

Research Issues on Treating Substance-Abusing Offenders

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Michael L. Prendergast, Ph.D.

William M. Burdon, Ph.D.

**UCLA Integrated Substance Abuse Programs
Drug Abuse Research Center**

Purpose

- **Provide a context for the remaining lectures covering the different aspects of treatment within the criminal justice system.**
- **Present and discuss the relevant research issues.**

Parole and Community-Based Treatment Following Incarceration

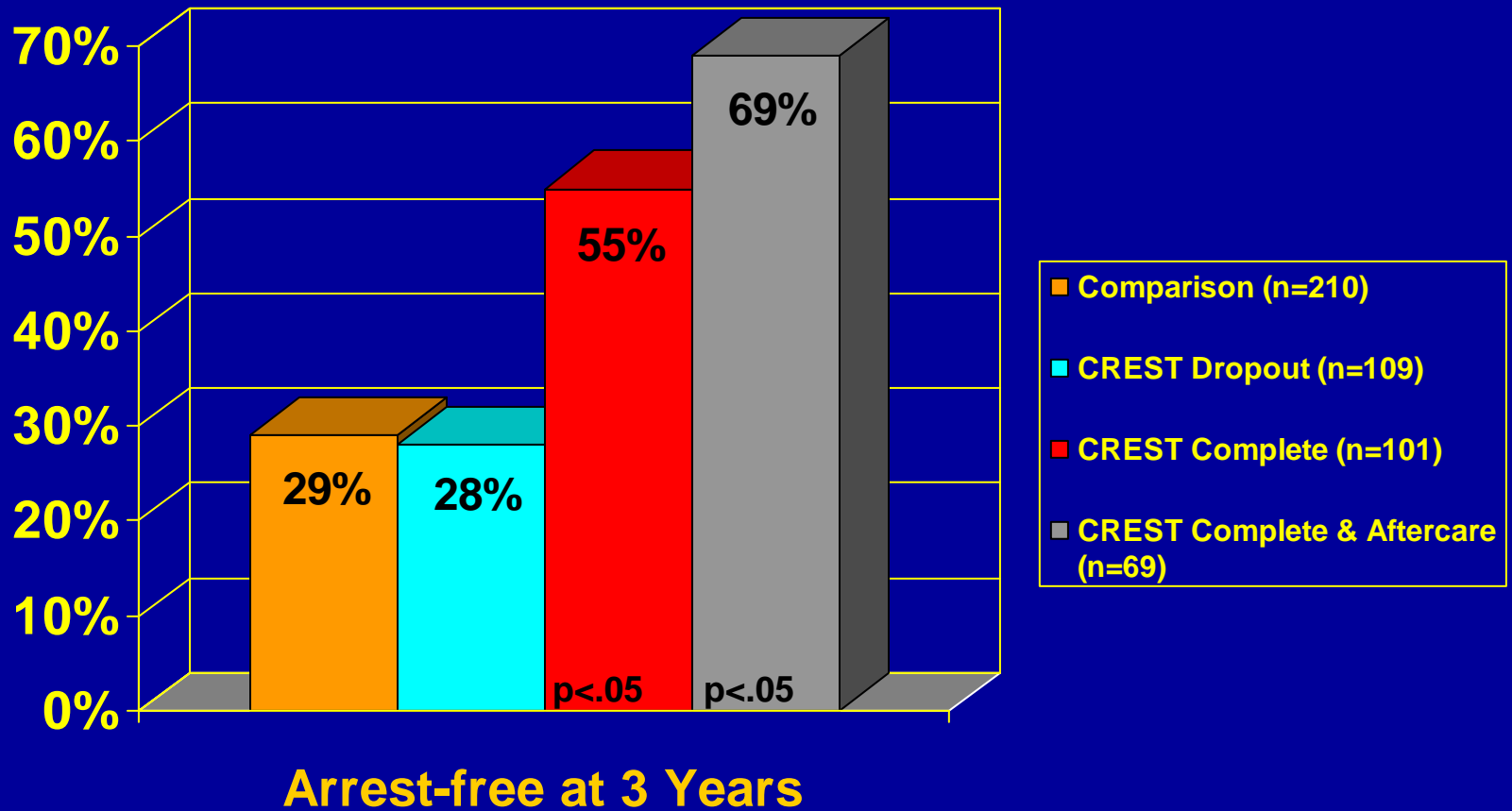
Goal: To provide a “seamless continuum of care” for clients leaving prison-based treatment and desiring to continue their treatment in the community.

Taxman (1998)

