To the Graduate Council:

I am submitting herewith a thesis written by Carl Papa, Jr., entitled "An Evaluation of the Community Treatment Center in Knoxville, Tennessee by Former Federal Inmates." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Educational Psychology.

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AN EVALUATION OF THE COMMUNITY TREATMENT CENTER IN KNOXVILLE, TENNESSEE BY FORMER FEDERAL INMATES

A Thesis

Presented for the

Master of Science

Degree

The University of Tennessee, Knoxville

Carl Papa, Jr.

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ABSTRACT

The purpose of this study was to review the perceptions of the Federal inmates who participated in the Community Treatment Center in Knoxville, Tennessee.

A questionnaire was administered to a total of fifteen previous Community Treatment Center participants chosen in a non-random manner. These fifteen individuals responded out of a possible total population of thirty-five.

The questionnaire consisted of seventeen items. The areas of interest covered by the questionnaire included the manner of resident participation, perceptions of the overall program at three different time frames and opinions about the executive director and program counselor.

Major findings of the study include that six out of fifteen respondents reported one of their main interests in the Community Treatment Center was to get out of prison sooner. Respondents also felt the executive director and program counselor were not appropriately qualified to operate the treatment program. Neither person received any situational training in correctional rehabilitation, a factor which would affect the programs holistic success. Another finding was that some residents felt that the Salvation Army was not an appropriate host organization for a Community Treatment Center.

Twelve of the fifteen respondents also suggested changes which were identified to improve the overall program; the availability of additional counseling was the most popular suggestion.

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CHAPTER I

INTRODUCTION

Corrections is the treatment of offenders through a variety of rehabilitative programs. These programs include penal custody, work release/halfway house situations, parole and probation. This particular study concentrates on the halfway house aspect of corrections.

Corrections officials have utilized halfway houses more during the last ten years than since their inception in the early 1900s. Halfway houses assisted officials in solving several problems which have plagued the correctional field for years. These facilities have helped alleviate problems in areas of prison overcrowding, the high costs of inmate housing and recidivism.

Halfway houses under contract with the United States Bureau of Prisons are technically called community treatment centers (CTCs). The community treatment center to be studied is at the Salvation Army located on North Central Street in Knoxville, Tennessee.

The inmates attending these centers most generally come from federal penitentiaries. However, on occasion they are sent directly to the community treatment center by a federal judge. Community treatment centers are located in metropolitan areas to enhance the number of participants. Those who attend a center are typically from the geographic area or plan to be paroled to the general area once released from the treatment center. The participants' stay at

the treatment center will vary: however, 90 to 120 days are the average with six months being maximum. The length of stay at the treatment centers are completely dependent upon budgetary influence. Community treatment centers are used to support work release programs, academic study programs and halfway house programs for federal prisoners prior to their being released under parole supervision.

A study of the perceptions of those who participate in a community treatment center may assist those in the correctional field. The correctional field needs to know how effective the community treatment centers are, and if the specific programs within the center are meeting the participants' needs. Studies need to be performed on a periodic basis since participants' needs are constantly changing, making alterations in the program curriculum necessary.

In 1981, the federal government spent almost 22 million dollars in community treatment centers across the country (U. S. Bureau of Prisons Study, 1981). In this era of accountability, programs that spend this amount of money need to be monitored to ensure that money is being spent wisely.

As far as can be determined, little research has been done on how the participants in a community treatment center retrospectively viewed their experience at the center. A significant amount of research, however, has been conducted on general community treatment center or halfway house information, including program curriculums. In recent years, studies have been directed toward the treatment center's effect on such major problems as drug abuse and recidivism.

Statement of the Problem

Participant feedback is one method of ascertaining the efficiency of the various programs. Equally important is the individual's disclosure regarding personal cooperation with the program's instructors and the other participants.

Few studies exist which examine the impact of the community treatment centers upon the participants. None have been conducted at the local facility. Since the participants views and suggestions should be known and taken into consideration when evaluating a program's effectiveness, the need for such a study is evident. The present study will examine how the participants view the overall program, the adequacy of the curriculum, and the extent of personal cooperation between the other participants and treatment center personnel. This study will also examine the impact of the program upon the lives of the participants.

Specifically, the research questions posed in the present study include the following:

1. Did the inmate come to the community treatment center on his own accord, or was he required to attend?

2. What was the participant's genuine motive for coming to the treatment center?

3. Did the program meet the participant's expectations?

4. How much time was expended by each participant to make the program successful?

Methodology

The population for the project consists of all males who were under federal parole supervision upon completion of their stay at the community treatment center in Knoxville. Every closed file (clients no longer under active parole supervision) currently stored in the United States Probation Office in Knoxville was reviewed. A total of 38 cases were found where the individual successfully completed a period of several months at the community treatment center and then successfully completed a period of parole supervision. Of the 38 cases, only two were female and one has been reincarcerated and therefore unavailable to complete the questionnaire. It was, therefore, decided to eliminate the two female cases from the population being used. Also eliminated from the population was the only white collar offender who also satisfied the research prerequisites. He was also eliminated in an attempt to keep the population as homogeneous as possible and to minimize the number of variables.

A questionnaire consisting of seventeen items was read to each of the participants in person/by phone. The questions were designed to assess the different areas of involvement as well as to make the results easily computed. This left a total of 35 cases, all of which were used.

In an attempt to ascertain the validity and adequacy of the questionnaire, three men who did not successfully complete the community treatment center in Knoxville were asked the same questions as the successful participants. These three men were not chosen at

random, however, for the following reasons. First, after a person is returned to the penitentiary, future release plans are uncertain. Many times, the individual is kept at the institution until the expiration of his sentence, thus releasing him completely from the criminal justice system. The present whereabouts of most of these individuals is unknown. Second, others are classified as program failures when they abscond from the center. These individuals can remain at large for months or even years before being apprehended. Their whereabouts are also difficult to ascertain since their arrest and incarceration may be in a state far from the treatment center from which the person absconded.

Seven possible program failures were selected in the following manner. All the closed files at the community treatment center (Salvation Army) in Knoxville, Tennessee were reviewed. Those individuals were used who were recognized by this writer as being under federal parole supervision in Knoxville after being sent back to the penitentiary as community treatment failures. Of the seven possible subjects, only three could be located. All three agreed to participate in the study.

Assumptions

It is assumed that the respondents will give honest answers on the questionnaire since they have all been discharged from the criminal justice system.

It is further assumed many of the possible respondents will not be located or consent to an interview.

Limitations

There are only three United States Probation Officers in Knoxville, Tennessee. Therefore, each of the participants will either have known this officer personally or could have an opinion about this officer which could affect the response given on the questionnaire either positively or negatively.

CHAPTER II

THE QUESTIONNAIRE

Many factors cause a person to commit crimes and the same or other factors may cause an individual to habitually commit crimes, sometimes throughout a life time. The halfway house may be the answer to help some individuals break this perpetual behavioral cycle. It may be the answer because of the lack of empirical data in this area. Deehy (1969, p. 16) states

> despite what appears to be a broad consensus as to the value of the halfway house, however, it must be added that relatively little evidence exists as to its effectiveness in achieving its goal. The literature contains numerous references to studies of halfway houses, but few address themselves to the evaluation of the house programs on an empirical basis.

The following scenario illustrates how an individual can get caught up in the cycle of crime, and how the halfway house, under certain circumstances, can assist those willing to break the cycle.

A person is arrested and charged with committing a felony. He is incarcerated in the local county jail under a felony bond which is at least $1,000.00. If bond can be made, the individual is free to remain in the community until his case is presented to the Grand Jury. Many individuals cannot make bond and must remain in jail until their cases are heard. County jails house a variety of law offenders; therefore a man begins his association with others who are also charged with or have been convicted of a felony.

