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Rehabilitation at Andromeda: a community transitional center for male offenders

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REHABILITATION AT ANDROMEDA: A COMMUNITY
TRANSITIONAL CENTER FOR MALE OFFENDERS

A THESIS
SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
DEGREE OF MASTER OF ARTS

BY
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DEPARTMENT OF CRIMINAL JUSTICE ADMINISTRATION

ATLANTA, GEORGIA

JULY, 1983
ABSTRACT

Advisor: Dr. Julius Debro

For more than one hundred and fifty years, the primary societal response to criminal behavior has been incarcera-
tion. Now, there are those who believe that while institu-
tionalization may be necessary for a certain percentage of
the criminal population, there is indeed a substantial number
of individuals who are being incarcerated unnecessarily. The
most significant and major thrust of corrections today is its
move toward community-based corrections. This move is a clear
indicator that society will no longer continue to tolerate
the ever-increasing costs of imprisonment to support a system
that utilizes mass custody without effective treatment as its
primary focus.

This descriptive and exploratory study is about Andromeda,
a community-based program that offers offenders the opportunity
to re-evaluate themselves and their situation. It is hoped
that by using such an approach the offender will leave the cor-
rectional system with a more positive feeling of self-esteem
and worth than when he first entered.
ACKNOWLEDGEMENT

I would like to express my sincere gratitude to:
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Audry Rodger and the Residents and Staff Members of Andromeda for without whose assistance and cooperation this would not have been possible.
The Staff Members of the Atlanta University Center, who during my six and one-half years as a student of the Center have given much in the way of support, encouragement and stability.
DEDICATION

I dedicate this thesis to:

Mother - Georgia
Father - Charles, Sr.
Brothers - Charles, Jr.
       Randy
       Karl
       Anthony
Godmother - Barbara
Godfather - Harold
Godsisters - Vickie
       Joycelyn
Grandmother - Ophelia
Aunt - Maggie

members of my family who have contributed much to the making of a dream that is now a reality.
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CHAPTER I

OVERVIEW OF ANDROMEDA

Operated by the Georgia Department of Offender Rehabilitation, Andromeda is a community-based pre-release, drug-alcohol treatment center which houses up to sixty-six males (state inmates) with indicated histories of drug/alcohol abuse. With the Department of Offender Rehabilitation having the basic responsibility of protecting society through the guidance and control of state inmates, Andromeda offers a program designed to combine treatment services for such inmates with the minimum degree of security necessary to protect the public safety. This minimum six-month program provides residents with an initial four months of counseling related activities followed by the remaining two months spent on work release in the community combined with periodic counseling assistance.

Andromeda is the only transitional center operated by the Department of Offender Rehabilitation to serve exclusively the needs of male inmates with a history of drug/alcohol abuse. Towards this end Andromeda operates on the concept of a therapeutic community, where all residents and center staff have the responsibility of assisting all other residents in recognizing and assessing their deficiencies. This help takes on many forms such as; group and individual counseling, personal interaction and education periods, assemblies and the development of individual treatment plans are to name but a few. Inherent in all of these is the concept that the residents must be given
as much responsibility as possible, and are in fact responsible for much of the day-to-day operation of the house as well as for themselves and each other. A sense of family is seen as one of several major goals for the therapeutic community. While always mindful and observant of the security responsibilities inherent in a community transitional center, Andromeda seeks to instill in residents a sense that others care about him and he has the capacity to care about others.

Andromeda's treatment program consists of four phases in addition to a brief orientation: (a) In Orientation, the resident is presented with materials which explain the basic concept of the program in addition to the rules and regulations of the center. This period of adjustment is said to last anywhere from one to three days. Once familiar with the "house rules" the resident enters (b) Phase I, where he is medically screened and given a physical examination as needed. Additionally, he is assigned a primary counselor. Within ten days of entry into this phase the resident, with the counselor's assistance, produces a treatment plan which delineates the resident's psychological, behavioral, medical, educational and vocational problem areas with short and long range goals reflecting remediation. The resident becomes involved with individual counseling sessions as well as interpersonal group sessions that are based on a modified reality therapy or behavioral confrontation concept. All residents participate in the educational, recreational and life skill components of
the program throughout the first three phases, but no resident receives a pass during this phase, although he may earn visiting privileges.

After having demonstrated to the staff and other residents a desire toward actualizing self-improvement, the resident then enters (c) Phase II, after approximately six weeks. Here the resident assists with the revision of his treatment plan and expected goals for this phase. Meanwhile he continues to participate in individual and group counseling along with participation in educational, recreational and life skill components. The resident has the opportunity to earn a maximum of eight hours of pass per week in this phase. Upon demonstrating to the staff and his peers a reasonable accomplishment of short range goals as defined by his treatment plan coupled with acceptable programmatic behavior, the resident then progresses to (d) Phase III of the program. Again the resident assists with the revision of his treatment plan and expected goals for the following six-week period. As in Phases I and II, the resident continues to participate in counseling as well as the educational, recreational and life skill components of the program. Additionally, the resident is exposed to thirty hours of job readiness preparation. The maximum time permitted on pass is now ten hours per week. Also, the resident must have formulated a plan to obtain employment once he enters the next phase, and must have post-release plans completed in order to assume a viable transition from Andromeda to the free world. Provided that he has participated in the life skill classes on communication and assertiveness training, consumer education, job
readiness, values clarification, and male & female relationships, the resident then progresses to (e) **Phase IV**, where he becomes employed on a full-time basis in the community. The resident pays thirty-five dollars ($35.00) per week room and board to the center in addition to paying taxes, social security and child support, where applicable. Thus, to a certain extent, the cost to the taxpayer for incarceration of the employed resident is defrayed. Even though the resident is working, he still attends group counseling twice each week during the evening in addition to individual counseling as needed. Counseling in this instance is directed toward resolving any job related, or prospective post-release problems. In Phase IV the resident may earn a maximum of twelve hours on pass each week.