Outcomes Research

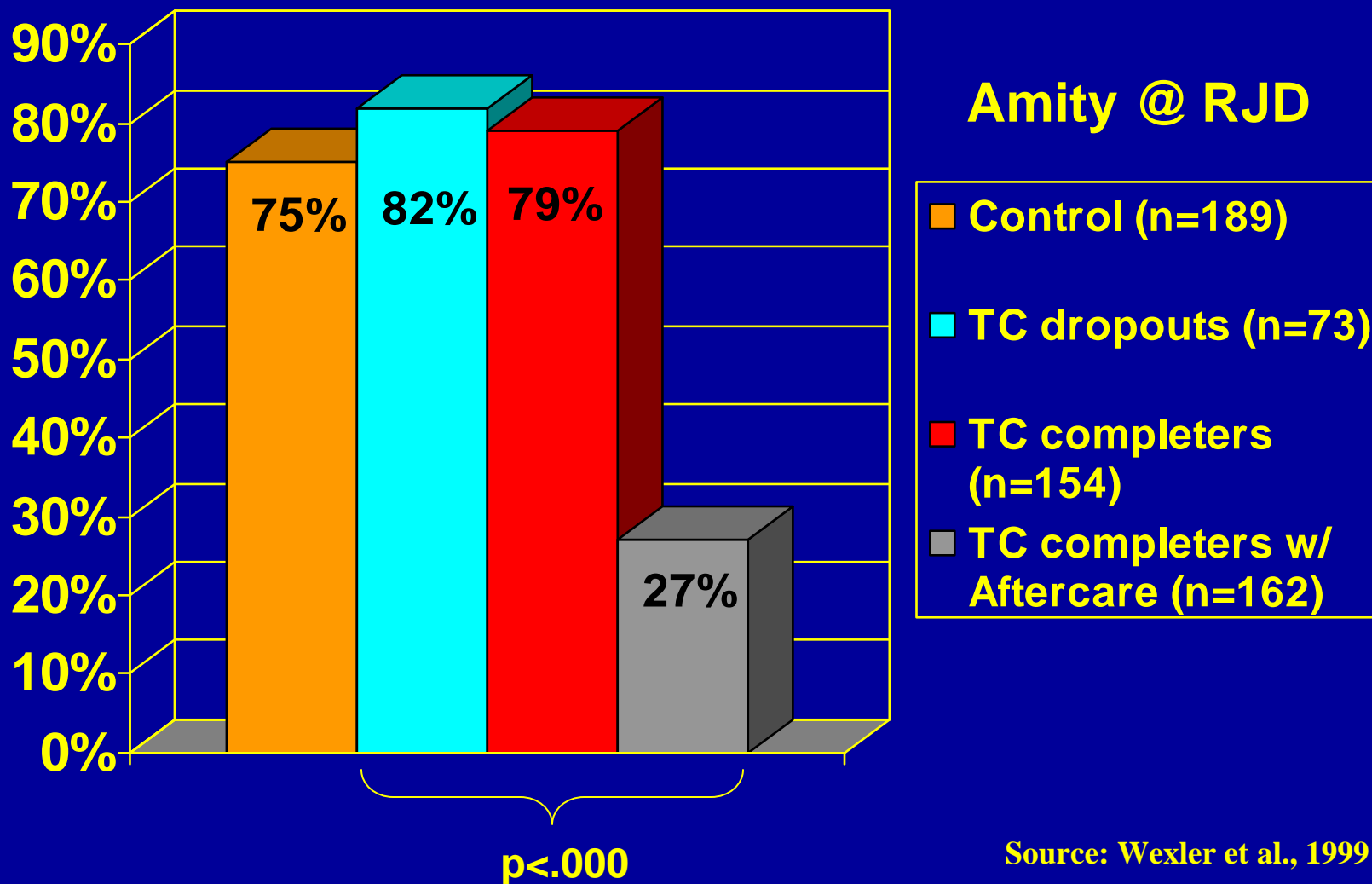
The Importance of Aftercare

KEY-CREST Outcomes



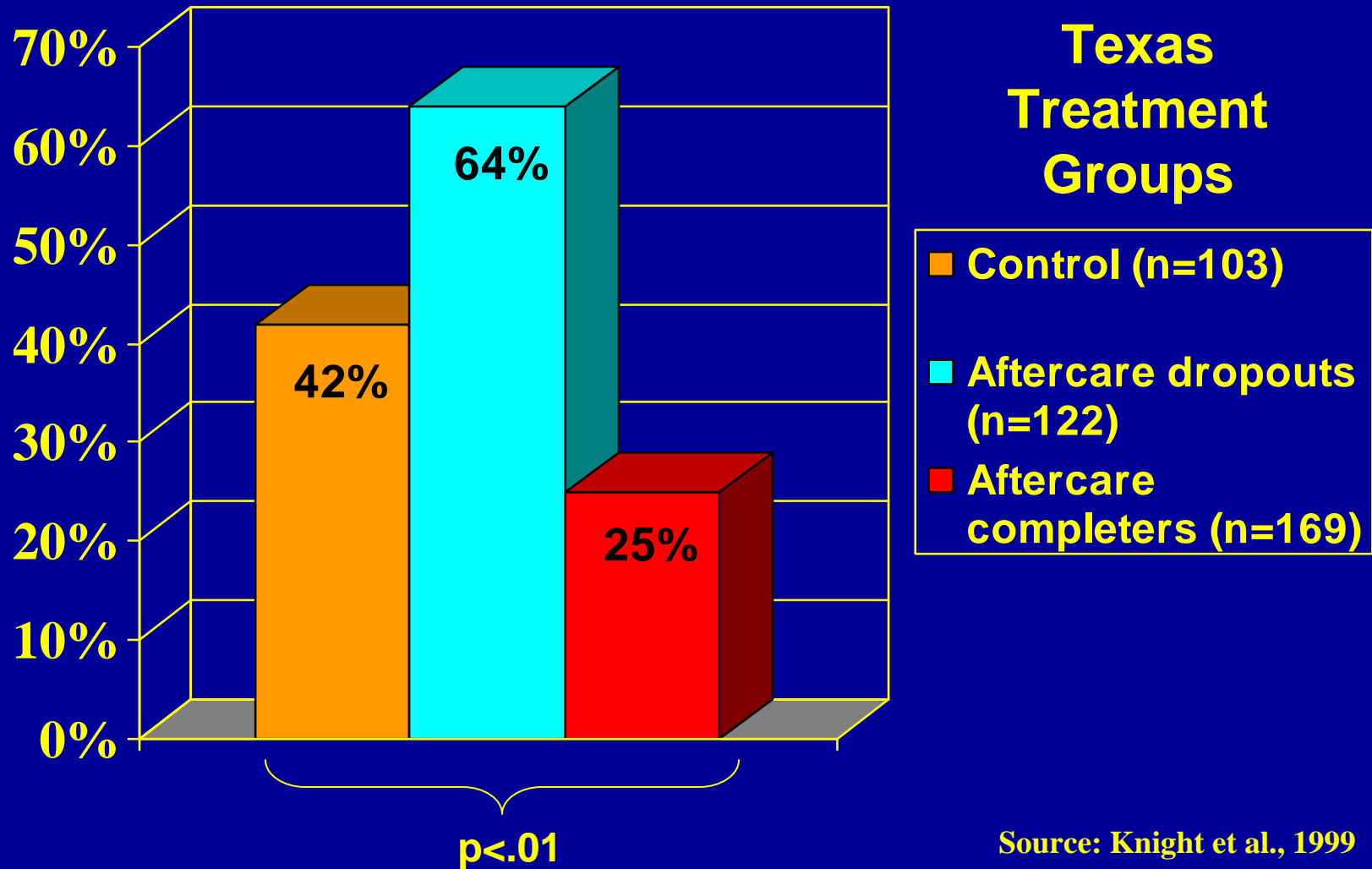
Source: Martin et al., 1999

Amity Return to Custody at 3 Years



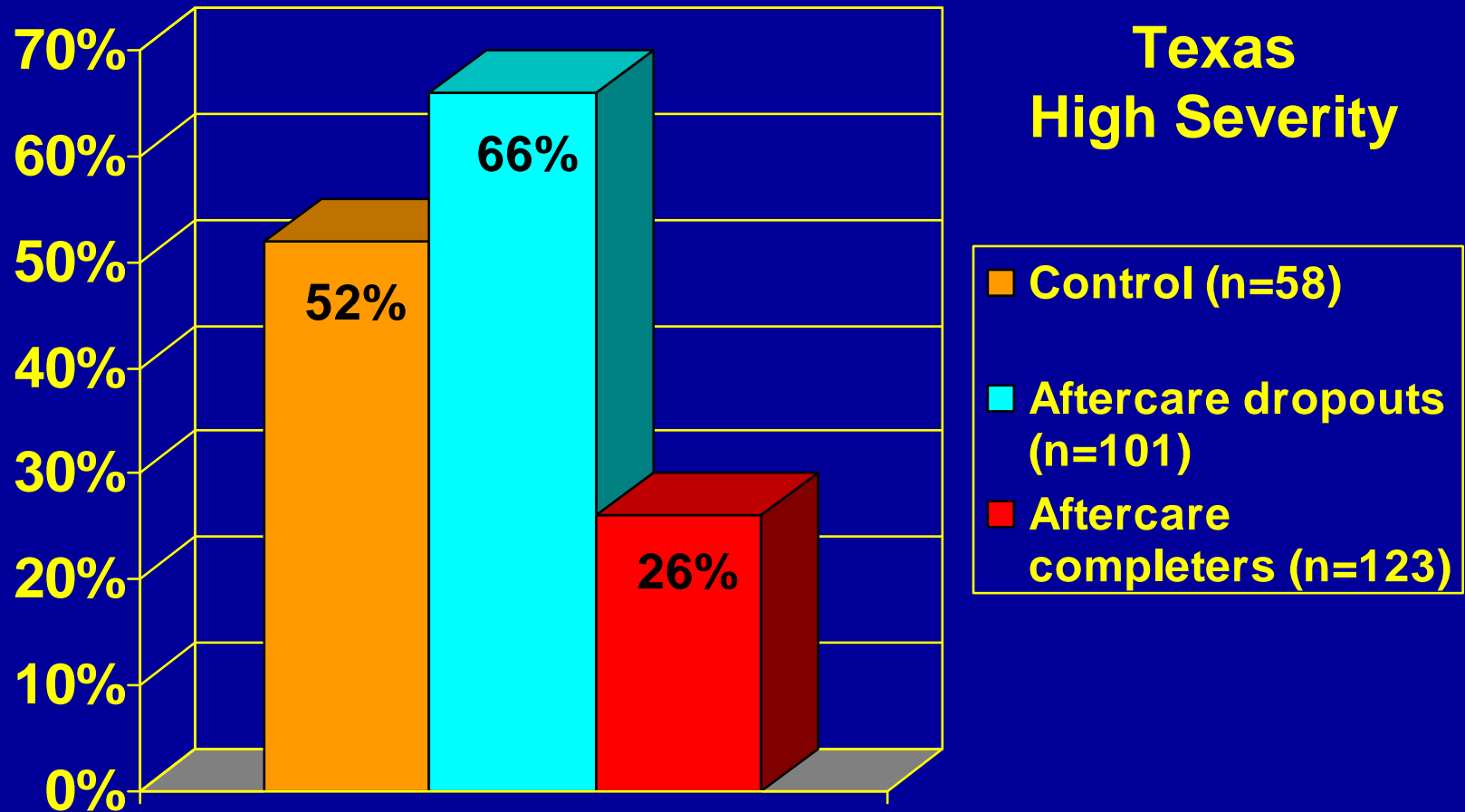
Source: Wexler et al., 1999

Texas Reincarceration at 3 Years



Source: Knight et al., 1999

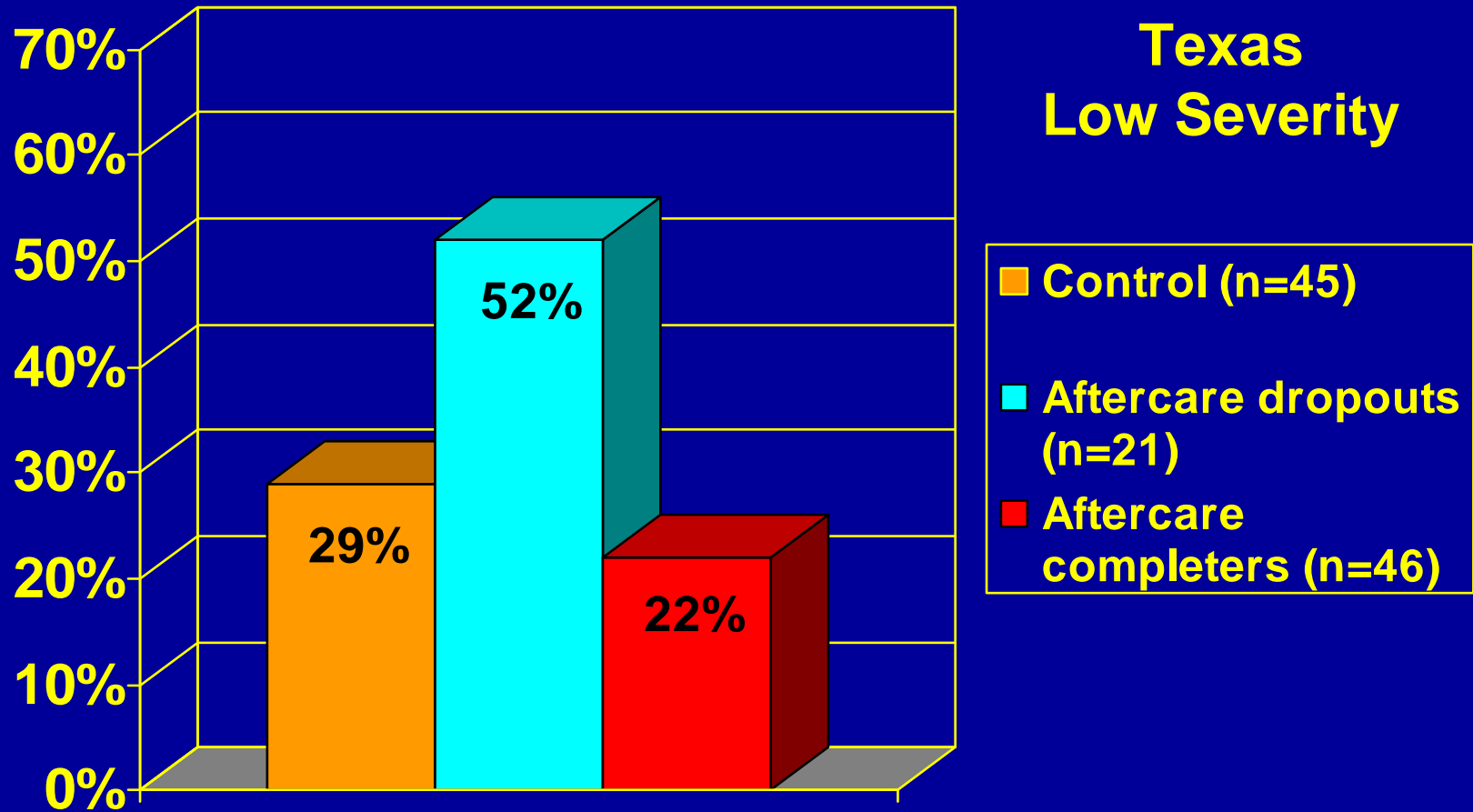
Texas Reincarceration at 3 Years



Completers vs. Dropouts, $p < .01$
Completers vs. Comparisons, $p < .01$

