

We Can't Get No Satisfaction!: An Evaluation of Prison Programs

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We Can't Get No Satisfaction!: An Evaluation of Prison Programs

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## DEDICATION

A special thanks to my family, colleagues, friends, fiancé (soon to be wife), sugar, and caffeine. Without all of you, I wouldn't have accomplished this.

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## **Abstract**

The self-reported rates of satisfaction from inmates enrolled in correctional treatment programs, is a relatively new field of study. This study is a secondary research analysis that examines predictors of satisfaction using Gerald Melnick's study, "Client Perceptions of Prison-Based Therapeutic Community Drug Treatment Programs" (Melnick 2004, pp. 121). Melnick researched the overall satisfaction rates of inmates in treatment programs. The present study examines what may predict higher rates of satisfaction. This thesis proposes that inmate participation and program characteristics influence satisfaction. Results show that four variables were strongly related to higher levels of satisfaction: I enthusiastically participate in program activities, I feel an investment, attachment and ownership in the program, my counselor supports my goals, and my counselor is sincere in wanting to help me. These findings supported Hirschi's Social Bond Theory. While researching the inmates satisfaction on their enrolled programs, correctional facilities can improve their programs so that the inmate can fully benefit from the program.

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## Chapter 1

### **Introduction**

#### *Statement of the Problem*

Satisfaction is a major factor in all of our lives. Most of us, if not all of us would not do something if it is not satisfying. In the prison system, there are programs that might be mandatory for inmates to attend. These programs could be related to education, learning a trade, or treatment programs. According to the National Institute of Drug Abuse, “40 percent of State and 49 percent of Federal inmates took part in some kind of treatment program” (National Institute of Drug Abuse 2014). It is unknown that the inmates who participated enrolled voluntarily or not, which leaves the question, how satisfied were the inmates in the programs? Inmates who did not voluntarily want to go in these programs would most likely be portrayed as uncooperative throughout the treatment process because they didn’t actively seek help.

The problem is that there is a lack of research on prison program satisfaction rates from inmates. Conducting more research is important because in order to have an effective treatment program, one must know what is beneficial and what is not beneficial in the treatment process. “Although therapeutic community (TC) treatment, plus aftercare, has been shown to be effective in reducing drug use and recidivism, little data has been collected on how offenders perceive these programs and the services they receive” (Melnick, 2004, pp. 124). If more programs were to be evaluated on the overall satisfaction ratings by inmates, programs could be more effective which could lead to lower recidivism rates.

#### *The Present Study*

This thesis addresses the central question, what factors within a treatment program have an influence and could be predictors of higher self- reported rates satisfaction? Due to the lack of research and knowledge of what makes a correctional treatment program effective in relation to satisfaction, more research was required. This study is a secondary research analysis of the Multimodality Quality Assurance (MQA) - Client Survey provided by Gerald Melnick. Melnick's original research examined whether or not inmates in correctional treatment programs were satisfied overall with their treatment. This thesis examines the relationships of self- reported levels of satisfaction among inmates.

While examining variables that have been previously overlooked in the previous research, this thesis attempts to explain the predictors of satisfaction reported by inmates in treatment programs. By examining these variables, this study contributes to the criminal justice system by linking the predictors of satisfaction to the inmate's self- reported rates of satisfaction. In order for treatment to be deemed effective, individuals must be willing to participate and make bonds/attachments to the program. If this treatment is unenjoyable, odds are the individual will not be satisfied with their treatment. While having a lower rate of satisfaction with their treatment, the individual might engage in the program activities less, make fewer attachments with the people around them, and become uncooperative. Due to the individual having a negative experience in their treatment program, this could result with the individual failing the treatment program and a greater chance to recidivate. However, if the items in a treatment program are able to be identified as a predictor of satisfaction, prison officials can focus on those variables in order to the inmate's programs more effective. While evaluating and making

the treatment programs more effective, this could then decrease recidivism rates. In the next section, the current study reviews previous studies involving satisfaction and different groups of people in treatment programs.

## Chapter 2

### **Literature Review**

After examining the previous research, there were only a handful of studies that solely focused on the offenders'/participants'/clients' perceptions of their treatment program. According to Gerald Melnick et al., "Although TC treatment, plus aftercare, has been shown to be effective in reducing drug use and recidivism, little data has been collected on how offenders perceive these programs and the services they receive" (Melnick et al., 2004, pp. 124). Most of the research that involves the evaluation of the offender's program does not account for the individual perceptions of those who chose or were forced to go through their enrolled program. A majority of the studies that were found have instead dealt with the outcome evaluation of a program. Upon review of the research, the most current evaluation found was in 2005, with others dating back to the late 1990's, by (Dearing's study on client engagement having an influence on satisfaction rates and outcomes in 2005 (Dearing et al., 2005), and Koons' study on the program elements linked to successful outcomes for incarcerated offenders in 1997 (Koons et al., 1997)). These studies by Dearing and Koons, along with several others, are reviewed in the following paragraphs.

#### ***Client Engagement***

An influential factor when it comes to the perceived successfulness of a program is the participation of the client enrolled in the program. The research conducted by Ronda Dearing and her research team, involving clients in alcohol treatment programs, suggests that, "expectations about treatment, the alliance formed between client and therapist treatment attendance, and the client's satisfaction with treatment are all

contributors to, or influenced by, client engagement” (Dearing et al., 2005 pp. 71). According to the research, a client must be actively participating within the program in order for it to be deemed successful. In this study, Dearing uses the term, “working alliance”, to describe the necessary relationship that a client and therapeutic counselor must have to increase the client’s satisfaction rate towards the program and have successful outcomes. The working alliance refers to the client and therapeutic counselor working together towards a common goal that can be achieved by the client that they both agree upon. The working alliance between client and therapist has been, “related consistently to improvements in client functioning” (Dearing 2005 pp. 71). Clients have rated their working alliance with their therapeutic advisor as a highly influential factor in dealing with the overall treatment outcomes. The research also stated that, “client assessments of the working alliance have been found to be more strongly associated with treatment outcome than therapist assessments and are thus considered to be more accurate” (Dearing et al., 2005 pp. 71).

A client’s participation within a program is a major factor in determining the successfulness of a client and their satisfaction rates. “In the context of alcoholism treatment, positive client ratings of the working alliance have been shown to predict more active treatment participation, less drinking during treatment, and reduced drinking subsequent to treatment” (Dearing et al., 2005 pp. 71-72). The more involved the clients were within the program and the closer they worked with the therapist, the lesser the chance they were to relapse and abuse alcohol again. The overall findings of this study were that clients had higher satisfaction rates of the program due to the effectiveness of the working alliance between client and therapist, the client’s positive self-efficacy,

participation within the program, and their drinking behavior during and after their treatment.

In another study conducted by Robert Fiorentine, John Nakashima, and Douglas Anglin, 1999, a client's engagement within a program was tested against positive treatment outcomes. "Client engagement in drug abuse treatment is associated with favorable treatment outcomes, but it is not completely understood why some clients are more likely to engage in treatment" (Fiorentine et al., 1999, pp. 199). While this study focused on how the client's engagement could be linked to favorable treatment outcomes, they also wanted to know whether men or women "engage" more within the program. Before running their test, they first had to define what labeled someone as a highly "active engager", "High engagers would be the clients who participate frequently in counseling and other activities (intensity), and they complete treatment or, at least stay in treatment for a relatively long period (duration)" (Fiorentine et al., 1999, pp. 199).

According to Fiorentine et al., 1999, the results indicated vast differences between male and female engagers. "Specifically, perceived utility of treatment, the perceived utility of ancillary services, and the empathy or helpfulness of the counselor were consistently associated with treatment engagement for both men and women" (Fiorentine et al., 1999, pp. 203). Women were found to engage better in a caring and concerning environment and men were found to engage more in a problem-solving way. "Our findings suggest the possibility that women and men in drug treatment benefit from differing counseling styles" (Fiorentine et al., 1999, pp. 205). It is often thought that the participants/clients are the main force associated with engagement within the program, but this is necessarily not the case. "Rather than a treatment "receptive" client who

engages in treatment due to intrinsic or other individual characteristics, the findings suggest that the perceived utility, or helpfulness, of the services, along with a favorable client-counselor relationship actively engages the client in treatment” (Fiorentine et al., 1999, pp. 204). The client is not the only or main driving factor in the treatment process. While having a well-structured program and a good relationship between the client and counselor, one can most likely attain a better outcome in their treatment process. “The findings of this study suggest that the client-counselor relationship is an important factor in client engagement in treatment for both women and men” (Fiorentine et al., 1999, pp. 205).

