

RDAP

The Bureau of Prison's Alcohol, Narcotic and Prescription Drug Abuse Program



Get up to an
Additional 18 Months
Time Off From Prison ...
Even for Non-Drug Offenses

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In 1994, congress passed the Violent Crime Control and Law Enforcement Act which mandated a number of changes, the most important of which authorizes the Bureau of Prisons to provide up to a **one-year sentence reduction for early release and 6-month halfway house/home confinement** for non-violent inmates who successfully completes the program called the 500-Hour Residential Drug Abuse Treatment Program (RDAP). Today, RDAP is the only program available at the BOP that provides for any sentence reduction and early release and is highly sought after among inmates - with only a small percentage of applicants admitted.

This new act also requires the BOP to provide residential drug abuse treatment for all inmates who are "eligible", requiring a verifiable documented drug, alcohol, or prescription abuse problem before an inmate could be admitted to the RDAP program.

RDAP Law and Prison Consultants is **your most comprehensive source of information** for this program. Select from the following chapters to begin.

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Chapter 1: What is RDAP?

1



If you are a federal offender and have a verifiable substance abuse problem, there's good news. The Federal Bureau of Prisons (BOP) by law provides a very specialized program **offering eligible offenders additional time off**, beyond "good time", from your sentence. Called the 500-hour comprehensive Residential Drug Abuse Treatment Program (RDAP), it is the only possible way for federal inmates to receive an additional sentence reduction outside the courts and has been shown to be successful at reducing recidivism, relapse, and prison misconduct.

RDAP is available for all security levels except for high security inmates. Upon successful completion of RDAP, eligible inmates will benefit with early release of up to twelve months off their incarceration time plus an extended halfway house and home confinement placement of six months at the end of their sentence. Home confinement starts when the inmate reaches the last ten percent of their sentence. 18 U.S.C § 3621 (e).

Early release amount depends on the sentence length. Inmates serving 37 months or more are eligible for the full twelve months of early release while those serving 31-36 months will be eligible for only a nine month sentence reduction. Those with less than 31 months sentence are eligible for only a six month reduction.

Some inmates due to the violent or sexual-abuse nature of their crimes are ineligible for any time off. Felony or misdemeanor convictions for robbery, rape, assault or child sexual-abuse will be disqualified as well as cases containing an element of violence or use of a firearm or deadly weapon. Other disqualifications include those with detainees; INS-ICE detainees, and military or state inmates.

A. Eligibility

Eligibility for RDAP is determined by the institution's RDAP staff and requires that the inmate has a **verifiable documented narcotic drug, prescription drug, or alcohol abuse problem** in their Presentence Investigation Report, considered the "bible" at the BOP. Having a judicial recommendation, although not necessary or conclusive, is helpful for RDAP admission with the court's recognition and encouragement for treatment. Unfortunately, the PSR often times inadequately reports an inmate's substance abuse due to erroneous advice from counsel or lack of accuracy. Updating the PSR, after the fact, is very difficult after sentencing. In such cases, the burden of proof is much higher but not impossible. The offender can seek documentation verifying substance abuse from a former probation officer or treatment provider. The documentation must adequately show the diagnosis and treatment performed as well as written contemporaneously within one year prior to the initial arrest or indictment.

Next, the offender must meet formal psychological diagnostic criteria by **passing a formal clinical interview** by the Drug Abuse Program Coordinator (DAPC), who will look at official background documentation, such as a PSR, and other information that supports the diagnosis. The offender must also not have any mental disorders that may interfere with RDAP participation and must sign a treatment contract. During the clinical interview, a substance abuse or dependency disorder may not necessarily

be diagnosed by the DAPC even if there is documentation in the inmate's file, in which case, the inmate is deemed ineligible.

RDAP is in great demand and understandably so, when there's a possibility of earning up to a twelve months sentence reduction and six months of halfway house and home confinement time. Almost every incoming inmate will apply but only a small percentage are admitted. In fact, due to the limited number of classes for RDAP, the BOP determines eligibility very carefully, scrutinizing documentation to meet entrance requirements followed by a rigorous clinical interview. For this very reason, when choosing your consulting firm, **the most important criteria for evaluation** should be their track record of success in getting clients into RDAP and their process for ensuring you get in.

