Pre-release me let me go: An examination of correlates of successful versus unsuccessful participants in the Montana Department of Corrections Pre-Release Center program

Paul G. Zohn
The University of Montana

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Pre-Release Me, Let Me Go: 
An Examination of Correlates of Successful 
versus Unsuccessful Participants in the 
Montana Department of Corrections 
Pre-Release Center Program 
By 
Paul G. Zohn 
B.A., University of Washington, 1989 
M.A., Humboldt State University, 1992 

Presented in Partial Fulfillment of the Requirements 
for the Degree of 
Doctor of Philosophy 
The University of Montana 
2000 

Approved by: 

[Signatures and dates] 

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Pre-Release Me, Let Me Go: An Examination of Correlates of Successful versus Unsuccessful Participants in the Montana Department of Corrections Pre-Release Center Program

Directors: Christine Fiore, Ph.D. D. A. Schoening, Ph.D.

Pre-Release Centers (PRCs) have been developed to transition convicted felons back into society with the hope of reducing recidivism, overcrowding, and costs to taxpayers, while at the same time providing supervision greater than that of traditional parole. Empirical research regarding the qualities of successful PRC members has yielded little comprehensive data to indicate those inmates who are the best candidates. Because states vary in their criteria for selection to a PRC, and because an empirical study of the Montana PRC program has never been undertaken, little is known about who should be included to participate in Pre-release opportunities. This research addressed that issue. Subjects were 67 male inmates accepted to PRCs in Montana from the Montana State Prison. The Minnesota Multiphasic Personality Inventory-2 (MMPI-2), the Raven Standard Progressive Matrices, and a demographic form were used to develop personality profiles. It was predicted that there would be significant differences between those inmates who succeeded at prerelease, as measured by completing the PRC, and those that failed the program and were returned to prison, escaped, or faced new charges. Intelligence, age, criminal and substance abuse history, social support, medication, and readiness to change were measured. It was predicted that the successful group would have significantly higher IQ, be older, have less serious criminal and substance abuse histories, would have greater social support, have fewer members on psychotropic medication, and score higher on the readiness to change measure, than those who failed at a PRC. Of these, only psychotropic medication yielded significant results. Other exploratory hypotheses were analyzed and are discussed.
DEDICATION

THIS DOCTORAL DISSERTATION IS DEDICATED TO

MY BIGGEST FAN AND MY GREATEST HERO

MY FATHER

C. JOSEPH ZOHN

1920-1993

In case you didn't make it to where I think you did,
better put on a parka and snow shoes
because I finally finished.
ACKNOWLEDGMENTS

Remembering all those who deserve mention for inspiring and helping me on my journey from beginning to end is a daunting task. Beginning in 1983 and ending in the new “real” millennium, causes me to humbly reflect on just what an amazing number of people made this happen. First, and most importantly, I want to thank my mother and father who gave support, both emotional and financial. Their confidence in me seemed, at times, founded on the irrational faith only parents can have in their children. Still this was enough to keep me going when I was unsure. Many others also lent a helping (or several?) helping hands. Thanks to all the professors who have supervised, counseled, cajoled, finesed, threatened, supported, taught, and shared their knowledge with me. I have had the privilege to be exposed to more wisdom than most due to my lengthy tenure as the Moses of the Montana Graduate School. Additionally, the peers who have seen me through the good and bad times share some of the credit for this as well. Thank you.

I would also like to thank the executive staff from the Montana State Prison for granting me access to the inmate population, without whom this would not have been necessary. The inmates who gave generously of their time to assist in this endeavor without any tangible benefit other than knowing they are advancing our knowledge of…Hmm? Thank you.

Special thanks are in order for my committee who were exceedingly patient when this turned from a time limited study into a longitudinal marathon. Thanks for remembering me, and not giving up (except Jim Walsh who went ahead with his retirement instead of waiting it out—I forgive you).

Finally, thank you Sandy. Your patience and support gave me courage when I was scared and you may never know how much that has meant to me. When I had no wings to fly, you flew to me.

There are others too. Forgive me for not mentioning you by name, but believe me I am grateful. A great poet once said words that seem to return to me often as I near completion of this incredible journey:

“Lately it occurs to me, what a long strange trip it’s been.”

Truer words were never spoken.
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INTRODUCTION

The number of people incarcerated in the United States has skyrocketed in the last 20 years. Between 1960 and 1980 the federal prison population remained relatively stable, varying between 20,000 and 30,000 inmates (Overview of Federal Prisons, 1995). Between 1984 and 1995 the federal prison population grew from 35,000 to 101,262 an increase of 289% (Tidbits, 1995). As of September 2000, the Federal Prison population exceeded 145,000 (Department of Justice, 2000). Nationwide, between 1980 and 1992, combined state and federal prison populations in the United States increased 270%, from 329,921 to 883,593 inmates (Byrne & Breasted, 1993). In Montana, the state prison population is also increasing at an alarming rate. Based upon the average daily population, the Montana State Prison (MSP) increased from 1,189 in fiscal year 1994 to 1,388 in fiscal year 1996 (Department of Corrections, 1996). MSP was originally built to house only 850 inmates. At the time of this study the state prison population was at emergency capacity, (approximately 1380 inmates) in spite of the fact that 150 inmates had been sent to a privately run prison in Spur, Texas, during the summer of 1996. The transferred inmates were housed at a cost of $3.6 million a year (McLaughlin, 1997). This agreement with the private prison
company was later terminated due to dissatisfaction with the services provided.

At the time of this study there were also inmates sentenced to serve time in the state prison, located in Deer Lodge, who were serving their sentences in county jails while awaiting space at MSP. Though problematic, this type of overcrowding is not unique to Montana. As of 1990, more than 13,000 inmates, or 2.4% of all state prison inmates, were being housed in county jails, due to state prison overcrowding (Kinkade & Jenkins, 1994). Cost, security, and the fact that there are often no spaces to house local offenders, necessitating their release, make this arrangement undesirable.

There is apparently no relief expected any time in the near future. According to numbers presented to the 1997 Montana State Legislature, the prison population was expected to increase by 30 percent in the next two years, and double within the next four years (McLaughlin, 1997). The cost to Montana tax payers is considerable. Then Governor Racicot proposed an increase in the state corrections budget of $53 million over the two year period between 1997 and 1999, as well as an additional $50 million to build new prisons (Johnson & Curless, 1997). In addition, a recent law requiring those convicted of a fourth
DUI to serve mandatory prison time has also contributed to overcrowding. This has caused many to consider options, other than incarceration, for felons to complete their sentences. Currently the options are probation, parole, intensive supervision (ISP), boot camp, and pre-release centers (PRCs). In fiscal year 1996, in Montana, there was an average daily population of 5,114 men and women on probation, parole, and ISP combined. The prison boot camp program had an average daily population of 24, while the four PRCs' (located in Billings, Butte, Great Falls, and Missoula) total average daily population was 245. A high percentage of felons in all the above-mentioned programs eventually are sent to MSP for technical violations, revocations, or new crimes.

An examination of general fund expenditures reveals that in 1996 it cost $44.47 per day to house an inmate at MSP. The cost to house the inmates sent to the private prison in Spur, Texas was $39.45 per day, not including transportation and external medical costs. The average cost per inmate at the boot camp was $114.39 per day, while the cost at the PRC, not including the portion paid by residents, was $37.63. By far the least expensive programs were probation, parole, and ISP with an average daily cost of $3.03 per inmate (Department of Corrections Statistics,
Clearly there are no easy solutions for reducing the prison population in Montana; however, there may be ways to make the current system more cost efficient. One problem is that there may be a subgroup of inmates who are currently housed in prison who would perform better at boot camp, pre-release, parole, or ISP than other felons who are offered these opportunities. Due to limited resources, and eligibility criteria, not everyone can go to a boot camp or pre-release. Obviously, for the protection of society, many inmates should not even be considered for release into these less restrictive alternatives to prison.

In spite of various attitudes regarding the need for stiffer sentences, and laws requiring inmates to serve mandatory minimums for particular crimes, the American public is open to less punitive forms of retribution. According to a report by the Sentencing Project (1989) a majority of citizens polled in states as diverse as Alabama, Michigan, North Carolina, and Maryland are in favor of alternatives to prison such as restitution, community service, and treatment programs. Pre-release centers in Montana incorporate all the above qualities in a manner that living inside the walls of a prison cannot. It is a requirement of the Montana PRC system that residents are to
save a certain portion of their earnings, pay rent at the
center, and set aside money to pay restitution and child
support. This would likely be very popular among residents
of Montana, if it was widely publicized. In contrast, the
majority of inmates at MSP are free to decide how they will
spend their money, or, if they will even earn any money at
all.

