
A Drug Offenders' Treatment at Bill Johnson Correctional Center, Alva, OK By the CBTI, Freedom Ranch Inc. Final Evaluation

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I. INTRODUCTION

This report intends to measure the impact of Cognitive Behavioral Treatment as applied to 266 drug offenders who were sent to Bill Johnson Correctional Center (BJCC), Alva, Oklahoma, between the period of October 1, 1996, to March 31, 1998. This was the second and third year of treatment provided by Freedom Ranch, Inc./Cognitive Behavioral Treatment Institute (CBTI) under contract to the Oklahoma Department of Corrections. Freedom Ranch,

It is imperative that the criminal justice system does something constructive about drug offenders . . .

Inc.,* a non-profit organization, is well known in the area for its efforts in treating the substance abusing populations, particularly the delinquent populations. It is common knowledge that drug abusing offenders committing crimes under the influence of drugs or robbing others to make money for drugs have greatly added to the overcrowded prison population in the past 10 or 15 years. It is imperative that the criminal justice system does something constructive about drug offenders, but first let us look at what has been done so far with some success. Previous studies in the following areas should be relevant:

1. The relationship between drugs and crime
2. The effectiveness of treatment of drug abusing offenders in prison settings
3. Treatment of drug offenders in conjunction with boot camps
4. Moral Reconciliation Therapy (MRT)
5. Therapeutic Community: Supportive environment to stay drug free and crime free

II. PREVIOUS STUDIES

Drugs and Crime Connection

The U.S. prison population has grown about 60% in the past decade, an increase fueled largely by the influx of substance abuse offenders. They are responsible for a

*[Freedom Ranch was subsequently purchased by Avalon Correctional Services of Oklahoma City and now operates under the name of Turley Correctional Center. Ed.]

relatively large amount of crime. Heroin-using violent predators committed 15 times more robberies and 20 times more burglaries than offenders who do not use drugs.

Drug using felons are also a primary source of failure on parole. Sixty to 75% of untreated parolees who have histories of heroin and/or cocaine use are reported to return to using these drugs within three months after release and to become reinvolved in criminal activity (Lipton, 1995).

The time in which drug using offenders are in custody presents a unique opportunity to provide them with treatment, yet very few such offenders are being treated at this writing.

The Effectiveness of Treatment of Drug Abusing Offenders in Prison Settings

The era of "nothing works in corrections" is being replaced gradually by a belief that a few rehabilitation programs effectively reduce recidivism (Lipton, 1995). Lipton looked at some of the better known drug treatment projects in state correctional institutions.

The Stay'n Out Model (New York), a therapeutic community program was established in 1977 by a group of recovered addicts, who were also ex-offenders. The treated group showed an arrest rate of 26.9% as compared to the arrest rate of 40.9% of the non-treated group during the follow up period (ranging from two to nine years).

The robust central conclusion of the Stay'n Out evaluation is that hard-core drug abusers who remain in the prison-based therapeutic community longer are considerably more likely to succeed than those who leave earlier, and that nine to 12 months appears to be the optimal duration for the treatment. As time in therapeutic community treatment increases, recidivism declines significantly.

Success was also shown by the three-phased Delaware Key-Crest Program, which was similar to the Alva program. In Key-Crest, 75% of participants remained drug free and arrest free for 18 months as compared to 34% of those who did not participate.

Boot Camps for Drug Offenders

According to the U.S. General Accounting Office (1993) New York had developed the best recidivism data,

comparing boot camp participants with three comparison groups of similar inmates. Although the numbers indicated a lower recidivism rate for boot camps after 12 month, 18 month, and 24 month time periods, the difference started narrowing down at 18 month and 24 month time intervals, suggesting a continuing erosion of the camp benefits (USGAD, 1993).

Another NIJ Research (Cowles, Castellano, & Gransky, 1995) reported that while many boot camps had varying degrees of success with drug offenders, some did not (Louisiana being one of them). Looking at different modalities named—(1) Group Counseling, (2) Individual Counseling, (3) Milieu Therapy, and (4) Therapeutic Community—there are some common ingredients in all of these, such as AA 12-step, Reality Therapy, and Stress Management. While counseling programs could address underlying problems of substance abusing behavior (i.e. sexual abuse, self-esteem, and family dysfunctions) some emphasis on education of drug abuse effects is very necessary. In their final thoughts, Cowles, Castellano, & Gransky (1995) strongly recommend that program designers should concentrate on individual treatment needs, program integrity, and the continuity of boot camp programs from incarceration through post release aftercare.