A study conducted by Kirk Broome, et al., 2007, researched staff perceptions and client engagement in the treatment process. “A Key goal of drug abuse treatment providers is getting their clients to engage and participate in therapeutic activities as a first step toward deriving longer-term benefits” (Broome et al., 2006, pp. 149). According to Broome, a client’s engagement within a program is a crucial first step in developing better outcomes. “The central theme of this research is that a treatment program is an organization; the way treatment is structured is managed, as well as the social norms that develop, impact the client and staff participants” (Broome et al., 2006, pp. 150). It was reported by the clients, that the larger the program size, the less engaged they would be within a program, and the smaller the program’s size, the more engaged they would be. “This suggests that the barriers to interaction and greater workload may outweigh any potential resource advantage associated with increased size” (Broome et al., 2006, pp. 156). This study found the size of a program to be a crucial variable in identifying the level of engagement which would lead to better outcomes and satisfaction rates.

Program attendance has been a crucial factor in determining the effectiveness of a program. In a study by Dwayne Simpson, et al., 1995, the level of engagement between clients in treatment programs was measured to see if program attendance had an influence on the outcomes and satisfaction of the drug abuse treatment program. “The hypothesis is that significant cognitive and behavioral improvements occur during treatment and the magnitude of improvement is related to level of engagement” (Simpson et al., 1995, pp. 118-119). According to Simpson, it was found that the more engaged a client was with the program, the less reports of failed urinalysis tests. “As hypothesized, this study showed that engagement was positively associated with recovery-oriented perceptions as well as behavioral changed by clients” (Simpson et al., 1995, pp. 130). When a higher level of engagement of a client within the program is present, there tend to be better outcomes and results for that person. With these better outcomes, a client could predictably have higher satisfaction rates on their overall involvement and experiences in going through the program.

### ***Adolescent Satisfaction***

“Adolescent satisfaction with mental health services has been examined in only a limited number of studies” (Nabors et al., 1999, pp. 230). Although there has been very little research among adult treatment programs, herein lies another area with even less research, the satisfaction of treatment programs for adolescents who are substance abusers. “Two factors that have received attention in the adult literature are working alliance and treatment satisfaction. Despite some indication that these two factors are predictive of the outcome for treatment of a variety of mental health issues among adults, we know of no research assessing how well adolescent reports of working alliance and



treatment satisfaction relate to actual improvement following treatment for substance abuse” (Tetzlaff et al., 2005, pp. 199). Tetzlaff and her research team designed a study which addressed this lack of research.

According to Tetzlaff, 2005, treatment satisfaction is defined as, “the extent to which services gratify the client’s wants, wishes, or desires for treatment” (Tetzlaff et al., 2005, pp. 199) and can also be correlated to “a positive therapy outcome” (Tetzlaff et al., 2005, pp. 199). The working alliance, as stated in the previous section involving *Client Engagement*, is the bond that the client and therapist share within the program. In this study, it was found that the working alliance between the therapist and adolescent, as well as the satisfaction of the adolescent, “were moderately positively correlated” (Tetzlaff et al., 2005, pp. 202). This supported Tetzlaff’s theory in the working alliance between adolescent and therapist, which had an influence on a positive satisfaction rating from the adolescent. The larger the role of therapist in the adolescent’s treatment process, the higher the satisfaction rates. However, it was found that treatment satisfaction among “heavier substance users reported being somewhat less satisfied with treatment” (Tetzlaff et al., 2005, pp. 204). This could be, “because adolescents in treatment for substance abuse most likely did not enter treatment on their own volition” (Tetzlaff et al., 2005, pp. 204). The final results of this study indicated that, “adolescents who have stronger alliances with their therapist early in treatment are slightly less likely to experience relapse within the first 6 months after intake” (Tetzlaff et al., 2005, pp. 204). These findings were relative to the findings found in *Client Engagement* where adults who had a strong bond with their therapist also had high satisfaction rates for their therapist and the treatment program they were enrolled in.

Along with Tetzlaff's research, other studies found that evaluating the satisfaction of adolescents in treatment and mental health services played an important role to assess the quality of their treatment. In the research study conducted by Laura Nabors, et al., 1999, adolescents were asked to provide their satisfaction levels with their school-based mental health services. "Examining the effectiveness of mental health services for children and families has become increasingly important. Consumer perceptions about mental health services, such as satisfaction with treatment, may influence treatment outcomes for youth receiving mental health services" (Nabors et al., 1999, pp. 229). Giving the youth satisfaction surveys allowed the youth to speak their minds about their opinion on their treatment, which later revealed the effectiveness of the program. "The results showed that students were highly satisfied with their school-based mental health services. In particular, they valued the therapeutic relationship, "catharsis" associated with therapy, and skills they learned during therapy sessions" (Nabors et al., 1999, pp. 233). Other variables related to satisfaction were the counselors training and availability, peers, and grades.

In another study conducted by Biering et al., (2009), the experience and satisfaction levels of children who were in psychiatric care were measured. "Users' perspectives ought to be a determining factor for assessing the quality of psychiatric care and hence their perspectives need to be thoroughly understood" (Biering et al., 2009, pp. 65). Within this study, Biering stated the three universal components that lead to satisfaction. These components include: "satisfaction with environment and organization with services, with user-caregiver relationship; and with treatment outcome" (Biering et al., 2009, pp. 65). According to Biering, these three variables are the key components in

higher satisfaction and experience rates within care programs. Although the findings of this research showed that juvenile patient satisfaction in psychiatric care needs to be more developed in the future, other findings indicated that an adolescent's "satisfaction with environment and organization with services, with user-caregiver relationship; and with treatment outcome" (Biering et al., 2009, pp. 65), have a significant role in determining the quality of the program.

Another study that evaluated the satisfaction of adolescents in mental health services was conducted by Ann Garland, Marla Saltzman, and Gregory Aarons. They initially talk about the urgency of having the self-reported satisfaction ratings from adolescents because there has been a lack of research in adolescent satisfaction in treatment programs. "There are only a few studies of adolescents' satisfaction with mental health services" (Garland et al., 2000, pp. 165). This study successfully was able to address the variables associated with the satisfaction of youths in mental health service programs. "The adolescents in this study reported generally high satisfaction with services" (Garland et al., 2000, pp. 172) which was associated with: "(1) sample selection bias, (2) social desirability; and (3) cognitive consistency" (Garland et al., 2000, pp. 172). A few other variables that were associated with satisfaction included characteristics of their health care provider and involvement of their family members in their treatment process. "Adolescents rated their satisfaction highest for the factors assessing characteristics of the mental health provider, and lowest for factors assessing instrumental aspects of the services such as perceived effectiveness and type and quantity of services" (Garland et al., 2000, pp. 173). "Another issue that adolescents reported to be clinically important is their satisfaction with the extent to which other family members are involved

in treatment” (Garland et al., 2000, pp. 173). The family members within the youth’s treatment process acted as a support group in which the adolescent could turn to in case of hardships.

### ***Satisfaction of Women in Treatment Programs***

The research study conducted by Barbara Koons et al., 1997, involved the perceptions of different program elements made by state-level administrators, program administrators, and program participants. One of the steps in the evaluation of the program involved visiting the program sites to ensure that the program, “addressed a critical need (e.g., employment skills, drug treatment, parenting services, prior victimization)” (Koons et al., 1997, pp. 520). The questions asked in the interviews focused on the administrators and participants perception on what made the program effective by fulfilling the needs of the program’s participants.

According to Koons et al., 1997, one of the key success factors to the correctional programs was the staff’s behavior. The belief that the staff’s caring attitude, previous experience/qualifications, and dedication towards the program’s participants was consistent among the administrators, program staff, and program participants. However, there was a key difference between the correctional administrators and the program participants, and it was that the administrators, “most often linked program success to the operations and structures of the programs” (Koons et al., 1997, pp. 525). This meant that the program was able to provide its participants with a suitable learning environment, had set rules and punishments, and also had ways to motivate and reward those with good behavior. The prison administrators were also less likely than state-level administrators to recognize elements besides those found in the program that were linked towards its

success. Officials thought that the programs were effective because, “they addressed specific needs or sets of needs and established continuums of care, program participants gained needed skills, or the programs dealt with issues related to victimization such as self-esteem or empowerment” (Koons et al., 1997, pp. 526).

When the participants were asked about their perception of the programs they are/were a part of, three characteristics arose. The first characteristic was that the women had a leadership role within their program having been motivated by one another within the group. The second program characteristic was the influential experiences from their peers. While being influenced by each other, the individuals had the chance to better each other rather than only the program having the effect. This also showed the participants how to act as a functioning community and increased rates of uniformity as well as satisfaction rates. The last characteristic of the successfulness of the program was associated with the characteristics of the staff. “Staff characteristics included competence, dedication, caring attitude, and personal experience with addiction and illegal activity” (Koons et al., 1997, pp. 528).

