

# **Process and Outcome Evaluation of the STAR (Sisters Together Achieving Recovery) Program**

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## **Executive Summary**

### **Background**

In July of 2009, the Division of Criminal and Juvenile Justice Planning (CJJP) received Byrne Justice Assistance Grant/American Recovery and Reinvestment Act funding from the Governor's Office of Drug Control Policy to conduct a process and outcome evaluation of the STAR (Sisters Together Achieving Recovery) program housed at the Iowa Correctional Institution for Women (ICIW) in Mitchellville, Iowa. The STAR Program is a licensed inpatient substance abuse treatment program that utilizes a Therapeutic Community model (TC).

All offenders exiting the STAR program between October 1, 2004 and June 30, 2008 were included in the study (n=173). A comparison sample was drawn of offenders exiting the ICIW during the same release time frame with identified but untreated substance abuse needs (n=173). March 31, 2010 was designated as the cut-off date for the study. This yielded an average post-program follow-up time of 3.1 years.

The STAR group was further divided into two groups by time of program exit. Participants exiting the program between October 1, 2004 and June 30, 2006 were designated as STAR 1 (n=78) and those exiting the program between July 1, 2006 and June 30, 2008 were designated as STAR 2 (n=95). In order to have comparable tracking time between STAR groups, tracking time for STAR 1 concluded July 31, 2008. This yielded an average post release follow-up time of 2.4 years for both groups.

Demographic, Program, Intervention, and Outcome data were examined. Comparisons were made between groups as well as categories of participation.

### **Demographics**

Just over 86 % of participants were white (ethnicity was not examined due to low numbers). The median age of participants, at prison entry, was 36 years. Nearly three-quarters had attained at least a high school diploma or GED and nearly three-quarters were single (including divorced and widowed). The majority (87%) had children.

Nearly 30% claimed to have experienced prior sexual abuse and 40% physical abuse. Over half (56.1%) had been diagnosed with a major, non-temporary mental illness, with depression and major depressive disorders making up the greatest proportion of diagnoses.

### **Criminal History**

Prior to prison admission, the majority (89%) had a record of previous incarceration or correctional supervision. On average, participants entered the program with three felony, one aggravated, and four simple and/or serious misdemeanor convictions. Just over half of all previous convictions were serious and simple misdemeanor offenses. The majority of convictions were for drug and alcohol offenses (45.3%) followed by property (25.0%), public order/other (23.3%), and violent (6.5%) offenses.

### **Program Operations**

With the exception of reductions in staff, it appears that only minor changes occurred in the program during this study's tracking time. The program's overall structure and tools were unchanged. While the program no longer uses Therapeutic Peer Reprimands (TPR's), this change occurred outside of the tracking time.

Staff report being supportive of the program but appear to be overwhelmed by the reductions in staff. These reductions affect their involvement and oversight abilities in the program, articulated by their desire for strengthened communication and concerns over abuses of the TC tools by offenders.

### **STAR Program Completion Rates**

The majority of STAR participants (85%) completed the program. The STAR 1 group had a 91% completion rate compared to 80% for the STAR 2 group. However, the STAR 2 group had a greater percentage of cases that were administratively closed. Closure type by race shows large differences in program completion. Nearly a quarter of blacks were unsuccessfully discharged from the program, compared to just over 5% of whites and 0% of for all other races.

### **Post Release Interventions**

Slightly more than half (50.9%) of the Comparison and 45% of the STAR Total groups were not involved in an Intervention within 90 days of release. The STAR 1 group had a greater percentage of participants not involved in an Intervention compared to the STAR 2 group (53.4% versus 39.3%) and the STAR 2 group had the greatest percentage of those involved in three or more Interventions.

Recovery support services/substance abuse education made up the greatest proportion of interventions received, for all groups, followed by housing/subsistence services and employment/education/life skills for the STAR 1 group; mental health and employment/education/life skills were most common for the STAR 2, STAR Total, and Comparison groups.

### **Post Release Substance Abuse Treatment**

Within the first year of release 43.4% of the Comparison group received substance abuse treatment compared to 24.4% of the STAR group. A greater proportion of the STAR 2 group received substance abuse treatment in the first year than the STAR 1 group (30.3% versus 16.4%). In subsequent years, rates of substance abuse treatment accessed, by all groups, decline.

### **Level of Treatment Accessed First Year Post Release**

The Comparison group received a greater proportion of the higher levels of treatment (clinical or medical) compared to the STAR groups (20% versus 2.5%). Only slight differences were observed in the levels of treatment between the STAR 1 and STAR 2 groups.

### Post Release Substance Abuse Monitoring

During the first year of release, over 80% of all groups were drug tested. The data show 15% of the STAR Total group had at least one positive drug test within the first year of release, compared to 27% of those tested in Comparison group. The STAR 1 group had the smallest percentage testing positive (12.9%). The most frequently occurring drug detected, for all groups, was amphetamines (including methamphetamines) followed by marijuana.

### Wage and Employment

The STAR group had higher median wages for all years tracked. The disparity in wages between the STAR and Comparison groups increased over time and by the third year the STAR group had a median wage nearly double that of the Comparison group. The median annual post release wages were similar for both the STAR 1 and STAR 2 groups.

The primary industry area in which the most income was earned since prison release, for all groups, was Accommodation and Food Services followed by Administration, Support, Waste Management and Remediation.

### Recidivism

On both measures of recidivism, STAR participants were consistently less likely to recidivate than those in the Comparison group. See Table 1 below.

Table 1. Recidivism Rates of STAR and Comparison Groups

	STAR 1		STAR 2		STAR Total		Comparison	
Recidivism	n	%	n	%	n	%	n	%
New Conviction	12	16.4%	14	15.7%	33	20.1%	57	32.9%
No New Conviction	61	83.6%	75	84.3%	131	79.9%	116	67.1%
Total	73	100.0%	89	100.0%	164	100.0%	173	100.0%
Prison or VP Admission	12	16.4%	11	12.4%	26	15.9%	57	32.9%
No New Admission	61	83.6%	77	87.6%	138	84.1%	116	67.1%
Total	73	100.0%	89	100.0%	164	100.0%	173	100.0%

*\*STAR 1 and STAR 2 numbers do not equal STAR Total. For comparative purposes between STAR groups tracking time for STAR 1 was shortened; reducing the number of STAR 1 participants.*

Just over 6% of the STAR Total group and 8% of the Comparison group acquired a new felony conviction. The Comparison group had a greater percentage of those with a new aggravated misdemeanor convictions compared to the STAR total group (5.5% versus 12.1%). The percentages of those with only simple or serious misdemeanor convictions were 8.5% for the STAR Total group and 12.7% for the Comparison group.

The highest recidivism rates, for all groups, were observed for those not involved in an intervention within 90 days of release. Nearly 40% of the Comparison, 28% of the STAR Total, and 23% of the STAR 1 and STAR 2 groups not involved in an intervention were convicted of a new offense. With involvement in one intervention, the recidivism rates decline for all groups

and continue to decline further among those receiving two interventions, but recidivism rates began to rise with additional intervention involvement.

## **Introduction**

In July of 2009, the Division of Criminal and Juvenile Justice Planning (CJJP) received Byrne Justice Assistance Grant/American Recovery and Reinvestment Act funding from the Governor's Office of Drug Control Policy to conduct a process and outcome evaluation of the STAR (Sisters Together Achieving Recovery) program housed at the Iowa Correctional Institution for Women (ICIW) in Mitchellville, Iowa.

The STAR Program is a licensed inpatient substance abuse treatment program that utilizes a Therapeutic Community model (TC). It is a highly structured program designed to address the needs of female offenders. The program is a minimum of nine months in length and provides programming for 46 offenders at a time. For some participants a continuing aftercare component (Winner's Circle) is available vs. other community-based treatment/program options.

The purpose of the evaluation was to:

1. Assess the effectiveness of the STAR program in reducing recidivism and substance abuse among female offenders.
2. Determine if participation in the Winner's Circle aftercare component of the STAR program affects post release success. After further investigation it was discovered that the Iowa Correctional Information Network (ICON) documented only 21 STAR study participants as being involved in Winners Circle within 90 days of release. In addition, only seven of the Comparison group subjects were involved in Winners Circle. Because of this limited involvement, an outcome assessment of Winners Circles participation was not conducted. Instead, the number of Interventions received within 90 days of prison release and recidivism (defined as a new conviction) was explored.
3. Explore any changes to the fidelity of the treatment model over time.
4. Make recommendations to the IDOC for modifications of the program that might stem from evaluation findings.



## Literature Review

De Leon (2000) poses, “The idea of the therapeutic community recurs throughout history implemented in different incarnations. Communities that teach, heal, and support appear in religious sects and utopian communes, as well as in spiritual, temperance, and mental health reforms movements.” (p. 11). However, the contemporary notion of the therapeutic community emerged in Great Britain in the 1940s. The term was used to describe a social approach to treating WWI veterans suffering from psychological disorders. This approach was furthered by Maxwell Jones and others and, by the 1950’s, therapeutic community ideas were being adopted by British psychiatric hospitals and later corrections (Lipton, 1998). The British version of the therapeutic community (or democratic-based therapeutic community) is founded on the concepts of empowerment, tolerance, responsibility, citizenship, and peer group influence (e.g., Campling, 2001 and Lipton, 1998).

In contrast, U.S. addiction treatment therapeutic communities (or concept-based therapeutic communities) trace their origins to programs emerging in the 1960s and 70’s, particularly those of Charles Dederick and Synanon. The Synanon approach involved lengthy discussions about self-reliance, work habits, and self-image and utilized intense participatory forms of group therapy and brutal confrontation sessions. Current concept-based therapeutic communities are similar, in some respects, to the Synanon approach but are less intense. They are founded on concepts of community, hierarchy, confrontation, and self-help. Substance abuse is viewed as a fundamental disorder of the whole person with an emphasis on the individual’s taking responsibility for the disorder. Change in lifestyle and identity is achieved through the notion of “community as method” (e.g., De Leon, 2000, and Lipton, 1998).

Therapeutic communities have been used in correctional settings in the U.S. for over 40 years. These programs are concept-based and draw on a social learning theory, viewing addiction as a learned condition rather than a disease. Change in the individual is achieved through participation in a highly structured environment over several months. Participants are isolated from the general population and all aspects of daily life are viewed as part of the treatment process. The structure of communication is hierarchical and all members have responsibilities and are accountable to someone. There is specific language for specific situations along with consistent verbal and written feedback and confrontation. Desired behaviors are reinforced with positive affirmations or “push-ups” and negative behaviors confronted through a spirit of “responsible concern” (referred to as “pull-ups”). When there is a continued failure to address negative behaviors, a community-wide confrontation group may be held (Lipton, 1998b).

The introduction of a therapeutic community into correctional settings brings together two systems (corrections and treatment) and with it with conflicting views of drug use (e.g., crime vs. chronic, but treatable disorder). Burdon, Farabee, Prendergast, Messina, and Cartier (2002) stress the importance of sharing information between the two systems so corporation can emerge and allow treatment delivery while still providing for safety and security.

Eliason (2006) found that therapeutic community studies have shown positive outcomes for males on several measures including reduction in recidivism and drug use, decreased income from crime, fewer hospitalizations, and increased likelihood of having health insurance. Outcomes for women, however, have been mixed.

The National Institute of Justice (Tompkins, 2006) reports research has shown that the therapeutic community model can be successful for women, if modified. They argue that modifications to the traditional therapeutic community model are necessary because female offenders have histories and issues that differ from male offenders. These include different pathways to crime, a history of prior abuse, relationship issues with children, and socialization style. Modifications that have been shown to increase successful outcomes for women include the use of female counselors and creating an environment that is less confrontational (also see Bloom, Owen, and Covington 2003).

Creating an environment that is less confrontational appears to be beneficial for female offenders on at least two levels. First, female offenders report high rates of past abuse and trauma and are more likely to be diagnosed with mood and anxiety disorders. The highly confrontational and public nature of the therapeutic community may trigger anxiety and impede recovery efforts. Secondly, the direct and often very public communication may be interpreted as criticism and an attack of their self-worth instead of constructive feedback of negative behaviors (e.g., Eliason, 2006 and Tompkins, 2006).

## **Methodology**

All offenders exiting the STAR program between October 1, 2004 and June 30, 2008 were included in the study (n=173). A comparison sample was drawn of offenders exiting the ICIW during the same release time frame with identified but untreated substance abuse needs (n=173). The sample was matched as closely as possible by convicting offense class (felony/misdemeanor), offense type, age, and race/ethnicity.

March 31, 2010 was designated as the cut-off date for the study. This yielded an average post-program follow-up time of 3.1 years. At the cut-off date for the study, all but nine of the STAR group (n=164) and the entire Comparison group (n=173) had been released from prison. Three participants died during the course of the evaluation, but were included in the study nonetheless.

The STAR group was further divided into two groups by time of program exit. Participants exiting the program between October 1, 2004 and June 30, 2006 were designated as STAR 1 and participants exiting the program between July 1, 2006 and June 30, 2008 were designated as STAR 2. In order to have comparable tracking time between STAR groups, tracking time for STAR 1 concluded July 31, 2008. This yielded an average post release follow-up time of 2.4 years for both groups. Two of the STAR 1 participants had not been released by the cut-off date, leaving a post release count of 73 for the STAR 1 group and 89 for the STAR 2 group.

Demographic, program, intervention, and outcome data were examined. Comparisons were made between groups as well as categories of participation. Comparisons were made in the rates of recidivism between the STAR and Comparison groups. Two measures of recidivism were used:

1. Conviction of a simple misdemeanor or greater (excluding scheduled and nonscheduled traffic violations, probation or parole violations with no other new charge, and violations of city, local, or county ordinances).
2. Readmission to prison (including Violator Program placement).

## **Data Sources**

### ***Offender Demographics***

Demographic data were extracted from the Iowa Correctional Offender Network (ICON), maintained by the Iowa Department of Corrections. Demographic data elements included race, age, education level, marital status, parental status, sexual and domestic abuse history, and mental health status.

Mental health diagnoses were provided directly by the IDOC. The provided extraction utilized DSM IV information where available, and ICD9 diagnoses for older cases where no DSM IV information existed (in 2008 DOC psychiatrists moved from documenting mental illness and developmental disabilities diagnoses using ICD9 diagnosis codes to using DSM IV codes).

Only major diagnoses through April 12, 2010 were provided (temporary conditions were excluded). Chronic mental illnesses were counted regardless of status; non-chronic mental illnesses were counted if status of data extraction was “Current”.

Mental illness and developmental disabilities diagnoses counts and categories were based on data when the diagnosis date preceded the prison release date (for the comparison group) or the intervention end date (for the STAR participants). Please note there is the potential for some missed diagnoses in the event that conditions existing within the study time frames were not identified until later dates.

### ***Program Operations and Staff Interviews***

Program materials were provided by the unit director(s). Program descriptions were supplemented with reports on the program from prior evaluations, correctional publications, and staff interviews.

Staff interviews were conducted at the Iowa Correctional Institution for Women (ICIW) in Mitchellville, Iowa on May 3<sup>rd</sup>, 4<sup>th</sup>, 13<sup>th</sup>, and 19<sup>th</sup>, 2010. Officer interviews were scheduled by the unit director, in one hour blocks of time during the officers’ shifts. In order to ensure voluntary and confidential participation, officers were told that they could engage in an activity of their choosing (e.g. reading a book, playing cards) during their scheduled interview time if they chose not to participate. Fourteen staff, current and former unit directors, and program director participated.

### ***Interventions***

Intervention data were extracted from ICON. Interventions starting within 90 days of prison release were examined. Interventions that were part of an intervention program were excluded as well as substance abuse evaluations and treatment. Substance abuse evaluations and treatment interventions were excluded because Iowa Department of Public Health data was used to track treatment.

ICON showed over 6,000 Interventions with slightly more than 3,600 of these being active. Interventions were grouped into 80 categories and 3 types. After a review of Interventions assigned to participants, study categories were created for Interventions. The categories, created with consultation from the DOC, were:

1. Employment /Education/Life Skills
2. Family/Parenting
3. Housing/Subsistence Services
4. Mental Health
5. Recovery Support Services/Substance Abuse Education
6. Supervision/Re-entry

### ***Substance Abuse Treatment***

Substance abuse treatment data were provided by the Iowa Department of Public Health (IDPH). Data accessed from IDPH’s Substance Abuse Reporting System (SARS) and Iowa Service

Management and Reporting Tool (I-SMART) systems included the number, type, length, and completion status of treatment episodes. Substance abuse evaluations were examined but not included in the study. Substance abuse treatment data may be incomplete as some subjects were paroled out-of-state or lived in communities located on Iowa borders where they would access treatment outside the state.

### ***Criminal Histories and Recidivism***

Criminal histories and recidivism data were extracted from the Justice Data Warehouse (JDW) and Interstate Identification Index (III). The JDW is a central repository of key Iowa criminal and juvenile justice information, managed by the Iowa Division of Criminal and Juvenile Justice Planning. The JDW includes data from the Iowa Computerized Criminal History (CCH) and the Iowa Court Information System (ICIS), as well as information from the Iowa Correctional Offender Network (ICON) system. III was consulted for arrests and charges occurring outside the state of Iowa.