Moral Reconciliation Therapy (MRT)

Moral Reconciliation Therapy is a systematic treatment strategy designed to enhance ego, social, moral, and positive behavioral growth in a progressive, step-by-step fashion. MRT is good for client populations considered resistant to treatment. In its use with alcohol and drug offenders it provided very encouraging results in reducing their rate of recidivism (Little & Robinson, 1989). There are many other studies which have used this therapy. MRT has shown similar results with drunk drivers and others.

The Therapeutic Community (TC)

The therapeutic community is an institution or a part of the institution where everybody—co-inmates, staff, counselors—constitute a support network for clients. But, then clients have to be responsible for their own conduct and also help others to behave responsibly. It is an experience for growth (Sandhu, 1974).

III. SELECTION, ADMISSION AND PROCESSING OF INMATES

There is no direct admission of inmates at BJCC; rather they are all selected either by the Lexington Assessment and Reception Center (LARC) through the classification procedure or by the individual institutions. Their suitability for the substance abuse program at Alva is judged according to a criteria set by the Oklahoma Department of Corrections.

PROGRAM PHASES

On admission to BJCC, the inmates move through the following three phases: (1) boot camp, (2) treatment phase, and (3) reintegration phase.

Phase 1:

This is the Boot Camp, where the undisciplined drug abusing offenders are “broken” under strict regimentation, rigorous physical exercise, and crushing discipline. This is also an orientation phase.

Phase 2:

This is the treatment phase. This phase involves inmates in a variety of individual and group therapies including Moral Reconciliation Therapy (Steps 1-12): Stress Management, Recovery, Relaxation, Self Analysis, and Goal Setting. If Phase I was the “breaking” phase, Phase II is the “building up” phase. The MRT team calls it a Therapeutic Community. The Therapeutic Community is so multifunctional that it must have more than one definition. According to this evaluator, “It is a school for living and personality growth: it prepares the clients for better participation in the life of the community.” Inmates help each other, and everyone experiences a certain measure of growth in the process (Sandhu, 1974). At BJCC, in addition to MRT, the inmates also receive three hours per week of the following during the treatment period of 4 1/2 months:

- 6 hours of drug education
- 18 hours of relapse prevention
- 9 hours of anger management
- 6 hours of problem solving and decision making
- 6 hours of communicating
- 9 hours of co-dependency

What happens in phase 2 is very important for evaluation of the total program.

Phase 3:

This is the reintegration phase, a time to relish new attitudes, and try out new skills. Those who are due for release, may be helped in their pre-release preparation to renew healthy community contacts for employment, happy living with the family, and follow-up with Alcoholic Anonymous, and Narcotics Anonymous. Before their transfer to another institution, or release on parole clients should diligently work at the institution both on and off campus.

The total stay of the inmates at the BJCC ranged from 4 1/2 months to 10-12 months in the Freedom Ranch program. With each phase, the inmates moved to a different wing of the facility.

IV. EVALUATION METHOD

This evaluation concerned itself mainly with the analyses of the following data given to us by the CBTI staff:

1. Addiction Severity Index (ASI), 5th edition. A five-page descriptive report, on each inmate, containing background information on his social, medical, drug, criminal, and psychiatric history. This information, though vital for the diagnoses, and treatment process, was utilized by the evaluator for the following purposes:
 - a) To construct a profile of these drug abusing offenders
 - b) To correlate some of the personal, social, substance abuse, criminal, and psychiatric characteristics of these offenders with the treatment impact
2. Data Log on each inmate (race, age, marital status, present and prior offenses)
3. Log of Battery Tests on each inmate (Life Purpose Questionnaire, Sensation Seeking Scale, Coopersmith Self-Esteem Inventory, and Defining Issues Test) for 266 inmates. This constituted the major part of evaluation
4. A record on misconducts and Urinalyses (UAs) for 266 inmates
5. A record on relapses and recidivism data on all the 266 program participants
6. Analysis of exit summaries: the inmates, as consumers of the treatment, gave their self evaluation of the program impact at their exit from the program
7. A questionnaire survey was made asking inmates as to how they planned to stay crime free/drug free after their release to the "street." Also, how well were they helped by the different programs at BJCC

In order to measure the change (positive or negative) in the inmates, their pre- and post-treatment scores on the battery of tests given them were compared. The group means (pre-treatment and post-treatment) on each test were applied to a T-Test with probable significance of the difference between the two means. Correlations and cross tabulations were also worked out where necessary. A brief description of the tests is given next.

