In-prison therapeutic communities in California

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Abstract

Purpose – *Over nearly six decades in prison, therapeutic communities (TCs) have waxed and waned in California. While there have been dramatic and demonstrable sucess with some of the most intractable populations in California prisons, the TC model has met substantial challenges, both bureaucratic and political. The paper aims to discuss this issue.*

Design/methodology/approach – *This is a six-decade review of in-prison TCs in California based both on the research literature and from personal experience over 30 years providing both in-prison and community based TCs in California.*

Findings – *Despite well-documented success reducing the recidivism of violent offenders in California prisons (which is now the bulk of the population), the government has ignored the success of well implemented in-prison TCs, and has implemented a CBT model which has recently been documented to have been ineffective in reducing recidivism. The State is now at a crossroads.*

Research limitations/implications – *Documented research findings of success do not necessarily result in the implementation of the model.*

Practical implications – *There is evidence that violent felons are amenable to treatment.*

Social implications – *Public concern over the return of violent felons from prison can be ameliorated by the evidence of the effectiveness of TC treatment in prison.*

Originality/value – *There is no other publication which captures the narrative of the TC in California prisons over six decades.*

Keywords *TC history, Therapeutic communities, TC practice, CBT, Prisons, Drugs*

Paper type *Viewpoint*

Introduction

Over the last six decades, prison-based therapeutic communities (TCs) have waxed and waned in the USA, as have their community-based counterparts. This has been particularly true of prison-based TCs in California, where they began as an early and important offshoot of the original American TC, Synanon. While the initial correctional TC at Terminal Island was not adopted, the model did inspire replication and adaptation throughout the USA. After 30 years, it returned to California, creating significant reductions in recidivism and many collateral benefits in the lives of those under criminal justice supervision, including increased public safety and significant taxpayer savings. According to a 2012 report by the California Department of Corrections and Rehabilitation (2012), slightly more than 65 percent of people released from prison return within a three-year period. The research conducted in the R.J. Donovan program operated by Amity Foundation showed a recidivism rate of slightly less than 22 percent for the same three-year period (Wexler, DeLeon, Thomas, Kressel and Peters, 1999). The need for intervention in prisons is irrefutable; this story, however. is complex and fueled by politics, social mores and economics.

The New York-based Stay N'Out TC provided the first solid empirical evidence of success in terms of recidivism reduction for an in-prison TC. This research captured the attention of policy makers in California faced with the issues of "nothing works" and "tough on crime," social and political paradigms, respectively, which dominated the 1970s and 1980s. In the late 1980s, California decided to give the prison-based TC another look. The success of the first prison TC,

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started in 1990, inspired the state to fund the largest initiative in the USA using the TC model to reduce the recidivism of criminal offenders (Wexler and Prendergast, 2010). Despite the documented success of this initiative, problems with replication, rapid expansion and changes in the leadership in the legislature and corrections led to the abandonment of the prison TC model. Today, there are no prison-based TCs in California, although elements do remain in several of the prison programs, all of which now use the prescribed cognitive behavioral therapy (CBT) modality. Today, California faces another crossroads with a recent report showing that, despite a significant financial investment by the state, these CBT programs did not reduce the recidivism of California's violent offenders (State of California. California State Auditor, 2019).

Early days

The first programs are born

The two persons most identified with the development of the TC method are Maxwell Jones and Charles "Chuck" Dederich. Jones' contribution began in the late 1940s, just after the Second World War, as he developed a methodology for treatment of neurotic soldiers in English hospitals that became known as the democratic TC. The approach reformed the hierarchical structure of hospitals, emphasizing shared leadership and social learning as well as open communication between doctors, nurses, and patients. In 1959, Jones came to the USA, accepting an invitation from Stanford University to be a visiting professor. Shortly therafter he was invited to be a consultant for the California Department of Corrections (CDC), where he shared his ideas about how the democratic TC could be incorporated into a number of the state's prison programs (Vandevelde *et al*., 2004).

By the time Jones was working as a consultant, Synanon had become prominent due in part to an in-depth *Life Magazine* (1962) profile. Many other stories appeared in the media, including testimony of Dederich and others from Synanon in front of Senator Thomas Dodd's committee on juvenile delinquency[1]. The 1960s in the USA was a time of tremendous social upheaval – the Vietnam war, the Civil Rights movement, Women's movement, Student movement, widespread protests and a great deal of social experimentation, such as "hippy" communes and psychedelic drugs. In this environment, Synanon's non-traditional approach to addiction treatment was accepted, particularly since the medical establishment's approaches to addiction were seen as failures (Clark, 2017).

In 1961, Synanon began a pilot program at the Terminal Island Correctional Facility – a federal prison located just off the coast of Los Angeles. The program involved weekly visits by Synanon residents – ex-addicts and ex-inmates themselves – who engaged inmates in the Synanon "game" or encounter group. The project ran successfully for two years, but it was eventually terminated by institutional administrators who objected to Synanon's request to solidify and improve the program by having the group of inmates involved with the program be housed together (Yablonsky, 1962; Clark, 2017)[2]. Although Jones and Dederich were in close geographical proximity, and both interested in correctional policy, they met only once. Briggs (1963) reports that the meeting fell apart when Jones criticized Dederich for his "autocratic approach"[3].

After Terminal Island, Synanon was then invited to initiate a much larger project at the Nevada State Penitentiary in Reno in 1962. This project, which lasted for four years, was much larger. Inmates were housed together and Synanon was able to demonstrate not only successful recidivism reduction upon release, but significant improvements in inmate behaviors while incarcerated. This won the approval of the warden and correctional officers who were primarily concerned about the rash of institutional violence. This project can be characterized as the first fully developed and implemented prison TC in the USA. Unfortunately, a newly elected governor with a sharply conservative philosophy terminated the Synanon project (Clark, 2017; Yablonsky, 1989).

In the early 1970s, Synanon made a final attempt to initiate a TC at the San Bruno jail in San Francisco. Like the Terminal Island project, this involved senior Synanon residents doing encounter groups at the jail, but when jail administrators objected to Synanon's suggestions for

intensifying the program, they eventually withdrew[4]. It is important to note, however, that despite some dramatic clashes between Synanon and the CDC, throughout Synanon's history, many men and women were referred on parole or probation to Synanon[5].

California Rehabilitation Center (CRC)

In 1963, Maxwell Jones became a consultant to the CRC and had the opportunity to train correctional officers in his democratic TC methodology for several years (Vandevelde *et al*., 2004). The reviews on CRC's programs were mixed – many correctional officers considered the program a scam where inmates conned gullible correctional officers who staffed the program[6]. There were many incidents, and even a murder in the prison, which damaged its credibility amongst officers and administrators as an effective approach. However, Dr Douglas Anglin, who was with CRC from its beginning, did a 25-year follow-up study which showed modest but positive outcomes. Anglin said: "I have not seen many successful large-scale interventions primarily designed on the basis of an accumulation of research findings" (Anglin, 2006). His reported outcomes over a 20-year period were modest but positive (Hser *et al*., 1993). CRC was best known for the implementation of the California Civil Addict Program that gave addicts an indeterminate non-felony sentence[7]. The contribution of Maxwell Jones was largely obscured, and though CRC was initially characterized as a TC, it was gradually weakened, had little resemblance to its beginnings, and was eventually abandoned as a failed experiment.