One of the first temptations to violate the law again may occur after bond is made. If the defendant cannot afford an attorney or owes the bondsman money, he may need to revert back to crime to help pay the legal fees from the pending charges.

After the trial and guilty verdict, the defendant is sentenced to serve time in the penitentiary. For many defendants, it is during this time he first realizes he will be separated from his loved ones for many months. This period of depression can make a person receptive to the ideas and philosophies circulating throughout the penitentiary. Inmates frequently talk of macho deeds performed while they were in the free world and compare notes in an attempt to learn new and different ways to rip off the establishment.

Our defendant may be fortunate enough to be incarcerated at an institution where vocational training is offered; however, due to budgetary cuts, many of these self help programs have been discontinued. If there are no programs to attend, the person just "hangs around" with the other inmates, killing time.

As the man gets closer to a parole date, he becomes eligible to attend a halfway house or community treatment center, as it is technically called, in the Federal Prison System. The person may see the community treatment center as a means to enter the community sooner, to find a job or to begin training in a vocational area. The man may also see the advantages of coming home sooner to strengthen family ties. On the other hand, the inmate may only visualize the community treatment center as a means to hit the streets sooner.

The philosophy behind the community treatment center is a sound and practical one. Deehy (1969, p. 14) writes "there is a common sense quality to the notion that men who have been confined for long periods of time might require help with problems emanating from their new found freedom. From a correctional stand point, halfway houses make good sense." Treatment centers also reduce the population in a very overcrowded prison system. It offers some inmates the opportunity to leave a prison setting where crime, violence and human failures are constantly seen and discussed. In viewing the halfway house from a counseling point of view, Killinger (1974, p. 69) states "In addition, they [pre-release programs] provide optimum circumstances for counseling, since the counseling can deal with immediate realities as they are encountered, rather than with the abstract and hypothetical versions of the past and future or the purely institutional problems to which counseling in institutions is largely restricted."

Community treatment centers are also beneficial establishments for the community. It is less expensive to keep a man in the treatment center than to keep him in the penitentiary. According to the annual report covering the fiscal year 1980-81, prepared by the U. S. Probation Office in Nashville, Tennessee, the average costs to keep an inmate in a Federal Correctional Institution is $41.22 per day. To keep an inmate in a halfway house is $24.00 per day, and the inmate is required to pay $4.00 per day which reduces the government's costs to $20.00 per day. It should be noted that the $41.42 it costs the government to keep a man in prison does not include such significant factors as the additional burden to the county and/or state

when the man's family is added to the welfare roles or the lost tax revenue because of the man's incarceration.

A second reason the community treatment center is good for the community is that the resident is most generally from that community and is returning home to find family, friends and employers. Too many times citizens forget that the residents of a halfway house were neighbors before the conviction and are simply trying to start anew, which brings us to the third and most important aspect of the community treatment center. The community treatment centers and its citizens benefit when the man does not revert back to his criminal behavior. The major purpose of a community treatment center is to help an inmate through a sensitive transition period and to become established in the community as a law-abiding citizen. In his book, Language and Social Reality, Wieder (1974, p. 48) writes, "The halfway house is proposed as a device for helping the ex-prisoner make the terrible and risky transition from captivity to freedom. The halfway house is described by correctional theorist as 'a kind of decompression chamber' which gradually prepares him [the ex-prisoner] for the pressures of normal life."

This paper deals with the client's reactions to that halfway house experience. An explanation of the questions chosen for the questionnaire follows:

1. Did you come to the community treatment center in Knoxville on your own accord or were you required to attend?

To effectively study a program or evaluate the participant's feelings toward a specific program, it must be known if the program

was attended voluntarily. We have all seen situations where a person was forced into doing something as opposed to one who volunteers and, quite naturally, there is a significant difference in the results. The evaluation of a community treatment center would be no different.

As an inmate approaches his parole date, he may be in a position to request early release through a community treatment center. Under regular circumstances, the inmate's request would be granted if his counselor at the prison felt the man would benefit from the treatment program. The inmate must satisfy several requirements however to become eligible. He must have a relatively clean institutional record without any write ups for serious institutional rule infractions. The inmate must also have enough time left on his sentence to participate in the halfway house program for at least three (3) months.

The individual required to participate in the community treatment center comes reluctantly and many times will only participate enough to "get by." This person may have been under parole supervision previously but was returned to the penitentiary as a parole violator. To increase this person's chances of successfully completing parole, the parole commission could, and many times does, require an inmate to participate in a community treatment center before parole is granted. The parole commission may require the inmate seek special attention, such as locating gainful employment since lack of a job may have been a factor in the man's being returned to prison. Another

common reason the commission requires a person to attend a treatment center is substance abuse. If the inmate had a problem with substance abuse, the commission can require he attend special counseling sessions. They can even require the person submit urine specimens on a periodic basis to assure the person has not reverted back to drugs.

As explained, a person's frame of mind is very significant when evaluating the program at a community treatment center. Therefore, the coercion or other pressures used to have a person attend should be known from the outset.

2. Individuals come to the center for a variety of reasons. Regardless of why you came, did you believe you had a problem the center could help solve?

This question also deals with the voluntary participation of inmates. If a person volunteered to attend the community treatment center, he might consider seeking help for problems which may have led to his incarceration. If, on the other hand, the person was required to attend the community treatment center, there would be a greater chance he would not recognize his difficulty as a problem and consequently would not give the program his full participation. An example would be a man who has been arrested on several occasions for committing felonies and was intoxicated or at least drinking at the time the offenses were committed. The parole commission would probably require this man to attend a community treatment center and more specifically require him to attend alcohol counseling. The

counselor at the community treatment center would enroll the resident in an alcohol rehabilitation program. However, if the man never recognized his drinking as a problem, he probably would not cooperate and consequently not benefit from the program.

3. Some of the more common reasons people give for attending a treatment center are: needed employment, upgrade employment, needed residence, alcohol abuse counseling, drug abuse counseling, marital/family counseling and to get out of prison sooner. A classification in order of importance is suggested.

The purpose of a halfway house is to assist the inmate through a difficult transition from total confinement to parole. As stated more aptly by Wieder (1974, p. 48), it is often called a "'bridge to the community' where, with the staff running interference, the guests do begin to succeed at finding work, at keeping a job, at solving problems of self support and independence." The community treatment center will assist residents in each of the categories listed above. However, in evaluating the participant's views of the overall program, one needs to know the more common reasons inmates use for attending the community treatment center. A brief discussion is needed in each area to illustrate how the specific areas are an integral part of the transition from prison to parole.

Employment

Studies have indicated that employment is the most important single factor in reducing recidivism. In his book, Practice and Theory of Probation and Parole, Dressler (1959, p. 109) quotes an

attorney general's survey of release procedures. This report indicates:

> Of 34,674 parolees employed at the time of original arrest, twenty-three (23%) percent violated parole while of 25,379 not so employed, thirty six (36%) percent became parole violators, and of 7,663 parolees unemployed throughout their parole period, fifty three (53%) percent became parole violators, while of 22,753 who were working during the parole period, only seventeen (17%) percent violated the terms of their parole. Still further, offenders unemployed all the time they were on parole were more likely to violate by new offense while under supervision than offenders who were employed throughout the parole period. Moreover, partially employed parolees were more likely to succeed on parole than those who were altogether unemployed, and less likely to finish parole satisfactorily than parolees still employed full time. This survey comments: On the whole, the result of the analysis on employment indicate that the emphasis placed upon employment by paroling authorities is entirely warranted" (1959, p. 109).

A halfway house resident who is employed full time simply does not have an over-abundance of spare time to congregate with old cronies still into crime. The resident also has a feeling of self worth once employed since he can help support his family. This is a very significant factor because the man has been absent from the family and consequently has lost respect as the head of the family. In helping to support the family, the resident will again be recognized as an important family member.