MEASURING INSTRUMENTS: A BATTERY OF TESTS

The tests are briefly described below in the order of their appearance on the log. Information on some of these tests is somewhat scanty.

1. Life Purpose Questionnaire (PIL)

This test is used to estimate the participant's perceived purpose in life. This test yields scores from 0-20. Higher scores show a greater perceived purpose in life. Historically, Purpose in Life (PIL) tests owe their origin to Frankil's Logotherapy (Frankil, 1963). Logotherapy is particularly useful with drug abusing offenders and career criminals (Sandhu, 1974). While scores ranged from 0 to 20, the test has a normative mean of 10.8 with standard deviation of 4.3.

2. Short Sensation Seeking Scale (SS)

Some offenders are known for their instant, impulsive, short-run fun seeking, even at the risk of tragic consequences. This scale measures hedonistic orientation and correlates with antisocial personality. The scores range from 0-10 with a normative mean of 5.12 and standard deviation of 1.82.

3. Coopersmith Self-Esteem Inventory (SE)

This apparently is a large inventory with two forms: The School Form and The Adult Form. The Adult Form is usually self-administered. The term "self-esteem" refers to the evaluation one makes and customarily maintains with regard to him- or herself. The normative data for males is as follows:

	Mean	SD
Males	68.4	18.5
Caucasian	72.3	18.3
Black	71.2	18.4
Hispanic	64.0	19.2
Ages 16-19	66.7	19.2
Ages 20-34	71.7	18.8

4. Defining Issues Test (DIT): Levels of Moral Reasoning (Rest, 1993)

The DIT yields percentile scores indicating individual's reasoning at different moral stages, which are based on Kohlberg's six stages of moral reasoning:

- Stage 1. Punishment and obedience (pleasure and pain)
- Stage 2. Instrumental relativist (favor for favor)
- Stage 3. Interpersonal Concordance (seeking approval)
- Stage 4. Law and Order (the rules are the rules)

- Stage 5. Social Contract
(what is best for society)
- Stage 6. Universal-ethical Principle
(following one's conscience)

The DIT yields raw and percentile scores on all of the above stages except Stage 1. Stage 5 has two parts: Stage 5A and Stage 5B (Little & Robinson, 1989). Rest (1993) in his guide, advises that in order to measure all versions of principled moral thinking one should calculate what he calls a P-score. A P-score is the simple sum of scores from Stage 5A, 5B, and 6, converted to a percent. In the next section, we will proceed to find out how the program participants fared on the pre- and post-testing. But before that we must briefly discuss the population and its socio-demographic characteristics.

V. THE POPULATION

This evaluation is based on a population of 266 inmates who were admitted to BJCC, Alva, between October 1, 1996, to March 31, 1998. This number of 266 inmates constitutes the entire population who have completed the Cognitive Behavior Treatment and the pre- and post-tests during the aforesaid period.

VI. SOCIODEMOGRAPHIC CHARACTERISTICS

This group came from a young adult population with an age range of 16 to 42 years (mean age 24.83 years, with a standard deviation of 4.33 years). The majority of them were in their late 20s or 30s. Racially, Caucasians were in majority (59.11%), African-Americans (28.08%), Native Americans (7.39%), and Hispanics (5.42%). Maritally, 40% never married, 45% were married, and 15% were separated or divorced. Many of those who were married were not experiencing stable and happy marriages, and those who were living with their parents were not getting along well with them or other family members. Most said they had no dependents and many did not seem to own any

... personality changes do not come easily.

responsibility for the well being of their children and other dependents. So, their support network was very weak both in the family and the conventional community. Educationally, most had seven to ten years of schooling, and none of them had gone to college. Vocationally, very few of them had any technical or vocational training, and as such, were very poorly employed, if they were employed at all. Regarding their financial situation, there was only one indicator in their records and that was "home ownership." Only 35.71% of the inmates or their families owned a home of their own.

