

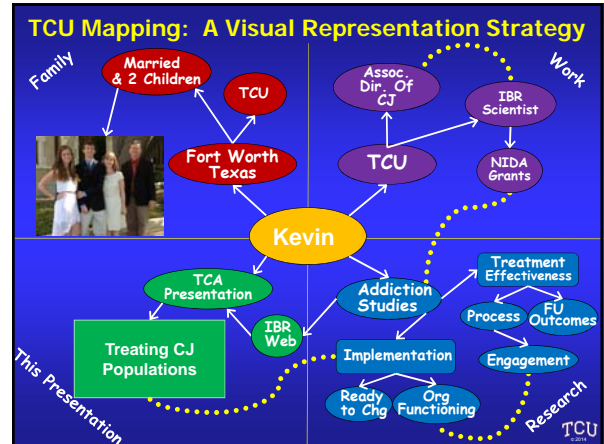
2014 Texas Corrections Association
 2014 Annual Training Conference & Services Display
 June 10, 2014

The Impact of Drug Treatment on Public Safety & Public Health

Kevin Knight, Ph.D.
 Institute of Behavioral Research
 Texas Christian University



Funded in part by the National Institute on Drug Abuse (NIDA) R01 DA025885 TCU



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CJ Stats for US and Texas

TX has 4th highest adult incarceration rate (tied with AL 648/100,000) [1st 867-LA, 2nd 686-MS, 3rd 654-OK]

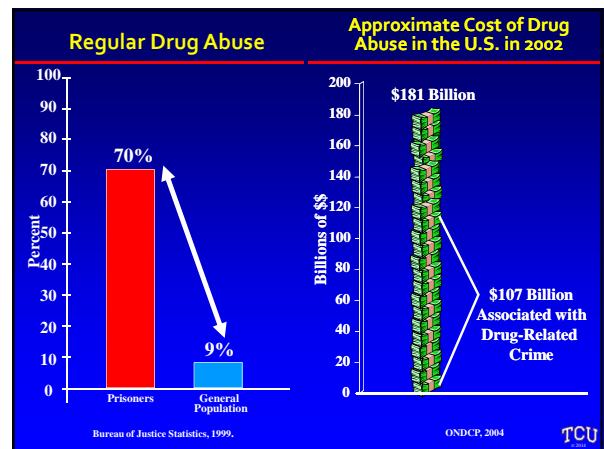
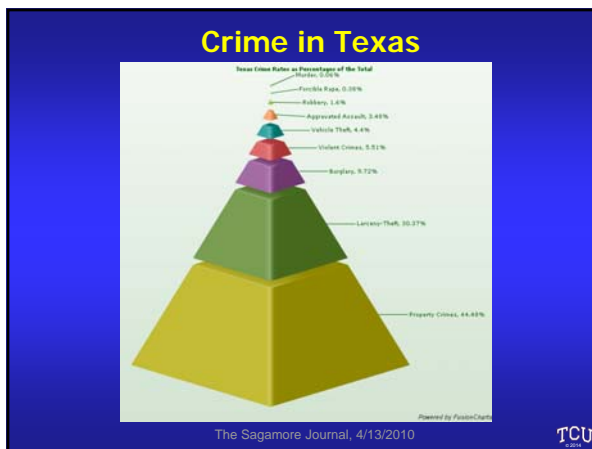
Approximately 2.3 million in US prison or jail, another 7 million under supervision (about 3% of US population)

