot camp facilities, particularly in those that insisted on a rigorous military style. For example, if a confrontation or group therapy session was dominated by the presence of an overbearing drill instructor, who disciplined inmates for a spontaneous interchange of ideas and feelings, the program's ability to produce therapeutic results was compromised.

These issues were significant in shock incarceration facilities because of the frequency of their occurrence. This frequency may be related to the common use of the inhouse staffing model to operate SI treatment programs.

Programming deficits. The study identified two major substance abuse programming deficits. First, there was a marked absence of the therapeutic community approach in boot camp substance abuse programming. Only a few jurisdictions claimed to have implemented this model, and this study's review of their programs raised questions about whether a therapeutic model had actually been implemented.

However, many of the boot camp programs stressed the need to develop an *esprit de corps* among participants, a spirit that emphasized reciprocal responsibility, the impact of individual action upon the larger group, and the use of peer pressure to reinforce positive and eliminate negative behavior. Further, most shock incarceration programs espoused a multidimensional substance abuse approach that emphasized education, the use of peer support, (i.e., Alcoholics Anonymous 12-step approaches), and the use of pragmatic life skills-building interventions. Thus, the therapeutic community approach could fit well with SI programming philosophy and be compatible with existing substance abuse treatment interventions employed by many of the shock incarceration facilities.

Second, as noted earlier, individualized treatment approaches were rare. Operational concerns, such as high inmate-to-staff ratios and total shock incarceration facility length-of-stay, were instrumental in limiting the contours of the substance abuse programming offered. At most facilities, individual counseling by treatment staff was nearly nonexistent, and even group counseling was more nominal than real. Then, too, group approaches, although valid mechanisms to treat substance abuse, often cannot help the more serious abuser deal with the intrapersonal problems and psychological impacts associated with addiction.

Postrelease and aftercare programs. The need for strong boot camp aftercare components[5] was suggested by the finding that criminally active drug users

Exhibit 7: ***Shock Incarceration Substance Abuse Aftercare Program Models***

Brokerage Model

Traditional Parole/Probation Supervision

Use of Existing SA Treatment Resources
- AA/NA 12-step groups
- Community mental health centers
- City/county/private substance clinics

Minimal Contact Between SI Facility Staff and Community Supervision Staff

SA Treatment Placement Decision Rests With Parole/Probation Agency Rather Than With Facility

Enhanced Brokerage Model

Intensive Parole/Probation
- Specialized caseloads or intensivly supervised caseloads
- Specialized requirement for SI releasees (e.g., curfew, frequent urinanalysis testing)

Use of Existing Treatment Resources But With Structured Referral Process

Parole/Probation Staff May Identify Themselves as Part of SI Program

SA Treatment Placement Decision Continues to be Channelled Through Parole/Probation Agency

Contracted Vendors Model

Intensive Probation/Parole Supervision

Contracted SA Treatment Vendors Are Secured to Provide Services

Direct Linkage Between SI Facility and Treatment Provider(s)
- Formalized agreements exist stipulating treatment parameters (e.g., type, length, assessment costs)

Formalized Mechanisms for Placement of SI Offenders in Treatment

Comprehensive Model

Intensive Parole/Probation Supervision

Integrated Program Developed and Formalized as Part of SI Program Continuum
- Substance abuse treatment/relapse prevention
- Job development/placement
- Education/training
- housing assistance
- Life-skills programming

Established Linkages Between SI Facility/Program and Community Services

treated in noncorrectional settings reported increased criminality during the initial 3-month post-treatment period, after which criminal activity steadily declined.[6] Thus, graduated support and monitoring have been considered critical steps toward community reintegration of the offender.

Despite this common understanding, approximately 25 percent of the respondents reported that postrelease service delivery was not a program component associated with their boot camp facilities. When aftercare services were provided, it appears that legal rather than clinical factors dominated the decision process leading to their implementation (see exhibit 6). Most survey respondents indicated a limited set of mechanisms to ensure continuity between the inprogram portion of the boot camp sanction and the aftercare component.

Officials of shock incarceration facilities opened after 1990 reported that prerelease programming was a priority more frequently than officials from facilities that opened before that date. However, overall, the research findings indicated minimal coordination between inhouse and aftercare programming efforts.

Beyond traditional parole or probation supervision in the aftercare period, the scope and type of services provided to shock incarceration releasees varied widely, particularly with respect to substance abuse programming. Of the SI substance abuse aftercare program models illustrated in exhibit 7, only seven States operating shock incarceration facilities contracted formally with substance abuse service providers to deliver treatment services to shock incarceration graduates. Only one

State had a comprehensive aftercare model, which provided a structured mechanism for aftercare services integrating multiple treatment elements, over and above substance abuse treatment/relapse prevention and parole or probation supervision. The program model emphasized transitional services, such as job development and placement, education, housing assistance, and life-skills programming. While other States essentially may achieve this level of programming through other venues, this model uniquely developed and formalized these service elements as part of the shock incarceration program continuum structure.

This variation in the type and level of aftercare services was often a factor of the relationship of the SI program to the probation/parole program. In many instances, aftercare consisted of traditional probation/parole supervision, often augmented by closer monitoring, drug testing, and referral to substance abuse treatment resources within the community. Few jurisdictions developed more formalized links with substance abuse treatment providers (who generally serviced noncorrectional populations as well). Fewer yet extended the continuum of treatment back into the community in a meaningful way. In general, systematic delivery of substance abuse treatment services during aftercare was rarely a well-structured and clearly demarcated program element of the overall correctional sanction imposed on boot camp participants.