Source: Knight et al., 1999

Texas Reincarceration at 3 Years



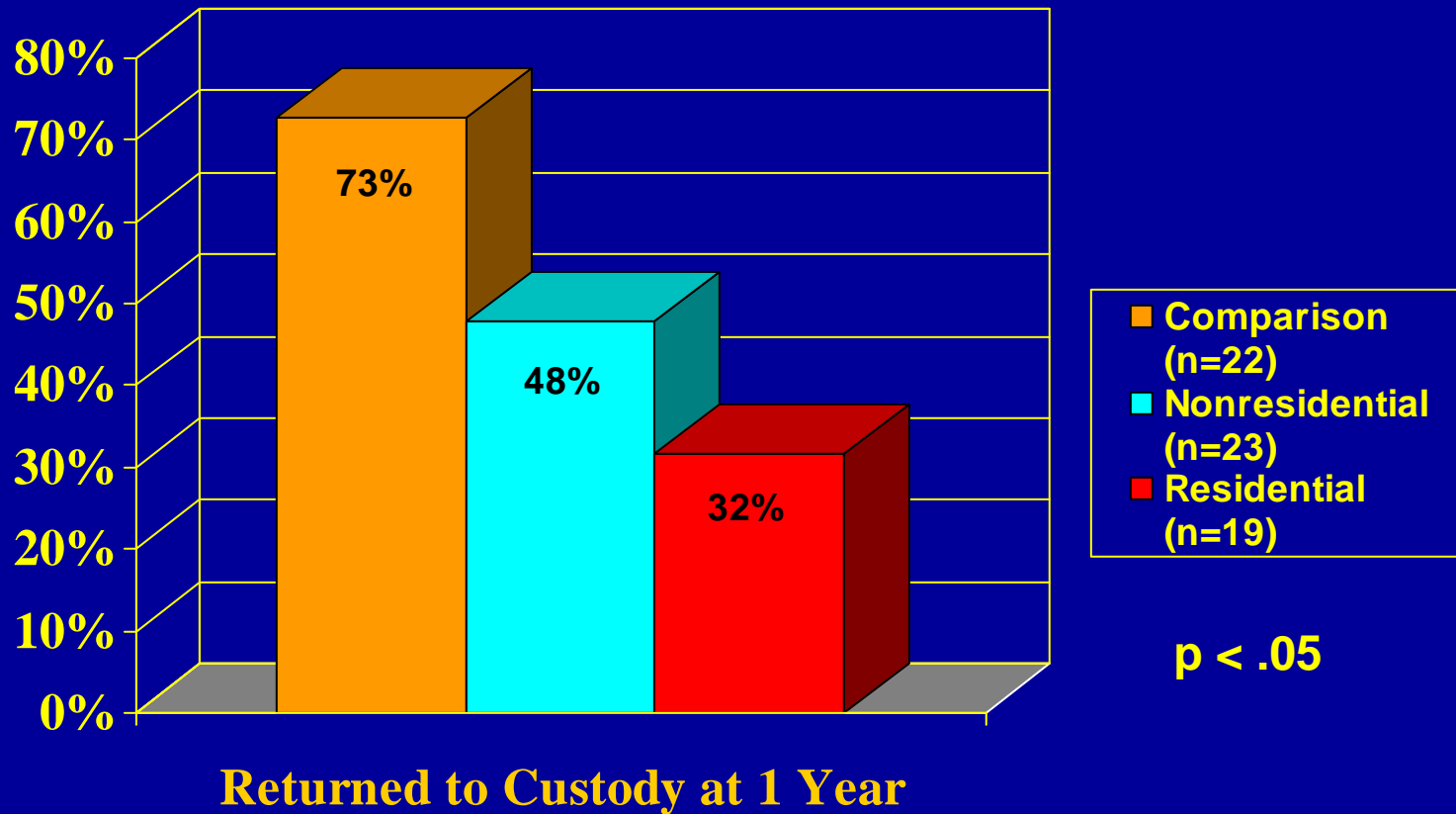
Texas Low Severity

- Control (n=45)
- Aftercare dropouts (n=21)
- Aftercare completers (n=46)

Completers vs. Dropouts, $p < .05$

Source: Knight et al., 1999

Forever Free Parole Outcomes



Source: Prendergast et al. (1996)

Conclusions from Outcome Studies

- **Prison-based treatment alone does not guarantee long-term successful outcomes.**