Because criminal history data came from multiple sources, identical data elements were not available. For example, older criminal history data accessed through CCH contained only conviction data. Arrest charges **not** leading to a conviction had been expunged and conviction dates were not available; only arrest dates. ICIS contained arrest and conviction data, conviction dates, and offense dates but not arrest dates. III contained both arrest and conviction data and dates. Because these sources varied, offense date in ICIS and arrest date in CCH and III were used as the point in time that prior criminal activity or recidivism occurred.

Pre- and post-release supervision statuses were extracted from ICON. Days in pre-trial release with supervision, probation, shock probation, prison, work release, parole, OWI continuum, violator program, and escape/abscond status were tabulated for each offender. Jail data were incomplete and were not included. Out-of state incarceration was included in cases where III revealed a conviction with a prison sentence.

### **Program Description**

The following section provides a description of the STAR program, including eligibility criteria, program length, capacity, goals, key aspects, and curriculum used, as well as a summary of the program hierarchy and TC tools from the Therapeutic Handbook. For a more detailed description on program operations see Appendix A.

The eligibility criteria for admission to the STAR program include a history of alcohol and drug use and (usually) a sentence of 10 years or more. The program lasts a minimum of 9 months and serves 46 offenders. Participants progress through five phases that include orientation, programming, continuing recovery, aftercare, and reentry.

Goals of the Program:

- Interpersonal change via right living;
- Enabling women to live free of criminal behavior and substance abuse;

- Developing life skills such as learning to secure successful employment; and
- Making contributions to their community with "no more victims."

The core program is based on the contemporary concept-based TC model of substance treatment that emphasizes individual responsibility and change in lifestyle. The program is highly structured and emphasizes peer accountability, under the supervision of staff. All areas of daily living are viewed as part of the therapeutic learning process that provides an opportunity to learn personal accountability.

#### Key Aspects:

- Confidentiality
- Right Living (establish pro-social norms)
- Accountability/Responsibility
- Peers as Role Models (Peers help each other by helping themselves)
- Pro-social Living

Weekdays consist of a morning meeting, then classes, counseling sessions, activities and/or work and an evening meeting. Weekends are generally free.

#### Program Curriculum Used:

- Criminal Conduct and Substance Abuse (relapse and recidivism prevention)
- Moving On (gender responsive change process)
- Seeking Safety (trauma and abuse class)
- Victim Impact (awareness)
- Helping Women Recover (gender responsive trauma and substance abuse recovery)
- Families in Transition (parenting and family relations class)

#### **Hierarchy and Roles**

The hierarchical structure and description of the roles and responsibilities, from the TC handbook, are presented below:

Staff: The staff works cooperatively with each other under the direction of the Warden. Staff are at the top of the community structure and maintains overall responsibility and authority for all aspects of the community.

Mentors: A mentor is chosen by staff and employed full time by ICIW. A mentor is expected to be a positive role model, responsible and accountable at all times.

Senior Coordinators: Conduct morning and evening meetings with assistants and other coordinators, assist members in solving problems among themselves, report unresolved problems to mentors, make recommendations to staff regarding decisions needed for the smooth working of the TC, relay information from staff and mentors to the other coordinators.

Assistant Senior Coordinators: Perform tasks assigned by senior coordinators, relay information to and from the senior coordinator and the crew coordinator.

Crew Coordinators: The senior, assistant senior and crew coordinators are chosen by staff and mentors. In general, the crew coordinators not only perform as role models but also are responsible for specific tasks in their communities. They have a crew of community members assigned to assist them. Below are titles and responsibilities of the coordinators.

Senior Coordinator: Conduct morning and evening meetings with assistants and other coordinators. Assist community members in solving problems among themselves, report unsolved problems to mentors. Make recommendations to staff regarding decisions needed for the smooth working of the TC. Relay information from staff and mentors to the other coordinators.

Assistant Senior Coordinator: Perform tasks assigned by the Senior Coordinator. Relay information to and from the Senior Coordinator and the Crew Coordinators.

Expediter Coordinator: Keep attendance sheets; announce the start and end of all meetings and releasing members for breaks. Remind the community about activity starting times, address all violations and unauthorized activities either orally or in written form, announce pull-ups at evening meetings, monitor all movements, maintain a quiet and orderly area of responsibility, read a section of the rules at every evening meeting.

Recorder Coordination: Maintain an accurate, complete, and timely recording of attendance and significant events, record daily announced pull ups, learning experiences, interventions, and daily assignments, maintain a log of all completed assignments resulting from rule violations, copy the notes of the daily meetings and activities.

Project Coordinator: Assign detail to community members, report daily status of details, notify Assistant Sr. Coordinator of needed project supplies, inventory, and quality control.

Information/Education Coordinator: Briefly summarizes that day's news, interesting information, and announcements, and passes out educational material.

Creative Energy Coordinator: Coordinates motivational activities during morning meeting, develops constructive leisure or social activities.

Inspirational Coordinator: Presents the thought for the day at the morning meeting, using a wide range of inspirational resources; during the morning and evening meetings may present exercises designed to increase awareness of individual and group spirituality, and develops and sets up the reflecting area.

Service Coordinator: Conducts room inspections, shows responsible concern and confront individuals who have been untidy. Ensures announcements are made at morning and evening meetings regarding general community tidiness. Oversees room arrangements and set-up for all educational groups, peer support, or any other TC event involving the community. Maintains and sets up audiovisual or other equipment as directed by staff. Coordinates activities of expected guests, arranging seating for guests and assigning someone to greet guests. Announce at the evening meeting the next time the crew will set up.

Crew Member: Crew members take direction from and are responsible to the coordinators.

### **Participant and Staff Tools**

Participants are referred to as “community members” and are under the supervision of staff. Participants and staff alike are charged with holding community members accountable. Staff, however, are the only members empowered with authority to discipline. Participants are to exercise “responsible concern” for each other through the use of appropriate confrontation techniques or TC Tools. Below are the tools used by staff and participants in the program:

Positive Affirmations: Positive affirmations are used to let community members know their behavior or attitudes meet the rules of the community and support community values. Types of Positive Affirmations:

1. Verbal Push-up: Spoken acknowledgement of positive attitudes or behaviors.
2. Written Push-up: A documented acknowledgement of positive growth as well as noticeable improvements in behavior and attitude.

Tool for Change: Tools for change are used to let community members know their behavior or attitudes do not meet the rules of the community or support community values. Types of Tools for Change (in order of severity):

1. Responsible Concern: Informally speaking to someone about their negative behaviors.
2. Verbal Pull-up: A mild reminder that immediate attention is needed to address negative behaviors.
3. Written Pull-up: A documented concern or mandatory rule violation that is put in the pull-up box for staff review and assignment of a learning experience.

### **Staff Tools**

Learning Experience (LE): assignments such as journaling, a presentation, or nonverbal contract, given by staff in response to a written pull-up or an awareness group.

Awareness Group: held when a community member has failed to address her negative behaviors. The group is held either with a select group or with all community members (depending upon staff judgment). The group is arranged in a circle and participants take turns giving feedback to the recipient. After receiving feedback, the individual may be asked to repeat back what she heard or state how the feedback made her feel.



Therapeutic Peer Reprimand (TPR): held when a community member has failed to address her negative behaviors. The TPR is held with a majority of the community members (selected by staff). . The room is arranged with the chairs in theatre style with enough chairs in front for staff and selected peers. The process is very formal with certain rules for engagement. After feedback has been given, a staff member will give the recipient a behavioral contract to review. The recipient is escorted to the quiet room to reflect on the TPR, review the behavior contract, and decide whether or not she will remain in the TC.

### **Staff Interviews**

Staff interviews were conducted in order to verify program information and to ascertain how the staff fits into the program and how they assess program operation. Eleven TC Officers and three counselors were interviewed. Two unit directors were interviewed, one of whom has been with the program only three months. Three areas were covered: staff description, STAR operations, and staff perspective of program operations. Copies of the questions asked during the interviews can be found in Appendix B.

#### Staff Description

The unit directors and counselors had a Bachelor's degree in psychology or criminal justice. One counselor was just completing a BA. Education varied somewhat among the TC officers from high school to a BA degree. Over 70% of the officers had some college, two-year degree or BA. See breakdown below.

Officers' Education	n
High School	2
Some College	4
Two-year Degree	2
Bachelor's Degree	2
Unknown	1

Professional background for the directors and counselors included prior correctional experience and/or social service area employment. At least some prior correctional experience was found for five of the eleven TC officers. See breakdown below.

Officers' Background	n
Prior Corrections	5
Military	1
Social Service Area	2
Private Industry	3

Length of time with the STAR program varied from less than two years to as long as 10 years. The new unit manager had been with STAR three months and the prior unit manager six-and-one-half years. Counselors varied from one year to four-and-one-half years. Length of time of

employment for the TC officers is listed below. Two of the officers had been with STAR since its inception.

Officers' Length of Time with Star	n
Under two years	3
Two to four years	6
Over four years	2

Nearly all the staff members had gone through the week long immersion training provided by DOC. Only one TC officer and the new unit director had not gone through this training. Three of the TC officers also indicated they had additional on-the-job training sessions.

#### Staff Role

The role of the unit director includes oversight of the entire TC operation, supervision of counselors and staff officers, procurement of supplies and repairs, quality assurance of treatment files, weekly meetings, and evaluations of counselors and staff officers.

Each counselor has a caseload of around 15 offenders. The role of counselor includes meeting with offenders one-on-one, assessing offenders' needs, setting up treatment plans, working with offenders on all areas of their lives, arranging visits, scheduling release of offenders, attending meetings, and teaching classes. The counselor interacts with the offenders daily.

The primary role of the TC officers is security, with one officer in the control booth and others working the floor of the treatment pods. In addition, the TC officers reinforce the TC program in their interaction with offenders. During each shift the officers make rounds, interact with other staff, interact with offenders, give guidance to offenders to be sure they are doing what they are supposed to do, act as mediator between offenders, and resolve problems that may arise.

#### Star Operations

A typical day in the STAR program varies somewhat by counselor and offender and what they are working on. All scheduled activities are done in a group. The schedule for the offender goes somewhat like this:

- Offenders get up early and have breakfast
- Morning meeting
- Work on GED, meet with counselor or work on other activities
- Lunch
- Classes
- Dinner
- Evening meeting
- Mandatory gym Tuesday through Saturday
- Library one night a week

With the exception of some activities scheduled for Saturday, weekends are free. One church service is available per week.

The TC tools described in the Program Structure section are being used by offenders, counselors, and staff daily. Results of these tools are discussed in the offenders' morning and evening meetings.

When asked what type of offender would benefit from the TC, most respondents thought that anyone could benefit. Emphasis was placed on the fact that the offender must be "ready" to make changes before the program can be a success.

#### Staff Perspective of Program Operations

All persons interviewed thought the overall program was working very well. Some aspects mentioned were:

- The structure and length of the program
- Classes
- Overall philosophy of TC
- Offender camaraderie and support
- The effectiveness of peer pressure
- TC tools

A majority of the respondents suggested that improvement could be made with more staff and more communication. Short staffing of TC officers makes their job more difficult and takes away from interaction with offenders. Communication between staff could be improved and meetings with staff and counselors were suggested. Greater regulation of the TC tools was mentioned, as sometimes tools are used as retaliation by offenders. Mental health issues were also mentioned as needing more attention along with greater access to a psychologist, psychiatrist, and doctors. It was also pointed out that for the program to be most effective offenders should be paroled or discharged soon after program completion.

Some changes in the program were described as:

- Change in TC tools: therapeutic peer reprimands were dropped and the large awareness group was added
- Program is more refined and structured than previously
- Program added a phase and developed an aftercare program
- Program became less structured: offenders don't have to return from meals in a group
- Fewer officers on duty
- Entire building became a TC

When an untrained officer is on duty the offenders know immediately and will take advantage of the officer if they can. Not having fully trained officers on duty causes general confusion and frustration. The untrained officer needs to check with a trained officer before taking action, taking away time from the trained officer's duties. It was suggested that a glossary of terms be made available to officers not familiar with the program.

Many of the persons interviewed thought more training would enhance their effectiveness in the program. Better communication was again mentioned as being helpful for officers as was

having more discretion on disciplinary issues. Another counselor and more staff would be helpful for some.

Additional information provided by the respondents included a request for proper staffing with trained officers on duty. No counselor available on weekends makes the officers jobs more difficult. A suggestion was made to monitor how TC tools are being used, as some offenders fall through the cracks because they do not use their tools at all. Comments included “Winner’s Circle” is effective; TC program is awesome.

### Demographics

The following section provides descriptive findings of the STAR and Comparison groups. The following demographic data elements are presented and discussed: race, age, educational attainment, employment, marital and parental status, prior sexual and physical abuse, and mental health status.

#### ***Race***

The majority of participants in all the groups were white. The percentage of whites in the study groups ranged from between 85.3% to 88.5%. All groups were racially similar in terms of minority percentages with the exception of STAR 1, which had the smallest percentage of blacks (6.4%) and greatest percentage of those in the other category (5.1%). The proportion of blacks represented in the groups was higher than is reflected in the state’s population. According to the 2000 Census data, Iowa’s racial makeup was 93.9% white, 2.1% black, and 4.0% for all other races. Even though African-American representation in all groups was higher than the statewide percentages, it was substantially lower than their percentage in Iowa’s prison system. According to CJPJ prison population data, in fiscal years 2005-2008 the percentage of black females ranged from between 20.2% and 22.3%. Due to the low number of Hispanics, ethnicity was not examined. See Table 2 below.

Table 2. Race of Participants, by Group

	STAR 1		STAR 2		STAR Total		Comparison	
<b>Race</b>	n	%	N	%	n	%	n	%
White	69	88.5%	81	85.3%	150	86.7%	149	86.1%
Black	5	6.4%	12	12.6%	17	9.8%	19	11.0%
Other	4	5.1%	2	2.1%	6	3.5%	5	2.9%
Total	78	100.0%	95	100.0%	173	100.0%	173	100.0%

### **Age**

Age at time of admission into prison shows a similar age distribution across groups. Roughly one third of each study group fell into the first three age categories, with few participants 50 years and over. The median age for all groups was also similar. See Table 3.

Table 3. Age of Participants, by Group

Age	STAR 1		STAR 2		STAR Total		Comparison	
	n	%	n	%	n	%	n	%
18-29	24	30.8%	27	28.4%	51	29.5%	61	35.3%
30-39	31	39.7%	34	35.8%	65	37.6%	59	34.1%
40-49	23	29.5%	27	28.4%	50	28.9%	49	28.3%
50+	0	0.0%	7	7.4%	7	4.0%	4	2.3%
Total	78	100.0%	95	100.0%	173	100.0%	173	100.0%
Median	35		36		36		34	

### **Education**

The majority of participants had attained at least a high school diploma or GED. Between 84% and 91% of the study groups had at least a high school diploma or GED. The STAR Total and Comparison groups were similar in percentages across education categories. The STAR 1 group the smallest percentage (9.0%) of those without a high school diploma or GED and the STAR 2 group had the greatest (15.8%). See Table 4.

Table 4. Education Level of Participants, by Group

Education	STAR 1		STAR 2		STAR Total		Comparison	
	n	%	n	%	n	%	n	%
Bachelor/Associate	5	6.4%	6	6.3%	11	6.4%	10	5.8%
Technical Training	5	6.4%	6	6.3%	11	6.4%	10	5.8%
High School/GED	61	78.2%	68	71.6%	129	74.6%	129	74.6%
< High School	7	9.0%	15	15.8%	22	12.7%	24	13.9%
Total	78	100.0%	95	100.0%	173	100.0%	173	100.0%

### **Marital Status**

Across groups, the data show about three quarters of the participants were not married or in a common-law relationship. In all the groups, just over 40% were single and between 27% and 30% were divorced. Very small percentages were widowed. See Table 5 for more detail.

Table 5. Marital Status of Participants, by Group

Marital Status	STAR 1		STAR 2		STAR Total		Comparison	
	N	%	n	%	n	%	n	%
Married	18	23.1%	23	24.2%	41	23.7%	44	25.4%
Common-law	2	2.6%	3	3.2%	5	2.9%	3	1.7%
Divorced	22	28.2%	26	27.4%	48	27.7%	52	30.1%
Widowed	3	3.8%	1	1.1%	4	2.3%	4	2.3%
Single	33	42.3%	42	44.2%	75	43.4%	70	40.5%
Total	78	100.0%	95	100.0%	173	100.0%	173	100.0%

### ***Parental Status***

Parental status was collected from ICON Dependents, Pre Sentence Investigation (PSI) and Reception reports, and/or generic notes. Number, age, sex of child/children, and parental rights/contact data were not consistently available in any of the sources. Because of this, parental status was defined and dichotomized as either having a child or not having a child.

The majority of those in all groups had children. The percentages between groups ranged from nearly 79% for the Comparison group to just over 87% for STAR 1. See Table 6.

Table 6. Parental Status of Participants, by Group

	STAR 1		STAR 2		STAR Total		Comparison	
	n	%	n	%	n	%	n	%
<b>Children</b>								
Yes	68	87.2%	82	86.3%	150	86.7%	136	78.6%
No	9	11.5%	12	12.6%	21	12.1%	36	20.8%
Unknown	1	1.3%	1	1.1%	2	1.2%	1	0.6%
Total	78	100.0%	95	100.0%	173	100.0%	173	100.0%

### ***Prior Abuse***

Sexual and physical abuse data were collected from the Family Dynamics, Marital/Relationship Dynamic, and Sexual History Comments in PSI reports. When a PSI report was not available or when the aforementioned comment sections were incomplete Reception Reports and/or generic notes were consulted. Any sexual or physical abuse reported either as a child or adult was counted.