Employment is also needed to pay the $4.00 per day required by the Bureau of Prisons. This payment is required and the man would be jeopardizing his stay at the community treatment center if he could not find employment and satisfy this requirement. Another significant reason the resident needs employment is that he cannot be released under parole supervision until gainfully employed.

Upgrade Employment

An inmate could have a job waiting for him in the community; however, this job might not meet the person's economic or personal needs. For these inmates, the community treatment center offers an opportunity to find a better job or even change vocation completely. The counselor at the community treatment center is aware of the vocational programs in the immediate area, and has probably dealt with some of the vocational programs previously. The counselor is also aware of local GED programs and can assist a person in studying for the equivalency test. Many times, the inmate does not have a high school diploma and therefore not eligible for many jobs. The GED testing program is used extensively by the Bureau of Prisons, both while a person is incarcerated and again while the individual is participating at a community treatment center.

Needed Residence

On occasion, an inmate will not have a home or family in the community. Contact with family members could have ceased because of the long period of incarceration. Family members may have moved without giving the inmate their current address. Family members could have disowned the individual after his conviction because of the stigma attached to an inmate and/or parolee. The severing of family ties on the other hand could be the inmate's decision. If family members were instrumental in the person's being incarcerated, he may request being paroled to a different area to avoid these family members he feels are a bad influence.

Regardless of the reason, a person under parole supervision must have a residence. Participation in a community treatment center would give the inmate sufficient opportunity to find a suitable residence prior to being released under parole supervision.

Alcohol Abuse Counseling

Even though it is common knowledge that alcohol consumption is an underlying factor in many of the crimes committed, exact statistics are difficult to find. Many probation officers placed a percentage of crimes committed under the influence of alcohol at 60 percent, but many feel this figure is too conservative.

In his book, Alcohol and Alcoholism, Block (1970, p. 37) addresses the issue of crime and alcohol consumption by stating,

> Of all arrests made in the entire country, drunkeness accounts for the highest percentage, and in crimes of violence, excessive drinking plays an equally conspicuous role. Since alcohol lowers inhibitions and releases built in controls, persons under the influence of alcohol are prone to act or react more violently in challenging situations than would a sober person. As the result, numberless crimes are perpetrated that never would have been committed had the person not been drinking. Murder, assault, rape, mugging, robbery--all are often aggravated by the use and abuse of alcohol.

Some institutions have alcoholics anonymous programs in addition to other alcohol abuse treatment programs. The initiation of these programs into an alcoholic's life is extremely important; however, this treatment is also needed during the halfway house stay, during parole supervision and possibly throughout life. Mann (1970, p. 103) has written, "Experience has shown that those who continue

active participation, which includes going to perhaps one [alcohol anonymous] meeting a week, stay sober while those who drift away don't."

If alcohol treatment is needed the counselor at the community treatment center will most generally refer the resident to a professional alcohol counseling service. If such a program is not available, the counselor will do his best to provide the needed service. The center being evaluated by this report refers most residents with alcohol problems to an outside counseling service.

Drug Abuse Counseling

Drug abuse counseling was mistakenly omitted from the questionnaire. This oversight was discovered during the pilot test. As the questionnaire was read to each of the respondents a drug abuse counseling section was included.

In addition to alcohol many persons who commit crimes are addicted to the many other drugs available on the street. In their article, "The Impact of Heroin Addiction Upon Criminality," the authors state,

> With respect to criminality, it was found that each of the 243 addicts committed an average of 1,999 crimes (i.e. had 1,999 crime-days) and that together this sample was responsible for committing at least 493,738 offenses. (These figures do not include drug use or drug possession offenses.) On an annual basis this sample of male addicts committed 178 crimes per year since their onset of regular opiate use (Ball, 1979, p. 168).

Once a person addicted to drugs is convicted of an offense and sent to the penitentiary, officials begin the detoxification procedures

and attempt to change the person's philosophical, attitudinal and psychological aspects of drug usage. The institution will first have the person examined by a physician to ascertain the extent of drug abuse and decide when the person can be enrolled in the institution's drug abuse counseling programs. This counseling is continued throughout the person's incarceration and is usually a condition of parole that the counseling be continued. Therefore, the halfway house will furnish the needed counseling during the interim between incarceration and parole.

Studies have shown that a very small percentage of addicts are capable of giving up drugs altogether. Most authorities agree that less than 8 percent of those persons addicted to drugs will fully recover without reverting back to the addictive drugs.

Correction officials, however, must do the best they can to help protect society and attempt to show the person how to live a drug-free life. The counselor at the community treatment center must first place the person in a drug counseling setting so the person will be able to discuss his shortcomings with other addicts experiencing the same type of problems. In addition to this group, the counselor would also meet with the person on a one-to-one basis. If the counselor did not feel qualified to offer all the counseling needed, a professional drug counselor might be utilized.

The counselor at the community treatment center has significant leverage over the participants and can take urine specimens at random to insure the person has not reverted back to drugs. In the

past, the counselor at the community treatment center has also used programs which distributes substitute drugs such as methadone as a means to help a person break from the addictive power of the opiates.

The counselor at the community treatment center has a significant chance of failure when dealing with a participant who has been addicted to drugs. The counselor has the aid of professional drug counseling and random urine checks to help deal with the addicted offender. However, the fact remains that a high percentage will revert back to drugs or the crimes they must commit to support their drug habits.

Marital and/or Family Counseling

Marital and family relationships are obviously strained when a spouse is in the penitentiary. Many times these strained relationships have existed for years but climaxed when the spouse was incarcerated. If the family is interested in reconciliation, the community treatment center could offer the opportunity for a gradual reunion. The counselor at the community treatment center may provide sufficient impetus to help the family reunite or, if more professional assistance is needed, the family could be referred to a professional family counselor.

To Get Out of Prison Sooner

Many individuals come to the community treatment centers simply to get out of prison sooner. They may come to the treatment center without any constructive motive and meaninglessly attend counseling

sessions without gaining anything of significance. Others, however, are disruptive, causing problems for the program and other residents. These disruptive individuals can jeopardize the community's program by causing the local citizens to have the halfway house closed.

Questions 4, 5 and 6 were designed to show a progression of the participant's feelings from the time he first arrived at the community treatment center to his present retrospective ideas.

4. After you had been at the center a few days, what was your opinion of the overall program?

While an inmate is in the penitentiary, his knowledge about a specific community treatment center is limited. If the case manager does not have the CTC's brochure, he will describe the facility as much as possible, even though very few case managers have actually visited many treatment centers. The other main source of information, usually negative, comes from the other inmates. The information provided by other inmates is usually negative because they have been to the community treatment center and are back in the penitentiary. They were probably program failures and will not give the potential resident a non-biased opinion of the program.

5. After you had been at the center approximately two weeks, what was your opinion of the overall program?

This question is important for two main reasons. First, the researcher should know if the resident's feelings about the program changed. The person would not have been in the program long enough to afford a complete evaluation, but should be able to see the

program's potential and how he fits into the program structure. Second, after being at the community treatment center for two weeks, the person has also had sufficient time to dispel any misconceptions he learned at the penitentiary. He should also be over any apprehension associated with participating in a different program.

6. Now as you look back over the time you spent at the center, how helpful do you believe the overall program was to you personally?

After the resident has thought about and answered questions 5 and 6, he is asked about the helpfulness of the treatment center from a retrospective point of view. All of the residents have been discharged from the criminal justice system and are no longer under supervision. Since they are no longer under the jurisdiction of the Attorney General, or U. S. Probation Office, it is assumed all answers are accurate and genuine.

It would be at this stage in a person's life that he should be able to look back over the past and evaluate the significance and/or helpfulness of the halfway house program.