Patricia Janssen, Michael Klein, Susan Harris, Jetty Soolsma, and Laurie Seymour (2002), conducted a similar study involving client satisfaction, but with single room maternity care clients. This study focused on the treatment the women in the maternity care unit were getting and included characteristics such as: provided care and information, setting, privacy, and nurse care. “Improved overall client satisfaction appeared to be the most likely outcome resulting from implementation of single room maternity care. This expectation was met in every category, including information and support; time spent with baby, friends, and family; privacy and noise levels; and

availability of nursing care and teaching” (Janssen et al., 2000, pp. 242). The more the staff was involved in making the client’s treatment, along with the environment being more relaxing (privacy/noise levels), and the more time their loved ones were around them, the better/higher the satisfactions rates were. This study is another example of how the characteristics of a treatment program could have an influence on their experience and satisfaction rates.

Another study involved client service and matching client satisfaction rates. Client-service matching involves “matching” a client with the correct form of treatment that they desire/need. This type of treatment is more of a one-on-one counseling approach due to everyone’s needs and wants constantly being different from each other. “This study focuses on the relation between provision of health and social services and the specific substance abuse treatment outcomes” (Smith et al., 2002, pp. 161). The study evaluated the characteristics of the program and the client’s outcomes in order to find their satisfaction rates within the program. Matched counseling services (domestic violence services, family counseling) were associated with reports of reduced substance use; matched ancillary services (housing, job training, legal services) were associated with the clients’ satisfaction with treatment” (Smith et al., 2002, pp. 161). According to Smith, these findings were not a surprise because of the protocol they follow with their clients. They match the service the client needs in order to give them the best quality of care and because of this, clients have reported higher rates of satisfaction.

Dr. Sanders of the New York State Department of Health conducted a study involving the satisfaction rates of pregnant and postpartum client in substance abuse counseling programs. According to Sanders, client satisfaction can provide a great deal of

information on the quality of the program. “Satisfaction data can provide information about patient retention, compliance, participation, and utilization of programs” (Sanders et al., 1998, pp. 177). “Client satisfaction can identify those program components which clients may or may not perceive as beneficial” (Sanders et al., 1998, pp. 177). If a program chooses to utilize the feedback from a client’s satisfaction reports, they can improve on areas that need work and terminate useless program activities. Correlational analyses revealed that the use of specific services particularly acupuncture midwife services, and Alcoholics Anonymous was positively associated with total satisfaction” (Sanders et al., 1998, pp. 183). It was also found that, “overall satisfaction was best predicted by the number of services used and previous experiences with other treatment programs” (Sanders et al., 1998, pp. 177).

### ***Alcohol/Substance Abuse & Satisfaction***

Another treatment process that was found to show higher satisfaction rates among its clients used behavioral techniques and “taught” decision making skills. Thomas Balbor and Francis Del Boca, 2003, studied people with alcoholism in a treatment program and their satisfaction rates with the program. Their study researched the clients’ satisfaction with, “their therapist, the number of sessions, the overall treatment, and the extent to which the treatment met their needs” (Balbor & Del Boca, 2003, pp. 176). Another question asked was how much they changed from the beginning to the end of their treatment program. The findings of this study were that satisfaction was highly correlated with the client’s perceived changes in their personal behavior during their treatment. The client’s “overall satisfaction was similarly correlated with client ratings of the helpfulness of the various elements of treatment (i.e., learning skills, telling problems

to someone, getting feedback on alcohol use) (Balbor & Del Boca, 2003, pp. 176). It was also reported that, “greater treatment attendance was positively associated with client satisfaction” (Balbor & Del Boca 2003, pp. 176). The more involved the client was within their treatment program, the more they felt like they had a part within the process. To the client, it wasn’t just a counselor telling them to change their ways of drinking, it was also a decision made by the client to change their unhealthy habits to better their livelihood. Successful completion of the enrolled treatment program also influenced the highly rated satisfaction rates because the clients felt as if they accomplished their goal of finishing the program and bettering themselves. Clients who reported having “fewer days abstinent” (Balbor & Del Boca, 2003, pp. 177) in the program, were found to have lower rates of satisfaction.

It was also found that the longer the participant was in the program, the better the evaluation was towards their therapeutic counselors. Similarly, the client’s satisfaction was also correlated with the length of the therapy program, “helpfulness of the therapy, and perceived improvement in drinking status” (Balbor & Del Boca 2003, pp. 176). The longer a client was in the therapeutic program, the more of a change in their drinking status they saw and with the positive change in their drinking status, the more they reported being satisfied with their program.

An ongoing topic within this research compares higher satisfaction rates to unmet needs and service needs. In a study by Rose Etheridge, et al. (1995), research was conducted on unmet needs and services and their influence on a client’s satisfaction rate of the program. “Although most clients reported having received at least some sessions of drug abuse counseling during treatment and the level of satisfaction with treatment and



services was generally high across modalities, client reports indicated that drug abuse counseling alone did not address their wider ranging service needs” (Etheridge et al., 1995, pp. 9). Despite the clients’ satisfaction being high within their currently enrolled program, their needs were not being met and therefore their satisfaction, in this sense, should have been lower. “It could be argued that appropriately meeting clients’ needs leads to greater client satisfaction, which positively influences program retention, which in turn has been related to post-treatment outcomes.” (Etheridge et al., 1995, pp. 10).

In another study conducted by Thomas McLellan and Enid Hunkeler, 1998, three elements within alcohol and drug abuse treatments were examined. “We examined commonly measured aspects of addiction treatment effectiveness in four alcohol and drug treatment programs in a large health maintenance organization (HMO): patient participation in treatment, measured as the number of education and group therapy sessions attended; patient satisfaction with six aspects of treatment; functional status, measured as the number of days of drug and alcohol use and the number of psychiatric symptoms reported at follow-up” (McLellan & Hunkeler 1998, pp. 575). The results after measuring these variables concluded that there were high satisfaction rates correlating to the high level of engagement and therapy sessions. The more times a client would meet for their treatment and the more engaged they would be within those sessions, the better the outcome was, which also resulted in higher satisfaction rates.

In a study conducted by Matthew Hiller, Kevin Knight, and Dwayne Simpson, (1999), an inmate’s residential aftercare and their recidivism rates were evaluated along with their overall satisfaction. It was found that especially followed up with after-care, an inmate’s recidivism rates were reduced which lead to a higher rate of satisfaction.

However, “lower satisfaction with transitional aftercare treatment was associated with not completing the residential phase of community-based aftercare” (Hiller et al., 1999, pp. 833). According to the research, as long as the client stays within the program and engages in the prison-based substance abuse treatment, they are less likely to recidivate and have a higher satisfaction rating on their program. However, if they do not successfully complete the program; they will have lower satisfaction rates and are more likely to recidivate.

### ***Gerald Melnick’s Client’s Perception of Treatment Programs Study***

With the correctional field moving from a punishment system towards a rehabilitative system, substance abuse programs have been sprouting rapidly within jails and prisons nationwide. However, the “rapid expansion prison-based substance abuse programs has created problems in quality control” (Melnick et al., 2004, pp. 122). These substance abuse programs require quality within their programs in order for their participants to not only be rehabilitated, but also satisfied with their treatment. According to Melnick, well-implemented programs were associated with better treatment outcomes” (Melnick et al., 2004, pp. 122). Due to the better structure/quality of the program, a program has the potential to be more effective, which could lead to the client being more satisfied with the progress within the program and its ending results. Melnick’s study was based upon the offender’s perception of a correctional institution’s therapeutic community drug treatment program. In the beginning of his study, Gerald Melnick and his research team stress the importance of the perception of the participant who is involved within the program. The researchers have observed that participants who are forced or coerced into these programs tend to view it as a punishment rather than

treatment. “Studies of participant evaluations of their own involvement in the treatment program have shown that participants who completed treatment had more favorable evaluations of staff, whereas most of the participants who left early did so because of conflicts or disagreements with the program’s rules” (Melnick et al., 2004, pp. 124).

Throughout the program, participants rated their participation in the treatment program very high. The more involved the participant was within the program the better the evaluation was, whereas if the participant rated the evaluation negatively, it was found that they were only moderately participating in the program. The participants rated their overall satisfaction with the correctional treatment program neutrally and slightly high. The general consensus was that the participants appeared, “to experience the programs in a positive manner” (Melnick et al., 2004, pp. 134). This study also discovered that when the participants were able to ensure their anonymity, they rated their treatment high along with their participation and the involvement of the staff. The participants wanted to remain anonymous throughout this study and due to the promise of anonymity, they were more open to release information about their program. The study, “did not include objective measures of treatment involvement, such as measures of time in confinement, compliance (e.g. violations), and counselor reports” (Melnick et al., 2004, pp. 134). These variables might have had an influential or negative impact on those within the program (e.g. taking the program to pass time due to a life sentence). The perceptions of the participants are an extremely important factor in deciding whether or not a program can be deemed effective because, “perceptions of treatment and offenders’ willingness to engage in the therapeutic process bear directly on the success of the prison treatment programs” (Melnick et al., 2004, pp. 124). The importance of the offenders’

willingness to engage in the treatment process and their perception is critical “because motivation and participation predict entry into aftercare and subsequent lower rates of drug use and recidivism” (Melnick et al., 2004, pp. 124).

