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EFFECTS OF A COGNITIVE RESTRUCTURING PROGRAM ON INMATE INSTITUTIONAL BEHAVIOR

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Although research suggests that cognitive restructuring programs reduce recidivism, little is known about the effects of such programs on institutional behavior. This study compared randomly selected inmates who participated in other self-help programs and randomly selected inmates who participated in the first phase of a cognitive restructuring program with inmates who had been in the second phase for at least 6 months. The total sample size was 123. Findings suggest that participation in the first phase appears to reduce refusals to obey a direct order, whereas participation in the second phase appears to reduce assaults.

In fall 1997, the National Institute of Corrections sponsored a video conference titled "Cognitive/Behavioral Strategies to Changing Offender Behavior." Correction officials and staff across the nation gathered at local videoconference sites and spent 4 days learning about cognitive intervention programs. Although these types of programs are not new to corrections, the national conference illustrated that cognitive intervention has taken on the proportions of a treatment reform movement. The movement began in Canada in the 1980s, when the national Correctional Service chose cognitive restructuring as its principal treatment strategy (Porporino, Fabiano, & Robinson, 1991). By 1995, similar treatment programs could be found in many states, including Oregon, California, Georgia, Vermont, and Michigan (Blinn, 1995; Bush & Bilodeau, 1993; Ross, 1990; State Board of Pardons and Paroles, 1992; Withrow, 1994).

Although these programs vary, they share a common theoretical assumption that cognitive deficits—such as limited abstract reasoning—and/or cognitive distortions—such as denials of responsibility—are criminogenic (Henning & Frueh, 1996). Thus, the primary treatment goal is to restructure the offender's thinking patterns or facilitate more prosocial thinking. Proponents also insist that the most effective correctional programs are those that include cognitive interventions (e.g., Husband & Platt, 1993; Ross, 1990).

There are two major types of cognitive intervention programs: cognitive development and cognitive restructuring (National Institute of Corrections, 1997). Cognitive development programs address deficits in areas such as problem solving, moral reasoning, and social skills. Cognitive restructuring programs, on the other hand, focus on thinking distortions rather than thinking deficits. "Changing the attitudes, beliefs, and habits of thinking that lead to criminal behavior" (National Institute of Corrections, 1997, p. A-2) is the essential treatment task.

Psychiatrist William Healy was an early proponent of cognitive restructuring. Healy (1915) postulated that it was "bad habits of the mind" (p. 125) rather than social circumstances that led to criminality. Modern cognitive restructuring also has roots in the work of Yochelson and Samenow (1976, 1977), who identified specific "thinking errors" or cognitive distortions that support criminal behavior. Some of these distortions are similar to what Matza (1970) called "techniques of neutralization" (p. 35). Such techniques include denying that one's behavior caused harm and insisting that there really was no victim, but only someone who "asked for it." Coupled with egocentric attitudes, these distortions constitute the thinking patterns that cognitive therapists hope to restructure. Similar thinking patterns make up what Yochelson and Samenow (1976, 1977) call "the criminal personality."

Research on correctional, cognitive intervention programs has been conducted since the early 1980s (Ross, Fabiano, & Ross, 1986). However, most of this research is focused on recidivism (i.e., postrelease, criminal behavior). For example, Ross, Fabiano, and Ewles (1988) and Johnson and Hunter (1992) discovered significantly lower recidivism rates among cognitive skills program participants. Similarly, Little, Robinson, and Burnette (1993) conducted a 5-year evaluation of a moral reasoning program and reported significant

decreases in recidivism. More recently, Henning and Frueh (1996) found a 20% reduction in recidivism among offenders who had participated in a cognitive restructuring program.