B. Criteria for Substance Abuse

It is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

- Recurrent substance use resulting in failure to fulfill major obligations at work, school, or home (e.g. repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).
- Recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by substance abuse)
- Recurrent substance-related legal problems (e.g. arrests for substance-related disorderly conduct).
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights).
- Tolerance, as defined by either of the following:
 - A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - Markedly diminished effect with continued use of the same amount of substance.
- Withdrawal symptoms or the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.
- There is a persistent desire or unsuccessful efforts to cut down or control substance use.
- A great deal of time is spent in activities necessary to obtain the substance (e.g. visiting multiple doctors or driving long distances), use the substance (e.g. chain-smoking), or recover from its effects.
- Important social, occupational, or recreational activities are given up or reduced because of substance use.
- The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g. current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcoholic consumption).

I. PROGRAM STRUCTURE

A. Modified Therapeutic Community

The Residential Drug Abuse Treatment Program (RDAP) at the Bureau of Prisons (BOP) is a Modified Therapeutic Community. This treatment community stems from the belief that living in an environment where certain goals are expected by not only staff, but peers is a powerful form of therapy. Peer support is critical to the community and your treatment. The very nature of the community requires that a great deal of interaction and sharing of issues take place in a public manner.

Participants are expected to share personal information about themselves and their past in front of the community to assist themselves and others in the change process. Participants are also expected to help each other by holding each other accountable for unacceptable behavior in private and in public. Community discussions are viewed as crucial to successful treatment. These meetings can be positive, intense, confrontational and challenging. Peers may, at times, provide support and encouragement to each other and at other times intense confrontation.

In short, we believe that just as addicts get other people addicted to drugs, recovering addicts can help other addicts off drugs and into recovery. We also believe that people do not change because they see the light, but because they feel the heat. The professional staff works closely with inmates in the community to create a positive and caring atmosphere, whereby residents can exert peer influence among each other to make meaningful life changes and build a support program of recovery over addiction.

B. Small Groups

This program utilizes a "Small Group" which provides for each inmate the opportunity to share his challenges in recovery with his fellow participants on a more intimate level. In sharing, he learns there is nothing he has experienced that has not been encountered by other group members. He also has a chance to practice new skills learned in module groups. The group serves as a "reality check" of attitudes and behavior which support recovery are immediately reinforced, while attitudes and behavior which signal a relapse receive equally immediate scrutiny. Through the various groups offered as part of treatment, the community helps support a program of recovery for each inmate on the unit.

C. Module Groups

The program also places an emphasis on learning skills and putting these skills into action. Module groups are designed to assist participants in learning critical thinking and problem solving skills (Rational Thinking); anger management, communication and interpersonal skills (Living with Others); skills to avoid relapse in high risk situations that lead to drug use (Recovery Maintenance); a weighing of the costs and benefits of the criminal lifestyle and values that resulted in incarceration and victimization of others (Criminal Lifestyles); an intense exploration of the pain that participants cause others (Victim Empathy); skills to obtain employment (Employment Readiness); and the development of a balanced lifestyle which includes physical, emotional and spiritual avenues to cope with stress (Lifestyle Balance). In addition to the aforementioned modules, participants engage in Personal Responsibility and Teaming. Personal Responsibility involves weekly formal cleaning of the housing unit. Teaming allows for peers to formally team each participant to assist each participant in identifying issues that are in need of change.

D. Self-Help Groups

In addition to the skills that are taught in RDAP, we support the Twelve Steps groups and SMART Recovery as valuable components of the recovery process. The Twelve Step model is consistent with the goals of the community; namely, to help addicts build a program of recovery from drugs and alcohol. Some participants choose to immediately reject AA and NA as a result of the spiritual component of these programs and/or as a result of the fact that these programs subscribe to the disease model of addiction. The disease model assumes that you are powerless over your addiction. The disease model can conflict with the bio-psychosocial model that is utilized in RDAP which asserts that although there are many factors (genetics, personality, societal influences, family environment, etc.) that contributed to one's addiction, the individual is ultimately responsible for all the choices made in his life.

Despite the differences, AA, GA, NA, and SMART Recovery can be used as a support system for a participant in his recovery. Upon release, self-help meetings are readily available to anyone who wishes to attend. Therefore, it is useful for participants to find a way to incorporate this into their recovery. Treatment staff and peers will provide guidance in assisting participants to incorporate self-help groups into your treatment program. These meetings can provide unconditional support in a time of crisis when a participant is in society and does not have peers or community professionals readily available to him.