The percentage of those in the study groups that claimed to have experienced sexual abuse ranged between 27.6% and 34.5%; almost 40% of all groups claimed to have experienced physical abuse. These percentages are similar to those reported in a national study by the Bureau of Justice Statistics (BJS). This study found that 39.0% of female inmates in state prisons had experienced prior sexual abuse and 46.5% physical abuse (Harlow, 1999). See Tables 7 and 8 for more information.

Table 7. Prior Sexual Abuse of Participants, by Group

	STAR 1		STAR 2		STAR Total		Comparison	
	n	%	n	%	n	%	n	%
<b>Sexual Abuse</b>								
Yes	23	31.9%	21	27.6%	44	29.7%	48	34.5%
No	49	68.1%	55	72.4%	104	70.3%	91	65.5%
Total	72	100.0%	76	100.0%	148	100.0%	139	100.0%
Unknown	6	7.7%	19	20.0%	25	14.5%	34	19.7%

Table 8. Prior Physical Abuse of Participants, by Group

Physical Abuse	STAR 1		STAR 2		STAR Total		Comparison	
	n	%	n	%	n	%	n	%
Yes	30	41.7%	30	39.0%	60	40.3%	56	41.8%
No	42	58.3%	47	61.0%	89	59.7%	78	58.2%
Total	72	100.0%	77	100.0%	149	100.0%	134	100.0%
Unknown	6	7.7%	18	18.9%	24	13.9%	39	22.5%

### ***Mental Health***

Mental health diagnoses were provided directly by the IDOC. The data show well over half of those in the STAR 2, STAR Total, and Comparison groups had been diagnosed with a major, chronic mental illness. The STAR 1 group had the lowest percentage, with just fewer than 45% with a mental illness diagnoses.

An examination of the type of mental illness shows that depression and major depressive disorders made up the greatest proportion of diagnoses, followed by substance use disorders and anxiety, general anxiety, and panic disorders. See Tables 9 and 10.

Table 9. Mental Health Status of Participants, by Group

Mental Illness Diagnosis	STAR 1		STAR 2		STAR Total		Comparison	
	n	%	n	%	n	%	n	%
Yes	35	44.9%	62	65.3%	97	56.1%	104	60.1%
No	43	55.1%	33	34.7%	76	43.9%	69	39.9%
Total	78	100.0%	95	100.0%	173	100.0%	173	100.0%

Table 10. Type Mental Illness Diagnosis of Participants, by Group

Type of Mental illness	STAR 1		STAR 2		STAR Total		Comparison	
	n	%	n	%	n	%	n	%
Anxiety, general anxiety and panic	5	9.4%	12	11.4%	17	10.8%	29	12.4%
Bipolar disorder	4	7.5%	10	9.5%	14	8.9%	23	9.8%
Depression and major depressive	22	41.5%	41	39.0%	63	39.9%	49	20.9%
Developmental disabilities	0	---	2	1.9%	2	1.3%	1	0.4%
Dysthymia/Neurotic depression	5	9.4%	5	4.8%	10	6.3%	9	3.8%
Impulse control disorders	0	---	0	---	0	---	4	1.7%
Other adjustment disorders (not PTSD)	0	---	1	1.0%	1	0.6%	6	2.6%
Personality disorders	5	9.4%	5	4.8%	10	6.3%	21	9.0%
Posttraumatic stress disorder (PTSD)	2	3.8%	3	2.9%	5	3.2%	14	6.0%
Psychosis/Psychotic disorders	3	5.7%	7	6.7%	10	6.3%	11	4.7%
Schizophrenia	0	---	1	1.0%	1	0.6%	8	3.4%
Sleep, movement & eating disorders	2	3.8%	1	1.0%	3	1.9%	2	0.9%
Substance use disorders	5	9.4%	17	16.2%	22	13.9%	57	24.4%
Total	53	100.0%	105	100.0%	158	100.0%	234	100.0%

*\*May be more than one diagnosis*

## Criminal History

The following section presents descriptive findings of the criminal history of the STAR and Comparison groups at prison entry. Specifically, the following data elements are presented and discussed: prior correctional supervision and incarceration, number, level, and type of prior convictions.

### ***Prior Correctional Supervision and Incarceration***

Prior to prison admission, the majority of those in all groups had a record of previous incarceration or correctional supervision. Slightly over half had been on probation. Nearly 30% of the Comparison group had a prior prison admission, compared to 26% of the STAR Total group. The STAR 2 group had a slightly higher percentage with previous incarcerations compared to the STAR 1 group (28.4% versus 23.1%). The STAR 2 group had the smallest percentage (9.5%) without a record of prior incarceration or correctional supervision. See Table 11.

Table 11. Prior Correctional Supervision and Incarceration, by Group

	STAR 1		STAR 2		STAR Total		Comparison	
	n	%	n	%	n	%	n	%
No Correctional Supervision	10	12.8%	9	9.5%	19	11.0%	20	11.6%
Release with Supervision	7	9.0%	8	8.4%	15	8.7%	7	4.0%
Probation	43	55.1%	51	53.7%	94	54.3%	95	54.9%
Prison	18	23.1%	27	28.4%	45	26.0%	51	29.5%
Total	78	100.0%	95	100.0%	173	100.0%	173	100.0%

### ***Average Number of Prior Convictions***

An examination of prior convictions shows that the STAR 2 and STAR Total groups had, on average, three felony convictions and the STAR 1 and Comparison groups, two. All groups had an average of one aggravated and four simple or serious misdemeanor convictions. See Table 12.

Table 12. Average Number of Prior Convictions, by Offense Level and Group

Class	STAR 1	STAR 2	STAR Total	Comparison
Felony	2	3	3	2
Aggravated Misdemeanor	1	1	1	1
Simple and Serious Misdemeanor	4	4	4	4
Total	7	8	8	8

### ***Minimum and Maximum Number of Prior Convictions***

The range of prior convictions, by offense level, varied substantially between groups. For all groups, the minimum number of felony convictions was one and the minimum number of aggravated and serious and simple misdemeanor convictions was zero. The STAR 2 group had the highest maximum number of felony convictions (16) followed by the Comparison group (10) and the STAR 1 group (8). The maximum number of prior aggravated misdemeanor convictions



was similar for the STAR groups (STAR 1, nine and STAR 2, 10) and slightly higher for the Comparison group (14). The upper range of prior serious and simple misdemeanor convictions was the highest for the Comparison group (32) followed by STAR 2 (19) and STAR 1 and STAR Total (13). See Table 13.

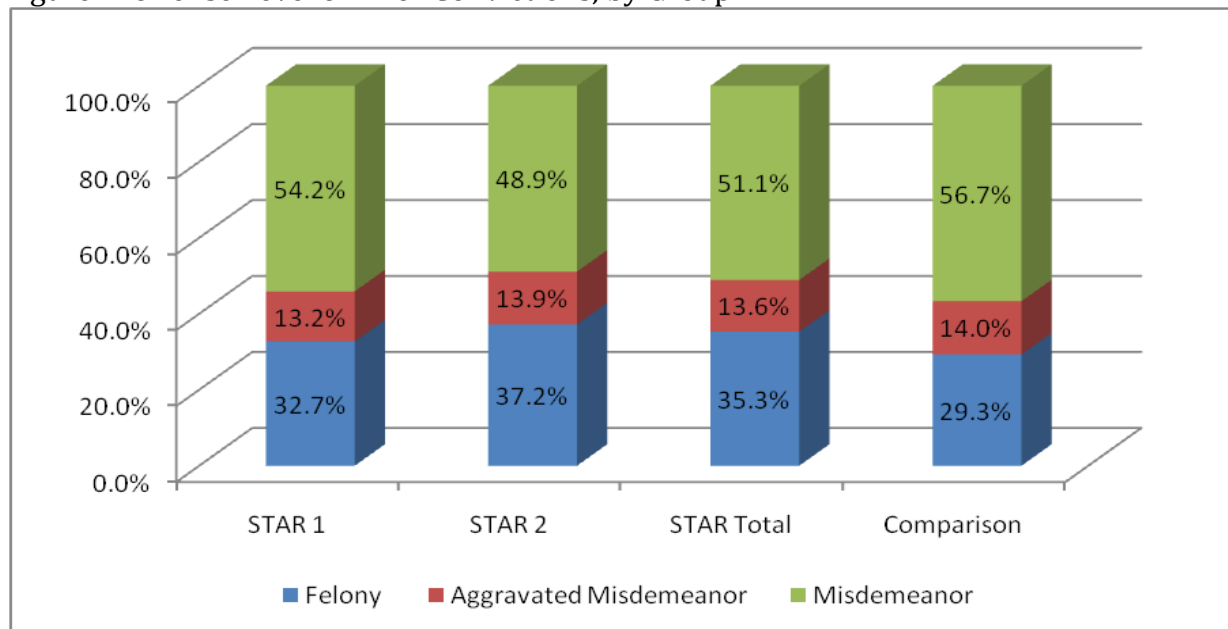
Table 13. Minimum and Maximum Prior Convictions, by Offense Level and Group

Range	STAR 1		STAR 2		STAR Total		Comparison	
	Min	Max	Min	Max	Min	Max	Min	Max
Felony	1	8	1	16	1	16	1	10
Aggravated Misdemeanor	0	9	0	10	0	10	0	14
Serious and Simple Misdemeanor	0	13	0	19	0	19	0	32

### ***Offense Level of Prior Convictions***

Across groups, nearly half of all previous convictions for were serious and simple misdemeanors. The Comparison group had a slightly greater percentage of misdemeanor convictions compared to the STAR Total group (56.7% versus 51.1%). The percentages of aggravated misdemeanor convictions were similar across groups, ranging between 13.2% and 14.0%. The STAR 2 had the highest percentage of prior felony convictions, with just over 37%. See Figure 1.

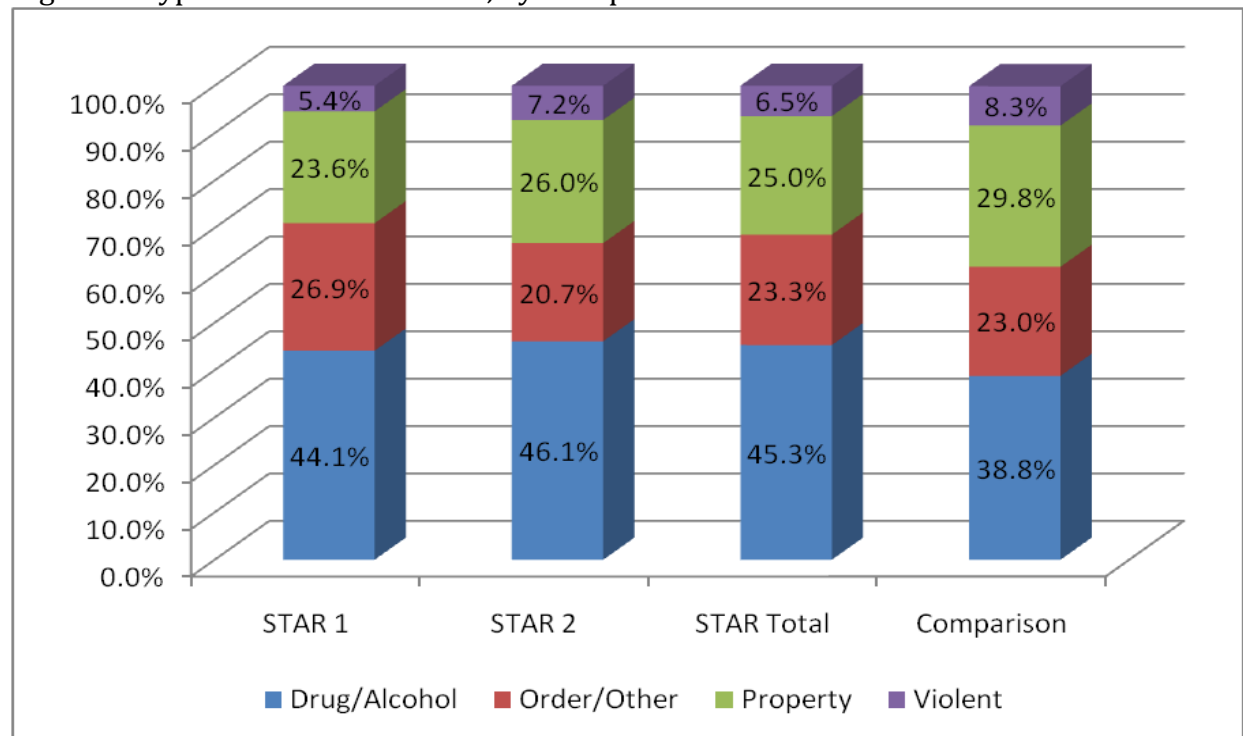
Figure 1. Offense Level of Prior Convictions, by Group



### ***Types of Prior Convictions***

An examination of types of prior convictions shows the majority of convictions, across all groups, were for drug and alcohol offenses followed by nearly equal percentages of public order/other and property crimes. Only a small percentage of convictions, for all groups, involved a violent offense. See Figure 2.

Figure 2. Type of Prior Convictions, by Group



### Interventions and Substance Abuse Treatment and Monitoring

This section presents findings on program completion rates for the STAR groups. In addition, it examines post release Interventions and substance abuse treatment and monitoring received by the STAR and Comparison groups. Specifically, this section examines the number and types of Interventions received within 90 days of release, substance abuse treatment involvement, level of treatment received within the first year of release, and substance abuse testing and results within the first year.

#### **STAR Program Completion Rates**

STAR closure types documented in ICON were: Completed Requirement, Case Manager Discretion, Inappropriate Referral, Transferred to Different Location, Noncompliant/Behavioral Issues, and Refused Treatment. These closure types were collapsed into three categories to indicate successful, neutral, or unsuccessful program completion. The three categories created with ICON indicated closure types are:

1. Completed Requirements: Completed Requirements
2. Administratively Closed: Case Manager Discretion, Inappropriate Referral, or Transferred to Different Location.
3. Unsuccessful: Noncompliant/Behavioral Issues or Refused Treatment.

Fourteen participants were readmitted after exiting for Noncompliant/Behavioral Issues.

Subsequent closure types were used in the above and following analysis.

The majority of all STAR participants completed the program. The STAR 1 group had a 91% completion rate compared to 80% for the STAR 2 group. It should be noted that the STAR 2

group had a greater percentage of cases that were administratively closed. Excluding these cases, the completion rate for STAR 2 rises to nearly 90% and the STAR 1 group to 97%. See Table 14.

Table 14. Closure Type of STAR Program Participation, by Group

Closure Type	STAR 1		STAR 2		STAR Total	
	n	%	n	%	n	%
Completed Requirements	71	91.0%	76	80.0%	147	85.0%
Administratively Closed	5	6.4%	10	10.5%	14	8.1%
Unsuccessful	2	2.6%	9	9.5%	12	6.9%
Total	78	100.0%	95	100.0%	173	100.0%

An examination of closure type by race shows large differences in program completion. Nearly a quarter of blacks were unsuccessfully discharged from the program compared to just over 5% of whites and 0% of for all other races. See Table 15.

Table 15. Closure Type of STAR Program Participation, by Race and Group

Closure Type	White		Black		Other		Total	
	n	%	n	%	n	%	n	%
Completed Requirements	129	86.0%	12	70.6%	6	100.0%	147	85.0%
Administratively Closed	13	8.7%	1	5.9%	0	0.0%	14	8.1%
Unsuccessful	8	5.3%	4	23.5%	0	0.0%	12	6.9%
Total	150	100.0%	17	100.0%	6	100.0%	173	100.0%

### ***Interventions***

Slightly more than half (50.9%) of the Comparison group and 45% of the STAR Total group were not involved in an Intervention within 90 days of release. The STAR 1 group had a greater percentage of participants not involved in an Intervention compared to the STAR 2 group (53.4% versus 39.3%), suggesting that the program did a better job of linking participants with interventions as time passed. In addition, the STAR 2 group had the greatest percentage (23.6%) of those involved in 3 or more post release Interventions. See Table 16 for more detail.

Table 16. Interventions Received within 90 days Post-Release, by Group

Number	STAR 1		STAR 2		STAR Total		Comparison	
0	39	53.4%	35	39.3%	74	45.1%	88	50.9%
1	18	24.7%	23	25.8%	42	25.6%	36	20.8%
2	9	12.3%	10	11.2%	20	12.2%	22	12.7%
3	3	4.1%	11	12.4%	14	8.5%	15	8.7%
4	3	4.1%	8	9.0%	11	6.7%	10	5.8%
5	1	1.4%	0	---	1	0.6%	1	0.6%
6	0	---	2	2.2%	2	1.2%	1	0.6%
Total	73	100.0%	89	100.0%	164	100.0%	173	100.0%

An examination of the types of Interventions received shows that Recovery Support Services/Substance Abuse Education made up the greatest proportion of interventions received 90 days post-release, for all groups, followed by Housing/Subsistence Services and Employment/Education/Life Skills for the STAR 1 group, and Mental Health and Employment/Education/Life Skills for the STAR 2, STAR Total, and Comparison groups. See Table 17 for more detail.