Although there is an encouraging body of research on cognitive interventions and recidivism, there are no known studies about what (if any) effects such programs might have on inmate institutional behavior. There are at least two important reasons why such studies are needed. First, many violations of prison rules (e.g., assault, arson, and possession of drugs or alcohol) represent serious threats to the safety of staff and inmates. Second, responding to the more serious or major rule violations is very expensive, because major rule violations require considerable staff time to investigate and process. They also usually result in disciplinary segregation and a loss of "good time" (i.e., days taken off prison sentences in exchange for good behavior), both of which add to prison costs. Lovell and Jemelka (1996) studied these and other costs of inmate discipline and estimated that the average cost of responding to a major rule violation is \$970 (p. 165). Because hundreds of such violations are committed in most prisons each year (Eichenthal & Blatchford, 1997), the overall impact on prison operating budgets is significant. Thus, improvements in inmate behavior can be cost-saving improvements.

Alberti (1978) insisted that inmate discipline is also important because there is a relation between high levels of prison misconduct and postrelease failure. More recently, however, Eichenthal and Blatchford (1997) reviewed related literature and concluded that findings are inconsistent. Similarly, it is not entirely clear what factors best predict prison misconduct. Gendreau and Goggin (1997) conducted a meta-analysis of 39 studies and found more than 600 correlations. They also found that personal and institutional variables were equally powerful in predicting misconduct. Within the personal category, actuarial measures of antisocial personality and criminal histories were strong predictors of misconduct. Age is another personal characteristic strongly related to disciplinary infractions (e.g., Flanagan, 1983; Goetting & Howsen, 1986; Toch, Adams, & Grant, 1989): The younger the inmate, the more likely it is he or she will be involved in prison misconduct.

Findings on the relation between race and prison misconduct are inconsistent. Although some researchers (e.g., Goetting & Howsen,

1986; Harer & Steffensmeier, 1996) found that Black inmates are more likely to violate prison rules, others (e.g., Finn, 1995; Flanagan, 1983) insist that race is not an important predictor of prison misconduct.

Research on reductions in prison misconduct suggests that programs and management are important issues. Programs offering inmates opportunities for self-improvement and advancement are effective in reducing disciplinary infractions (Wright, 1993). Examples of such programs include prison industries (Maguire, 1996), educational and vocational programs (Gerber & Fritsch, 1995; McCorkle, Miethe, & Drass, 1995), and animal care combined with substance abuse therapy (Cushing & Williams, 1995). Prison management also makes a difference. Sound management practices can decrease inmate assaults (McCorkle et al., 1995), and some prison management techniques, such as prioritizing staff and inmate discipline, can produce relatively high levels of order and lawfulness (DiIulio, 1987).

Meanwhile, state prison populations continue to increase at phenomenal rates, inmate assaults on correctional staff and other inmates have increased, and people are being sent to prison at younger ages to serve longer sentences (U.S. Department of Justice, 1997, 1998). Of course, recidivism is still an important issue, but a more immediate concern is to find effective strategies to manage populations of younger, often highly assaultive inmates, housed in prisons crowded beyond design capacities. When rates of disciplinary infractions are high, these prisons become even more difficult to manage and more expensive to operate.

Thus, being able to identify programs that have positive effects on inmate behavior is an increasingly important management issue. I hope this study will be of some assistance. It was designed to measure the effects of a cognitive restructuring program called "Strategies for Thinking Productively" (STP), and it is focused on disciplinary infractions.

PROGRAM DESCRIPTION

The STP program has been in operation since 1993. It is located at the Michigan Reformatory in Ionia, Michigan, and is an adaptation of

a similar program developed for the Vermont Department of Corrections (Bush & Bilodeau, 1993).

There are two phases in the STP program. Phase I consists of an orientation to the program and is designed to teach basic concepts and techniques. It is made up of 14 lessons presented as a series over an 8-week period. Associated learning tasks are to (a) learn basic principles of cognitive self change, (b) learn how to develop thinking reports and keep personal journals, (c) be able to identify key thinking patterns that have led to criminal behavior, and (d) be able to identify realistic alternatives and interventions. Phase I groups meet twice per week in 90-minute sessions. Two STP-trained staff are assigned to each group as teachers and facilitators. Successful completion of Phase I consists of having demonstrated (in group sessions and in homework assignments) familiarity with the basic principles and tasks involved in the STP program.