VII. SEVERITY OF DRUG ADDICTION

The addiction Severity Index Summary Report was largely based on the verbal information given by each inmate in an interviewer's summary at the end of each section. The sections included: general, medical, employment/support, alcohol/drug, legal (criminal), family history, social and psychiatric section. This information ran into five pages on each inmate which must be very useful for individual clinical treatment, but far exceeded the requirement of evaluation of the program. The following information was culled to give the readers an idea of the severity of the addiction of these inmates.

The inmates started abusing alcohol/drug at an early age: some as early as seven years on a weekly or occasional basis. Their starting age ranged from seven to 22 years, with a mean age of 13.50 years. So, the onset of substance abuse dated back to early teens, which made it a chronic problem. By the time the inmates were interviewed, they had abused the drugs for an average of 12.43 years (minimum 1 year and maximum 33 years, Std. Deviation 5.84, N100). How many drugs did they abuse? They usually started with one or two drugs (generally alcohol or cannabis) and then went on adding other drugs. Before their recent incarceration, they were abusing an average of six drugs (Mean 5.73, minimum 1 drug, maximum 12 drugs, SD 2.66, N100). Some of the drugs abused by them were alcohol, heroin, opiates, barbiturates, sedatives, tranquilizers, cocaine, amphetamines, cannabis, hallucinogens, and a combination of different drugs. In one case the interviewer asked them to name one drug which proved a major problem in the life of the abuser. The drugs so named were cannabis (35%), amphetamine (24%), cocaine (19%), alcohol (15%), and opiates (7%).

Considering those and other bits of information, the interviewer constructed an Alcohol Severity Score (0-9) and also Drug Severity Score (0-9) for each inmate. Similar severity scores were developed for other related areas: medical, employment, legal (criminal), family/social, and psychiatric. The severity score enabled the interviewer to decide in what areas the inmate needed counseling or additional treatment. The evaluator then combined the severity scores in all seven areas and developed a combined severity index which ranged from .00 to 37.00, with a mean of 12.49 and SD 6.93, N100.

Respondents criminal records tended to be long with a large number of arrests, mostly for driving offenses—particularly drunk and reckless driving, and disorderly behavior. They were also often arrested for drug offenses, burglary, and robbery. Their arrests ranged from a minimum of one arrest to as many as 43, with a mean of 8.65 arrests, and an SD 7.81, N100.

Although the subjects had a large number of arrests, their actual number of prior convictions was relatively not that large. The average number of their prior convictions,

in addition to the present conviction, was 2.44 minimum one, maximum eight, and 82% had three prior convictions. The nature of prior convictions was exclusively drug offenses 33.9%, property offenses only 30.4%, combination of offenses 21.4%, and only violent offenses 14.3%. Of course, substance abuse offenses were a common ingredient to all of these offense-categories. None of the characteristics had any significant correlation with the composite gain made by the respondents between the pre- and post-therapy scores.

Did these drug abusing offenders feel that they needed treatment? Personal attitude toward seeking and accepting treatment is very important for any individual or group, but more so for the treatment resistant population like this group.

Do you think treatment is important for you? The majority of them (46%) perceived that treatment was extremely important for them, 30% thought it was considerably important, and a minority (24%) did not think that they needed any treatment. It must be mentioned

here that some of them had been in treatment before, both as in-patients and out-patients, for some length of time, but reverted to drugs after staying drug free for a few weeks or months. A few of them had even experienced alcohol delirium tremens (DT's).

One third of them had no psychiatric problems, but two-thirds of them reported either a mild or a serious psychiatric problem.

<u>Psychiatric problem</u>	<u>Respondents (%)</u>
No psychiatric problem	33.7
Anxiety, depression	20.8
Severe depression, suicidal thoughts	22.8
Attempted suicide, hallucinations	
violent behavior, paranoia	22.8

The above information is based on the experiences of drug abusing offenders and the assessment of the interviewer and lacks clinical psychiatric diagnosis.