Table 17. Types of Interventions Received within 90 days Post Release, by Group

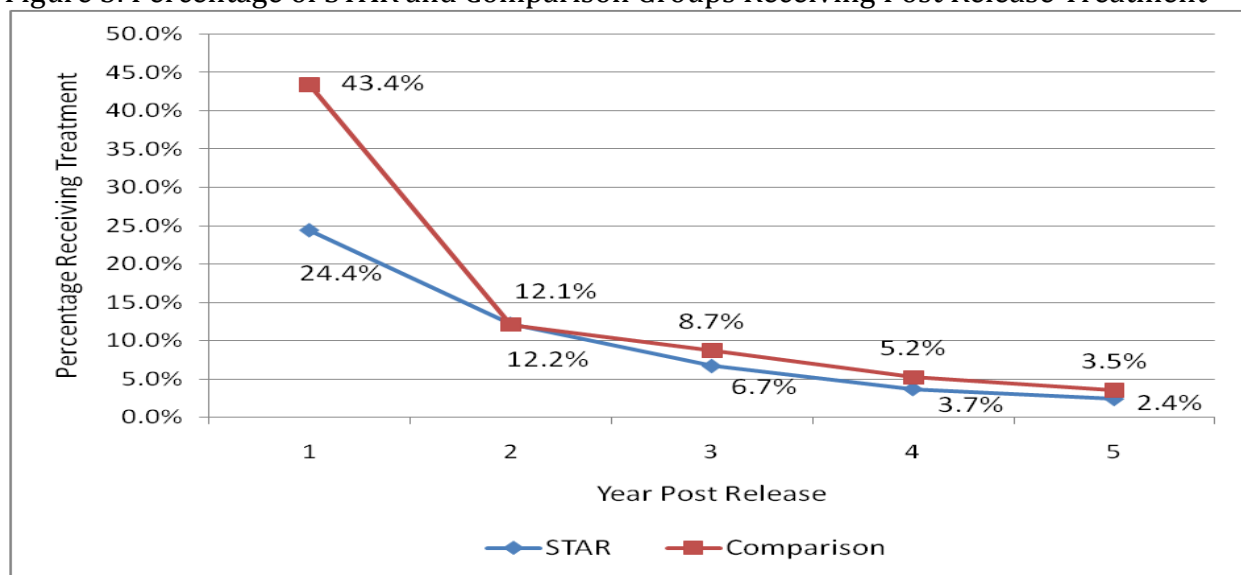
Type	STAR 1		STAR 2		STAR Total		Comparison	
	n	%	n	%	n	%	n	%
Employment/Education/Life Skills	12	19.4%	17	14.2%	29	15.7%	34	19.3%
Family/Parenting	0	---	1	0.8%	2	1.1%	5	2.8%
Housing/Subsistence Services	12	19.4%	11	9.2%	23	12.4%	22	12.5%
Mental Health	9	14.5%	18	15.0%	28	15.1%	34	19.3%
Recovery Support Service /SA Education	25	40.3%	59	49.2%	85	45.9%	64	36.4%
Supervision Re-entry	4	6.5%	14	11.7%	18	9.7%	17	9.7%
Total	62	100.0%	120	100.0%	185	100.0%	176	100.0%

\* Includes multiple interventions per participant

### Post Release Substance Abuse Treatment

Within the first year of release, 43.4% of the Comparison group received substance abuse treatment compared to 24.4% of the STAR group. In Year 2, this rate declines to just over 12% for both groups and continues to decline in subsequent years. See Figure 3.

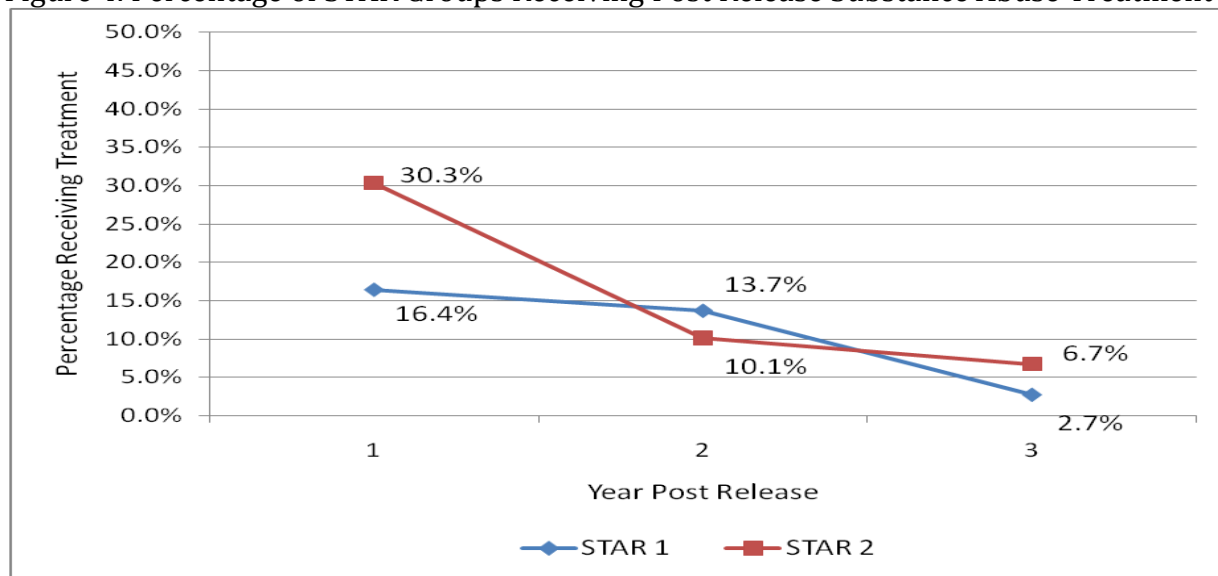
Figure 3. Percentage of STAR and Comparison Groups Receiving Post Release Treatment



A greater proportion of the STAR 2 group received substance abuse treatment in the first year after release than was true for the STAR 1 group (30.3% versus 16.4%). In subsequent years, both groups saw a decline in the rate of substance abuse treatment accessed. The STAR 2

group, however, had the most dramatic decline in Year 2, with a 20 percentage point drop. See Figure 4.

Figure 4. Percentage of STAR Groups Receiving Post Release Substance Abuse Treatment



#### ***Level of Treatment Accessed First Year Post Release***

The level of substance abuse treatment received for the first encounter was used for the following analysis. In all cases, the first encounter was also the highest level of treatment received. A range of 10 different treatment environments was observed for the study groups. These environments were collapsed into four categories, reflecting progressively higher intensities of treatment. Below are the levels of treatment created with the corresponding environments:

##### **Level 1**

- Continuing care
- Extended outpatient

##### **Level 2**

- Intensive Outpatient
- Day Treatment/Partial Hospitalization

##### **Level 3**

- Clinically Managed Low Intensity Residential
- Clinically Managed Medium Intensity Residential
- Clinically Managed High Intensity Residential

##### **Level 4**

- Medically Managed Intensive Inpatient
- Medically Monitored Inpatient Detox
- Medically Managed Inpatient Detox

An examination of the level of treatment received within the first year of release shows the Comparison group receiving higher levels of treatment compared to the STAR groups. Twenty percent of those receiving treatment in the Comparison group received some type of clinical or medical substance abuse treatment compared to only 2.5% of the STAR Total group. The

majority of STAR 1 and STAR 2 received Level 1 care (91.7% and 92.6%) with only one participant in the STAR 2 group receiving treatment beyond Level 2 care. See Table 18.

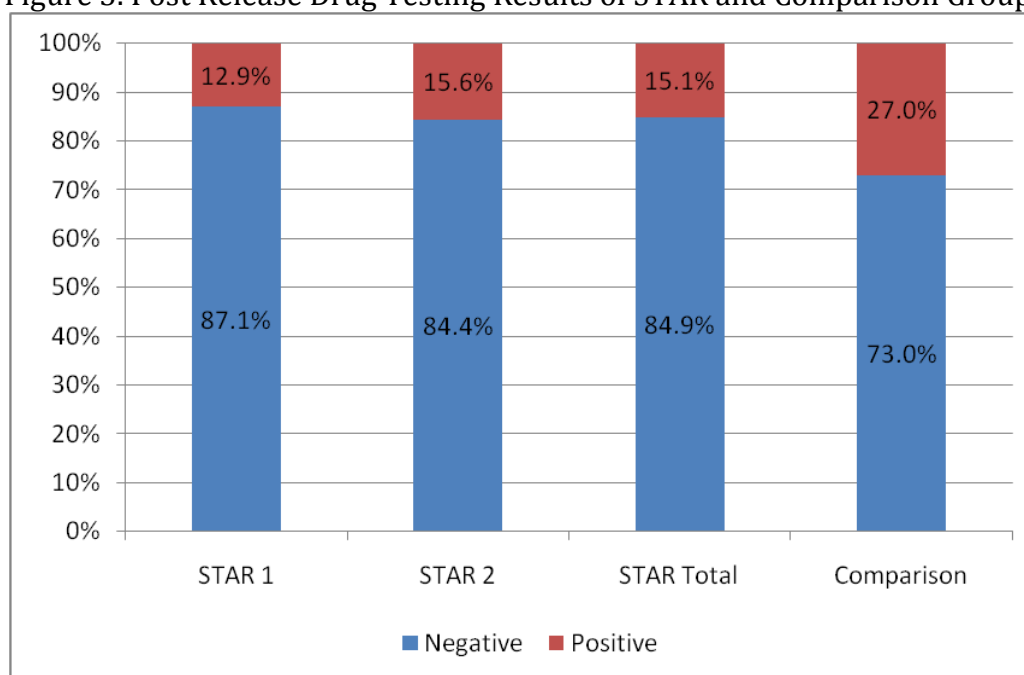
Table 18. Level of Treatment Received First Year Post Release, by Group

	STAR 1		STAR 2		STAR Total		Comparison	
	n	%	n	%	n	%	N	%
Level 1	11	91.7%	25	92.6%	37	92.5%	55	73.3%
Level 2	1	8.3%	1	3.7%	2	5.0%	5	6.7%
Level 3	0	---	1	3.7%	1	2.5%	13	17.3%
Level 4	0	---	0	---	0	---	2	2.7%
Total	12	100.0%	27	100.0%	40	100.0%	75	100.0%

### ***Post Release Substance Abuse Monitoring***

During the first year of release, the STAR and Comparison groups were drug tested on average, 19 times. The STAR 2 group was tested an average of 20 times and the STAR 1 group 17 times. Over 80% of all groups were tested. The data show a lower rate of positive drug tests among the STAR participants; 27% of those tested in Comparison group had at least one positive drug test within the first year of release, compared to 15% of the STAR Total group. The STAR 1 group had the smallest percentage of those testing positive (12.9%). See Figure 5.

Figure 5. Post Release Drug Testing Results of STAR and Comparison Groups



\* May be more than one positive test result per year.

The types of drugs found in positive tests were collapsed into six categories: alcohol, depressants (barbiturates and benzodiazepine, including valium), cocaine, amphetamines (methamphetamine and other amphetamines), opioids/morphine (opiate other than heroin, methadone, and morphine,) and marijuana.

In each group the most frequently occurring drug detected was amphetamines (including methamphetamine) followed by marijuana. Cocaine was the next most frequently found drug for the STAR groups and alcohol for the Comparison group. Amphetamines made up nearly 40% of the substances detected within the STAR Total group and 62% for the Comparison group. The STAR 1 group had a greater proportion of tests detecting amphetamines than the STAR 2 group (50.0% and 33.3%). Nearly a quarter of substances found in positive tests for all of the STAR groups were for marijuana, while this was true for less than 20% of the Comparison group. See Table 19 for further detail.

Table 19. Type of Drugs Detected, by Group

Drug	STAR 1		STAR 2		STAR Total		Comparison	
	n	%	n	%	n	%	n	%
Alcohol	0	0.0%	3	14.3%	3	9.1%	10	13.2%
Depressants	0	0.0%	1	4.8%	1	3.0%	0	0.0%
Cocaine	3	25.0%	4	19.0%	7	21.2%	6	7.9%
Amphetamines	6	50.0%	7	33.3%	13	39.4%	47	61.8%
Opioids/Morphine	0	0.0%	1	4.8%	1	3.0%	0	0.0%
THC	3	25.0%	5	23.8%	8	24.2%	13	17.1%
Grand Total	12	100.0%	21	100.0%	33	100.0%	76	100.0%

\* More than one substance may have been detected in a single test.

## Outcomes

The following section examines and compares employment and recidivism among groups. For employment, wage and primary industry are examined. Two definitions of recidivism were used: any new conviction of a simple misdemeanor or greater (excluding scheduled and nonscheduled traffic violations, probation or parole violations with no other new charge, and violations of city, local, or county ordinances) and readmission to prison (including Violator Program placement). Cumulative recidivism rates and prison readmission of the STAR and Comparison groups are presented and discussed.

A query of ICON yielded only 21 documented cases of STAR study participants involved in Winners Circle within 90 days of release. As mention earlier, the Winners Circle is an aftercare intervention available to STAR program graduates. In addition, seven of the Comparison group subjects were involved in a Winners Circle. Because of this low rate of participation, an outcome assessment of Winners Circle participants was not conducted. Instead, the number of interventions received within 90 days of prison release and recidivism (defined as a new conviction) were explored. Rather than examining closure type in this analysis, only the number of interventions started was included. While the number of interventions within 90 days ranged between zero and six, there were few participants receiving more than three. Those receiving three to six interventions were therefore collapsed into a single group.

### **Wage and Employment**

Post-release wages were calculated for participants by totaling quarterly earnings beginning with the first full quarter post-release. For example, if release and employment began during a quarter, the preceding quarter was designated as the start for the calculations. Hence, the data are presented by years from release rather than by calendar year. Median wage was calculated by group.

As a point of reference of post release wages, U. S. Department of Health and Human Services Poverty Guidelines for First Person range between \$9,570 in 2005 and \$10,830 in 2009. For comparison purposes, an assumption might be made for an average Poverty Guideline of \$10,162 for the ensuing post release years, as release years would vary.

US Department of Health and Human Services Poverty Guidelines

2005	2006	2007	2008	2009	Average
\$9,570	\$9,800	\$10,210	\$10,400	\$10,830	\$10,162

The STAR Total group had higher median wages for all years tracked, rising just above the average Poverty Guideline in Years 2 through 4 and then dropping in Year 5. The disparity in wages between the STAR and Comparison group increased over time and by the third year the STAR group had a median wage nearly double that of the Comparison group and continued through the end of the study. See Figure 6.

