

FORCED TO CHANGE: STAFF AND INMATE PERCEPTIONS OF INVOLUNTARY TREATMENT AND ITS EFFECTS

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The ideological debate over the ability of involuntary programs to modify inmate behavior permeates the treatment literature. Ideology aside, research reveals that programs targeting high-risk offenders are most likely to reduce recidivism even though this group is the least likely to participate voluntarily. With the current economic environment and the continued disappearance of prevention/rehabilitation funding, it may be more cost-effective to target those who need it the most. Interviews were conducted with a sample of inmates involuntarily placed into a Cognitive Housing Approach: New Goals Environment (CHANGE) program as well as the staff who worked with the program. Responses from both inmates and staff support the use of involuntary programs for high risk populations. These qualitative results indicate that behavioral change was occurring for the majority of program participants despite being forced to participate.

Keywords: cognitive therapy; prison violence; inmate misconduct; evaluation correctional intervention; involuntary programming; coerced treatment; correctional treatment programs; recidivism; maximum security inmates

INTRODUCTION

What is the goal of incarceration—to punish or to reform? This question has dominated the correctional rehabilitation literature for over 100 years. Initial signs of prison reformation beyond biblical repentance can be seen in the works of Zebulon Brockway who declared as early as 1869 that the goal of prisons should be to protect society both while the offender is detained and especially upon release. At the time, Brockway was using

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education as a tool of reform in the women's division of the Detroit House of Correction (Brockway, 1912). Since then, the effectiveness and the appropriateness of rehabilitation behind institutional walls has been a topic of debate (Rothman, 1971) particularly when considering whether treatment should occur voluntarily or involuntarily.

Until the latter 1900s, many correctional personnel advocated for rehabilitation as a guiding philosophy, despite no solid evidence to support that treatment attempts were lasting (Cullen & Gilbert, 2013). By the 1970s, for example, opposition to reform coalesced over the efficacy of treatment as a voluntary or involuntary tool. The American Friends Service Committee (1971) suggested that rehabilitation could not occur when the recipient was being coerced to participate. To them, state-enforced therapy caused misery and victimization (Cullen & Gilbert, 1982). Adding to the argument against coercive treatment was Robert Martinson's (1974) critique of 231 existing prison programs, in which he summarized the results suggesting that "with few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism" (p. 22). This sentiment became embedded in the development of a justice model (i.e., Just Deserts) where most policy makers limited the scope of rehabilitation to those who wanted to change and instead proposed the use of incapacitation and deterrence-based strategies (Phelps, 2011).

As history has shown, the waning of institutional rehabilitation programming (e.g., coerced treatment programs) and the increased use of incapacitation as proposed by Just Deserts reformers during the 1970s, did not result in the reduction of crime and deviance as anticipated. Instead, the late 1980s and early 1990s experienced an increase in violence, both on the streets and behind prison walls (Austin & Irwin, 2001). Higher recidivism was reported, and state budgets increasingly became strained due to the expansion of correctional institutions and their related systems. To ease the economic crisis, many states looked to alternatives to deal with the prison population, leading to trends of decarceration (Garland, Hogan, Wodahl, Hass, Lambert, & Stohr, 2014).

The treatment ideology once again was sought to provide alternative options. Its prior limitations provided the impetus for improvement with advances in research and the focus on evidence-based practices. Today, empirical evidence continues to suggest that treatment programs that focus on changing offender behavior, even incrementally, can have both prosocial and cost-effective benefits (see Gaes, Flanagan, Motiuk, & Stewart, 1999; Latessa, Listwan, & Koetzle, 2014; Lipsey & Cullen, 2006). For example, within the prison, positive behavior change increases the safety of both the staff and inmates, reduces operational costs as inmates' security levels are lowered, and reduces delays in release dates.

In direct opposition to providing programs only to those who volunteer, the rehabilitation literature has indicated that treatment programs are most beneficial to high-risk offenders, the group least likely to self-refer (Andrews & Bonta, 2006; Gaes et al., 1999; Hammett, Gaiter, & Crawford, 1998; Latessa et al., 2014; Wenzel, Longshore, Turner, & Ridgely, 2001). This leads to a quandary—is it more cost-effective to target those inmates

most in need of treatment through coerced programming or to treat only those inmates who volunteer and miss those with the most criminogenic need?

This study examined one cognitive-based program that targeted high security level inmates (as defined by their institutional misconduct) to assess the impact of coercive programming. Addressing Wild's (2006) concern that coercive programs "ignore the views of clients, practitioners, and the public" (p. 42), we interviewed a sample of staff members and inmates to explore their perceptions and outcomes of an involuntary cognitive restructuring program.