"Nothing Works"

The social turbulence of the 1960s and 1970s precipitated a social backlash. The conventional wisdom became that no criminal justice interventions worked, which led to the promotion of "tough on crime" legislation throughout the USA, including California. New laws promulgated by both political parties paved the way for mass incarceration, an issue with which the USA is only now beginning to reckon (Alexander, 2012). Robert Martinson's seminal 1974 article (Martinson, 1974), which stated that there were no measurable reductions in recidivism in the current correctional programs, was widely adopted to support the swing to a much more punitive approach nationally, and the closure of all prison TCs (Cullen and Gilbert, 1982). California, which had been considered a leader in correctional reform in the 1960s, passed more than 1,000 severely punitive laws in the next decade, and closed most of its programs for offenders (Werth and Sumner, 2006). The hysteria over violent crime reached its apogee with the passage of California's Three Strikes law giving any offender with three felonies, with at least one of them violent, a mandatory sentence of 25 years to life. It was proclaimed as a panacea for reducing violent crime, although many of those sentenced under that law were actually received their "third strike" for a non-violent felony, including drug possession (Vitiello, 2002).

California's first prison TC

Richard J. Donovan Amity project

In 1987, Jim Rowland, then CDC director, extended an invitation to Rod Mullen and Naya Arbiter to tour California prisons and make recommendations to Rowland' executive staff[8]. The 1980s saw California engage in a massive, multi-billion-dollar prison expansion with twenty one new prisons built in the state. But due to the harsh laws that had been passed, the prison population was growing so rapidly that even these prisons were overcrowded[9]. Rowland said that California is "building prisons like there is no tomorrow, filling them with drug addicts, and we don't have a clue as to what to do with them" (Mullen *et al*., 1996). Mullen and Arbiter shared the research from the Stay N'Out prison project in New York which showed positive outcomes for TC program when compared to other modalities (Wexler and Williams, 1986). They suggested a pilot initiative in a California prison which had a supportive warden, and no history of previous programs.

Mullen was hired as a consultant to design the pilot program, but, after a few months, was asked to withdraw so that Amity, which was running a successful TC jail program in Arizona, could bid on the pilot project with no conflict of interest.

After nearly 30 years since Synanon's attempt to do a prison TC at Terminal Island, the first real TC in California prisons began in 1990. This program involved 200 Level III[10] inmate volunteers housed together in the Richard J. Donovan Correctional Facility (RJD) near San Diego, a prison of 4,600 inmates. Over 75 percent of the inmates in the RJD/Amity TC had committed crimes of violence, in addition to drug use, drug trafficking and drug-related crimes. Many of the inmates had histories of street gang involvement, and some had been affiliated with prison gangs. The Center for Therapeutic Community Research, headed by George DeLeon and funded by the National Institute on Drug Abuse, funded a study of the program with prominent criminal justice researcher Harry Wexler as the principal investigator. Wexler's study, using a random assignment design, showed the success of the program and was critical in establishing credibility (Wexler, DeLeon, Thomas, Kressel and Peters, 1999)[11] (Little Hoover Comission, 1994).

Critical elements of the Amity TC were:

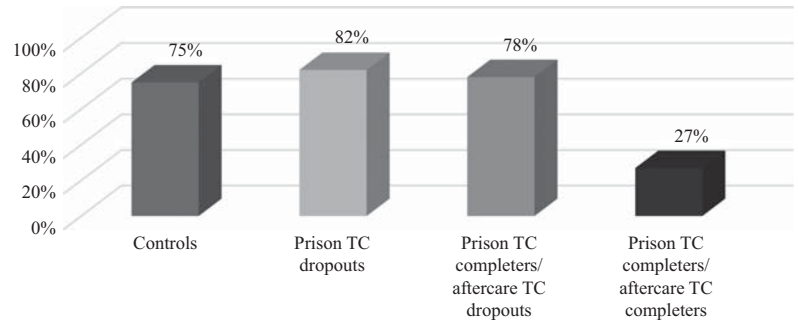
- It used staff consisting mostly of ex-addicts and ex-offenders trained extensively by Amity. (This was a break from prior California corrections programs that used mostly CDC employees).
- It targeted a population characterized as being both unwilling to participate in treatment and unable to make significant changes in their well-established criminal lifestyles[12].
- It pioneered a "joint-venture" approach with cooperative and collaborative relationships between corrections personnel and treatment personnel, with quarterly cross trainings to maintain alignment.
- It paroled all inmates who completed the program immediately, with one third paroling to a community-based program operated by the same treatment provider using the same philosophy, curriculum and practices.
- It implemented a TC curriculum incorporating both cognitive and behavioral elements that reflected the issues, including violence, of the population served.
- It utilized carefully selected "lifers," convicted of violent crimes and serving life sentences, as mentors in the program to enhance and maintain credibility and buy-in within the inmate population.

Outcomes

Successful drops in recidivism and violence

Wexler's research outcomes show a drop in recidivism of nearly 50 percent three years post-treatment for inmates who completed both phases of the program (Wexler, Lowe, Melnick and Peters, 1999) (Figure 1).

Figure 1 Three-year reincarceration rate



Source: Wexler, Lowe, Melnick and Peters (1999)

This was dramatic, unexpected and significant. It had a serious influence on changing the perception of treatment programs within the criminal justice system in California – and later in many other states. A secondary study was conducted on the institutional benefits of the program. This showed an 87 percent drop in serious disciplinary incidents with the men in the Amity program over six months compared to the general population, also statistically significant (Deitch *et al*., 1998).

Expansion

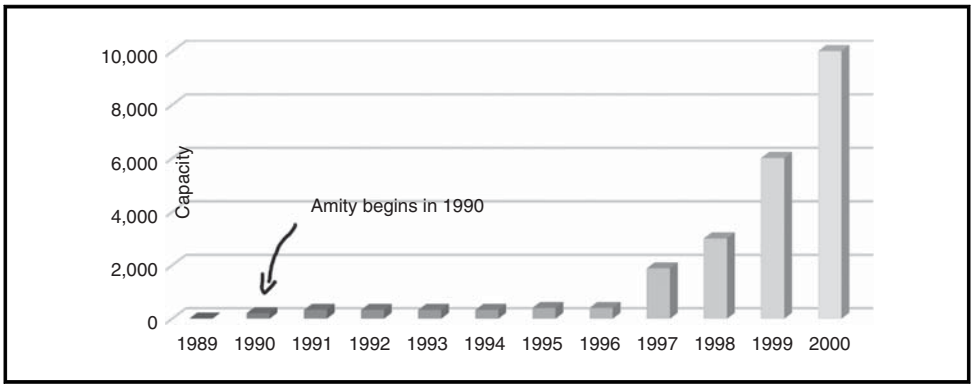
The recidivism reduction results of the RJD/Amity program came to the attention of policy makers in Sacramento at a crucial time. Predictions of continued increased growth within the prison population and projections of the need to build and expand more prisons appeared to be a budgetary nightmare. Therefore, the appetite for implementation and replication of these programs as part of a solution to the overcrowding of the prisons was not a surprise. In 1991, a TC was established in a women's prison, and shortly afterwards in another for men at CRC. In 1993, the State Legislature approved construction of the California Substance Abuse Treatment Facility (SATF) at Corcoran, a rural community in central California and on the same site as an existing prison serving Level IV inmates[13]. A design charrette was held in 1994 which was instrumental in constructing a prison specifically for the TC treatment of 1,478 inmates simultaneously. The facility opened in 1997 and was the beginning of a very rapid expansion of both in-prison programs and community-based aftercare programs and administration (Figure 2).

