

# **MONTANA STATE PRISON**

## **ANALYSIS OF THE IMPACT OF TREATMENT PROGRAMS ON INMATE MISCONDUCT AND RECIDIVISM**



## **CHEMICAL DEPENDENCY TREATMENT & SEX OFFENDER PROGRAMMING**

**The University of Montana-Missoula**



# Montana State Prison Memorandum

---

TO: All Concerned

FROM: MSP Warden Mike Mahoney

DATE: September 1, 2004

RE: U of M Review of Chemical Dependency Treatment and Sex Offender Programming at Montana State Prison

Montana State Prison (MSP) would like to thank the University of Montana staff involved with the evaluation of Chemical Dependency (CD) and Sex Offender Treatment Programs (SOP) at MSP. This independent review of the effectiveness of CD and SOP provides valuable information related to these specialized treatment programs. Information derived from this report will help evaluate current treatment practices and assist in improving the overall delivery of these programs.

The U of M study was conducted at the Warden's request and U of M was provided unrestricted access to records and data. Information concerning CD and SOP programming and inmates involved in these programs was provided upon request.

In March of 2002, the DOC, at the direction of the DOC Advisory Council, adopted a formal definition of prison recidivism. This definition of recidivism is "An adult offender who returns to prison in Montana for any reason within three (3) years of release from prison. Each release can have only one corresponding return." This was the first formal definition of prison recidivism for the DOC and is a statistical measurement basis for regarding program effectiveness.

In addition to recidivism, inmate conduct while in treatment and after program completion was included in the U of M study to broaden the programs' evaluations. Consideration of the following factors increased the study:

- 1) Does treatment enhance safety and security within the institution?
- 2) Are the inmates involved in treatment less likely to receive write ups, disciplinary hearings, or be involved with inmate on inmate assaults and/or inmate on staff assaults?

Results from the study confirm our contention that treatment programs are a key component of our security system and do have a significant impact on the inmate while incarcerated and as they return to society. The varying degrees of success of the individual programs must be tempered by the realization of who are the treated individuals. I would recommend the reader to put into perspective the fact that the population we work with

are the people that have either failed to respond to Community Corrections intervention or committed such a serious crime that they were sent directly to prison. The prognosis in many of these cases is not favorable from the onset.

Readers of this study will also find a related appendix on the SOP, which was prepared independently by the MSP treatment staff. It provides a life to date analysis of the program and separates the inmate return rates using the Department's recidivism definition and an expanded re-offense criterion.

**Chemical Dependency Treatment and Sex Offender Programming in Montana State  
Prison: An Analysis of the Impact of Treatment on Inmate Misconduct and  
Recidivism**

**Dusten R. Hollist, Ph.D.**

**James W. Burfeind, Ph.D.**

**Daniel P. Doyle, Ph.D.**

**Jessica A. Conrad**

**Dana L. Price**

**Darby A. Kaikkonen**

**Danielle A. Soto**

**The University of Montana-Missoula**

## Executive Summary

The purpose of this research is to examine the effectiveness of two therapeutic treatment programs currently available at the Montana State Prison (MSP): Intensive Treatment Unit Chemical Dependency (ITU CD) and Intensive Treatment Unit Sex Offender Programming (ITU SOP). Program effectiveness is measured using the rate of inmate misconduct while in MSP and the three-year recidivism rate of released inmates. The study was designed to allow for the comparison of misconduct rates before and after treatment and the comparison of after-treatment misconduct rates of those receiving treatment and those not receiving treatment. The study design also allows for the comparison of the recidivism rates of those who did or did not receive treatment.

Major findings:

### Intensive Treatment Unit – Chemical Dependency (ITU CD)

- The vast majority of the inmates (97.3%) had a prior arrest. Most (79.6%) had served time in jail or prison as a result of a prior arrest
- Although in most cases the difference is not statistically significant, misconduct rates decline after completion of ITU CD treatment.
- Of those completing ITU CD treatment, about twice as many showed a reduction in their misconduct rate rather than an increase after treatment.
- In general, inmates who do not complete ITU CD treatment have misconduct rates that are higher than the after-treatment rates of inmates who complete ITU CD treatment.
- Those who did not complete ITU CD treatment have higher recidivism rates than those who completed treatment and were compliant with the treatment at the time of release.
- For those in the ITU CD sample, the longer the sentence served, the higher the likelihood of recidivism.
- In terms of reducing recidivism, ITU CD treatment has the greatest impact on White inmates and those who are under age 40 at the time of release.
- Treatment compliant ITU CD inmates have lower recidivism rates. But, if a treatment compliant inmate is going to return to prison, he is more likely than a non-treatment inmate to return in the first year after release.

### Intensive Treatment Unit – Sex Offender Programming (ITU SOP)

- The vast majority of inmates (97.3%) had a prior arrest. Most (80.5%) had served time in jail or prison as a result of a prior arrest.
- With some exceptions, misconduct rates decline after completion of ITU SOP treatment.
- Of those treatment-compliant inmates completing ITU SOP treatment, almost three times as many showed a reduction in their misconduct rate rather than an increase after treatment.

- Inmates who complete ITU SOP treatment and are treatment compliant have lower after-treatment rates of misconduct compared to inmates who do not receive treatment.
- Inmates who completed ITU SOP treatment tend to have a higher rate of recidivism.

The analyses of programs contained in the pages that follow, were conducted exclusively by researchers in The University of Montana, Department of Sociology. The researchers were employed as independent contractors to The State of Montana, Department of Corrections and did not solicit nor receive input from any member of the Montana State Prison treatment staff, administration, or the warden.

## **Introduction**

There is a significant debate regarding the effectiveness of therapeutic treatment in prisons. Although considerable time and money is devoted to treatment programs, a clear consensus regarding the effectiveness of these programs has not emerged. The purpose of this study is to evaluate the effect that treatment received during an inmate's stay at Montana State Prison (MSP) in Deer Lodge, Montana has on the institutional conduct of inmates during incarceration and the rate at which they return to prison in the three years following release.

Our investigation examines two therapeutic treatment programs offered at MSP: chemical dependency (CD) and sex offender programming (SOP) treatment. Both of these programs are comprised of multiple phases that begin with an initial evaluation, a second phase of concentrated treatment, and a final stage of aftercare. The focus of this study is the Intensive Treatment Unit (ITU) phases. Each of the inmates included in the analysis were scheduled to receive treatment-- either CD or SOP treatment--during the period of their confinement at the prison.

This document is presented in two Sections; one devoted to CD ITU and the other to SOP ITU. Each section begins with the background of the program that is being evaluated, providing the reader with a glance into the "what and how" of the treatment program. This is followed by a brief review of the prior research that has been conducted on the programs. The third part of each section outlines the methodology of the study. The analysis evaluating the impact of treatment on inmate conduct follows. The document concludes with a discussion of the findings and their implications.

## **Chemical Dependency Treatment**

### **Background<sup>1</sup>**

CD treatment at Montana State Prison is offered in a multi-phase system. After an introduction where an assessment of needs is made, inmates are provided with four treatment tracks to pursue treatment. The Intensive Treatment Unit (ITU), a sixty-day treatment unit, is one of these and the focus of the investigation presented here.

The ITU houses 28 inmates and consists of group and individual counseling. Priority for admission to ITU is given to inmates who have been given parole, intensive supervision parole, or pre-release placements. Inmates receive treatment for primary care needs and relapse prevention, and are given assignments pertaining to cognitive aspects of addiction in an effort to overcome personality difficulties. Participants monitor potential problems and changes through "critical thinking logs" and "thinking error reports" in an effort to recognize and cope with the source of their addiction.

---

<sup>1</sup> This section is informed by the 2003 Montana State Prison Chemical Dependency Program report submitted by Ginger Faber.

## **Prior Research**

Evaluation research of chemical dependency rehabilitation programs in prisons is predictably large, but varied in methods and findings. Each study seems to have its own distinctive measures, methods, and outcomes, allowing for neither refinement of methods nor cumulative understanding of effectiveness. The research most relevant to the present study pertains to chemical dependency treatment that involves a therapeutic community within prison.

These studies have explored effectiveness using a wide variety of outcomes, including: advantages for institutional management, prisoner misconduct, drug use among inmates, inmate perceptions of living conditions, inmate grievances, post-release drug use, “survival analysis,” and recidivism (measured in various ways). Similarly, this research employed an assortment of data gathering methodologies, including “process evaluation” (looking at program implementation), structured observation and interview, event history, and survey methods.