Figure 6. Median Post Release Wage of STAR and Comparison Groups

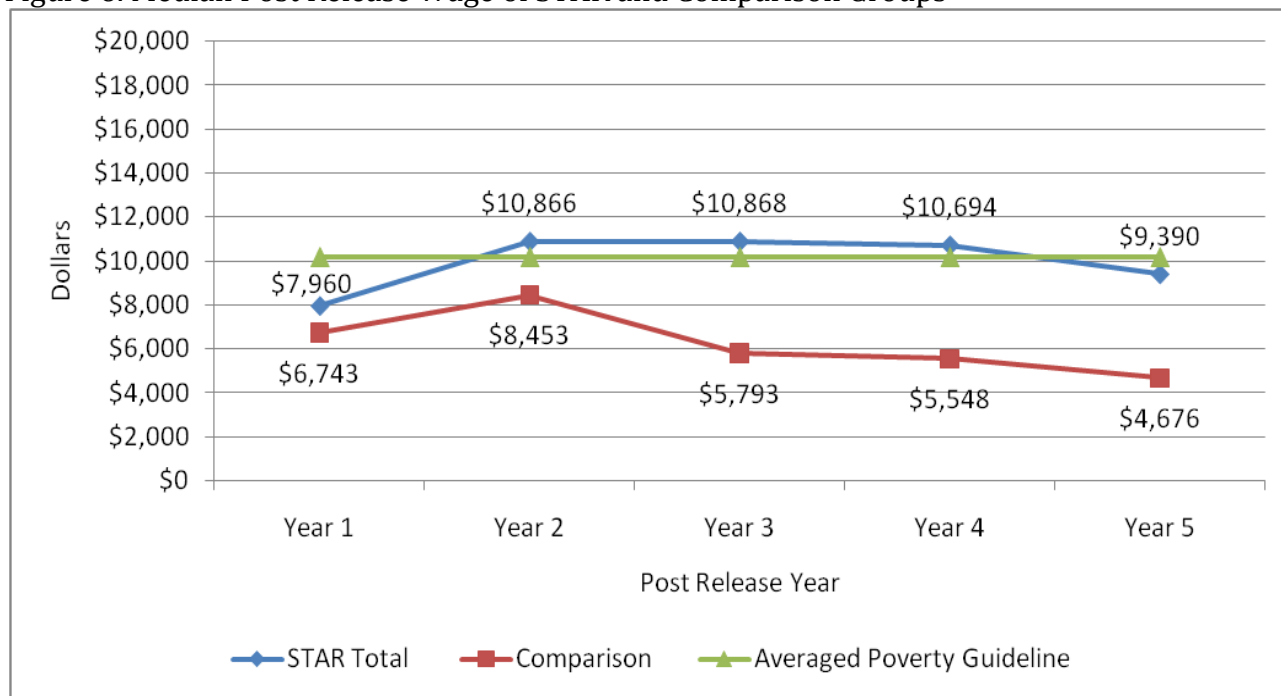
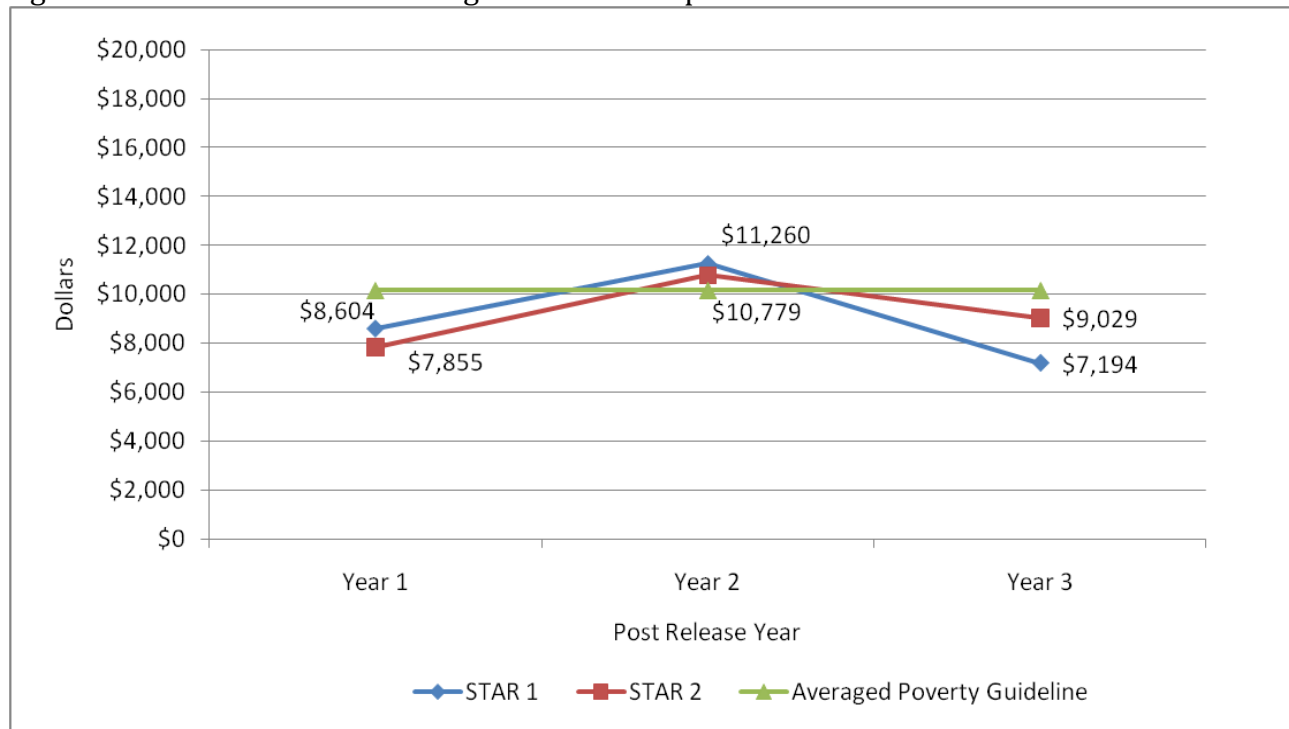




Figure 7 shows the median annual post release wages were similar for both the STAR 1 and STAR 2 groups. The STAR 1 group had slightly higher median wage in Years 1 and 2 compared to STAR 2. In Year 3, both groups saw a decline in wages with STAR 1 dropping below STAR 2.

Figure 7. Median Post Release Wage of STAR Groups



Primary industry area was defined as the area in which the most income was earned since prison release. Accommodation and Food Services was the industry area that had the greatest percentage for all groups, followed by Administration, Support, Waste Management and Remediation. Manufacturing was the next industry area for the STAR 1 and Comparison groups and Retail Trade for the STAR 2, STAR Total. See Table 20 for more detail.

Table 20. Primary Industry Area, by Group

Industry Area	STAR 1		STAR 2		STAR Total		Comparison	
	N	%	n	%	n	%	n	%
Accommodation and Food Services	33	50.8%	31	40.8%	65	45.5%	52	34.4%
Admin., Support, Waste Mgmt, Remediation	8	12.3%	12	15.8%	20	14.0%	26	17.2%
Arts, Entertainment, and Recreation	0	---	2	2.6%	2	1.4%	2	1.3%
Construction	2	3.1%	1	1.3%	3	2.1%	1	0.7%
Education Services	1	1.5%	0	---	1	0.7%	0	---
Finance and Insurance	0	---	1	1.3%	1	0.7%	1	0.7%
Health Care and Social Assistance	1	1.5%	2	2.6%	4	2.8%	5	3.3%
Information	0	---	1	1.3%	1	0.7%	1	0.7%
Manufacturing	7	10.8%	6	7.9%	13	9.1%	27	17.9%
Mining	2	3.1%	0	---	2	1.4%	0	---
Other Services (except Public Admin.)	2	3.1%	5	6.6%	7	4.9%	5	3.3%
Professional, Scientific & Technical Svc	1	1.5%	0	---	1	0.7%	3	2.0%
Public Administration	1	1.5%	0	---	1	0.7%	0	---
Real Estate and Rental and Leasing	0	---	2	2.6%	2	1.4%	1	0.7%
Retail Trade	6	9.2%	10	13.2%	16	11.2%	23	15.2%
Transportation and Warehousing	0	---	3	3.9%	3	2.1%	2	1.3%
Wholesale Trade	1	1.5%	0	---	1	0.7%	2	1.3%
<b>Total</b>	<b>65</b>	<b>100.0%</b>	<b>76</b>	<b>100.0%</b>	<b>143</b>	<b>100.0%</b>	<b>151</b>	<b>100.0%</b>
No data/Other Support	8		13		21		22	
Still in Prison	5		6		9		0	

### ***Recidivism***

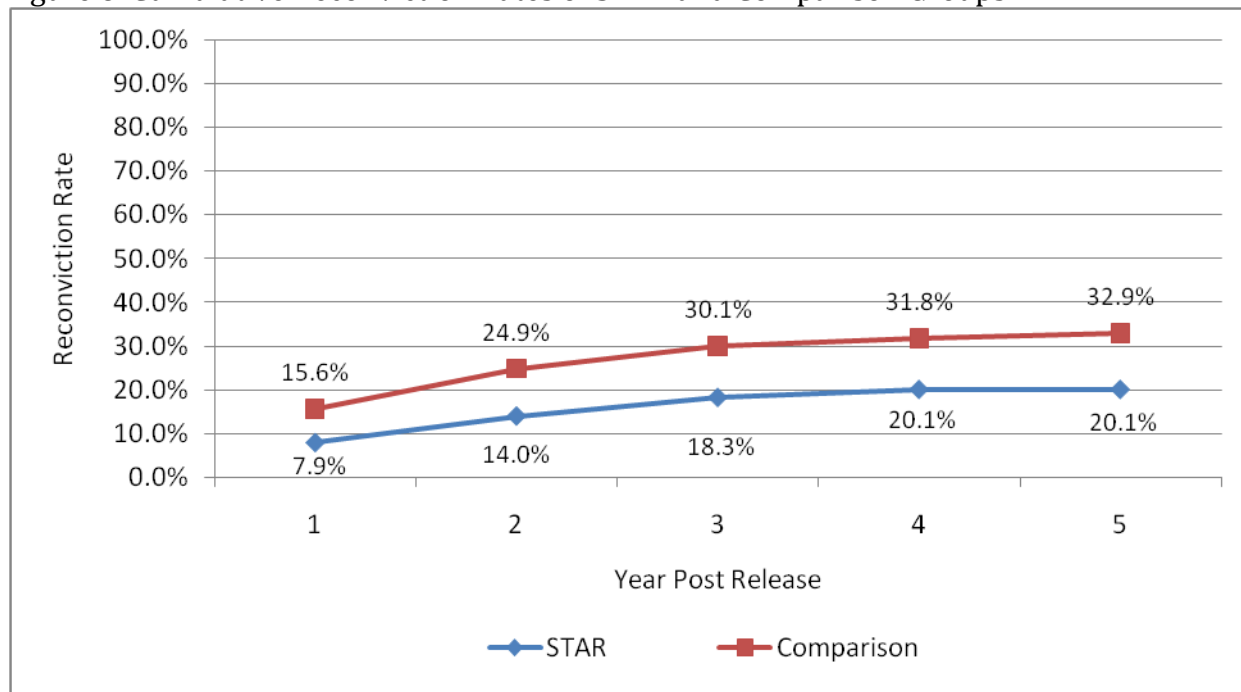
Comparisons were made in the difference in recidivism rates between the STAR and Comparison group. Two measures of recidivism were used:

1. Conviction of a simple misdemeanor or greater (excluding scheduled and nonscheduled traffic violations, probation or parole violations with no other new charge, and violations of city, local, or county ordinances).
2. Readmission to prison (including Violator Program placement).

In addition, recidivism rates (defined as a new conviction) and the number of interventions received within 90 days of prison release are presented. As above, the number of Interventions received within 90 days of release ranged between zero and six, with three to six collapsed into a single category.

Figure 8 shows that STAR participants were consistently less likely to recidivate than those in the Comparison group. At the end of the first year less than 8% of the STAR group had been convicted of a new offense compared to nearly 16% of the Comparison group. By the end of the tracking time, slightly over 20% of the STAR Group had a new conviction compared to nearly 33% of the Comparison group.

Figure 8. Cumulative Reconviction Rates of STAR and Comparison Groups



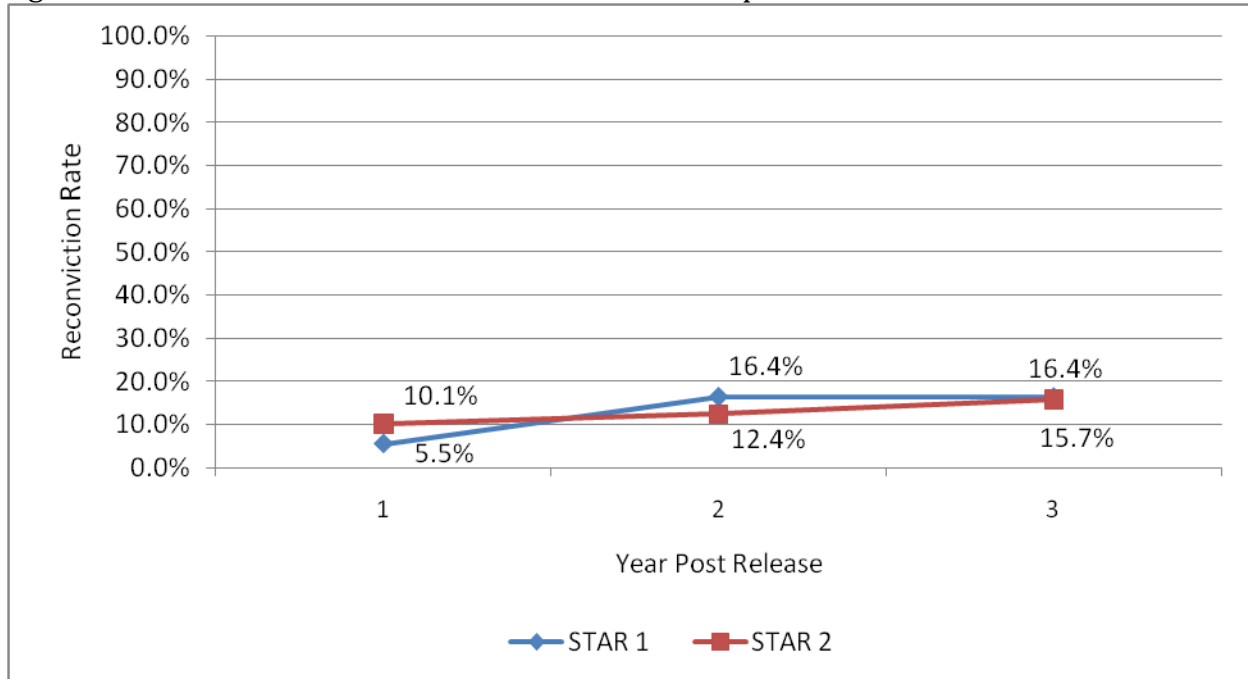
An examination of the highest new conviction shows that just over 6% of the STAR Total group and 8% of the Comparison group had new felony convictions. The Comparison group had a higher rate of new conviction in all classes of crimes, with the greatest disparity being among Aggravated Misdemeanors. See Table 21.

Table 21. Highest New Class Conviction, by STAR and Comparison Groups

Highest New Conviction	STAR Total		Comparison	
	n	%	n	%
Felony	10	6.1%	14	8.1%
Aggravated Misdemeanor	9	5.5%	21	12.1%
Simple and Serious Misdemeanor	14	8.5%	22	12.7%
<b>Total Convictions</b>	<b>33</b>	<b>20.1%</b>	<b>57</b>	<b>32.9%</b>
No New Conviction	131	79.9%	116	67.1%
<b>Total</b>	<b>164</b>	<b>100.0%</b>	<b>173</b>	<b>100.0%</b>

As shown in Figure 9 the reconviction rate for the STAR 2 group was nearly twice that of the STAR 1 group in the first year post-release (10.1 % versus 5.5%). However, in Years 2 and 3 the disparity diminishes. By the end of the tracking time, both groups had a reconviction rate of just 16%, rounded (16.4% and 15.7%).

Figure 9. Cumulative Reconviction Rates of STAR Groups



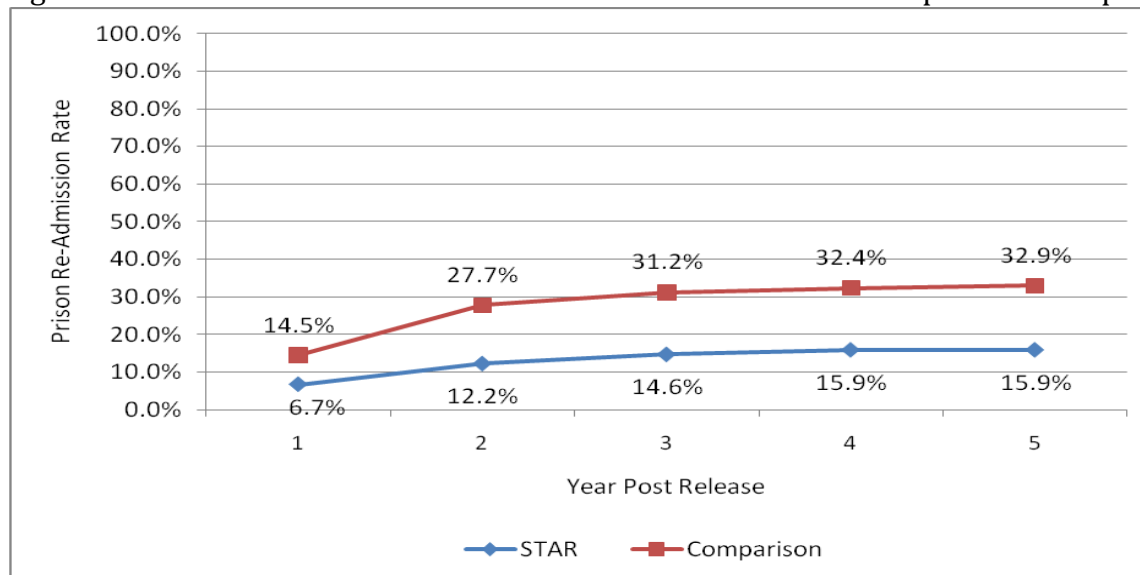
An examination of the highest new conviction shows that only 1.4% of the STAR 1 group and 4.5% of the STAR 2 group had a new felony conviction. In addition, only 2.7 % of the STAR 1 and 4.5% of the STAR 2 group had aggravated misdemeanor convictions. STAR group participants were most likely to be convicted of new simple and serious misdemeanors. See Table 22 for more detail.