- **Those who complete prison-based treatment and aftercare do better than those who receive no treatment or dropout of treatment.**
- **Treatment intensity should be matched to severity of crime- and drug-related problems (i.e., higher intensity treatment for high severity, lower intensity treatment for low severity).**

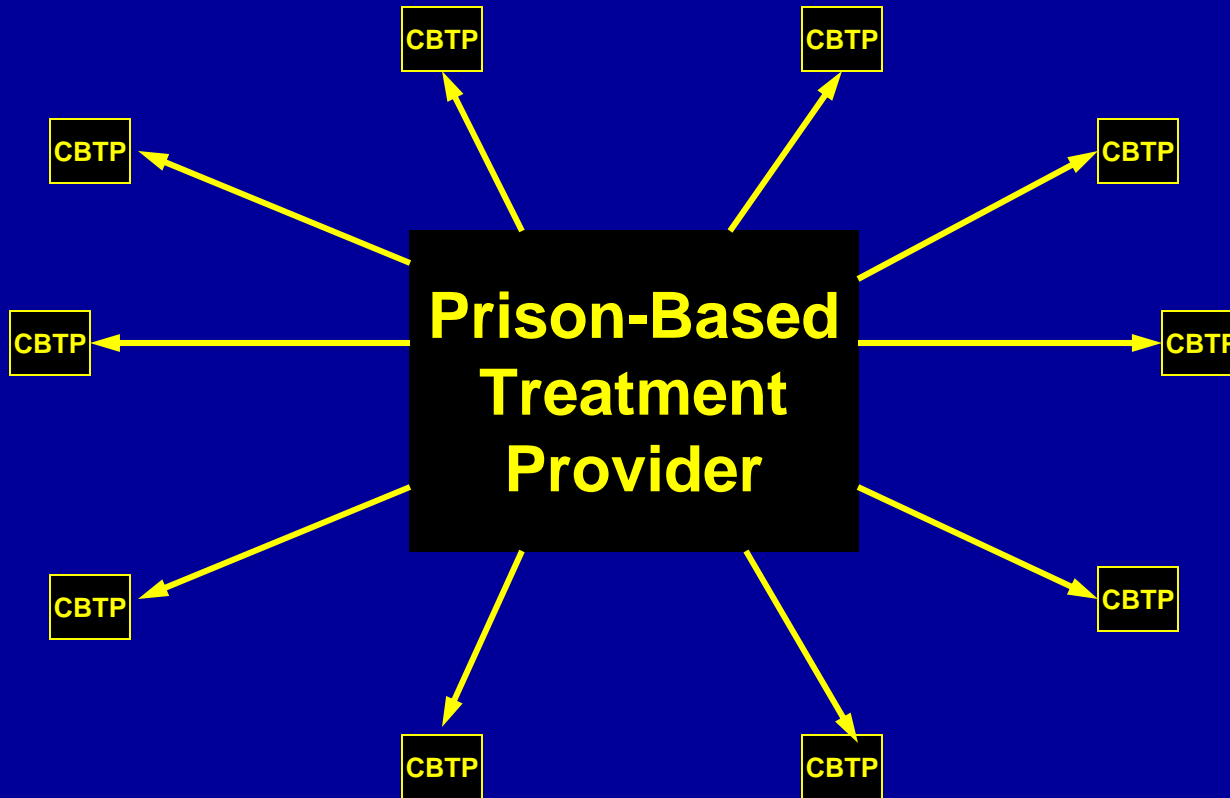
**Providing a continuum of care
from the prison to the community**

Continuity of Care Models

- **Institutional Outreach**
- **Community Reach-In**
- **Third-party Coordination**