Despite tremendous differences in measures and methods, a number of surprisingly consistent findings are evident. Research indicates that therapeutic units within prison exhibit lower levels of “disorder” than non-treatment housing units, as measured by number and severity of rule violations and rates of grievances (Dietz, O’Connell, and Scarpitti 2003). Similarly, Prendergast and his colleagues observed that in-prison therapeutic communities offer significant advantages for management of prison institutions, including lower rates of infractions, reduced staff absenteeism, and lower illicit drug use among inmates (Prendergast, Farabee, and Cartier 2001). After prison, inmates who entered and completed in-prison residential treatment have been found to display lower rates of substance use, rearrest, and return to prison (Knight Simpson, and Hiller 1999; Pelissier et al. 2001; Wexler et al. 1999). Another study observed gender differences in outcomes from prison-based residential treatment. While both men and women who completed residential chemical dependency treatment in prison showed longer “survival times” than non-treatment comparison groups, women who completed such treatment displayed lower three-year recidivism rates and lower rates of post-release drug use as compared to men (Pelissier et al. 2003).

While not strictly concerned with the effectiveness of in-prison therapeutic communities, studies of chemical dependency treatment in prison have found that such programs reduce prisoner misconduct (Langan and Pelissier 2001), post release drug relapse, and recidivism, even after controlling for demographic characteristics and criminal and drug histories (Butzin, Martin, and Inciardi 2002; Porporino et al. 2002; Inciardi et al. 1997).

Lastly, evaluation research shows clearly that aftercare resources are pivotal in determining release success or failure for inmates who participated in therapeutic community treatment for chemically dependency while in prison. Inmates who completed in-prison therapeutic community treatment and then completed similar treatment after release, were significantly more likely than those with no treatment, or those who dropped out of treatment, to remain drug-free and arrest-free three years after release from prison (Inciardi, Martin, and Surratt

2001; Taxman and Bouffard 2002). Residential transition programs produce a larger and more long-lasting effect (Butzin, Martin, and Inciardi 2002).

## **Methodology**

All inmates included in the sample were scheduled to receive CD treatment during their stay at MSP. Any inmate who was scheduled to receive CD treatment during the fiscal years of 2001-2003 was eligible for inclusion in the misconduct sample. Any inmate who was scheduled to receive CD treatment during their prison term and was released during or prior to fiscal year 2000 was eligible for inclusion in the recidivism sample.

Eligible inmates were identified by A0 number and placed into a sampling pool. An equal probability of selection method (EPSEM) was employed to generate two random samples (a misconduct sample and a recidivism sample) of 100 inmates each. All of the eligible inmates in the sampling pool had equal chance of being drawn into the final sample used in the analyses that follow.

The final samples contain 99 inmates in the misconduct group and 79 inmates in the recidivism group. A single inmate was eliminated from the misconduct sample due to a missing inmate file. The 21 inmates eliminated from the recidivism sample were taken out as a result of missing inmate files, significant missing data in the inmate files, or ineligibility due to the inmate not having been released from prison at least three years prior to March 15<sup>th</sup> 2004.<sup>2</sup>

## **Misconduct<sup>3</sup>**

### *Sample*

The majority of the 99 inmates (74.7%) in the sample are White males. Just over 16 percent of the offenders are Native American. The remainder of the sample is comprised of three percent each of Hispanic, Black, and all other races. At the time of entry to prison the average age of the inmates was just less than 32 years (Appendix Table 1).

The average sentence length received by the offenders was approximately 79 months (Appendix Table 2). Suspended sentences were given to 62 of the 99 inmates. The average length of sentence suspended was approximately 70% of the sentence length (55.5 months). The vast majority of inmates (97.3%) had a prior arrest. Most (79.6%) had served time in jail or prison as a result of a prior arrest (Appendix Table 3).

---

<sup>2</sup> An inmate is viewed as a viable candidate for the recidivism study if they have been released from prison for at least three years. Inmates transferred to regional prisons or to pre-release centers from Montana State Prison are included only if they were discharged from DOC custody and released into the community three years prior to March 15<sup>th</sup> 2004.

<sup>3</sup> Misconduct rates are generated by taking the number of misconducts each inmate received during their stay in prison divided by the total number of months the inmate spent in prison. This sum is then multiplied by 12 to produce annual misconduct rates.

Of the 99 inmates in the sample, 36 (36.3%) had completed Phase II (ITU) and were in compliance with treatment at the time of the study. An inmate was considered to be in compliance if the disciplinary record showed no treatment-related relapse. An additional 20 (20.2%) inmates had completed Phase II (ITU) and were non-compliant. While the remaining 43 (43.4%) had not completed Phase II (ITU) treatment.<sup>4</sup>

*Total, severe, and major misconduct*

Table 1. Total, Severe, and Major Misconduct of Incarcerated Inmates Eligible for ITU Chemical Dependency Treatment Between 2001-2003				
Conduct Type				
<b>Total Misconduct</b>			<b>Mean</b>	<b>Rate</b>
0	29.3%	(29)	3.84	1.56
1-3	31.3	(31)		
4-7	21.2	(21)		
8-10	10.1	(10)		
More than 10	8.1	(8)		
<b>Severe Misconduct</b>			<b>Mean</b>	<b>Rate</b>
0	54.5%	(54)	1.61	.61
1-3	30.3	(30)		
4-7	11.1	(11)		
8-10	1.0	(1)		
More than 10	3.0	(3)		
<b>Major Misconduct</b>			<b>Mean</b>	<b>Rate</b>
0	35.4%	(35)	2.23	.94
1-3	44.4	(44)		
4-7	13.1	(13)		
8-10	5.1	(5)		
More than 10	2.0	(2)		
Note: Data represent all 99 inmates in the sample. Counts are shown in parentheses.				

Table 1 shows that just less than 30 percent of the inmates scheduled to receive ITU CD treatment had a clear conduct record and were not cited for any violations during their stay in prison. The majority (60.6%) had three or fewer total misconducts. Approximately eight percent were cited with more than 10 total misconducts while incarcerated. The inmates averaged just less than four total misconducts. The total misconduct rate was 1.56.

<sup>4</sup> Many of the inmates classified as “non-treatment” will have completed at least some CD treatment either while under the supervision of the Montana Department of Corrections or in another context. Only inmates who completed CD ITU at MSP are considered part of the treatment group.

Misconduct at MSP is classified as severe, major, or minor. Severe misconduct includes the most serious breaches of MSP rules (eg.: assault, substance abuse, theft of property worth more than \$50). Major misconduct involves somewhat less serious violations (eg.: bribery, organizing gambling, theft of property worth between \$10 and \$50). Minor misconduct includes even less serious violations (eg.: insolence towards a staff member; participating in gambling, theft of property worth less than \$10).

More than half of the inmates made it through their prison term without being cited for severe misconduct. The majority (84.8%) had three or fewer severe conduct violations. High levels of severe misconduct are rare, with only three of the inmates receiving more than 10 conduct violations. The inmates averaged 1.61 severe conduct violations. The overall severe misconduct rate was .61.

About one in three inmates (35.4%) left prison without being cited for major misconduct. The majority (79.8%) had three or fewer major misconducts while incarcerated. Major misconducts are more prevalent in the sample than severe misconducts. Inmates averaged 2.23 major misconduct violations. The overall major conduct rate was .94.

*Rate of misconduct before and after treatment*

Conduct Violations	Rate of Misconduct			
	Before Treatment	After Treatment	Difference (A-B)	% Change
<b>Table 2. Before and After Treatment Misconduct Rates of Incarcerated Inmates Eligible for ITU Chemical Dependency Treatment Between 2001-2003 and Non-Treatment Inmates.</b>				
<b>Treatment compliant (N = 35) misconduct for:</b>				
Any violation	1.38	1.20	-.40	-28.9%
A severe conduct violation	.36	.38	.02	.5.6
A major violation	1.10	.94	-.16	-14.5
Inmate on inmate attack*	1.37	.17	-1.20	-87.6
<b>Treatment non-compliant (N = 18) misconduct for:</b>				
Any violation	2.17	1.60	-.57	-26.3%
A severe conduct violation	1.03	.65	-.38	-36.9
A major violation	1.14	.96	-.18	-15.8
An inmate on inmate attack	4.80	1.0	-3.8	-79.2
<b>Non-Treatment (N = 43) misconduct for:</b>				
Any violation		1.74		
A severe conduct violation		.79		
A major violation		.95		
An inmate on inmate attack		.90		
Note: * Difference in rates before and after treatment is statistically significant (p<.05).				