Table 22. Highest New Class Conviction of STAR Participants, by Group

Highest New Conviction	STAR 1		STAR 2	
	n	%	n	%
Felony	1	1.4%	4	4.5%
Aggravated Misdemeanor	2	2.7%	4	4.5%
Simple and Serious Misdemeanor	9	12.3%	6	6.7%
Total Convictions	12	16.4%	14	15.7%
No New Conviction	60	82.2%	75	84.3%
<b>Total</b>	<b>73</b>	<b>100.0%</b>	<b>89</b>	<b>100.0%</b>

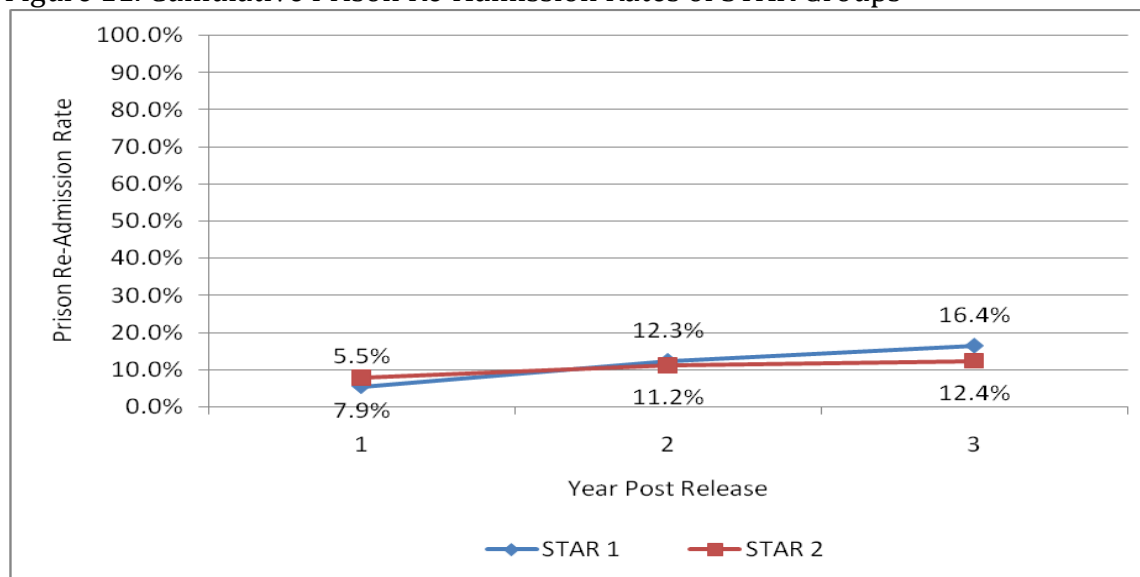
Results pertaining to returns to prison (including Violators Program returns) show the same pattern as found for new convictions. At the end of the tracking time, the return to prison and new conviction rates were the same for the Comparison group (32.9%). The rate of return to prison for the STAR Total group was slightly lower than the conviction rate, with just under 16% returning to prison by the 4th and 5th years. See Figure 10.

Figure 10. Cumulative Prison Re-Admission Rates of STAR and Comparison Groups



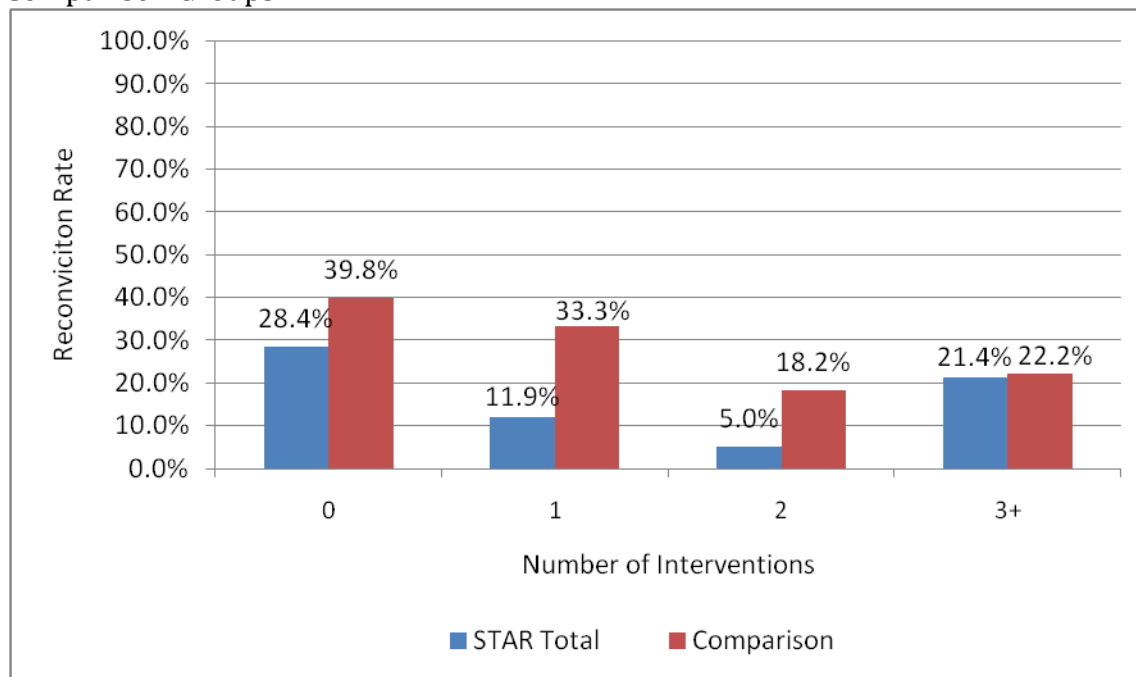
Only slight differences are also noted between the STAR groups on the two measures of recidivism. At the end of the tracking time, the return to prison and new conviction rates were the same for the STAR 1 group (16.4%). The return to prison rate for the STAR 2 group was slightly lower at just over 12%, with just 16% convicted of a new offense. See Figure 11.

Figure 11. Cumulative Prison Re-Admission Rates of STAR Groups



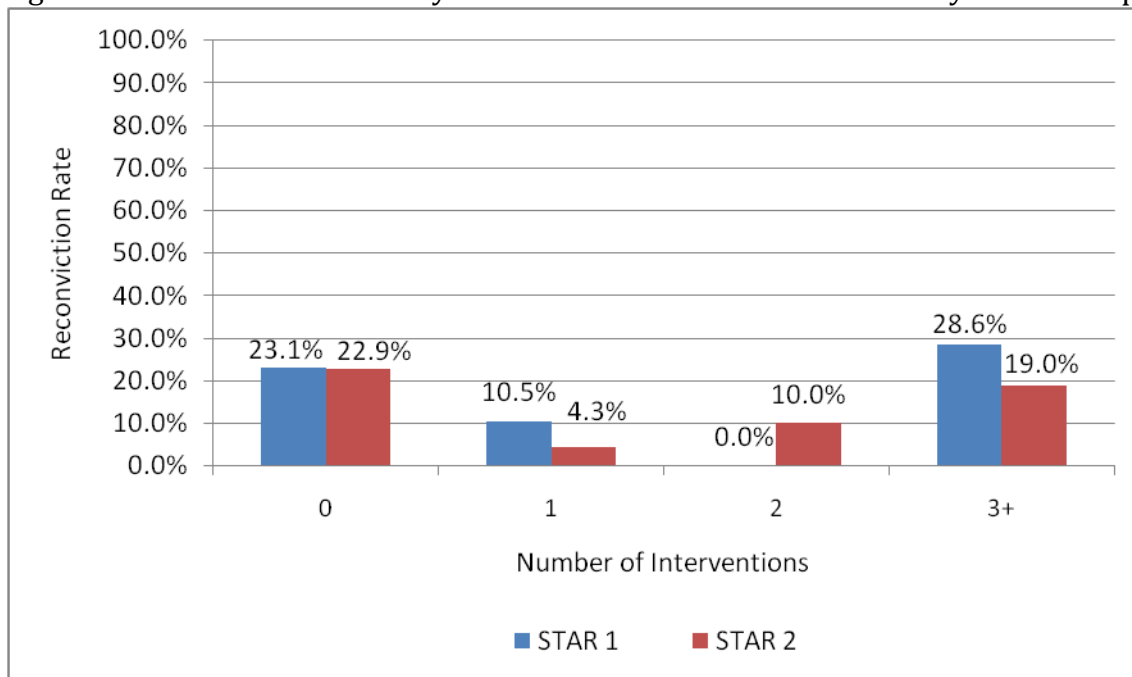
The data suggest that beginning an intervention within 90 days of release reduces rates of new convictions. The highest recidivism rates, in both groups, were observed for those not involved in interventions. Nearly 40% of the Comparison and 28% of the STAR Total groups not involved in an Intervention were convicted of new offenses. With involvement in one Intervention, the recidivism rates decline for both groups (33.3% and 11.9%). The recidivism rates for those receiving two interventions continue to drop, for both groups, and then begin to rise with any additional intervention involvement. See Figure 12 for more detail.

Figure 12. Reconviction Rates by Number of Interventions Received by STAR and Comparison Groups



Both STAR groups showed the highest rates of recidivism among those either receiving no interventions or receiving three or more. Nearly 23% of the STAR 1 and STAR 2 groups not involved in an Intervention were convicted of new offenses. With involvement in one Intervention, the recidivism rates declines dramatically for both groups (10.5% and 4.3%). For those receiving two Interventions the recidivism rate drops to zero for STAR 1 and remains almost unchanged for STAR 2. With any additional intervention involvement these rates begin to rise fairly dramatically for both groups. See Figure 13.

Figure 13. Reconviction Rates by Number of Interventions Received by STAR Groups



## Discussion

This study has assessed the effectiveness of the STAR program in terms of recidivism, employment, and within-program drug abuse. STAR participants appear to fare better than the Comparison group offenders on several measures:

1. Recidivism rates are markedly lower on both measures of recidivism (new convictions or returns to prison).
2. Wages, although near Poverty Guidelines, are nearly double that of the Comparison group.
3. Far fewer substance abuse treatment episodes post-release, with nearly half the rate of positive drug tests while under supervision.

The differences between STAR 1 and STAR 2 groups on the above measures are small, with the exception of substance abuse treatment access in the first year after release.

The study found a relationship between rates of recidivism and the number of post-release interventions for all groups. Recidivism rates were highest when participants were not involved in at least one post release Intervention. Involvement in at least one Intervention within 90 days of release may be helpful for the majority of offenders. On the other hand, offenders with three or more post-release interventions also tended to have high rates of recidivism, suggesting that the clients receiving numerous interventions tend to be high-need (and, consequently, high risk).

In contrast to many correctional programs, it appears that only minor changes occurred in the STAR Program during this study's tracking time. It appears that the staff reductions that occurred had little impact on the program's effectiveness (as measured by client success). The overall structure and tools were unchanged. While the program no longer uses Therapeutic Peer Reprimand or TPR's, this change occurred outside the study's tracking time.

Program leadership has recognized the importance of tailoring the TC to fit the needs of female offenders. The more confrontational elements of the traditional TC have been "softened" and the program utilizes gender-responsive curricula. For example, some of the curricula draw from relational theory and emphasize the need for facilitators and program staff to be trauma-informed. This aspect would appear to be important, as a large portion of these women have reported experiencing sexual and/or physical abuse in their past, with a segment experiencing profound levels of abuse.

Staff report being supportive of the program but appear to be overwhelmed by the reductions in staff. These reductions affect their involvement and oversight abilities, as articulated by their desire for strengthened communication and concerns over abuses of the TC tools by offenders. These concerns should be addressed in future operation, as the potential for harm exists within this type treatment milieu without proper and vigilant oversight.



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## THERAPEUTIC COMMUNITY HANDBOOK

### TC MISSION STATEMENT

"To decrease relapse, recidivism, and victimization through conscious awareness and responsible, positive living. Recovery, respect, and right living!"

Iowa Correctional Institution for Women  
Therapeutic Community

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## What is a Therapeutic Community?

In a community, each person's needs and goals can be met better in group than by striving alone. The community's rules and values create order and structure. This gives a feeling of strength and cooperation. In this way, an individual may grow in ways not possible by doing it alone. A community also allows its members to fight a common enemy and reach a common goal.

- ARTS** - Adults Recovering and Transitioning into Society (Green Pod.)  
12 week Relapse and Aftercare program.
- DREAMS** - During Recovery, Everyone's Ability Means Success (Blue Pod.)  
Pre-treatment.
- STAR** - Sisters Together Achieving Recovery (Yellow Pod.)  
Minimum of nine (9) months in-patient treatment.
- WINGS** - Women Integrating New Life Gaining Success (Peach Pod.)  
Includes housing for 90 days substance abuse program.
- MLO**- Minimum Live Out housing, Re-Entry programming, and Women  
Offender Case Management Model (WOCMM.)

In the **Therapeutic Community (TC)**, the common enemy is an addictive, criminal lifestyle. The common goal is personal change by learning new ways of Right Living.

The TC provides you a special opportunity to confront and change your criminal behavior, attitudes, and thinking. You may achieve life-long recovery from addictions and practice more skillful relationships. The TC also helps you master academic skills and practice good work habits. You will gain solid work readiness and learn to be a productive citizen in the community. Finally, the TC helps teach positive community role modeling. You may learn better parental and family responsibility, better understanding of children's needs, and healthy ways to solve life's problems. These skills will be strengthened as you earn respect from your peers, leaders, and staff in the TC.

Eliminating substance abuse, criminal thinking and addictive habits serves as the main purpose of the TC. These behaviors will affect all major areas of your life. To continue an active addiction, you keep thinking and acting like a criminal. This will lead you back to prison. It may result in harm to others or your own death. On the other hand, in the TC, you can learn to live contentedly without alcohol/drugs and crime free.

## **Key Aspects of Therapeutic Communities**

### **CONFIDENTIALITY:**

- There are no exceptions to this rule! Everything that is discussed in group is confidential and will not be discussed outside of group. Failure to follow this directive is grounds for dismissal from the program.

### **RIGHT LIVING:**

- Doing what you are supposed to do - even when no one is looking.
- Following the rules.

### **ACCOUNTABILITY/RESPONSIBILITY:**

- Owning your own behaviors

### **PEERS AS ROLE MODELS:**

- Peers helping each other help themselves

### **STRUCTURE AND TOOLS OF RIGHT LIVING:**

- Maintain a schedule of meetings, groups, classes and activities.
- Chain of communication
- Structure board
- Learning and utilizing tools

### **PROSOCIAL LIVING:**

- Supporting community values.

## **What is the Community Philosophy?**

Why are we here?

We are here because

As a community of strong women from various backgrounds, we unite to share in the common goal of right living. While retaining our individuality, we will offer our strengths to the community. We seek to replace our old lifestyles of criminal conduct and substance abuse with new modes of living. We will utilize responsible concern, practice respect for ourselves and others and always be our sisters' keeper.

## Definitions of Therapeutic Community Terms

**Awareness** - special information given to community or particular member to heighten their awareness to a problem area/unacceptable behavior or positive behavior.

**Bad Rapping** - belittling someone whom is not present in the conversation.

**Behavioral Contract** - an agreement between the community, offender, and staff on changes that must be made for the offender to continue membership in the community.

**Commencement** - successful completion of all requirements of the TC program.

**Condoning** - allowing a negative attitude or behavior that does not comply with the rules of the TC to happen by going along with it or by not confronting it.

**Confrontation** - one person verbally brings an unacceptable behavior to another member's attention in order to make them aware of negative attitude and behavior.

**Consequences** - the outcome following the result of a behavior (positive or negative).

**Disrespect** - rudeness, lacking courtesy.

**Dropping Lugs** - making indirect comments about someone with bits and pieces of what you really want to say.

**Enabling** - assisting a peer to continue negative attitudes and behaviors.

**Flag** - a verbal awareness of an inappropriate comment or action.

**Learning Experience** - an assignment given by staff as a result of a pull-up or an awareness group to allow a community member to do introspection into a problem area.

**Manipulation** - to manage shrewdly, often in an unfair way for one's own personal gain.

**Motivation** - positive attitude and behavior toward change.

**Negative Contract** - two or more people agree to have a secret contract not to disclose or confront one another, may be conscious or unconscious.

**Orientation** - the first phase of the TC program.

**Red Crossing** - to come to someone's aid in a group, therefore depriving them of the opportunity to see the reality of what they are being confronted with.

**Responsible Concern** - confrontation of another motivated by concern for the other person's growth or community concern.

**Wolf Pack** - three or more persons going up verbally on one individual.



## **How to Be a Positive TC Member**

**You can't change what you can't see.** There are things about you that you are not aware of, yet others can see them. They give you feedback to help you see more clearly who you are and what needs changing.

Groups also increase self-esteem and self-acceptance. As you reveal things about yourself, especially things that you don't like about yourself, you will find that you can accept who you are and can forgive yourself. As you do this, you will feel less guilty or self-critical. Also, sharing the real you with others is another way of increasing understanding of yourself.

Groups give you a chance to learn how to relate in positive ways to other people; i.e., like how to communicate and how to work out problems. You will learn from the successes and mistakes of theirs. You will feel better about yourself as you help others. Groups help people feel hope for change and a better life.

### **STEPS YOU CAN TAKE:**

1. Bring your personal concerns and explore them in peer support, process group or aftercare.
2. Listen to others carefully and respond to them when appropriate.
3. Do what you can to create and maintain trust in the group.
4. Consider the feedback given to you by others.
5. Practice what you learn in group outside of group.
6. Prepare for group by thinking about what you want to get out of it for that day.
7. Provide support and caring to others in the group.

## **Keys to Communication**

Non-judgmental feedback is a way of helping another person understand the effects of her behavior. Feedback helps people keep their behavior on target to better achieve their goals.

### **STEPS FOR RECEIVING FEEDBACK:**

1. Focus your attention on the speaker. Concentrate on the message. Get rid of distractions.
2. Acknowledge the speaker by maintaining appropriate eye contact and facial expressions.
3. Ask questions that will help you answer the following: Who? What? Where? When? Why? And sometimes How?
4. Give feedback to the speaker by repeating or restating what you have heard (when appropriate). This is called reflective listening.
5. Maintain emotional control. Wait until the entire message has been received before responding. Do not interrupt, ignore or tune out the speaker. Don't argue mentally.
6. Do not change the topic or subject matter.
7. Empathize with others.
8. Always use responsible concern.