During all four phases, all residents will participate in an organizational structure referred to as "the house structure." This structure can be equated to an organizational chain of command where all residents will hold positions of responsibility. Positions range in nature from the house supervisor, who directs the flow of information from the staff to the residents and vice versa, to the service crew which is responsible for janitorial functions. Throughout the program, Andromeda's theme continuously stresses the need for residents to act responsible and to face responsibility for their acts. Residents are therefore given clearly defined responsibilities within the program through individual job functions that will undoubtedly test their ability to accomplish those goals. The improved self image resulting from fulfillment of useful and productive tasks
which benefit all residents is a primary objective in the Andromeda program. More importantly, the feeling of self worth resulting from those accomplishments becomes an imperative and essential element in the rehabilitative process.¹

CHAPTER II

THESIS STATEMENT:

The most significant and major thrust of Corrections today is its movement toward community-based corrections. This trend in corrections has been nurtured by the belief that, "treatment and rehabilitation must occur in the community if the offender is to be given any chance for success in his/her return to society." Unfortunately, past and present prisons have existed to serve only one basic function (incarceration) of which rehabilitation plays little or no part. Therefore, it is the community-based program that holds the advantage of helping the client cope with stressful situations under real life circumstances as opposed to the isolated and insulated atmosphere of closed institutions. However, the real value behind community-based corrections is that it provides the more intensive services which the prison is supposed to provide while at the same time, maintaining those social ties that are so important to a successful adjustment in society.  

ORGANIZATION OF STUDY

This study will be presented in seven chapters. Chapter One presents an overview of Andromeda.

The Second Chapter contains the purpose of the study, key terms and a review of the literature.

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Chapter Three, presents a formation of the study, methodology, and research imitations.

Chapter Four, data collection.

Chapter Five, summary, significant conclusions and recommendations.

PURPOSE OF STUDY:

Residents (inmates) who come to Andromeda are also known for having other deficiencies other than drug-alcohol abuse. In fact, it is these deficiencies or problems, which could in all probability, have given support to their abuse and incarceration.

The purpose of this study is to show whether or not persons who are in a community facility can change from crime oriented behavior to non-criminal behavior through a process of treatment which includes the following methods:

1. **Individual Counseling**: a form of case work in which the one-to-one client/caseworker relationship is primary. The caseworker or counselor may do any one, or a combination of the following: (a) aid in releasing client's frustrations; (b) help the client to realize his own capacities for change and growth; (c) counsel and advise him about his immediate problems; (d) mobilize his feelings in the direction of adaptation to reality; and (e) make him aware of, or refer him to appropriate community resources. The client is not expected to explore sub-conscious or unconscious motivational forces,
but is expected to gain insight into the immediate implications of his behavior, and develop skills that will allow him to employ appropriate problem-solving techniques.

2. **Development of Skills** is a procedure designed to improve an offender's vocational, academic, or social skills.

3. **Individual Psychotherapy** is a strategy of individual treatment utilizing a one-to-one relationship between patient and psychiatrist, specially licensed psychologist, or a psychiatric social worker. The specific procedure used varies with the orientation and training of the individual therapist.

4. **Group Method** consists primarily of a strategy of treatment applied in face-to-face groups under the supervision of a group leader who may be a psychologist, psychiatrist, social worker, trained group worker, or a layman.

5. **Partial Physical Custody** is that part of treatment which is designed to facilitate the transition from incarceration.

6. **Work Release** where the offender is assisted in finding a job, or is assigned a job in the community while spending their daily after-work hours in confinement. Confinement may be in either a penal institution, or a community-based residential facility.

7. **Leisure Time Activities** involves participation in recreational and craft activities including team sports, individual competitive sports, games, etc.

8. **Milieu Therapy** is a therapeutic community that utilizes
an attitudinal climate where all social relationships among
staff and offenders are designed to facilitate rehabilitation.
This attitudinal climate generally provides a supporting, non-
rejecting and permissive environment that allows a heightened
degree of offender self determination. The activities commonly
provided include, large group meetings, small therapeutic group
sessions, casework and job involvement.³

These methods are being used to rate the ex-resident's
(inmate) feelings of self-improvement while at Adromeda.

KEY TERMS

There are three terms that the author considers to be
relevant and important to the purpose of this study:

1. Community-Based Corrections generally refers to that
part of correction (other than the traditional imprisonment,
probation and parole functions) located in the community, and
makes use of community resources to complement, augment and
support those traditional correctional functions. In addition,
this term has been viewed by criminologists and practitioners
alike as serving at least one of three basic purposes:

³Smith, Alexander B. Treating the Criminal Offender:
Issues & Problems. (Chicago, Illinois: University of Chicago
(a) decrease in prison population; (b) more humane way of helping the offender; and (3) a less expensive method of punishment and incarceration.4

2. **Rehabilitation** is that facet of corrections that enables offenders to better themselves and prepare for their return to society. This concept, which can be traced back to the early nineteenth century, evolved from the belief that with proper treatment the individual offender could be "cured" and made to be a law-abiding citizen of the community.5

3. **Therapeutic Community Center** describes an environment of treatment which prepares the offender for better adjustment to normal life in the community outside the institution. Individual counseling, group therapy, and group counseling are likely to have a limited and transitory effect if the prisoner has to live in a prison community that entails all of the ill effects of that institution. The therapeutic community on the other hand, provides a setting whereby both individual and group treatment will have a more lasting and profound effect on the offender.6

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REVIEW OF LITERATURE

For more than one hundred and fifty years, the primary societal response to criminal behavior has been incarceration. Now, there are those who believe that while institutionalization may be necessary for a certain percentage of the criminal population, there is indeed a substantial number of individuals who are being incarcerated unnecessarily. It is this belief and our experience of the penal system, which has brought us to the realization that, "reform in prison is temporary at best, and at worst offers a dangerous sense of false security to the public." The former prisoner seldom comes back to society the better after having experienced confinement. Prison is a place of coercion where compliance is obtained by force. The typical response to coercion is alienation which takes the form of active hostility to all social controls, or a passive withdrawal into alcoholism, drug addiction, or dependency. In either case, the attitude of the offender has been brutalized, and their self-confidence has been lost.