Involuntary or Coerced Programming

Despite the age-old controversy of whether institutional treatment can be accomplished, for the most part, correctional institutions and administrators have embraced the idea that imprisonment and rehabilitation go hand-in-hand in order to produce better citizens. Throughout the cyclical history of correctional treatment, there always has been an undercurrent of sentiment to punish, although this sentiment often was phrased in terms of security concerns rather than an overt rejection of rehabilitation (e.g., Martinson, 1974; Wilson, 2013; Rothman, 1980). Two meta-analyses have shown that punishment is not effective in changing behavior. Both Andrews (1994) and Dowden and Andrews (1999) found that punishment did not reduce recidivism for the populations studied whereas treatment had a modest positive effect on recidivism. Although the question remains whether treatment works better when it is voluntary, forced programming occurs in several stages of the criminal justice system, many times cloaked as part of a criminal sanction. Today, there is acceptance of state-enforced therapy in such areas as drug treatment, mental health treatment, and sex offender treatment.

Forced therapy or coercion is defined as "a form of institutionalized pressure [with negative consequences as an alternative] that results in an individual entering treatment" (Weisner, 1990, p. 579). One example of coerced therapy occurs in many states today through the use of additional time-cuts (merit time) for offenders who complete specified rehabilitation programs. Although this may not be included implicitly under a definition of coerced treatment because the offenders participate voluntarily, most do not do so for unselfish reasons, but rather for a reduction in time served (as opposed to the negative alternative of serving a lengthier sentence). Such incentives may fall under the broad definition of "coercion." Similarly, research conducted during the early 1990s on individual reasons for entering treatment programs revealed that approximately 50% of clients entered treatment as an extension of the criminal justice system rather than on their own merit (Price & D'Aunno, 1992). Today, coerced programming, particularly community-based programming, is much more extensive as an alternative to incarceration to counter the high cost of confinement, although even it has its critics (Fischer, 2003; Longshore, Prendergast, & Farabee, 2004; Wild, Wolfe, & Hyshka, 2012).

The literature identifies three types of "social pressure" to force treatment (Wild, 2006, p. 40). The first type, *legal social controls*, includes legal sanctions for failure to participate. Legal pressure can be in the form of civil commitments or mandatory treat-

ment, which can originate from laws, the courts (both pretrial and post-conviction, or drug courts), prisons, parole boards, and probation (Farabee, Prendergast, & Anglin, 1998; Hepburn & Harvey, 2007; Hiller, Knight, Broome, & Simpson, 1998; Norland, Sowell, & DiChiara, 2003; Polcin & Greenfield, 2003; Wild, 2006). Second, *formal social controls*, do not initiate from the criminal justice system, but coerce clients into treatment to avoid some type of loss, such as a job, custody of children, or government-provided benefits (Wild, 2006). Formal pressure could include mandatory employer drug testing, social assistance programs, and inpatient treatment. The final type of social pressure, *informal social controls*, is initiated by friends, neighbors, and family members who have identified a problem behavior. Many times threats or ultimatums may be given to coerce the individual into treatment. Based on these social pressures, many argue very few clients self-refer or truly volunteer to enter treatment (Marlowe, 2001).

Thus, the concept of coercion is subjective to each individual. Offenders may recognize their individual problems in vague terms, knowing that the behaviors lead to deviant or criminal activity, and they even may admit there is a need to alter the behavior without actually requesting treatment programs (e.g., drugs, alcohol, anger issues) (Cosden, Basch, Campos, Greenwell, Barazani, & Walker, 2006; Prendergast, Greenwell, Farabee, & Hser, 2009). Other offenders may not acknowledge the existence of a problem and may be hostile towards intervention. Even so, the literature suggests that targeted motivational enhancement strategies can be provided to enhance willingness to participate (Casselmann, 2004; Farabee, Simpson, Dansereau, & Knight, 1995; Roberts, Contois, Willis, Worthington, & Knight, 2007; Simpson & Joe, 2004).

Referring back to the American Friends Service Committee in the 1970s, one argument against coerced treatment still heard today is that effective treatment cannot occur unless a person is truly motivated to change. The literature does support the idea that clients who are more motivated have better treatment outcomes (Klag, Creed, & O'Callaghan, 2004; Hepburn & Harvey, 2007). Yet, research also confirms that those coerced by the criminal justice system have longer program retention rates leading to improved employment and lower recidivism rates (Brecht, Anglin, & Wang, 1993; Hiller et al., 1998; Marlowe, 2001; Welsh, 2007; Young & Belenko, 2002; Young, Fluellen, & Belenko, 2004). Conversely, Rapp, Li, Siegal, and DeLiberty (2003) found no relationship between motivation and treatment outcomes. These mixed results open the door for more research on how offenders subjectively process coercion and motivation when placed in mandatory programs. As Prendergast et al. (2009) found, the perceived coercion and motivational factors are not definitive in treatment outcomes. A theoretical model that provides support for the use of involuntary programs suggests that the motivation to change most often develops over time.