## Therapeutic Community Tools

**POSITIVE AFFIRMATIONS:** Positive affirmations are used in the TC program to let community members know that their behavior or attitudes meet the rules of the community and support community values. The following are types of Positive Affirmations.

3. **Verbal Push-up:** A verbal push-up is a spoken acknowledgement of positive attitudes or behaviors. Example: "Ms. \_\_\_\_\_, I am giving you a verbal push-up for positive changes I have noticed in you over the past couple of weeks."
4. **Written Push-up:** A written push-up is a documented acknowledgement of positive growth as well as noticeable improvements of behavior and attitude. These should be specific in nature and should not include common courtesies. Forms for writing push-ups can be found in the bay areas.

**TOOLS FOR CHANGE:** Tools for change are used in the TC program to let community members know that their behavior or attitudes DO NOT meet the rules of the community and support community values. The TC uses a system that places the responsibility for behavior changes upon the members. These tools are used for the purpose of bringing the negative behavior to the individual's and the community's awareness. The following are types of Tools For Change used in a TC.

The tools are used in order of severity. In a TC, we begin with:

4. **Responsible Concern** - This is where you would approach an individual and speak to them informally about their negative behaviors.
5. **Verbal Pull-up** - A verbal pull is a mild reminder and an effective tool when immediate attention is needed to address negative behaviors. Example: "Ms. \_\_\_\_\_, I'm verbally pulling you up for gossiping." The proper response when receiving a pull-up is, "Thank you, I'll get right on that." Then, the behavior must be corrected immediately.
6. **Written Pull-up** - A written pull-up is an effective tool to bring the negative behavior to the attention of the community and staff. Written pull-ups are used when verbal pull-ups have not been effective or if the behavior

warrants a mandatory written pull-up. Forms for writing written pull-ups can be found in the bay areas. Some negative behaviors require written pull-ups and may not be addressed by a verbal pull-up.

Mandatory Written Pull-Ups:

- a. Fraternizing with General Population offenders.
- b. Being unprepared for meetings.
- c. Discussion of any Pull-Up (verbal or written) with any community members or staff.
- d. Not complying with a verbal Pull-Up, by not correcting the behavior.
- e. Not giving the proper response, or inappropriate reaction to a Pull-Up.
- f. Leaving a meeting/class without facilitator permission.
- g. Blatant disrespect of a community member or staff.
- h. Sleeping during meeting/group time.
- i. Failure to write a mandatory written Pull-Up.
- j. Breaking a Learning Experience.
- k. Unexcused tardy or absence from any meeting/activity.
- l. Breaking confidentiality.
- m. Three verbal Pull-Ups for the same violation within 30 days.  
(Only to be written by Expediter Recorder Coordinator or Crew.)
- n. Gossiping.
- o. Breaking any ICIW or unit 9 rule.

When a written pull-up is used, it is documented on a pull-up slip and put in the pull-up box for staff review and assignment of appropriate learning experiences. The individual receiving the pull-up will present the learning experience at the assigned time. The Expediter/Recorder records all pull-ups and learning experiences on the pull-up log.

**Transition Period:** Once orientated into any TC program, you will be expected to utilize the pull-up/push-up system. New TC members will be given a 7 day transition period to familiarize themselves to the proper use of the TC tools. During the 7-day transition, offenders may not give or receive pull-ups. Staff may still hold you accountable.

**STAFF INITIATED TOOLS FOR CHANGE:**

1. **Awareness Group** - These groups are either held with all community members present or a select group of women depending upon staff judgment. The group will set up in a circle and participants will take turns giving feedback to the recipient of the Awareness Group. After receiving feedback, the individual may be asked to repeat back what they heard. At staff discretion, the individual may be asked to state how the feedback made them feel. A staff member is present at all times during awareness groups.

Rules for Awareness Group (Small Awareness, Large/Community Awareness):

- a. The recipient maintains eye contact with the person giving feedback.
  - b. No rationalizing, justifying or excusing.
  - c. No "flipping the indictment."
  - d. No facial or physical gestures.
  - e. The confronter must use responsible concern.
  - f. No violence or threats of violence.
  - g. Use "I" statements.
  - h. Keep hands on knees and feet flat on the floor.
  - i. Respect confidentiality
  - j. Own your voice.
2. **Therapeutic Peer Reprimand (TPR)** - A TPR is held when a community member has failed to address their negative behaviors. The group is held when the majority of the community members can be present. The staff will select community members to bring responsible concern to the individual. The room will be arranged with the chairs in theatre style with enough chairs in front for staff and selected peers. The peers confronting the TPR recipient are seated and ready to address the individual before she enters the room.

To begin the group, the facilitator will introduce herself to the community in the formal TC fashion. The facilitator will read the rules of the TPR group.

Rules for the TPR Group:

- a. No rationalizing, justifying or excusing.
- b. No facial or physical gestures.
- c. The person appointed will be responsible to "flag" a violation of a group rule.

- d. No violence or threats of violence.
- e. No red crossing or negative contracting.
- f. No walking out of group.

After the rules have been read, the facilitator will motion that she is ready for the recipient to knock on the door. The facilitator will ask "Who is it?" The recipient will respond, "Ms. \_\_\_\_\_." When the facilitator is satisfied with the response, she will ask, "Why are you here?" The recipient will respond, "for a TPR." When satisfied with the response, the facilitator will allow the recipient to enter the room. She will be given the following instructions as to her expected behaviors during the TPR:

- a. No speaking.
- b. Stand with hands down to sides.
- c. Maintain eye contact with the individual giving feedback.
- d. No facial or physical gestures.
- e. No walking out of group

The facilitator will call on the individuals addressing the recipient by number. Each peer will offer the feedback to the recipient and then state "That is all I have for you."

After all feedback has been given, a staff member will give the recipient a behavioral contract to review. The recipient is escorted to the quiet room by the appointed expediter/mentor to reflect on the TPR, review the behavior contract, and decide whether or not they will remain in the TC. The facilitator will thank the community for their participation and make any appropriate closing statements.

3. **House Meeting** - A house meeting is designed to allow staff the opportunity to address the entire community. Only staff may request/conduct a house meeting.
4. **Nonverbal contract** (may speak to mentors, coordinator, detail checker and staff) - a nonverbal contract is a learning experience used when staff feels it is in the best interest of an offender to focus on listening/observation skills versus verbal communication. While on the nonverbal contract, inmates are allowed to communicate with staff when necessary and may be permitted to share in groups pending staff judgment. This learning experience restricts the offender from fraternizing with

peers assisting the offender with focusing on themselves. The nonverbal contract may not exceed three days. Nonverbal contracts will be announced during LE's. When a peer is on a nonverbal, they may receive pull-ups in written form only. They may not give pull-ups or push-ups; but may approach staff in emergency situations. They cannot give eye contact or gesture with their face or hands. They may not receive lights from others.

5. **Peer Support Group** - This group meets with the entire community present and in a circle. Various community issues may be addressed at this time. If you want to address a community member on their negative behavior, you must first approach them regarding the matter. If this does not help, you will need to kite up the chain for a resolution table.
6. **Reflection Time** - Reflection time may be assigned as a LE, requested by a community member or directed by staff. You may, using the chain of communication, request reflection time. Staff will designate the reflection area.
7. **Resolution Table** - A resolution table brings community members, staff and mentors together to resolve minor differences that don't need the entire community present. A resolution table may be assigned as a LE. Offenders may request Resolution Tables, but they cannot be done without Staff authorization. If a problem arises between peers, they may, through the chain of communication, request a resolution table. You must confront the individual prior to kiting up the chain for a resolution table.

**Rules for a Resolution Table:**

- a. No violence or threats of violence.
- b. Keep body language and facial expressions appropriate.
- c. Peers must maintain eye contact when speaking or receiving feedback.
- d. Peers must state facts and not opinions.
- e. No walking away from table or interrupting the speaker
- f. Use "I" statements.

When staff feel that a common ground has been reached or that the meeting cannot progress any further, they will begin to wrap it up. A resolution table may result in a LE assigned by staff.

**T.C. Right Living Rules**

1. Respect confidentiality
2. Participate as a sincere and fully active member of the community.
3. Be on time and in place for all activities.
4. Be truthful in speaking and honest in action.
5. Use no profanity, profane gestures, or derogatory prison slang.
6. Observe proper lines of communication.
7. Acknowledge all pull-ups with respect and respond appropriately.
8. Use pull-ups out of responsible concern.
9. No negative contracting. (Sister's Keeper)
10. No fraternizing with general population.
11. Use only personal pronouns. (I, me, my, mine)
12. Room inspections are at anytime.
13. The group sessions shall not be used to complain about institutional policies, programs or staff.
14. All written assignments will be prepared promptly and properly before a group session begins.
15. No writing (doodling) during group unless instructed by facilitator.
16. No food in group. (Drinks are allowed in group rooms.)
17. No leaving group once in session unless instructed by facilitator.
18. No gossiping. If you have an issue with another person, try first to approach them regarding the matter. If this does not help, consult handbook for options.
19. Speak loud enough for all to hear. Referred to as "Owning your voice."
20. Kite the facilitator if you will be absent from group for any reason.
21. Take pride in yourself by coming to group appropriately groomed.
22. Show respect for community members, staff, visitors, guests, and volunteers.
23. Listen attentively to everyone who shares.
24. Address all non-community members as Mr. or Ms. followed by their last name.
25. No attacking or retaliating.
26. No sleeping or nodding off in group.
27. No clock watching in group.
28. Only one person can speak at a time.
29. Please raise your hand if you have a question or comment.
30. Name calling and/or derogatory statements will not be tolerated. This includes anything pertaining to race, religion, sexuality, person, etc.
31. Pick up after yourself.



32.No tilting chairs back. Keep feet firmly on the ground and body posture appropriate.

### **Community Structure**

The TC consists of community members under the supervision of ICIW staff. The TC has its own community coordinators assigned by staff and mentors. You will be expected to devote all your energy to recovery during your stay in the TC. The role of each offender is to be an active participant in all activities. All areas of daily living will be part of the therapeutic learning process, including peer interaction, housekeeping, personal hygiene, treatment groups and work assignments. Through these tasks you will learn personal accountability for your behaviors and the consequences of how your behaviors affect yourself, other residents, and the community as a whole.

#### **CHAIN OF COMMUNICATION:**

Unit Manager  
TC Counselors  
TC Staff  
Mentors  
Senior Coordinator  
Assistant Sr. Coordinator  
Crew Coordinator  
Crew Member

#### **GUIDING CONCEPTS:**

The structure board outlines the structure and organization of the Therapeutic Community and defines responsibilities of each community member. **The chain of communication does not illustrate power of one community member over another.** Instead, there is a concept of responsibilities and accountability and lines of communication.

#### **RESPONSIBILITY VS. AUTHORITY:**

**Staff is the only member empowered with authority in the community.** This includes the authority to direct the community members' behavior, determine

learning experiences (LE's), or modify schedules. TC offenders never have authority over each other.

All offenders have responsibility to the community. If community members fail to fulfill their responsibilities or violate community rules, other community members have a responsibility to confront that member using the appropriate confrontation techniques. All confrontation should be done out of responsible concern.

**Responsible concern is confrontation that is motivated by concern for another community member's growth or concern for the community.**

### **ROLES:**

#### **Staff-**

- ICIW staff works cooperatively with each other under the direction of the Warden of the Iowa Correctional Institution for Women. Staff is at the top of the community structure and maintains overall responsibility and authority for all aspects of the community.

#### **Mentors-**

- A mentor is chosen by staff and employed full time by ICIW. She is expected to be a positive role model, responsible and accountable at all times. Mentors never have authority over another community member.

#### **Senior Coordinators-**

- Conduct morning and evening meetings with her assistants and other coordinators.
- Assist community members in solving problems among themselves. Report unresolved problems to mentors.
- Make recommendations to staff regarding decisions needed for the smooth working of the TC.
- Relay information from staff and mentors to the other coordinators.
- Actively participate in the structure board.

#### **Assistant Senior Coordinators-**

- Perform tasks assigned by senior coordinator.
- Actively participate in the structure board.
- Relay information to and from the senior coordinator and the crew coordinator

#### **Crew Coordinators-**

- The senior, assistant senior and crew coordinators are chosen by staff and mentors. In general, the crew coordinators not only perform as role models but also are responsible for specific tasks in their community. They have a crew of community members assigned to assist them. Crew members take direction from and are responsible to the coordinators. Coordinators, however, have no authority over crew members and should always act out of responsible concern. Staff is the only authority in the community. Listed below are titles and responsibilities of the coordinators.

## **STAR Structure Board**

### **SENIOR COORDINATOR:**

Conduct morning and evening meetings with assistants and other coordinators.  
 Assist community members in solving problems among themselves. Report unsolved problems to mentors.  
 Make recommendations to staff regarding decisions needed for the smooth working of the TC.  
 Relay information from staff and mentors to the other coordinators.  
 Actively participate in the structure board.

### **ASSISTANT SENIOR COORDINATORS:**

Perform tasks assigned by the Senior Coordinator.  
 Actively participate in the structure board.  
 Relay information to and from the Senior Coordinator and the Crew Coordinators.

### **EXPEDITER COORDINATOR:**

Keeping attendance sheets to show that each member attends group activities on time.  
 Announcing the start and end of all meetings and releasing members for breaks.  
 Reminding the community about starting times for the next activity.  
 Addressing all violations and unauthorized activity by words or in written form; i.e., appearance, dress and loitering.  
 Announcing pull-ups at evening meetings.  
 Monitoring all movement and maintaining a quiet and orderly area of responsibility.  
 Read, at every evening meeting, a section of the rules.

### **RECORDER COORDINATOR:**

Responsible for accurate, complete and timely recording of attendance and significant events.

Records daily announced pull ups, learning experiences, interventions, and daily assignments.

Maintains a log of all completed assignments resulting from rule violations.

Copies the notes of the daily meetings and activities.

### **PROJECT COORDINATOR:**

Assigns detail to community members.

Reports, on a daily basis, status of details.

Notifies Assistant Sr. Coordinator of needed project supplies.

Inventory control.

Quality control.

### **INFORMATION/EDUCATION COORDINATOR:**

Gives a brief summary of that day's news, interesting information and announcements.

Passes out educational material.

### **CREATIVE ENERGY COORDINATOR:**

Motivational activities during morning meeting.

Developing constructive leisure or social activities.

### **INSPIRATIONAL COORDINATOR:**

Presents the thought for the day at the morning meeting, using a wide range of inspirational resources.

With the Senior and Assistant Senior Coordinators' oversight and working with the Inspirational Crew, may present exercises during the morning and evening meetings designed to increase awareness of individual and group spirituality, without imposing any specific religion on the community.

Develops and sets up the reflecting area.

### **SERVICE COORDINATOR:**

Conduct room inspections

Shows responsible concern and confront individuals who have been untidy.

Ensure announcements are made at morning and evening meetings regarding general community tidiness. This may require cooperation with other coordinators.

Plan ahead and check the daily schedule for educational sessions.

Oversee room arrangements and set-up for all educational groups, peer support, or any other TC event involving the community.

Attain and set up audiovisual or other equipment or tape record special events as directed by staff.

Be aware of expected guests, arrange seating for guests, and assign someone to greet guests.

Announce at the evening meeting the next time the crew will set up.

### **CREW MEMBER:**

Line of communication is through your assigned crew coordinator.

Always act out of responsible concern when confronting community members.

## **ARTS, DREAMS, WINGS, and MLO Structure Board**

### **SENIOR COORDINATOR:**

- Conduct morning and evening meetings with assistants and other coordinators.
- Assist community members in solving problems among themselves. Report unsolved problems to mentors.
- Make recommendations to staff regarding decisions needed for the smooth working of the TC.
- Relay information from staff and mentors to the other coordinators.
- Actively participate in the structure board.

### **ASSISTANT SENIOR COORDINATORS:**

- Perform tasks assigned by the Senior Coordinator.
- Actively participate in the structure board.
- Relay information to and from the Senior Coordinator and the Crew Coordinators.

### **EXPEDITOR COORDINATOR:**

- Keeping attendance sheets to show that each member attends group activities on time.
- Announcing the start and end of all meetings.
- Reminding the community about the starting times for the next activity.
- Watching for appropriate behaviors and attitudes during all activities.
- Addressing all violations and unauthorized activities by words or in written form; i.e., appearance, dress and loitering.
- Announcing all written pull-ups at meetings.
- Monitoring all movement and maintaining a quiet and orderly area of responsibility.
- Read, at every evening meeting, a section of the TC right living rules.
- Responsible for accurate, complete, and timely recording of attendance.
- Record daily announced pull-ups, push-ups, learning experiences and interventions.
- Maintains a log of all completed learning experiences.
- Informs mentors of any assignments not completed by members of the community.

### **PROJECT SERVICE COORDINATOR:**

- Assigns details to community members.
- Reports, on a daily basis, status of details.
- Notifies Assistant Senior Coordinator of needed project supplies.
- Inventory control
- Quality Control
- Conduct room inspections.
- Shows responsible concern and confronts individuals who have been untidy.
- Ensure announcements are made at morning and evening meetings regarding general community tidiness. This may require cooperation with other coordinators.
- Plan ahead and check the daily schedule for educational sessions.
- Oversee room arrangements and set up for any educational groups, process groups or any other TC event involving the community.
- Attain and set up audio/visual or other equipment or tape record special events as directed by staff.
- Be aware of expected guests, arrange seating for guests, and assign someone to greet guests.