Phase II is best described as an opportunity to put into practice lessons learned in Phase I. Inmates are required to continue writing and discussing "thinking reports" (i.e., descriptions of problematic experiences and associated thoughts, attitudes, and beliefs). They also must keep a personal journal and discuss it with an assigned staff person. In addition, Phase II inmates continue to work on identifying key patterns of thinking connected with their criminal behavior and plan and practice intervention strategies. Examples of these interventions include structuring one's time to be with people who actively support efforts to change, reminding oneself of the new person one wants to become, and accepting responsibility for antisocial behavior. Phase II inmates also prepare individual relapse prevention plans. These are plans based on their own recognition of what, for them, might be high-risk situations and the ways in which they will either avoid or deal with the situations.

During the Phase II program, inmates live in a separate, 40-bed housing unit and are assigned to treatment groups usually consisting of 8 participants. Two staff facilitators also are assigned to each group. Groups meet three times per week in 90-minute sessions. A typical session involves one inmate presenting a thinking report about a recent situation. The group listens to the report and provides assistance in identifying "thinking errors" and/or more positive cognitive patterns. Phase II inmates also have regular homework assignments

and one-on-one counseling sessions to review their journals; they also undergo regular staff review of progress in the program.

Successful completion of the STP Phase II program consists of demonstrating competence in four cognitive self-change steps. These are (a) observing thoughts and feelings, (b) recognizing the criminal risks of thoughts and feelings, (c) using new thinking patterns to reduce this risk, and (d) being able to apply the first three steps to real-life situations.

Of the approximately 500 inmates who have completed Phase I since 1993, only about 20% volunteered to enter Phase II. Transfers to other facilities and/or opportunities to transfer appear to be a major reason why enrollment in Phase II has been limited. Once an inmate is in Phase II, he cannot transfer to another prison until he has completed the program, quits, or gets transferred for security or disciplinary reasons. Because it is supposed to take a minimum of 6 months and a maximum of 24 months to complete Phase II, inmates are understandably reluctant to give up opportunities to transfer to lower security level prisons or prisons closer to their homes. Giving up these opportunities represents a serious commitment to the STP program.

The STP program also requires staff commitment. All staff with any significant inmate contact duties must at least complete the STP orientation training. Those who volunteer to become group facilitators receive more training and take on additional responsibilities. While continuing to perform as correctional officers, caseworkers, unit managers, and administrators, they also organize, schedule, and run the STP program. There is no special STP unit with staff assigned on a full-time basis.

METHOD

PARTICIPANTS

The Michigan Reformatory houses approximately 1,200 "close security" male inmates. Well over half the population is under the age of 25, and at least 40% fall into what the Michigan Department of Corrections considers high assault risk classification categories (i.e., scores of 5 or higher on an assault risk classification form). Most

(more than 50%) also have been sentenced to prison for violent crimes, have criminal histories that include having committed violent crimes, or both. Well over half of the 123 inmates in this study were also younger men who had been classified as high assault risks.

DESIGN AND PROCEDURE

Because the STP program was set up as the major counseling program at the Michigan Reformatory, policy allows almost all the inmates to participate. Random assignment was not in keeping with this policy and was not permitted. For this reason, the study is limited to making comparisons between randomly selected inmates who completed Phase I, randomly selected inmates who did not participate in STP but did participate in other self-help programs, and all inmates who participated in Phase II for 6 months. Each group consisted of 41 inmates. The decision to limit the study groups to 41 inmates each was based on data collection time constraints and on the fact that only 41 inmates had participated in Phase II for at least 6 months prior to the 1-year follow-up period. The total sample for the study is 123 inmates.