For generations the task of corrections to ease this alienation of the offender has been mainly attempted through one of two ways:

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1. **Parole**, the conditional release of a prisoner prior to the expiration of his sentence.

2. **Probation**, a condition imposed by a court upon an offender (after a plea or verdict of guilty) as an alternative to a straight sentence. However, the difficulty of this task becomes apparent when one realizes that far more is required than the one-to-one contact between probation or parole officer and the offender. The offender's predicament stems from a combination of personal deficits (lack of) and social malfunctions that have worked together to produce that criminal event and social status. Though the offender's situation is not unlike that of many people who are faced with similar circumstances, it is the offender who has not found a way to deal with his deficits and the disorder that surrounds him. The inability of some offenders to maintain an adequate adjustment in the community more than justifies the need for a community-based program of some kind that proves to be helpful in easing this crucial and alarming problem.

It has been generally recognized that an offender who has served a long sentence in a confined institution will usually suffer "culture shock" when suddenly returned to the community. 

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from which he came. For just as astronauts must re-enter the earth's atmosphere in a series of shallow passes, so must the offender re-enter society through a gradual series of steps, and it is these steps that are intended to ease the pressures of culture shock that are experienced by many institutionalized offenders. Despite statements made with false courage to the media, most ex-offenders know that they will have serious problems trying to re-establish a life outside the institution. Their apprehension builds as they approach release. Many inmates become escapees shortly before they are due to be released. Others commit some almost meaningless petty offense within a short period after their release. These actions can be seen as deliberate efforts to ensure their quick return to the "safety" of the institution, where all their needs are met and no demands (except obedience to the rules) are made on them.  

Awareness of this phenomenon has led many considerate correctional administrators in establishing pre-release and post-release programs that are aimed at assisting the ex-offender through those critical periods. Topics covered in such programs include getting a driver's license, learning how to spend money, how to find an apartment, sex, family adjustment, credit buying, etc. These programs which are commonly

referred to as "halfway houses" have increasingly developed down through the years, and have served as that part of Corrections that has existed in the community, rather than within the institution.

The term "halfway house or community treatment center" is depicted as being heterogenous in meaning, which implies that halfway houses are as varied and different from each other as closed institutions are in jails and prisons. There is no single definition, or description that can possibly be devised at this time which would adequately encompass the wide range of facilities called halfway houses or community treatment centers. Intake criteria, length of stay, treatment goals, services offered, quantity and quality of staffing, physical location, and a number of other factors are so diverse that a unified definition would be virtually impossible. However, as the term is generally used, a halfway house is a non-confining residential facility for adult offenders or juveniles, who are either about to be released from an institution, or who immediately following release begin the initial stages of their return to society.


These individuals usually participate in the program by getting involved in a number of activities conducted within the facility itself, such as group therapy sessions held on a weekly basis. Hopes for the success of the program are based on a combination of positive peer group experiences, and gradual reintegration into the normal life of the free world. In fact, it is this gradual reintegration that can best explain the rationale behind the halfway house's existence in the community. The transition from the structured and constantly supervised institutional environment to complete freedom in the community is seen by many to be a period of confusion, uncertainty, and stress for the ex-offender who, being unable to cope with this situation, is forced to return to what he or she does "best" (commit crimes). The halfway house can provide the offender with a clean and reasonably comfortable place to live, wholesome meals, help in finding a job, and usually supportive counseling services. Thus, by sharing this environment with others in similar situations, the offender no longer feels that his or her problem is totally unique, and is in a therapeutic environment which understands the special difficulties and frustrations of their status. It is hoped that by a combination of his own initiative and relevant help from other residents and staff members, that the resident (offender) will soon be able to emerge from this "decompression chamber" with the required tools and confidence to make a successful post-release adjustment.\(^\text{14}\)

\(^{14}\)Ibid. pp. 215-217.
In opposition to the existence of a halfway house in the community, one can often anticipate at least some hostility from the public when any kind of community-based program for offenders is established. This may take the form of a community protest from residential and civic associations, letters to various elected officials, sudden passage of restrictive zoning regulations, and the filing of lawsuits. Occasionally though, opposition is less intense and unorganized as first anticipated. However, it cannot be over-emphasized that such community reactions must be anticipated and dealt with on many levels if the facility is to commence operation and survive. If any community-based program is to succeed, some measure of local support is indeed vital to its implementation into the community. If prisons do not rehabilitate as several studies have pointed out, and if the goal stated in Corrections is to reduce recidivism by integration of the community and the offender, it then seems logical that treating the offender in society and in his own community would be the most effective means by which to accomplish this goal.

The idea that social forces in the community have the potential for impacting favorably or unfavorably upon the individual is by no means new. Although the community can have both negative and positive effects, placing an offender in a prison often

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strengthens the negative influences. When separated from the positive influence of non-criminal elements of the community, the offender more than likely falls back on the influences of his fellow inmates. The offender, through the documented process of inmate socialization, often becomes more pro-criminal and less willing or able to identify with the more appropriate non-criminal elements in the outside world upon his release. Under these circumstances, he is most likely, upon release, to seek out associations in the community that have attitudes and characteristics that he became accustomed to while in prison.16

The community-based correctional concept realizes that the offender must be encouraged to identify and maintain whatever ties he has with the law-abiding members of society (which incarceration usually severs), while at the same time being given appropriate supervision and help in order to limit his exposure to and association with those who, encourage continued criminal behavior.17 This form of diversion, as well as those treatments employed in specific cases, such as alcoholism and drug abuse are intended not only to give aid to the offender, but to provide us (the people) with that sense of reality that dictates that we must either prepare the offender for a successful resocialization back into society, or prepare to deal with the majority of them again as repeat offenders.


