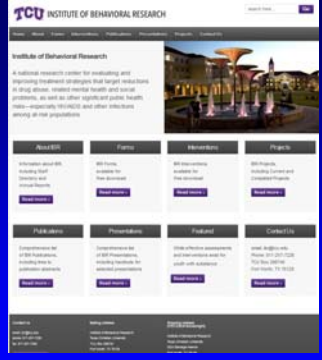




JLSCI Cortez, CO  
February 11, 2015

## Science of Addiction and Evidence-Based Treatment


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The Wisdom of the Dakota Indians:  
When you discover you are riding a  
dead horse, the best strategy  
is to dismount.




Borrowed from Ed Latessa




Within the Criminal Justice System, however,  
a whole range of far more advanced  
strategies are often employed, such as:

1. Buying a stronger whip.
2. Changing riders.
3. Appointing a committee to study the horse.
4. Visiting other sites to see how others ride dead horses.
5. Lowering the standards so that dead horses can be included.
6. Hiring outside contractors to ride the dead horse.
7. Providing additional funding and/or training to increase the dead horse's performance.
8. Declaring that as the dead horse does not have to be fed, it is less costly, carries lower overhead, and therefore contributes substantially more to the bottom line of the economy than do some other horses.
9. Re-writing the expected performance requirements for all horses.
10. Promoting the dead horse to a supervisory position.


Borrowed from Ed Latessa

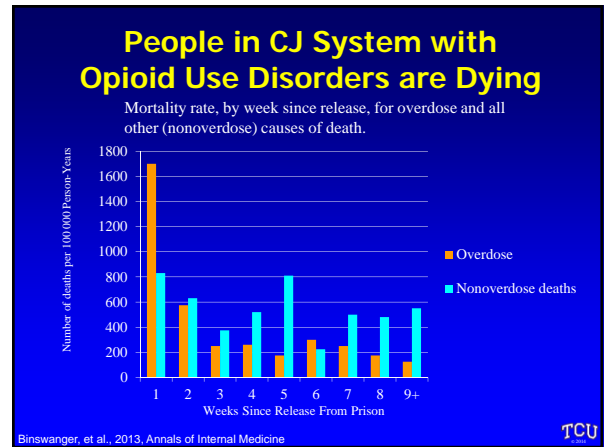
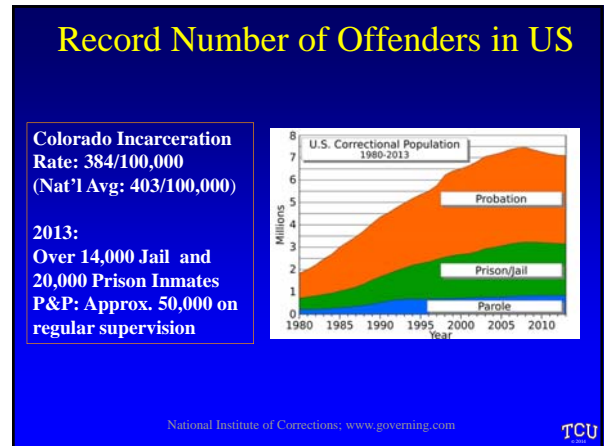
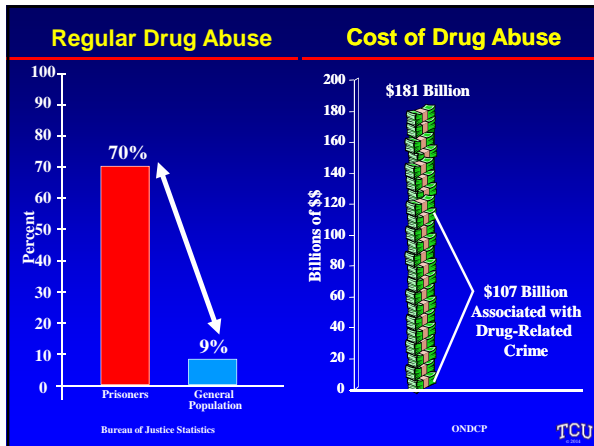


It's time to dismount  
and try a different horse



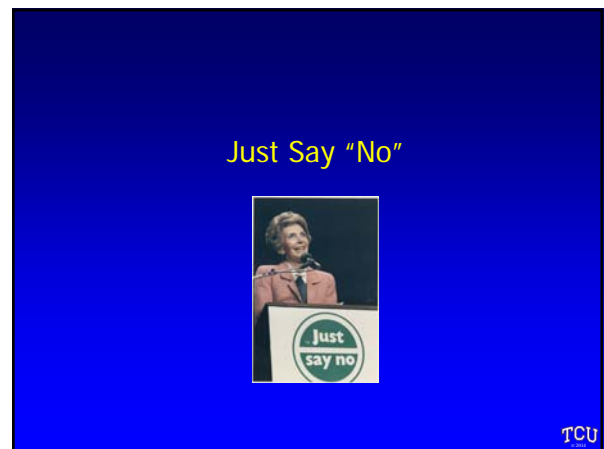
So what is the problem  
we are trying to address?