The next chapter, chapter three, focuses on the theoretical component to the current study. Social Bonding Theory by Travis Hirschi is a serves as a good theoretical foundation for understanding the bonds which tie an inmate to a program as well as his/her involvement in that program.

## Chapter 3

### **Theoretical Framework**

#### *Social Bonding Theory*

According to Hirschi, 1969, the concept of Social Bonding Theory states that a person is most likely to become deviant and engage in acts of criminal misconduct when his or her ties to society are weakened or lost. These social ties and bonds are what hold us back from committing criminal acts, and without these bonds, an individual would be more likely to commit a crime.

In today's society, most people are aware of the legal system's rules and moral codes. However, if someone has weak or negative religious, ethnic, or social group bonds, they might be more inclined to commit deviant acts. Due to multiple factors in an individual's environment, there isn't just one element that can explain why someone is acting deviant. According to Social Bonding Theory, there are four elements that were proposed by Hirschi that explain why someone commits criminal behavior. These four elements are: attachment, commitment, involvement, and belief.

#### *Attachment*

The first element is attachment. According to Hirschi, attachment is what links a person to society. "The essence of internalization of norms, conscience, or super-ego thus lies in the attachment of the individual to others" (Hirschi, 1969 pp. 18). The individual must form an "attachment" to those around him/her and feel the same strong connections they feel for themselves. Along with feeling accepted by those around them, another reward is learning and adapting to the social norms and morals of others. However, if an

individual fails to form an attachment to others, they are more likely to act out and become aggressive. “Such conflict could easily supply a reservoir of *socially derived* hostility sufficient to account for the aggressiveness of those whose attachments to others have been weakened” (Hirschi, 1969 pg. 18).

In most of Hirschi’s research studies, he concluded that a person or youth would have to maintain strong, positive bonds and relationships with their parents, family, friends, and school in order to be deterred from deviancy. Attachment can easily be applied to an adult setting such as a correctional institution, where you still have friends, managers/teachers, and institutional rules that require the individuals to keep and maintain strong bonds for support. “A person who identifies himself or herself as a conventional person, that is, as one who cares about what others think about him or her, and who has properly internalized the expectations of significant others within his or her personality system (specifically within the self or Ego) is less likely to recidivate” (Chriss et al., 2007 pp. 699).

These individuals also tend to consider the long-term effects that their actions might have and how others would perceive such actions before acting out. This is considered accepting and internalizing the norms and morals of others and also what the treatment or community program sets out to accomplish. This is closely related to attachment because if their peers have a strong moral system, an individual might think twice about acting out and going against their peers’ beliefs. By associating themselves with others as a conventional person, an individual will not be as likely to commit criminal acts if they will be negatively judged after they commit a crime.

In a study conducted by Lawrence Sherman, it was concluded that those who have bonds or attachments with those who view criminal behavior negatively were more likely to be deterred from crime. “Those who are bonded to peers (or for children, their handlers) who disapprove of crime would seem to be shielded from deviance” (Sherman 1993, pp. 461). Due to the influences of our peers and the environment around us, we can either be influenced or deterred from crime. For example, if someone has an attachment to a person who is committed to school or has an attachment to the educational system, they might be deterred from crime because they are focused on other things other than crimes they can potentially commit. However, if they have an attachment to a gang, they would have more potential to commit criminal acts with their peers. When an individual has a positive attachment to others such as their friends and family, they will most likely not commit crimes because they do not have negative influences around themselves. On the other hand, if an individual has a negative attachment to a gang or deviant peers, they would be more likely to commit acts of crime because of their negative influences and behavior.

Another study conducted by Randi Sims evaluated the ethical choices employees make pertaining to breaking rules. It was found that if an employee believed it was morally wrong to steal, lie, or cheat in the workplace, they were less likely to break its rules. However, if someone didn’t attach the workplace’s rules to their own values, they would be more likely to ignore the rules for their own benefit. “The results indicate that the social bonding elements of attachment and involvement can be used to better understand the reported likelihood of ethical rule breaking of employees” (Sims, 2002 pp. 101). Attachment was also related to the employee’s satisfaction with the organization. If

the employee was satisfied with the way that the organization was treating him/her and if they liked their job, they were less likely to break the company's rules. This can apply to the correctional field because if an inmate is satisfied with the way their treatment program is running, they will be less likely to act out in fear of losing privileges. The inmates would not be reaping any benefits by breaking the program's rules because the individual must conform and follow all of the rules within the program, or face expulsion or loss of good time, or special privileges (phone time, internet, visitation hours, etc.).

In another study conducted by Leanne Alarid et al. (2000), adult offenders and their attachments to others were examined to see if they positively or negatively impacted each other. According to the group's previous research, their study "suggests that adult bonds may reduce criminal behaviors" (Alarid et al., 2000, pp. 172). The importance for adults having a positive attachment to friends, family, or a partner was examined throughout this study. It was later found that having a positive attachment to parents, friends, and partners was significantly related to non-criminal behavior. If an adult had a positive attachment to their parents, friends, or partner, they were found to behave more accordingly in treatment programs and not commit further acts of crime. In having a positive attachment to others, they surrounded themselves with people who have the same viewpoint of being deterred from crime. However, if they had an attachment with those who chose to commit acts of crime, then they were more likely to commit crimes. "Young men who were attached to their friends were more likely to engage in criminal behavior" (Alarid et al., 2000, pp.185). This applies to the current study because if an individual has an attachment to someone within a correctional treatment program, they both, more than likely, have the same viewpoint to better themselves rather than commit



further acts of crime. While keeping their “noses clean” those individuals have a better chance of having successful outcomes in their treatment programs which can later lead to higher self-reported rates of satisfaction.

### *Commitment*

According to Hirschi, another type of bond is commitment. ”The idea, then, is that the person invests time, energy, himself, in a certain line of activity- say, getting an education, building up a business, acquiring a reputation for virtue” (Hirschi, 1969 pp. 20). “Thus, an individual who has invested time, energy, and resources into conforming to social norms and experiences (e.g. pursuing educational goals) are less likely to deviate than someone who has not made such an investment” (Alston et al., 1995 pp. 32). Hirschi claims that these people have a lot more to lose than someone who does not have the same investment they do. This element is similar to attachment in the sense that they both involve an outside person’s perception about themselves, but the only difference is the commitment element is more selfish. According to Hirschi, “the concept of commitment assumes that the organization of society is such that the interests of most persons would be endangered if they were to engage in criminal acts” (Hirschi, 1969 pp. 21). For example, a person who has or is building up a reputation for him/her in a workplace would be less willing to commit acts of crime because it might lead to a damaged reputation, thus some acts of commitment are ego driven.

In a study conducted by Steven Hayes involving Acceptance and Commitment Therapy (ACT) Programs, it was shown that individuals who commit to a better life-style and decision making, the better the outcomes will be for the therapy program. “The general clinical goals of ACT are to undermine the grip of literal verbal content of

cognition that occasions avoidance behavior and to construct an alternative context where behavior alignment with one's values is more likely to occur" (Hayes, 2004 pp. 651). This study argues that if a client feels frustrated or stuck within a part of the process itself, the frustration might build up enough that the individual might look at the program as ineffective and lose their commitment towards the program.

An additional study by Hayes evaluated the ACT program's six core processes. These processes include acceptance, being present, self as context, values, committed action, and cognitive diffusion. All of these core processes play an extremely important role with Hirschi's commitment element. For example, while being present and feeling accepted/accepting the program, one is more likely to participate within a program that would hopefully build up to a long-term commitment. In the current study, this means that the more an inmate participates and feels as if they have a role or ownership in the treatment program; the more satisfied they will be within the treatment program.

In a study conducted by Marvin Krohn et al. (1980), social control and its relationship to delinquent behavior was examined. Based on gender, this study looked at the four elements of Hirschi's Social Bond Theory and whether or not the elements were favored more with males or females. It was found that, "the commitment and belief variables are more strongly related to deviant behavior for females than for males while attachment is more important for males" (Krohn et al., 1980 pp. 529). Males were more likely to make an attachment with others who disapproved of delinquent behavior and because of that, males committed less deviant behavior. This does not mean that women did not make attachments that led to lower rates of deviant behavior, but rather that males were more likely to make attachments than women. If a male inmate in a correctional

treatment program has an attachment to others within the group who disapproves acting out against program policy, he will likely be deterred from further criminal acts. By being deterred and then having more participation within the program, the inmate will have higher rates of satisfaction due to the successful outcomes of the treatment program. Although female inmates might not make the same amount of attachments as males, there is still a possibility that they could be deterred from crime. Unfortunately, according to Hirschi, without these positive social bonds, they are at a higher risk for committing a crime.