All of the STP Phase II inmates completed the 8-week Phase I program. As previously mentioned, Phase I is an orientation to the treatment, and it must be completed before an inmate is accepted into Phase II. However, inmates in the Phase I comparison group did not participate in Phase II. They were randomly selected from a group of 128 who completed Phase I but did not volunteer to participate in Phase II. Those who participated in other self-help programs, such as Alcoholics Anonymous, Narcotics Anonymous (NA), religious/cultural programs, and an education program, were randomly selected from a list of 175 inmates who had been in a program for at least 8 weeks.

Randomly selecting inmates who had volunteered for other self-help programs instead of just drawing a sample from the whole population was intentional. It was an effort to control for "volunteerism" (i.e., a type of self-selection bias), whereby inmates who volunteer might be less likely to commit disciplinary infractions regardless of the type of program they enter.

The follow-up period was 1 year. For STP Phase I participants, this is 1 year after they completed the 8-week program. The follow-up

period for the inmates who had volunteered for other self-help programs was 1 year after they had participated for 8 weeks. The Phase II follow-up period was 1 year after having been in Phase II for 6 months. It should be noted that during this follow-up period, half of the Phase II inmates remained in the program for at least 6 months. For this reason, comparisons within the Phase II treatment group as well as between the three groups will be made.

Ideally, the study should include a sample of inmates who have completed Phase II instead of just having participated for only 6 months. However, since 1993, only a small number of inmates have completed this phase; most (approximately 75%) have quit after 6 to 12 months either to transfer to another facility or to leave the special living unit and return to the main population. In discussions of the completion rate issue with STP trained staff, it was agreed that participation for at least 6 months should have some positive effects on inmate behavior. This seemed a reasonable expectation. However, the staff did not agree that participation in Phase I alone would have any significant impact on the inmates' behavior. Instead, and as the STP program description suggests, they viewed Phase I as little more than an orientation to treatment. Nevertheless, a Phase I sample was drawn, and it appears as though there are some positive effects.

The dependent variables are assaults, disobeying a direct order, the total number of major misconducts, days of detention, days lost, and transfers to high-security prisons. Data for these variables are available on a Michigan Department of Corrections (MDOC) statewide computer system. These variables are also standardized insofar as the related policies and procedures are set by the MDOC rather than by individual units or prisons. Thus, even if an inmate transfers to another prison, the same misconduct and sanction policies apply.

Assaults are major misconducts that include assault and battery on another prisoner, a staff member, or any other person (MDOC, 1997: MDOC Major Rule Violation Policy 03.03.105 [011-016]). Disobeying a direct order is another major misconduct involving any refusal or failure to follow a valid and reasonable order given by an employee (MDOC, 1997: MDOC Major Rule Violation Policy 03.03.105 [020]). For practical reasons involving some data collection problems, these are the only specific major misconducts (also known as major rule violations) included in the study. There are 23 other major

misconducts listed on the related policy (MDOC, 1997: MDOC 03.03.105), ranging from homicide to insolence (i.e., words or actions intended to harm or cause alarm to an employee). These were included, as were assaults and disobeying a direct order, in the dependent variable called "total major misconducts." Thus, the total major misconducts variable is the sum of all the major rule violations committed during the follow-up period.

The dependent variables called "days of detention" and "days lost" are references to sanctions imposed for major rule violations. Detention is a type of lock-down whereby an inmate is kept in a cell for most of the day; time out for short exercise periods and showers is allowed. Days lost are days added to the time some inmates must serve before parole or other release. If they had not violated major rules, they would have kept these "disciplinary credits" and shortened their time in prison. Finally, transfers to high-security prisons were included because these are indicators of highly disruptive or threatening behavior. For example, inmates who assault staff or each other are often transferred to a high-security prison.

Independent variables are age, property risk scores, assault risk scores, and the type of program participation. Age is included because most of the research on inmate disciplinary infractions suggests that it is an important variable (e.g., Flanagan, 1983; Goetting & Howsen, 1986; Toch et. al., 1989). The property and assault risk scores come from classification instruments validated by the MDOC. The higher these scores are, the greater the likelihood inmates will recidivate or continue to behave in an unlawful manner. The final independent variable—type of program participation—has three possibilities: "Other," whereby the inmates participated in some other self-help program but not in STP; "STP Phase I," meaning that the inmates completed Phase I but did not participate in Phase II; and "STP Phase II," which indicates participation in Phase II for at least 6 months.