17 Ibid. p. 8.
In either case, the offender's reintegration or diversion from the system can be accomplished at a cost far less than that of incarceration. In fact, until alternatives to institutionalization are demonstrated to be more effective than imprisonment in preventing further crime, a major rationale for the use of community programs, will be that correctional costs can be considerably reduced, by handling in the community setting a large number of those offenders normally institutionalized. Experimental projects in intensive intervention have shown that for a large number of institutionalized offenders incarceration is clearly unnecessary. Thus, if society is determined in light of this evidence to keep these offenders in prison and training schools, it must be willing to pay the price. The central question becomes; "whether the goals of punishment and custodial control are worth the high costs of constructing institutions, and maintaining inmates in those institutions, as well as the observed and unknown personal and social costs incurred through exposing individuals to the institutional experience"?  

The cost of building an institution has been estimated at about $22,000 a bed, while maintenance and treatment of one ward in the institution is estimated at about $400 per month.  

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A study conducted by the Department of Correction, in the District of Columbia provided data on the correctional costs generated by the offense careers of twenty-five young men and twenty-six from a D.C. youth center. The subjects whose median age was twenty-six years, had spent an average of 32 months in the youth center, 8.5 months in federal reformatories, 4.5 months in the D.C. jail, 23 months on parole, 2 months on adult probation, 16 months in welfare institutions, 22 months in foster homes and 6 months on juvenile probation. During the average nine-year "criminal history", the offender experienced about twenty-five correctional actions and services. When the current costs of those actions were totaled for each offender, the individual cost ranged from over thirteen to more than $68,000, with a median cost of about $31,000. A projected cost of about $10 million was estimated as the amount the public would have invested in this group, by the time these young men are finally released from supervision. It was suggested in the report that this enormous expenditure could in all probability be reduced by the early management of young offenders in programs of greater cost effectiveness.


21 Ibid. p. 17.
In general the daily per capita cost of a community-based program (halfway house) will equal the per capita cost of a medium security prison. However, the per capita cost will normally include the cost of rent, whereas the prison per capita cost will not include any amortization (monthly payment) of prison construction costs. The economic cost benefits of a halfway house facility appears to be more favorable in the long run rather than in the short term. By reducing the anticipated rate of recidivism with a given group of offenders, this program can prevent the substantial future costs of committed crimes, in expenses of the criminal justice process, as well as the high price of future incarceration. In addition, if a resident is working, a minimal daily charge for room and board may be assessed and thus further reduce actual state expenditures of appropriated funds.

Finally, in terms of community-based programs being more humane, one can only say that, "If rehabilitation is to be a reality, rather than just a catchword, prison inmates must be treated as human beings." Meaning that they should be given the opportunity to make decisions, and keep in touch with the


23 Ibid. p. 35.
outside community. Hahns lists ten advantages to community-based settings: (1) They tend to place subtle pressure on the citizens of the community to recognize that they have a role to play in restoring offenders to useful citizenship; (2) greater responsibility for adequate decision-making is placed on the offender; (3) placement in open-type, community-oriented facilities eliminates the "ritualistic responses and forced conformity" observed in prisons; (4) opportunity for decision-making and responsible choice removes the "excuse" that "I never had a chance"; (5) they constantly present the opportunity to "hold up the mirror" in which the offender must recognize his real motives; (6) they present regular opportunities for more frequent ego-supportive experiences such as volunteer work in hospitals and in the community; (7) life in the community presents many more role models and real-life situations; (8) they permit the offender to depart from the medical model and interact with a variety of helping figures; (9) correctional workers find themselves in new roles and begin to function as "brokers for services"; and (10) individual rights of the offender are more easily safeguarded in these settings.


These advantages are indeed good and unquestionable, but it must be remembered that community-based corrections can only be a part of the correctional system, and not the total picture. Prisons and institutions will always be necessary for the safety of society. Dangerous offenders, most certainly do exist, and will require maximum imprisonment, but it is believed that their number is small in comparison to the whole population.

The move toward Community-Based Corrections is a clear indicator that society will no longer continue to tolerate the ever-increasing costs of imprisonment to support a system that utilizes mass custody without effective treatment as its primary focus. The development of personality problems that spill over into behavioral problems that infringe upon the rights and property of others can be detected early. "People are changed by other people, not by programs or projects." And it is in this area that community-based programs can make a contribution far more lasting than the traditional correctional institutions, that are concerned only with regimentation and security.

Policy decisions based on the success or failure of rehabilitative programs have been viewed as impossible to justify because rehabilitation as a goal can hardly be supported by sociological theory or empirical statistics. This means that

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27 Ibid. p. 209.
society is confronted with a continuing need for a prison of some sort and no way to make it presentable. Because criminal and delinquent activity occur in the community, it is believed to be the most logical correctional base from which to reform offender. Therefore, probation, parole, halfway houses, work release programs, and community correctional centers have been established to serve as possible alternatives to that of total incarceration. Although there is no overwhelming amount of evidence to show that these programs are more effective than prisons, they certainly could not prove to be any worse. Ramsey Clark best explained the need for a community-based program when he was quoted as saying:

"The most important statistic of all in the field of criminal justice is the one which tells us that probably four out of five of all felonies are committed by repeaters, and 80 percent of all serious crimes are committed by people convicted of crimes before."