E. A Typical Treatment Day

A typical treatment day begins with a Community Meeting followed by a treatment activity. Treatment activities include 1) Personal Responsibility – where participants take initiative for cleaning their units; 2) Teaming – where participants publicly evaluate another participant's progress in treatment; 3) Small group, a psychotherapy group; or 4) Module groups.

F. Phases I, II, and III

Phase I is approximately three months in length. It begins with a two to three week orientation period. Community members participate in structured activities under the direction of treatment staff, who critically examine their motivation for treatment. This is also a time for participants to develop an understanding of the importance and power of the treatment community. Participants meet with their primary Drug Treatment Specialist (DTS), who then formulates an individualized treatment plan. Each participant should direct questions about his treatment to his primary DTS and should only attempt to speak to another staff member about his issue at the direction of his primary DTS. This serves to minimize confusion and assures that treatment is coordinated by one individual. Participants engage in module groups, small group therapy, community meetings and evaluation as determined by their DTS.

In Phase I, participants must demonstrate their commitment and motivation to change their drug seeking behavior and criminal thinking. Participants who have not decided to stop using drugs or engaging in behaviors indicative of criminal thinking will not begin treatment. Participants will be given direct feedback during Phase I about whether their behavior or behaviors are indicative of recovery. If an individual does not wish to change his lifestyle, he will not be permitted to continue in treatment.

Phases II and III are each approximately three months in length. Participants continue to participate in all module groups, small group therapy, community meetings, and evaluation. Participants in Phases II and III of the Residential Drug Abuse Program must have demonstrated to staff a commitment to change. It is very important for participants in these Phases to continue to develop a program of recovery that is demonstrated in their thinking, behavior, attitude, and respect towards others. Participants will be given constant feedback about their progress. More precise and concrete feedback will be given every 60 days via 60-day reviews. Participants who perform poorly may meet with the entire treatment team in a formal meeting and their DTS individually to develop a specific plan for improvement. More often, participants will meet with the Community to include Senior Peer Assistants, and/or the Treatment Team to be confronted with the problematic behavior.

G. Small Group Rules

Small group is a place for you to discuss issues on a more personal level as well as a place to try out new behaviors. It is a “lab” to practice and to work through important issues with the hope that you will one day be able to bring up these issues to the larger groups. Group works best when there is trust and support.

- Be on time
- Minimize call outs. The group suffers when a member is absent. Make every effort to avoid having call-outs during group time. When you are absent from group, you need to explain your absence upon your return.
- Take care of your personal business before and after group, not during group, i.e. no drinks of water, bathroom breaks.
- If you talk with another group member, the facilitator, or other treatment staff about the group, bring this back to the group.
- Be attentive, i.e. no yawning, writing, drawing, slouching, side conversations, and no note passing.
- Be respectful of others. Take turns when talking and do not stand up while you are talking.
- Sit as a group, i.e. chairs should be in a circle with no empty chairs between you and another member.
- Do not bring books or papers to group.
- Be a responsible participant – You get out of the group what you put into it, so you need to participate.
- This is not a time to ask the facilitator questions. This is a time for you to ask the group questions. The most important aspects of the groups are the process of what is going on in the here-and-now, and your relationship with your group members.
- Confidentiality is an important part of the group that is sometimes difficult for members of a treatment community to understand. Confidentiality is not absolute. If staff feels there is a risk that you will harm yourself, someone else, or that there is a threat to the security of the institution this will be reported to necessary staff. Reports of child abuse or the abuse of a vulnerable adult will also be reported to the local authorities. Staff will not, however, discuss your small group issues with individuals who do not have a clinical or custodial need to know.

Chapter 3:

RDAP Frequently Asked Questions (FAQ)

Q: What is the Residential Drug Abuse Program (a.k.a. RDAP)?

A: The RDAP program is a cognitive behavior therapy (CBT) program run by the Bureau of Prisons (BOP) as passed into law by 18 U.S.C. § 3621 which directs the BOP to provide residential drug abuse treatment to eligible federal inmates. RDAP is an all voluntary 500-hour 9-month program run at roughly 60+ federal prisons throughout the United States. Successful graduates are given up to a one-year sentence reduction for early release and an increase to 6 months of halfway house/home confinement time.

Q: Can the RDAP program benefit state prisoners as well?