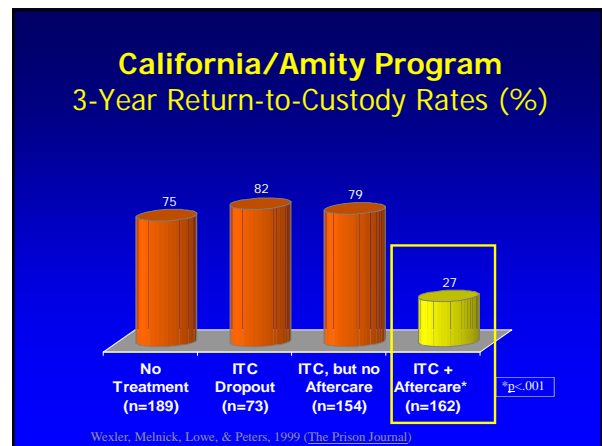
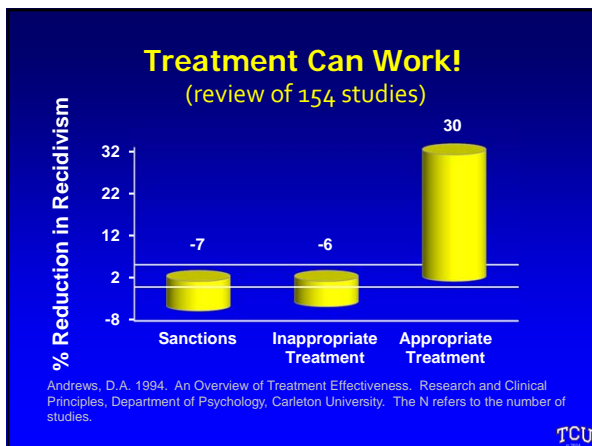
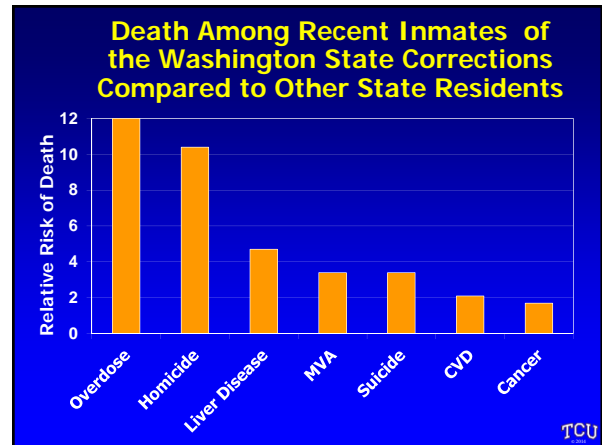
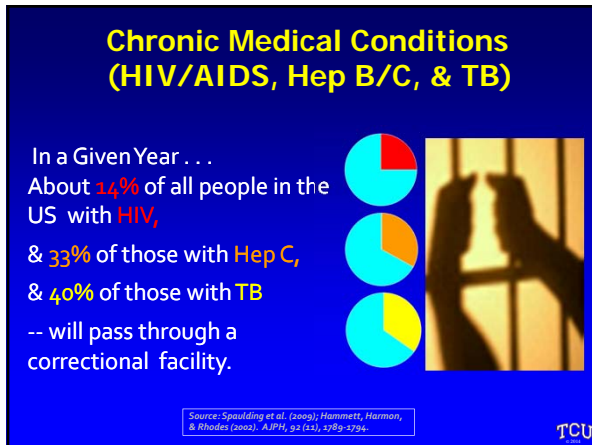
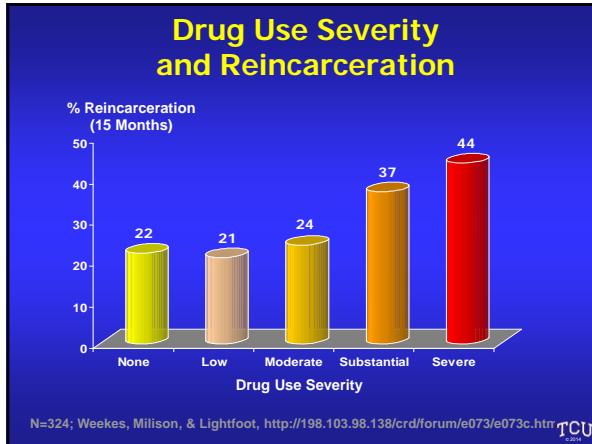
22% from Harris County
 15% from Dallas County