Race or ethnicity was not included as an independent variable for two reasons. First, research findings on race and prison misconduct are inconclusive. Second, one of the conditions for research approval set by MDOC officials was that race not be used as a study variable. In conversations with these officials, it became apparent that their interpretation of research findings is that race is not a predictor of prison misconduct. Because findings are inconclusive, they may be correct.

In any event, the exclusion of race or ethnicity as an independent variable may be viewed as a study weakness. As such, it is addressed in the discussion section of this article.

Data were collected from inmate files, program records, and the statewide MDOC computerized information system. When inmates were transferred during the follow-up year, information was obtained from the statewide system and (in cases of missing data) sometimes from other prisons. Data analyses were conducted using the Statistical Program for the Social Sciences (SPSS).

RESULTS

A one-way analysis of variance (ANOVA) test revealed that there were no significant ($p < .05$) age, property risk, or assault risk differences between the three groups. Well over half the inmates in each group were 23 to 27 years old. Similarly, well over half in each group also fell into the higher property and assault risk categories. Thus, with regard to all the independent variables except the type of program, the groups appear to be similar.

Because data for the dependent variables were not normally distributed and a Levene's test revealed a lack of homogeneity, the Kruskal-Wallis test was used to identify differences between the three groups. The Kruskal-Wallis test is a nonparametric alternative to the one-way ANOVA that does not require normality or equal variances (Roscoe, 1975, p. 304). As indicated in Table 1, this test revealed significant differences between the three groups.

There were significant differences ($p < .05$) between the three groups with regard to disobeying direct orders and assaults (see Table 1). Inmates in the STP groups (Phase I and Phase II) were much less likely to disobey a direct order than were those who participated in other self-help programs. The difference in assaults comes from the STP Phase II group. Whereas the numbers of assaults in the "Other" and the STP Phase I groups were 21 and 20, inmates in the STP Phase II group committed only 6 assaults.

There is also a significant difference ($p < .05$) in the days of detention served by members of the three groups, but this finding is affected by the assault differences. Assaults are considered serious offenses

TABLE 1: Misconducts and Sanctions by Program Group (N = 123)

Variables	Other (n = 41)			STP Phase I (n = 41)			STP Phase II (n = 41)		
	Sum	M	SD	Sum	M	SD	Sum	M	SD
Disobey direct order ^a	71	1.73	2.46	30	0.73	1.07	35	0.85	1.24
Assault ^a	21	0.51	1.05	20	0.49	0.71	6	0.15	0.42
Total major misconducts	168	4.10	5.29	131	3.19	3.41	122	2.98	3.74
Days of detention ^a	910	22.19	29.66	749	18.27	22.34	347	8.46	15.62
Days lost	1,505	36.71	46.12	1,163	28.37	41.72	800	19.51	33.63

NOTE: Disobey direct order, $\chi^2(2, 123) = 7.093, p = .029$; assault, $\chi^2(2, 123) = 6.354, p = .042$; days of detention, $\chi^2(2, 123) = 6.037, p = .049$. One-way analysis of variance yielded the same results.

a. Kruskal-Wallis test indicates a significant difference between groups ($p < .05$).

and typically are punished by more days of detention than most other types of misconduct. Thus, it is understandable that those in the STP Phase II group, who committed only six assaults, served far fewer days in detention than did those in the other groups (i.e., 347 vs. 910 and 749, respectively).

The total major misconducts in each group during the follow-up year ranged from 122 to 168. There were no statistically significant differences between groups on this measure. Similarly, there were no statistically significant differences with regard to the numbers of days lost. Although inmates in the Phase II group managed to hold on to more than 700 more "disciplinary credit" days than did those in the "Other" group, and more than 300 more than those in the Phase I group, these were not statistically significant differences (see Table 1).