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CHAPTER III
THE FORMATION OF STUDY

METHODOLOGY OF STUDY

The data collected at Andromeda was done by the author's use of several research techniques used in the field of social research. Intense efforts were made to review all published and unpublished materials pertaining to community-based programs in Corrections. More importantly, special efforts were made to cover the "limited" amount of literature on the effectiveness of community-based programs in rehabilitation. This study entails what the author describes as being a combination of quota sampling, random sampling, and snowball sampling on male residents (inmates) having gone through the program over a three-year period (1980-83). Specifically, it is a sample consisting of twenty-five male ex-residents, who out of a population of two hundred and seventy (270) successfully completed the program before being released during the period mentioned above. The data needed for this study was acquired by administering a survey questionnaire to those twenty-five male ex-offenders who were at one time residents of Andromeda. The first procedure followed in obtaining this data, was to collect some needed information (e.g. name, date admitted, date released, present address & phone number) from, the files of ex-residents selected for the study. This, of course, was done with the permission of the administrator of Andromeda. After obtaining the needed information, several attempts were made
to contact those persons selected for the study. However, contact with those persons selected did not always prove to be that successful for a number of reasons (e.g., change of residence, failure to acknowledge the author's telephone calls, a feeling of uneasiness about participation, etc.). This naturally, forced the author to seek out other alternatives. One example, in seeking other alternatives was explored by using the method of "snowball sampling," where each person who might be considered as a possible participant. In fact, it might be safe to say that, the majority of cases completed was done by using this method.

The questionnaire used for this survey contained structured and closed-ended questions, which were designed by the author. The first section consisted of questions regarding the social characteristics of the respondent, such as date and place of birth, marital status, level of education, etc. Second section consisted of questions pertaining to his incarceration, and the circumstances surrounding that incarceration. Third and final section consisted of questions rated on the respondent's feelings of improvement with regard to the methods of treatment that were employed for his use while at Andromeda. The questionnaire took between 5 and 10 minutes to complete and was done with assistance from the author.
LIMITATIONS OF STUDY

"Whenever people have instituted a social reform for a specific purpose, they usually have paid some attention to the actual consequences of it, even if they have not always done so in a conscious, deliberate, or sophisticated fashion." 29

This statement from Earl Babbie's book, "The Practice of Social Research" best explains some of the limitations to this study. First, the problems encountered by the (newly released) prisoner's transition from prison to the community is believed to have a definite effect on recidivism rates (reduction in crime). Therefore, help in dealing with the problems of newly released prisoners should in all probability reduce the recidivism of many community-based residents. However, not many community-based programs have attempted to evaluate the effectiveness of rehabilitation for their residents. This lack of knowledge naturally poses some problems in limitation for one wishing to conduct research on "Corrections", and the programs that fall within that facet of the Criminal Justice System.

Secondly, community treatment programs for prisoners being released are still in a relatively early stage of development. More research is indeed necessary before any "firm" conclusions can be drawn regarding their effect on reducing recidivism, or other criteria of success. To quote David Ward:

"There is no evidence that more severe penalties deter crime more effectively than less severe penalties. There is no evidence that prisons rehabilitate most offenders. There is evidence that large numbers of offenders can be effectively supervised in the community at insignificant risk and considerable savings in public expense." 30

Programs of this nature do help facilitate the offender's re-entry into the community by: (1) providing some continuity with education and training programs; (2) assistance in obtaining adequate employment; (3) increased use of community resources; and (4) providing needed support during this difficult initial period of adjustment.

Further limitations of the study were: (1) small population from which to make a feasible selection; (2) participation for persons originally chosen was not 100 percent; (3) more than one method of sampling was necessary in filling the quota (no. of cases) needed for the study; and (4) the time span since their (ex-residents) release from Andromeda to the present was not seen as being that significant or great.
CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

This chapter is a valid attempt at assessing the "importance" of Andromeda to offenders who are about to be released back into society after having served time in confinement. Nationwide, over 90,000 offenders are pushed in and out of correctional institutions on a yearly basis. This is done without any real effort being made to address those issues and problems of concern to offenders who will undoubtedly return to society as before.

This descriptive and exploratory study is about Andromeda and those programs alike who through their intensive treatment do offer offenders the opportunity to re-evaluate themselves and their situation. It is believed that by using such an approach the offender will leave the correctional system with a more positive feeling of self-esteem and worth than when he first entered. And if there is a more positive feeling of self-esteem and worth then it is believed the reduction in crime becomes more positive.

The questionnaire used in this study was designed to cover three areas of interest: (1) social characteristics by respondents; (2) incarceration and circumstances surrounding that incarceration; and (3) ratings regarding the respondent's feelings of improvement that he made while at Andromeda. This design has been specifically constructed in this manner so that the judgement of Andromeda's worth is not based on the opinions and evaluations of those who simply work for the system, but
those who have gone through the system. The reasoning behind using this method is that, "if you really want to know the value of something why not go to the source involved, rather than those who could only appraise it." The data collected from using the questionnaire has been taken and compiled into tabular form (Tables) for interpretation by the author. The construction of tables presented entails three headings: (1) category of topic; (2) occurrences in number; and (3) percentages for those occurrences. Following the tables is a brief analysis of its presentation and findings, with comparisons being made where possible.
SECTION I
SOCIAL CHARACTERISTICS OF THE RESPONDENTS
The largest number of Respondents surveyed were between the ages of 22 to 26.

<table>
<thead>
<tr>
<th>Age</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>37-41</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>32-36</td>
<td>1</td>
<td>04</td>
</tr>
<tr>
<td>27-31</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>22-26</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>18-21</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

Slightly more than half (52%) were between the ages of 18 to 26 with only a small percentage (20%) being 32 and older. In comparison, the national age figure (20 to 26) is much closer to the sixty percent mark (57%) for those having been incarcerated.
Eighty percent of the respondents were born in Georgia.