The top section of Table 2 shows the misconduct rates before and after treatment for the portion of the sample that completed ITU CD treatment divided into those who were treatment compliant and those who were treatment non-compliant. The bottom section of Table 2 shows the misconduct rates for the portion of the sample (43 inmates) who were scheduled to receive ITU CD treatment but never completed the treatment. Since they did not receive treatment, before and after rates are not shown for the non-treatment group.

The rate of misconduct of inmates who completed ITU CD treatment is lower after completion than it was before treatment. This is the case for both the 35 compliant and 18 non-compliant inmates. The exception is the rate of severe misconduct for the compliant group which increased slightly (.02 misconducts per year) after treatment. However, these rates are based on very few severe misconduct either before or after treatment in this group.

The total rate of misconduct dropped 28.9 percent for the compliant inmates and 26.3 percent for the non-compliant group. Severe misconducts dropped noticeably for the non-compliant group. Major violations dropped marginally for the compliant (-14.5%) and non-compliant groups (-15.8%).

The most noticeable reduction observed is the drop in the rate of inmate on inmate attacks after treatment in the compliant group<sup>5</sup>. Five treatment compliant inmates committed a total of 11 inmate on inmate attacks before treatment. After treatment there was a single inmate on inmate attack. The reduction after treatment (-87.6) is statistically significant.

Of those completing ITU CD treatment and compliant, 40% showed a reduction in their misconduct rate after treatment while 20% showed an increase. About 40% were misconduct free both before and after treatment and thus showed no change. Of those completing ITU CD treatment and non-compliant, 63.2% showed a reduction in their misconduct rate after treatment while 31.6% showed an increase. About 5% were misconduct free both before and after treatment and thus showed no change.

As shown in the bottom section of Table 2, for most violations, the misconduct rates for the non-treatment group were higher than the after-treatment rates of those who completed ITU CD treatment. Major misconduct rates were about the same.

## **Recidivism**

Another way of measuring program effectiveness is to examine recidivism. According to the definition used by the Montana Department of Corrections, a recidivism rate is the percentage of inmates who return to prison for any reason within three years of release.

### *Sample*

The majority of the 79 inmates (74.4%) in the sample are White males. Just over 23 percent of the offenders are Native American. Black inmates comprise the remaining 2.6

---

<sup>5</sup> Inmate on inmate attacks are rare in the sample. Eight inmates committed all 19 counts of inmate on inmate attacks.

percent of the sample. At the time of release from prison, the average age of the inmates was just over 35 years (Appendix Table 4).

The average sentence length received by the offenders was approximately 85 months (Appendix Table 5). Suspended sentences were given to 62 of the 99 inmates. The average length of sentence suspended was approximately 65 percent of the sentence length (54.9 months). The vast majority of the inmates (97.3%) had a prior arrest. Most (80.5%) had served time in jail or prison as a result of a prior arrest (Appendix Table 6).

Of the 79 inmates in the sample, 38 (48.1%) had completed Phase II (ITU) and were in compliance with treatment at the time of the study. An additional 6 (8%) inmates had completed Phase II (ITU) and were non-compliant. While the remaining 35 (43.9%) had not completed Phase II (ITU) treatment.

*Recidivism rates*

Table 3. Recidivism Rates of Inmates Eligible for ITU Chemical Dependency Treatment Released From Prison Before 2001, by Treatment Type				
Recidivism Measure	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Within three years following release percentage returned to prison for:</b>				
Any offense*	66.7% (52)	55.3% (21)	66.7% (4)	79.4% (27)
Note: Counts are shown in parentheses. *Difference in the rate returning in the treatment compliant and non-treatment groups is statistically significant (p<.05).				

Table 3 shows that inmates who completed ITU CD treatment had lower rates of recidivism than those who did not complete treatment. Of the 79 inmates in the sample, 52 (66.7%) returned within three years of release. The difference in the percentage returned from the treatment compliant group (55.3%) and the non-treatment group (79.4%) is statistically significant.<sup>6</sup>

<sup>6</sup> Test of significance is based on a paired samples t-test for the compliant and non-treatment group. Analysis of variance comparing the differences between all three groups falls just short of statistical significance (p=.09) at the .05 alpha level.

*Recidivism rates by time served prior to release, race, age at release, and time between release and return to prison*

Table 4. Recidivism Rates of Inmates Eligible for ITU Chemical Dependency Treatment By Time Served, Race, Age at Release, and Time to Return to Prison.			
	Percent returned to prison for any type of crime within 3 years		
	All	Treatment Compliant	Non-Treatment
<b>Time served in prison before release</b>			
1 Year or less	59.4% (19)	47.1% (8)	80.0% (8)
13-36	63.6 (14)	66.7 (8)	60.0 (6)
37-60	70.0 (7)	40.0 (2)	100.0 (4)
61 months or more	100.0 (4)	100.0 (1)	100.0 (3)
<b>Race</b>			
White	67.2% (39)	53.1% (17)	86.4% (19)
Native American	66.7 (12)	66.7 (4)	63.6 (7)
Black	50.0 (1)	***	100.0* (1)
<b>Age at release</b>			
18-29	65.4% (17)	46.2% (6)	83.3% (10)
30-39	73.9 (17)	50.0 (4)	90.9 (10)
40-49	66.7 (14)	69.2 (9)	71.4 (5)
50 or Older	33.3 (2)	33.3 (1)	33.8 (1)
<b>Returned to prison for any offense within</b>			
1 Year	57.1% (28)	66.6% (14)	48.0% (12)
2 Years	32.7 (16)	28.6 (6)	36.0 (9)
3 Years	10.2 (5)	4.8 (1)	16.0 (4)
Note: *** No data in cell. Counts are shown in parentheses.			

A variety of factors may influence recidivism rates. Table 4 shows the impact of time served before release, race, age at the time of release, and the amount of time that elapsed between release and return to prison.<sup>7</sup>

The percentage of inmates returned within each of the categories of time served is uniformly high. The percentage serving a year or less who returned within three years is lower than the three other groups. Just less than 60 percent of the inmates who served a year or less returned to prison within three years. Almost two-thirds of the inmates serving

<sup>7</sup> Because the number of inmates in the treatment non-compliant group was so low, Table 4 does not include this group.

between 13-36 months, 70 percent of those serving between 37-60 months, and all four inmates serving more than 61 months returned within three years.

The data suggest that the longer an inmate spends in prison, the more likely he is to return. Most of the inmates served three years or less. It is important to note that the seriousness of the conviction offense is reflected in the amount of time they serve. Thus, the pattern observed may be due to there being more hardcore offenders among those serving the longest sentences.

White inmates comprise the majority of the sample and have the highest percentage returned to prison within three years of release (67.2%). There is a notable difference in the percentage of White inmates returned to prison by treatment group. White inmates who were in compliance with treatment at the time of release were 20 to 30 percent less likely to return.

The percentage of Native American inmates returning (66.7%) is just lower than that for White inmates. The difference between the treatment groups is much less notable than that for White inmates. The percentage of treatment compliant inmates returned to prison (66.7%) exceeds that of the non-treatment group (63.6%).

The percentage of inmates returned to prison is uniformly high for each of the age categories measured; with the exception of those 50 or older. Two of the six inmates in the sample over the age of 50 returned to prison within three years of release.

The majority of the 52 inmates who returned to prison did so within the first year after they were released. Approximately 90 percent of all the inmates who returned to prison did so within the first 24 months after release. While overall, treatment compliant inmates have lower recidivism rates, treatment compliant inmates have higher first-year recidivism than non-treatment inmates. It appears that if a treatment compliant inmate is going to return to prison, he is more likely than non-treatment inmates to return in the first year after release.

## **Sex Offender Programming**

### **Background<sup>8</sup>**

SOP treatment at Montana State Prison is a multi-phase program treating approximately 220 inmates during fiscal year 2003. The goal of treatment is to work with the inmate and the community in an effort to ultimately reintegrate released offenders in a manner that is safe and responsible. Community safety is a primary focus of sex offender programming.