According to Prochaska, DiClemente, and Norcross (1992), motivation to change is not a one-step process. It involves five phases of transition and can begin early on in the first stage called *precontemplation*. In this stage, the individual does not recognize the problem behavior and has no initiative to change. Those close to the individual, though, are aware of the problem and may begin to pressure the individual to change his or her ac-

tions. The second stage, *contemplation*, occurs when the individual becomes aware of the problem, but makes no commitment to change. This stage may be lengthy if the individual is not ready to change. During this stage, individuals may “weigh the pros and cons of the problem and the solution to the problem. They struggle with...the amount of effort, energy, and loss it will cost to overcome the problem” (Prochaska et al., 1992, p. 1103). The third stage, *preparation*, is a decision-making stage when the individual plans to change, although this change may not begin immediately. The person may take small steps to change, but not enough for “effective action” (Prochaska et al., 1992, p. 1103). During the fourth stage, *action*, the individual makes a commitment to change and takes steps to address the problem behavior. This stage is when individuals “modify their behavior, experiences, or environment in order to overcome their problems” (Prochaska et al., 1992, p. 1104). Finally, the *maintenance* stage is when an individual has been successful in completing treatment and works to prevent the problem behavior. Depending on the behavior, this stage may last a lifetime as the individual learns how to navigate situations without relapsing to past behavior patterns (Connor, Longshore, & Anglin, 2009; Prendergast et al., 2009; Prochaska et al., 1992). These stages of change are considered transtheoretical, as they reflect different components of the health belief model, the theory of reasoned action, and social learning theory models (Connor et al., 2009). The stages of change theory also fits nicely into how coercive programming may advance motivation by pushing the offender from *precontemplation* to awareness in the *contemplation* stage.

Cognitive Based Programming and CHANGE (Cognitive Housing Approach: New Goals Environment)

Using behavioral-based programming has been the most successful intervention in effecting change of deviant populations (French & Gendreau, 2006; Landenberg & Lipsey, 2005; Latessa, Cullen, & Gendreau, 2002; Lipsey, Landenberger, & Wilson, 2007). Programs based on the many forms of cognitive principles increasingly dominate both institutional and community settings nationwide. The goal of cognitive programming is to teach individuals how to adopt more prosocial attitudes and beliefs, as well as to teach inmates cooperation, flexibility, and an understanding of the consequences of their behavior (Van Voorhis & Lester, 2009). Most programs combine cognitive restructuring/distortions and cognitive skill deficits to target attitudes and reasoning skills, and to improve cognitive processes. Unlike many therapeutic alternatives, program staff are not required to possess any special qualifications other than training in the individual program being administered. The goal of most cognitive-based programs is for both staff and inmates to practice the principles of proper thinking on a daily basis.

There has been increasing acceptance of evidence-based programming as a cost-effective measure, which has spurred many states to use cognitive restructuring as an option for reducing crime and recidivism (Drake, Aos, & Miller, 2009; Lipsey et al., 2007; Nally, Lockwood, Knutson, & Ho, 2012). The research has flourished to guide practitioners to correctly administer programming so that successful change can occur. By using validated assessments, risk factors can be identified and addressed. Andrews and Bonta (1996) identified key factors that place offenders at risk, including anti-social behavior

and pro-criminal attitudes. Once criminogenic needs are uncovered, interventions should match the needs of the offender to the correct programming. Further, intensity and duration have been researched to uncover the most effective dosage of treatment.

The final component is the selection of program staff. In order to be successful, all staff involved with programming must believe in its concepts and its positive influence on offenders. When staff do not buy into the programming, it opens the door for negativity and sabotage. Latessa et al. (2014) point out, though, that the organizational culture also must be supportive of programming, not only by the director of the program, but by the administration providing resources to ensure program success and ongoing training, conferences, and workshops for staff to keep up-to-date on the latest techniques.

The focus of this study is on one such involuntary program found in a Midwestern prison, known as Thinking for a CHANGE or the CHANGE program. Prior to the creation of the CHANGE program, this facility had implemented a voluntary cognitive program entitled Strategies for Thinking Productively (STP). An evaluation of the voluntary program suggested among inmates who had completed at least ten months of the program, it reduced inmate assaults and refusals to obey direct orders (Baro, 1999). In addition, the study revealed institutional misconduct reports were reduced even for those inmates who did not successfully complete all phases of the program (Baro, 1999). The CHANGE program was then developed to target those classified as higher security, high-risk, problem inmates in the hope of reducing their misconduct reports and ultimately improving their institutional behavior. One basic assumption of this involuntary program was that offenders may not start off with the motivation to change, but through an intensive, rigorous cognitive program, they would learn to desire change.

The CHANGE program was divided into three phases. The first phase, lasting 6-8 weeks, required participants to attend group meetings twice a week for two hours. Groups were facilitated by two staff, one a case manager and one a correctional officer (referred to as CHANGE officers). During Phase I, basic concepts and techniques were described, focusing on how thinking errors affect attitudes, beliefs, and thinking patterns (Bush & Bilodeau, 1993). Thinking reports, role modeling, and journals were introduced to understand the information presented on common thinking errors and interventions for change, which ultimately gave the inmates the tools for self-change. If inmates remained ticket-free (i.e., misconduct free) during Phase I, they could voluntarily choose to go into Phase II. If a major misconduct occurred for those who did not volunteer to go on, they then were involuntarily placed in Phase II.

Phase II met four times a week for one hour or for one hour and 15 minutes. It centered on group interactions and expanded the concepts presented in Phase I. Added to this phase was journaling with a partner who was a staff member. The inmates chose their partner, who had to be approved by the program staff. To complete Phase II, inmates had to participate in journaling with their partner and complete a relapse prevention plan. The final stage, Phase III, was a follow-up period, whereby participants took the information

gathered from the first two phases and continued to work on and reinforce responsible thinking.