A: No, the RDAP program is only available for federal BOP inmates in federal prisons.

Q: How does a participant successfully graduate from the RDAP program in order to get the sentence reduction and early release?

A: You have to complete all three phases of the RDAP program successfully in order to get the sentence reduction and early release. The first phase, usually the most rigorous phase, is the unit-based component comprised of 500-hours worth of therapy lasting approximately 9 months. This "Group Therapy" lasts 3.5 hours daily and occurs during the morning or afternoon sessions. The RDAP program has higher priority than any BOP work or educational assignments. When completed, you will receive a certificate of completion of RDAP at the end of this phase.

The second phase is considered the follow-up care that you receive if you have not yet been sent to the halfway house. Some graduates complete the RDAP program with time left on their sentence. While still in the general prison population, follow-up services are comprised of weekly group sessions and assignments.

The last and third phase, Transitional drug abuse treatment (or TDAT) lasts normally six months and occurs at the halfway house and during home confinement. TDAT is normally comprised of weekly group therapy sessions with other former RDAP graduates and may include weekly assignments.

Q: What is the wait-list like for the RDAP program?

A: Previous to 2009, the wait-list was as high as 7,000 inmates and few inmates were receiving their full time off due to the wait. Today, after new admissions eligibility rules were put in place in March 2009, most RDAP facilities have no wait list and inmates are receiving their full sentence reduction for early release. This is due to the much *more stringent admissions rules for RDAP eligibility* put in place and fewer than 10% of RDAP applicants now are getting in, based on our unofficial sampling at some institutions.

Q: When can you start the RDAP program, once admitted?

A: Although each RDAP facility is run slightly different, normally you must be within 48 - 60 months of release in order to apply to RDAP. Once admitted, your start date depends on the wait list with priority given to those inmates with an earlier out date. As of 2012, due to the more stringent RDAP eligibility and admissions guidelines, most inmates are starting early and are receiving their full sentence reduction for early release.

Q: Do I have to sell or use drugs to get into RDAP?

A: No, a drug crime is not a deciding factor in for getting into the RDAP program. Rather, you must meet the following:

- You have a verifiable substance use disorder within 12 months prior to your arrest or indictment whichever is earlier
- You volunteer and sign program admissions documents
- You have sufficient time left in your sentence to complete the program
- You are able to complete all three phases of the RDAP program and possess the mental capacity to do so. You must be able to be sent to a halfway house and therefore, those with detainers, ICE/INS detainees, or military inmates are not eligible.
- If you are eligible for the RDAP program but are not approved to get the time off, you may still graduate from RDAP and at least receive the extended 6 month halfway house/home confinement.

Q: How can an inmate apply to RDAP?

A: You can be referred to the program by BOP staff or you may directly apply with the Drug Abuse Program Coordinator (DAPC) at the institution. The DAPC will ascertain if you:

- Have enough time left on your sentence
- Meet the mental and language (English) ability to complete the program
- Have documented a verifiable substance abuse use disorder within 12-months prior to your initial arrest or indictment

Q: How does RDAP define that I have substance use disorder?

A: You have a disorder when your use of a controlled substance is more than just social or recreational and meets the definition as listed in the Diagnostic and Statistical Manual of the Mental Disorders, Fourth Addition (DSM-IV). This definition shows a pattern of dependence and abuse as follows:

- Continued use despite family, school, work, or legal problems or failed obligations
- Increased tolerance to the substance requiring more to get the same effect
- Withdrawal symptoms
- Failure at attempts to quit
- Put in dangerous situations due to substance abuse or intoxication

Q: What is a verifiable substance use disorder?

A: Admissions into RDAP requires verifiable documentation of your substance abuse disorder and can come from any one of these:

- Presentence Report (PSR)
- Notes or letters from medical or mental health professional(s), substance abuse treatment providers, probation or parole officers, or social workers
- Two or more DUI's or DWI's within five years of your most recent arrest or indictment

If these documents are not already in your BOP file, you may have them sent directly from the provider to the DAPC. Understandably, no documentation will be accepted directly from you. The BOP will call and verify that the documentation is genuine. A judge's recommendation is insufficient for admissions and does not influence eligibility whatsoever.

In some cases, the BOP has ruled that an inmate, although having a verifiable substance abuse disorder, is in "remission" if he has not used drugs or alcohol within the 12 months prior to his initial arrest or indictment.