Questions 7, 8, 9 and 10 are directed to those individuals who were required to attend special programs while at the community treatment center. Special programs are ordered by the U. S. Parole Commission and includes such common programs as alcohol abuse counseling, drug abuse counseling (which includes the submission of urine specimens) and mental health counseling. Even though these are the most common problem areas experienced by individuals in the

criminal justice system, the U. S. Parole Commission can also require the person attend any counseling or treatment in any area they feel the inmate needs help. The Parole Commission justifies these required programs by stating the person needs assistance in the reported areas in order to help him successfully complete a period of parole supervision.

7. Were you required to attend any special programs while at the center?

This question was simply designed to separate those who were required to attend any special programs from those who were not.

8. What special programs were you required to attend?

If the respondent attended a special program, this question was included to identify the programs attended.

9. It is requested you classify, in order of helpfulness, the special programs you attended.

The researcher is interested in the respondent's answers and/or opinions regarding the overall community treatment center program and any special programs attended. The respondent may have felt the overall treatment center's program was helpful while the special program was a waste of time. This question takes each special program attended and affords the person an opportunity to state how helpful the special program was to him personally. All of the respondents have completed the program at the community treatment center; therefore, each person should be able to view his experience in the special program and determine if the program was helpful to him personally.

10. It is requested you indicate how actively you participated in the special programs you attended.

This question was designed to determine how actively the person participated in the special programs. A major factor in the respondent's feelings toward program helpfulness should be based on participation. A person's candid answer regarding his personal active participation can be seen as a measuring instrument in the success of the special programs.

Questions 11 and 12 were included to measure the person's admitted participation in the overall community treatment center program and compares his participation with the participation of the other residents.

11. How much did you personally attempt to make the overall program successful?

As stated previously, the respondent's candid answer to this question can be seen as a measuring instrument in determining program effectiveness. If an inmate agrees to participate in a community treatment center but only as a means to get out of prison sooner, chances are he will not place any emphasis on the rehabilitative programs at the center. If the person is returned to the penitentiary as a program failure, critics in the community as well as Bureau of Prison begin questioning program effectiveness. This effectiveness is questioned without knowing if the person ever meant to change his life style. This question therefore asks specifically the amount of effort made by the participant to help the overall program succeed.

12. It is requested you compare your participation in the center's overall programs with the participation of the other residents.

This question is important since a researcher should know how a person compares his effort and/or cooperativeness in a program to the other residents. A resident may feel he is the only participant exerting any effort to make the program successful. This could cause feelings of animosity toward the program and other residents. If the residents exerting the effort are in the minority, pressure will be applied by the others and feelings of dissatisfaction will soon place all the resident's efforts at a minimum. This particular question is also a sounding board for the ex-residents of the CTC to voice how they rated themselves with others.

13. Imagine you were back in custody today. With the knowledge you now have about the community treatment center in Knoxville, would you again agree to participate?

If the respondent is genuine with the answers in the questionnaire, this question should be reflective of the participant's feelings. Several major opinions can be reviewed from this question. First, if the man states he would participate again, his experience at the community treatment center must have been a pleasant one. The center has either helped the person with the transition from incarceration to parole supervision or has assisted him in another area he felt significant. In retrospect, the resident might be candid and state he did not cooperate with the program previously, but now

sees the benefit from such a program. The participant may have seen a friend or relative benefit from the halfway house experience and, through their success, see the program's potential. For whatever reason, this question gives the person a set of circumstances and gives him the opportunity to make a decision from a known hypothetical situation. The person's response should be reflective of true feelings since he is again considering subjecting himself to a known rehabilitative program.

Questions 14 and 15 were designed to solicit the resident's feelings of the programs' director and counselor. In order to examine a resident's opinion of a community treatment center program from beginning to discharge, opinions about those who develop and administer rehabilitative programs should be known.

14. While you were at the center, did you believe the individuals in charge of the center knew enough about rehabilitation to develop programs which were helpful to you?

When the questionnaire was administered to the pilot group, several people interpreted the words "individuals in charge of the center" as the program counselor. Because of this misinterpretation, after reading the question to each respondent it was clarified by stating "individuals in charge of the center" are the officers in charge of the Salvation Army.

The question was included to express a resident's holistic feelings toward the community treatment center and those with whom he had constant interaction. Most residents will only have contact

with the center's head, or officer in charge of the Salvation Army once special problems develop. A few, however, seek and maintain a close relationship with the center's head as they do the counsellor.

Feelings about the center's top administration is needed when studying a community treatment center because positive or negative feelings about a person in charge, or the organization they represent (which in our case is the Salvation Army) could effect the participant's cooperation. To give an example, over the years this probation officer has heard many times that the Salvation Army is not a good organization to maintain a community treatment center. Those opposed to the Salvation Army say the religious organization is geared more toward helping the very poor, transient type of persons, a category which residents at the community treatment center do not feel they belong. Another common complaint about the Salvation Army is the alcoholics they house. The probation office has heard many complaints from residents at the community treatment center about the problems caused by the "drunks" at the center. Complaints range from the alcoholic's odor to their being suspect in the theft of personal property. In any event, attitudes toward a sponsoring organization and its administration should be known.

15. While you were at the center, did you believe the counselor in charge of the individual programs knew enough about rehabilitation to help you benefit from the overall program?

Excluding the other residents, the participant will see his counselor more than anyone else while at the community treatment center. The counselor at the center has a set schedule wherein the resident is seen once per week. This weekly meeting is scheduled to review the person's progress, set new goals where needed, and discuss the solutions to any minor problems encountered since the last meeting. Major problems are brought to the counselor's attention immediately and sessions are held until the problem is under control or a plan of action is developed to help alleviate the troublesome situation.

The counselor will assume many roles while working with the residents. The major roles are employment counselor, financial adviser, marital counselor, guidance counselor for academic or vocational endeavors and many others. The counselor is also a person one can talk to in times of personal distress.

When a counselor is part of a very important transitional period and deals with very personal problems, he and/or she should be held in high esteem by the residents. If the resident does not feel the counselor is knowledgeable in the area of rehabilitation or is insincere, the line of communication will close and the program and/or counselor will lose all effectiveness.

This question was designed to see if the participants feel the counselor employed by the Salvation Army is in tune with their needs as offenders of the law and able to assist them in their endeavor to become law abiding citizens.

Questions 16 and 17 were included to see if the participants would change the program and to give him the opportunity to state what in particular he would change to make the community treatment center in Knoxville a better and more efficient program.

16. If you were in charge of the center in Knoxville, would you change the program?

This question simply separates those respondents who believe the community treatment center program in Knoxville should be changed from those who do not.

17. If yes was circled in question 16, why would you make changes and what in particular would you change?

This question was designed to finish the interview and solicit ideas and opinions from those best qualified to offer these opinions, past residents.

A sample copy of the questionnaire can be found in Appendix A.

CHAPTER III

THE SETTING

The community treatment center in Knoxville, Tennessee is located at the Salvation Army. The Salvation Army adopted this correctional program in 1975 after their national headquarters was approached by representatives of the U. S. Bureau of Prisons. The two agencies decided a correctional program created by the Bureau of Prisons and maintained by the Salvation Army would be advantageous for the participants as well as the organizations. The number of halfway houses increased significantly when the Salvation Army accepted the correctional program and increased the inmates chances of finding a community treatment center near their home or area to which they wished to be paroled. The Bureau of Prisons benefited by the agreement since it is less expensive to keep a person at a halfway house than in the penitentiary. This also enabled the Bureau of Prisons to reduce the overall population in the penitentiaries, another major problem in the correctional field. The Salvation Army benefited by this agreement since its main purpose is to assist the community by offering a variety of services and programs ranging from religious meetings to assisting the poor with their utility bills during the winter months. The correctional program became still another service the Salvation Army could offer the community. The Salvation Army's acceptance of this program is reflective of the Army's participation in the area of complex social problems. The

Army has also recently initiated drug abuse and alcohol counseling programs in some centers, including the one in Knoxville. The Sessions Courts now refer persons arrested for driving under the influence of a substance to the Salvation Army's substance abuse program as part of the judicial process.