In 1998, a seminal report was issued by the Little Hoover Commission, an independent, highly respected California state oversight agency that provides reports, recommendations and legislative proposals, and investigates state government. This report specifically recommended the expansion of TC programs stating: "The Legislative Analyst's Office estimated…[that] extending treatment to serve an additional 10,000 inmates over those served today would increase savings to $80 million in annual operating costs and $210 million in one-time capital outlay" (Little Hoover Commission, 1998)[14]. However, because the expansion of these programs was so rapid, it created its own set of issues.

Scaling up

The Office of Substance Abuse Programs (OSAP), established in 1988, was a suborganization within the CDC to develop, monitor, train and evaluate the department's treatment programs. The OSAP staff developed a Request for Proposal (RFP) process for bidders who were competing to provide services. This process specifically required a TC program with a large portion of the bid devoted to the contractor's detailed proposal of how the "Eight Essential Elements" of the TC, developed by George DeLeon, would be implemented. While OSAP staff

Figure 2 Outcomes/replication of model: TC expansion progression



were supportive of treatment and the TC model pioneered at R.J. Donovan, they were quickly overwhelmed by the rapidly growing number of programs.

Problems began to arise. CDC's flagship program, The SATF, with its dedicated design and huge number of inmates, was the first to fall prey to issues that would become endemic. In 1996, the SATF was the first program that used a "low bid" RFP for determining the successful bidders, something that has continued for the past two decades. While the maximum amount allowed in the bid was not generous, the two successful bidders, anxious for the win, underbid significantly with disastrous results. It is important to note than in an in-prison program of any kind, the main cost is personnel – there are no meals, cars, leases, heath care or other costs that would be associated with residential treatment. So, in underbidding in order to secure a contract, bidders are forced to cut personnel costs – salaries and benefits – and training. This almost always results in less qualified staff and inadequate funds for ongoing training[15].

At SATF, the problem was exacerbated by being in a remote, rural location. The city of Corcoran at the time of the SAFT's opening had a population of 14,000, mostly involved in agriculture. There was virtually no qualified labor pool. So, in addition to very low wages offered, there were few qualified persons and little incentive for the appropriate diverse workforce from a more urban area to relocate. An evaluation revealed that inmates at SATF did no better than a matched sample of general population inmates who received no treatment (California Department of Corrections and Rehabilitation, 2007). A later study of the program revealed the following:

- treatment staff who were poorly trained;
- high staff turnover;
- conflicts and lack of coordination between treatment and custody staff;
- a program curriculum that was repetitive and dull;
- overcrowded sessions that countered a TC culture;
- a disinterested group of participants who were mandated to participate (unlike the R.J. Donovan/Amity venture, in which all participants were volunteers; and
- participation rates in residential and nonresidential aftercare was quite low (Anglin *et al*., 2002).

CDC supplemented the budgets, provided technical assistance but the results remained disappointing and became a major finding in a 2007 Inspector General's negative report about the failure of treatment programs.

Community-based continuence (aftercare)

Once the expansion of prison-based TCs got underway, the issue became whether inmates would receive aftercare. Despite research evidence that aftercare was an essential element in reducing recidivism, the CDC provided funding for less than half of inmates who completed prison programs (Werth and Sumner, 2006). This guaranteed overall outcomes that were far less than optimal and contradicted recommendations of consultants to the CDC, contractors and the Little Hoover Commission[16]. Also, because CDC failed to provide any incentives for participation in aftercare, it is unlikely that more than half would have participated even if funding had been available. Since California prisoners were required to return to their county of commitment, it meant prisoners who returned to less urban counties had few quality options of aftercare available. The CDC developed the Substance Abuse Services Coordinating Agency (SASCA) system, comprised of large non-profit providers acting as a broker for aftercare services in the four parole regions in California. In setting up this system, the OSAP removed the prison TC's ability to determine the aftercare facility to which their inmates would be sent. This was a major departure from the R.J. Donovan Amity model and its continuity between the prison treatment program and the congruent aftercare operating with similar philosophy, curriculum and practices. On the SASCA side of this equation, they were not contractually obligated to find treatment programs that would be the best fit for parolees being released from the prison programs. With many agencies involved but not accountable, the model of in-prison to

community services which were a genuine continuance were compromised. At one point, there was a very promising approach, called "drug treatment furlough," which allowed inmates released from prison to serve the last few months of their sentence in a community-based facility. If this had been continued, it would have gone a long way to solving the problem of inmates leaving prison with none of the necessary aftercare services crucial in the reduction of recidivism. It lasted less than a year before being abandoned[17] (Farabee *et al*., 1999).

TC treatment under fire

In the early 2000s, the word used most to characterize the CDC by media, legislators and those within the department itself was "crisis." This was due largely to the overcrowding of prisons, court actions against the CDC, the powerful correctional officer's union, budget overruns and general political turbulence. In 2005, a new director[18] was appointed. He had a reform agenda[19] but resigned a year later in frustration with the governor's lack of support, the huge prison populations, the myriad of legal cases and union opposition. This Secretary, and those that have followed, have been frustrated that much of their governing authority was taken away from the Secretary and placed it in the hands of the courts. Up to this point, the TC prison programs along with community-based aftercare had enjoyed a collaborative working relationship with the CDC.

The first major change in the relationship with the CDC came in the Spring of 2005 when State Senator Jackie Speier chaired a series of hearings over two years on waste in government programs. While the hearings covered a variety of issues, the spotlight was on the contractors providing TC treatment for state prisoners both in prison and in the community. The contractors were characterized in both the hearings and the press as inefficient, wasteful and willfully squandering tax payers' dollars (Select Committee on Government Cost Control, 2005). This ongoing barrage of negative coverage over 18 months caused CDC officials to distance themselves from the contractors, and to alter the previously collaborative partnership which had characterized the growth and development of the recidivism reduction initiative.