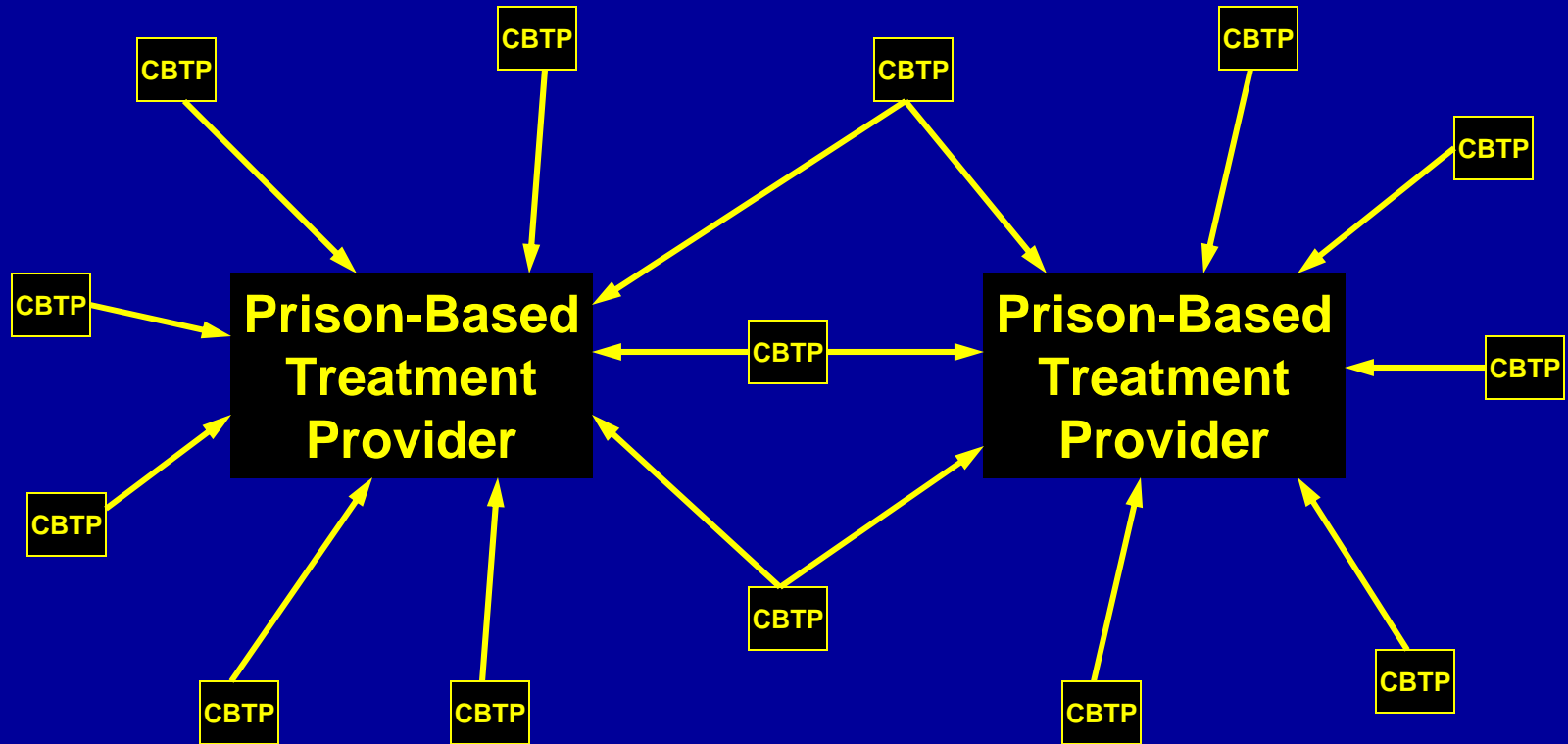
(CSAT, 1998; Field, 1998)

Institutional Outreach



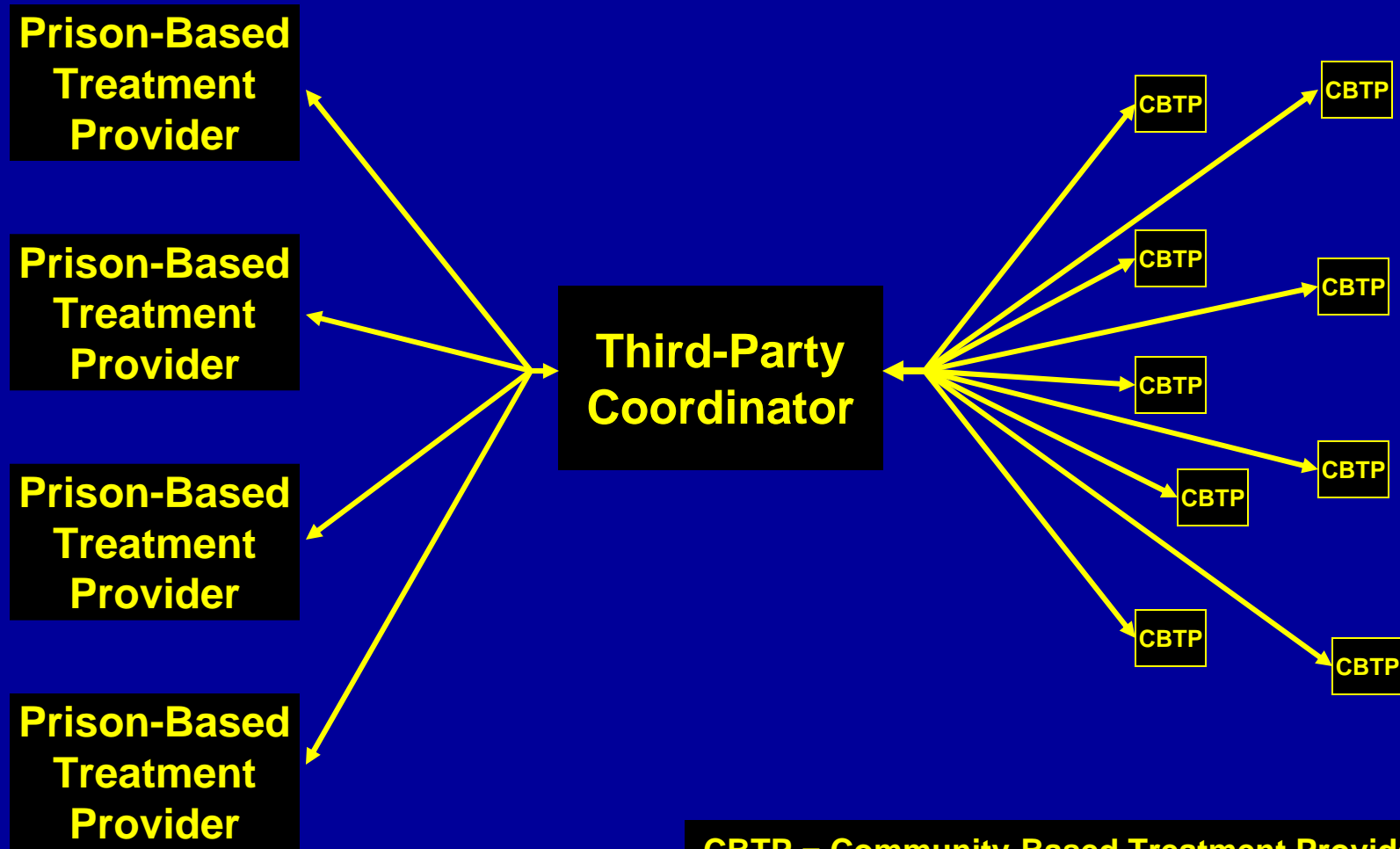
CBTP = Community-Based Treatment Provider