Another study by David Wilson et al.. (2000), focused on an offender's commitment towards educational, vocational, and work programs. Correctional institutions give inmates ample amounts of programs to take part in order to improve their life inside and outside of the prison. The commitment to an educational, vocational, or work program, gives an inmate something to do to occupy them while serving time. It was "found that program participants recidivate at a lower rate than nonparticipants" (Wilson et al., 2000, pp. 347). It was also discovered that those who went through these programs "are employed at a higher rate" than nonparticipants (Wilson et al., 2000, pp. 361).

If an offender is committed to a program, their time and efforts are focused mainly on the task at hand. The inmate would not be thinking about further criminal acts and instead be focused on completing their education, or trying to work. While having a steady job and a higher education, the individual's report on their satisfaction of their enrolled program could increase.

### *Involvement*

Involvement is concerned with time constraints and the ability to commit criminal/deviant acts. “The assumption, widely shared, is that a person may be simply too busy doing conventional things to find time to engage in deviant behavior. The person involved in conventional activities is tied to appointments, deadlines, working hours, plans, and the like, so the opportunity to commit deviant acts rarely rise. To the extent that he is engrossed in conventional activities, he cannot even think about deviant acts, let alone act out his inclinations” (Hirschi, 1969 pp. 22). On the other hand, what if someone doesn’t have a full time job, schooling, or another time commitment? According to Hirschi, not having time constraints to fill gaps of free time in the day will make an individual more prone to committing criminal/deviant acts. By an individual having these time constraints, it protects them from potential deviant behavior, whereas not having any time restraints could enhance an individual’s potential to commit a crime.

Social Bonding Theory applies to not only juveniles (Hirschi’s main area of research), but to adults as well. The foundation of modern programs both within and outside prison is to keep offenders involved in positive activities. A lot of these programs developed in the 1980s due to the maltreatment of inmates, violence to staff and inmates, and riots becoming more prevalent. Therefore, correctional systems began making available programs and activities to keep the inmates busy. The goal of these programs and activities for inmates wasn’t only to better the inmate in hopes to rehabilitate them, it was also a method to keep the inmates busy. If you were to go into a prison today, you will notice how the correctional institution heavily schedules their inmates. The idea of

heavily scheduling an inmate was to give them something to do in order to avoid further criminal acts.

In a study conducted by Douglas Longshore et al. (2004), self-control and an individual's social bonds to others were examined. "The general theory of crime featuring self-control as the central explanatory factor, contrasts with Hirschi's (1969) social bonding theory, in which deviance is a result of weak bonds such as poor attachment to others and low involvement in conventional activities" (Longshore et al., 2004 pp. 542). Within this study, involvement was associated with a person's previous relationships and employment. It was found that the more involved someone is in a relationship or job, the less likely they will be to commit a crime, due to the time commitments they have. "All four bonding factors and the peer association factor were related strongly, in the expected direction, with low self-control" (Longshore et al., 2004 pp. 554). If an individual has others that follow positive morals and values and also help each other in decision making techniques, they are at a lower risk at performing deviant acts of crime. By having positive influences around them, this can combat those with little to no self-control.

### *Belief*

According to Hirschi, "the control theory assumes the existence of a common value system within the society or group whose norms are being violated" (Hirschi 1969 pp. 23). Due to the belief that crime is wrong and morally unjust, a person is more likely to avoid criminal acts. One's belief system can be dependent on environmental factors. If a person is involved with a group of people who think that stealing is morally just, that

person might share the same morals and be more likely to commit criminal acts.

However, a person does not need to conform to a group in order for their morals to be compromised. If an individual does not have positive morals or beliefs for any number of reasons, they will be more likely to commit criminal acts.

However, because a person has weakened or diminished morals, does not mean a crime is bound to happen. When applying this to correctional treatment programs, one must know the foundations of the inmates' programs. The inmate is in that program due to their deviant behavior inside or outside the prison. The programs initially designate morals that the group must follow in order to participate and stay within the program. Due to these programs having extensive waiting lists and small class sizes, most of these individuals choose to accept these norms and values and adapt their behavior accordingly.

In the study involving social bonds and self-control examined by Douglas Longshore, a juvenile's belief system was evaluated. This study examined the conventional moral beliefs that Hirschi states in his Social Bond Theory. "This bond represents adherence to a general belief that the rules of conventional society are binding" (Longshore, 2005 pp. 426). It was found that with a weak belief system, juvenile offending was found to be reported more. "Conventional bonds were weaker and deviant peer association greater among juveniles who reported more offending" (Longshore, 2005 pp. 429). The less the juvenile believes in the rules in society, and the more they associate themselves with others who share the same views, the more they will likely commit deviant acts.

### *Application to this study*

This secondary research analysis of the predictors of satisfaction rates of inmates in a correctional treatment program can easily relate to the elements of Hirschi's Social Bonding Theory. The attachment element is a core element to focus on while looking at this analysis because it shows that the inmate/participant feels as if they have a role and commitment with others. The participants feel supported and also feel the need to support others in their program. Developing individual and support groups in prisons coincides with Hirschi's Social Bond Theory because it involves the presence of strong bonds between one or more individuals. The participants in most treatment programs, including this one, most likely see their program group not only as just a group, but a community. The individuals in this program make themselves accountable for the others' actions and help each other through difficult portions of the program. Some of the variables this study has that applies this level of the attachment element include: the counselor supporting their goals, feeling an investment and commitment to the program, feeling supported by the program itself, and being able to participate in the program.

The individuals in this program have already committed crimes involving drug related offenses, but Social Bonding Theory could help explain the avoidance of further criminal behavior while in the program. In most correctional treatment programs, inmates must have a clean behavioral history within the institution. The facilitated programs pick participants according to their behavior and dictate that they must be able to maintain a proper attitude within their program or they might be terminated. This fear of losing the program and the perks that come with it, including peer approval, is associated with commitment. Multiple variables within this study are associated with the commitment

variable including whether the inmate felt like he had a commitment to the people in the program and whether the inmate felt as if he had an investment or a sense of ownership to the program.

Drug abusers are among the hardest types of offenders to treat because of their addiction. Unless they sincerely want and ask for the help, drug abusers might refuse treatment, become uncompliant, and go back to their addictive habits. To combat this, correctional programs have created activities to keep the offender occupied instead of sitting in his cell and contemplating going back to their bad habits. This study uses variables associated with the involvement element because of questions dealing with how an inmate feels about their participation in a program, feeling as if they have an investment, and if they want to participate rather than needing to participate, can be influential in the prediction of satisfaction rates among the participants of the program.

Correctional treatment programs have also implemented their own norms and values that inmates must adopt in order to successfully graduate from their program. Holding these beliefs can make one think twice about the actions they might partake in which could lead to reprimands and further criminal acts. Some of the variables within this secondary research analysis that relates to belief are the client's respect of the program, believing they have support, and how the program pushes the individual to understand them better.

Hirschi's Social Bonding Theory best explains this research study due to inmate participation and satisfaction as well as the bonds and relationships one has to make with others in the program. The participants are not only concerned about failing and disappointing others in the program, but they are also concerned that they might



disappoint themselves. While actively participating in this program, they are getting involved in a rehabilitative process rather than sitting idle and potentially committing further acts of deviance. While creating these bonds and having these time constraints, the participants might have found it beneficial because they were more focused on their treatment process. Due to the these bonds and time constraints leading to a more productive and more efficient treatment process, the inmate could have reported a higher satisfaction rate in the enrolled program.

## Chapter 4

### **Methodology**

#### *Data History & Collection*

The design used to conduct this research is a secondary analysis of the Multimodality Quality Assurance (MQA)-Client Survey data set. The data was provided to me by Gerald Melnick. Gerald Melnick is a researcher that works in New York City and has published numerous research studies focused on the prison system. Melnick and his research team asked over 1,000 individuals about their satisfaction rates with drug treatment programs. Client satisfaction is measured in the Multimodality Quality Assurance instrument (Melnick 2004).

Melnick and his team used the MQA instrument to collect their data. This instrument questions the inmates by using “factual informational items in an objective-format” (Melnick et al., 2004, pp. 125). “The MQA instrument was used to collect information from participants and staff at 13 prison-based drug treatment programs across the United States. The instrument is self-administered and is given to clients in group settings. The entire MQA battery assesses five domains considered critical to the effectiveness of substance abuse treatments programs” (Melnick et al., 2004, pp. 125). This instrument collected data from supervisors, staff, and directors, but its primary focus of study was on the self-reported data collected from the program’s enrolled participants. “Respondents rate 15 statements about each modality on a Likert-type scale from 0 (not used or applicable to our program) to 5 (extremely important [vital] to the success of our program)” (Melnick et al., 2004, pp.126).