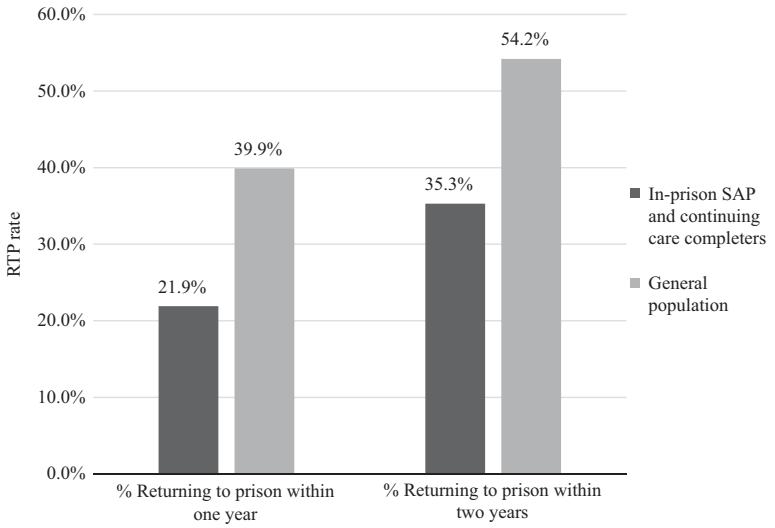
As a result of the hearings, the second major change was a comprehensive audit of all of the contractors, with the intent of verifying the charges levied in Speier's hearings. The audit was unusual in that expenditures previously approved by legitimate authorities were not only questioned but characterized as fraudulent. Many contractors were involved in prolonged legal proceedings which concluded with some having to make reparations of hundreds of thousands of dollars to the state of California (California Department of Corrections, 2007).

The third blow was a 2007 report by the Inspector General which stated that "[…] numerous studies show that despite an annual cost of $36 million, the Department of Corrections and Rehabilitation's in-prison substance abuse treatment programs have little or no impact on recidivism." The report characterized the cumulative dollars spent by the California Department of Corrections and Rehabilitation (CDCR, formerly CDC) on substance abuse programs for inmates and parolees as a "[…] billion dollar failure – a failure to provide an environment that would allow the programs to work; failure to provide an effective treatment model; failure to ensure that the best contractors are chosen to do the job at the lowest possible price; failure to oversee the contractors to make sure they provide the services they agree to provide; failure to exert the fiscal controls necessary to protect public funds; failure to learn from and correct mistakes – and most tragically, failure to help California inmates change their lives and, in so doing, make our streets safer" (California Department of Corrections and Rehabilitation, 2008). In response, the Schwarzenegger administration reorganized the CDCR and named a new head of its Division of Addiction and Recovery Services.

End of TCS in prison

While the "billion dollar mistake" became the headline of news stories throughout the state, a crucial fact was ignored. The CDCR's own data demonstrated that the programs that followed the model pioneered at the R.J. Donovan/Amity project, where in-prison TC treatment was followed by continuing aftercare in the community, did have a significant reduction in recidivism (CDCR, Offender-Based Information System, 2008) (Figure 3).

Figure 3 Comparison of return-to-prison rates for all parolees completing in-prison SAP and continuing care to the general population that paroled in FY 2005/2006



Source: These data are based on demographic information from the Offender-Based Information System (OBIS) combined with substance abuse program treatment data from the Offender Substance Abuse Tracking (OSAT) database

Despite the myriad of problems in scaling up this huge initiative, the recidivism rate decreased from approximately 40 percent in the non-treatment group to approximately 22 percent in the treatment group. Many of the findings of the Inspector General's report were valid – but the "billion dollar mistake" headline completely obscured the success of those programs that had fidelity to the model.

Meanwhile, the CDCR convened experts to assess California's adult prison and parole programs designed to reduce recidivism. But the expert panel neglected to include any experts on TCs or any of the prison experts who had successfully used the TC model behind walls. The panel also excluded the substantial evidence of the success of TC programs in corrections in California, and throughout the USA for three decades. The "California Logic Model" was developed by these experts. It focused on identifying the criminogenic needs of inmates and providing individualized treatment based on those needs.

Research has demonstrated that varied combinations of these seven criminogenic needs (dynamic risk factors) drive criminal behavior in male offenders:

1. educational-vocational-financial deficits and achievement skills;
2. anti-social attitudes and beliefs;
3. anti-social and pro-criminal associates and isolation for pro-social others;
4. temperament and impulsiveness (weak self-control) factors;
5. familial-marital-dysfunctional relationship (lack of nurturance-caring and/or monitoring-supervision);
6. alcohol and other drug disorders; and
7. deviant sexual preferences and arousal patterns.

The report of the panel of experts resulted in the CDCR adopting a CBT model which emphasized a classroom approach in stark contrast to the "immersion" TC model which combined both cognitive and behavioral elements in a holistic approach in which peer accountability was a key factor (California Department of Corrections and Rehabilitation, 2008).

Then the financial crisis of 2008 hit California. Due to the major loss of individual and corporate tax revenues, all government services were required to make draconian cuts. In the Department of Corrections, existing legal mandates and court rulings made most cuts impossible. However, contractors could be cut. In October 2009, all in-prison programs were terminated. While the TC model had been significantly eroded after the implementation of the California Logic Model, this really ended the TC prison initiative in California[20]. In 2010, a few small prison programs were bid out, and reopened using the CBT curriculum.

Realignment

For many years, California unsuccessfully wrestled with its prison overcrowding issue without success. Numerous court cases addressed the issue, but California was very reluctant to make the massive changes that addressing overcrowding would present. On May 23, 2011, matters came to a head when the US Supreme Court ruled that California needed to reduce its overcrowded prisons from its then 185–200 percent of design capacity to 137.5 percent of capacity – a reduction of more than 50,000 inmates (Supreme Court of the United States, 2011). Later that year, the state legislature passed two important bills. Under these new laws, low-level offenders would be housed in county jails rather than state prisons. And, upon release, would be on county probation rather than state parole supervision. Within 15 months, 24,000 offenders who would have gone to CDCR prior to realignment were incarcerated in county jails, and the parole population dropped significantly (Owen and Mobley, 2012). As intended, this accomplished two objectives: it significantly reduced the state prison population, and it concentrated the most serious and violent population of inmates in the state prisons.

California progression

In the past few years, California's citizens and legislators have increasingly supported liberalizing criminal justice reforms. In 2014, a ballot measure, Proposition 47 was passed. It was known as the Safe Neighborhoods and Schools Act. This new law converted many non-violent offenses (particularly drug and property offenses) from felonies to misdemeanors and allowed those presently convicted to petition to have their felony convictions retroactively reduced as well. California's infamous "Three Strikes" law was amended as well with Proposition 36, enabling an estimated 3,000 offenders to petition for release and allowing many new offenders to avoid the 25 years to life sentences imposed by that law. Additionally, Proposition 64 which legalized marijuana aided in decreasing prison populations since illegal possession was the cause of many strict sentences in years prior. Finally, Proposition 57, the last of Governor Brown's reforms, lets inmates earn more "good-time" credits for participating in programs and allows people convicted of non-violent crimes to go before the parole board before serving their entire sentence.

And regression

While this was going on, an expansive implementation of all of CDCR's recidivism reduction programs occurred which included vocational training, education and CBT. In 2017, the Legislative Analyst's Office wrote a report evaluating the effectiveness of CDCR's efforts. The report cited principles that are the mainstays for successful recidivism reduction programs. Programs needed CBT has from its inception been skewed toward high verbal, middle class, white males, and there is scant evidence that CBT programs alone can reduce the recidivism of violent offenders. (Dowden and Andrews, 2000) evidence-based treatment that was cost effective and focused on the most at risk/highest need inmates. The report found CDCR failing in all three areas (Legislative Analyst Office, 2017). During the same period one contractor wrote a memo to the Secretary of Corrections, which stated: "It is time for CDCR to really examine the model of treatment adopted after the Inspector General's 'Billion Dollar Mistake' report in 2007. The model which is currently being used began poorly and continues to drift swiftly from the 'best practices' that have been identified here in California and around the country. There have been no evaluations of the current programs – if there were, they would be found to be ineffective".