In compliance with the rules and regulations mandated by the Bureau of Prisons, certain criteria needed to be met. The Salvation Army was required to set aside twenty (20) beds to accommodate the participants in the halfway house program. The beds and living space were to be separate from the Army's regular dormitory. The Army was also required to hire a full-time counselor and/or program director. The counselor must be a graduate of an accredited college with a degree in one of the social sciences.

The counselor is on call 24 hours per day and is expected to be at the center at times of crisis. The counselor meets with each resident twice per week. One meeting is individualized and gives the counselor the opportunity to evaluate the participant's progress, discuss goals and assist the person in solving any problems encountered during the week. The other meeting is in the group setting. All the participants meet once per week to collectively discuss the problems they are experiencing as well as to compare goals and offer each other pertinent suggestions. If serious problems develop such as a new arrest, loss of employment or a major violation of one of the center's rules, the resident may be required to meet with the counselor as many times as necessary to solve the problem.

The counselor is also expected to develop and maintain contacts in the community since assisting the resident with the transition from the penitentiary to society is the counselor's foremost obligation. The counselor at the Salvation Army has developed a growing list of employment contacts to enhance the employment of each resident. The upgrading of employment to insure that each person is working at the best job possible when released from the center is constantly emphasized.

The counselor at the Community Treatment Center is dependent upon the many of the other social agencies in Knoxville and therefore must maintain good relationships with these other agencies. Human Services and Mental Health are two important agencies that the counselor may need to contact at any time. Human Services is important since a high percentage of the residents' families are supported by the County. Many times the counselor's contact with Human Services can rectify problem situations that could cause a resident many hours of worry. Mental Health agencies are needed because, from time to time, the Parole Commission will require a participant to attend counseling at a mental health facility. A close working relationship is also needed with the U. S. Probation Office since most of the residents will be under parole supervision when released from the center. The probation officer is required by law to investigate the resident's parole plan [proposed residence and employment] before parole certificates can be issued. A close relationship is maintained between the counselor and probation

officer so that the probation officer is aware of serious problems as they develop and of the resident's goals and probable release plans. This is necessary since the resident may wish to work or live in a situation not acceptable to the probation officer. If an unacceptable plan is not brought to the attention of the probation officer until the last minute, the resident's parole date could be delayed until another plan was submitted and investigated by the probation officer. This in turn could require several additional weeks before the resident is released from the center.

Since the residents at the Community Treatment Center are still under the jurisdiction of the Bureau of Prisons, certain rules and regulations must be observed. (See Appendix B for a copy of the community treatment center's rules and regulations.) When a resident violates one of the rules, the counselor must review the information and write an incident report which is kept in the person's file. If the infraction is serious, the counselor must investigate the facts and conduct an administrative hearing. The hearing must have three (3) officials review the case. The person who investigated the infraction must be on the panel along with two other persons who could be from the Salvation Army, Bureau of Prisons or U. S. Probation Office. The written report is submitted to the community program's manager in Nashville, Tennessee with a recommendation as to the proper sanction. Sanctions range from loss of a weekend pass to being returned to the penitentiary.

The counselor at the community treatment center must also have each participant establish a savings account as well as collect $28.00 per week from each resident for room and board while at the center. Both of these measures were imposed to assist participants in developing financial responsibility. Many of the participants have been incarcerated for several years and have lost touch with money management. Many have not dealt with the devalued dollar or high inflation rate and consequently could have difficulty dealing with savings, debts or other financial obligations if not for the assistance of the program counselor. In addition to teaching financial responsibility, the $28.00 collected each week helps defray some of the costs in keeping an inmate at the treatment center.

The counselor at the CTC in Knoxville must be able to fill the roles of many professionals. The counselor from time to time must act as a marriage counselor, assist with goal development, be an employment counselor and at times assist participants with personal and social problems. The counselor offers whatever assistance is possible while at the same time maintains order and involvement in the persons treatment/counseling plans.

CHAPTER IV

RESULTS

A total of 15 individuals completed the project questionnaire. Twelve of the respondents satisfied all project criteria. Each had successfully completed a stay at the community treatment center, had been under Federal parole supervision after being released from the CTC and has since been released and are no longer under the jurisdiction of the Bureau of Prisons or U. S. Probation Office. Three individuals who completed the questionnaire did not successfully complete the CTC program and were returned to the penitentiary. These three individuals were requested to complete the questionnaire as a means of comparing the answers of those who successfully completed the CTC program with those who did not. As outlined in Chapter I, the three program failures were not randomly selected and were only used as a means of comparison.

1. Did you come to the community treatment center in Knoxville at your request or were you required to attend?

Six of the original twelve participants said they requested to attend while six said they were required to participate. The three unsuccessful candidates all said they requested to attend.

2. Individuals come to the center for a variety of reasons. Regardless of why you came, did you believe you had a problem the center could help solve?

As indicated in Table I, five individuals of the original twelve felt they did have a problem the center could help solve while seven did not feel they had a problem the center could help solve. Two of the three unsuccessful candidates felt they had a problem the center could help solve while one did not.

TABLE I

THE RECOGNITION OF PROBLEM AREAS BY THE SUCCESSFUL AND UNSUCCESSFUL PARTICIPANTS AT THE COMMUNITY TREATMENT CENTER

	Successful Candidate	Unsuccessful Candidate
Had a problem the CTC could help solve	5	2
Did not have problem the CTC could help solve	7	1

3. I will read some of the more common reasons people give for attending the center. As I read each category, tell me if the reason was very important, somewhat important or not important to you.

Of the original twelve respondents, five men reported they had a problem they thought the center could help solve (see Table II). The other seven skipped this question since question #2 was a screening question.

4. After you had been at the center a few days, what was your opinion of the overall program?

TABLE II

CATEGORIZATION OF REASONS FOR ATTENDING THE COMMUNITY TREATMENT CENTER IN KNOXVILLE BY SUCCESSFUL AND UNSUCCESSFUL PARTICIPANTS

	Very Important		Somewhat Important		Not Important	
	SU*	US**	SU	US	SU	US
1. Needed employment	4	2	--	--	1	--
2. Upgrade employment	--	1	--	--	5	1
3. Needed residence	1	1	--	--	4	1
4. Alcohol abuse counseling	1	--	1	--	3	2
5. Drug abuse counseling	--	--	--	--	5	2
6. Marital/family counseling	1	2	--	--	4	--
7. Get out of prison sooner	3	--	1	--	1	2
8. Other	--	--	--	--	5	2

*SU = Successful participants.

**US = Unsuccessful participants.

In reviewing the answers submitted on this question, all but three individuals (including the three unsuccessful candidates) expressed a favorable opinion toward the program (Table III). Three men reported a "very favorable" opinion of the program while six men reported a "somewhat favorable" opinion. Three men reported a "somewhat unfavorable" opinion while no one reported a "very unfavorable" opinion. Of the three unsuccessful candidates, one expressed a "very favorable" opinion while two reported a "somewhat favorable" opinion. In summary, once at the treatment center in Knoxville, either as a voluntary or involuntary participant, all but three men had a good opinion and probably high expectations about the center and programs they were attending.

5. After you had been at the center approximately two weeks what was your opinion of the overall program?

This question was designed as a consecutive extension to question 4, to determine if the participants' opinion of the program changed within the first two weeks after the inmates arrived at the center (shown in Table III).