Community Reach-In



CBTP = Community-Based Treatment Provider

Third-Party Coordination

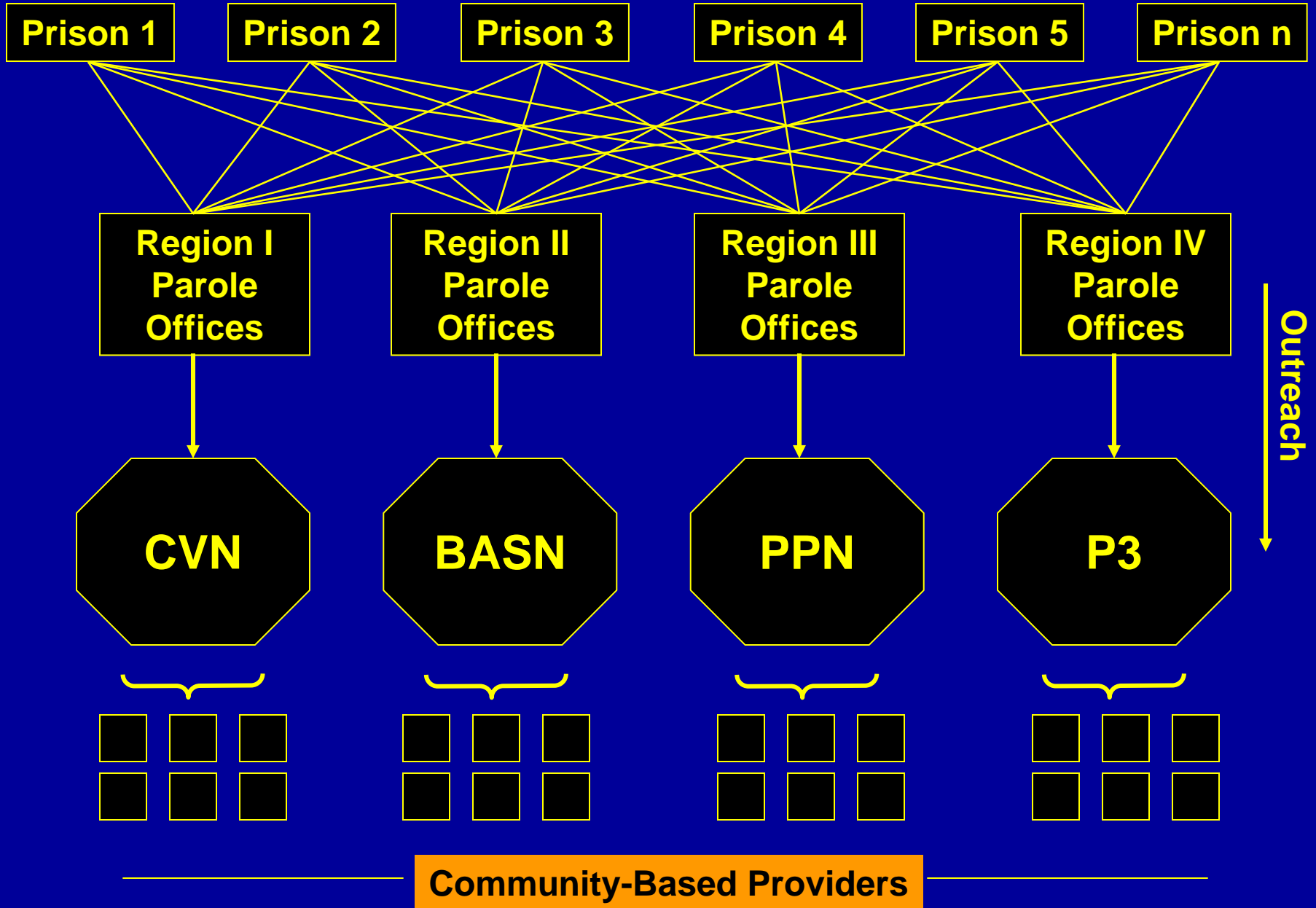


CBTP = Community-Based Treatment Provider

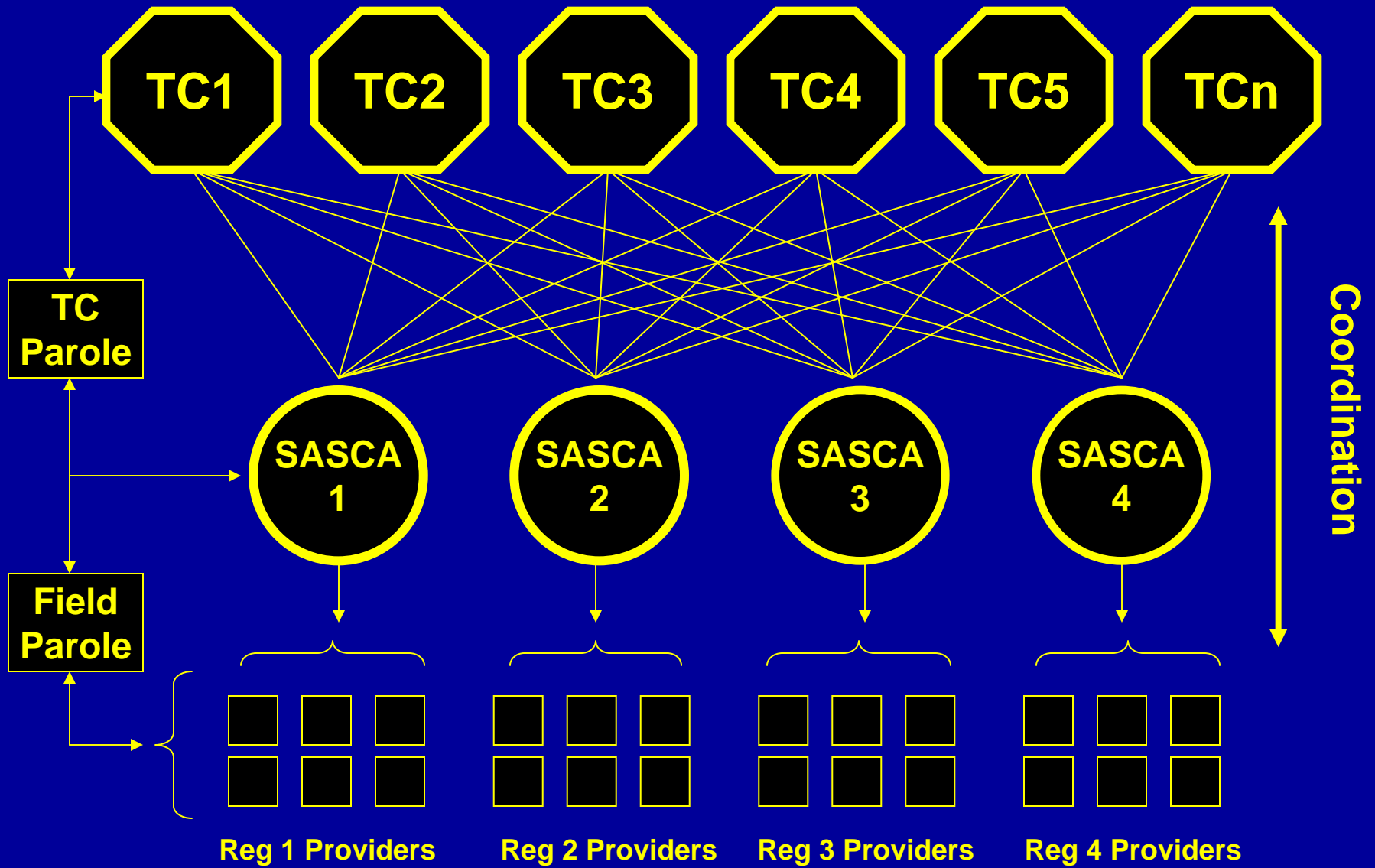
Models of Aftercare in California

- **Parolee Services Network (PSN)**
- **Substance Abuse Services Coordinating Agency (SASCA)**
- **Female Offender Treatment and Employment Program (FOTEP)**

Parolee Services Network



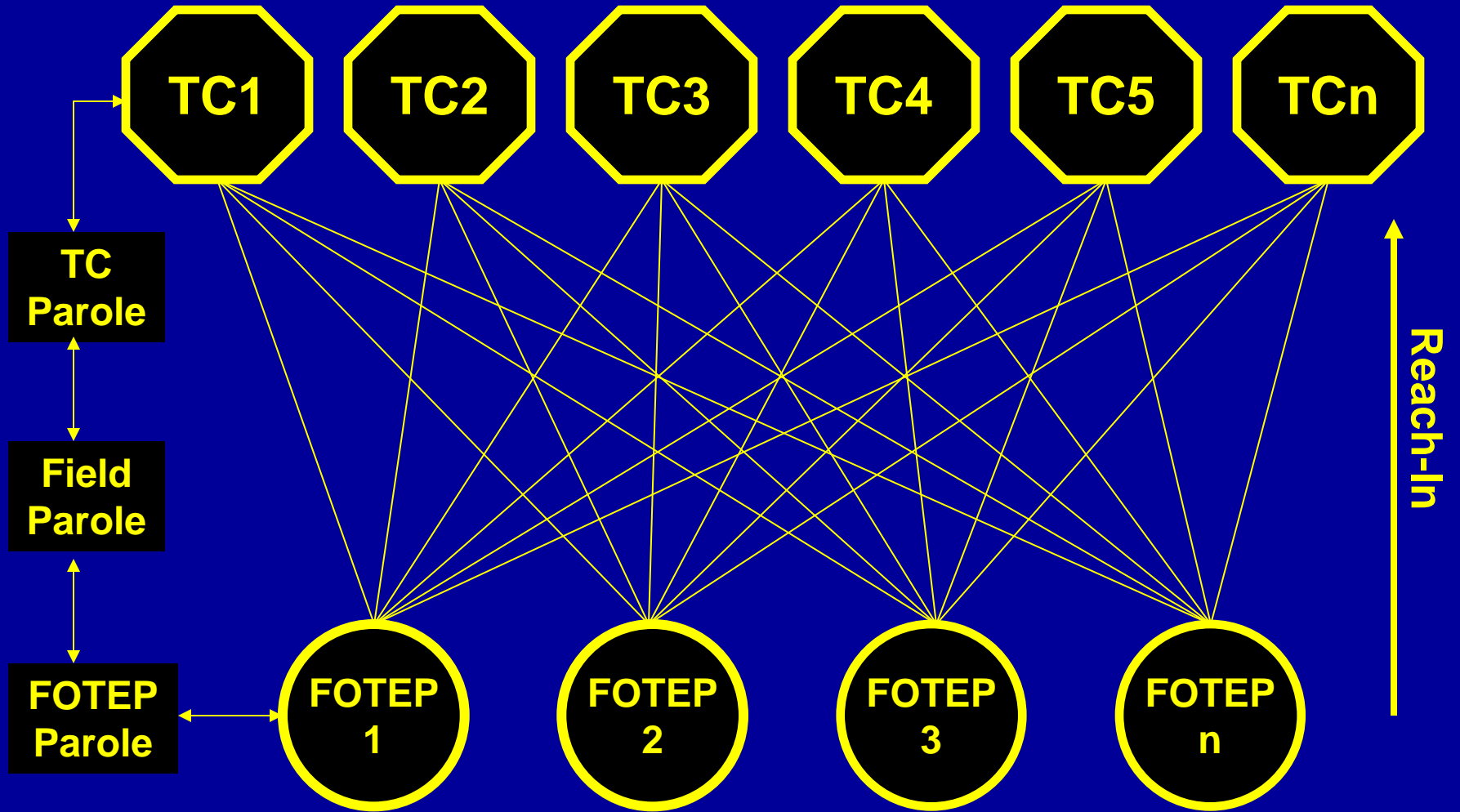
SASCA System



Advantages of SASCA System

- **Only one contracting agency for each community provider to deal with.**
- **Only one services coordination agency for Parole to deal with.**