<table>
<thead>
<tr>
<th>Places</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia</td>
<td>20</td>
<td>80</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>1</td>
<td>04</td>
</tr>
<tr>
<td>Florida</td>
<td>1</td>
<td>04</td>
</tr>
<tr>
<td>Texas</td>
<td>1</td>
<td>04</td>
</tr>
<tr>
<td>Tennessee</td>
<td>1</td>
<td>04</td>
</tr>
<tr>
<td>Mexico</td>
<td>1</td>
<td>04</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The remaining twenty percent (20%) stated they were born outside of Georgia, and only one respondent stated that he was born outside the United States.
Table 3

**DISTRIBUTION BY MARITAL STATUS**

(N=25)

<table>
<thead>
<tr>
<th>Status</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>13</td>
<td>52</td>
</tr>
<tr>
<td>Married</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
<td>08</td>
</tr>
<tr>
<td>Divorced</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

Slightly over fifty percent (52%) of respondents were single. Only sixteen percent (16%) were married. Almost eighty-four percent (84%) were classified as either being single, separated or divorced.
Table 4

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary Education (0-7)</td>
<td>1</td>
<td>04</td>
</tr>
<tr>
<td>Junior High (8-9)</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>High School (10-12)</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Some College</td>
<td>8</td>
<td>32*</td>
</tr>
<tr>
<td>Some Graduate School</td>
<td>2</td>
<td>08*</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

Seventy-two percent (72%) of the respondents indicated the completion of high school, some college, or graduate school, with nearly ten percent (8%) having had some graduate training beyond college.

Only about twenty-eight percent (28%) were found to be below high school level. The national figure for those having completed high school is only about forty-eight percent (48%), with no more than sixteen percent (16%) with education, or training beyond high school.

*Error made in representation of college and graduate school.
Table 5A

**DISTRIBUTION BY STATUS OF EMPLOYMENT**
(N=25)

Six out of ten (60%) respondents indicated employment of some sort.

<table>
<thead>
<tr>
<th>Status</th>
<th>No</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>15</td>
<td>60</td>
</tr>
<tr>
<td>Unemployed</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

The remaining forty (40%) were termed as unemployed since their release from Andromeda.

Table 5B

**TYPE OF EMPLOYMENT HELD**
(N=25)

<table>
<thead>
<tr>
<th>Employment</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>15</td>
<td>60</td>
</tr>
<tr>
<td>Part-time</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>60%</td>
</tr>
</tbody>
</table>

Sixty percent (60%) of those released were full-time.
Almost a quarter (24%) of those respondents employed were said to have held their jobs from one to five months, twenty percent (20%) with jobs of 9 months or more.

<table>
<thead>
<tr>
<th>Length of Employment</th>
<th>No.</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 months</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>3-5 months</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>6-8 months</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>9-11 months</td>
<td>2</td>
<td>08</td>
</tr>
<tr>
<td>12 months or longer</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
<td><strong>60%</strong></td>
</tr>
</tbody>
</table>

Six out of ten (60%) respondents indicated employment of some sort.
Eighty-four percent (84%) of respondents indicated they have "at least" one parent living.

<table>
<thead>
<tr>
<th>Status</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living</td>
<td>21</td>
<td>84</td>
</tr>
<tr>
<td>Deceased</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>04</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

Only a small percentage (12%) stated that their parents were deceased.

It was found that out of twenty-one respondents with "at least" one parent living, more than sixty-five percent (70%) stated both parents as living.

<table>
<thead>
<tr>
<th>Status</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Parent Living</td>
<td>7</td>
<td>30</td>
</tr>
<tr>
<td>Both Parents</td>
<td>14</td>
<td>70</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>100%</td>
</tr>
</tbody>
</table>
SECTION II

INCARCERATION AND CIRCUMSTANCES SURROUNDING THAT INCARCERATION

-38-
Table 7

**NUMBER OF YEARS RESPONDENT SPENT INCARCERATED**

(N=25)

The number of years incarcerated by a majority of the respondents was found to be from 4 to 6.

<table>
<thead>
<tr>
<th>Years</th>
<th>No.</th>
<th>Percent %</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 3</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>4 - 6</td>
<td>12</td>
<td>48</td>
</tr>
<tr>
<td>7 - 9</td>
<td>2</td>
<td>08</td>
</tr>
<tr>
<td>10 - 12</td>
<td>1</td>
<td>04</td>
</tr>
<tr>
<td><strong>Beyond 12 years</strong></td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Eighty-eight percent (88%) of the respondents spent from 1 to 6 years incarcerated.
Sixteen percent (16%) of the respondents had been to prison three times or more.

<table>
<thead>
<tr>
<th>No. of Times</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>13</td>
<td>52</td>
</tr>
<tr>
<td>Two</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Three</td>
<td>2</td>
<td>08</td>
</tr>
<tr>
<td>Four or More</td>
<td>2</td>
<td>08</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

Eighty-four percent (84%) had only been incarcerated once or twice. Slightly more than half (52%) had been incarcerated only once.
Table 9

RESPONDENT'S AGE AT FIRST OFFENSE

(N=25)

Less than forty percent (36%) of respondents surveyed were under the age of sixteen before committing their first offense. Eight percent (8%) were under age of ten.

<table>
<thead>
<tr>
<th>Age</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 10 years</td>
<td>2</td>
<td>08</td>
</tr>
<tr>
<td>11 - 13 years</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>14 - 16 years</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>17 - 19 years</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>20 or older</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>
Fifty-five percent (55%) had family members who had been incarcerated.

<table>
<thead>
<tr>
<th>Members</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>13</td>
<td>45</td>
</tr>
<tr>
<td>Mother</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Father</td>
<td>1</td>
<td>03</td>
</tr>
<tr>
<td>Sister</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Brother</td>
<td>10</td>
<td>35</td>
</tr>
<tr>
<td>Other Relatives</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table 11

RESPONDENTS BY ARREST SINCE THEIR RELEASE (1980-1983)

(N=25)

Ninety-Six percent (96%) of the residents had no arrest since release from Andromeda.