Treatment focuses on education, awareness, and management of deviant thoughts and behaviors and is oriented toward increasing inmates awareness and sensitivity to specific clues related to offending behaviors. Offenders are required to complete written assignments and give presentations. They are also expected to view films of their victims

---

<sup>8</sup> This section is informed by the 2004 Montana State Prison Sex Offender Program report submitted by Sandra R. Heaton.

and write a clarification letter to the victim(s) of their crime in which they take responsibility for the offense.

The program begins with an orientation phase that is open to any inmate interested in attending. An educational phase lasting about 4 months is next. The educational phase is required by Montana law for male inmates convicted and incarcerated for a sexual crime. After completion of the educational phase, inmates may elect to or be required to take ITU or outpatient groups where concentrated treatment is received.

ITU treatment, the focus of the current investigation, is an intensive treatment program. There are 5 levels that an inmate must complete in this phase of treatment. Each of the 5 levels requires between six to eight months to complete. Although completion time varies by inmate, most work between 2 to 4 years progressing through the levels of ITU treatment.

### **Prior Research**

Examinations of the effects of institutional treatment of sex offenders on levels of recidivism and misconduct are few (Quinsey et al. 1998). The existing literature focuses almost exclusively on comparisons between treatment and non-treatment groups. The findings in these studies are at best mixed. Most have found little if any positive effects of treatment on recidivism and institutional misconduct (Quinsey, Harris, and Lalumiere 1993; McGrath et al. 1998; Schweitzer and Dweyer 2003).

There are a handful of studies that have shown differences in the levels of recidivism and institutional misconduct of treatment and non-treatment sex offenders (Barbaree and Marshall 1988). The differences between treatment and non-treatment offenders tend to be modest in magnitude and rarely reach statistical significance (Alexander 1999; Hall 1995; Marques, Day, Nelson, and West, 1994). An exception is a recent study reported in *Sexual Abuse: A Journal of Research and Treatment* (Hanson et al. 2002) based on treatment in the Canadian justice system. The researchers found a significant difference between recidivism rates between treatment and non-treatment sex offenders.

The literature suggests that the absence of treatment effects for sex offenders is attributable to a variety of factors. Context and content of treatment is often cited. Treatment programs vary in the style of approach and location of the treatment (e.g., community, prison, or psychiatric facility). Seriousness of the offender's criminal and sex offense history and whether or not participation in treatment is voluntary or mandatory have also been cited. Finally, some have argued that low recidivism rates of non-treatment sex offenders make finding statistically significant differences difficult to obtain.

### **Methodology**

All inmates included in the sample were scheduled to receive SOP treatment during their stay at MSP. Any inmate who was scheduled to receive SOP treatment during the fiscal years of 2001-2003 was eligible for inclusion in the misconduct sample. Any inmate who

was scheduled to receive SOP treatment during their prison term and was released during or prior to fiscal year 2000 was eligible for inclusion in the recidivism sample.

Eligible inmates were identified by A0 number and placed into a sampling pool. Of the 177 eligible inmates for the misconduct sample, an equal probability of selection method (EPSEM) was employed to generate a random sample of 100 inmates. Of the 100 selected, 5 inmates were dropped from the sample due to missing data in their inmate files.

A total of 99 inmates were found eligible for inclusion in the recidivism investigation. The inmates included in the recidivism analysis are then not a sample, but rather a census of all eligible inmates. Of the initial 99, 17 inmates were removed from the sample due to missing files, missing data in the files, or ineligibility for the study as the result of not being released from Montana State Prison at least three years prior to March 15<sup>th</sup> 2004. The total sample size for the recidivism study is 82.<sup>9</sup>

## **Misconduct<sup>10</sup>**

### *Sample*

The vast majority of the 95 inmates (90.5%) in the sample are White males. Just over 5 percent of the offenders are Native American. There are a small percentage of Hispanic males (1.1%). There are no Black inmates in the sample. The remaining inmates (3.2%) are men of races other than White, Native American, Hispanic, or Black. At the time of entry to prison the average age of the inmates was just over 37 years (Appendix Table 7).

The average sentence length received by the offenders was approximately 390 months (Appendix Table 8).<sup>11</sup> Suspended sentences were given to 62 of the 95 inmates. The average length of sentence suspended was approximately 47 percent of the sentence length (181.5 months). The majority of inmates (89.4%) had a prior arrest. About half (54.7%) had served time in jail or prison as a result of a prior arrest (Appendix Table 9).

Of the 95 inmates in the sample, 34 (35.8%) had completed Phase II (ITU) and were in compliance with treatment at the time of the study. An inmate was considered to be in compliance if the disciplinary record showed no treatment-related relapse. An additional 10 (10.5%) inmates had completed Phase II (ITU) and were non-compliant. While the remaining 51 (53.7%) had not completed Phase II (ITU) treatment.<sup>12</sup>

---

<sup>9</sup> An inmate is viewed as a viable candidate for the recidivism study if they have been released from prison for at least three years. Inmates transferred to regional prisons or to pre-release centers from Montana State Prison are included only if they were discharged from DOC custody and released into the community three years prior to March 15<sup>th</sup> 2004.

<sup>10</sup> Misconduct rates are generated by taking the number of misconducts each inmate received during their stay in prison divided by the total number of months the inmate spent in prison. This sum is then multiplied by 12 to produce yearly misconduct rates.

<sup>11</sup> Inmates who were sentenced to prison with a life sentence were coded as 1200 months (100 years). This inflates the average sentence length of the inmates in the sample.

<sup>12</sup> Many of the inmates classified as “non-treatment” will have completed at least some CD treatment either while under the supervision of the Montana Department of Corrections or in another context. Only inmates who completed CD ITU at MSP are considered part of the treatment group.

*Total, severe, and major misconduct*

Table 5. Total, Severe, and Major Misconduct of Incarcerated Inmates Eligible for ITU Sex Offender Programming Between 2001-2003				
Conduct Type	All			
<b>Total Misconduct</b>			<b>Mean</b>	<b>Rate</b>
0	31.2%	(29)	7.80	1.45
1-3	26.9	(25)		
4-7	19.4	(18)		
8-10	5.4	(5)		
More than 10	17.2	(16)		
<b>Severe Misconduct</b>			<b>Mean</b>	<b>Rate</b>
0	41.9%	(39)	4.72	.88
1-3	31.2	(29)		
4-7	11.8	(11)		
8-10	4.3	(4)		
More than 10	10.8	(10)		
<b>Major Misconduct</b>			<b>Mean</b>	<b>Rate</b>
0	45.7%	(42)	3.11	.58
1-3	30.6	(28)		
4-7	12.0	(11)		
8-10	5.4	(5)		
More than 10	6.5	(6)		

Note: Data represent all 93 inmates in the sample.  
Counts are shown in parentheses.

Table 5 shows that just over 30 percent of the inmates scheduled to receive SOP treatment had clear conduct and were never cited for any violations during their stay in prison. More than half (58.1%) had three or fewer total misconducts. Approximately 17 percent were cited with more than 10 total misconducts while incarcerated. The inmates averaged just less than eight total misconducts. The overall conduct rate was 1.56.

Forty-two percent of the inmates made it through their prison term without being cited for severe misconduct. The majority (73.1%) had three or fewer severe misconducts. Ten inmates (10.8%) were cited with more than 10 severe misconducts. The inmates averaged just less than five severe misconducts. The overall severe conduct rate was .88.

Of the 93 inmates in the analysis, 45.7 percent left prison without being cited for major misconduct. The majority (76.3%) had three or fewer misconducts while incarcerated. Six inmates (6.5%) were cited with more than 10 major misconducts. The inmates averaged just over three major misconducts. The overall major conduct rate is .58.

*Rate of misconduct before and after treatment*

Table 6. Before and After Treatment Misconduct Rates of Incarcerated Inmates Receiving ITU Sex Offender Programming Between 2001-2003 and Non-Treatment Inmates.				
Conduct Violations	Rate of Misconduct			
	Before Treatment	After Treatment	Difference (A-B)	% Change
<b>Treatment compliant (N = 34) misconduct for:</b>				
Any violation	.88	.50	-.38	-43.2%
A severe conduct violation	.52	.32	-.20	-38.5
A major violation	.36	.19	-.17	-47.2
Inmate on inmate attack	.06	.06	0.0	0.0
<b>Treatment non-compliant (N = 8) misconduct for:</b>				
Any violation	2.27	2.36	.09	4.0%
A severe conduct violation	1.30	1.15	-.15	-11.5
A major violation	1.00	1.14	-.14	-14.0
An inmate on inmate attack*	.13	.63	.50	384.6
<b>Non-Treatment (N = 49) misconduct for:</b>				
Any violation		1.65		
A severe conduct violation		1.10		
A major violation		.58		
An inmate on inmate attack		.28		
Note: *Difference between rates before and after treatment is statistically significant (p<.05).				