- **Flexibility of allocation -- the dollars go where services are needed.**
- **Expandability -- all new SAPs must use the SASCA_s**

FOTEP System



Cross-Cutting Issues for Treating Substance Abusing Offenders

“ System” Issues

“Treatment” Issues

Primary Stakeholders

Criminal Justice System

Drug Courts

Department of Corrections

Parole & Probation

Treatment System

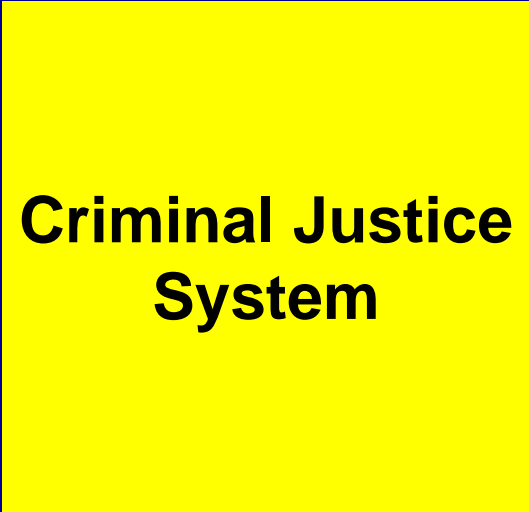
State/County ADPs

System-based
Providers

Community-based
Providers

- Direct influence & control over decision-making process.
- Define the structure of the system and how it operates.
- Directly affected by the decisions that they make.