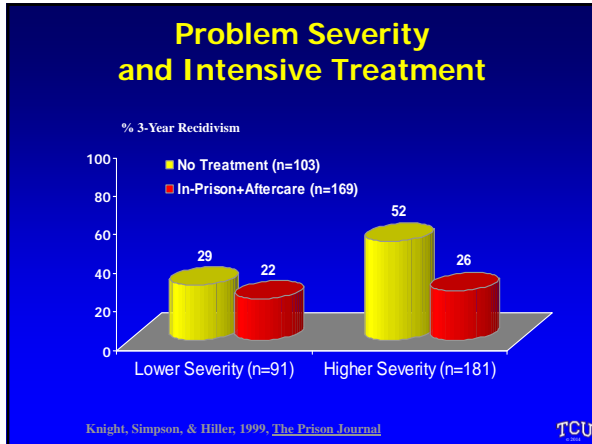
Good News: TX incarceration rate has fallen nearly 20% since 2007 compared with national decline of 5%

Source: Legislative Budget Board; Linda Scott/American Statesman

National Institute of Corrections; TX Public Policy Foundation; National Research Council TCU







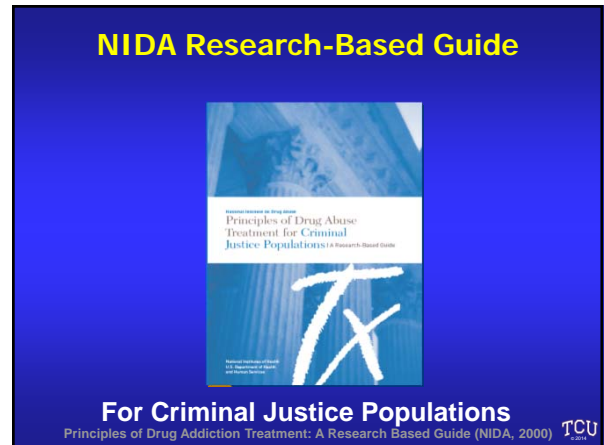
Recidivism—More Recent #s

80,000 adults, 5,000 juveniles were released in FY2012
 355,000 adults, 30,000 juveniles under active supervision

Rearrested/Reincarcerated within 3 Years (FY08)
 Prison-47%/22%; State Jail-63%/31%
 IPTC-45%/23%; SAFFP-41%/39%
 TJJD (Secure Residential)-78%/46%;
 Juvenile Probation Depts (Secure Residential)-67%/30%

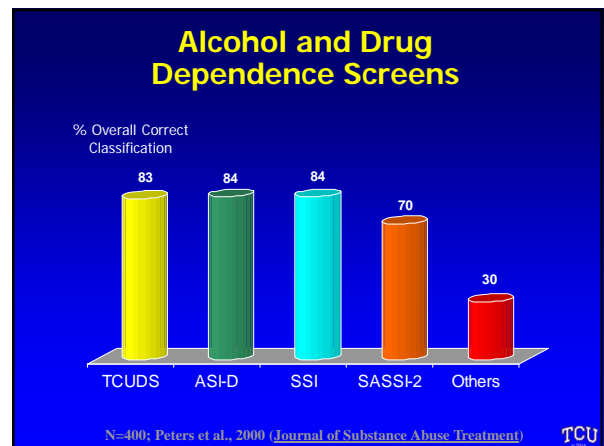
Revocation Rates (FY08)
 Adult System 10-15%; Juvenile System 4-14%