Table 1: Pre and Post-therapy Scores on Battery Tests
N=266, degrees of freedom=265

Test	Mean		SD		Std Error		
	Pre	Post	Pre	Post	Mean	T	SIG
Life Purpose	12.66	14.36	3.77	3.09	.22	7.62	.000*
Sensation Seeking	5.40	5.26	2.15	1.91	.12	-1.11	.268
Self-Esteem	68.54	77.44	19.95	16.79	1.21	7.37	.000*
Defining Issues	23.75	24.85	11.96	12.19	.88	1.04	.300

*Significant at <.001 level

In summary, it must be said that this group was chronically addicted, legally handicapped with long rap-sheets, socially deprived for lack of support network, and with no resources to fall back upon. It is a very tough group to work with and any therapeutic gains made with them should warrant attention. The Cognitive Behavior Therapy Institute of Freedom House and other correctional staff members have worked hard over several months to impact favorably these drug abusing offenders. The next section deals with the evaluation of impact.

VII. IMPACT EVALUATION

The pre-therapy and post-therapy analyses are an important part of this evaluation, because the expectation is that the therapy has influenced favorably personality

attributes like "life purpose," "sensation seeking," "self-esteem," and "moral reasoning." Our experience and previous studies tell us that personality changes do not come easily.

It was gratifying to note that all of the four tests showed gains in the desired direction: the short-run hedonism (measured by sensation seeking) declined, and the other three measures reased. Life purpose and self-esteem improved significantly at a level of .0001. The P-score of defining issues improved but the improvement fell short of .05 level. Therapy has succeeded in uplifting the self-esteem and life purpose of the drug-abusing offenders. The best gains of the therapy came in improvement on the self-esteem, which rose from 68.5 to 77.44 thus exceeding the normative mean of the males, which is 68.4.

Urinalysis and Misconducts in the Center

Each inmate had at least three urine tests, some more. Out of 266 inmates, under study, 10 men had one positive UA. Out of about 800 tests, only 10 "dirty" urines made a small number, but then the subjects were still under incarceration.

Out of 266 inmates under study, 34 of them committed 46 misconducts in all. Out of these 46 misconducts, only three misconducts were serious (class X), the rest were non-serious (class A and B). Thirty-four inmates were responsible for at least one misconduct, four for two misconducts, and four for three misconducts.

Relapses and Recidivists

During the 18 months under report (October, 1996, to March 31, 1998), there were four relapses—inmates who had been transferred to another yard and were returned to the therapy because of their failure at the new facility. Apparently they needed some reinforcement of the therapy. Three of them were returned for alcohol or drug related offense, and the fourth for fighting. Five were involved in a detention unit fight at this campus (BJCC) and had to be transferred to another yard.

As regards the recidivists, information was collected from two sources: (1) the CBTI, Freedom Ranch director who tracked all the 266 inmates, under evaluation for this report, (appendix A) and (2) the aftercare case manager (Appendix B & C) who tracks all the BJCC inmates, excepting those who leave the center without completing the BJCC program (which follows the CBTI therapies).

So, according to CBTI director, out of 266 inmates that they serviced, five offenders were charged for new offenses while under parole supervision between the period October 1, 1996, to mid-May, 1998. One escaped on August 15, 1997. So the rate of recidivism comes to 2.26% in one and a half years.

Looking at the aftercare manager's report, they have tracked 345 offenders who had completed BJCC training since the inception of the program. Out of the 345 offenders, he is currently tracking 226 offenders (119 have since been discharged). The 226 offenders are still under the supervision of DOC, mostly under probation and parole, and of those 10 have been reconvicted. Of the 119 who have been discharged, one has been reconvicted. So, all told, 11 offenders have been reconvicted from a total of 345. This gives us a recidivism rate of 3.19 from the time the records have been kept (mid 1996).

The number of offenders involved in positive UAs, misconducts, relapses, and recidivists is rather small and well within the limits of tolerance of a successful therapy program.

Consumer's Perspective: Exit Evaluation

As a part of their self evaluation, the CBTI, Freedom Ranch, asked their graduates to give them feedback about the program by filling in an exit evaluation form. The feedback of 100 graduates, randomly selected, is given below.

1. The CBTI/FRI program orientation packet prepared me for entering and understanding the program.
Agree = 81 Disagree = 10 NA = 9
 2. The CBTI/FRI staff were available to help me when I needed them.
Agree = 99 Disagree = 1
 3. Relapse Prevention material was understandable.
Agree = 87 Disagree = 10 NA = 3
 4. The CBTI/FRI program helped to prepare me to live drug and alcohol free in the community.
Agree = 94 Disagree = 4 NA = 2
 5. The MRT treatment program was beneficial to me
Agree = 98 Disagree = 2
 6. The counseling services met my individual needs.
Agree = 96 Disagree = 3 NA = 1
- TOTALS: Agree = 555 Disagree = 30 NA = 15

What did you like the most about the CBTI/FRI program?

