“Treating Addicted Offenders: A Continuum of Effective Practices”

Kevin Knight, Ph.D., TCU Institute of Behavioral Research


So what’s the problem?

6.9 Million in CJ System

Drug Use among State Prisoners
(Percentages in 1997; N~1,050,000)

Treated? 15-36% Approximately ¼ are drug dependent.

Drug Use Severity and Reincarceration

% Reincarceration (15 Months)

% Reduction in Recidivism

Treatment That Works!

What are we trying to achieve?

Public Safety
• Reduction in recidivism rates

Public Health
• Reduction in relapse rates

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Delaware/Crest Program: 3-Year Re-Arrest & Drug Use Rates

<table>
<thead>
<tr>
<th>Treatment</th>
<th>% with New Arrests</th>
<th>% with Drug Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Treatment (n=210)</td>
<td>71</td>
<td>83</td>
</tr>
<tr>
<td>ITC Dropout* (n=109)</td>
<td>72</td>
<td>45</td>
</tr>
<tr>
<td>ITC, but no Aftercare* (n=101)</td>
<td>73</td>
<td>31</td>
</tr>
<tr>
<td>ITC + Aftercare* (n=69)</td>
<td>65</td>
<td></td>
</tr>
</tbody>
</table>

Martin, Butzin, Saum, & Inciardi, 1999 (The Prison Journal)

Texas/New Offenses Only: 3-Year Return-to-Custody Rates (%)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Dropouts</th>
<th>Completers</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Treatment</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>Aftercare Dropout*</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Aftercare Completer*</td>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>


Not “Does Treatment Work?” but “What Works?”

“What” are we treating?

A chronic but treatable condition (“relapses” are common -- like other health problems)

Question is not “Does Treatment Work?” but “What Works?”

Treatment that “works” is not an Event, it is a Stage-Based Process

Screening & Referral

Severity Assessment

“Treatment” Services

Offender Re-entry

Case Mgmt, Parole

Core Treatment

Group/Individual Counseling

Intake Assessment

Abstinence Based

Pharmacotherapy

Self-Help (AA/NA)

Core Treatment

Case Management

Continuing Care

Educational

Medical

Mental Health

Vocational

AIDS / HIV Risks

Transportation

Housing & Transportation

Child Care

Family

Legal

Financial

Medical

AIDS / HIV Risks

Etheridge, Hubbard, Anderson, Craddock, & Flynn, 1997 (PAB)
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2007 North Carolina Treatment Accountability for Safer Communities (TASC) Conference on Addiction, Crime, and Community, New Bern, NC
March 26-28, 2007

What’s Inside the Black Box?

- User
- Engage & Commit
- Sustain Efforts
- Begin Changes
- Quitter: Drugs & Crime

“Process Model” for Treatment

- Recovery in Treatment
- Early Engagement
- Participation
- Therapeutic Relationships
- Adequate Retention
- Early Resolution
- Changes in Thinking
- Acting

TCU Treatment Model

- Patient Severity
- Readiness
- Program Engagement
- Behavioral Change
- Psychological Change
- Supportive Networks

What works with “highest efficiency”?

- Low Intensity (Educational in General Pop)
- High Intensity (Structured & Segregated)
- Aftercare (or Re-entry)

Problem Severity and Intensive Treatment

- Lower Severity (n=91)
- Higher Severity (n=181)

Targeted Interventions

- Get Focused!!

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Selection of Targeted Interventions

Recovery in Treatment

Revised & Tested in Correctional Samples

Simpson, 2002, 2004 (J Substance Abuse Treatment)

Recovery in Treatment

Early Engagement

- Participation
- Changes in - Thinking - Acting

Cognitive Interventions

Social Skills Training

Re-entry Services

Support Networks

Revised & Tested in Correctional Samples

Simpson, 2002, 2004 (J Substance Abuse Treatment)

Offender Response to Treatment

(% with Problems in Psychological Functioning)

Intake Mid-Treatment At Discharge


Hostility & Treatment Dropout Rates

% High Hostility

Intake Month 1 Month 3 Month 6

Completers (n=290)

Dropouts (N=97/58)

What’s Happening To This Model?

Budget cuts resulting in changes to --

- Needs assessments
- Treatment duration
- Outcome criteria
- Interventions

Evidence-Based Treatment Model

Simpson, 2001 (Addiction)

How do you know it works?

Measure Client Change

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