In January 2019, the California State Auditor issued a report to the Legislature stating, "inmates who completed in-prison cognitive behavioral programs (CBT) recidivated at about the same rate

as inmates who did not complete the programs." This is a significant finding for CDCR, the Governor and the Legislature who supported and encouraged the often-hasty expansion of these types of programs into all of California's 36 prisons without evaluating effectiveness early on (State of California. California State Auditor, 2019).

A crossroad

The 2019 State Auditor's report pointed out many of the same findings as in the IG's 2007 report regarding CDCR's failure in implementing and supporting programs. However, the report is significantly flawed. It makes the erroneous assumption that if CDCR implemented its current CBT programs correctly, there would be a major drop in recidivism. This is incorrect for several reasons. First, there is little evidence that CBT alone can reduce the recidivism of a population of violent inmates serving long sentences in prison. A Feucht and Holt (2016) report states: "[…] there is good evidence that CBT, in the controlled setting of a prison TC, can reduce the risk of reoffending.". Essentially, that is a definition of the TC programs which CDCR has jettisoned.

Second, the "evidence-based" curriculums that are available were not designed for violent felons, the population most at risk and in need[21]. And the report glaringly ignores the fact that no matter how well a prison program is delivered, recidivism will not be significantly affected unless it is followed by a continuation of aftercare services in the community, also a fundamental flaw in CDCRs present programs. Finally, the report completely ignores what prior programs accomplished regarding substantially reducing the recidivism of violent offenders (Wexler *et al*., 2005)[22].

An opportunity

The skepticism of the Legislative Analyst's Office, followed by the findings of the State Auditor, offer an opportunity to reboot their recidivism reduction efforts. This could go one of two ways. The Governor, the Legislature and CDCR could recognize that solutions to this problem have already been successfully addressed piloted in California and should therefore be recognized as best practices in prison-based interventions. And then reproduce and expand these programs incrementally. Or it could be, as it was a decade ago, another gathering of experts who come up with yet another plan likely to fail with the unique population in California's prisons.

Discussion

In 1995, the Department of Corrections bid out the first treatment program in a Level IV prison, the California State Prison, Los Angeles County located in Lancaster. The 200 men in this TC program were quite different than those in the many other TC treatment programs in the state. They were younger, mostly minority, with longer sentences, less legal employment pre-incarceration, more opioid addiction but less overall addiction. They were arrested younger, had many suicide attempts, many arrests and more violent felony convictions. An evaluation of the program found surprising results: this extraordinarily challenging population were as successful in recidivism reduction as lower-level inmates as long as they completed at least 90 days of community-based aftercare (Wexler *et al*., 2005). The significance of this finding, identified at both the R.J. Donovan and CSP Los Angeles TCs, was that these programs could be accurately characterized as violence reduction programs. This is exactly what CDCR needs now with its current inmate population of violent offenders serving long sentences. "91% of all prisoners {currently incarcerated} had criminal records that included convictions for violent or serious crimes. Eighty percent of all inmates were admitted to prison after being convicted of such a crime" (Public Policy Institute of California, 2019).

A mile wide and an inch deep

The current CBT programs contradict many of the findings from evaluations of successful programs:

- inmates are not housed together;
- there are no services in the housing unit;

- the programs are classroom style;
- it does not involve the inmates in taking responsibility for themselves and each other;
- people are often released back into the general population and not sent directly into community-based aftercare upon program completion; and
- many of the inmates who complete prison-based treatment, such as it is, are not then sent to community based aftercare, and many of those who have not participated in prison-based treatment are sent to aftercare – violating the principle of best results obtained when the inmate essentially participates in one treatment episode which occurs in two locations (prison and community).

This situation is further exacerbated by realignment since a significant proportion of those released from state prison are not paroled through the state, where they might receive effective aftercare. Instead, they are sent to 56 independent counties who deliver aftercare (or not) in no regulated or coherent manner. One of the failures of realignment was no mandate to the counties, who received millions of dollars from the state, to provide effective community-based services for those released from state prisons. Another problematic issue is Proposition 57, which gives "good time" to inmates who participate in programs, helping to keep the population under the Supreme Court mandated limit. But this created legal problems for CDCR, as inmates complain of discrimination if they do not have access to programs which would reduce their prison sentence. As a result, CDCR has rapidly expanded watered down programs unlikely to have any ability to reduce recidivism to avoid law suites.

Quality over quantity

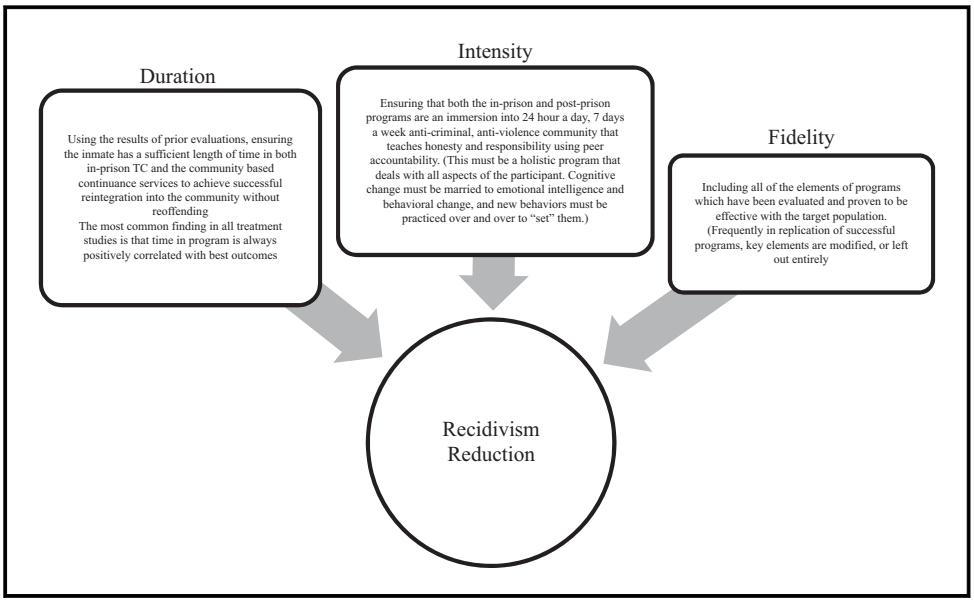
There are many ways to evaluate an effective program for serious and violent offenders, but one shortcut might be D+I+F = RR (duration + intensity + fidelity = recidivism reduction (Figure 4).