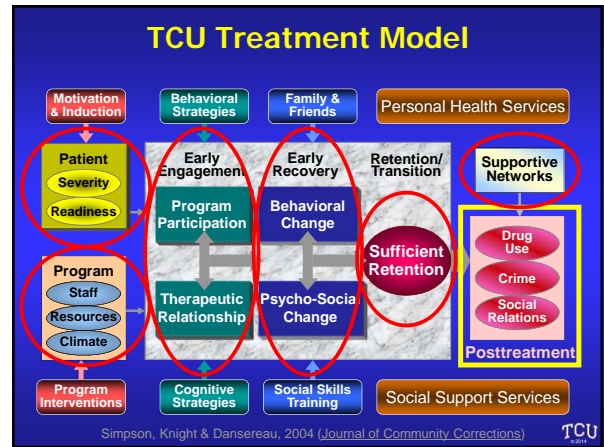
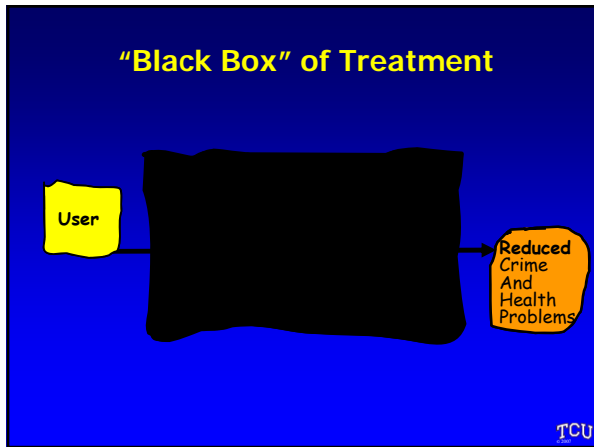
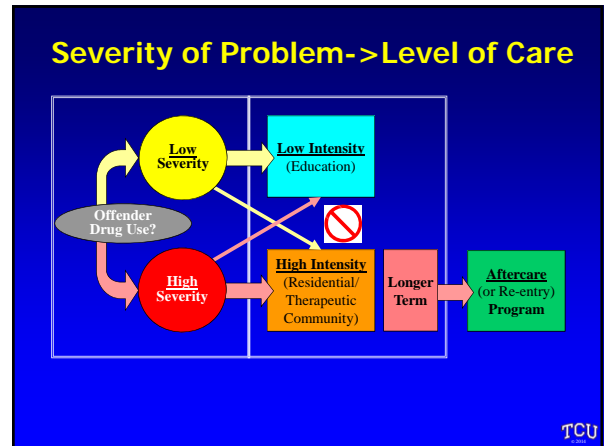
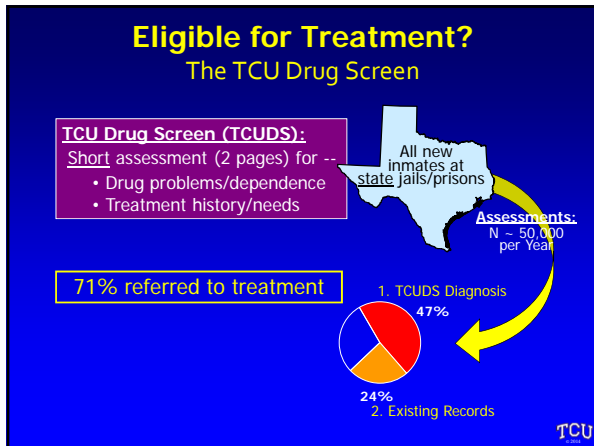
Texas Legislative Budget Board, January 2013



How do I know if someone is a good candidate for drug treatment?

- History of drug use may indicate a need for treatment
- Screening for history of drug use first step (short, quick, can be done by CJ professionals)
- Comprehensive assessment of drug use and related problems second step (longer, results in treatment plan, typically done by treatment professional)
 - drug use
 - other problem areas (e.g. employment, housing)
 - treatment experience
 - mental, and physical health