Of the original twelve participants, three reported a "very favorable" opinion while five reported a "somewhat favorable" opinion. Four of the men reported a "somewhat unfavorable" opinion while no one reported a "very unfavorable" opinion. Of the three unsuccessful candidates, one listed an opinion of "somewhat favorable," another listed his opinion as "somewhat unfavorable" while the third person listed his opinion as "very unfavorable." Each of the three

TABLE III

PARTICIPANTS' FEELINGS TOWARD THE OVERALL COMMUNITY TREATMENT CENTER PROGRAM AFTER A FEW DAYS, AFTER TWO WEEKS, THEN IN RETROSPECT

	After a Few Days	After 2 Weeks	In Retrospect	
1. Very favorable	4	3	1. Helped a great deal	5
2. Somewhat favorable	8	6	2. Helped a little	4
3. Somewhat unfavorable	3	5	3. Did not help at all	3
4. Very unfavorable	--	1	4. Made things worse	3

unsuccessful candidates appeared to develop problems during the two week period. One of the unsuccessful candidates who felt the overall program was "very favorable" in question 4 changed his opinion after two weeks to reflect a "somewhat unfavorable" opinion. Another of the unsuccessful candidates listed an opinion of "somewhat favorable" in question 4, but after two weeks changed his opinion to "very unfavorable." The third unsuccessful candidate maintained a "somewhat favorable" opinion initially and throughout the two-week participation period.

6. Now as you look back on the time you spent at the center, how helpful do you believe the overall program was to you personally?

This question is the last of a three-question sequence to determine the participants' feelings regarding the community treatment center's helpfulness upon arrival, after approximately two weeks and then in retrospect.

Of the original twelve participants, five felt the program "helped a great deal," four felt the program "helped a little," two felt the program "did not help at all" and one thought the program "actually made things worse." Of the three unsuccessful candidates, one felt the program "did not help at all," while two felt the program "actually made things worse."

To summarize, of the fifteen total project participants, including the three unsuccessful candidates, nine men or 60 percent felt the project was helpful to them personally while six of the fifteen or 40 percent felt the program did not help or made things worse.

7. Were you required to attend any special programs while at the center?

8. What special programs were you required to attend?

9. As I read the special programs you attended, tell me if the program was very helpful, somewhat helpful or not helpful.

10. I am interested in knowing how actively you participated in the special programs listed above. As I read each special program you attended, tell me if you were very active, somewhat active or not active.

Only two participants of the original twelve reported they were required to attend a special program. Of the three unsuccessful candidates, only one reported the requirements of a special condition. All three of the men who reported attending a special program attended an alcohol abuse counseling.

The two men of the original twelve both reported that the alcohol program was "somewhat helpful" while the one unsuccessful candidate reported the program "was not helpful" to him personally. The three who attended a special program reported their individual participation as "somewhat active."

11. How much did you personally attempt to make the overall program successful?

Of the original twelve project participants, five men reported making "a lot of effort," four men reported they "made a medium amount of effort" while three said they "made very little effort." No one chose the category "did not try at all." In reviewing the answers submitted by the three unsuccessful candidates, two men reported making a "lot of effort" while one reported making "a medium amount of effort." See Table IV.

The success or failure of each individual situation is mainly based on the person's sincerity in changing those philosophies that led to the problem behavior. In keeping with this thought, question 11 was designed to reflect the amount of effort each individual said he put forth to make the program a success.

12. Compare your participation in the treatment center's overall program with the participation of the other residents.

Of the original twelve, one reported participating "somewhat more," ten men reported participating "about the same" and one said he participated "somewhat less" than the others.

TABLE IV

THE AMOUNT OF EFFORT EXPENDED BY THE SUCCESSFUL AND UNSUCCESSFUL CANDIDATES TO MAKE THE OVERALL COMMUNITY TREATMENT CENTER PROGRAM SUCCESSFUL

	Successful	Unsuccessful
1. Made a lot of effort	5	2
2. Made a medium amount of effort	4	1
3. Made very little effort	3	--
4. Did not try at all	--	--

One of the three unsuccessful candidates thought his participation was "somewhat more" while the other two said their participation was "about the same" as the others (see Table V).

The responses submitted on this question corroborates the behavior observed by this writer over the years. Most of the residents at the treatment center will only participate/cooperate in the halfway house program to the extent they can "get by" without any major problems. Men who have been convicted by the government may not want to cooperate too much with the system that keeps them incarcerated or semi-incarcerated. Secondly, peer group pressure is

TABLE V

AMOUNT OF PARTICIPATION AS COMPARED TO OTHER RESIDENTS

	Successful	Unsuccessful
1. Much more	--	--
2. Somewhat more	1	1
3. About the same	10	2
4. Somewhat less	1	--
5. Much less	--	--

usually strong in the community treatment center setting among the residents to maintain a cool, distant relationship with the center's staff.

13. Imagine you were back in custody today. With the knowledge you now have about the community treatment center in Knoxville, would you again agree to participate?

This is another key question in determining the participant's sincere feelings toward the CTC. As shown in Table VI, of the original twelve, eleven said that if the same set of circumstances were to resurface they would attend the CTC in Knoxville if given the opportunity. One man said he would not return if given the choice. Of the three unsuccessful candidates, two reported they would attend while one said he would not. The reason for attending the halfway house would naturally be different. Of the thirteen total participants who said they would again participate if given

TABLE VI

RESIDENTS' DECISION TO RE-PARTICIPATE IN LOCAL COMMUNITY TREATMENT CENTER PROGRAM IF GIVEN THE OPPORTUNITY

	Successful	Unsuccessful
1. Yes, would re-participate	11	2
2. Not sure	--	--
3. No, would not re-participate	1	1

the opportunity, seven said specifically they would attend to get out of prison sooner. Other answers included, "I would again come to the CTC to take advantage of the work situation," "I would attend the CTC again because it has a good program and counselor."

14. While you were at the center, did you believe the individuals in charge of the center (head of the Salvation Army in Knoxville) knew enough about rehabilitation to develop programs which were helpful to you?

Of the twelve original respondents, five reported they felt the head of the CTC knew enough about rehabilitation to develop helpful programs while four men felt he did not. Three of the respondents reported they were "not sure." Of the three unsuccessful candidates, one responded that he was "not sure" while two said that the head of the CTC definitely did not know enough about rehabilitation to develop helpful programs.

15. While you were at the center, did you believe the counselor in charge of the individual programs knew enough about rehabilitation to help you benefit from the overall program?

Six of the twelve original respondents reported that they thought the counselor knew enough about rehabilitation to direct the community treatment center programs. Three men reported they were not sure the counselor knew enough about rehabilitation and three said the counselor did not know enough about rehabilitation to direct meaningful programs. Two of the three unsuccessful candidates reported the counselor did not know enough about rehabilitation while one said he was not sure.

This question is important because a resident must feel the counselor is knowledgeable, conscientious and sincere. The resident may discuss personal problems with the counselor and therefore must feel secure and "at ease" or a communication gap will develop. Once a communication gap develops, it is usually followed by a decrease in program participation.

Table VII presents the responses between question 15 and question 14 so that a comparison could be made between the residents' classification of the executive director of the CTC versus the counselor.

16. If you were in charge of the center in Knoxville, would you change the program?

Of the original twelve, nine men said they would change the program while three said they would make no changes. All three of

TABLE VII

COMPETENCE OF THE EXECUTIVE DIRECTOR AND COUNSELOR OF THE COMMUNITY TREATMENT CENTER IN KNOXVILLE

	Successful	Unsuccessful
Executive Director--Knowledgeable		
Yes	5	--
Not sure	3	1
No	4	2
Program Counselor--Knowledgeable		
Yes	6	--
Not sure	3	1
No	3	2

of the unsuccessful candidates said they would change the program.