Q: How difficult is the RDAP Clinical Interview?

A: You will be interviewed by the institution's Drug Abuse Program Coordinator (DAPC) once you apply and have documents in your central file verifying your substance use. The interview can be rigorous and includes your history with [substance abuse as defined in the DSM-IV](#) and your desire and agreement for all the treatment terms and conditions.

Q: What if I am at a prison that does not have the RDAP program.

A: Not all federal prison's have the RDAP program. Once admitted into RDAP by Psychology Services staff at your current prison, you will be transferred to another prison that does have the program. This may require that your security level be lowered before the transfer is allowed and from our experience, management variables are given frequently by the BOP to make this possible.

You may be eligible to start the RDAP program but you'll have to wait for your transfer which may take several months and cut into your valuable time off. If you are in this situation, be sure to factor in this extra time and apply to RDAP earlier.

Q: Can I be kicked out of RDAP or quit?

A: Yes and it does occur all too frequently. The RDAP program requires strict adherence to the rules and punishes rule-breaking or bad behavior. You will be given at least one written warning and receive a therapeutic intervention before this happens. The exception is if you break the gravest rules, considered to be 100 or 200-level incident reports (a.k.a. shots) for things such as drinking, smoking, stealing, fighting, or escape or if you break confidentiality about the RDAP program.

RDAP is a voluntary program and of course, you may quit at any time and for any reason. Some reasons may be that the program is too stressful or you are not getting the sentence reduction for early release.

Q: What happens if I get kicked out or withdraw from RDAP?

A: You will be immediately transferred out of the RDAP unit and may receive some sanctions such as furloughs, vacations, and loss halfway house time.

Q: Can I re-apply into RDAP after I get kicked out or quit?

A: Yes, after a 90 day wait period. We have found that in most instances, re-application is encouraged and successful but you will be starting all over again and therefore, losing any time that you already put in originally.

Q: How much time will I get off and who decides?

A: The following is the amount of sentence reduction for early release:

<u>If Your Sentence is:</u>	<u>You get:</u>
30 Months or Less	6 Months Sentence Reduction
31 – 36 Months	9 Months Sentence Reduction
37 or more Months	12 Months Sentence Reduction

You will also get an increase to the full 6-months halfway house and home confinement time. Both the DAPC and the BOP's Designation and Sentence Computation Center (DSCC) will verify your eligibility for receiving the sentence reduction within 30 days of RDAP admission.

Q: Which prisons have the RDAP program?

A: Not all federal prisons have the RDAP program. An official list of locations can be found on the Bureau of Prison's website.

RDAP Locations by Region	NORTH CENTRAL	WESTERN REGION
NORTHEAST REGION	FPC Duluth (MN) FCI Englewood (CO) FPC Florence (CO) FCI Florence (CO) FPC Greenville (IL)* FCI Leavenworth (KS) FPC Leavenworth (KS) USP Marion (IL) FCI Milan (MI) FCI Oxford (WI) FCI Pekin (IL) FCI Sandstone (MN) MCFP Springfield (MO)# FCI Terre Haute (IN) FCI Waseca (MN)* FPC Yankton (SD)	FCI Dublin (CA)* FPC Dublin (CA)* FCI Herlong, (CA) FPC Lompoc (CA) FCI Phoenix (AZ) FPC Phoenix (AZ)* FCI Safford (AZ) FCI Sheridan (OR) FPC Sheridan (OR) FCI Terminal Island (CA)
MID-ATLANTIC	SOUTH CENTRAL	CONTRACT FACILITY
FPC Alderson (WV)* FPC Beckley (WV) FCI Beckley (WV) USP Big Sandy (KY) FCI Butner (NC) FCI Cumberland (MD) FPC Cumberland (MD) SFF Hazelton (WV)* FMC Lexington (KY) FCI Memphis (TN) FCI Morgantown (WV) FCI Petersburg - M (VA) FCI Petersburg - L (VA)	FCI Bastrop (TX) FPC Beaumont (TX) FCI Beaumont – L (TX) FCI Beaumont – M (TX) USP Beaumont (TX) FPC Bryan (TX)* FMC Carswell (TX)*#^ FCI El Reno (OK) FCI Fort Worth 1 (TX) FCI Fort Worth 2 (TX) FCI Forrest City Low (AR) FCI Forrest City Med (AR) FCI La Tuna (TX) FCI Seagoville 1 (TX) FCI Seagoville 2 (TX) FPC Texarkana (TX)	RCI Rivers, (NC)
SOUTH EAST REGION		KEY
FCI Coleman – L (FL) USP Coleman II (FL) FPC Edgefield (SC) FSL Jesup (GA) FCI Marianna (FL) FPC Miami (FL) FCI Miami (FL)^ FPC Montgomery (AL) FPC Pensacola (FL) FPC Talladega (AL) FCI Tallahassee (FL)* FCI Yazoo City (MS)		FCC = Federal Correctional Complex FCI = Federal Correctional Institution FMC = Federal Medical Center FPC = Federal Prison Camp FSL = Federal Satellite (Low Security) MCFP = Medical Center for Prisoners RCI = Rivers Correctional Institution * = Female Facility # = Co-occurring Disorder Program ^ Spanish Updated 5/5/2014