The present study is one component of a larger National Institute of Justice grant. As part of this project, the authors sought to examine the overall effectiveness of the involuntary component of the program. The program was funded by the state and was intended to reduce recidivism for program participants. Because the majority of the offenders in the program had lengthy sentences, the only immediate measure of behavioral change was to examine misconduct reports and to conduct interviews with program participants, block officers, CHANGE officers, and case managers.

Cullen (2011) stated that previous research on deviant and criminal activity has failed to speak to offenders. He contended that prisons function as a virtual crime lab; therefore, information collected from program participants may best illustrate not only successes or failures in a program, but subtleties for improvements. Similarly, who better to provide insight into their causes of behavior and appropriate responses than the offenders themselves? For the purposes of this study, four specific research questions were addressed from both the inmate and staff (officer and case manager) point of view:

1. What were the inmate perceptions of being involuntarily placed into the CHANGE program and what were their perceived motivations to change?
2. Were inmates able to take concepts learned in the program and apply them to their daily lives and routines? Are the appropriate offenders targeted for program inclusion?
3. What are the officers' and case managers' perceptions of the program and its effectiveness?
4. Does staff perceive that participation in the CHANGE program reduces misconducts?

These results provide an alternative method for assessing program effectiveness from both an inmate and staff perspective.

METHODS

Staff and inmate interviews were conducted as part of a National Institute of Justice sponsored evaluation of the CHANGE program. The involuntary cognitive skills/restructuring program was provided to inmates at a maximum security facility located in the Midwest. The inmates were selected from the entire state correctional system as long as they met the criteria of high institutional misconduct, age 17-25 years, and no mental health history or violent assaults against staff. Once inmates were identified, they were shipped to the institution providing the CHANGE program and were randomly assigned to the CHANGE (n=122) group or the Reserve (n=91) (control) group. The Reserve group was

housed separately from general population in its own block. The block was similar to the block of CHANGE inmates, who were also separated from general population.

The inmate interview instrument focused on demographics, the involuntary nature of the program, staff involvement, group setting, separate housing, perceptions of the program, and knowledge gained in the program while the staff instrument focused on the purpose of CHANGE, purpose of different staff positions in CHANGE, approach to handling inmates, perceptions of CHANGE program participants, staff training, strengths and weaknesses of program and program staff, program implementation and support, and program enhancements/improvements. Most questions were open-ended, and interviewees were encouraged to expand on the issues discussed. The interviews took place during first and second shift over a period of several months and were conducted by two of the authors. Inmate interviews took place in empty classrooms with an officer outside the closed door while most staff interviews occurred in their offices.

Inmate Interviews and Demographics

For the grant, interviews were conducted with both the CHANGE inmates and reserve inmates. This study, though, only focused on those inmates who had completed at least Phase I of the treatment program. The reserve group did not answer any questions related to the cognitive program. Interviews were conducted with 19 CHANGE inmates, and all had completed Phase I, and 15 inmates interviewed currently were active in Phase II. Participants were chosen randomly for interviews based on program eligibility and availability during three days of interviews. Of the 86 eligible inmates, many were involved in additional programming (e.g., work assignments, school, anger management, yard time) and, therefore, were not available to be interviewed. All inmates voluntarily agreed to participate. Each inmate was read and asked to sign an informed consent, indicating that the information was confidential and no names would be revealed. The survey consisted of 80 questions. The interviews lasted from 45 minutes to 2 hours.

For the purpose of this study, only questions related to involuntary treatment, prior problem areas, and program outcomes, were extracted from the inmate surveys. The average age of the interviewed inmates was 22.85 years, while the average age when charged with the present offense was 17. All 19 inmates were convicted of violent or property index offenses. More specifically, six had been convicted of murder, two were convicted of attempted murder, five had been convicted of robbery, two had been convicted of rape, two had been convicted of burglary, two convicted of carjacking (with robbery or home invasion), and one had been convicted of arson. Several had multiple charges, and the most serious offense is listed above. Thus, all the inmates interviewed would be considered high risk based on their current conviction. The court sentences ranged from seven years to a life sentence. The mean length of time served at the time of the interview was five years. Additionally, the CHANGE program was intended for inmates who had accumulated a large number of classification points, a system based on the charge(s) of the criminal conviction and institutional misconduct. The prison classification system used both confinement issues and management issues to determine the number of points assigned to an inmate. Institutional misconduct raised the management level points; however, the number

of points could be reduced based on a misconduct-free period of time and satisfactory completion of specific programming. At the time of the study, inmates with 0-6 points were classified as Level I; 7-10 points as Level II; 11-14 points were Level III; 15-22 points were Level IV; and 23-35 points were Level V. Thus, the CHANGE program targeted the maximum security Level V inmates. The interviewed inmates had an average of 30 points. Thus, their institutional misconduct labeled them as high risk as well. For those interviewed, the average length of time since receiving a major misconduct was 12 months, although the standard deviation was 6.58 months. Forty percent received a misconduct ticket for disobeying a direct order; 20.0% for assault or threatening behavior; 12.0% for being out of place; 8.0% for destruction of property; 8.0% for theft; 4.0% for possession of a weapon; 4.0% for sexual behavior; and 4.0% for insolence.