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PROJECT impact

Individuals Motivated to Participate in Adherence, Care and Treatment

Patrick Flynn & Kevin Knight
 TCU Institute of Behavioral Research

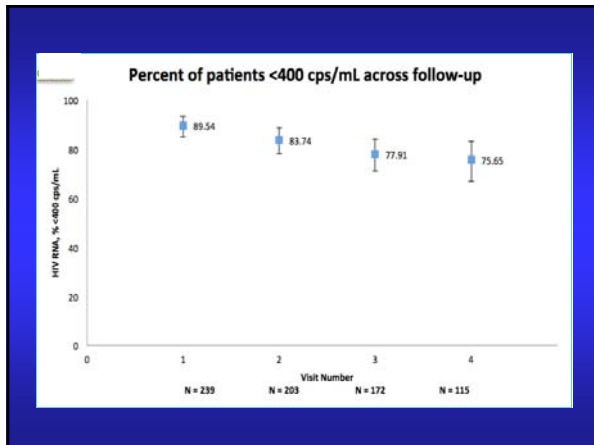
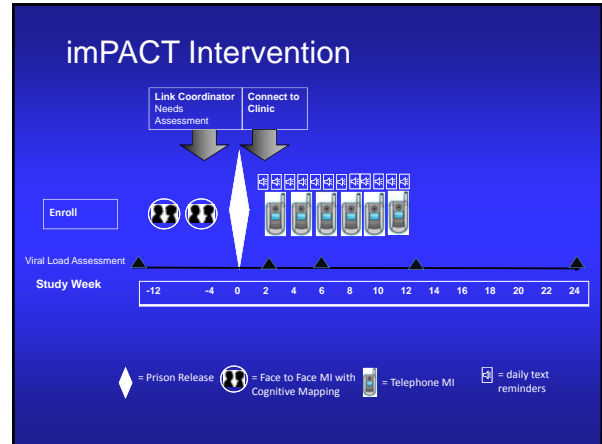
David Wohl & Carol Golin
 UNC Center for AIDS Research

A collaboration between TCU/TDCJ, UNC/NC DOC, and NIDA

Main Aim

Compare effect of standard prison test-and-treat (sTNT) with imPACT intervention on HIV viral load 24 weeks following prison release.

- ✓ 400 HIV+ inmates with HIV RNA levels <400 copies/mL on ART and who are 2 months prior to prison release in NC and TX are randomized to either:
 - a) *standard of care*, wherein following HIV testing, infected inmates receive ART during incarceration with referral to community-based care and services by prison staff prior to release, or
 - b) *imPACT*, which includes the sTNT plus our integrated, multi-component intervention



- ### Next Steps
- Complete enrollment by Q3 2014
 - Last study visit by Q1 2015
 - Primary and a secondary analyses to follow including:
 - HIV RNA suppression
 - Adherence to community HIV care and ART
 - Risk behavior
 - Modeling of transmission potential
 - ART resistance

Sustainable Disease Risk Reduction Strategies for CJ Systems

PI: Wayne Lehman, PhD
Co-PI: Kevin Knight, PhD

Funded by the
 National Institute on Drug Abuse (NIDA)
 R01 DA025885

- ❑ Developed and tested interventions that...
 - ✓ had a focus on the critical high-risk transition time between incarceration and return to the community
 - ✓ were designed to increase positive decision-making skills among offenders for healthy living
 - ✓ included teaching skills for making decisions for reducing disease risk behaviors, particularly those involving HIV and Hepatitis B & C.
- Included prison-based group curriculum (completed) and community corrections self-administered computerized tools (under development).

DRR 1 *WaySafe* Sessions

<i>Way Safe Sessions</i>	
1. Introduction to Mapping	Background about node-link mapping, a thinking and problem solving tool that helps people explore their beliefs and decisions.
2. Risks and Reasons	Thinking about why people take risks and examine own beliefs about risk-taking.
3. The Game	Reviewing what you know and don't know about HIV and other illnesses.
4. The Should/Want Problem	Distinguishing between WANTS and SHOULDs.
5. Risk Scenes	Learning about and identifying risky situations.
6. Planning for Risks	Most people do not do a very good job planning for how they will deal with risks in life. Learn how to think ahead and enjoy the benefits.