Melnick and his team's sample pool "contained N= 1,059 participants in 13 prison-based substance abuse treatment programs operated by a single vendor in California, Georgia, South Carolina, and Pennsylvania" (Melnick et al., 2004, pp. 128). Everyone enrolled in the program was recruited for this study, but their participation was voluntary. It was found that over half of the participants were 26 years old or older. "Most participants were between the ages of 30 to 40 years old. Two thirds were minorities. The most prevalent drugs among the inmates were marijuana (32%), alcohol (28%), and cocaine/crack (23%)" (Melnick et al., 2004, pp. 128). Out of all of the participants, around 20% had committed a violent offense and nearly 33% committed a property crime. The remaining 47% of participants committed a drug related crime.

Although Melnick focused on the overall satisfaction of inmates in the drug treatment program, in this study, the secondary analysis will focus more on the predictors of satisfaction. The predictors of satisfaction in this study include an inmate's participation and program characteristics. By examining participation and program characteristics, we will be able to see if this leads to an inmate being more satisfied with their treatment because they had a role in their recovery process.

### *Research Hypothesis*

The hypothesis of this research is that an inmate's participation as well as the characteristics of a program has an influence on an inmate's perception/satisfaction of their program. Through a secondary research analysis, the thesis examines whether or not certain characteristics of a program will have an influence on an individual's satisfaction with their program. It is hypothesized that the more an inmate participates in a program, when paired with positive program characteristics (management and staff relationships),

this will lead to higher satisfaction scores from the correctional treatment program's clients.

### *Analytic Strategy*

This secondary analysis of Gerald Melnick's study will be conducted through the use of the computer program: Statistical Package for the Social Sciences (SPSS) Statistics 20. The dependent and independent variables discussed below will be examined using a Pearson's r correlation coefficient. Satisfaction rates will be compared against the inmate's participation and the characteristics of the program.

### *Dependent Variable*

The dichotomous dependent variable is the overall satisfactory rates from the drug treatment program's clients. In Melnick's study, inmates were given a survey question which asked if they were (yes) or were not (no) satisfied with their treatment program. (#172. I am satisfied with my treatment)

### *Independent Variable*

The independent variables are classified into two different categories: inmate participation and program components. Inmate participation independent variables describe an inmate's role within the correctional treatment program (for example- whether or not the inmate felt like they had a role or felt enthusiastic about participating in the program). Program component independent variables are about the program, not the inmate. An example of this would be whether the staff of the program was being responsive to the participants needs.

### *Applying Independent Variables to Hirschi's Social Bonding Theory*

The independent variables in the current study are linked to Hirschi's four elements of Social Bond Theory. The first group of independent variables was associated with inmate participation. The independent variable involving an inmate believing they felt like a part of the program can be associated with attachment, commitment, and involvement. While thinking they have a role within the program, the individual is forming a bond to the program and other inmates within the program. While the inmates are a part of the program, they have to abide by the rules of the program and commit to them. Lastly, because of the rules and guidelines set by the program, the inmate is succumbed to the time constraints the program imposes onto them, leaving little time for other activities. The next independent variable examined whether or not the inmate was glad if they had the opportunity to participate in the program. This is related to the commitment element of Social Bond Theory because the inmate is devoting their time to the program in hopes to get something out of it.

Whether an inmate reported that they had a commitment to the other people in the program, is associated with Hirschi's commitment element. This is not only because the word is in the variable itself, but because of the positive obligation they must make to better themselves and the others around them. The involvement element can be linked to the variable involving whether or not the inmate enthusiastically participated in the program's activities. The more an inmate invests/participates in a program, the more they will get out of it because they are responsible for the changes they are making to better themselves, which could then increase self-satisfaction. The question involves the inmate having an investment, attachment, and some sort of ownership in the program. If an inmate is able to attach to others, invest their time and resources, and also call that

program “theirs”, this could increase their participation which could also lead to higher rates of reported satisfaction.

The second group of independent variables was associated with the characteristics of the program. The attachment and belief elements supported the variable that the inmate felt supported by the program. In order for an inmate to believe they are being supported, they have to make bonds/attachments to others in the program and the program coordinators. Once an inmate knows he or she is being supported by others they can then form that belief that this program might work to better themselves. The next question is whether the inmate felt if the program was well-organized. The belief element supports this variable because the inmate must think the program is accordingly and is making an impact on their lives in order to be satisfied with their treatment. The belief element is also associated with the managers of the program responding well to its problems. When an inmate sees problems arise in the program and nothing happens, they might not be completely comfortable in the direction the program is managed. On the other hand if problems are quickly addressed, the inmate can believe in the effectiveness of the programs management rate and therefore their satisfaction levels higher. The next two questions involving the counselor supporting the inmate’s goals and being sincere to wanting to help the inmate is strongly supported to the belief element. When the inmate has someone concerned about their progress that is being made within the treatment program, this could increase their satisfaction because the inmate believes that the counselor has confidence that they can change their life around. In the next chapter the results of the relationships between satisfaction and the independent variables will be examined and discussed.

## Chapter 5

### **Analysis and Findings**

This research focused on inmate involvement/participation and characteristics of the treatment program. The variables were examined that could have been a predictor to an individual's satisfaction while enrolled within a treatment program. It was thought that the variables that were linked to an inmate's participation and the characteristics of their treatment program will have a positive influence on the participant's satisfaction rates. These present variables have been linked to Hirschi's four social bonds: attachment, commitment, involvement, and belief. It is thought that applying Hirschi's Social Bond Theory to the current study, if an individual reports having strong positive influences (bonds), then he/she will report higher rates of satisfaction.

#### *Descriptive Data and Summary of Satisfaction*

A total of 1,059 inmates were asked to participate within this study, 828 inmates participated, response rate of over 80 percent. It should be noted that not all of the inmates who decided to participate answered every question on the survey. One of the last questions asked in the original study, but most important in the current study was whether or not the inmate was satisfied with their treatment. In the original study, inmates were given the choice to answer with a yes or no in regards to their opinion on being satisfied or not within the treatment program. It was reported that 73.7 percent (n=443) of the inmates were satisfied with their treatment, whereas 26.3 percent (n=158) were not satisfied with their treatment. Therefore, it was found that the majority of inmates involved in Melnick's study were, in fact, satisfied with their treatment.

#### *Descriptive Data of an Inmate's Participation*

One way treatment could be considered to be effective is if the individual is actively participating within the program. In the current study, there were multiple variables that were taken from Melnick's original study that were grouped as a single variable related to an inmate's participation. One of the first variables that was examined was if the inmate "really felt like a part of something here." The majority of the inmates either picked "Somewhat Agree" with a percentage of 28.4 (n=228) or "Strongly Agree" with a percentage of 27.5 (n=221). The inmates who reported that they felt a part of something in the program rated their program stronger than those who didn't take part in the program. The next variable examined was if the inmate was glad that they had the opportunity to participate in the program. Again, the majority of the inmates either picked "Somewhat Agree" with a percentage of 25.7 (n=207) or "Strongly Agree" with a percentage of 40.4 (n=325). If the inmate had an opportunity to participate in the program, they rated this variable higher than those who didn't actively participate in the program.

The next variable was associated to the inmate felt like they had a commitment to the other inmates in the program. The inmates reported that they "Don't feel One Way or the Other" with a percentage of 28 (n=225), "Somewhat Agree" with a percentage of 21.5 (n=173), or "Strongly Agree" with a percentage of 20.7 (n=166). The more commitments the inmates had to each other in the treatment program the higher they rated this variable. When the inmates asked if they enthusiastically participated in their treatment program, 80.4 percent (n=483) said they actively participated in the program (yes). The more an inmate participated in the program the higher they would rate their participation in the program. However, when the inmates were asked if they felt an investment, attachment,



and ownership to the program, 51.6 percent (n=309) said “yes” and 48.4 percent (n=290) said “no”. It would seem that the inmates were almost divided on whether or not they had an investment or attachment with their program because the percentages were almost evenly split.

#### *Summary of an Inmate’s Participation*

For the majority of the time, the variables involving inmates participation in the treatment program was positive. The majority of the inmates felt as if they had a sense of belonging to the program, were happy they were in the program, felt as if they were committed to the other inmates, and enthusiastically participated throughout the program. However, the inmates were torn between whether or not they felt an investment, attachment, or ownership to their treatment program. In the next section, the characteristics of the program will be explained.