Table 2 provides another way to examine the differences between the three groups. Because some inmates commit an inordinate number of rule violations, simply reporting the sums and means for each group can be misleading, and questions about the percentage of inmates in each group who commit few, if any, violations remain unanswered. For this reason, data were transformed into ordinal levels of misconduct.

Similar percentages of inmates in each group (24%, 22%, and 24%) were not found guilty of committing any major misconducts during the follow-up year. However, much larger percentages of inmates in the two STP groups (59% and 61% vs. 34%) appear not to have disobeyed a direct order even once during the follow-up year. The

difference in assaults is, once again, coming mainly from the STP Phase II group. Eighty-eight percent of those in the STP Phase II group appear not to have committed any assaults during the follow-up year. By comparison, 75% of those in the "Other" group and 63% of those in the STP Phase I group did not commit assaults (see Table 2). Gamma test results were significant ($p < .05$) on these two measures (disobeying a direct order and assault).

As indicated in Table 3, Kruskal-Wallis and one-way ANOVA tests were conducted, but there were no significant transfer level differences between the three groups. Although inmates in the STP Phase II group were much more likely to be transferred during the follow-up year, most (80%) went to the same level or a lower level facility (see Table 3). Twenty percent of those from the "Other" group, 12% from STP Phase I, and 10% from STP Phase II were transferred to higher security prisons, but these were not statistically significant differences.

Because most (90%) of the inmates in the STP Phase II group spent at least 1 month in the program during the follow-up year, there is also a need to examine within-group differences. To do this, the STP Phase II group was divided into two groups: those who stayed in the program less than 6 months during the follow-up year and those who stayed more than 6 months. Levene's test for homogeneity revealed no significant variances in the independent or dependent variables. One-way ANOVA tests also revealed that there were no age, property risk, assault risk, or any dependent variable differences. Thus, the groups were quite similar, but the amount of time in the program during the follow-up year does not appear to have made any misconduct or sanctioning differences (see Table 4).

DISCUSSION

The most important finding is that participation in the STP program does appear to reduce the likelihood that an inmate will disobey a direct order or commit an assault. With regard to disobeying a direct order, participation in Phase I alone seems to make a difference. Whereas those in the "Other" self-help program group committed a total of 71 "disobey a direct order" offenses during the follow-up year,

TABLE 2: Distribution of Misconducts Within Program Groups

<i>Number of Offenses</i>	<i>Other</i>		<i>STP Phase I</i>		<i>STP Phase II</i>	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
<i>Disobey a direct order^a</i>						
None	14	34	24	59	25	61
One	15	37	10	24	4	10
Two	1	2	1	2	7	17
Three or more	11	27	6	15	5	12
Total	41	100	41	100	41	100
<i>Assault^a</i>						
None	31	75	26	63	36	88
One	4	10	10	24	4	10
Two	2	5	5	12	1	2
Three or more	4	10	0	0	0	0
Total	41	100	41	100	41	100
<i>Total major misconducts</i>						
None	10	24	9	22	10	24
One	5	12	6	15	8	20
Two	7	17	6	15	7	17
Three or more	29	70	29	70	26	63
Total	41	100	41	100	41	100

NOTE: Some percentages may not total 100 due to rounding.

a. Gamma results significant ($p < .05$). Disobey direct order $\gamma = -.229$, $SE = .118$, $p < .052$; assault $\gamma = -.283$, $SE = .138$, $p < .053$.

those in Phase I committed only 30. However, because the Phase II inmates committed 35 of these offenses over the follow-up year, it appears that the related effects of the program occur during the initial or orientation period (i.e., Phase I).

Findings on the "disobey a direct order" dependent variable were strengthened by examining the percentages of inmates in each group who did not commit this type of offense over the follow-up period. More than half (59% and 61%) of the inmates in the two STP groups fell into this category, but only 34% of those in the "Other" group did so.

