Treating Addicted Offenders: Top Ten List of Effective Practices

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

#10
Treat addiction as a CHRONIC (not acute) health condition

Relapse Rates Are Similar

Opioid Addiction and Treatment: A 12-Year Followup (Simpson & Sells, 1990)

75% had relapses (1+) and
Avg of 6 treatments each ...
63% had no daily opiate use or relapse for 3+ years, and
55% had no daily drug use or arrests in past year (Yr 12)

#9
Fund the full spectrum and continuum of needed services
INCLUDI NG Wrap-around Services!

Problems Associated With Drug Use

- Medical/Developmental
- Housing & Transportation
- Mental Health
- Vocational
- Educational
- Child Care
- Family
- AIDS/HIV Risks
- Legal/Crime
- Financial
- Housing & Transportation
- Psychological

Etheridge, Hubbard, Anderson, Craddock, & Flynn, 1997 (PAB)

INCLUDI NG the use of Medications!

- Agonists (e.g., Methadone) - produce opioid effects
- Partial Agonists (e.g., Suboxone) - produce moderate opioid effects
- Antagonists (e.g., Vivitrol) - block opioid effects

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#8

Sometimes, the best things in life are free!

100% FREE

People in CJ System with Opioid Use Disorders are Dying

Mortality rate, by week since release, for overdose and all other (nonoverdose) causes of death.

Binswanger, et al., 2013, Annals of Internal Medicine

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Number of deaths per 100,000 Person-Years

Weeks Since Release From Prison

Overdose
Nonoverdose deaths

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#7

Time to rethink your Outcome Measures

![Graph showing trend]

#6

Avoid iatrogenic effects (and using words that most folks don't know)

> i-at-ro-gen'ic
> i-at're-jen'ik/
> adjective
> adjective: iatrogenic
> of or relating to illness caused by medical examination or treatment.

Effective Approaches

- Not Effective
  - Boot Camp
  - Intensive Supervision
  - Generic Case Management
  - Lengthy Incarceration
  - Harsh Punishment
- Effective
  - Residential TC's
  - CBT
  - Contingency Management
  - Medications
  - Drug Courts
- Promising
  - Diversion
  - Moral Reasoning
  - Motivational Interviewing
  - Adaptive Treatment/Supervision
  - Recovery Management

#5

**Know who you are treating**

- Higher Hostility: Specialized Interventions?
- Higher Criminal Thinking
- Lower Treatment Readiness
- Lower Psychological Functioning
- Lower Treatment Engagement

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**Drug Use Severity and Reincarceration**

![Graph showing drug use severity and reincarceration rates](image)

N=324; Weekes, Milison, & Lightfoot, [link]

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**TCU Client Evaluations**

<table>
<thead>
<tr>
<th>Motivation</th>
<th>Social Functioning</th>
<th>Psychological Functioning</th>
<th>Criminal Thinking</th>
<th>Treatment Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Problems</td>
<td>• Hostility</td>
<td>• Self Esteem</td>
<td>• Entitlement</td>
<td>• Satisfaction</td>
</tr>
<tr>
<td>• Desire for Help</td>
<td>• Risk Taking</td>
<td>• Depression/Anxiety</td>
<td>• Justification</td>
<td>• Rapport</td>
</tr>
<tr>
<td>• TX Readiness</td>
<td>• Social Support</td>
<td>• Decision Making</td>
<td>• Responsibility</td>
<td>• Participation</td>
</tr>
<tr>
<td>• Needs/Presses</td>
<td>• Social Desirability</td>
<td>• Expectancy</td>
<td>• Power Orientation</td>
<td>• Peer Support</td>
</tr>
</tbody>
</table>

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

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**#4**

**Motivate, Engage, & Retain**

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**“Process Model” for Treatment**

User

Engage & Commit

Begin Changes

Sustain Efforts

Quitter: Drugs & Crime

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## Likelihood Ratios for “Next Stages”

<table>
<thead>
<tr>
<th></th>
<th>LTR</th>
<th>ODF</th>
<th>OMT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motiv</td>
<td>3.3*</td>
<td>3.7*</td>
<td>2.2*</td>
</tr>
<tr>
<td>Therap</td>
<td>1.3*</td>
<td>1.3*</td>
<td>1.5*</td>
</tr>
<tr>
<td>Involv</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RETN (90+ days)</td>
<td>No Relapse (Coc Wkly)</td>
<td>No Relapse (Op Wkly)</td>
<td></td>
</tr>
<tr>
<td>Pretrmnt</td>
<td>Months 1-2</td>
<td>Follow-up Year 1</td>
<td></td>
</tr>
</tbody>
</table>

LTR: Long-term Residential; ODF: Outpatient Drug Free; OMT: Outpatient Methadone Treatment

## At the most basic level, match problem severity to intensity of services

### Low Severity
- Low Intensity (Education)
- No Relapse

### High Severity
- High Intensity (Residential/Therapeutic Community)
- Longer Term

## Tailor Treatment to Individual Needs

### Hostility and Dropout Rates

<table>
<thead>
<tr>
<th>% High Hostility</th>
<th>Intake</th>
<th>Month 1</th>
<th>Month 3</th>
<th>Month 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completers (n=290)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dropouts (N=3758)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## #2 Healthy Agency = Healthy Client

## #3 ADAPT treatment

- Reduced Crime And Health Problems

## TCU Treatment Model

- Motivation & Instruction
- Behavioral Strategies
- Early Engagement
- Family & Friends
- Early Recovery
- Personal Health Services
- Retention/Transition
- Supportive Networks
- Drug Use
- Crime
- Social Relations
- Psycho-Social Change
- Posttreatment
- Social Support Services

Simpson, Knight & Dansereau, 2004 (Journal of Community Corrections)
#1

Stop boring your clients to death!

A CLIENT DRAWN MAP

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

DOWNWARD SPIRAL GAME

The Downward Spiral "Game"