Poorly conceived and poorly implemented programs which depart widely from those which have demonstrated effectiveness with the population in California's prisons are not going to get the job done. There are many studies demonstrating the effectiveness of TCs working with correctional populations, particularly with the populations that have the most difficulty using other modalities even if they are considered "evidence based." (Aslan, 2018; Wexler and Prendergast, 2010; Martin *et al*., 2011). These, however, are not the kinds of programs that can be scaled up rapidly. They require a substantial investment in workforce development, a bid process with a focus on quality and results, fidelity to the model which has proven to be effective, and a massive investment in developing community-based aftercare facilities available for all who complete the in-prison program component. This challenge creates a logical rationale for CDCR to reconsider its current "program in every prison" approach (many of which are located in remote rural areas) and entertain an approach where several large prisons completely devoted to treatment and recidivism reduction are implemented. In these prisons, there would be total support and buy-in for the treatment program from the warden, to the sergeant, to the inmates themselves and a direct link for each released inmate to good quality community-based aftercare for a length of time sufficient to achieve the best outcomes.

Pay for Success (PFS)

In reviewing the history of prison TCs in California, it becomes clear that those that substantially reduced recidivism are the ones that were given appropriate support and displayed fidelity to the essential components of the model[23]. The ones that failed were largely a result of political declarations that ignored the evidence and/or hasty and poor implementation by the contractor or by corrections. How could this be addressed in the future? One approach would be PFS, an alternative approach to contracting. It ties payment for service delivery to the achievement of measurable outcomes. In the case of corrections, that would be a specific recidivism reduction target. The government (or private funder) is assured that they do not have to pay for the services if the agreed upon outcomes are not achieved. The contractor signs onto a high-fidelity approach with confidence because the payer must provide the support and the critical elements needed for

Figure 4 Elements of effectiveness



success. A credible independent evaluator determines if the results have been achieved (Walsh *et al.*, 2017). This type of performance-based contracting is a "win-win-win-win"[24] if implemented properly, with the ultimate "winner" being the man or woman paroled and the concentric circles of success around him or her[25],[26]. And it protects the intervention for the duration of the contract from the vicissitudes of the political process, and the inevitable changes that occur when key stakeholders are promoted, moved or retire during the project.

While correctional policies and practices are often argued from the "30,000-foot elevation" in abstract or financial terms, it is important to remember that these inmates are people who have hit the lottery of bad breaks. They are generally from dysfunctional families in often out of control neighborhoods with few educational opportunities or job prospects while combatting other factors such as homelessness, racism, sexism, addiction and poverty. At one time, it was thought that they could not change. Fortunately, the last six decades has proven that given a desire and the right opportunity, change is not only possible but many of these men and women are able and willing to do the hard personal work, and break out of the shackles of what they know and tread into unfamiliar territory to change their lives and become productive workers, responsible parents, tax payers and contributors to the social fabric of society. Since men make up the bulk of prisoners, frequently, the women inmates are ignored – but since they are the primary caregivers, effectiveness with women often reaps the greatest public benefits, as the women who is successful is most often the person who has the greatest effect on preventing children from being the next generation of societal failures, and inmates. And a small, but critical, segment of the inmates becomes the most effective catalysts for change as they are willing to commit the rest of their lives to help others as they were helped.

Notes

1. "Mr President, there is indeed a miracle on the beach of Santa Monica, a man-made miracle that I feel can benefit thousands of drug addicts": excerpt from Senator Dodd's speech on the floor of the US Senate, September 6, 1962.
2. James "Jimmy" Middleton, Synanon resident and formerly incarcerated at Terminal Island and other prisons wrote, "It is conceivable to me as an ex-inmate myself that someday Synanon could become an established part of the prison programs throughout the United States." His statement was prescient, but it would be Synanon's offspring that would spread the TC in prisons.
3. Dederich had been a minor executive with Gulf Oil and brought some of the hierarchical structure of the corporate world to Synanon, along with the more democratic approach of Alcoholics Anonymous.

4. Personal communication from Naya Arbiter, who worked in the Synanon Research Department and reported this information, 2019.
5. At one point, Dederich had signs posted in Synanon's Santa Monica facility, explicitly stating that no member of the CDC was allowed on Synanon's properties. Some of the various conflicts are detailed in Clark's 2018 "Recovery Revolution."
6. Personal communication, Warden John Ratelle, 1995.
7. This program entailed a seven-year court commitment to treatment for primarily heroin addicts that included an intensive and lengthy initial confined period (providing drug treatment, job training and educational advancement) with transition services and further treatment on release to the community for a lengthy parole period. Detected relapse to drug use resulted in a return to confinement, typically for short periods, and re-release with enhanced services and monitoring.
8. Mullen had worked with Rowland many years earlier, accepting violent juvenile gang members into a program operated by Synanon when Rowland was the Chief Probation Officer in Fresno, California.
9. The inmate population in California state prisons increased from 23,000 in 1980 to 154,000 in 1997, with over 60 percent of parolees returning to prison within three years.
10. California has a point system for classifying prisoners based upon their risk to harm others within the prison, and their risk for harm in the community upon release. Levels 1 and 2 are low security, often housing inmates in dormitory settings; Level III is medium security with inmates (who may have committed violent crimes) housed in two person cells; and Level IV are inmates who pose the greatest threat, considered the most serious criminals, and are confined in high-security institutions, and often in single cells with little time outside those cells.
11. See Mullen *et al*. (1998), which gives an in-depth account of the elements which contributed to the success of the RJ Donovan/Amity TC.
12. The widely distributed RAND Corporation Study, "Varieties of Criminal Experience," specifically singled out this population as unamenable to treatment.
13. "One of the most important aspects of the CDC/Amity collaboration was the confidence that it gave the Legislature and the Governor to authorize over $100 million dollars to build the largest dedicated prison drug treatment program in the world. It is clear that Amity results are going to help shift the public debate here in California about corrections to a more treatment-oriented approach" (James Gomez, Director of the California Department of Corrections, 1996; Mullen *et al*., 1996, p. 122).
14. "The prison based drug treatment should be greatly expanded. Certain high-level offenders should be targeted for therapeutic community drug treatment in prison and aftercare programs following their release" (Little Hoover Commission, 1998, pg vii).
15. Personal communication: "The then Director of Corrections acknowledged the negative effect of low bidding on the successful bidder's ability to recruit, train and retain qualified staff. He fought this, but lost to the powerful [*sic*.] Department of General Services, which determines bidding practices for all California state agencies" (James Gomez, Director of the California Department of Corrections, 1996).
16. The results of the R.J. Donovan program were also found in other key studies – those inmates who did not participate in community-based "aftercare" after release had a very small drop in recidivism for the first year, and after a year, there was no difference between inmates who had received no treatment to those who had only participated in a prison treatment program with no community-based aftercare.
17. In 2016, this approach was revived as the MCRP (Men's Community Reentry Program) where eligible inmates can serve the last year of their sentence in a facility in the community. Since they are still classified as prisoners, these programs have correctional officers assigned and more stringent security measures than other community reentry facilities.
18. A reorganization occurred which combined the position of the Director of Corrections and the Secretary – eliminating the position of Director.
19. One of his first acts was to add "Rehabilitation" to the name of the agency – now referred to as the California Department of Corrections and Rehabilitation.
20. While a program at R.J. Donovan has continued, it is not a TC.