The key is to establish an empirical means of
classifying inmates, so that those with higher prospects of
success in a particular program, are able to participate.
Objective classification has been used in nearly every area
of the criminal justice system including pretrial release,
institutional custody, parole, etc. (Motiuk, Bonta, &
Andrews, 1986). However, there have been relatively few
assessments measuring the usefulness of these systems to
meet the desired objectives (Moss, Johnson, & Hosford, 1984,
Walters & Chlumsky, 1993). Currently, Montana uses an
objective criterion for determining eligibility for
placement in a pre-release setting, but this is not
empirically based. Not surprisingly, many inmates accepted
to a PRC fail and are returned to prison.

Predicting success or failure in any program using an
objective classification system is a difficult proposition,
at best, since one needs to be sensitive to many
considerations. The most important consideration may be the protection of civil liberties, for if prison officials refuse an inmate the opportunity to attend a pre-release based or an inaccurate classification system, they are likely keeping those incarcerated from having opportunities to live in a less restrictive setting. If changes which may enhance one's chances of successful transition into society are denied, the consequences to the individual, and to society, may be greater than if another method of determining eligibility were employed.

Chemical dependency, drug use, and treatment history are probably the most studied areas associated with success or failure in a pre-release setting (McMurray, 1993; Vito, Wilson, & Keil, 1990; Baldwin, Heather, Lawson, Ward, Robb, Williams, Greer, Gamba & Roberston, 1991). This can be extended to recidivism in general, since it is currently well established that substance use is a leading cause of parole revocation in the United States (Anderson, Schumacker, & Anderson, 1991; Feder, 1991). According to Bureau of Justice Statistics from 1996, 62% of state prison inmates admitted to using illicit drugs on a daily basis before being incarcerated (Murray, 1991). As of March 1991 over half of all inmates in the Federal Corrections facilities were serving time for drug offenses (Murray,
1991). The pattern of drug use and crime, limits a person's ability to function in the community, hold a job, or "pull their own weight in society until relieved of their addiction" (De Luca, Miller, & Wiedemann, 1991).

Potential benefits to society when inmates successfully complete a pre-release program are the reduction of prison overcrowding by removing some inmates from prison, and a decrease in recidivism. A leading contribution to prison overcrowding is not the first time-incarcerated felon as much as it is the repeat offender. Nationally 69% of inmates under 25 years old who are released on parole are re-arrested within three years of their release, and of those 49% are sent back to prison (McMurray, 1993).

Many incarcerated felons, particularly those serving long sentences, are at a great disadvantage facing the challenge of reentering society upon release. Given that many inmates did not possess the adequate skills to function in society before entering prison, the shock of being released into that same society, after having been removed from it for an extended period of time can be overwhelming.

One of the purposes of the PRC is in aiding the reintegration into society to increase the likelihood of parole success, as well as success after sentence completion.
In spite of the fact that large sums of money are spent on corrections in this country, estimated $25 billion in 1992 (Byrne & Breasted, 1993) and nearly all states offer some form of pre-release or work release programs, there is surprisingly little information in the scientific or correctional literature, regarding the efficacy of classification of eligible inmates. There is also a paucity of research attempting to determine the qualities candidates have which would predict a likelihood of success or failure at a pre-release. At the time of this study, there had been no empirical studies to determine the type of inmate most likely to successfully complete a Montana PRC.

Drugs and Completion

As mentioned previously, drug use is a leading cause of recidivism among the previously incarcerated. There are numerous ways to detect whether someone is using drugs or alcohol including: self report, criminal investigation reports, surveys of friends and family members, and urinalysis tests. Urinalysis is objective, and by far the most accurate method of determining recent alcohol or drug abuse. It is also the most cost effective means when testing large numbers of individuals (Vito, et al., 1990). The Montana pre-release centers have urinalysis equipment, and routinely test inmates both randomly, and when there is
suspicion of recent drug use. They also routinely utilize alcohol detection equipment (Breathalyzer) to identify those under the influence of alcohol. According to Marilyn LeMaich, Supervisor and Treatment Staff member at the Missoula PRC, inmates residing there are randomly tested an average of once a week, as well as whenever there is suspicion of recent drug or alcohol consumption. If an inmate tests positive for prohibited substances (drugs or alcohol) they are removed from the PRC and returned to MSP to serve their sentence. For this reason, determining someone's motivation and ability to refrain from substance abuse, should be an important factor in considering eligibility for, and potential success or failure, at a PRC.

Though it is widely acknowledged that many inmates fail at Montana pre-release centers because of failed drug tests, i.e., testing positive for forbidden substances, no data has ever been compiled to determine how many inmates are returned to MSP for drugs or alcohol.

Age and Success

Age is an important demographic variable often studied in research measuring successful adjustment from prison to society. Anderson, Schumacker, & Anderson, 1991; Waiters, Revella & Baltrusaitis, 1990; Mackenzie, Shaw, & Souryal, 1991. However, the effect of age on successful parole can
be argued both ways. Some have argued that younger inmates, especially first time offenders, are more likely to succeed post release, when compared to older individuals. Indeed research and treatment programs have often been targeted toward youthful offenders (Baldwin, et al. 1991; McMurray, 1993; Cookson, 1994) with the hope that with better understanding, recidivism can be minimized before these youths become institutionalized career criminals.

According to Byrne and Breasted (1993), more than 60% of the people arrested and charged for crimes in 1991 were between the ages of 13 and 29. There has been a large influx of younger inmates into the MSP system the last several years, and this has been reflected in the age of inmates at the PRCs. It may be, however, that older inmates, particularly those having served a long stretch in prison, would appreciate, and benefit from, the structure of a PRC. There is evidence in the literature that older inmates often have lower recidivism rates than their younger counterparts (DeJong, Virkkunen & Linnoila, 1992; Mackenzie, Shaw, & Bouryai, 1992; McMurray, 1993). If one were to find that older inmates tended to succeed at a higher rate at the PRCs, then this might be considered when the number of applicants exceeds the number of available spaces. Currently no one has studied the correlation between age and
success at the PRCs in Montana.

Intelligence and Completion

Another variable which is often cited as important to successful completion of parole is intelligence. This seems to be one area where more is better (Klassen & O'Connor, 1989; DeJong, Virkkunen, & Linnoila, 1992). One notable exception was in a study conducted on antisocial inmates, as determined by the Hare Psychopathy Checklist (Serin, Peters, & Barbaree, 1990) where intelligence was not found to predict release outcome in a criminal population. Given the highly structured nature of the Pre-release program in Montana with requirements to hold a job, attend programs, obey rules, and be on time, etc., it appears logical to assume that more intelligent inmates would be at a decided advantage over their less intelligent cohorts. This, however, has also never been measured in the Montana pre-release system.

Mental Health and Success

Another factor that should be considered before placement in a pre-release setting is the mental health status and needs of the inmate. At the time of this study, there were more than 180 inmates at MSP receiving some form of medication for psychiatric reasons. This was more than 10% of the total prison population. Many of these
inmates experience difficulties within the prison system, and find themselves in some form of mental health treatment while incarcerated. A problem within the pre-release system at the time of this study, was that inmates were required to pay for their medications, as well as doctor visits, while at a PRC. Given the fact that most inmates have no medical coverage and, typically, jobs which are low paying, many inmates on psychotropic medications are unable to continue their drug regimen upon placement at a PRC. Assessment of medication and mental health status of offenders may provide useful information about the relationship to pre-release success.

**Personality Disorders and Success**

Another issue of concern when screening for placement at a PRC, is inmates who, though not on medication, meet criteria for a personality disorder. Many of these inmates do quite well in a prison setting, and do not come to the attention of correctional or mental health staff. For example, an inmate with antisocial personality disorder may be highly successful in prison, running drugs, intimidating inmates, extorting money or other favors, and avoiding detection unless another inmate tells or "snitches" on him. When considered for a PRC, this inmate's record may erroneously indicate that he has responded well to
incarceration, based on a low number of disciplinary sanctions or "write ups," holding a job, completing programs, etc. One could argue that a person such as this may do well in a pre-release setting, but in one study using the Hare Psychopathy Checklist (PCL) those labeled as "psychopaths" were four times more likely than non psychopaths to be recommitted to prison before completing parole (Serin, Peters, & Barbaree, 1990). Another study using the PCL (Hart, Kropp, & Hare, 1988) found that the probability of remaining outside prison for one year was .80, .54, and .38 for low, medium, and high scorers respectively, when inmates were on conditional release. Objective assessment of candidates' personality disorder status prior to placement at a PRC may also prove useful as a screening criteria.

It would seem to be useful for some form of objective psychological measurement to be employed with those inmates being considered for placement in a PRC. Based on success or failure, as measured by release or a return to prison, it may be possible to gain a better understanding of the psychological variables associated with success or failure at a PRC. No one has ever empirically studied the relationship between personality factors and success or failure at the Montana PRC. Currently, no formal
psychological evaluation is given to inmates before placement at a PRC in Montana.