The top section of Table 6 shows the misconduct rates before and after treatment for the portion of the sample that completed ITU SOP treatment divided into those who were treatment compliant and those who were treatment non-compliant. The bottom section of Table 6 shows the misconduct rates for the portion of the sample (49 inmates) who were scheduled to receive ITU SOP treatment but never completed the treatment. Since they didn't receive treatment, before and after rates are not shown for the non-treatment group.

In the treatment compliant group, the rate of misconduct of inmates who completed ITU SOP treatment is lower after completion than it was before for each of the three misconduct measures. The rate of inmate on inmate attacks does not change after treatment. The rate

of major and severe misconduct is reduced by 47 percent for major violations and almost 39 percent for severe misconducts. The level of total misconduct falls by over 40 percent (43.2%) after treatment.

Although the changes are smaller, the misconduct of inmates in the non-compliant group also drops by 4 percent for total misconduct (11.5% for severe misconduct and 14.0% for major misconduct). The only statistically significant difference is found for the increase in the rate of inmate on inmate attacks in the non-compliant group (385%). Before treatment there was a single inmate on inmate attack. After treatment, there were a total of eight inmate on inmate attacks by five different inmates.

Of those completing ITU SOP treatment and compliant, 41.9 percent showed a reduction in their misconduct rate after treatment while 12.9 percent showed an increase. About 45 percent were misconduct free both before and after treatment and thus showed no change. There is insufficient data to calculate the percentage of non-compliant inmates whose rate of misconduct exhibited a reduction or an increase after treatment.

As shown in the bottom section of Table 6, the misconduct rates for the non-treatment group were higher than the after-treatment rates of those who completed ITU SOP treatment and were compliant.

## Recidivism

Another way of measuring program effectiveness is to examine recidivism. According to the definition used by the Montana Department of Corrections, a recidivism rate is the percentage of inmates who return to prison for any reason within three years of release.

### *Sample*

The majority of the 82 inmates (84.1%) in the sample are White males (Appendix Table 10). Just over 13 percent of the offenders are Native American. Hispanic inmates comprise the remaining inmates in the sample (2.4%). There were no other races reported. At the time of release from prison, the average age of the inmates was just over 35 years.

The average sentence length received by the offenders was approximately 163 months (Appendix Table 11). Suspended sentences were given to 25 of the 82 inmates. The average length of sentence suspended was approximately 61 percent of the sentence length (99.2 months). The vast majority of the inmates (90.0%) had a prior arrest. More than half (53.1%) had served time in jail or prison as a result of a prior arrest (Appendix Table 12).

Of the 82 inmates in the sample, 34 (36.3%) had completed Phase II (ITU) and were in compliance with treatment at the time of the study. An additional 5 inmates (6.1%) had completed Phase II (ITU) and were non-compliant. While the remaining 43 (52.4%) had not completed Phase II (ITU) treatment.

### *Recidivism rates*

Table 7. Recidivism Rates of Inmates Eligible for ITU Sex Offender Programming Released From Prison Before 2001, by Treatment Type				
Recidivism Measure	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Within three years following release percentage returned to prison for-</b>				
Any offense	31.7% (26)	38.2% (13)	40.0% (2)	25.6% (11)
Note: Counts are shown in parentheses.				

Table 7 shows that inmates who completed ITU SOP treatment had higher rates of recidivism than those who did not complete treatment. Of the 82 inmates in the sample, 26 (31.7%) returned to prison within three years of release.<sup>13</sup> The percentage returned for any offense is highest for inmates in the non-compliant group (40.0%) followed by inmates in the treatment group (38.2%) and inmates in the non-treatment group (25.6%).<sup>14</sup>

<sup>13</sup> In the case that an inmate was returned to prison more than once in the three years after the release closest to treatment, they were counted only once in the generation of the recidivism rates.

<sup>14</sup> The difference in the recidivism rate for the three groups is not statistically significance ( $p < .05$ ).

*Recidivism rates by time served prior to release, race, age at release, and time between release and return to prison*

Table 8. Recidivism Rates of Inmates Eligible for ITU Sex Offender Programming By Time Served, Race, Age at Release, and Time to Return to Prison.			
	Percent returned to prison for any type of crime within 3 years		
	All	Treatment Compliant	Non-Treatment
<b>Time served in prison before release</b>			
1 Year or less	75.0% (3)	***	75.0% (3)
13-36	8.7 (2)	16.7% (1)	6.3 (1)
37-60	44.0 (11)	55.6 (5)	33.3 (4)
61 months or more	32.0 (8)	33.3 (6)	28.6 (2)
<b>Race</b>			
White	30.4% (21)	35.5% (11)	25.0% (9)
Native American	36.4 (4)	66.7 (2)	33.3 (2)
Hispanic	50.0 (1)	***	***
<b>Age at release</b>			
18-29	31.6% (6)	***	28.6% (4)
30-39	33.3 (10)	46.2 (6)	25.0 (4)
40-49	30.8 (8)	35.7 (5)	25.0 (3)
50 or Older	28.6 (2)	33.3 (2)	***
<b>Returned to prison for any offense within</b>			
1 Year	50.0% (11)	58.3% (7)	37.5% (3)
2 Years	36.4 (8)	33.3 (4)	37.5 (3)
3 Year	13.6 (3)	8.3 (1)	25.0 (2)
Note: *** No data in cell. Counts are shown in parentheses.			

A variety of factors may influence recidivism rates. Table 8 shows the impact of time served before release, race, age at the time of release, and the amount of time that elapsed between release and return to prison.<sup>15</sup> This table shows that those inmates that successfully complete ITU SOP fare no better than those in the non-treatment group in terms of recidivism even taking into account time served, race, age at release, and the amount of time that elapsed between release and return to prison.

<sup>15</sup> Because the number of inmates in the treatment non-compliant group was so low, Table 8 does not include this group.

## **Discussion**

The purpose of this research was to examine the effectiveness of Intensive Treatment Unit Chemical Dependency (ITU CD) and Intensive Treatment Unit Sex Offender Programming as carried out at the Montana State Prison (MSP). Program effectiveness was measured using the rate of inmate misconduct while in MSP and the three-year recidivism rate of released inmates. As was not unexpected, the results were somewhat mixed.

### **A Few Cautions**

A few cautions are in order in interpreting the results of this study. The quality of some of the data on which this study is based is questionable. The researchers frequently ran into incomplete information in inmate files. It is difficult to assess the validity and reliability of these data. And recidivism is a very rough measure of program success. There is no way to gather information on all the crimes released offenders commit (Maltz, 1984; Spohn and Holleran 2002).

In much of the analysis, inmates who underwent the CD treatment or SOP treatment are compared to a group of inmates who were recommended for the treatment but never completed it. The CD and SOP comparison groups are not true non-treatment groups. In all likelihood, many of the inmates in the comparison groups have received a significant amount of chemical dependency and/or sex offender treatment across the course of their lives. But only those who completed ITU CD or ITU SOP treatment at MSP are included in the treatment groups. The likely effect would be to make it harder to statistically demonstrate a treatment effect. Inmates in the treatment and non-treatment groups may actually not be very different in terms of their exposure to chemical dependency or sex offender treatment.

Because of the small number of cases meeting the study criteria, much of the analysis is based on small samples. Smaller samples tend to exhibit larger sampling error, making it more difficult to have complete confidence in the results.

Few of the differences found are statistically significant. When differences are not statistically significant, there is a danger that the differences are a result of sampling error. Statistical significance is, in part, a function of sample size. Given the small number of available cases, it is not surprising that it was difficult to show statistical significance in much of this analysis.

### **Chemical Dependency Treatment**

In general, others studies of chemical dependency treatment programs have found that inmates in therapeutic units undergoing such treatment tend to exhibit lower levels of misconduct. In the present study, ITU CD treatment appears to have a small, but measurable impact on misconduct. For those undergoing ITU CD treatment, misconduct rates tend to decrease after treatment. Further, the after-treatment misconduct rates are lower than those of inmates in a comparison group recommended for but not completing

ITU CD treatment. The fact that the study found such differences is noteworthy when one takes into account that the comparison group is not a true non-treatment group.