21. "Evidence-based" has become a shibboleth, uttered by many, understood by few. The primary fallacy here is not understanding that an "evidence based practice" is achieved by studying its effects on a particular population. Using curriculums that were certified as "evidence based," it is meaningless because they were not tested as being effective in reducing the recidivism of violent offenders.
22. Cognitive behavioral therapy (CBT) is an effective intervention for reducing substance abuse. However, because CBT trials have included predominantly White samples caution must be used when generalizing these effects to Blacks and Hispanics." Windsor *et al.* (2015) Cognitive Behavioral Therapy: A Meta-Analysis of Race and Substance Abuse Outcomes. "Despite the benefits of CBT in reducing a number of mental health problems, there is concern that traditional CBT approaches may not account for the unique experiences encountered by marginalized populations." (David, 2009) (Eamon, 2008).
23. Other factors, mentioned earlier, are the lack of continuity in support of successful models. Since the initial TC model in California was initiated, there have been numerous CDCR Secretaries, the majority of whom were not particularly knowledgeable or supportive and the legislative leadership that supported these programs initially, has changed many times, as term limits have thinned the ranks of supportive legislators and staffers.
24. Four wins: funder, contractor, inmate and public.
25. Amity has been part of a PFS project in Los Angeles providing case management, services and affordable housing for the highest utilizers of the Los Angeles County Jail. Because of it demonstrating success in saving millions of county dollars, the project has grown to over $100m annually.
26. Pay for Success (PFS) is an innovative financing mechanism that shifts financial risk from a traditional funder – usually government – to a new investor, who provides up-front capital to scale an evidence-based social program to improve outcomes for a vulnerable population. If an independent evaluation shows that the program achieved agreed-upon outcomes, then the investment is repaid by the traditional funder. If not, the investor takes the loss (Walsh *et al.*, 2017).

References

Alexander, M. (2012), *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, Revised ed., New Press, New York, NY.

Anglin, M.D. (2006), "Conversation with M. Douglas Anglin", *Addiction*, Vol. 101, pp. 169-80, doi: 10.1111/j.1360-0443.2006.01318.

Anglin, M.D., Prendergast, M.L., Farabee, D. and Cartier, J. (2002), "Final report on the Substance Abuse Program at the California Substance Abuse Treatment Facility (SATF-SAP) and State Prison at Corcoran: a report to the California Legislature", California Department of Corrections, Office of Substance Abuse Programs, Sacramento, CA.

Aslan, L. (2018), "Doing time on a TC: how effective are drug-free therapeutic communities in prison? A review of the literature", *Therapeutic Communities: The International Journal of Therapeutic Communities*, Vol. 39 No. 1, pp. 26-34, doi: 10.1108/TC-10-2017-0028.

Briggs, D.L. (1963), "Convicted Felons as social therapists", *Corrective Psychiatry and Journal of Social Therapy*, Vol. 9 No. 3, pp. 122-27.

California Department of Corrections (2007), Office of Audits and Compliance.

California Department of Corrections and Rehabilitation (2007), "A roadmap for effective offender programming in California", Report to the California State Legislature, available at: http://sentencing.nj.gov/downloads/pdf/articles/2007/July2007/document03.pdf (accessed January 26, 2019).

California Department of Corrections and Rehabilitation (2008), "Court upholds corrections' finding that contractor misused one million in taxpayer dollars", Sacramento, CA, available at: www.cdcr.ca.gov/news/2008/01/03/court-upholds-corrections-finding-that-contractor-misused-one-million-in-taxpayer-dollars/ (accessed February 20, 2019).

California Department of Corrections and Rehabilitation (2012), "2012 outcome evaluation report", available at: www.cdcr.ca.gov/Adult_Research_Branch/Research_Documents/ARB_FY_0708_Recidivism_Report_10.23.12.pdf (accessed January 27, 2019).

Clark, C. (2017), *The Recovery Revolution*, Columbia University Press, New York City, NY, pp. 42-3.

Cullen, F. and Gilbert, K. (1982), *Reaffirming Rehabilitation*, Anderson Publishing, Cincinnati, OH.

David, E.J.R. (2009), "Internalized oppression, psychopathology, and cognitive-behavioral therapy among historically oppressed groups", *Journal of Psychological Practice*, Vol. 15 No. 1, pp. 71-103.

Deitch, D., Koutsenok, M., McGrath, P., Ratelle, J. and Carleton, R. (1998), *Outcome Findings Regarding In-custody Adverse Behavior between Therapeutic Community Treatment and Non-treatment Populations and its Impact on Custody Personnel Quality of Life*, University of California – San Diego, Department of Psychiatry, Addiction Technology Transfer Center, San Diego, CA.

Dowden, C. and Andrews, D.A. (2000), "Effective correctional treatment and violent reoffending: a meta-analysis", *Canadian Journal of Criminology*, Vol. 42, p. 449.

Eamon, M.K. (2008), *Empowering Vulnerable Populations: Cognitive-Behavioral Interventions*, Lyceum Books, Chicago, IL.

Farabee, D., Prendergast, M., kCartier, J., Wexler, H., Knight, K. and Anglin, D. (1999), "Barriers to implementing effective correctional durg treatment models", *The Prison Journal*, Vol. 79 No. 2, pp. 150-62.

Feucht, T. and Holt, T. (2016), "Does cognitive behavioral therapy work in criminal justice? A new analysis from CrimeSolutions.gov", *NIJ Journal*, Vol. 277, pp. 10-17.

Hser, Y.-i., Anglin, M.D. and Powers, K. (1993), "A 24-year follow-up of California narcotics addicts", *Archives of General Psychiatry*, Vol. 50 No. 7, pp. 577-84.

Legislative Analyst Office (2017), "Improving in-prison rehabilitation programs", Sacramento, CA, available at: www.lao.ca.gov (accessed January 27, 2019).

Life Magazine (1962), "Synanon House: where drug addicts join to salvage their lives", March 9, pp. 54-67.

Little Hoover Comission (1994), "Report #124 'Putting Violence Behind Bars' ".

Little Hoover Commission (1998), "Beyond bars: correctional reforms to lower prison costs and reduce crime", Sacramento, CA.

Martin, S., O'Connell, D., Paternoster, R. and Bachman, R. (2011), "The long and winding road to desistance from crime for drug involved offenders: the long-term influences of TC treatment on re-arrest", *Journal of Drug Issues*, Vol. 41 No. 2, pp. 179-96.

Martinson, R. (1974), "What works? – questions and answers about prison reform", *The Public Interest*, Vol. 35 No. 22.

Mullen, R., Ratelle, J., Abraham, E. and Boyle, J. (1996), "California program reduces recidivism and saves tax dollars", *Corrections Today*, Vol. 58 No. 5, pp. 118-23.

Mullen, R., Rowland, J., Arbiter, N., Yablonsky, L. and Fleishman, B. (1998), "Building and replicating an in-prison therapeutic community that reduces recidivism", available at: www.amityfdn.org/wp-content/uploads/2016/09/1999-09-Rowland-et.-al.-Building-Replicating-In-Prison-TC.pdf (accessed February 23, 2019).

Owen, B. and Mobley, A. (2012), "Realignment in California: policy and research implications", *Western Criminology Review*, Vol. 13 No. 2, pp. 46-52.

Public Policy Institute of California (2019), "Just the facts", California's Prison Population, Sacramento, CA, available at: www.ppic.org/publication/californias-prison-population/ (accessed July 30, 2019).