Staff Interviews and Demographics

In an effort to acculturate the CHANGE program into everyday institutional life, three different staff positions or classifications worked with the CHANGE program. First, CHANGE officers were correctional officers assigned specifically to the program. Selection for this position was through a union bidding process, with seniority being the primary criteria. CHANGE officers handled the movement of prisoners and participated as group facilitators. The second type of staff was the case managers. Their primary function was to facilitate groups and supervise the CHANGE caseload. Normally, one case manager and one CHANGE officer led group activities; however, in some instances, two CHANGE officers facilitated groups. Finally, the third classification of staff was the block officers. The CHANGE inmates were isolated from general population and housed in a separate block. The block officers ran the living quarters and this was their normal work assignment, although most had participated in CHANGE training. The program was designed to have CHANGE officers, case managers, and block officers work as a team to teach the inmates correct behavior.

A convenience sample of 15 staff who directly dealt with the CHANGE inmates was selected to be interviewed. These interviews were designed to provide insight into the program process, as well as provide an opportunity for the researchers to identify additional strengths and weaknesses of the program. Staff participants included all 5 case managers, 6 of the 10 CHANGE officers, and 4 of the 8 block officers. Interviews were conducted during the spring and summer. Each interview lasted approximately 45 minutes to 1.5 hours.

Case managers/facilitators had an average of 6.9 years experience at the facility with a range of 1.5 years to 15 years of experience. Each case manager interviewed was assigned to work days, had obtained a bachelor's degree (two were more than half way to a master's degree), and had an average of three years of experience working in the program (years of experience ranged from 1 to 5 years).

CHANGE officers/facilitators had an average of 15.5 years working at the institution with a range of 8 to 19 years. Approximately 66% had obtained some college education, worked the day shift, and had been working with the CHANGE program for an average of 2.25 years (the range was 2 to 2.5 years).

The block officers had worked an average of 17.75 years at the facility, with a range of 15 to 22 years of experience. They had worked an average of 1.75 years with CHANGE inmates. All of the officers had obtained some college credit (to be hired, the state required correctional officer applicants to have 15 semester credits of specific college-level corrections courses), and three of the four block officers worked day shift while the fourth worked second shift (afternoons/evenings). The interview instrument consisted of 53 questions, both open and closed-ended. Staff participants were asked a variety of questions regarding their perceptions of the purpose of CHANGE, including how they were involved in the program; their perceptions of program participants; their training; their role in the program (both real and perceived); and overall institutional support. Below, the interviews were numbered to ensure anonymity of answers and are labeled based on position (Inmates, block officers-BO, CHANGE officers-CO, and case managers-CM).

FINDINGS

The first area explored was the involuntary nature of the program. We asked the inmates directly, “How did you feel when you found out that you were assigned to CHANGE?”

The inmates expressed mostly negative feelings about being forced into the program. Of the 19 inmates interviewed, 13 (68%) had a negative reaction to being coerced. The most frequent negative answer was that it required a transfer from one institution to another. It should be noted that the CHANGE program was housed at one of the older institutions whereas many of the transfers were coming from more recently opened facilities. The inmates responded:

- I didn’t like it. I was sitting in (a new facility), so I had a little attitude. (Inmate #3)
- I was pissed. I went from bad to worse. The inmates make the rules, and they don’t know how to do time. There are more younger people around here, and I am almost 25. The problem is the police (correctional officers) treat everyone as if they are young kids. (Inmate #11)
- I was pissed off. I was staying at (facility) and was near my family. I was transferred here because of the program. I wasn’t getting any more points at (facility), but I am getting them here. Before my mom would visit all the time, now she doesn’t get here very much. (Inmate #21)

Other inmates were negative because it involved a program with specific requirements.

- I was upset at first. I initially refused to go into the program, and I got 45 days top lock (locked in cell). They took away my yard (recreational time),

but yard was at 6 am so it didn't matter. But, I couldn't call anyone, and I didn't like that. (Inmate #26)

- I was mad I was forced, but it was a good thing because I would have no chance without it. (Inmate #1)
- I didn't want to be in it. But once in, I liked it. I didn't want to be in it because I was being forced. But if it had been voluntary, I wouldn't have gone. So, it worked out better that it was involuntary. (Inmate #25)

The six inmates that were positive about the program either indicated that they didn't care one way or another, some were already at the institution, and others were hopeful that the program would help them.

- I knew I had to go so I had no feeling. I was already here. (Inmate #24)
- I was excited. The name of it was CHANGE, and I saw it as a way to get out of this rut. (Inmate #9)
- I felt like I wanted to give it a try. I was ready to change. I wasn't upset about being placed in the program, and I was transferred to participate. I spent one year at (facility) before coming here. (Inmate #23)

The next question reveals that most of the inmates realized that they had issues that needed to be addressed. "Aside from legal problems, what would you say are your biggest problems?" Eighteen inmates (94.7 %) mentioned a type of behavior that would fall under a cognitive error. Many mentioned a lack of control over their emotions such as impatience, anger, or quick judgment of others. Others had a bad attitude, no respect for authority or problems in relationships. Only two inmates (10.5%) stated they did not have any problems.