**Social Support and Success**

Family and social support is another area that seems to be an important influence on post-release success or failure. For example, research by Anderson, Schumacker, and Anderson (1991) found that being married was associated with greater parole success among subjects whom they studied. In a study by McMurray (1993), measuring recidivism, he noted that recidivists were just as likely as non-recidivists to live with family upon release, but on average spent only 1.2 months vs. 5.4 months there as their initial place of residence. Other researchers have noted the influence of family on likelihood of success. DeJong, Virkkunen and Linnola (1992) noted that social support can have direct correlations with recidivism, especially when it comes to alcoholism. They noted that, "Parental alcoholism appeared to have a predisposing effect; 52% of those with alcoholic fathers and 72.7% of those with alcoholic mothers were recidivists, as compared with 30.3% and 40%, respectively, of those with non-alcohol-abusing parents." It appears that family and social support has an important effect on parole success or failure. It may also have an impact on those in a pre-release setting. Many PRC
residents have increased family contact, either at the
tenter or in the community when out on passes.
Theoretically, if there is help and support from family and
friends, the transition to a PRC, and eventually to parole
or discharge, can be eased greatly. Consequently, if no
support or contact is available, then it may have a negative
impact on one's motivation or ability to make a successful
transition into society. At the time of this study, the
PRCs considered family and social influences, both positive
and negative, before deciding on placement of an individual
in a particular PRC. For example, if an inmate had what was
thought to be close, supportive family in the area, the PRC
would be more likely to accept a request by an inmate to
attend pre-release in that particular town. On the other
hand, if an inmate's contacts in that town were known to be
mostly negative in nature (i.e., the inmate was in a gang,
or had known enemies) he would be more likely to be placed
in a different PRC. No one has empirically measured how
this type of screening affects overall success or failure,
either while at the PRC or post release.

Readiness for Change and Success

One final area of consideration which has not been
effectively examined before placement in a PRC is readiness
for change among inmates. At the time of this study,
participation in and/or completion of prison offered programs such as Anger Management, Criminal Thinking Errors, Moral Reconciliation Therapy, and Chemical Dependency were considered before inmates were placed in a PRC. For many of the inmates, these were court ordered programs and completion of these groups was a requirement for parole or pre-release considerations. There are some inmates that take these groups in the sincere belief that they are necessary and useful programs that will actually help them to make positive changes. For many inmates, however, these groups are seen only as “hoops” that must be jumped through in order to be paroled from prison.

Prochaska, DiClemente, and Norcross (1992) have conducted an extensive amount of research into measuring the mechanism for change across a number of different behaviors from smoking to other addictive behaviors. According to what they call the Transtheoretical Model of change, individuals modifying addictive behaviors, move through a series of stages from pre contemplation to maintenance. (Prochaska, DiClemente, & Norcross, 1992). A five-stage model of change encompassing pre contemplation, contemplation, preparation, action, and maintenance has evolved from this research base.

Those in the Pre contemplation stage not only have no
intention to change the problematic behavior, they are also resistant to recognizing their behavior as problematic. People in the second stage, known as the Contemplation stage are aware that some problems exist and are seriously considering doing something about it. The primary action taken by individuals at this stage is a weighing of pros and cons to maintaining the status quo or making some sort of behavior change.

The third stage in their model is Preparation. This phase combines an intention to change with a behavioral criterion of what is necessary to accomplish in order to be successful in overcoming the problem. People in the Preparation stage intend to take action on the problem within the next month.

The Preparation stage is followed by the fourth phase known as the Action phase. At this point, one takes action to modify behaviors, experiences and their environment in an effort to overcome their problems. This is considered to be the period that requires the greatest commitment of time and resources, and is the stage that most programs assume clients are in during treatment.

The final phase is the maintenance stage where people consolidate their gains and attempt to prevent against a possible relapse. Of course, a relapse is possible at any
time in the stage process.

The structure and expectations of the PRCs appear to rely heavily on the assumption that inmates living there are in an Action or Maintenance phase. The requirements of work, performance in structured living activities, abstinence from drugs and alcohol, saving money and paying restitution, are behaviors that those in the action or maintenance phase of chemical dependency, criminal thinking, etc. may be more likely to accomplish. Success may be less likely for those inmates who are currently in the Pre contemplation, Contemplation, or Preparation phase. As applied to this population, in this situation, the Transtheoretical Model presupposes that the higher one is along the five progressive stages of change, the more likelihood one has of successfully completing the requirements of a PRC. As stated before, this is an area that has yet to be empirically examined.

MONTANA PRE-RELEASE CENTERS

The Montana pre-release centers consist of four community based correctional facilities which are privately run, nonprofit corporations under contract with the Montana State Department of Corrections (DOC). The centers for male felons are located in Butte, Billings, Great Falls, and Missoula. There is one center for female felons located in
The policy of the DOC regarding placement at a PRC is to give first priority to MSP inmates, followed by those inmates sentenced to MSP, followed by "diverted" offenders i.e., those sentenced to the DOC but recommended by the sentencing judge for placement at a PRC (Community Corrections Manual, 1993). According to Marilyn Lemaich, Supervisor, at the Missoula PRC, exceptions are made to this policy, on occasion, if the diverted offender, or one sentenced to MSP has been successful at completing a PRC placement in the past and the screening board feels that placement at a PRC is appropriate.

For the purposes of this study, only those offenders who were currently serving sentences at MSP were examined due to accessibility to subjects. Also, those that were diverted to PRCs from the streets or from County jails were likely to be different from those incarcerated at MSP. Differences were likely to exist in motivation to succeed, criminal history, social support and length of time removed from society between these two populations. Another consideration was that the logistics of testing subjects in settings as diverse as home, jail, and prison would effect the results of the measures used in this study.

The purpose of the PRCs is to require and provide more
structured supervision, training, and counseling to inmates, than they would likely receive if they were released on parole into the community. It is believed that this will enhance the likelihood of successful completion of parole or discharge of a sentence. Inmates sentenced directly to PRCs typically stay longer than those who come from MSP. According to Marilyn Lemaich, the average stay for inmates who complete the PRC who are brought from MSP is currently six months.

In order to be considered for placement at a PRC, inmates at MSP must first apply to one or more centers by completing a PRC application (appendix A). The application is submitted to the Prison Unit Management Team, followed by the state screening committee, and the local screening committee.

The correctional facility staff consisting of the Prison Unit Management Team initially reviews all inmate applications for placement at a PRC to determine if the inmate meets eligibility requirements and to decide if a pre-release placement is preferable. If approved, the application form along with pertinent supporting information is forwarded to the Institutional Probation and Parole Officer (IPPO). The IPPO collects all relevant file reports as well as infirmary health status and sends this referral
information to the Community Corrections Facility Screening Committee (CCFSC). This committee consists of the IPPO II, a Board of Pardons representative, the Unit Manager from the PRC, and the Warden or designee. Inmates referred for PRC placement may attend this meeting if they wish.

If approved by the CCFSC the application is then forwarded to the PRC selected by the inmate, where the local screening team consisting of a representative from that PRC, a member of the PRC board of directors, representatives from local law enforcement, and a local citizen will review the application and make a determination to accept or reject the applicant.

OFFENDER ELIGIBILITY REQUIREMENTS

1. Offenders shall be within 24 months of parole eligibility.

2. Offenders making application for placement at a Community Corrections Facility (CCF) shall not have medical or psychological problems which require hospitalization or extensive and costly community-based care. If an offender placed in a CCF has medical or psychological problems that require treatment over and above what the offender can afford to pay for, the offender may be returned to a state correctional facility for treatment.

3. Offenders shall be physically and mentally capable of work, educational or vocational training. If unable to work, offenders must be able to financially subsidize their stay at a Community Corrections Facility. Offenders with disabilities shall not be discriminated against, however they must be able to financially subsidize their stay at the facility to the same extent that
any other offender would be required to do.

4. Offenders in need of treatment must consent to outpatient treatment in the community. Offenders will be required to pay for all treatment costs if they are financially able.

5. Offenders with detainers shall secure verification that the detainers are resolved to the satisfaction of the state correctional facility and the Community Corrections Division prior to referral to a CCF.

6. Offenders shall be free of felony escape convictions for a minimum of three years before being considered for referral and/or placement at a CCF.

因素 such as loss of good time, escape history, detention, increase in custody or previous conduct at a CCF may be considered in determining the appropriateness of any offender placement in a CCF (Community Corrections Manual, 1993).

Inmates accepted to a PRC are assigned a room, a case manager, and are provided with the program rules upon arrival. They must sign a contract agreeing to abide by the rules. They are given training in job interviewing skills and are expected to find employment in the community within one to two weeks. They are helped to plan a budget which includes paying the PRC a minimum of $10 per day or 25% of their income, whichever is greater, not to exceed the cost of living at the PRC. The budget also includes setting aside money for treatment, child support, and restitution when applicable.

Inmates are required to hold steady employment of at
least 20 hours per week and/or a training program of 35 hours per week. They are also required to participate in some sort of physical fitness program, either at the PRC or in the community.

The PRCs program is based on a level system which requires progress within certain designated time frames. As inmates meet these requirements, they are permitted more privileges, such as visits or personal time away from the center. They are also required to participate in programs offered at the PRC and to make progress toward completion in a timely manner as prescribed in their contracts.