<table>
<thead>
<tr>
<th>Response</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
<td>04</td>
</tr>
<tr>
<td>No</td>
<td>24</td>
<td>96</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>
SECTION III

RATINGS ON RESPONDENT'S FEELINGS OF IMPROVEMENT

(Respondents were asked to rate the degree of improvement in areas such as counseling, job training, etc.)
Table 12

RATINGS FOR IMPROVEMENT BY COUNSELING
(N=25)

A form of case work where the one-to-one client caseworker relationship is established. Usually this method of treatment consists of one to two hours held at least twice a week.

<table>
<thead>
<tr>
<th>Rating</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much Improvement</td>
<td>15</td>
<td>60</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Little Improvement</td>
<td>2</td>
<td>08</td>
</tr>
<tr>
<td>No Improvement</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>35</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Slightly more than ninety percent (90%) felt that there was improvement to a degree from their counseling.
Table 13

DEVELOPMENT OF SKILLS (COMMUNICATIONS, JOB TRAINING, ETC.)

(N=25)

A method designed to improve an offender's vocational, academic or social skills.

<table>
<thead>
<tr>
<th>Rating</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much Improvement</td>
<td>14</td>
<td>56</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>Little Improvement</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>No Improvement</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Ninety-six percent (96%) of those surveyed believed that there was some or much improvement in their development of skills. Only four percent (4%) saw little, if any, improvement.
Table 14

INDIVIDUAL PSYCHOTHERAPY BY RESPONDENT
(N=25)

Persons received approximately two hours of treatment per session.

<table>
<thead>
<tr>
<th>Rating</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much Improvement</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Little Improvement</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>No Improvement</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>No Response</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

This method of treatment proved to be helpful for at least fifty percent (56%). Yet, nearly thirty percent (28%) felt there was little or no improvement from this method. A small figure of sixteen percent (16%) was shown for those where psychotherapy did not apply.
Table 15

GROUP SESSIONS HELD (RAP, COUNSELEE, ONE-ON-ONE, ETC.)

(N=25)

A method whereby issues of concern are brought to the attention of other residents and staff members.

<table>
<thead>
<tr>
<th>Rating</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much Improvement</td>
<td>18</td>
<td>72</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>Little Improvement</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Improvement</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

Seventy-two percent (72%) felt much improvement from the group sessions held for residents, while nearly thirty percent (28%) felt some improvement. Overall, there was a 100 percent agreement in improvement by use of this method than any other form, except that used in Table 16. Sessions were held two hours daily Monday through Friday.
Table 16

IMPROVEMENT BY RESIDENT IN MOVEMENT FROM PRISON TO ANDROMEDA

(N=25)

A method designed to facilitate the transition from incarceration to freedom.

<table>
<thead>
<tr>
<th>Rating</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much Improvement</td>
<td>18</td>
<td>72</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>Little Improvement</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Improvement</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

This table is exactly identical to Table 15 in every respect except for the method used. One hundred percent (100%) saw some improvement in their overall adjustment.
Table 17

JOB HELD WHILE ON WORK RELEASE
(N=25)

The offender was assisted in finding a job, while spending his daily after-work hours in confinement.

<table>
<thead>
<tr>
<th>Rating</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much Improvement</td>
<td>16</td>
<td>64</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Little Improvement</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Improvement</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>25</td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Sixty-four percent (64%) felt that jobs held on work release were much to them by way of improvement. Twenty-four percent (24%) felt some improvement, twelve percent (12%) saw no improvement from this method of treatment. A majority (90%) of those jobs held were basically labor jobs (construction, maintenance, restaurant, etc.).
Table 18
RECREATION BY ACTIVITIES
(N=25)

The participation of residents in individual competitive sports, games, etc.

<table>
<thead>
<tr>
<th>Rating</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much Improvement</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Little Improvement</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>No Improvement</td>
<td>2</td>
<td>08</td>
</tr>
<tr>
<td>No. Response</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

Three-fourths of the respondents (76%) seem to have found improvement of some sort in recreational activities made available through their use. Sixteen percent (16%) felt little, if any, improvement and eight percent (8%) felt no improvement at all.
Table 19

THE INSTITUTION (ANDROMEDA)
(N=25)

A therapeutic community that utilizes an attitudinal climate wherein all social relationships among staff and offenders are designed to facilitate rehabilitation.

<table>
<thead>
<tr>
<th>Rating</th>
<th>No.</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much Improvement</td>
<td>15</td>
<td>60</td>
</tr>
<tr>
<td>Some Improvement</td>
<td>9</td>
<td>36</td>
</tr>
<tr>
<td>Little Improvement</td>
<td>1</td>
<td>04</td>
</tr>
<tr>
<td>No Improvement</td>
<td>0</td>
<td>04</td>
</tr>
<tr>
<td>No Improvement</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Response</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100%</td>
</tr>
</tbody>
</table>

Over ninety-five percent (96%) of those surveyed felt that Andromeda provided them a sense of improvement.
Chapter V

CONCLUSION AND RECOMMENDATIONS

A descriptive and exploratory study of Andromeda was conducted by use of a survey questionnaire. A collective sample was drawn from twenty-five male ex-offenders who were one time residents of Andromeda. These twenty-five male ex-offenders were selected out of a population of two hundred and seventy who had completed all four phases of the program before being released during the period 1980-83.

Significant findings drawn from the study were: (1) during a time of economic depression and high unemployment one might expect that the employment rate for those having been incarcerated to be well below the fifty percent mark. However, it was found that sixty percent (60%) of those respondents surveyed indicated employment of some type. And of the sixty percent (60%) employed, all were full-time; (2) more than one-half (55%) of the respondents have at least one family member, or other relative who has been incarcerated. The highest percent for those with family members and other relatives was found to be among brothers. This could imply that persons incarcerated "usually" have family members, or other relatives who also have been incarcerated; (3) only one out of the total respondents surveyed had been arrested, since their release from Andromeda. This report is a strong indicator that the repetition of crime by repeat offenders after treatment is considerably reduced; and
(4) over fifty percent of those surveyed felt that methods of
treatment, like individual counseling, development of skills,
etc., provided much for them in the way of improvement, with
well over ninety percent having experienced a feeling of some
sort of improvement.