Chapter 4: Rules and Expectations



By joining the Residential Drug Abuse Treatment Program and signing a treatment contract, inmates are **committing themselves to abide by the rules** and regulations of the program. The inmate who is committed to his recovery will welcome such rules and procedures to protect the integrity of the unit and his program of recovery. Recovery refers to the getting back of something lost; to restore oneself to a normal state. It becomes obvious that true recovery is a 24-hour per day process. If inmates choose to join and remain in this program, three themes should become an integral part of their new, developing lifestyles: self-responsibility, motivation, and recovery are a 24 hour per day basis.

Participants are **expected to engage in all aspects of treatment**, to hold each other accountable for behaviors that are unacceptable to the community and are inconsistent with recovery, to utilize Senior Peer Assistants for support and guidance, and to be public in their efforts at recovery. A participant may be Teamed by staff, peers and/or Senior Peer Assistants if it is determined that he is not meeting the expectations set forth by the program. A teaming refers to a meeting where staff and peer intensely confront a participant by making the participant aware of the realities of his inappropriate and often destructive behaviors.

Teamings are also conducted by treatment staff with and without Senior Peer Assistants' collaboration. Attendance at these meetings is mandatory if a participant wishes to remain in treatment. Treatment, however, is voluntary. It is expected that participants will receive feedback while displaying an attitude of gratitude and humility. Additionally, the eight attitudes of recovery, which are defined during the intensive week, are expected to be displayed at all times (honesty, humility, objectivity, caring, responsibility, open-mindedness, willingness and gratitude).

A. Expected Behaviors

The following are a sample of behaviors viewed as important for progress in treatment and recovery:

- Accomplishing treatment goals as determined by the Treatment Staff.
- Participation and motivation to change
- Being on time and prepared for group.
- Completing assignments.
- Respect for self and others.
- Holding each other accountable.
- Honoring financial obligations (FRP Payments).

B. RDAP Rules and Expectations

Recovery requires self-discipline. In this regard, a person's behavior is the best reflection of his commitment to recovery. The community needs to place great emphasis on each participant's behavior both on and off the treatment unit. The following rules are not intended to be punitive.

The following apply to every RDAP participant and reflect unacceptable behaviors that may affect your placement in treatment:

- No standing by the door, in the hallway or outside the unit waiting to be called to Mainline.
- No going into other wings after 10:00pm
- Be in the wing and in your cube before 4:00pm read for the stand-up count. There is to be no movement until the count is cleared.
- No eating during count.
- No earphones/radios during count
- No talking/noise in the wings after 10:00pm
- No holding spots in the TV rooms.
- No card and/or board games in the unit until after the evening meal is announced closed, except on weekends.
- You are expected to be on time for all call-outs, groups, teamings, etc. Tardiness is not tolerated.
- No hats or do rags on the treatment unit. Do rags will only be worn in the inmate's assigned wing.
- You are expected to be dressed appropriately. While in the unit, institutional issued uniform will be worn Monday through Friday from 7:30am until after the evening meal is served to the unit. Proper attire is required, and includes shirt tails tucked in with properly fitting points. Clothing must be clean and pressed when necessary. Sweatshirts will not be worn over institutional shirts. Sweat cloths can not be mixed with institutional uniforms at any time. If you change into seats to go work out, upon returning to the unit you must change back into your uniform.
- No untied shoes or boots
- No lying down or sleeping during 7:30am to 4:00pm Monday through Friday, unless you have an idle or convalescence from Health Services, or have special permission due to work hours. You must post this on your bunk if it applies to you.
- No viewing of programs or possessing any items that glorify criminal lifestyle, violence or drug use.
- Sanitation on the unit is a priority. Sanitation is everyone's responsibility. All common areas, wings, group rooms and cubes are expected to be kept clean.
- No items in your room or in your possession that do not reflect treatment related attitudes and values.
- No sexually explicit or pornographic materials.
- No sunglasses (unless prescription).
- No using recreation as a shortcut to Mainline or other destinations on the compound.
- During group hours, you are not allowed to speak to unit team staff, unless they have requested to speak to you.