The discipline and structure provided to the inmates are designed to help them to transition into society upon completion of the program. By helping the inmates to find and maintain employment, save money, pay off debts, remain drug and alcohol free, and establish coping skills, while at the PRC, it is likely that inmates will be more likely to succeed upon completion of the program when compared to inmates released from the Montana State Prison.

Approximately 50% of inmates accepted into PRCs fail to complete the program. When one considers the missed opportunities by those that attend the PRC and fail, as well as those that cannot attend the PRCs due to lack of available bed space, it raises questions about whether the
candidates most likely to succeed are the ones being accepted. If there was a way to screen candidates to identify which characteristics were associated with higher rates of success, or failure, then perhaps those whom are better candidates for successful rehabilitation could be channeled into the PRC programs. The rise in crime, prison overcrowding, costs of incarceration, need for alternatives to imprisonment, and poor completion rates at the PRCs all cry for empirical study to help increase completion rates at PRCs and reduce recidivism. Therefore, this research study has been approved by the administration at MSP and welcomed by members of Community Corrections.

RESEARCH QUESTION

At this point, personality correlates of completers and non-completers of the Montana PRC program have not been empirically measured. There are several factors that may be important to consider before placement in a PRC is considered. Will factors such as age, intelligence, personality, marital status, social support, substance abuse history, family history of alcoholism, and readiness for change predict success or failure at pre-release? This study proposed to examine these variables to determine if any or all might be associated with success or failure in pre-release.
PROPOSED RESEARCH

I proposed a post facto study of Montana State Prison inmates who attended the Montana Department of Corrections Pre-Release program. Successes were defined as those inmates who attended a PRC and either completed their sentence (discharge) or were paroled from the center. Failures were defined as those inmates who were returned to MSP for disciplinary, psychological, or other reasons, including new charges or conviction of new crimes. Also, those who absconded from a PRC were considered as having failed.

HYPOTHESES

1. Inmates who succeed at the PRC will have significantly higher levels of intelligence than those who fail as measured by the Raven Standard Progressive Matrices.

2. Inmates who successfully complete the PRC will exhibit MMPI-2 personality profile T scores which are significantly lower than those who fail the PRC on the following clinical scales: (2) Depression; (3) Hysteria; (4) Psychopathic Deviate; (8) Schizophrenia; and (9) Hypomania.

3. Older inmates will have a significantly higher success rate than younger inmates.

4. Inmates with fewer felony convictions as an adult will succeed at a significantly higher rate than those with more...
convictions.

3. Inmates not on psychotropic medications will succeed at a significantly higher rate than those that are.

4. Inmates who have never been in a chemical dependency treatment program, and who deny having substance abuse problems, will have a significantly higher success rate than those who have.

5. Inmates who do not have a mother and father who are alcoholic will have a significantly higher success rate than those who report either one or both parents as alcoholic.

6. Inmates who deny having any problems associated with alcohol or drugs will succeed at a significantly higher rate than those who admit that they do.

7. Inmates who score higher on the measure of perceived support will succeed at a significantly higher rate than those who score lower.

8. Inmates who score in the Action or Maintenance stages in the readiness to change measure will succeed at a significantly higher rate than those in the Precontemplation, Contemplation, or Preparation stages.

METHOD

Study Design

The proposed statistical analysis for this study consisted of a predictive discriminate analysis, which would
allow the use of continuous variables to predict the
discrete outcome of success or failure at the PRC. In
addition Chi Square and t-test analysis of individual
variables were employed to permit isolation of particular
variables and analysis of significance. Intelligence was
measured by performance on the Raven Standard Progressive
Matrices. The Minnesota Multiphasic Personality Inventory-
Second Edition (MMPI-2) was used to assess personality
variables. T scores on the scales of interest (2.
Depression; 3. Hysterea; 4. Psychopathic Deviate; 8.
Schizophrenia; and 9. Hypomania) were compared to test for
clinical significance. Additionally, a 31-item self-report
form was administered to determine demographic information
regarding age, marital status, education, criminal history,
perceived social support, current medication, substance
abuse history, and readiness to change.

**Subjects**

The subjects used in this research project were 67
Montana State Prison (MSP) inmates who had been accepted to
the of the four pre-release centers and who voluntarily
agreed to participate as research subjects. Permission to
use MSP inmates for this study was granted by: Rick Day,
Director, Department of Corrections; Sally Johnson,
Administrator of Professional Services; Mike Ferriter,
Administrator of Community Corrections; Dave Ohier, State Attorney; Mike Mahoney, Warden, Montana State Prison, and Drew Schoening, Ph.D., Chief of Psychological Services at Montana State Prison (Appendix B).

Procedure

Before data was collected subjects were provided with a written consent form that was also read to them by the researcher. The consent form stated that their participation was entirely voluntary and would not affect their acceptance to the PRC. They were informed that they were free to discontinue their participation at any point without any consequences to them. They were also informed that some of the questions were personal in nature and that they might feel some anxiety when answering them. They were provided with information about whom to contact in case they had any questions regarding the study, and were provided with an address where they could write to obtain the results of the study (Appendix C).

During this study the number of inmates sent to pre-release centers every month varied considerably due to availability of space. As members completed or failed at a PRC they were replaced by either inmates at MSP, inmates at county jails, or diversionary commitments sent to a PRC by the courts, from the street. Initial data was collected
between June 12, 1997 and August 14, 1998. Those inmates were then followed until they either paroled from the PRC, discharged their sentence, failed and were returned to MSP, or in the case of one individual escaped, to determine success or failure. The number of subjects providing data each month ranged from zero to as many as twelve.

Fourteen invalid MMPI-2 profiles were excluded from statistical analysis. It was expected that compliance rates would be high among prospective subjects due to the fact that they might find the subject interesting, and generally had quite a bit of free time. This turned out to be the case with approximately 80% of those eligible to participate actually doing so.

Measures

The instruments used in this study were the MMPI-2, the Raven Standard Progressive Matrices, and a demographic form (Appendix D).

Raven Standard Progressive Matrices

The initial Raven Standard Progressive Matrices (Raven) was created in 1938 by Raven and Penrose (Raven, Raven, & Court, 1995). The Raven was originally developed to be a theoretically based, unambiguously interpreted, measure that would be both easy to administer and score in a number of different settings. The instrument sought to measure the
educative component of Spearman's g factor (general factor) of intelligence. According to Spearman (Raven, Raven & Court, 1995) the educative component of cognitive ability involves the ability to make meaning out of confusion, to forge largely nonverbal constructs which make it easy to handle complexity.

Correlations between the Raven and full length intelligence tests have been established to be in the range of 0.6 to 0.8 (Raven, Raven, & Court, 1995). Because it is easily administered in a group format, and is free of language bias it is an alternative to measures such as the Wechsler Adult Intelligence Scale-Third Edition and the Stanford Binet. The Raven is also considered to be relatively free of influence from academic achievement, therefore, it may be very useful in testing subjects with a wide range of academic accomplishments.

The Raven consists of five sets of 12 diagrammatic puzzles exhibiting serial changes in two dimensions simultaneously. There is a part missing in each diagram, and below the diagram there are either six or eight "pieces" to choose from to complete the diagram. Each puzzle has only one correct solution, and it is the task of the person taking the test to choose the correct response for each puzzle. In each set the solution for the first problem is
quite simple, with each progressive problem increasing in
difficulty. There are many different sets of norms that can
be used to interpret scores. For the purpose of this study
the United States, English speaking adult male norms were
used. These norms are for use with subjects age 18 and
older.

The test is completed at their leisure and the time is
typically recorded but has no bearing on the score obtained.
Because the Raven was administered as part of a battery,
time for completion was not recorded in this study. Typical
completion time by new inmates taking the Raven in the
reception unit at MSP usually varies between 15 and 30
minutes. Raw scores obtained on the Raven are converted to
percentile rankings which are grouped into the following
categories:

GRADE I "Intellectually Superior," score at or
above the 95th percentile.
Grade II "Definitely Above the Average in
Intellectual Capacity," a score equal to or greater
than 75th percentile, but less than the 95th.
Grade III "Intellectually Average," a score between
the 25th and 75th percentile.
Grade IV "Definitely Below Average," if a score is
greater than the 5th percentile but less than or
equal to the 25th.

Grade V "Intellectually Impaired," if a score lies at or below the 5th percentile.

**Minnesota Multiphasic Personality Inventory-2 (MMPI-2)**

Created by Hathaway and McKinley, and first published in 1943, the Minnesota Multiphasic Personality Inventory (MMPI) was first used as a reliable method of determining a psychodiagnostic label (Graham, 1993). The original version of the test, as well as the subsequent MMPI-2, is a self-administered, pencil and paper measure in which test subjects respond to a series of statements as either true or false with regard to how these statements generally apply to them.

Due to concerns about the dated or archaic wording of some of the items, as well as questions about the normative sample used in the 1940s, the MMPI was revised in the 1980s, and in 1989 the MMPI-2 was published.

The 567 item inventory is for use with subjects 18 or older, with an eighth grade reading comprehension level. There is also an adolescent version, the MMPI-A for use with subjects between 14 and 18 years old.