17. If yes was circled in question 16, why would you make changes and what in particular would you change?

This question was designed to solicit ideas as to what would make the CTC more efficient. The respondents' suggestions were grouped into four major categories (see Table VIII). Category 0 included those individuals who did not think any changes should be made. Category 1 included those individuals who thought more group/individual counseling needed to be initiated. Category 2 were those individuals who felt stricter rules and regulations needed to

TABLE VIII

CHANGES SUGGESTED BY THE SUCCESSFUL AND UNSUCCESSFUL CANDIDATES AT THE COMMUNITY TREATMENT CENTER IN KNOXVILLE

	Successful	Unsuccessful
0. No changes	3	0
1. More group/individual counseling	6	2
2. Stricter rules/regulations	1	1
3. Move CTC from Salvation Army	2	0

be imposed. Category 3 included those persons who did not feel the CTC should be located at the Salvation Army.

Of the suggestions submitted by the original twelve, three men chose category 0 stating they would not make any changes if in charge of the CTC. Six respondents chose category 1, recommending a broadening of the CTC's program to include more group and individual counseling. One respondent chose category 2, saying that stricter rules and regulations needed to be imposed by the CTC staff. Two men who chose category 3 indicated that the halfway house should not be located at the Salvation Army. Of the three unsuccessful candidates, two chose category 1 indicating that more counseling should be included in the overall program. One man thought stricter rules needed to be imposed (category 2).

CHAPTER V

CONCLUSION

Community treatment facilities are seen as an immediate temporary solution to such problems as cost, overcrowding, and recidivism. The U. S. Bureau of Prisons has constantly increased the number of halfway houses under contract. In 1975 an agreement with the Salvation Army to utilize some of their facilities as Community Treatment Centers increased the number of halfway houses across the country. Even though the community treatment center is becoming more popular philosophically and being used more each year, empirical research on CTC's is almost non-existent. The community treatment center, located on North Central Street, in Knoxville, Tennessee, was chosen to examine how the residents perceived the program curriculum in Knoxville. It was not known if they considered the program a waste of time, a means to get out of prison sooner or, on the positive side, a program or sequence of programs which helped the person change his life style.

The study was initiated to determine how the participants at the CTC viewed the specific program they attended. A questionnaire was developed consisting of seventeen questions and organized to report on several areas. These areas of interest included the voluntary/involuntary participation of each resident, the person's perception of the overall program at different time frames, including

a view in retrospect. The questionnaire also afforded the respondent the opportunity to state if he would make any changes in the curriculum and if so, what changes he would make.

It was determined the respondents would have to satisfy the following to be eligible for the study:

1. Successfully completed the program at the CTC.

2. Been under Federal parole supervision after being a participant at CTC.

3. Has been discharged from parole and is no longer under the jurisdiction of the Bureau of Prisons or U. S. Probation Office.

Every closed file (clients no longer under supervision) stored at the U. S. Probation Office in Knoxville was reviewed. A total of 38 individuals satisfied the prerequisites for the study. In order to keep the population as homogeneous as possible, the only two females and one white collar offender among the 38 subjects were omitted, leaving a total population of 35 individuals. Several attempts were made to contact each subject. Most attempts were made by telephone; however, a few contacts did include interviews at the last known residence.

Because of relocation, reincarceration or unwillingness to cooperate in the present study, only twelve men actually completed the questionnaire.

In an attempt to increase the population size, it was decided to use those men who failed the CTC as a comparison group. The closed files (individuals no longer in the program) at the CTC in

Knoxville were reviewed to find a comparison group. This sample was also non-random since only those names recognized by this writer as being under Federal parole supervision were chosen. Of the files reviewed of men returned to the penitentiary as CTC failures, only seven were chosen by this writer. Of those seven, only three could be located; however, all three completed the questionnaire. The responses submitted by these three men to the questionnaire were used for comprison with the other twelve respondents at different stages of the study.

Even though only one-third of the total population responded, the data obtained can be examined for possible implications. Community treatment centers are perceived as more useful than being in prison. While the use of CTC did reduce prison overcrowding and the expense of incarceration, CTCs also benefitted the inmate. The inmate sees the center as a means to come home sooner and be with his family, to seek and maintain employment and to live in a facility less restrictive than a penitentiary.

Respondents also indicated the curriculum could be improved. When given the opportunity on the questionnaire to state what they would do to improve the overall CTC program, a variety of reasons were listed. The most popular suggestions stated was to increase the group and individual counseling.

A third finding from the study concerns the qualifications of the head of the Salvation Army who is also the executive director of the CTC. This position is maintained by an officer who has made a

career out of the Salvation Army and has satisfied the requirements set forth by Army headquarters. Like most officers, he does not have a college degree nor does he have training in correctional rehabilitation. Of the fifteen total respondents, five felt the executive director was qualified as head of the CTC, four were "not sure" and six reported he was not qualified.

The qualifications of the counselor were also examined. The counselor is required by the Bureau of Prisons to be a graduate of an accredited college. The degree must be in the area of social services. The counselor employed during the time frame covered by this study possessed a Bachelor's and Master's degree in social work. Of the fifteen total respondents, six reported the counselor was doing an adequate job, four reported they were "not sure" and five did not feel the counselor was doing an adequate job.

Another problem area mentioned by the respondents was the location of the CTC at the Salvation Army. Several of the respondents felt the Salvation Army was only interested in the money generated by the CTC program, but not concerned about the residents' welfare. Others reported the Salvation Army's main concern is to help the transient and the alcoholic. These residents did not believe the officers in charge of the Salvation Army could ever be broad-minded enough to accept a program which was new, challenging and not traditionally part of the Salvation Army's repertoire.

Suggestions for Further Research

Because of the lack of empirical research regarding CTC resident perceptions, more studies are needed. Studies performed in areas where CTCs maintain a larger staff and resident population would afford the researcher more subjects. Additional overall evaluative data on programs nationwide may identify deficits which in turn can be remedied and the CTC program, as a whole, improved.

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APPENDIXES

APPENDIX A

THE QUESTIONNAIRE

Name:_____

Date of birth:_____

Race:_____

Number of times at CTC:_____

Number of felony convictions:_____

I am conducting a research project about the Community Treatment Center in Knoxville. I am interested in how helpful you felt the programs at the Center were to you personally. The questionnaire will only take approximately fifteen minutes to complete. I am only interested in the last time you attended the Center.

1. Did you come to the Community Treatment Center in Knoxville:
   1. at your request
   2. were you required to attend

2. Individuals come to the Center for a variety of reasons. Regardless of why you came, did you believe you had a problem the Center could help solve?
   1. yes
   2. no
   (If you circled no, skip to question 4.)

3. I will read some of the more common reasons people give for attending the Center. As I read each category tell me if the reason was very important, somewhat important, or not important to you.

	Very important	Somewhat important	Not important
Needed employment			
Upgrade employment			
Needed residence			
Alcohol counseling			
Marital/family counseling			
Get out of prison sooner			
Other			

4. After you had been at the Center a few days, what was your opinion of the overall program?
   1. very favorable
   2. somewhat favorable
   3. somewhat unfavorable
   4. very unfavorable

5. After you had been at the Center approximately two weeks, what was your opinion of the overall program?
   1. very favorable
   2. somewhat favorable
   3. somewhat unfavorable
   4. very unfavorable

6. Now as you look back on the time you spent at the Center, how helpful do you believe the overall program was to you personally?
   1. helpful a great deal
   2. helped a little
   3. did not help at all
   4. actually made things worse

7. Were you required to attend any special programs while at the Center?
   1. yes
   2. no

   (If no was circled, skip to question 11.)

8. What special programs were you required to attend?

9. As I read the special programs you attended, tell me if the program was very helpful, somewhat helpful, or not helpful.

10. I am interested in knowing how actively you participated in the special programs listed above. As I reach each special program you attended, tell me if you were very active, somewhat active, or not active.

	Very Active	Somewhat Active	Not Active
1.			
2.			
3.			