In conclusion, the Andromeda study proves that rehabili-
tation is at least possible, and indeed necessary to resociali-
zing the offender back into the main stream of society.

It has been known that the greatest rate of post-release
failure occurs within the first sixty days. Only in recent
years have correctional authorities realized that something
must be done to enable inmates to bridge the gap between prison
and freedom. The most comprehensive treatment program within
the institution may meet with complete failure if it does not
provide for this transition. Too often the newly released
individual is simply placed back onto the streets after their
release with, little or, no preparation for the role of a free-
world citizen. Ideally, preparation of the offender's return
to the free world should begin the moment he enters the correc-
tional process. The transition from prison to community life
must be preceded by treatment programs that are unique to that
particular inmate and dedicated to the singular purpose of pro-
viding that individual with the necessary strengths to succeed
on the outside.

The following are recommendations for Andromeda: (1) a
strong vocational training and job placement program should
be developed. The house should be augmented to include a full-time "vocation specialist" experienced in analyzing vocational abilities, placing individuals appropriately and counseling people for and during employment; (2) the house staff should be augmented to include a part-time "recreation director" to encourage and inform residents on social and recreational activities, and to occasionally organize such activities; (3) although the staff augmentations suggested above would involve an increase in the cost of operating the house, the expense is seen as being necessary and worthwhile.
CHAPTER IV

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Dear Participant:

I am conducting a special project to study the effectiveness of a community-based program in Atlanta. I am asking you to help me in this study of Andromeda, by answering some questions about your incarceration, and the improvements that you made while at Andromeda.

Any information that you give will be held in strict confidence. Information which will identify you as an individual will not be released. It is not expected that you will experience any discomfort or risk in this project. It is hoped that this project will increase our awareness and understanding of more sensible methods to rehabilitation, and thus benefit offenders indirectly.

Taking part in this project is completely voluntary. Whether or not you choose to take part will not in any way prevent the regular services, or benefits available to you.

Sincerely,

Michael J. Ruff
Dept. of Criminal Justice in Administration
Atlanta University
1. Date of Birth: ___________________________

2. Please indicate your age group:
   ___ 18-22          ___ 42-46
   ___ 22-26          ___ 47-51
   ___ 27-31          ___ 52-56
   ___ 32-36          ___ 57-61
   ___ 37-41          ___ 62 and older

3. Place of Birth __________________________________________

4. Present Residence: _____________________________
   City __________________ State

5. Marital Status:
   ___ Single          ___ Married          ___ Separated
   ___ Divorced        ___ Widowed

6. Please indicate the highest level of education that you 
   completed before coming to Andromeda:
   ___ Elementary Education (0-7 years)
   ___ Junior High School (8-9 years)
   ___ High School or GED (10-12 years)
   ___ Some College or Vocational Training after High School
       (13-15 years)
   ___ Graduated College (16 years)
   ___ Some Graduate or other training after college.

7a. Are you presently?
   ___ Employed
   ___ Unemployed
7b. If so:

_____ full-time
_____ part-time

8. If employed, please put an X by the answer which best describes the type of work you do:

_____ Clerical
_____ Domestic
_____ Managerial or Administrator
_____ Other

9. How long have you been employed?

_____ 0-2 months
_____ 3-5 months
_____ 6-8 months
_____ 9-11 months
_____ 12 months of longer

10. How many children do you have?

_____ None
_____ 1-2
_____ 6-8
_____ 9-11
_____ 12 or more

11. Are your parents presently:

_____ living
_____ deceased
12. How long were you incarcerated?
   _____ 1-2 years   _____ 9-11 years
   _____ 3-5 years   _____ 12-14 years
   _____ 6-8 years   _____ 14 or more years

13. How many times have you been incarcerated?
   _____ One   _____ Three
   _____ Two   _____ Four or more

14. How old were you when committing your first offense?
   _____ Can't Remember   _____ 14-16 years
   _____ Under 10 years   _____ 17-19 years
   _____ 11-13 years     _____ 20 or older

15. Have any of your family members been incarcerated?
   _____ No   _____ Brother
   _____ Mother   _____ Wife
   _____ Father   _____ Other Relatives
   _____ Sister

16a. Have you been arrested since your release from Andromeda?
   _____ Yes   _____ No

16b. If So:
   _____ Misdemeanor   _____ Felony

17. While at Andromeda you had the opportunity to participate in a number of treatments related to your needs for self-improvement. Please rate these treatments in terms of your feelings of program:

   A. Individual Counseling:
      _____ Much Improvement   _____ Little Improvement
      _____ Some Improvement   _____ No Improvement
B. Development of Skills (Community, Job Training, etc.):
   ______ Much Improvement
   ______ Some Improvement
   ______ Little Improvement
   ______ No Improvement

C. Individual Psychotherapy (sessions with a psychiatrist):
   ______ Much Improvement
   ______ Some Improvement
   ______ Little Improvement
   ______ No Improvement

D. Group Methods (rap sessions, Counselees' session, etc.):
   ______ Much Improvement
   ______ Some Improvement
   ______ Little Improvement
   ______ No Improvement

E. Partial Custody (physical movement from prison to Andromeda):
   ______ Much Improvement
   ______ Some Improvement
   ______ Little Improvement
   ______ No Improvement

F. Work Release:
   ______ Much Improvement
   ______ Some Improvement
   ______ Little Improvement
   ______ No Improvement
G. Leisure Activities (recreation):

- Much Improvement
- Some Improvement
- Little Improvement
- No Improvement

H. Milieu Therapy (Adromeda itself):

- Much Improvement
- Some Improvement
- Little Improvement
- No Improvement