The MMPI-2 consists of four validity scales and 10 clinical scales, which can be interpreted, by those trained to use the instrument, to provide useful assessment.
information regarding the presence or absence of distress or pathology endorsed by subjects' responses.

The four validity scales used to assess the test taking approach are the Cannot Say (?) scale, the L scale, the F scale, and the K scale.

The (?) scale is a measure of the number of items that are either left blank or are endorsed both true and false. This can be the result of careless test taking, confusion, indecision, or an attempt to conceal one's true feelings regarding a particular statement. Protocols with scores of 11 or higher on the (?) scale should be interpreted with caution, those with scores of 30 or higher should not be interpreted at all (Graham, 1993). For this study, a cutoff of 13 items on this scale was employed.

The L scale was constructed to detect unsophisticated attempts by subjects to present themselves in a favorable light. People who are unwilling to admit to even slight character flaws will typically score higher on the L scale. High scores on the L scale are indicative of someone trying to put their best foot forward. Thus, there may be an under endorsement of items that would result in elevations on the clinical scales. Therefore they would appear more well adjusted than they really are. When a T score of greater than 65 is obtained on this scale the test is considered to
be invalid. For this study only MMPI-2 protocols with T scores of 65 or less were included in the statistical analysis. This resulted in the elimination of 10 MMPI-2 profiles from statistical analysis.

The third validity scale is the F scale. This was designed to detect deviant or atypical response sets (Graham, 1993). This scale is typically elevated when there is a great deal of pathology endorsed. This scale can also be elevated in an effort to present as more pathological than one really is, or can be indicative of such extra test behaviors as random responding, misunderstanding, or a true response bias. T scores greater than 100 on the F scale should be explored further to rule out random or response biases. For the purposes of this study a T score of greater than 100 on the F scale will result in the profile being considered invalid. This cut-off score resulted in the elimination of four MMPI-2 scales from statistical analysis.

The K scale was developed to detect more subtle forms of deception on the part of test subjects. High scores are indicative of a defensive test taking approach. In other words, the subject is trying to minimize or hide the degree of distress or pathology currently experienced (Fake Good). Particularly low scores indicate that the test taking approach is overly self critical and there may be an over
endorsement of clinical symptoms. A cutoff t score of 100 was established for this scale. This resulted in no additional profiles being eliminated that had not already been excluded by the L or F scale criteria.

In addition to the validity scales there are 10 clinical scales that can be interpreted to obtain personality characteristics and possible pathology. For the purposes of this study only five of the scales were predicted to discriminate between completers and non-completers. They are:

Scale 2. Depression
Scale 3. Hysteria
Scale 4. Psychopathic Deviate
Scale 5. Schizophrenia
Scale 9. Hypomania

The MMPI-2 manual states that T scores of greater than 65 on the clinical scales are clinically significant.

It should be noted that there are quite a few subscales, in addition to the 10 clinical scales, that can be derived from a complete MMPI-2. These were not used in this research. The 10 clinical scales can be obtained by administering only the first 370 items of the MMPI-2. Therefore, in the interest of increasing compliance among test subjects, as well as parsimony, subjects were requested
to complete only the first 370 items.

The Demographic Form

The demographic form used in this study was constructed to measure a number of different variables to assess factors which were believed might have a significant impact on success or failure of PRC participants. Questions regarding age, number of felony convictions as an adult, current use of prescribed psychotropic medication, history of substance abuse treatment, and alcoholism of subjects' parents are single question measures which were analyzed to test hypotheses 3, 4, 5, 6, and 7, respectively.

Additional questions targeted historical and present substance use, and self perceptions of current problems with alcohol and/or drug use. This data was combined to test hypothesis number 8.

Some questions were used to measure subjects' perceived social support based on marital status, number of children, contact with family and friends outside prison, and plans to live with family following release from prison. These questions were analyzed to test hypothesis number 9.

Finally, a question was used to test hypothesis number 11 regarding readiness to change as measured by the five stage Transtheoretical Model (Prochaska, DiClemente, & Norcross, 1992). As mentioned earlier, it was predicted
that those inmates scoring in the Action or Maintenance phase would be more successful at a PRC than those in the Pre contemplation, Contemplation, or Preparation phases. A Chi-Square analysis was conducted to test this hypothesis.

RESULTS

The results are based on the statistical analysis of questionnaires and tests completed by male inmates who participated in the Montana DOC PRC program. Initial data collection began in June 1997 and concluded in August 1998. Due to a shift in priority being given to direct commitments from the courts as well as inmates in jails over those inmates housed at MSP the goal of obtaining 75 inmates was never reached even though the data collection period was extended. It is estimated that greater than 80% of the inmates sent to PRCs from MSP during the 14 months of initial data collection participated in this study. Therefore, these subjects represent the bulk of the population which entered pre-release from MSP during this era.

The majority of the hypotheses tested in this research failed to yield statistical significance. Please refer to tables 1-5 for specific statistical analysis. An Independent Samples t-test with unequal ns analysis of the MMPI-1 Clinical Scales revealed no statistical significance.
However, the Psychopathic Deviate scale approached significance ($t(65) = -1.56, p = .062$) in the predicted direction of high scorers having a lower completion rate.

On the measure of readiness to change, as measured by the five stage Transtheoretical Model, the prediction that those inmates in the Action and Maintenance phases would succeed at a higher rate than those in the Pre contemplation, Contemplation, or Preparation phases did not achieve statistical significance when assessed using a Chi Square analysis. With the exception of three subjects that reported being in the contemplation phase, the remaining subjects reported being in the Action or Maintenance phases ($n = 66$). Though results were in the predicted direction, a one-tailed Fisher’s exact test failed to yield significance ($X^2 = 1, \hat{\lambda} = 66) p = .216$ (Table 5).

Of the ten hypotheses examined none achieved statistical significance, though one approached significance. It is described below.

**Participants on Psychotropic Medication**

It was hypothesized that those PRC attendees not on psychotropic medication prior to release would succeed at a higher rate than those who were on medication prior to release. The number of PRC participants on psychotropic medication was small ($n=6$) and the results approached
statistical significance, with those participants on medication succeeding at a lower rate than those not on medication.  \( x^2 (1, N = 67) = 0.06 \) with those not on medication succeeding at a higher rate (73.7% vs. 33.3%).

**Table 4**

**EXPLORATORY ANALYSES**

Due to the exploratory nature of this research, several other variables were assessed in an effort to discover if they might yield data which would help predict success or failure.

The five remaining MMPI-2 Clinical Scales were assessed to determine significance. Because previous predictions were not made with regard to directional hypotheses, two-tailed tests of significance were employed. Of these scales, Social Introversion revealed a statistically significant difference between completers and non-completers, with completers having lower scores on this scale. \( t (51) = -2.13, p = 0.038 \).

A Chi-Square test was conducted to determine if racial differences might have accounted for variability in outcome. Due to small cell sizes among American-Indian, African American, and Latino participants (total \( n = 15 \); data for these groups was collapsed into a single "nonwhite" cell and compared against Caucasians. \( x^2 (1, N = 67) = 2.61, p = 0.106 \).
Seventy-five percent of Caucasian participants successfully completed the pre-release program (39 of 52), whereas 53.3% of nonwhite participants (8 of 15) completed. These results were not statistically significant.

There was a statistically significant difference in the amount of time participants remained at a PRC. Completers stayed an average of 268.7 days compared to 171.1 days for non-completers ($t_{(65)} = 2.795$, $p = .007$) (Table 1).

Finally, two other comparisons were made, length of sentence, and type of criminal conviction. The mean length of sentences for completers (9.76 years) vs. non-completers (7.93 years) was not significantly different ($t_{(1)} = 1.487$, $p = .227$). The types of crimes that the participants of this study had been convicted of fell into one of four categories:

1. Crimes Against People (homicide, assault, armed robbery, etc.) (n=13).
2. Crimes Against Property (theft, burglary, arson, etc.) (n=18).
3. White Collar (fraud, forgery, worthless checks, common scheme, etc.) (n=12).
4. Drug and Alcohol (distribution, possession, fourth out, etc.) (n=20).