Prior research has also frequently found that chemical dependency treatment programs reduce recidivism. In the present study, inmates who successfully completed ITU CD treatment at MSP and were compliant with the program at the time of release had a significantly lower three-year recidivism rate than a comparison group of those recommended for but not completing ITU CD treatment. Even those inmates who completed treatment but were non-compliant had lower recidivism than the comparison group. Chemical dependency programming at MSP seems to work better at reducing recidivism among White inmates and those that are under age 40 when released.

Interestingly, although those who undergo ITU CD treatment have lower overall recidivism rates relative to the non-treatment group, recidivism in the first year following release is actually higher among inmates in the treatment group.

The evidence supports the proposition that completing ITU CD treatment decreases inmate misconduct and reduces recidivism. This research also suggests that ITU CD programming specifically oriented towards minority inmates and older inmates might be helpful. Medicine Wheel CD treatment (also available at MSP) has been shown to be effective at reducing inmate misconduct and recidivism at the Montana Women's Prison among Native American female inmates. Further research would be needed to determine if the Medicine Wheel program at MSP also is effective among male Native American inmates.

The fact that most of the ITU treatment failures (as measured by recidivism) occur in the critical first year following release implies the need to better address prisoner reentry into the community. Although this issue is beyond the scope of the present study, there is a research literature that examines factors associated with successful reentry (Sieter 2004; Seiter and Hadela, 2003; Inciardi, Martin, and Surratt. 2001; Taxman and Bouffard 2002).

### **Sex Offender Programming**

Prior research on sex offender treatment programs have found mixed results at best. With a few notable exceptions, most of the studies done have been unable to demonstrate a significant impact of such treatment on inmate misconduct or recidivism. In the present study, ITU SOP treatment appears to have a modest but measurable impact on inmate misconduct. Among inmates who completed ITU SOP treatment and who were treatment compliant, the rates of most kinds of misconduct decreased after treatment. But treatment had virtually no effect on inmates classified as treatment non-compliant. The after-treatment misconduct rates of treatment compliant inmates are lower than those of inmates in a comparison group recommended for but not completing ITU SOP treatment.

Consistent with much of the prior research, ITU SOP treatment does not appear to decrease recidivism. In fact the data in this study indicate that those completing ITU SOP are actually more likely to return to prison within three years than those recommended for but not completing ITU SOP treatment. Mentioned above are some of the factors that decrease

the effectiveness of sex offender treatment. In this particular study, it is possible that those who completed ITU SOP treatment were more serious sex offenders who were court-ordered into the treatment whereas the comparison group consists of less intractable sex offenders who were not forced to undergo ITU SOP prior to release.

It also should be noted that sex offenders at MSP often complete ITU SOP treatment many months prior to release (and the associated increase in opportunities to re-offend). The average length of time spent at MSP after completing SOP treatment was about 32 months. In contrast, those completing ITU CD treatment spend an average of only about 11 months at MSP after treatment before release. It could be that the treatment effect may decrease during the time before release. Furthermore, the extended stay of inmates completing SOP treatment and the need in the recidivism study to focus on inmates who had been released from prison for at least three years made it necessary to focus on treatment that was being given in or prior to fiscal year 2000. As such the findings and trends shown in this report are those of inmates who received SOP treatment on average of five to six years ago. The findings and trends reported do not reflect any changes in treatment that occurred after that time.

### References

- Alexander, Margaret A. 1999. "Sex Offender Treatment Efficacy Revisited." *Sexual Abuse: A Journal of Research and Treatment* 11:101-116.
- Barbaree, Howard E. and William L. Marshall. 1988. "Deviant Sexual Arousal, Offense History, and Demographic Variables and Predictors of Re-Offense among Child Molesters." *Behavioral Sciences and the Law* 6:267-280.
- Baumer, Eric. 1997. "Levels and Predictors of Recidivism: The Malta Experience." *Criminology* 35:601-628.
- Butzin, Clifford A., Steven S. Martin, and James A. Inciardi. 2002. "Evaluating component effects of a prison-based treatment continuum." *Journal of Substance Abuse Treatment* 22:63-69.
- Craddock, Amy. 1996. "A Comparative Study of Male and Female Prison Misconduct Careers." *The Prison Journal* 76:60-80.
- Dietz, Erik Faust, Daniel J. O'Connell, and Frank R. Scarpitti. 2003. "Therapeutic Communities and Prison Management: An Examination of the Effects of Operating an In-Prison Therapeutic Community on Levels of Institutional Disorder." *International Journal of Offender Therapy and Comparative Criminology* 47:210-223.
- Gendreau, Paul, Tracy Little, and Claire Goggin. 1996. "A Meta-Analysis of The Predictors of Recidivism: What Works!" *Criminology* 34:575-607.
- Hall, Gordon C.N. 1995. "Sex Offender Recidivism Revisited: A Meta- Analysis of

- Recent Treatment Studies.” *Journal of Consulting and Clinical Psychology* 63:802-809.
- Hanson, Karl R. Arthur Gordon, J.R. Harris, Janis K Marques, William Murphy, Vernon L. Quinsley, and Michael C. Seto. 2002. “First Report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment for Sex Offenders.” *Sexual Abuse: A Journal of Research and Treatment* 14:169-194
- Inciardi, James A., Steven S. Martin, and Clifford A. Butzin. 2004. “Five-Year Outcomes of Therapeutic Community Treatment of Drug Involved Offenders After Release From Prison.” *Crime and Delinquency* 50:88-107.
- Inciardi, James A., Steven S. Martin, Clifford A. Butzin, Robert M. Hooper, Lana D. Harrison. Spring 1997. “An Effective Model of Prison-Based Treatment For Drug Involved Offenders.” *Journal of Drug Issues* 27:261-78.
- Inciardi, James A., Steven S. Martin, and Surratt. 2001. “Therapeutic Communities in Prisons and Work Release: Effective Modalities for Drug-Involved Offenders.” Pp. 241-256 in *Therapeutic communities for the treatment of drug users*, edited by Barbara Rawlings and Rowdy Yates. Philadelphia: Jessica Kingsley Publishers.
- Knight, Kevin, D. Dwayne Simpson, Matthew L. Hiller. September 1999. “Three-Year Reincarceration Outcomes for In-Prison Therapeutic Community Treatment in Texas.” *The Prison Journal* 79:337-51.
- Langan, Neal P, and Bernadetter M.M. Pelissier. 2001. “The Effect of Drug Treatment on Inmate Misconduct in Federal Prisons.” *Journal of Offender Rehabilitation* 34:21-30.
- Maltz, Micheal D. 1984. *Recidivism*. Orlando: Academic Press.
- Marques, Janice K., David M. Day, Craig Nelson, and Mary A. West. 1994. “Effects of Cognitive-Behavioral Treatment on Sex Offender Recidivism: Preliminary Results of a Longitudinal Study.” *Criminal Justice and Behavior* 21:28-54.
- McGrath, Robert J., Stephen E. Hoke, and John E. Vojtisek. 1998. “Cognitive-behavioral treatment of sex offenders: a treatment comparison and long-term follow-up study.” *Criminal Justice and Behavior* 25:203-25.
- Pearson, Frank S. and Douglas S. Lipton. 1999. “A Meta-Analytic Review of the Effectiveness of Corrections-Based Treatment For Drug Abuse.” *The Prison Journal* 334-410.
- Pelisser, Bernadette, Susan Wallace, Joyce Ann O’Neil, Gerald G. Gaes, Scott D. Camp, William Rhodes, William G. Saylor. 2001. Federal Prison Residential Drug Treatment Reduces Substance Use and Arrests After Release.” *American Journal of Drug and Alcohol Abuse* 27: 315-337.