C. The following behaviors are intolerable

Both on and off the unit, these behaviors **will** jeopardize your placement in treatment, and may result in expulsion from the program:

- Using or possessing drugs, including tobacco
- Drinking or making alcohol
- Violence or threatening violence against staff or other inmates
- Gambling
- Stealing
- Sexual misconduct
- Defacing and/or sabotaging equipment (eg. TV, furniture, building, etc.)
- Tattooing
- Failing to be committed to recovery
- Failing to meet financial obligations (FRP payments)
- Breaking confidentiality and/or discussing community issues around inmates not in treatment

D. Television Viewing Guidelines

- Am I watching this program to view violence or a criminal lifestyle?
- Does this program in any way glorify a criminal lifestyle or substance abuse?
- Is there a possibility that other participants will feel offended or triggered by viewing this program?
- Is this program consistent with the values of RDAP and the "Eight Attitudes of Change"?
- Will this program interfere with my rational thinking related to criminality and substance abuse?

"This morning I had a callout to Psychology. I met the doc and signed my papers for RDAP. She said I was eligible and the paperwork would go to Grand Prairie. Hope all is well and will keep you updated."

- S.M. of Ohio

"The head psychologist informed me that I am approved for RDAP. She sent my info already to Texas and for me to get with my case manager to have him send my choices on transfers ASAP.

I appreciate your friendship and support through all this. My wife is already happy that I am getting the help that I need and going home a year early! Thank you again for all that you have done."

- B.G. of Virginia

Chapter 5: Notice of Qualification

BP-AD941
JUN 10

Notice of RDAP Qualification CDP8M

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

SECTION 1 - RESIDENTIAL DRUG ABUSE PROGRAM QUALIFICATION

YOU HAVE REQUESTED PARTICIPATION IN THE BUREAU'S RESIDENTIAL DRUG ABUSE TREATMENT PROGRAM. MY REVIEW OF YOUR CASE INDICATES DO DO NOT QUALIFY FOR THE RESIDENTIAL DRUG ABUSE PROGRAM. (comment on documentation and clinical interview).

Comments: *[Handwritten notes in a box, mostly illegible]*

If inmate does not qualify for the RDAP no offense review is required.

SECTION 2 - OFFENSE REVIEW

- A DSCC OFFENSE REVIEW HAS BEEN REQUESTED.
 A DSCC OFFENSE REVIEW HAS NOT BEEN REQUESTED:
- (a) you have received a prior early release under §3621(e);
 - (b) you are a contract boarder (e.g., state or military inmate);
 - (c) you were sentenced under old law.

My signature indicates I have been informed of my RDAP qualification status.

Inmate Name Printed	Staff Name Printed
Inmate Signature	Staff Signature
Register Number	Staff Title RDAP COORDINATOR
Date	Date

Refused to sign
 Yes No

cc: Drug Abuse Treatment File Unit Team
Unit Team (place in section 4 of inmate central file)

FDP

Prescribed by #5331

So, this is the golden ticket for 18 months time off from prison! This is the **actual document you will sign once you are accepted into the RDAP program**. This document came from one of our successful clients and his identity has been removed for his privacy and protection.

He was asked to sign this document right after he completed the clinical interview with the prison's Drug Abuse Program Coordinator (DAPC) who is the head clinical psychologist for the RDAP program. This document means that he has been "officially" accepted into the program and will be put on the wait-list to begin programming shortly.

The wait-list is sorted strictly by the inmate's "OUT" date which is the inmate's sentence completion date minus his good time credit. This is the same date that is listed on the BOP website as the "Release" date if you did an inmate locator search. Those with an earlier "OUT" date will start the program first. Because of the **strict rules in place for RDAP eligibility currently**, the wait-list as of fall 2012 has been *short BOP-wide with most inmates starting RDAP on time or early*. That's good news if you get in, but bad news, if you are trying to qualify. It's imperative that you prepare yourself and timing is critical.