In an unpublished Dissertation evaluating participants in a prison boot camp program (1997), MacIntosh found
that this variable predicted success among participants, with those having committed crimes against people being more likely to complete the program. This was not the case in this study as there was no statistical difference among groups.
<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>Completers (n = 47)</th>
<th>Non-Completers (n = 20)</th>
<th>Direction Consistent W/ Hypothesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raven Standard</td>
<td>X=28.97</td>
<td>X=28.20</td>
<td>Yes</td>
</tr>
<tr>
<td>Progressive Matrices (Percentiles)</td>
<td>SD=21.29</td>
<td>SD=21.85</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>X=31.85</td>
<td>X=30.50</td>
<td>Yes</td>
</tr>
<tr>
<td>SD=7.70</td>
<td>8.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Felony Convictions</td>
<td>X=3.17</td>
<td>X=3.20</td>
<td>Yes</td>
</tr>
<tr>
<td>SD=2.55</td>
<td>SD=3.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Days at Prerelease</td>
<td>X=268.72</td>
<td>X=171.15</td>
<td>Not Predicted</td>
</tr>
<tr>
<td>SD=143.98</td>
<td>SD=91.03</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 2

**MMPI-2 CLINICAL SCALES**

<table>
<thead>
<tr>
<th>SCALE</th>
<th>Completers (N=38)</th>
<th>Non-Completers (N=15)</th>
<th>Direction W/Hypothesis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Depression</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X= 50.31</td>
<td>X= 53.20</td>
<td>Yes ( p &gt; .05 )</td>
</tr>
<tr>
<td></td>
<td>SD= 9.82</td>
<td>SD= 7.86</td>
<td></td>
</tr>
<tr>
<td><strong>Hysteria</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X= 50.23</td>
<td>X= 47.53</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>SD= 9.93</td>
<td>SD= 7.41</td>
<td></td>
</tr>
<tr>
<td><strong>Psychopathic Deviate</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X= 63.71</td>
<td>X= 68.40</td>
<td>Yes ( p &gt; .05 )</td>
</tr>
<tr>
<td></td>
<td>SD= 9.50</td>
<td>SD= 10.65</td>
<td></td>
</tr>
<tr>
<td><strong>Schizophrenia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X= 53.78</td>
<td>X= 55.73</td>
<td>Yes ( p &gt; .05 )</td>
</tr>
<tr>
<td></td>
<td>SD= 13.21</td>
<td>SD= 13.85</td>
<td></td>
</tr>
<tr>
<td><strong>Mania</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>X= 54.92</td>
<td>X= 54.66</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>SD= 10.12</td>
<td>SD= 11.48</td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 3

**MMPI-2 CLINICAL SCALES (EXPLORATORY)**

<table>
<thead>
<tr>
<th>SCALE</th>
<th>Completers (N=38)</th>
<th>Non-Completers (N=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypochondriasis</td>
<td>X= 50.26 SD= 10.09</td>
<td>X= 48.86 SD= 6.47</td>
</tr>
<tr>
<td></td>
<td>p &gt; .05</td>
<td></td>
</tr>
<tr>
<td>Masculinity-Femininity</td>
<td>X= 47.44 SD= 9.32</td>
<td>X= 47.73 SD= 6.92</td>
</tr>
<tr>
<td>Paranoia</td>
<td>X= 55.89 SD= 10.40</td>
<td>X= 57.73 SD= 12.00</td>
</tr>
<tr>
<td></td>
<td>p &gt; .05</td>
<td></td>
</tr>
<tr>
<td>Psychasthenia</td>
<td>X= 54.63 SD= 12.97</td>
<td>X= 53.60 SD= 9.04</td>
</tr>
<tr>
<td></td>
<td>p &gt; .05</td>
<td></td>
</tr>
<tr>
<td>Social Introversion</td>
<td>X= 47.34 SD= 9.63</td>
<td>X= 53.80 SD= 10.75</td>
</tr>
<tr>
<td></td>
<td>p = .038</td>
<td>two-tailed</td>
</tr>
</tbody>
</table>
TABLE 4

Psychotropic Medication

<table>
<thead>
<tr>
<th>Psychotropic Meds.</th>
<th>Completers</th>
<th>Non-Completers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>on Meds</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>no Meds</td>
<td>45</td>
<td>16</td>
<td>61</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>20</td>
<td>67</td>
</tr>
</tbody>
</table>

Fisher's Exact Test One Tail level of Sig. = .06  Effect in Predicted Direction.

Denial of CD Treatment History and Denial of Substance Abuse problem

<table>
<thead>
<tr>
<th>Deny Drug Hx &amp; Prob.</th>
<th>Completers</th>
<th>Non-Completers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deny Drug Hx &amp; Prob.</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Admit Drug Hx &amp; Prob.</td>
<td>40</td>
<td>15</td>
<td>55</td>
</tr>
<tr>
<td>Total</td>
<td>47</td>
<td>20</td>
<td>67</td>
</tr>
</tbody>
</table>

Fisher's Exact Test One-Tail Level of Sig. = .323  Not in Predicted Direction.

Parental Alcoholism and Success or Failure

<table>
<thead>
<tr>
<th># Alcoholic Parents</th>
<th>Completers</th>
<th>Non-Completers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 Alcoholic Parents</td>
<td>25</td>
<td>9</td>
<td>34</td>
</tr>
<tr>
<td>1 Alcoholic Parent</td>
<td>13</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>2 Alcoholic Parents</td>
<td>8</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>20</td>
<td>66</td>
</tr>
</tbody>
</table>

Not significant at .05  Not in predicted direction.
### TABLE 5

Admission of Substance Abuse Problem and Success or Failure

<table>
<thead>
<tr>
<th>Sub. Abuse Problem</th>
<th>Completers</th>
<th>Non-Completers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admits SA Problem</td>
<td>33</td>
<td>11</td>
<td>44</td>
</tr>
<tr>
<td>Denies SA Problem</td>
<td>14</td>
<td>9</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47</strong></td>
<td><strong>20</strong></td>
<td><strong>67</strong></td>
</tr>
</tbody>
</table>

Not significant at .05

Not in predicted direction.

Readiness to Change and Success or Failure

<table>
<thead>
<tr>
<th>Completers</th>
<th>Non-Completers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-contemplation, Contemplation, and Preparation Phases</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Action and Maintenance Phases</td>
<td>45</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

Fisher's Exact Test One-Tail Level of Significance = .216

Not in predicted direction.
DISCUSSION

For this study a battery of instruments was administered to sixty-seven subjects just before their participation in the Montana DOC Pre-release Program. Though the state of Montana presently employs an objective criterion for selecting those who will participate in the pre-release program, to date no attempt had been made to measure personality characteristics to determine a "profile" of what a successful candidate might look like.

Nationwide, between 1990 and 1997 the number of sentenced prisoners under the jurisdiction of State and Federal correctional authorities climbed from 739,980 to 1,195,498 (Department of Justice, 1998). Given that in Montana, like most of the rest of the nation, the number of incarcerated felons has skyrocketed over the past twenty years, it would be useful to have an effective system in place for choosing candidates best suited to alternative forms of corrections. This study attempted to address this need.

Though not statistically significant, in this study, participants who were not taking psychotropic medication completed at a higher rate than their counterparts taking medication. Inmates taking psychotropic medication face additional challenges when attending a pre-release center.
beyond those of their non medicated counterparts. Aside from the stressors and expectations of a new living environment, inmates on medication are also faced with the burden of seeking a new physician for medication monitoring, continuing with (and paying for) medication, and living in a less structured environment where they may be responsible for administering the medication to themselves as opposed to attending a pill line (e.g., being administered medication by staff at specified times). Given that many psychotropic medications can be cost prohibitive, it is likely that some inmates faced with paying for medication may choose to taper or quit their prescribed medication altogether. For those who choose to pay for and take their medication as prescribed, they may have a more difficult time with their other financial obligations at the PRC. The number of participants on psychotropic medication was small in this study (n=6) and statistical significance was approached (p=.06) on this hypothesis. This may be due to the fact that those on psychotropics often find meeting day to day tasks and stressors more challenging than their non medicated counterparts. They also may lack the educational and experiential history which would enable them to acquire employment which pays well. This may be an area where a greater focus on the needs of a subset of those individuals...
selected for pre-release may enhance their prospects for completion.

An exploratory analysis yielded a statistical difference between groups on the MMPI-2 Social Introversion scale, with completers having lower scores on this scale than non-completers. Though neither group had means which reached clinical levels, this particular scale addresses characteristics such as outgoingness, comfort in situations where one is required to interact, etc. Given the inherent difficulties in making the transition from prison life to life on the streets it is not surprising that possessing a certain comfort level with social contacts might give one an advantage in situations such as job interviewing, requesting directions, getting along with others in your living environment, and reestablishing relationships with friends and family. For those with a lack of comfort or skill in these areas, the inverse seems logical. Obviously caution should be used before making too much out of the results of one personality variable but it did prove to have the largest differences between groups.

It is possible that social skills might be the critical factor being measured by this MMPI-2 scale. Further research to test this hypothesis could employ a measure of social skills to examine the role this plays in successful
outcome at PRCs. If it is revealed that this is important it would be simple to offer brief social skills training courses either at MSP before inmates are sent to a PRC or to teach this skill once inmates arrive at their particular Pre-release.

Another variable from the MMPI-2 that approached significance ($p = .062$) was the Ps: empathic Deviate scale. There was a trend that those that scored lower on this scale were more likely to successfully complete the Pre-release program than their higher scoring counterparts. This is consistent with what was predicted. Most who work in corrections would agree that if there is a scam that can be pulled or a short cut taken, an inmate will find a way to do it. There is an inherent tendency among many convicts to fail to learn from previous experience. People who score high on this scale tend to use others for their own gain, are amoral, enjoy a lot of stimulation, and rebel against authority. Of course this more or less describes a large sub-set of most prison populations. It seems to be the case that in a pre-release environment, where there is an increase in freedom of movement, privilege, and temptation to test limits, many residents commit transgressions which result in their return to prison. Drug and alcohol abuse and being “off agenda” (i.e., failing to return from work or
visits on time, etc.) are behaviors that one with an antisocial personality style would be more likely to attempt. It may be that a with more subjects, differences in this variable might have been detected.