- Pelissier, Bernadette M. M., Scott D. Camp, Gerald G. Gaes, William G. Saylor, and William Rhodes. 2003. Gender Differences in Outcomes From Prison-Based Residential Treatment. *Journal of Substance Abuse Treatment* 24: 149-160.
- Porporino, Frank J. David Robinson, Bart Millson, and John R. Weeks. 2002. "An Outcome Evaluation of Prison-Based Treatment Programming for Substance Users." *Substance Use and Misuse* 37:1047-1077.
- Prendergast, Michael, David Farabee, and Jerome Cartier. 2001. "The Impact of In-Prison Therapeutic Community Programs on Prison Management." *Journal of Offender Rehabilitation* 32:63-78.
- Quinsey, Veronon L., Arunima Khanna, and P.B. Malcolm. 1998. "A Retrospective Evaluation of the Regional Treatment Centre Sex Offender Program." *Journal of Interpersonal Violence* 8:512-523.
- Quinsey, Vernon L., Grant T. Harris, Marnie E. Rice and Martin L. Lalumiere. 1993. "Assessing treatment efficacy in outcome studies of sex offenders." *Journal of Interpersonal Violence* 8:512-23.
- Schweitzer, Robert and Jonathan Dweyer. 2003. "Sex Crime Recidivism; Evaluation of a Sexual Offender Treatment Program." *Journal of Interpersonal Violence* 18:1292-1311.
- Seiter, Richard P. 2004. "Inmate Reentry: What Works and What to Do About It." *Corrections Compendium* 29:1-5; 33-35.
- Seiter, Richard P. and Karen R. Kadela. 2003. "Prisoner Reentry: What Works, What Does Not, and What Is Promising." *Crime and Delinquency* 49:360-388.
- Spohn, Cassia and David Holleran. 2002. "The Effects of Imprisonment on Recidivism Rates of Felony Offenders: A Focus on Drug Offenders." *Criminology* 40:329-358.
- Taxman, Faye S. and Jeffery A. Bouffard. 2002. "Assessing Therapeutic Integrity In Modified Therapeutic Communities for Drug Involved Offenders." *The Prison Journal* 82:189-212.
- Wexler, Harry, Gerald Melnick, Lois Lowe, Jean Peters. September 1999. "Three-Year Reincarceration Rates for Amity In-Prison Therapeutic Community and Aftercare in California." *The Prison Journal* 79:321-36

# APPENDIX A

Table A.1 Demographic Characteristics of Incarcerated Inmates Eligible for ITU Chemical Dependency Treatment Between 2000-2003, by Treatment Type

Prisoner Characteristic	Percent of Prisoners			Non-Treatment
	All	Treatment Compliant	Treatment Non-Compliant	
<b>Race</b>				
White	74.7%	63.9%	80.0%	81.4%
Native American	16.2	16.7	20.0	14.0
Hispanic	3.0	2.8	0.0	4.7
Black	3.0	8.3	0.0	0.0
Other	3.0	8.3	0.0	0.0
<b>Age at entry</b>				
18-24	23.2%	25.0%	30.0	18.6
25-29	22.2	22.2	30.0	18.6
30-34	16.2	16.7	15.0	16.3
35-39	23.2	33.3	10.0	20.9
40-44	9.1	0.0	5.0	18.6
45-49	1.0	0.0	0.0	2.4
50 or Older	5.1	2.8	10.0	4.7
<b>Age at entry</b>				
Minimum	18	18	20	18
Maximum	57	51	54	57
Mean	31.92	30.61	31.00	33.50
Total	99	36	20	43

Note: Race and age are reported for each of the 99 inmates in the sample.  
The category "other" includes all inmates of races not listed in the table and those who are mixed race.

Table A.2 Sentence Length, Suspended Sentence, and Months Served for Incarcerated Inmates Eligible for ITU Chemical Dependency Treatment Between 2000-2003, by Treatment Type

Prisoner Characteristic	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Sentence length (in months)</b>				
Minimum	6	6	9	6
Maximum	240	240	240	240
Mean	78.8	89.4	74.3	72
<b>Suspended Sentence (in months)</b>				
Minimum	12	12	24	12
Maximum	180	120	180	96
Mean	55.5	60.7	65.5	45
<b>Months Served</b>				
Minimum	3	6	14	3
Maximum	100	100	73	75
Mean	30.3	32.0	34.8	26.7
Total	99	36	20	43

Note: Sentence length is recorded for 95 of the 99 inmates in the sample.  
62 of the 99 inmates were given a suspended sentence.  
Months served recorded for all 99 inmates.

Table A.3 Prior Criminal Record of Incarcerated Inmates Eligible for ITU Chemical Dependency Treatment Between 2000-2003, by Treatment Type

Prior to crime for which imprisoned	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Percent with prior arrest for any crime</b>				
No Prior Arrests	6.3%	2.9%	5.3%	2.6%
1-5	20.0	23.5	31.6	12.8
6-10	23.3	14.7	15.8	35.9
11-15	20.0	20.6	21.1	20.5
16-20	11.6	17.6	10.5	7.7
More than 21	18.9	20.6	15.8	20.5
<b>Percent with prior arrest for any offense</b>	93.7%	97.1%	94.7%	97.4%
<b>Percent with previous incarceration for any offense</b>	79.6%	76.5%	72.2%	85.4%
Total	99	36	20	43

Note: Percent with prior arrest is recorded for 95 of the 99 inmates in the sample.  
Percent with previous incarceration is recorded for 93 of the 99 inmates.

Table A.4 Demographic Characteristics of Inmates Eligible for ITU Chemical Dependency Treatment Released From Prison Before 2001, by Treatment Type

Prisoner Characteristic	Percent of Released Prisoners			
	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Race</b>				
White	74.4%	84.2%	66.7%	64.7%
Native American	23.1	15.8	16.7	32.4
Black	2.6	0.0	16.7	2.9
<b>Age at Release</b>				
18-24	19.7%	21.6%	0.0%	21.2%
25-29	14.5	13.5	16.7	15.2
30-34	15.8	13.5	16.7	18.2
35-39	14.5	8.1	50.0	15.2
40-44	19.7	29.7	16.7	9.1
45-49	7.9	5.4	0.0	12.1
50 or Older	7.9	8.1	0.0	9.1
<b>Age at Release</b>				
Minimum	21	22	26	21
Maximum	68	57	42	68
Mean	35.24	35.05	35.33	35.42
Total	79	38	6	35

Note: Race is reported for 78 of the 79 inmates in the sample.  
 Age is reported for 76 of 79 inmates.  
 The category "other" includes all inmates of races not listed in the table and those who are mixed race.

Table A.5 Sentence Length, Suspended Sentence, and Months Served for Inmates Eligible for ITU Chemical Dependency Treatment Released From Prison Before 2001, by Treatment Type

Prisoner Characteristic	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Sentence length (in months)</b>				
Minimum	6	6	9	6
Maximum	360	240	120	360
Mean	85.2	77.5	55.7	99.1
<b>Suspended sentence (in months)</b>				
Minimum	12	12	48	12
Maximum	180	120	60	180
Mean	54.9	45.7	52.0	64.7
<b>Months served</b>				
Minimum	4	5	5	4
Maximum	119	84	58	119
Mean	34.6	31.5	28.3	39.07
Total	79	36	20	43

Note: Sentence length is recorded for 76 of the 79 inmates in the sample.  
 39 of the 79 inmates were given a suspended sentence.  
 Months served is recorded for 77 of the 79 inmates.

Table A.6 Prior Criminal Record of Inmates Eligible for ITU Chemical Dependency Treatment Released From Prison Before 2001, by Treatment Type

Prior to crime for which imprisoned	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Percent with prior arrest for any crime</b>				
No Prior Arrests	2.7%	2.8%	0.0%	3.1%
1-5	16.2	13.9	16.7	18.8
6-10	21.6	22.2	16.7	21.9
11-15	23.0	22.2	33.3	21.9
16-20	14.9	11.1	33.3	15.6
More than 21	21.6	27.8	0.0	18.8
<b>Percent with prior arrest for any offense</b>	97.3%	97.8%	100.0%	96.9%
<b>Percent with previous incarceration for any offense</b>	80.5%	81.6%	83.3%	78.8%
Total	79	38	6	35

Note: Percent with prior arrest is recorded for 74 of the 79 inmates in the sample.  
 Percent with previous incarceration is recorded for 77 of the 79 inmates.