- I guess I am stubborn. It is hard for me to listen to others. This has hurt me overall. I came in when I was 16. I spent most of my younger years locked up so I missed being a kid. You think you know everything, and older people tell you things, but you don't believe them, or you don't listen, probably because you have no real experience. Now when I get out, people only remember who I was. That might hurt me. I just have to stay on track. (Inmate #20)
- I have a problem with authority. All my life, people have been commanding me to do this. If I was on equal terms where I had choices, things went better. I am kind of introverted, not anti-social, but I am not really a social person. See, I know I have no choice with my parole officer. I need to stay on the good side. CHANGE helps me learn to express ideas to those you don't know. It makes it easier to deal with others. (Inmate # 11)

- I have problems being wrong. My temper, you know, showing myself because of an image. I don't want to look weak. But, you may not believe this, but I cry when I see my family. (Inmate #16)
- My attitude. I get frustrated or angry easy. I like to play a lot, but I don't like people to play with me. I have my GED, and I was pretty good when I was a kitchen porter (trustee). (Inmate #25)

We asked the CHANGE staff (CHANGE officers, case managers, and block officers) "What were the advantages of CHANGE being involuntary" and "What were the disadvantages of the CHANGE program being involuntary?" All the block officers discussed disadvantages of the program being involuntary, but never from an inmate's perspective or the program's ability to change behavior. Their answers reflected work-related concerns. For example, one officer stated:

- They (the inmates) have to go, so the advantage for those who support the program are the numbers. The disadvantage is that if it wasn't mandatory, no one would be in the program. (BO #15)

The other block officers believed that the program created more work for them or they could mess with the inmates more because of the guidelines of the program.

- You can screw with them, the prisoners, a whole lot more if you wanted to. You can write major misconducts (misconduct reports), and it has a greater impact than it does on GP (general population). (BO #13)
- It has made the officer's job more difficult. Their (the inmates') attitude is completely defiant. (BO #14)

The CHANGE officers were much more optimistic and focused on the effects of the CHANGE program on the inmates. The majority of CHANGE officers listed both advantages and disadvantages. The advantages included targeting the inmates who needed it most, teaching responsibility, or providing them with skills that they may use both in the prison and the community.

- They see that there is an authority that is holding them responsible for all those tickets (misconduct reports). There is a consequence, so that is why it should be involuntary. (CO #6)
- Some need that extra push to get started. Once they are started, they are thankful. (CO #10).

The disadvantages listed by the CHANGE officers dealt primarily with the inmate's poor attitude. Most saw this as stressful for both the inmate and the program staff, but this was coupled by giving the inmates a chance to change.

- You can't force change. By the end, they do accept it. At the beginning, you have to put up with the hassles and crap in dealing with group dynam-

ics. The stress of the group dynamics comes from being forced to do the program. The advantage, though, is you target high point (points from misconduct reports) people who are catching a lot of tickets who need to look at their thinking errors. Those who do accept the program eventually will conform, possibly with help. (CO #11)

- There are certain types of prisoners that won't want to participate and their attitude can be disruptive, but if you get the numbers, it can help reduce misconduct. (CO #8)
- In the beginning, it was a big deal with the inmates. Now, they realize that they have high points. (CO #7)

Finally, the case managers were asked their opinions. Their answers indicated that the advantages outweighed the disadvantages.

- By being involuntary, it produces more stress on prisoners and staff than normal. This is both positive and negative. Without the additional stress, there is no motivation to change. It does provide the opportunity to change that they wouldn't normally have. The involuntary nature of the program accentuates the changes and, when it is coerced, it's placed under a microscope. If the program is voluntary, the individuals are willing to change. (CM #2)
- The disadvantages are they rebel and fight it, because they don't want to be there. It takes a while to get them going so that they don't drag others down with them. The advantage is it gets them into a program they need. I don't know if it wasn't involuntary, they would do the program so they would never look at themselves. (CM #5)
- The disadvantage, at first, is that it is hard to get them to do it, but the advantage is that it puts the people in the program who need help. (CM #4)

But, how does being coerced into a program effect the learning of the material? We asked the inmates, "Will you be able to use what you learned while in prison?" It was expected that their hostile attitude would interfere with learning, either by not listening or rejecting the lessons. Surprisingly, most of the inmates exposed to Phase I were able to take information and apply it to their everyday setting. One inmate misinterpreted the question by answering about prison life rather than the information in the program. His answer reflects the inherent problem of being incarcerated.

- I have learned how to participate in more criminal activity. I also learned that if I get out and get into trouble again, I won't be taken alive. There is nothing positive about prison. The place actually begins to suck your intelligence away. (Inmate #26).

Two inmates (10.5%) expressed they didn't learn anything useful. One was serving life without parole.