The only other effect that was of statistical significance was the amount of time spent at the pre-release centers. This should not be seen as surprising since, by definition, those that fail to complete pre-release and are sent back to prison stay at PRCs less time than they would had they passed. What becomes interesting upon further scrutiny is the fact that the average stay among completers is 163 days or approximately 10 months. Even those who failed averaged 171 days, or nearly six months. When designing this study, there was no data available on the average length of stay at pre-releases, but the consensus among those familiar with PRCs was approximately six months. It was also stated that approximately 50% of those attending PRCs failed. Either the anecdotal estimates on length of stay and completion rates were inaccurate, or this particular cohort of PRC participants may be unusual.

Based on anecdotal reports of participants who were returned to MSP as well as documentation regarding reasons for failure at PRCs, several factors were thought to be consistently associated with negative outcomes. Probably
the single greatest reason people are returned to prison from a Montana PRC is because of the use of alcohol or illicit drugs. Given the relative ease with which one can obtain intoxicants in society, as well as the urban location of the PRCs, many an inmate has succumbed to the temptation of alcohol or drugs. For this reason, an attempt was made to determine if those inmates with extensive drug histories, or with prior treatment for substance abuse would be at a disadvantage and thus fail at a higher rate. This was not supported by the reported data.

Many of the participants in this study reported histories of having participated in both inpatient and outpatient substance abuse treatment. Perhaps because of the variation in level of recovery among participants, and because there are many other reasons why one could fail at a PRC, there was no identified significant difference in outcome on the measures which predicted a difference. Still another possibility is that the measures of previous substance abuse treatment, self reported perceptions of substance abuse problems, prior treatment, served to cancel each other out as they may have had some utility in another configuration. In retrospect, the design of the measure to test this aspect of PRC participants, was overly complicated for what it was attempting to measure. Obviously, self
report measures are subject to the biases both overly optimistic (as in the case of substance abusers in denial) and overly harsh (as with some members of A.A. who consider themselves perpetually “recovering” but never cured of alcoholism). In any event, there are numerous empirically derived and validated instruments in use which might have yielded results indicative of group differences, if such differences exist. For example, the Federal Bureau of Prisons has constructed a form which they use in the interviews for their Residential Drug Treatment Program that measures frequency of use for each class of drug listed in the DSM IV as well as the different criteria such as tolerance, withdrawal, etc. necessary to meet the varying diagnoses of abuse or dependence. Future research employing a measure such as this might yield more meaningful data and reveal differences between groups, if they exist.

The Raven Standard Progressive Matrices (Raven, Raven, & Court, 1998) was used to assess intellectual functioning among participants in this study. Though differences were in the expected direction, they failed to reach significance. The mean score of those who completed pre-release in this study was 28.9 percentile, (with a range between the less than 3rd percentile to the 75th percentile). Though means were within the average range they were
approaching the below average category. Interestingly, in a study conducted on boot camp participants from MSP using the same measure (Mac Intosh, 1997) completers of the boot camp program had a mean percentile score of 40.77 and even those that failed averaged in the 33rd percentile. It is possible that these groups may truly be different, with more intelligent inmates being more likely to be selected for boot camp. It is also possible that subjects may have put forth greater effort for the female researcher in that study, thus increasing their scores. Perhaps future research will account for these differences.

Social support is seen by many as a key in making a successful transition from prison back into society. Because of this an attempt was made to construct a measure of social support which would discriminate between those that succeed at pre-release and those that fail. A factor analysis revealed that the measures components were not measuring a single construct and therefore was useless for the purposes intended. This is an area where more research is warranted however, since the majority of participants in this study indicated that communication with others and contacts with friends and family was important to them.

Though no certain and definitive profile was gathered from this study, there were some interesting findings which
might be useful for those in charge of selecting participants for pre-release. Accommodations for those taking psychotropic medication merits a closer examination. Though the number of these individuals in this study was very small, there are real challenges for mentally ill persons placed in PRCs that others do not face.

Additionally, the finding that those who score higher on the Social Introversion scale fail at a higher rate raises an interesting question regarding programming. Since individuals scoring higher on this scale may be less socially comfortable or less outgoing, classes or training in assertiveness or social skills might be useful. The cost for this could be minimal if social skills training designed specifically for PRC candidates was offered periodically. An alternative to this would be to offer a social skills workshop as part of orientation at the respective PRCs.

Finally, though not statistically significant, the difference in completion rate between white and non white inmates merits closer scrutiny. With the possible exception of plains states, Montana's prison population is probably racially unique, with over representation of American Indian inmates and a paucity of African American and Latino inmates. Though they make up approximately six percent of Montana's population, American Indians comprise
approximately 17% of adult males in custody at MSP (Montana Department of Corrections, 1998). Also, in contrast to national figures where, in 1997, 45.9% of male sentenced prisoners under State and Federal correctional authorities were African American, in Montana the percentage was only 1.75% (Department of Justice, 1999). Therefore, using demographic variables derived from other states to predict successful completion of pre-release participation, or probation and parole for that matter, will likely be inadequate. The need for further research into all areas of Montana corrections is warranted for this reason. Given the relationship between the University of Montana and the Montana State Prison, it may be possible for the research capabilities of the University of Montana to further the knowledge base of the Prison if the logistics can be worked out and the value of the data to be collected can be impressed upon those with the authority to make it happen.
References


PRE-RELEASE APPLICATION

NAME ____________________ CENTER ____________________

AC# ____________________ DATE ____________________

UNIT_____________________

Bus ticket at your expense. Do you have the money? 
Yes_______ NO____

SECTION I (TO BE FILLED OUT BY THE APPLICANT)

EMPLOYMENT/EDUCATION: Do you have a GED? [ ] Do you have a job offer, or prospects, upon release? [ ] Give details (name of employer, type of work, phone number and address: ___________________

Are you assigned to a job? [ ]. If so, describe how long, what are your ratings on the job, who is your supervisor? ___________________

HEALTH: Rate your physical condition: good[ ] fair[ ] poor[ ] Do you have any health problems that limit your ability in certain types of jobs? (please describe). ___________________

PRE-RELEASE: Why do you want to be accepted at the P.R.C.? ___________________

How would coming to P.R.C. affect employment, family relations, finances, and ability to participate in treatment service (be specific which of these applies to you). ___________________
**TREATMENT HISTORY:**

**HEALTH STATUS CATEGORY:**

<table>
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<tr>
<th>Program Participation</th>
<th>(include dates)</th>
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<tr>
<td>TX PROGRAM</td>
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<td>SOPI TX</td>
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<td>M.H. TX</td>
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<td>ANGER MGT.</td>
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<td>ED. GED</td>
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<tr>
<td>CTE</td>
<td></td>
</tr>
<tr>
<td>CD</td>
<td></td>
</tr>
<tr>
<td>OTHER:</td>
<td></td>
</tr>
</tbody>
</table>

**EDUCATIONAL/VOCATIONAL/EMPLOYMENT SKILLS:**

**PRIOR BOARD DISPOSITION:**

**PAROLE ELIGIBILITY DATE:** __________  **DISCHARGE DATE:** __________

**PLEASE DESCRIBE REASONS FOR FAILURES IN PREVIOUS COMMUNITY PLACEMENTS:** (ie. drug abuse, dirty ua's, or new crime in the community)
RELEASE PLAN: Upon discharge, where do you plan to settle? (at time of release).

________________________________________________________________________

(later)
________________________________________________________________________

What are your goals upon release?
________________________________________________________________________

PRIOR COMMUNITY PLACEMENTS: Please describe any previous attempts to complete a pre release or other community placement.
________________________________________________________________________

PLEASE ATTACH ANY INFORMATION YOU FEEL WOULD BE OF USE TO THE SCREENING COMMITTEE. EXAMPLE: LETTERS OF RECOMMENDATION, RESUME, ETC.
DETANERS (yes, no)______ COUNTIES: ________________
FOR: ________________________________

LAST DISCIPLINARY OR MISCONDUCT REPORT ______________

EVALUATION: _______________________________________

UNIT MGT TEAM

UNIT MANAGER __________________

OTHER ______________________

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Date: November 2, 1995

To: Rick Day, Director, Department of Corrections
   Sally Johnson, Administrator of Professional Services
   Mike Ferriter, Administrator of Community Corrections
   Dave Ohler, State Attorney
   Mike Mahoney, Warden, Montana State Prison

From: Drew Scnoening, Ph.D., Director of Psychological Services

Re: Clinical Research at Montana State Prison

Please consider this a proposal and request for approval to conduct clinical psychological research at Montana State Prison. Two Psychological Assistants, Paul Zohn and Sandra MacIntosh, and myself would like to begin two major research projects as soon as we have your approval.