Within 30 days after you are off the wait-list and start the RDAP program, the "Release" date, as listed on the inmate locator search on the BOP website, will reflect your sentence reduction. In other words, **the "Release" date officially changes**, based on the assumption that you will successfully graduate! Remember to take another 6 months off this date for the extended halfway house and home confinement that is earned through the RDAP program.

This is such a relief for friends and loved ones, as they themselves **see the "Release" date change, reflecting the sentence reduction, with their own eyes!** Yes, it is for real!

"I got into RDAP! I was denied but with your appeal, I finally got in. My wife was a basket case and now she's happy as can be. I'll end up doing about 16 months on a 36 month sentence."

- H.B. of Michigan

"There is no way for me to put into words the relief and release of anxiety I experienced when RDAP Consultants told me how much time off I could qualify for and be home with my loved ones. It was the smartest choice I could have made and now my release date changed two months into the program. It's a great program to learn and grow from. Thank you all for being a light in an otherwise very dark situation!!"

- I.R. of Texas

Chapter 6: Insider's Secret to Success

By signing up with RDAP, inmates are committing themselves to abide by the rules and regulations of the program. It becomes obvious that true recovery is a 24-hour a day process. Three themes should become an integral part of their new, developing lifestyle: self-responsibility, motivation, and recovery. Inmates are expected to engage in all aspects of treatment, to hold each other accountable for behaviors that are unacceptable to the community and are inconsistent with recovery, to utilize others for support and guidance, and to be public in their efforts at recovery. The following are sample behaviors viewed as important for progress in treatment and recovery:

- **Accept and accomplish goals as determined by the treatment staff.** Complete all treatment work, such as workbooks, writing assignments, and learning experiences, thoroughly and on time.
- **Participate and be genuinely motivated to change.** Be on time and prepared for group. Show seriousness and willingness to work the program. As an example, sit straight and at attention with positive body language at all times. Engage in treatment by participating in group activities. Show sincerity and honesty and expose yourself during group.
- **Respect yourself and others.** Exhibit pro-social behavior and hold others accountable for bad behavior. Display a good attitude, such as caring to others, by supporting fellow participants in group. Do not be vindictive towards other inmates.
- **Follow all rules in group** at all times and hold yourself accountable if a rule is broken. Honesty is the foundation of the program.
- **Always show pro-social behavior,** especially during telephone calls and emails which are recorded. Be careful who you confide in and always exhibit pro-social behavior in your conduct and conversations with them.
- **Show humility.** Everyone in group is considered "equal" and you must humble yourself. That means that no one cares how big or grandiose your white collar crime was. You must try to blend in with the rest of the group. Nobody likes a show off, so dumb it down.

Chapter 7: Certificate of RDAP Completion



This is an **actual RDAP Program Completion Certificate** from one of our clients. His identity has been removed for his privacy. This certificate means that he completed Phase I of the RDAP program, the most rigorous phase. It is comprised of 500-hour worth of therapy lasting approximately 9 months. This "Group Therapy" lasts 3.5 hours daily and occurs during the morning or afternoon sessions.

You have to complete the remaining two phases of the RDAP program successfully in order to get the sentence reduction and early release. The second phase is considered the follow-up care that you receive if you have not yet been sent to the halfway house. While still in the general prison population, follow-up services comprise of weekly group sessions and assignments. Not a big deal here.

The last and third phase, Transitional drug abuse treatment (or TDAT) lasts normally six months and occurs at the halfway house and home confinement. TDAT normally comprises of weekly group therapy sessions with other former RDAP graduates and may include weekly assignments. We have noticed that each halfway house runs TDAT differently - some much more rigorous and difficult than others. **We've noticed the larger the city, the more "hardcore" the program** requirements and instructors.

Contact Us Today!



RDAP Law and Prison Consultants specialize in successful RDAP eligibility, admissions, and support for the maximum sentence reduction possible for early release. We guarantee it, or we'll refund 100% of our consulting fee. **Your success is our success.** Timing is important and with the complex requirements surrounding what documentation are deemed acceptable, it's important to seek consultation immediately. **Call us now!**

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