- I hope not. The stuff I've learned in here I don't want to take with me. New people I meet on the outside won't know I've been in prison. I will only be able to take college with me. I could take advantage of programs like a good tech program at other institutions. (Inmate #21)
- I didn't learn anything. (Inmate #22)

Most (89.5%), though, were able to articulate their use of the material in everyday prison life.

- In prison, it is the little things that on the street that mean nothing, that lead to fights and stabbings. I now sit back and try to calm myself down before I react. Before I wouldn't even think, I would react and then think about the consequences of what I did while I was in the hole. I got in a lot of trouble over stupid sh** (expletive deleted) (Inmate #20).
- Yes, certain things I can get upset over. Now I can think about reactions and consequences. It has helped me and other people. I have told my family about it and they have used it. (Inmate #24)
- I will use it. It shows you a lot of different things. You are changing your attitude. I had a temper problem. Now I am learning to stop and think before just reacting. (Inmate #4).
- I've been in less fights since I've been in the program. (Inmate #7)
- Yes, if I want to. The mind doesn't forget, but it fails to recall. I think in most situations I will use it. (Inmate #11)
- I have used it when I get into it with someone. I try to contemplate my situation and use my interventions. I keep reminding myself I want to go home. (Inmate #13).
- I hope it helps me to stop fighting. I spent two years in the hole, so I try not to let words push me. I used to fight over this (words), but now I probably will only fight if they take my stuff or invade my space. I also think I will use it because I don't want to go back to the hole. So I use what I learn to try to calm myself down. (Inmate #25)

Despite the inmates believing that they were applying the program in a more prosocial way, we wanted to validate any change by asking the CHANGE staff. As one of the main purposes of the CHANGE program was to reduce institutional misconduct, we asked the staff, "In general, do you think the CHANGE program reduces inmate misconduct?" Opinions differed based on staff position. Two stated they could not answer, one because

he did not have access to the files and the other stated he “had no idea.” Two of the block officers, though, were quite negative:

- No, because they still get as many tickets as before. They do it for the benefits, most get extra yard (recreation) time [this was incorrect as the CHANGE inmates actually lost one yard time due to meetings], and they are out of their cells to go to meetings. They kick it there and tell lies in the meetings about how much they changed just to keep getting the bennies. (BO #14)
- No, these guys are streetwise, they manipulate you to get out of the program. (BO #15)

The CHANGE officers were more optimistic. Over two-thirds stated it reduced misconduct. Working everyday with the inmates allowed them to observe their behavior while looking at the institutional records.

- Yes, I see it. And they think more about getting a ticket. Before, they didn't care, and now they do. (CO #6)
- Yes, especially insolence. They are not fighting the system. They are taking more responsibility for themselves. (CO #7)
- Yes, my database says so. I have seen inmates screen out (drop in points). I have seen positive behavior changes in the inmates. (CO #9)

The CHANGE officers who answered *no* mentioned difficulties that stood in the way.

- No, because of the staff and their attitudes. Some have banded together to write up every little thing. The CHANGE inmates also banded together. (CO #8)
- No, there is still a lot of resistance to accepting the program from the inmate standpoint. Some who volunteer to go on (Phase II) are less resistant. (CO #10)

All the case managers indicated a reduction in misbehavior. Their answers indicate that these were incremental differences in the inmate's behavior.

- Yes, after reviewing misconduct history, I see it has been reduced. Some have never had six months ticket free until now. I estimate that one-third of my caseload had one six-month period ticket-free. (CM #2)
- Absolutely. I think they think before they react. I think prisoners would be into more stuff, like fights. If it doesn't reduce the numbers then it reduces the seriousness. (CM #5)

One case manager gave insight into why the number of misconduct reports may not be as reduced as expected.

- Somewhat. On daily interactions, some people here expect perfection rather than it took them five times to tell the inmate to lock up before and now they only have to say it once. The inmates are not in the officers' face as much as before. So there are changes that are very subtle that are occurring which should lead to lower misconducts [misconduct reports] in the future. (CM #3)

Finally, staff was asked, "What changes in inmate behavior have you seen with the inmates from the start of Phase I to the end of Phase I?" Two of the four block officers had something positive to say while the other two remained negative. The block officers stated:

- There is nothing beneficial—some have gotten worse. (BO #14)
- They are not so hotheaded. It is how they carry themselves. They keep their room more clean, more like adults rather than children. (BO #13)
- Yes, at the beginning they don't know what is expected of them, but then they learn what is expected and conform to the rules to get by. If they were moved to GP, there would be a boatload of tickets. (BO #15)

All the CHANGE officers saw positive change. They described less confrontation, the inmates being more settled down, and more aware in following the rules.

- I see less insolence, DDOs (disobeying a direct order). More of the inmates will do as they are told. (CO #7)
- They become more cooperative, and there is more communication on their part. (CO #8)
- Yes, they do not want to be in the program at first, but by the end of Phase I, they are more aware and more cooperative. They settled down. (CO #9)

Two of the case managers did not answer the question, one because he only worked in Phase II. The rest stated they saw positive change in the inmates from the beginning of Phase I to end of Phase I. Their answers expanded on the CHANGE officers' observations, by discussing communication skills, the ability to stay in a prison job, and more prosocial interaction.