11. How much did you personally attempt to make the overall program successful?
    1. made a lot of effort
    2. made a medium amount of effort
    3. made very little effort
    4. did not try at all

12. As compared to the other residents while you were at the Center, did you participate in the Center's overall program?
    1. much more
    2. somewhat more
    3. about the same
    4. somewhat less
    5. much less

13. Imagine you were back in custody today. With the knowledge you now have about the Community Treatment Center in Knoxville, would you agree to participate?
    1. yes
       If yes, why?
    2. not sure
    3. no
       If no, why?

14. While you were at the Center did you believe the individuals in charge of the Center knew enough about rehabilitation to develop programs which were helpful to you?
    1. yes
       If yes, why?
    2. not sure
    3. no
       If no, why?

15. While you were at the Center did you believe the counselors in charge of the individual programs knew enough about rehabilitation to help you benefit from the overall program?
    1. yes
       If yes, why?
    2. not sure
    3. no
       If no, why?

16. If you were in charge of the Center in Knoxville, would you change the program?
    1. yes
    2. no

17. If yes was circled in question 16, why would you make changes, and what in particular would you change?

Now that we have finished, do you have any questions about the questionnaire or the research project?

If you are interested in the results I will be happy to mail you a copy of my findings.

Thanks again.

APPENDIX B

REGULATIONS GOVERNING PRE-RELEASE PROGRAM

To assure your stay at this center is a beneficial one, your compliance to the following rules and regulations will be expected to remain in the program.

EMPLOYMENT

1. It is expected every resident will make a concerted effort to secure full-time employment. If this is not done, it is justification for removal from this program and immediate return to a Federal institution.

2. All employment must be approved by the Program Director. The Program Director must be informed of any change in employment before a commitment is made. The employer must be aware of the resident's status and participation in this program.

3. If a resident does not have employment, the Program Direct will assist by referring residents to possible employers and other community resources. If the resident is not employed in two weeks from the date of his arrival, he may be removed from the program.

4. If a resident is laid off or fired he must report this immediately to the Program Director.

5. Residents will not be allowed to purchase a motor vehicle or operate a motor vehicle without written permission. Residents will be permitted to ride with a friend or relative to and from his place of employment.

6. Unemployed residents are to return to this center at 6:00 p.m. each weekday and must turn in a summary of job applications made during the day.

7. Employed residents are to return to this center each work day no later than one hour after dismissal. Each resident must remain at this center after signing in for the evening. All free time must be requested prior to the event and approved by the Program Director.

8. Attendance on a full time basis at an educational or training institution may be considered as being employed.

9. Residents will be required to open a savings account after locating employment and at least 10% of the net pay must be saved each week. This figure will be established by the Program Director. Withdrawals from this savings account must be approved in writing by the Program Director.

10. Residents are not permitted to open charge accounts or receive loans. Residents are asked not to lend money or borrow money from each other.

FURLOUGH

1. Furloughs are an important program element however are not awarded automatically.

2. After a reasonable adjustment period, employed residents will be considered for weekend furloughs. In most cases weekend furloughs will begin following work on Friday and end at 10:00 p.m. on Sunday.

3. Weekend Furlough Requests must be submitted on an approved form not later than Thursday morning. Pay stubs from the previous week must be attached to the Weekend Furlough Request Form. Approval for weekend furlough is based on each resident's overall adjustment and behavior.

4. During weekdays, free time may be considered for employed residents up to 10:00 p.m. except when changes are made by the Program Director.

5. Free time will be approved based on the following requirements met by the resident:
   a. Cooperation with staff.
   b. Promptness in adhering to regulations concerning returning to center on time from work and free time, and in calling in when assigned to do so.
   c. Promptness in paying fee for subsistence.
   d. Interest in cleaning room and making bed.
   e. Cooperation with Employer which will be checked periodically.
   f. Remain within a fifty (50) mile radius (distance will be charted from assigned center) while on furlough. Any exceptions to this must be requested in writing prior to furlough and will be subject to the Program Director's and Community Program Officer's approval.
   g. Good conduct will be expected and rules regarding conduct will be applicable while on weekend furlough or furlough as well as in this center.

6. Returning to this center from weekend furlough, furlough or work is a most important responsibility. Failure to return or lateness in returning may lead to removal from this program.

7. In the event of an emergency and the resident is unable to return to this center at the designated time, he must call the Program Director and discuss this matter with her. If he fails to return to this center on time without prior approval, he will be considered to be in escape status.

HOUSING

1. Residents are assigned a bed and locker in the Pre-Release Dormitory. Pre-Release Residents are not allowed in any other dormitory. Visitors are not allowed in the Pre-Release Dormitory.

2. The Pre-Release Dormitory door is to be locked and kept locked at all times.

3. Each resident is required to keep his room neat and clean. Each resident will make up his own bed upon rising, see that his clothes are hung and put away properly, and that the area around his bed is clean. There will be an inspection of rooms daily. Each resident will also be responsible for any assigned household cleaning tasks.

4. Each resident is required to turn off all lights, radios, television, etc. when leaving this center.

5. Residents will be responsible for paying for any property that is defaced or destroyed.

6. Smoking, drinking beverages and eating food will be permitted only in smoking areas (never sleeping areas).

7. There will be periodic shakedowns of rooms and/or residents according to center policy or as deemed necessary by the Program Director in an effort to control contraband or locate missing items.

8. Evening curfew at this center is 10:00 p.m. and residents are expected to be in their dormitory at this time. All radios, televisions, lights, etc. will be off by 11:00 p.m. There will be periodic bed checks each night.

9. In compliance with the Bureau of Prisons contract, a subsistence fee or $4.00 per day must be paid before going on weekend furlough. Payments will be accepted in the form of cash, cashier's check or money order made payable to the Salvation Army.

10. All residents are to be out of bed at a specified time, depending upon work schedule. A staff member will awaken any resident who places his name on the early call sheet.

11. All residents are to be properly dressed outside of the dormitory and are to refrain from loud or boisterous behavior.

12. A resident may not leave this center at any time unless his sign out log has been filled in properly and approved (log initialed) by a staff member. Upon return to this center the resident must immediately sign in and have the entry initialed by a staff member.

13. Sign out logs must be specific as to whereabouts. Anytime a resident is not where he is supposed to be, he is deemed to be in escape status.

14. The Program Director must be informed immediately if a resident is arrested or stopped by a police officer.

15. All residents must conduct themselves in an orderly and decent manner at all times. Any conduct which has a detrimental effect on community or this program is prohibited and may result in removal from this program.

16. Residents that resort to an infraction of any rules of this center and/or violate any state or local laws are subject to be returned to a Federal institution.

17. All acts prohibited in the Federal institution apply while at this center.

18. Residents who violate center rules, or lose employment because of their own actions may receive reductions in weekend furlough privileges or face other more serious disciplinary action. In such cases, reports of rule violations may be submitted to the Bureau of Prisons, or in parole cases, the United States Parole Commission. Misbehavior may result in removal from the program and transfer to a Federal institution, loss of good time, delay in release or any other action directed by the Bureau of Prisons or the United States Parole Commission.

VITA

Carl Papa, Jr. was born in Camden, New Jersey on June 29, 1949. He attended the public school system in Collingswood, New Jersey and graduated from Collingswood High School in June 1968. The following September he entered Milligan College in upper East Tennessee and received a Bachelor of Arts degree in Psychology in August 1972. A position became available in the Tennessee Department of Corrections and on October 16, 1972 he began work as a State Probation and Parole Officer. On January 5, 1976 he was appointed U. S. Probation Officer for the Eastern District of Tennessee in Knoxville.

The author received a Master of Science degree in Educational Psychology from The University of Tennessee, Knoxville in December 1982.

He married the former Phyllis Ann Winans on June 7, 1970 at Milligan College, TN. Two children have been born to this union, Benjamin Carl and Bethany Ann.