- ### *WaySafe* Results
- The *WaySafe* curriculum was successfully implemented in 8 different prison-based substance abuse treatment programs in two different states, varying by gender, type of program and program length.
 - The evidence supports the effectiveness of *WaySafe* in improving knowledge confidence; knowledge, confidence and motivation in avoiding risky sex and drug use activities; knowledge and confidence for getting tested for HIV and skills for preventing HIV and confidence and motivation to use those skills.
 - *WaySafe* had a positive effect in each of the 8 facilities in which it was implemented.

DRR 2: *StaySafe* for Community Corrections

An important goal for *StaySafe* is to develop a sustainable, evidence-based product to help probationers make better decisions regarding health risk behaviors and


- ✓ that can be administered by probation departments with minimal staff training and time,
- ✓ that is engaging and easy to use by probationers,
- ✓ that requires minimal maintenance,
- ✓ and is free to probation departments (other than the cost of the touch screen computers).

- ### DRR2: *StaySafe* Development
- Will adapt concepts from *WaySafe* including evidence-based TCU Mapping-Enhanced counseling to be developed for community corrections.
 - Will be self-administered by participating probationers while waiting for meetings with their probation officers and will require minimal staff assistance.
 - Twelve *StaySafe* sessions will be designed to take approximately 15-20 minutes each to complete during the first six months of probation.
 - *StaySafe* will utilize touchscreen tablet computers that allow the intervention to be individualized to the needs and goals of each participant and provide an easy-to-use interface to complete guide maps and recall completed assignments from previous sessions.

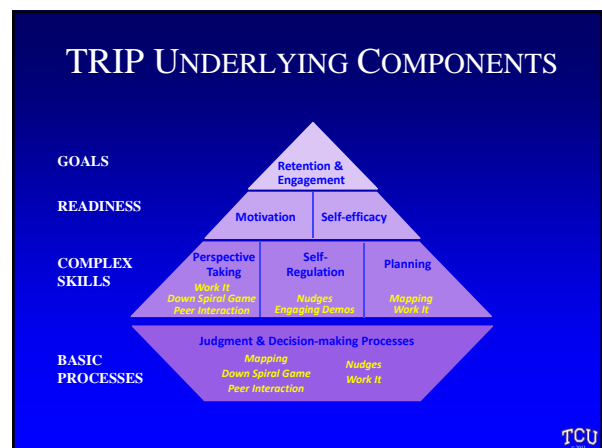
THE TCU ADOLESCENT PROJECT

TREATMENT RETENTION AND INDUCTION PROGRAM (TRIP)

PI: PAT FLYNN, PHD & PD: DANICA KNIGHT, PHD
 FUNDED BY: NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

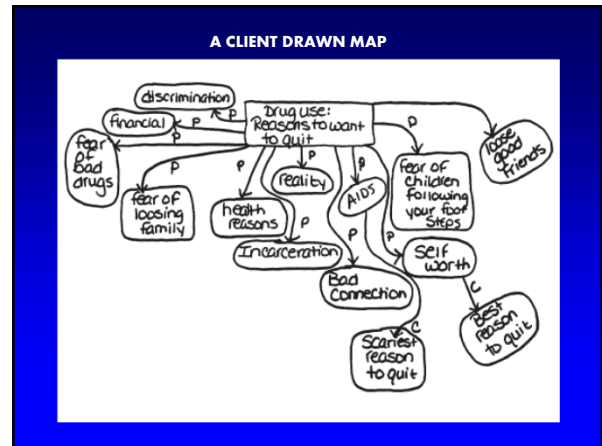


TCU INSTITUTE OF BEHAVIORAL RESEARCH



GROUP LEADER'S TOOLS

- Leader's manual**
 Trip Sessions 1 - 8
 Peer Leader Module
 Resource guide maps
- Downward Spiral Game Set**
 Game Board
 Dice and game pieces
 "Quick" Rules
 Scorecards
- Icebreakers**
 Ash Adams Magic DVD
 Decks of cards
 Candies, crayons

work it

Work It helps train clients in the process of "working through" a problem or goal. A first focus is on perspective-taking.