#### *Descriptive Data of the Program’s Characteristics*

In the current study, there were multiple variables that were taken from Melnick’s original study that were grouped as a variable related to the characteristics of the treatment program. These variables were selected because they seemed to aid the inmate through the program. The first variable examined was if the program supported the inmate. After examination it was found that 26.4 percent (n=212) “Somewhat Agreed” and 28.9 percent (n=232) “Strongly Agreed”. The majority of the inmates felt they were supported in one way or the other while enrolled in the program. The question the inmates were surveyed on was whether or not they thought the program was well organized. It was reported that 27 percent (n=216) “Somewhat Agreed” and 24.8 percent (n=198) “Strongly Agreed” that the program was well organize. The majority of the

inmates found that the program supported their treatment process. The inmates then reported the effectiveness of management in regards to responding to problems in the program. It was found that 24 percent (n=192) “Somewhat Agreed” and 29.3 percent (n=235) “Strongly Agreed”. In this variable, it was found that the majority of the inmates saw the management in the program to be effective at responding to problems that arose in the treatment process. The inmates reported that the counselors supported their goals in the program with a percentage of 69.4. When the inmates were asked if their counselor was sincere on helping them in the program, the majority of the inmates said their counselor was helping them through the program with a percentage of 73.7. These two variables were found to be effective in the treatment process because it involved the staff personally caring for the inmate. If the inmate saw the counselor has supportive and sincere in the program for the majority of the time.

#### *Summary of the Program’s Characteristics*

The majority of the inmates reported that the program characteristics were helpful in their treatment efforts. It was reported that the inmates felt they were supported by the program and their counselor(s), that the program ran smoothly, that management was good at responding to problems, and that their counselor was sincere in wanting to help the inmate. The inmates felt the program’s characteristics had a positive role in their treatment process, which lead to the majority of the inmates reporting that the program was beneficial to them. In the next section, correlations between the variables will be discussed.

**Table 1**Descriptives of Inmate Participation and Program Characteristics

| Variable   | N   | 1<br>Strongly<br>Disagree | 2<br>Disagree | 3<br>Neutral | 4<br>Agree   | 5<br>Strongly<br>Agree | Mean |
|--|-----|---------------------------|---------------|--------------|--------------|------------------------|------|
| 138. I really feel like a part of something here                     | 803 | 132<br>16.4%              | 63<br>7.8%    | 152<br>18.9% | 228<br>28.4% | 221<br>27.5%           | 3.40 |
| 139. I am glad I have the opportunity to participate in this program | 804 | 113<br>14.1%              | 49<br>6.1%    | 105<br>13.1% | 207<br>25.7% | 325<br>40.4%           | 3.71 |
| 145. I feel supported by the program                                 | 803 | 120<br>14.9%              | 75<br>9.3%    | 156<br>19.4% | 212<br>26.4% | 232<br>28.9%           | 3.42 |
| 156. I think that the program is well-organized (runs smoothly)      | 800 | 154<br>19.3%              | 92<br>11.5%   | 130<br>16.3% | 216<br>27%   | 198<br>24.6%           | 3.23 |
| 160. I feel a commitment to the other people here                    | 803 | 146<br>18.2%              | 86<br>10.7%   | 225<br>28%   | 173<br>21.5% | 166<br>20.7%           | 3.13 |
| 163. Management is good at responding to problems                    | 801 | 145<br>18.1%              | 77<br>9.6%    | 146<br>18.2% | 192<br>24%   | 235<br>29.3%           | 3.35 |

**Table 2**  
Frequency of Inmate Participation and Program Characteristics

| Variable   | N   | Yes          | No           |
|--|-----|--------------|--------------|
| 166. I enthusiastically participate in program activities          | 601 | 483<br>80.3% | 118<br>19.4% |
| 167. I feel an investment, attachment and ownership in the program | 599 | 309<br>51.6% | 290<br>48.4% |
| 169. My counselor supports my goals                                | 598 | 415<br>69.4% | 183<br>30.6% |
| 170. My counselor is sincere in wanting to help me                 | 599 | 440<br>73.5% | 159<br>26.5% |

*Correlations*

Pearson's r correlations coefficients test to determine the relationship between the dependent variable, overall satisfaction, and the numerous independent variables. It was found that the overall satisfaction of the inmate was strong between four different variables. The first variable that was strongly related to satisfaction was "I enthusiastically participate in program activities" ( $r=.468$ ). The next variable that was strongly related to satisfaction was "I feel an investment, attachment and ownership in the program" ( $r=.464$ ). Another variable that was strongly related to satisfaction was "my counselor supports my goals" ( $r=.549$ ). The last variable that was strongly related to satisfaction was "my counselor is sincere in wanting to help me" ( $r=.575$ ). The other variables that were previously discussed in frequencies were found to be moderately negative to strongly negative in correlation to satisfaction.

**Table 3**Correlations with Overall Satisfaction

| <b>Social Bond Elements</b>              | <b>Variables</b>  | <b>Pearson's r</b> | <b>P-value</b> | <b>N</b> |
|--|---|--------------------|----------------|----------|
| Belief                                   | 170. My counselor is sincere in wanting to help me                  | .575               | < .001         | 599      |
| Belief                                   | 169. My counselor supports my goals                                 | .549               | < .001         | 598      |
| Involvement                              | 166. I enthusiastically participate in program activities           | .468               | < .001         | 599      |
| Attachment and Commitment                | 167. I feel an investment, attachment and ownership in the program  | .464               | < .0001        | 597      |
| Attachment, Commitment, and, Involvement | 138. I really feel like a part of something here                    | -.369              | < .0001        | 595      |
| Involvement                              | 139. I'm glad I have the opportunity to participate in this program | -.364              | < .0001        | 596      |
| Attachment and Belief                    | 145. I feel supported by this program                               | -.399              | < .0001        | 595      |
| Belief                                   | 156. I think the program is well-organized (runs smoothly)          | -.438              | < .0001        | 593      |
| Commitment                               | 160. I feel a commitment to the other people here                   | -.293              | < .0001        | 596      |
| Involvement and Belief                   | 163. Management is good at responding to problems                   | -.390              | < .0001        | 593      |

Judging from these correlations in Table 3, there was a correlation between the inmates overall satisfaction with the program and the two types of categories, inmate participation and characteristics of the treatment program. The more an inmate enthusiastically participated in the program and if they felt attached to the program, the more frequently an inmate reported higher levels of satisfaction. It was also found that if the counselor supported the inmate's goals and was sincere in helping the inmates through the treatment process, the inmate reported higher levels of satisfaction. The first hypothesis being that inmates who actively participate in a program have higher self-reported rates of satisfaction was supported by two variable correlations. The two variables that supported the first hypothesis were: I enthusiastically participate in program activities and I feel an investment, attachment, and ownership in the program. The second hypothesis being that certain characteristics of the treatment program will have a positive effect on the inmate's self-reported satisfaction ratings was also supported by two variables. The two variables that supported the second hypothesis were: My counselor supports my goals and My counselor is sincere in wanting to help me.

#### *Support for Hirschi's Social Bonding Theory*

In the current study, it was found that the data supported all four elements of Hirschi's Social Bond Theory. The first element that was supported by the data was attachment. The attachment element was found to be supported by the variable: I feel an investment, attachment, and ownership in this program. While the inmate is in the program, they are or should be motivated to seek out and make attachments to other participants and the people who run the program. The commitment element was also

supported for the same variable as stated with the attachment element. With this element however, after making the preliminary attachment, the inmate then has to commit to those people. After making a commitment to the counselors and other participants, the inmate will not want to let down those individuals and hopefully stay with the treatment program. The involvement element was supported by the inmate reporting that they enthusiastically participate in the program. By actively participating in the program, the inmate is getting themselves involved in the treatment process. This is allowing the inmate to take control of their actions and play a critical role in wanting to better themselves in the treatment process. Also, the more involved the inmate is with the treatment process, the less amount of time they will have to do other activities which could potentially put them at risk for reoffending. Lastly, the belief element was supported by the two variables involving the counselor being sincere in helping the inmate in the program and the counselor believing in the goals set by the inmate. The more the counselor showed their support to the inmate in the treatment process, the more satisfied they were with their treatment. The inmate had to believe that an outside source (the counselor) was helping them through the treatment process.

## Chapter 6

### **Conclusions and Discussion**

Researching satisfaction rates among inmates in treatment programs is a fairly new field of study and is growing rapidly. “Although TC treatment plus aftercare has been shown to be effective in reducing drug use and recidivism, little data has been collected on how offenders perceive these programs and the services they receive” (Melnick et al., 2004, pp. 124). The most current study sought to find the possible predictors of satisfaction. Two hypotheses were analyzed regarding inmate participation and program characteristics. The more an inmate participates within the treatment program, the higher the inmates will rate their satisfaction. The other hypothesis was that the characteristics of the treatment program will have a positive impact on an inmates satisfaction ratings. These two hypotheses were supported by the findings of this study.