A failure or refusal to obey a direct order is not as serious as an assault but, for some very good reasons, it is considered a major rule violation. First, daily operations and schedules cannot be maintained without inmate compliance. Second, in any emergency or unusual situation it is critically important that inmates obey direct orders and do so quickly. Hesitations or refusals to do so can aggravate situations

TABLE 3: Transfer Status by Program (N = 123)

<i>Type of Transfer</i>	<i>Other (n = 41)</i>		<i>STP Phase I (n = 41)</i>		<i>STP Phase II (n = 41)</i>	
	N	%	N	%	N	%
None	16	39	17	41	4	10
Transfer to same level	7	17	6	15	18	44
Transfer to lower level	10	24	13	32	15	36
Transfer to higher level	8	20	5	12	4	10

NOTE: Kruskal-Wallis and one-way analysis of variance test results did not reach the level of significance ($p < .05$).

TABLE 4: Misconducts and Sanctions by Time in Phase II During Follow-Up Year (N = 41)

<i>Variables</i>	<i>Less Than 6 Months</i>			<i>More Than 6 Months</i>		
	<i>Sum</i>	<i>M</i>	<i>SD</i>	<i>Sum</i>	<i>M</i>	<i>SD</i>
Disobey direct order	18	0.86	1.19	17	0.85	1.30
Assault	3	0.14	0.48	3	0.15	0.37
Total major misconducts	80	3.81	4.46	42	2.10	2.65
Days of detention	226	10.76	17.89	121	6.05	12.82
Days lost	346	16.48	21.22	454	22.70	43.43

NOTE: Levene's test for homogeneity revealed no significant variances, and one-way analysis of variance test results did not reach the level of significance ($p < .05$).

that might otherwise be efficiently and effectively controlled. To say that people's lives are endangered when staff cannot get quick and complete compliance with orders is not an overstatement. Third, MDOC reports indicate that disobeying a direct order is the most frequently occurring major misconduct systemwide. Most inmates will spend more time in prison as a result, because disobeying a direct order typically adds 5 to 7 days for each offense. Also, multiple convictions for disobeying a direct order can result in a transfer to a high-security prison, and this means more expensive incarceration costs incurred by the state.

Study results on the difference in assaults between the groups are also worthy of discussion. Although the numbers of assaults in the

“Other” and the STP Phase I groups (21 and 20, respectively) were relatively high, inmates in the STP Phase II group committed only six assaults. Similarly, whereas 36% of those in Phase I and 25% of those in the “Other” group committed at least one assault during the follow-up year, only 12% of those in Phase II did so. This is a remarkable difference, and it is important because reductions in assaults make any prison a safer place to live and work. However, study limitations are such that this and other findings should be treated with caution.

The finding that there were no significant differences in the total number of major misconducts was somewhat disappointing. Ideally, a cognitive restructuring program such as this should have a more even effect on all types of antisocial behavior, including those specified in the MDOC major misconduct policy. A review of this policy reveals that almost all 25 of the possible major rule violations are forms of serious antisocial behavior. Still, program participation does not appear to have an overall effect.

However, even though the program may not have overall effects on antisocial behavior, it does appear to increase an inmate’s willingness to obey a direct order and decrease the likelihood that an inmate will assault someone. Why might this be? A review of the STP program lessons and learning objectives indicates that there is a heavy emphasis on cooperation, maintaining open communication, and understanding the consequences of one’s attitudes and behavior (Bush & Bilodeau, 1993). In addition, STP facilitators are trained to depersonalize conflict by using their authority in ways that do not imply moral judgment or personal domination. The staff also is trained to personalize cooperation by showing a willingness to enter into cooperative relationships with inmates. This means that changes in staff behavior and attitudes may have even more effect on an inmate’s willingness to obey a direct order and/or settle matters peacefully than program participation per se.

Indeed, changing staff attitudes and behavior to increase inmate and staff cooperation is one of the major goals of the STP program. Unfortunately, it is beyond the scope of this study to address this issue, but it is an important research question.