- They are able to communicate better. They still need work. However, for example, two prisoners who are talking used to get physical and now they just get into a verbal altercation. (CM #1)
- Now they have jobs, where before they couldn't keep them. Now they think twice in how they respond. They know I know the program, so they have to think harder before they answer. The interaction now has a different effect.

One goal the warden had was for the staff to have more communication with the inmates, and this is being accomplished. (CM #3)

- In group I have seen them be more polite to facilitators and to other group members. In the end, they work as a group and cooperate with the facilitators. (CM # 5)

DISCUSSION

Based on the above interviews, there is support for using involuntary programs to target high risk inmates. Despite beginning the CHANGE program with hostile attitudes, most of the inmates interviewed were able to take concepts from the lessons and apply them to their daily lives. This was confirmed by the prison staff who noticed prosocial change among the CHANGE inmates. It further supports the work of Prochaska et al. (1992), in that motivation to change is not one concept, but rather a series of steps. The initial hostility of being placed in the involuntary program related more to changes in the inmates' environment rather than in the belief that they would not benefit from the program. Some inmates were in the *precontemplation* stage where they did not recognize or comprehend they had an issue. Most of the inmates interviewed, though, represented the *contemplation* stage as they recognized certain character flaws that stood in their way of success and had negative consequences with interpersonal relationships on the outside. In the *contemplation* stage, though, no commitment to change was made. It was the forced intervention of the CHANGE program that pushed most of those interviewed into the *preparation* stage where small incremental steps were being taken to address the problem behavior. Those that volunteered for Phase II represented the *action* stage as they were committed to change their behavior, although they couldn't alter their environment. The *action* stage is a long-term process, particularly with the antisocial behavior that is so ingrained in the inmates.

This study also supports targeting offenders with the highest criminogenic needs, not only from a cost-effective standpoint, but also from a safety and security standpoint. Most of the inmates exhibited criminogenic characteristics, such as procriminal attitudes, procriminal associates, impulsivity issues, weak problem-solving, and control issues (Andrews & Bonta, 2006). These issues culminated with a long history of criminal thinking patterns that matched their criminal activity. Focusing on inmates with the most need for modifying behavior makes sense, particularly when prevention/rehabilitation budgets and personnel are shrinking.

The results also indicate the importance of having competent implementation and staff that truly believe in the treatment program and its ability to change behavior. As Gaes et al. (1999) pointed out, "The best intervention will fail if there are insufficient funds or if there is a lack of commitment from treatment staff, administrators, or support staff" (pp. 364-365). It was clear that most of the block officers did not support the CHANGE program, even though they were considered an integral part of the learning process. Their comments, almost always negative, showed a lack of connection to the program. The block officers showed negativity toward the inmates that reflected their disdain for the program

itself. Their attitudes, in part, came from the selection process of CHANGE officers. Based on seniority, those selected for CHANGE officers not only got to work first shift, but four 10 hour days with weekends off. Several of the block officers who were not selected expressed the unfairness of selection, believing they were more deserving. Their bitterness was reflected in the daily interaction with the inmates.

This study further expands our quantitative results (Hogan, Lambert, & Barton-Bellessa, 2012), which looked at the CHANGE program and the reduction of inmate participant misconduct. Using a control group, we found that inmates that completed Phase I of the CHANGE program showed a statistically significant difference in reported misconduct. Although we measured both nonviolent and violent misconduct, the most significant result was the reduction of violence for the CHANGE group after a period of six months. As reported here, the inmates were beginning to restructure their thought process, which affected their daily interactions with others. Ultimately, the slow change was making their environment safer for both the staff and other inmates.

There are limitations to this study. During our evaluation, over 200 inmates went through Phase I. Our interviews with 19 CHANGE inmates may not be reflective of the entire Phase I population. Yet, staff members did not answer our questions based on the specific inmates interviewed; rather, they based them on their general impression from all the inmates who went through the program. Another limitation may be only one question addressed the involuntary nature of the program. If probed more, answers may have been modified. One concern with any interview is whether the interviewees slant their answers towards what they think interviewers are seeking. Some of the inmate answers were checked for validity (i.e., charge, misconduct points, etc.), and little variation was seen between the actual facts and what was reported in the interviews. Overall, the perceptions of the inmates' behavioral changes were supported through the staff interviews.

It is suggested that involuntary programs make adjustments in two areas. First, to offset the hostile attitudes of coerced programming, strategies of motivation enhancement should be incorporated into the initial stages (Casselmann, 2004). Further, it may be necessary to extend the duration of the program to accommodate these initial attitudes. As Cullen (2011) contended, the best way to capture the effectiveness of a program and motivations for change are to interview those who are committing the acts, the inmates. This study reveals that although inmates may still be receiving misconduct reports, change is occurring. Results not only support the continued use of cognitive-based rehabilitation, but to target those that are considered high risk offenders.

If the goal of corrections is to protect society, then we must use the idle time inmates spend while incarcerated to teach prosocial behavior. The CHANGE program was an effective cognitive-based treatment that targeted those who needed it most. This study should inspire correctional facilities to use involuntary programming in an effort to "make less dangerous men".

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