### **INFORMATION/EDUCATION COORDINATOR:**

- Assign an inspirational activity/game to be conducted by community members at morning meeting.
- Gives a brief summary of that day's news and interesting information.
- Passes out educational material.
- Assign quote of the day to be read by a community member at morning meeting. Quote is to be commented on at evening meeting by a minimum of three community members.

### **CREW MEMBER:**

- Line of communication is through your assigned crew coordinator.
- Always act out of responsible concern when confronting community members.

### **Daily Morning Meeting Description**

The morning meeting is the first meeting of the day. The purpose of this meeting is to:

1. Bring the community together
2. Organize the day ahead
3. Motivate with a positive beginning.

In addition to announcements, a major part of the morning meeting is dedicated to inspirational activities such as presenting a morning reading, fun activities, songs, or entertainment.

All coordinators are seated together with the rest of the community in a circle. Community members need to be seated 5 minutes prior to starting time. At the scheduled starting time, the Recorder Coordinator promptly begins the morning meeting.

### **Daily Evening Meeting Description**

The evening meeting is held to reflect on the day. Information is provided by staff to the community, results of phase up are given, and changes in the structure board are announced. Written pull-ups are read and presentations or learning experiences are made.

All coordinators are seated together with the community in a circle. At starting time, the Recorder Coordinator promptly begins the evening meeting.

Formats for Morning and Evening Meetings are on the following pages.



## **DAILY MORNING MEETING FOR YELLOW POD:**

### **Creative Energy**

- Leads community in motivational activity (cheers, songs, etc.)

### **Recorder**

- Stands and calls roll

### **Expediter Coordinator**

- Stands and states "Good morning community. My name is Ms. \_\_\_\_\_. Today is day \_\_\_\_/date \_\_\_\_\_. The morning meeting has now begun. All are present (or any absences are announced). At this time, I will pass the meeting over to the Senior Coordinator, Ms. \_\_\_\_\_."

### **Senior Coordinator**

- Stands and states "Good morning community. My name is Ms. \_\_\_\_\_. At the morning meeting, we bring the community together to set a positive tone for the day. Ms. \_\_\_\_\_ has volunteered for the morning reading. Would anyone like to comment on the reading?"
- "Thank you community for your participation. At this time, I will pass the meeting over to the Inspirational Coordinator, Ms. \_\_\_\_\_."

(From this point on, each Coordinator follows the same introductory and handing off ritual as above.)

### **Inspirational Coordinator**

- Stands and calls on appointed crew member to present the thought for the day.
- Passes the meeting over to the Assistant Senior Coordinator, Ms. \_\_\_\_\_.

### **Assistant Senior Coordinator**

- Stands and welcomes all community members, staff and guests.
- Asks for any presentations from the community members.
- Asks for any awarenesses from the community. (Must be written and approved by mentor before being read and turned into the recorder.) Asks for any community verbal push-ups, individual push-ups, then presents any written push-ups. Passes the meeting over to the Information/Education Coordinator, Ms. \_\_\_\_\_.

### **Information/Education Coordinator**

- Stands and provides weather, bulletin and word for the day. (May ask members of the crew to assist in these tasks.)
- Make announcements for the day regarding the TC.
- Asks staff and other coordinators if they have any announcements.
- Passes the morning meeting over to the Project Coordinator, Ms. \_\_\_\_\_.

#### **Project Coordinator**

- Gives daily reminders regarding community tidiness.
- Passes the morning meeting over to the Inspiration Coordinator, Ms. \_\_\_\_\_.

#### **Inspirational Coordinator**

- Stands and prompts the community to stand and recite the philosophy.
- Passes the morning meeting over to the Creative Energy Coordinator, Ms. \_\_\_\_\_.

#### **Creative Energy Coordinator**

- Stands and calls on appointed crew member to lead community in morning activity.

#### **Expeditor Coordinator**

- Stands and announces daily activities.
- States that the morning meeting is now over (applause).

## **DAILY MORNING MEETING FOR BLUE, GREEN AND PEACH PODS:**

### **Expeditor/Recorder**

- Stands and states "Good morning community, my name is Ms. \_\_\_\_\_. If I could have your attention, I'll call roll. Today's date is \_\_\_\_\_, the morning meeting has now begun. All are present except for \_\_\_\_\_. At this time, I will ask for any community verbal pull-ups, any individual pull-ups, thinking reports, major or minor disciplines? (Read written pull-ups if there are any. If there are no written pull-ups, state "I have none written.") Now I would like to pass the morning meeting to the Senior Coordinator, Ms. \_\_\_\_\_.

### **Senior Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good morning community, my name is Ms. \_\_\_\_\_. I would like to welcome all community members (staff and guest if this applies) to the morning meeting. These meetings are held to set a positive tone for the day and to get the day started right. Would the community please stand and recite the philosophy? Why are we here?"
- "Thank you for your participation, now Ms. \_\_\_\_\_ has our reading." (They will read the reading and comment on what it meant to them.) "Now I would like to ask if anyone has any comments on the reading." (Two people must comment on the reading. After the two people comment, the Senior Coordinator comments.) "Thank you for your participation. Now I would like to pass the morning meeting to the Assistant Senior Coordinator, Ms. \_\_\_\_\_."

### **Assistant Senior Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good morning community, my name is Ms. \_\_\_\_\_. I would like to welcome all community members (staff and guests if this applies) to the morning meeting.
- "At this time I would like to ask for any awarenesses." (Awareness must be approved by mentor prior to reading in front of the community.
- "At this time I would like to ask for any presentations?"
- "Learning experiences?"
- "Community verbal push-ups, individual push-ups?" If there are written push-ups Assistant Senior Coordinator will present at this time.
- Ask for a round of applause after written push-ups.
- "Now I would like to pass the morning meeting to the Information/Education Coordinator Ms. \_\_\_\_\_.

### **Information/Education Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good morning community, my name is Ms. \_\_\_\_\_ and now Ms. \_\_\_\_\_ has our weather. Thank you Ms. \_\_\_\_\_."
- "The quote for the days is \_\_\_\_\_."
- "Today's menu is \_\_\_\_\_."
- "Now I would like to ask if any coordinators, mentors or staff have any announcements?"
- "Now I would like to pass the morning meeting over to the Project/Service Coordinator Ms. \_\_\_\_\_."

#### **Project Service Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good morning community, my name is Ms. \_\_\_\_\_. 8:10 a.m. room inspections went well with the exception of \_\_\_\_\_. We will resume room inspections at 2:10 p.m. and set up for the evening meeting at 4:45 p.m. With that, I will pass the morning meeting over to the Expeditor/Recorder Coordinator, Ms. \_\_\_\_\_."

#### **Expeditor/Recorder Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good morning community, my name is Ms. \_\_\_\_\_. Our next get together will be tonight at 5 p.m. for the evening meeting. With that the morning meeting is now over. Good day sisters! Applause."

## **DAILY EVENING MEETING FOR YELLOW POD:**

### **Recorder**

- Stands and calls roll.

### **Expediter Coordinator**

- Stands and states "Good evening community. My name is Ms. \_\_\_\_\_. Today is day \_\_\_\_, date \_\_\_\_\_. The evening meeting has now begun. All are present (or any absences are announced). Ms. \_\_\_\_\_ will read a section of the rules or the mandatory written pull-ups. At this time, I would like to pass the meeting over to the Senior Coordinator, Ms. \_\_\_\_\_.

### **Senior Coordinator**

- Stands and states "Good evening community. My name is Ms. \_\_\_\_\_. I would like to welcome all (new) community members, staff and guests to the evening meeting. These meetings are held to reflect on our day. At this time, I would like to pass the meeting over to the Assistant Senior Coordinator, Ms. \_\_\_\_\_.

(From this point on, each coordinator follows the same introductory and handing off ritual as above.)

### **Assistant Senior Coordinator**

- Welcomes and introduces all (new) community members, staff and guests to the evening meeting. Ask for any presentation then learning experiences.
- Passes the meeting over to the Expediter Coordinator, Ms. \_\_\_\_\_.

### **Expediter Coordinator**

- Asks for community pull-ups, individual verbal pull-ups, thinking reports, major or minor disciplines. Announces written pull-ups and learning experiences assigned by staff.
- Passes the meeting over to the Information/Education Coordinator, Ms. \_\_\_\_\_.

### **Information/Education Coordinator**

- Calls on appointed crew members to do news, sports, and other interesting information. Make all announcements including any activities. Asks staff and other coordinators if they have any announcements.
- Passes the meeting over to the Project Coordinator, Ms. \_\_\_\_\_.

**Project Coordinator**

- Calls on detail checker for reports on details. Reports on community tidiness.
- Passes the meeting over to the Inspirational Coordinator, Ms. \_\_\_\_\_.

**Inspirational Coordinator**

- Calls on appointed crew member to comment on thought for the day. Then asks for volunteers to comment.
- Passes the meeting over to the Service Coordinator, Ms. \_\_\_\_\_.

**Service Coordinator**

- Calls on room inspector to report on room inspections.
- Announces set-up for the next day's events.
- Passes the meeting over to the Expediter Coordinator, Ms. \_\_\_\_\_.

**Expediter Coordinator**

- Announces all evening activities. States that the evening meeting is now over. Wishes the community a smooth transition from night to the next morning. Applause.

## **DAILY EVENING MEETING FOR BLUE, GREEN AND PEACH PODS:**

### **Expeditor/Recorder Coordinator**

- Stands and states "Good evening community. My name is Ms. \_\_\_\_\_. If I could have your attention, I'll call roll. Today's date is \_\_\_\_\_. The evening meeting has now begun. All are present except \_\_\_\_\_. Now Ms. \_\_\_\_\_ will read a section of the TC right living rules. Thank you Ms. \_\_\_\_\_. Now I would like to pass the evening meeting to the Senior Coordinator, Ms. \_\_\_\_\_."

### **Senior Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good evening community, my name is Ms. \_\_\_\_\_. I would like to welcome all community members, staff and guests to the evening meetings. These meetings are held to reflect on our day. Would the community please stand and recite the philosophy. Why are we here? Thank you for your participation. Now I would like to pass the evening meeting to the Assistant Senior Coordinator, Ms. \_\_\_\_\_."

### **Assistant Senior Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good evening community, my name is Ms. \_\_\_\_\_. I would like to welcome all community members, staff, and guests to the evening meeting. At this time, I would like to ask for any awarenesses, presentations, learning experiences.
- "Are there any community verbal push-ups? Any individual verbal push-ups?
- If there are written push-ups "I have some written". Applause
- Now I would like to pass the evening meeting to the Expeditor/Recorder Coordinator, Ms. \_\_\_\_\_."

### **Expeditor/Recorder Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good evening community, I'm Ms. \_\_\_\_\_."
- "Are there any community verbal pull-ups, individual verbal pull-ups, thinking reports, major or minor disciplines?
- If there are written pull-ups "I have some written".
- "Now I would like to pass the evening meeting to the Information/Education Coordinator, Ms. \_\_\_\_\_."

### **Information/Education Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good evening community, I'm Ms. \_\_\_\_\_."
- "Now Ms. \_\_\_\_\_ has our quote for the day." (Once the quote is read, she will comment on it along with a minimum of 2 community members.)
- "Now Ms. \_\_\_\_\_ has our news. Thank you Ms. \_\_\_\_\_."
- Make all announcements including sheet and robe day, blanket numbers and any activities we have new information on.
- "Do staff, coordinators, or mentors if they have any announcements?"
- "Now I would like to pass the evening meeting to the Project/Service Coordinator, Ms. \_\_\_\_\_."

#### **Project/Service Coordinator**

- Stands and states, "Thank you Ms. \_\_\_\_\_. Good evening community, I'm Ms. \_\_\_\_\_."
- "2:10 room inspections went well with the exception of room(s)\_\_\_\_\_."
- "Room inspections will be at 8:10 a.m. We will set up for the next meeting at \_\_\_\_\_."
- "With that, I would like to pass the evening meeting to the Expeditor/Recorder Coordinator, Ms. \_\_\_\_\_."

#### **Expeditor/Recorder Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good evening community, I'm Ms. \_\_\_\_\_."
- "The next meeting will be at \_\_\_\_\_."
- "The evening meeting is now over! Good night sisters!" Applause.



## **DAILY EVENING MEETING FOR MLO:**

### **Expeditor/Recorder Coordinator**

- Stands and states "Good evening community. My name is Ms. \_\_\_\_\_. Today's date is \_\_\_\_\_. The evening meeting has now begun.
- Now Ms. \_\_\_\_\_ will read a section of the TC right living rules. Thank you Ms. \_\_\_\_\_.
- "Are there any community verbal pull-ups, individual verbal pull-ups, thinking reports, major or minor disciplines?
- If there are written pull-ups "I have some written".
- Now I would like to pass the evening meeting to the Senior Coordinator, Ms. \_\_\_\_\_."

### **Senior Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good evening community, my name is Ms. \_\_\_\_\_. I would like to welcome all community members, staff and guests to the evening meetings. These meetings are held to reflect on our day. Would the community please stand and recite the philosophy. Why are we here? Thank you for your participation. Now I would like to pass the evening meeting to the Assistant Senior Coordinator, Ms. \_\_\_\_\_.

### **Assistant Senior Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good evening community, my name is Ms. \_\_\_\_\_. I would like to welcome all community members, staff, and guests to the evening meeting. At this time, I would like to ask for any awarenesses, presentations, learning experiences.
- "Are there any community verbal push-ups? Any individual verbal push-ups?
- If there are written push-ups "I have some written". Applause
- Now I would like to pass the evening meeting to the Information/Education Coordinator, Ms. \_\_\_\_\_.

### **Information/Education Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good evening community, I'm Ms. \_\_\_\_\_.
- "Does anyone have recent achievements related to going home?" (Such as approved for parole, home visit is done, earned CRC.)
- Make all announcements including sheet and robe day, blanket numbers and any activities we have new information on.
- "Do staff, coordinators, or mentors if they have any announcements?"

- "Now I would like to pass the evening meeting to the Project/Service Coordinator, Ms. \_\_\_\_\_.

#### **Project/Service Coordinator**

- Stands and states, "Thank you Ms. \_\_\_\_\_. Good evening community, I'm Ms. \_\_\_\_\_.
- "Random room inspections went well with the exception of room(s)\_\_\_\_\_. Random room inspections will continue.
- We will set up for the next meeting at \_\_\_\_\_."
- "With that, I would like to pass the evening meeting to the Expeditor/Recorder Coordinator, Ms. \_\_\_\_\_.

#### **Expeditor/Recorder Coordinator**

- Stands and states "Thank you Ms. \_\_\_\_\_. Good evening community, I'm Ms. \_\_\_\_\_.
- "The next meeting will be at \_\_\_\_\_."
- "The evening meeting is now over! Good night sisters!" Applause.

## **Appendix B**

### **STAR Program Interview Questions: Interview Questions for TC Officers**

1. Tell me about your education and professional background.
2. How long have you worked with the STAR program?
3. Tell me about any specific training you have received to work in the STAR program.
4. Explain your role with the STAR program.
5. Describe a typical day in the STAR Program.
6. Tell me about the use and frequency of:
  - a. Positive Affirmation (push-ups)
  - b. Pull-ups
  - c. Awareness Groups
  - d. Therapeutic Peer Reprimands
  - e. Other tools?
7. Has the program changed since you started working with the program? If so how?
8. What happens when you have an untrained officer in the program?
9. What aspects of the program are working well?
10. What aspects could be improved?
11. What type of offender would benefit from the TC?
12. What would enhance your effectiveness in this program?
13. Any other information that would be helpful?

### **Interview Questions for Unit Director and Counseling Staff (Day-to-day operation)**

1. Tell me about your education and professional background.
2. How long have you worked with the STAR program?
3. Tell me about any specific training you have received to work in the STAR program.
4. Explain your role with the STAR program.
5. How is oversight provided when you are off duty?
6. Describe a typical day in the STAR Program.
7. Is there a daily schedule?
8. Tell me about the use and frequency of:
  - a. Positive Affirmation
  - b. Pull-ups
  - c. Awareness Groups
  - d. Therapeutic Peer Reprimands
9. Has the program changed since you started working with the program? If so how?
10. What is the current number of staff?
11. How many have formal training versus on the job training?
12. How is/was training provided to staff?
13. What happens when you have an untrained officer in the program?
14. What aspects of the program are working well?
15. What aspects could be improved?
16. What would enhance your effectiveness in this program?
17. How does this program address the unique needs of female offenders?

### **Interview Questions for Program Director (General Oversight)**

1. Tell me about your education and professional background.
2. How long have you worked with the STAR program?
3. Explain your role with the STAR program.
4. When did the program start?
5. Who was involved in the program design?
6. What resources were used in the creation of the program (Therapeutic Communities of America, US Department of Health and Human Services)?
7. Are there Prison based TC Standards you adhere to?
8. Has the program changed since you started working with the program? If so how?
9. What aspects of the program are working well?
10. What aspects could be improved?
11. What would enhance your effectiveness in this program?
12. Who would be the best person to talk to about the Winner Circle?