It is also possible that an attention placebo effect, or some unknown effect of being housed separately, might have had important

influences on the behavior of STP Phase II inmates. The STP Phase II area is smaller than other living units and usually quieter. Also, STP Phase II inmates receive considerably more attention from the staff than do inmates in other living units. The attention factor, however, can work both ways. STP inmates (in Phase I or Phase II) also may receive closer scrutiny from the staff, and staff expectations of their behavior might be somewhat higher. Again, more research is needed before any conclusions can be reached.

The reductions in assaults also might be attributed to the intensity of the treatment in the STP Phase II program. Inmates in this program have more frequent and intensive contact with the STP staff. The marked emphasis on taking full responsibility for one's thoughts and actions is a basic treatment principle that is repeated in different exercises and situations over a much longer period of time. Phase I inmates got "doses" of this message in twice weekly sessions for only 8 weeks. Phase II inmates got it at least three times a week over a period of at least 6 months.

Because there were no significant differences found between those who stayed in Phase II for less 6 months versus those who stayed in for more than 6 months during the follow-up year, questions should be asked about time in treatment. The finding that there were no differences in total major misconducts between the three groups also raises questions about the treatment time. In addition, it appears as though the reductions in disobeying a direct order occur after the 8-week Phase I treatment and are not improved by 6 months or more of Phase II treatment. It is as if inmates reach one plateau after 8 weeks in Phase I and another after 6 months in Phase II but do not progress very far beyond these points. Put another way, all of the major effects on institutional conduct may occur more rapidly than the program implementers realize.

Alternatively, because this study did not include details on all major misconducts, there may have been some behavioral improvements that were not captured. For example, those who stayed in the STP Phase II program more than 6 months may have been less likely to create a disturbance, steal property, or be insolent. Simply gathering data on assaults, refusals to obey direct orders, and the total number of major misconducts does not address this issue. This is one of the study weaknesses.

Other weaknesses were not being able to randomly assign inmates to the treatment groups and using a small number of independent variables. Between these weaknesses, the most serious may be the limits put on the independent variables. As previously mentioned, race or ethnicity was not an independent variable. Prior research on the relation between race or ethnicity and prison misconduct is inconclusive, and MDOC officials did not want it to be included as a study variable. Nevertheless, some might consider the exclusion of race or ethnicity as an important study weakness that should be addressed in future research.

Other research suggests that marital status, prior criminal histories, prior incarcerations, and lengths of sentences all have important effects on disciplinary infractions (Flanagan, 1983; Goetting & Howsen, 1986; Myers & Levy, 1978). Differences between the study groups on these variables are unknown, but if they exist in significant ways, they could have dramatic effects on the study findings. Some of this information (such as criminal histories and prior incarcerations) is taken into account to arrive at the assault and property risk scores used in this study. However, future research on institutional behavior and cognitive restructuring programs should include these variables.

Because so few inmates have completed Phase II, the study also was limited by not being able to make comparisons between those who completed the program and those who did not. In this way, the study is really more of a process evaluation than an evaluation of outcomes. Still, process evaluations can help administrators identify potential program strengths and weaknesses. However, because this and most correctional program evaluations are conducted under less than fully desirable research circumstances, strong conclusions cannot be drawn. Tentative conclusions, however, might be permissible.

First, it does appear that the STP program has the potential to reduce inmate assaults and the disobeying of direct orders. These are positive effects in that such reductions help make the prison a safer, more orderly environment. Reductions in associated sanctions such as days in detention and the number of days lost also can help reduce prison operating costs.

Further research is needed to gain a more specific understanding of why assaults and disobeying direct orders decreased significantly and

the total number of major misconducts did not. Future research also may be able to overcome some of the limitations of this study and include more information on changes in staff attitudes and interactions with inmates. There is, however, little doubt that the STP program has considerable potential. For this reason, it should continue to receive administrative support and research attention.

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