Proposed research: We would like to conduct two correlational studies, both focusing on inmate success or failure in one of two community corrections placements. In one study, we would correlate success or failure at Swan River Correctional Training Center with demographic, social, and psychological variables as collected through psychological interviewing and testing. In the second study, we would correlate success or failure at pre-release with demographic, social, and psychological variables as collected through psychological interviewing and testing.

Procedure: We would obtain informed consent from each inmate prior to voluntary participation in the research. The informed consent form would detail the nature of the study, confidentiality of information, the procedures of the study, and the option of discontinuing participation at any time without any negative consequences. We would interview and test inmates who are candidates for SRCTC or pre-release prior to their community placement. We would then track these inmates over a specified period of time with focus on success or failure at either placement. We would attempt to statistically correlate the demographic, social, and psychological variables with success or failure in a community correction placement. We would adhere to our own professional ethics for research with human subjects. Additionally, the Ethics Review Board at the University of Montana would review and approve the research proposal, as the Psychological Assistants are currently students.
Outcome: We would statistically analyze the findings in hopes of finding demographic, social, and psychological variables that are significantly correlated with success or failure at SRCTC or Pre-release. If the research results in significant correlations, we could develop objective measurements to assist in making community placement recommendations which would result in higher completion rates. Additionally, the research may lead us to the psychological factors that lead to failure and thus provide an opportunity to address those factors more directly prior to entering community corrections or while in community corrections.

Thank you,

Drew Schoening, Ph.D.

If this is acceptable, please sign below and pass it on to the next person for approval.

APPROVED BY

DATE: 3/5/96

Rick Dry, Director

DATE: 1/5/96

Sally Johnson, Administrator

DATE: 2/15/96

Mike Ferriter, Administrator

DATE: 11/1/96

Dave Ohler, Attorney

DATE: 3/4/96

Mike Mahoney, Warden
CONSENT FOR PARTICIPATION

1. You have been invited to join in a formal study of inmates who will be attending a Pre-Release Center (PRC).

2. The purpose of this study is to examine factors which may lead to completion or failure at the PRC.

3. This study is being conducted by Paul Zohn, M.A., a University of Montana Graduate Student, with the cooperation of the Montana State Prison.

4. YOUR DECISION TO PARTICIPATE IN THIS STUDY IS COMPLETELY VOLUNTARY AND WILL IN NO WAY EFFECT YOUR ELIGIBILITY OR EXPERIENCES AT THE PRC, YOUR LENGTH OF SENTENCE, OR YOUR PAROLE ELIGIBILITY UPON COMPLETION AT THE PRE-RELEASE.

5. Your identity will remain entirely confidential throughout this study. You will receive a research number, and all information you provide will be recorded under that number, and not your name. Data collected may be used in scientific reports, but all identifying information will be removed so that your personal identity will be protected.

6. For the purpose of following your progress at the PRC, the researcher will have a list of names which correspond to your research number. This list will be kept in a
safe, confidential, place and will not be shared with anyone not involved with the study.

7. If you decide to participate in this study, it will take about two hours to complete the tests and questionnaires. You will not be given any information about your scores or answers until the study is completed.

8. If you decide to participate, we request that you make a commitment to complete the entire package of materials. However, you are free to quit being a part of this study at any time with no penalty or consequences.

9. A short wrap-up session will be held when all the materials are completed. It is not expected that there will be any mental health risks to participants in this research. However, some of the questions may be considered personal in nature and may cause some mild distress. If you experience this and you want to speak to a mental health counselor, one will be made available to you. For details, please speak to the researcher or send a kite.

10. Although the University of Montana believes the risk of injury to be extremely slight, in the event that you are injured as a result of this research, you should individually seek medical treatment. If the injury
is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the authority of M.C.A., Title 2, Chapter 9. In the event of a claim for such injury further information may be obtained from the University’s Claims Representative or University Legal Counsel. Individuals to contact at the University are: Paul Zohn, 1444 Mansfield Ave. Missoula, MT. 59801, 406-143-4523; or Dr. Christine Fiore, at the same address and phone number.

11. If you are willing to participate in this study, please read the following paragraph, sign and date it. If you do not wish to participate, please return this form to the researcher and you may leave. Thank you.

In signing this consent form, I state that I have read and understand the description of the study and I have volunteered to participate. I have been given a chance to ask questions and these have been answered to my satisfaction. I may withdraw at any time without consequences. When this study is completed, information concerning the results will be made available to
me, if I wish. Please request this information from Mental Health Services at MSP. I UNDERSTAND THIS STUDY WILL HAVE NO EFFECT ON MY ELIGIBILITY OR EXPERIENCES AT PRE-RELEASE, MY LENGTH OF SENTENCE, OR MY CHANCES FOR PAROLE IN EITHER A POSITIVE OR NEGATIVE WAY.

__________________________ ____________________ _____________
Name M.S.P. AC# Date
Age ____ Race ____________

1. Marital Status: (Circle one)
   Married       Separated       Divorced
   Single       Common Law       Widowed
   Number of Children __________

2. Highest Grade Completed ____
   Degree Earned (Circle One) (GED, HS Diploma, AA, BA,
   Other).

3. Number of Felony Convictions as an Adult ______

4. Current Criminal Charge(s) ____________________________

5. Length of Sentence ____________________________

6. Have you participated in a Prison Pre-Release program before?
   Yes _____ No _____ Number of Times __________
   Where? ____________________________

7. Do you have family or friends in the Deer Lodge area?
   Yes ____ No ____

8. If so, do any of them visit you? Yes ____ No ____

9. How many different people have visited you at MSP? ______

10. About how many total visits do you get in an average month?
    Circle One 0. 1. 2. 3. 4. 5. 6. 7. More than 7.

11. How satisfied are you with the amount of visits you receive from family and/or friends? Circle one number.
    1  2  3  4  5  6  7
    Very Unsatisfied   OK Very Satisfied
12. How satisfied are you with the amount of phone and mail contact with family and/or friends? Circle one number.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Unsatisfied</td>
<td>OK</td>
<td>Very Satisfied</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13. How much help and support do you think your family will be to you while at the Pre-release and when you leave prison? Circle one number.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Help or Support At All</td>
<td>Some Help</td>
<td>The Most Help and Support Possible</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Do you plan to live with any family members upon release from prison? Yes ____ No _____

15. Are you currently taking prescription medications? Yes ____ No _____
   If yes, what are they? ______________________________________
   Are any of these medications prescribed by Dr. Schaefer? Yes ____ No _____

16. Are either one of your birth parents alcoholic? Yes ____ No _____

17. If so which? Mother _____ Father _____ Both _____

18. Have you ever felt you should cut down on your drinking? Yes ____ No _____

19. Have you ever experienced a blackout episode from drinking too much alcohol? Yes ____ No _____

20. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hang-over (eye-opener)? Yes ____ No _____
21. Have you ever been arrested for a DUI or DWI?
   Yes _____ No _____

22. Have you ever been arrested for any (Non-alcohol) drug related offenses?
   Yes _____ No _____

23. Have you ever been court ordered into Chemical Dependency treatment?
   Yes _____ No _____

24. Have you ever been in a Chemical Dependency Treatment Program?
   Inpatient: _______ Outpatient: _______
   Yes _____ No _____ Yes _____ No _____
   # of times ______ # of times ______
   # of times completed ______ # of times completed _____

25. Do you feel that you have a substance abuse problem?
   Yes _____ No _____

   If yes, answer the following questions, regarding the following substances. Circle the appropriate number for each. If no, then skip to question 26.

   A. I have a problem with alcohol?
      1  2  3  4  5  6  7
      No Moderate Severe
      Problem Problem

   B. Methamphetamine (Crank)
      1  2  3  4  5  6  7
      No Moderate Severe
      Problem Problem

   C. Marijuana
      1  2  3  4  5  6  7
      No Moderate Severe
      Problem Problem

   D. Hallucinogens (Acid, Mushrooms, Mescaline, etc.)
      1  2  3  4  5  6  7
      No Moderate Severe
      Problem Problem
E. Prescription Drugs:

Drug: ____________

1 2 3 4 5 6 7
No Problem Moderate Severe Problem

F. Other: Please list and rate for each:

Drug: ____________

1 2 3 4 5 6 7
No Problem Moderate Severe Problem

G. Drug: ____________

1 2 3 4 5 6 7
No Problem Moderate Severe Problem

26. Read each one of the next five statements carefully and circle the one that describes you best.

A. I have not made any changes to stay out of trouble, and I don't think I need to.

B. I think I need to change to stay out of trouble, but I haven't done anything yet.

C. I know I need to change to stay out of trouble, and I will be making changes in the next month, but I haven't had a chance to change yet.

D. I know I need to change to stay out of trouble and I have been working on it within the last six months.

E. I have already made the changes I need to stay out of trouble, and I have been maintaining this for the last six months or more.