The answers to this question fell into eight categories:

1. Learned more about myself, my addiction, where it originated, and how to use the tools to live a better life in the future = 36 responses in this vein
2. Facilitators/staff caring and helpful attitude = 16 responses
3. Goal setting = 13 responses
4. Group environment = 13 responses
5. One-on-one counseling = 7 responses
6. MRT = 4 responses
7. Mending relationships = 4 responses
8. Relapse prevention = 3 responses

What did you like the least about the CBTI/FRI program?

There were nine categories with multiple answers:

1. Class too long, long hours = 11 responses
2. Speaking in front of a group = 8 responses
3. The confrontation with myself, probing questions = 8 responses
4. Invaded on "free time" = 5 responses
5. Physical environment (room too small) = 5 responses
6. Relapse prevention workbook = 4 responses
7. Three facilitators = 4 responses
8. Class clowns = 4 responses
9. Having to re-do steps = 3 responses

What MRT step was the most helpful?

Step 3 (26), Step 7 (23), Step 1 (14), Step 5 (14), Step 4 (12), Step 12 (8), Step 2 (6), Step 6 (4), Step 8 (4), Step 10 (4), Step 9 (1), and Step 11 got 0 votes.

Comments: Less than half the participants wrote any comments.

- Fourteen people commented "keep up the good work" basically
- Three people commented that court ordered people should be separated from those who want to participate voluntarily. Court ordered persons do not participate and are disruptive

The individual comments were as follows:

- I liked the setting goals and action plan
- Only recommendation would be to have steps study more often
- The groups were too big
- A translator or Hispanic instructor would be helpful
- I will say this program helped me to find my own program and realized that it's OK to live the program the best way I can
- Any kind of verbal promotion of drug use by trainees should be prohibited
- Everyone should complete each step together
- Try to do as much one-on-one as you can

The Evaluator's Questionnaire

The evaluator thought of giving the inmates a questionnaire which was open-ended and they could answer anonymously and deposit it in a box. One hundred questionnaires were returned. There were only four one-line simple questions which brought a lot of information.

Q1. Briefly mention your three problem areas that got you in trouble with the law and drugs?

Very honest and introspective answers came out. This information is somewhat extraneous to the needs of this evaluation expert.

Q2. What do you plan to do to stay crime free/drug free when you get out?

The most repeated answers were:

- To stay away from old friends
- Find a steady job
- Attend AA/NA meetings, find a support group
- Stay out of bars, and stay close to family
- Complete Vo-Tech, go to school

Q3. List three programs at this facility which helped you the most. How did those programs help you?

The following programs were listed as very helpful. The figures in parenthesis show the number of respondents who cited the importance of the program.

Moral Reconciliation Therapy	92
Cage Your Rage	49
AA/NA	34
Life with out a crutch	21
SAE	17
School/GED	10
Work program	6
Charlie	5
Character Development	3
Parenting	3
Bible Study/Church	3
Intern program	2
Film Group	2

Q4. In what areas have the correctional staff of BJCC helped you?

The offenders were generally appreciative of the staff—both the CBTI and the correctional staff.

XI. CONCLUSION

This evaluative study gravely impresses on us the chronic substance abuse addiction of this group, which is

greatly complicated by repetitive crime. This group is ill equipped socially, financially, or emotionally to deal with its persistent problems. It was very gratifying that the CBTI team, assisted by correctional staff, was able to show significant improvement in pre- and post-therapy results and at the same time kept the incidence of positive UA, prison misconducts, and relapse cases very low. The rate of recidivism was particularly low. Looking at the consumers' perspective, the readers will be delighted to see how these respondents have changed. Having fared so well on all of the criteria, the program must be evaluated as very successful.

But this success must be pursued by a well designed follow-up program for enduring results. Drug abusers have to make a life-long commitment to stay drug free/ crime free. Their friends, family members, and the interested community have to support the graduates of this program in keeping their commitment.

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