#### *Summary of Major Findings*

The current study was conducted using a secondary research analysis on the MQA- Client Survey data set involving inmates in drug treatment programs. The majority of the inmates reported that they enthusiastically participated in program activities (58.3 percent, n=483), felt some kind of investment or attachment (51.6 percent, n=309), felt that their counselor supported their goals (69.4 percent, n=415), and that their counselor was also sincere in helping the individual (73.5 percent, n=440).

One of the most significant findings of this study was associated with the characteristics of the program. The study found that the role of the counselor was a significant element within the treatment process and predicted a higher level of satisfaction when attachment was present. Inmates, who thought that their counselor was



supporting their goals in the treatment program were more satisfied with their treatment. It was also found that if the counselor was sincere in helping the individual, the inmate reported higher levels of satisfaction. These two characteristics of the treatment program were the strongest variables linked to highly reported satisfaction rates among inmates and shows support for Hirschi's attachment element in his Social Bonding Theory because it involved the positive bonds of a person helping them through the treatment process.

There were two more significant findings in this study that involved an inmate's participation level. The study found that inmates who enthusiastically participated in the program's activities reported higher levels of satisfaction. It was also found that if the inmate felt an investment, attachment, and ownership in the program, they were more likely to report higher levels of satisfaction. Although these two variables were not as strong as the program characteristic variables, they still proved to be significant in the study.

The current study hypothesized that the inmate's participation and the characteristics of the treatment program will have an influence on the self-reported levels of satisfaction among inmates in treatment programs. This hypothesis was supported by the data. The characteristics of the treatment program involving the role of the inmate's counselor was correlated to higher levels of reported satisfaction. It was also found that the more involved the inmate was in the treatment process, the more satisfied they were with the treatment program. This showed support for Hirschi's attachment and involvement element of social bonding theory because the inmate had a part within the

process. The inmate had to voluntarily participate and make new connections and once they made those connections, they reported higher levels of satisfaction.

### *Contribution*

The original study conducted by Gerald Melnick sought to see if inmates in treatment programs were overall satisfied with their services. Melnick's study found that inmates were indeed satisfied with their treatment program overall. However, the current study sought to find predictors of satisfaction among inmates in treatment programs. This study was able to identify variables responsible for higher rates of satisfaction. There are multiple contributions that the current study has made to the criminal justice system, specifically the correctional system.

The first contribution is that the study identified the predictors of satisfaction. The program's characteristics and an inmate's participation levels have a significant role in relation to satisfaction rates. While knowing that these variables are strongly related to the satisfaction of inmates in treatment programs, correctional treatment programs can further improve on the factors which make the program run efficiently. On the other hand, this study shows variables that do not correlate with satisfaction. While knowing the factors that do work, the correctional treatment program, can work on the factors that do not relate to higher levels of satisfaction.

This study was an expansion on Gerald Melnick's previous study on an inmate's perception on drug treatment programs. While Melnick's study was based on overall satisfaction, the current study was focused on the predictors of satisfaction. The research was able to find that participation and the characteristics of the program were significant in relation to satisfaction.

### *Limitations of the Study*

In the current study six limitations were discovered. The first limitation was that it was a secondary research analysis. This research analyzed information from a previous data set, so additional data or original research could not be introduced into this study. Another limitation to the current study, involves the validity of the responses recorded by the inmates. Inmates might feel pressured to lie about their overall satisfaction within their program because they are being observed by researchers and correctional staff. In order to counter this, the researcher could ensure the inmates anonymity to in the attempt to get a more truthful response. The next limitation is that different types of populations can be more satisfied than others. For example: substance abusers are very delicate populations to treat because of their risk of reoffending. Most of these people in these programs want immediate results because they want to rid themselves of their addiction, but because the treatment takes time in order for the offender to see results, the offender might not be initially satisfied. On the other hand, if an offender is in a treatment program for anger management, the offender can learn relaxation and decision-making skills rather quickly that may show rapid results, which can lead to the offender being satisfied with their treatment.

Another limitation to the current study deals with the time length of the program. Each correctional treatment program varies in the length of time which the inmate has to graduate from. Some of these programs vary between six months to over a year and because of some of these programs being short, the offender might deem the program ineffective due to being rushed through. Offenders that are in programs for longer periods of time might rate their satisfaction rates higher because they have a longer period of time

to learn and improve themselves from the program. Another limitation in the current study is that the dichotomous dependent variable (overall satisfaction) does not account for the inmates true feelings for the treatment program. The dependent variable is a yes or no question. If the inmate was asked if they were satisfied with their treatment in an interview process, the researcher would be able to know what factors of the program made it successful to the inmate.

Despite interviewing the inmate to get their true feelings of the program, there still leaves the problem that the inmate might be lying because they feel as if the information they are giving the researcher will affect their lives in the correctional facility. There are multiple methods in which to tackle this issue. The first is ensuring anonymity to the inmate ensuring the information gathered is strictly for research and that there will be no way their name can be linked to the responses gathered. Another way, which can be considered a risk to one's health is having the researcher take on the role of the inmate and gathering information among the inmate population, which will be discussed in the following section. The last limitation is that implementation of Hirschi's Social Bond Theory was not originally created to be applied to this type of study. Although Social Bond Theory's elements can be linked to the variables used in the current study, this theory has not been widely used within this area of study.

#### *Recommendations of Future Research*

Due to the lack of research involving satisfaction rates of inmates in correctional treatment programs, there needs to be more research. While conducting and gathering new data on the multiple variables in treatment programs, researchers can more accurately find and utilize the most important factors within the treatment program. The

current study was an analysis on the predictors of satisfaction. However, new studies can almost replicate the same study conducted by Melnick to test if inmates are satisfied overall in correctional treatment programs. One method that is beneficial in determining if inmates are satisfied with their treatment is through one-on-one interviews. The self-reported surveys were a great start to see if they were satisfied with their treatment, but with interviews the researcher has a variety of avenues they can take with the inmate to gather more quality data. In an interview process, the researcher can ask the inmate if they are satisfied with their treatment program and what specific components in their program led to their satisfaction.

Another recommendation is to control the area in which they are questioned. A limitation that was covered in the previous section was that inmates might lie on their self-reported surveys because they might feel as if they are being watched by correctional staff. If the researcher is able to eliminate correctional staff from the area where inmates are taking the survey, the inmate might be more truthful in the survey/interview process. Another recommendation to future researchers is to place himself/herself in the inmate population. The researcher will play the role of the inmate and portray himself/herself as a member of the treatment group, and then gather information first hand from the inmates. This could be an extremely valuable method to gather information because the researcher is gathering information first hand. For example: the inmate can say that they like the treatment program, but as soon as the day is over they can say to their peers that it is the worst program they have ever seen. By going “undercover” as an inmate, one can get the most accurate information about the program, as long as they maintain their cover as an inmate.

### *Final Thoughts*

As predicted, inmate participation and the characteristics of the treatment program were correlated to higher self-reported levels of satisfaction. Although previous research indicates that inmates are satisfied with their treatment program, further research needs to be conducted because there is still a small amount of research in this field. By furthering research in this field, the correctional system's treatment programs can improve so that inmates will feel more satisfied with their treatment, it will be more successful, and could reduce recidivism.

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## APPENDIX A

*Hypothesis 1:* Inmate participation will have an influence on the inmate's self-reported satisfaction rates.

*Hypothesis 2:* Program characteristics will have an influence on the inmate's self-reported satisfaction rates

## APPENDIX B

### *Pearson's r Correlation Coefficient Model*

#### **Dependent Variable:**

- (1) I am satisfied with my treatment

#### **Independent Variables:**

- (1) I really feel like a part of something here
- (2) I'm glad I have the opportunity to participate in this program
- (3) I feel supported by the program
- (4) I think that the program is well-organized (runs smoothly)
- (5) I feel a commitment to the other people here
- (6) Management is good at responding to problems
- (7) I enthusiastically participate in program activities
- (8) I feel an investment, attachment, and ownership in the program
- (9) My counselor supports my goals
- (10) My counselor is sincere in wanting to help me

## APPENDIX C



One University Plaza, Youngstown, Ohio 44555  
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November 23, 2015

Dr. Christopher Bellas, Principal Investigator  
Mr. Stephen Dempsey, Co-investigator  
Department of Criminal Justice & Forensic Sciences  
UNIVERSITY

RE: HSRC Protocol Number: 032-2016  
Title: We Can't Get No Satisfaction

Dear Drs. Bellas and Hazy and Mr. Dempsey:

The Institutional Review Board has reviewed the abovementioned protocol and determined that it is exempt from full committee review based on a DHHS Category 5 exemption.

Any changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the IRB.

The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,

Mr. Michael A. Hripko  
Associate Vice President for Research  
Authorized Institutional Official

MAH:cc

c: Atty. Patricia Wagner, Chair  
Department of Criminal Justice & Forensic Sciences

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# APPENDIX D