Select Committee on Government Cost Control (2005), "California State Senate", available at: www.senate.ca.gov/media-archive (accessed January 26, 2019).

State of California. California State Auditor (2019), "California department of corrections and rehabilitation: several poor administrative practices have hindered reductions in recidivism and denied inmates access to in-prison rehabilitation programs (Report No. 2018-113)", available at: www.auditor.ca.gov/pdfs/reports/2018-113.pdf (accessed February 20, 2019).

Vandevelde, S., Broekaert, E., Yates, R. and Kooyman, M. (2004), "The development of the therapeutic community in correctional establishments: a comparative retrospective account of the 'DEMOCRATIC' Maxwell Jones TC and the Hierarchical concept-based TC in Prison", *The International Journal of Social Psychiatry*, Vol. 50 No. 1, pp. 66-79, doi: 10.1177/0020764004040954.

Vitiello, M. (2002), "Three Strikes laws: a real or imagined deterrent to crime?", *Human Rights*, Vol. 29 No. 2, pp. 3-5.

Walsh, K., Bieler, S., Roman, J.K., Taxy, S. and Paddock, E. (2017), "Assessing criminal justice programs for pay for success financing", Urban Institute, Washington, DC, available at: www.urban.org/sites/default/files/publication/94731/assessing-criminal-justice-programs-for-pay-for-success-financing_2.pdf (accessed February 23, 2019).

Werth, R. and Sumner, J.M. (2006), "Inside California's prisons and beyond: a snapshot of in- prison and re-entry programs", University of California, Department of Criminology, Law and Society, Center for Evidence-Based Corrections, Irvine, CA.

Wexler, H., Burdon, W. and Prendergast, M. (2005), "Maximum-security prison therapeutic communities and aftercare: first outcomes", *Offender Substance Abuse Report*, Vol. 5 No. 6, pp. 81-96.

Wexler, H.K. and Prendergast, M.L. (2010), "Therapeutic communities in United States' prisons: effectiveness and challenges", *Therapeutic Communities*, Vol. 31 No. 2, pp. 157-75.

Wexler, H.K. and Williams, R. (1986), "The stay 'n out therapeutic community: prison treatment for substance abusers", *Journal of Psychoactive Drugs*, Vol. 18, pp. 221-30.

Wexler, H.K., Lowe, L., Melnick, G. and Peters, J. (1999), "Three-year reincarceration outcomes for Amity in-prison therapeutic community and aftercare in California", *The Prison Journal*, Vol. 79 No. 3, pp. 321-36.

Wexler, H.K., DeLeon, G., Thomas, G., Kressel, D. and Peters, J. (1999), "The Amity Prison TC evaluation: reincarceration outcomes", *Criminal Justice and Behavior*, Vol. 26 No. 2, pp. 147-67, available at: https://doi.org/10.1177/0093854899026002001

Windsor, L.C., Jemal, A. and Alessi, E.J. (2015), "Cognitive behavioral therapy: a meta-analysis of race and substance use outcomes", *Cultural Diversity and Ethnic Minority Psychology*, Vol. 21 No. 2, p. 300.

Yablonsky, L. (1962), "The anticriminal society: Synanon", *Federal Probation*, Vol. 26 No. 3, pp. 50-7.

Yablonsky, L. (1989), *The Therapeutic Community: A Successful Approach for Treating Substance Abusers*, Gardner Press, New York, NY.

Further reading

Mullen, R. (2004), "Positive outcomes from the California Department of Corrections substance abuse treatment initiative", *Advances in the Prevention and Treatment of Drug Dependence*, publishing for the World Federation of Therapeutic Communities, Proyecto Hombre, Madrid, publishing for the World Federation of Therapeutic Communities, pp. 113-20.

Mullen, R. (2010), "45 years of TCs in corrections: what we have learned", *The Future of the Therapeutic Community in the Changing World: Proceedings of the IV World Federation of Therapeutic Communities Institute*, *Genoa*, *October 18*.

Mullen, R., Schuettinger, M., Arbiter, N. and Conn, D. (1998), "Reducing recidivism: Amity Foundation of California and the California Department of Corrections demonstrate how to do it", in Miller, T. (Ed.), *Frontiers of Justice, Volume II*, Biddle Publishing Company, Brunswick, ME, pp. 260-70.

Mullen, R., Rowland, J., Arbiter, N., Yablonsky, L. and Fleishman, B. (1999), "Building and replicating a successful recidivism reduction program: the amity therapeutic community for Level III inmates in the California Department of Corrections", The Amity Foundation, available at: www.amityfoundation.com/pdf/9.99rjdbuildng.pdf (accessed February 20, 2019).

Mullen, R., Rowland, J., Arbiter, N., Yablonsky, L. and Fleishman, B. (2001), "California's first prison therapeutic community: a 10-year review", *Offender Substance Abuse Report*, Vol. 1 No. 2, pp. 17-32.

Myers, R.R. and Goddard, T. (2018), "Virtuous profits: pay for success arrangements and the future of recidivism reduction", *Punishment & Society*, Vol. 20 No. 2, pp. 155-73.

Supreme Court of the United States (2011), "Brown, Governor of California, *Et al*. v. Plata", *Et al*. No. 09-1233, Decided May 23.

Yates, R., DeLeon, G., Mullen, R. and Arbiter, N. (2010), "Straw men: exploring the evidence base and the mythology of the therapeutic community", *International Journal of Therapeutic Communities*, Vol. 31 No. 2, pp. 95-9.

About the authors

Rod Mullen began his career with Synanon Foundation in 1967, shortly after completing his Bachelor's Degree at the University of California, Berkeley. After 12 years with Synanon, holding a number of executive positions, he joined his partner, Naya Arbiter in 1982 at Amity. He held the position of Chief Executive Officer for over three decades, and now serves as President, where he is working on the challenge of keeping a large multi-state, multi-modality organization firmly grounded in "community as method." Rod Mullen is the corresponding author and can be contacted at: rmullen@amityfdn.org

Naya Arbiter began her TC career at Synanon, where she came for addiction treatment in 1970. She worked for several years as Research Assistant on a National Institute for Mental Health grant studying the innovative Synanon child care programs, and also held several executive positions. At Amity she has been the primary designer of services, and has written over 14 volumes of a therapeutic community curriculum which has been credited for improving the outcomes of wide variety of populations, including Japan's first restorative justice prison. She was the first women to receive the prestigious acknowledgement award for the greatest contribution to therapeutic communities by the European Federation of Therapeutic Communities.

Claudia Rosenthal Plepler worked in a variety of positions at Amity, under Ms Arbiter's supervision, left to further her academic education, raise her family and was very active in a number of not-for-profit organizations. She has returned recently to assist Ms Arbiter in directing Amity's therapeutic community services in Arizona, New Mexico and California.

Douglas James Bond has a unique therapeutic community experience, coming to Amity as a child with his father who entered Amity for addiction treatment after release from prison. As an adult, he came to Amity for treatment himself, and after completion began employment. He has had a rapid rise in management responsibilities for Amity, culminating in his appointment as Chief Executive Officer in 2018.