Options	CHOICE A	CHOICE B	CHOICE C
Describe each Option or Choice			
For each choice, what good things might happen?			
For each choice, what are the good things that might happen?			

DOWNWARD SPIRAL GAME

The Downward Spiral "Game"

Icons include: Police, Prison, Family, Money, Drugs, Gun, Jail, and People.

Text boxes include: "Have a single parent? Here's how to get your kids to school on time..." and "Have a drug problem? Here's how to get your life back on track..."

Juvenile Justice - Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS) Cooperative Agreement

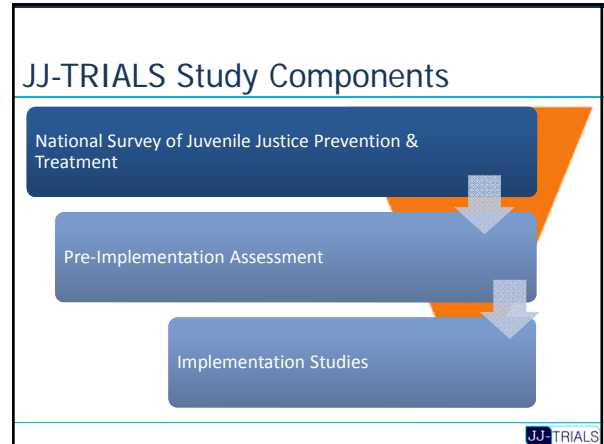
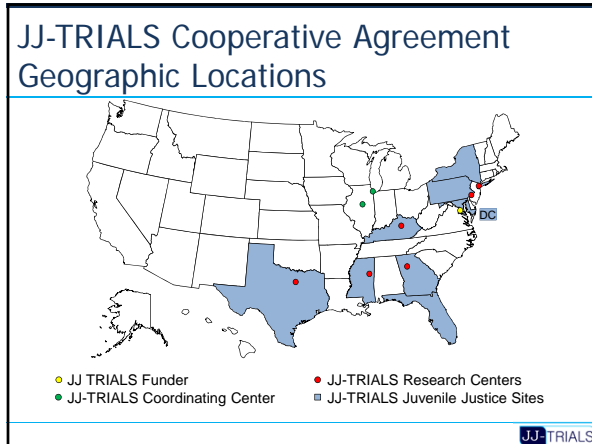
PI: Danica Knight, PhD



Juvenile Justice - Translational Research on Interventions for Adolescents in the Legal System (JJ-TRIALS)

- 5-year Cooperative Agreement w/ \$5m/year budget
 - 6 Research Centers, 1 Coordinating Center
 - Funding to begin July 2013
 - Official Launch: October 2013
- Overarching philosophy:** Every adolescent in the juvenile justice system could benefit from evidence-based prevention and/or treatment interventions that target substance use and HIV risk behaviors.





TCU Client Evaluations

<p>Motivation</p> <ul style="list-style-type: none"> • Problems • Desire for Help • TX Readiness • Needs/Pressures 	<p>Social Functioning</p> <ul style="list-style-type: none"> • Hostility • Risk Taking • Social Support • Social Desirability 	<p>Criminal Thinking</p> <ul style="list-style-type: none"> • Entitlement • Justification • Irresponsibility • Power Orientation • Cold Heartedness • Rationalization
<p>Psychological Functioning</p> <ul style="list-style-type: none"> • Self Esteem • Depression/Anxiety • Decision Making • Expectancy 		<p>Treatment Engagement</p> <ul style="list-style-type: none"> • Satisfaction • Rapport • Participation • Peer Support

Joe et al, 2002; Simpson, 2004 (JSAT); Simpson & Knight, 2007 (CJB) TCU

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That's All Folks!

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