Table A.7 Demographic Characteristics of Incarcerated Inmates Eligible for ITU Sex Offender Programming Between 2000-2003, by Treatment Type

Prisoner Characteristic	Percent of Prisoners			Non-Treatment
	All	Treatment Compliant	Treatment Non-Compliant	
<b>Race</b>				
White	90.5%	94.1%	90.0%	88.2%
Native American	5.3	2.9	10.0	5.9
Hispanic	1.1	0.0	0.0	2.0
Other	3.1	2.9	0.0	3.1
<b>Age at Entry</b>				
18-24	17.6%	6.3%	40.0%	20.4%
25-29	11.0	6.3	10.0	14.3
30-34	15.4	12.5	10.0	18.4
35-39	15.4	25.0	0.0	12.2
40-44	7.7	6.3	10.0	8.2
45-49	14.3	15.6	20.0	12.2
50 or Older	18.7	28.1	10.0	14.3
<b>Age at Entry</b>				
Minimum	18	21	18	18
Maximum	70	60	54	70
Mean	37.26	41.4	32.4	35.58
Total	95	34	10	51

Note: Race is reported for all 95 of the inmates in the sample.  
 Age is reported for 91 of 95 inmates.  
 The category "other" includes all inmates of races not listed in the table and those who are mixed race.

Table A.8 Sentence Length, Suspended Sentence, and Time Served for Incarcerated Inmates Eligible for ITU Sex Offender Programming Between 2000-2003, by Treatment Type

Prisoner Characteristic	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Sentence length (in months)</b>				
Minimum	30	30	60	48
Maximum	1680	1200	360	1680
Mean	390	402.3	218.4	416.4
<b>Suspended sentence (in months)</b>				
Minimum	24	24	60	24
Maximum	600	504	180	600
Mean	181.5	186.3	110.0	190.8
<b>Months served</b>				
Minimum	9	26	35	9
Maximum	204	204	92	148
Mean	69.2	89.7	61.6	56.8
Total	95	34	10	51

Note: Sentence length is recorded for each of the 95 inmates in the sample.  
62 of the 95 inmates in the sample were given a suspended sentence.  
Inmates given life sentences were recorded as sentenced to 1200 months.  
Months served recorded for 94 of the 95 inmates in the sample.

Table A.9 Prior Criminal Record of Incarcerated Inmates Eligible for ITU Sex Offender Programming Between 2000-2003, by Treatment Type

Prior to crime for which imprisoned	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Percent with prior arrest for any crime</b>				
No Prior Arrests	10.6%	6.5%	20.0%	12.8%
1-5	50.6	48.4	60.0%	51.1
6-10	20.0	25.8	20.0*	17.0
11-15	10.6	9.7	0.0	10.6
16-20	2.4	6.5	0.0	0.0
More than 21	5.9	3.2	0.0	8.5
<b>Percent with prior arrest for any offense</b>	89.4	93.5%	80.0%	87.2%
<b>Percent with previous incarceration for any offense</b>	56.5%	66.7%	20.0	51.0%
Total	95	34	10	51

Note: Percent with prior arrest is recorded for 85 of the 95 inmates in the sample.  
Percent with previous incarceration is recorded for 92 of the 95 inmates.

Table A.10 Demographic Characteristics of Inmates Eligible for ITU Sex Offender Programming Released From Prison Before 2001, by Treatment Type

Prisoner Characteristic	Percent of Released Prisoners			
	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Race</b>				
White	84.1%	37.8%	2.4%	43.9%
Native American	13.4	3.7	3.4	7.4
Hispanic	2.4	0.0	1.2	1.2
<b>Age at Release</b>				
18-24	20.3%	1.3%	5.1%	13.9%
25-29	16.5	6.3	0.0	10.1
30-34	19.0	10.1	0.0	8.9
35-39	25.3	12.7	1.3	11.4
40-44	11.4	6.3	0.0	5.1
45-49	3.8	2.5	0.0	1.3
50 or Older	3.8	2.5	0.0	1.3
<b>Age at Release</b>				
Minimum	18	22	20	18
Maximum	61	53	35	61
Mean	32.8	36.0	23.8	31.3
Total	82	34	5	43

Note: Race is reported for all 82 of the inmates in the sample.  
 Age is reported for 79 of 82 inmates.  
 The category "other" includes all inmates of races not listed in the table and those who are mixed race.

Table A.11 Sentence Length, Suspended Sentence, and Time Served for Inmates Eligible for ITU Sex Offender Programming Released From Prison Before 2001, by Treatment Type

Prisoner Characteristic	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Sentence length (in months)</b>				
Minimum	9	60	**	9
Maximum	480	480	**	300
Mean	162.8	234.1	**	117.2
<b>Suspended Sentence (in months)</b>				
Minimum	3	60	**	3
Maximum	240	240	**	180
Mean	99.2	140.7	**	71.3
<b>Months served</b>				
Minimum	13	15	51	13
Maximum	184	176	114	184
Mean	56.8	76.5	75.0	63.16
Total	82	34	5	43

Note: Sentence length is recorded for 72 of the 82 inmates in the sample.  
 25 of the 82 inmates in the sample were given a suspended sentence.  
 Months served recorded for 53 of 82 inmates.  
 \*\* data are available for only one of the five inmates in this group

Table A.12 Prior Criminal Record of Inmates Eligible for ITU Sex Offender Programming Released From Prison Before 2001, by Treatment Types

Prior to crime for which imprisoned	All	Treatment Compliant	Treatment Non-Compliant	Non-Treatment
<b>Percent with prior arrest for any crime</b>				
No Prior Arrests	10.0%	11.5%	20.0%	7.7%
1-5	44.3	46.2	60.0	41.0
6-10	27.1	23.1	20.0	30.8
11-15	10.0	7.7	0.0	12.8
16-20	4.3	3.8	0.0	5.1
More than 21	4.3	7.7	0.0	2.6
<b>Percent with prior arrest for any offense</b>	90.0%	88.5%	80.0%	92.3%
<b>Percent with previous incarceration for any offense</b>	53.1%	57.6%	80.0%	53.5%
Total	82	34	5	43

Note: Percent with prior arrest is recorded for 74 of the 79 inmates in the sample.  
 Percent with previous incarceration is recorded for 77 of the 79 inmates.

# APPENDIX B

Prepared by MSP Treatment Staff independently from the University of Montana research study.

## MSP Sex Offender Programming Additional Information

The Sex Offender Program at Montana State Prison has compiled the following independent data for inmates who have completed our SOP Phase II (ITU & OP) treatment program. ITU is the Intensive Treatment Unit and OP are Out Patient groups. Both utilize the same program and techniques in a group process. This data was formulated from our department's extensive database going back to when the Sex Offender program began treatment in 1986 with our first inmates completing the program in 1988. All data is in reference to inmates who completed SOP Phase II while incarcerated. This information provides a synopsis of a more complete, detailed breakdown of the Sex Offender program. Additional information is available upon request.

Between 07/01/88 – 06/30/04 129 inmates have completed SOP Phase II-ITU. Of these, 110 have been released from incarceration. Twenty (20) have returned to incarceration due to violations, and 2 have returned for new sex related offenses. Based on the 22 individuals returned to incarceration, recidivism for SOP Phase II – ITU is 20.0%. The re-offending rate is 1.8%. Recidivism for this data is defined as any inmate who left prison after completing SOP Phase II and was later returned to prison regardless of how long they were gone. Data does not include inmates who violated their conditions in the community and were placed on a more restrictive level of care within the community. An example would be an inmate who left prison on parole, violates his conditions, and is then placed in a pre-release center. If they did not physically return to prison they are not counted in recidivism rates for this data.

Between 07/01/88 – 06/30/04 142 inmates have completed SOP Phase II – OP. Of these, 68 have been released from incarceration. Ten (10) have returned to incarceration due to violations, and 2 have returned for new sex related offenses. Based on the 12 individuals returned to incarceration, recidivism for SOP Phase II – OP complete inmates is 17.6%. The re-offending rate is 2.9%.

Overall, 271 inmates have completed SOP Phase II (ITU or OP) treatment while incarcerated in Montana during the listed time frame. Of these, 178 have been released into the communities on various levels of care. A total of 34 have returned to prison, (30 for violations & 4 for new sexually related offenses). The overall recidivism rate for treatment complete (SOP Phase II) inmates leaving incarceration is **19.1%**, and the re-offending rate is **2.4%**.

As you can see, there are a number of factors that should be considered when reviewing recidivism and program effectiveness given the instrument we utilize to measure this data.

This project was supported by Grant No 01-K11-81327 awarded by the Montana Board of Crime Control (MBCC) through the Office of Justice Programs, US Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the US Department of Justice.