System Issue: Common Goals



**Criminal Justice
System**

Drug use is a crime

Society-focused

Punishment & Incarceration



**Treatment
System**

Drug use is a disease

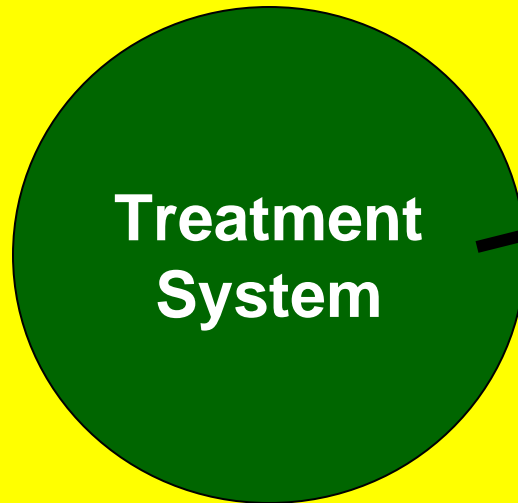
Person-focused

Treatment



Criminal Justice System

Superordinate System



Subordinate System

System Issue: Common Goals

**Criminal Justice
System**



Drug use is a crime

Drug use is a disease

Society-focused

Person-focused

Punishment & Incarceration

Treatment

Reduced Criminal Behavior

System Issue: Collaboration and Communication

Culture of Disclosure

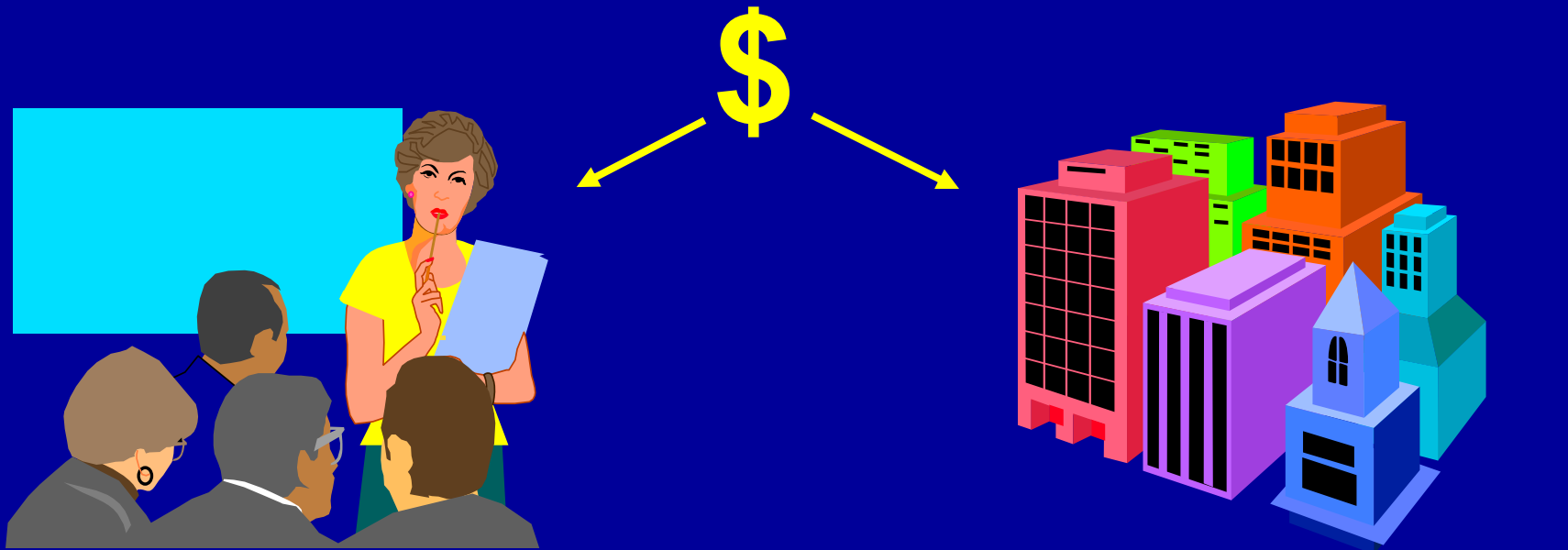
Criminal Justice System

Treatment System

Open sharing of system-, program-, and client-level information in a manner that promotes understanding and trust among people and organizations from different parts of the system.

Ensures that the client receives effective, appropriate, and sufficient treatment.

System Issue: Resources



Recruit, train, and retain qualified treatment staff.

Adequate physical plant needs.



Treatment Issue: Screening, Assessment, and Referral

Goal: Maximize the match between individual needs and treatment received.

The process should:

- Distinguish between substance use, abuse, and dependence.
- Assess motivation and readiness for treatment.
- Include a broad needs assessment.
- Include variables that permit the tracking of progress in treatment.

Conduct at entrance into CJ system (to match needs and treatment) and at pre-release (to plan for aftercare).

Treatment Issue: Credit for Treatment Received

Pertains specifically to aftercare (community-based treatment following release from custody or correctional supervision).

Requires:

- Appropriate pre-release needs assessment and treatment planning that involves the community-based provider.
- Flexible curriculums on the part of community-based providers.

Ensures:

- Client retention in treatment.
- Successful outcomes (i.e., decreased relapse to drug use and criminal behavior).

Treatment Issue: Special Populations

Mentally Ill (MI)

- High prevalence of substance abuse among MI.
- MI are significantly more likely to be incarcerated for a drug-related or property offense.
- Within 12 months following release, MI parolees are twice as likely to recidivate as non-MI parolees.

Sex Offenders

- Empirical support for a relationship between sexual deviancy and alcohol abuse.
- Substance abuse is a primary trigger of sex offending behavior.
- Barriers include stigmatism, denial, untrained and inexperienced treatment staff, institutional policies against disclosure, co-occurring disorders.

Others:

- HIV/AIDS
- Physically Disabled
- Geriatric

Treatment Issue: Incentives

Drug Courts

- Most drug courts emphasize sanctions for non-compliance. Few use reinforcement of positive,desired behavior.
- Where rewards are used, they usually are only “mirror images” of the sanctions imposed for non-compliance.
- Sanctions tend to be specific, well-defined, and administered immediately in response to a transgression.
- Rewards are intermittent, less specific, not immediately experienced, and based on a subjective evaluation of the client’s progress in treatment.

Prison-based Treatment

- Mandated treatment results in resentment and resistance among inmates in the prison-based program.
- Disincentives in the treatment process and a focus on punishment for non-compliance and inappropriate behavior only serves to compound the resentment and resistance.

The End

Integrated System of Care

- **Mediates between conflicting goals and operating procedures of stakeholders (Silverman, 1985).**
- **Combines fragmented strategies and philosophies into a system that provides effective and comprehensive treatment in a “seamless continuum of care” (Wellisch, Prendergast, & Anglin, 1995; Taxman, 1998).**

Integrated System of Care

- **Clearly defined, visible, and accessible (Glaser, 1990).**
- **Organized around a set of common goals, follows a set of common procedures, and provides for a system of evaluation, information sharing, and feedback (Downes & Shaening, 1993).**