Summary and implications

Correctional boot camp substance abuse programming has been driven to a large extent by general structural and administrative concerns relating to shock incarceration facilities, rather than by offender needs or therapeutic considerations. A number of promising programs exist, but to realize the potential for delivering effective substance abuse programs within shock incarceration environments, this research study suggests the need for greater emphasis in five areas:

- Facility-specific programming and greater use of therapeutic community models/approaches,
- Individualized treatment programming,
- Use of qualified professional subtance abuse treatment personnel,
- Aftercare programs that link the imprisonment and community release phases of the boot camp sanction, and
- Evaluation to determine the effectiveness of treatment strategies.

Since completion of these survey efforts, many additional boot camps have opened or are about to open. These newer programs may exhibit different characteristics than those typical of more established facilities. Thus, findings from the present study may not be fully generalizable to the current universe of adult shock facilities.[7] Nevertheless, this investigation spawned a number of specific strategies that may facilitate the planning, design, implementation, and evaluation of new SI substance abuse treatment and aftercare programs and enhance the effectiveness of existing ones.

Facility-specific programming. More comprehensive planning processes that include the input of substance abuse treatment professionals could lead to the implementation of shock incarceration programs that best fit the particular SI facility's environment. Agencies involved in the funding, development, and implementation of shock incarceration facilities must continue to reinforce the development of programs that are most likely to promote positive offender change. Since programs oriented primarily toward hard work, physical training, and drill and ceremony have not been found to produce the desired outcomes, policymakers and correctional officials should consider the benefits of augmenting current programming efforts. Although more treatment-oriented shock incarceration facilities have not proved, definitively, to successfully affect recidivism rates, both current theory and research findings suggest that this approach is the one **most** likely to achieve such results.

Greater use of therapeutic community models/approaches. Those shock incarceration facilities with only a substance abuse education component should consider expanding their services to include a substance abuse treatment component, and SI facilities already providing substance abuse treatment should consider the explicit adoption of therapeutic community models and/or approaches. By directly tackling the multiple issues surrounding the provision of treatment in a primarily custodial setting—issues relating to confidentiality, sanctioning mechanisms, staff selection and monitoring, staff/inmate interaction, and "prisonization" processes—correctional officials and substance abuse treatment providers in SI facilities could open the way for establishing therapeutic environments. Group processes of change, which include some inmate role in the basic governance of the immediate living environment, are

also important to this concept and should be addressed.

Individualized treatment programming. In effective drug treatment programs, inmates are placed in individualized treatment programs on the basis of standardized substance abuse assessment processes. Inmate input into the establishment of individual treatment plans is encouraged. All programs should consider introducing psychotherapeutic-based interventions, including individual and small group therapies for those individuals needing such interventions. Individualized counseling could be helpful, particularly to those offenders with serious substance dependencies. The therapeutic model places primary focus on development of multimodal approaches that are clinically relevant to the offender population.

Use of qualified professional substance abuse treatment personnel. Shock incarceration facilities should make stronger attempts to ensure that substance abuse treatment providers are trained, qualified treatment professionals. The hiring of contractual staff may be a desirable option in this regard. Educational and experiential qualifications should be at a level to ensure this goal. In addition, the ratio of inmates to treatment staff is an important consideration; it is recommended that facilities that have inmate/treatment staff ratios above 50 to 1 make all possible efforts to decrease these ratios. Effective program implementation, particularly with regard to individualized approaches, is difficult if not impossible to achieve with high inmate/treatment staff ratios.

Aftercare programs that link the imprisonment and community release phases of the boot camp sanction. Statutory and/or organizational barriers to envisioning the shock incarceration experience as a continuum that includes both institutional and aftercare phases should be reduced or, if possible, eliminated. Implementation of this vision involves extensive enhancements to prerelease and postrelease programming activities to ensure a continuity of care throughout the respective program phases.

Evaluation to determine the effectiveness of treatment strategies. Finally, more evaluative research needs to be conducted on the impact of shock incarceration substance abuse programs on offenders and the effects of specific substance abuse treatment strategies on offender recidivism and substance abuse dependence.

Notes

1. Shaw, J.W. and D.L. MacKenzie, "Shock Incarceration and Its Impact on the Lives of Problem Drinkers," *American Journal of Criminal Justice*, 16(1)(1991), pp. 63-96.

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Ernest L. Cowles, Ph.D., is the Director of the Center for Legal Studies and Associate Professor of Criminal Justice at the University of Illinois at Springfield. Thomas C. Castellano, Ph.D., is Associate Professor of Administration of Justice at the Center for the Study of Crime, Delinquency and Corrections at Southern Illinois University at Carbondale. Laura A. Gransky, M.S., is Public Affairs Research Associate in the Center for Legal Studies at the University of Illinois at Springfield.

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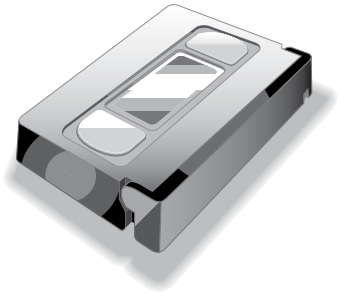

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