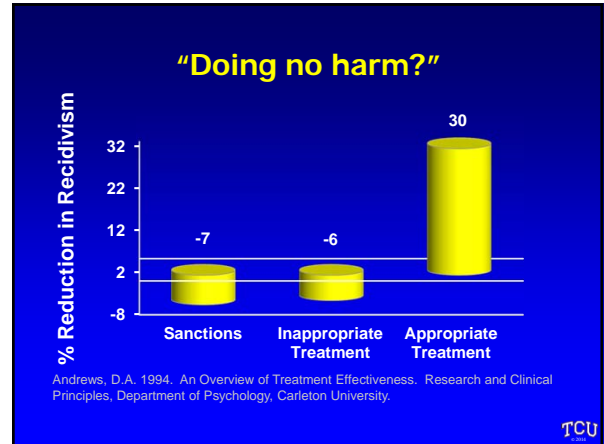




Our attempts at "advanced strategies" to address this problem include...

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## So what are effective approaches?

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- ### Basic Principles of Effective Approaches
- 1) Know your offender's risk for reoffending  
Risk Principle ("Who should receive treatment services?")  
 --target higher risk offenders
  - 2) Know what needs to change  
Need Principle ("What changes should the services target?")  
 --target criminogenic risk/need factors
  - 3) Know how to "Optimize" delivery of services  
Responsivity Principle ("How do we improve outcomes?")  
 --adapt/tailor/target treatment services  
 --understand "black box" of treatment process
  - 4) Know what treatment services work best for your offenders  
Treatment Principle ("What are the best treatment services options?")  
 --cognitive behavioral approaches, implemented as designed
- TCU

- ### Basic Principles of Effective Approaches
- 1) Know your offender's risk for reoffending  
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- ### Risk Level?
- Risk for reoffending (**criminal recidivism**)
  - Use of **risk assessment**
    - "Static" factors (e.g., criminal history)
    - "Dynamic" or changeable factors that are targets of interventions in the criminal justice system (e.g., criminal thinking)

### Risk Assessment Instruments

- Historical-Clinical-Risk Management - 20 (HCR-20)
- Level of Service Inventory - Revised – Screening Version (LSI-R-SV)
- Ohio Risk Assessment System (ORAS)
- Psychopathy Checklist - Screening Version (PCL-SV)
- Risk and Needs Triage (RANT)
- Short-Term Assessment of Risk and Treatability (START)
- Violence Risk Scale (VRS): Screening Version

### Screening and Assessment of Criminal Risk Level

- Goal is to **match level of services** to risk level
- **Improved outcomes** if focus on moderate to high risk offenders
  - Providing intensive treatment and supervision for low risk offenders can **increase recidivism**
  - Mixing risk levels is contraindicated
- Higher risk offenders require greater structure, and **more intensive treatment and supervision**

### Recent Monograph Reviewing Risk Assessment Instruments

Desmarais, S. L., & Singh, J. P. (2013, March). *Risk assessment instruments validated and implemented in correctional settings in the United States*. New York: Council of State Governments - Justice Center. Available at:  
<http://csjjusticecenter.org/wp-content/uploads/2014/07/Risk-Assessment-Instruments-Validated-and-Implemented-in-Correctional-Settings-in-the-United-States.pdf>

### Basic Principles of Effective Approaches

2) Know what needs to change  
Need Principle (“What changes should the services target?”)  
 --target criminogenic risk/need factors

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### Need Principle

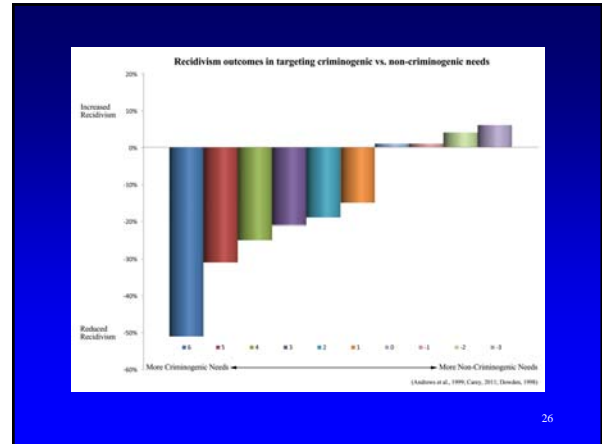
Focus on “Criminogenic Factors”  
 --those factors that can change AND are related to re-offending

### Major Risk and/or Need Factor and Promising Intermediate Targets for Reduced Recidivism

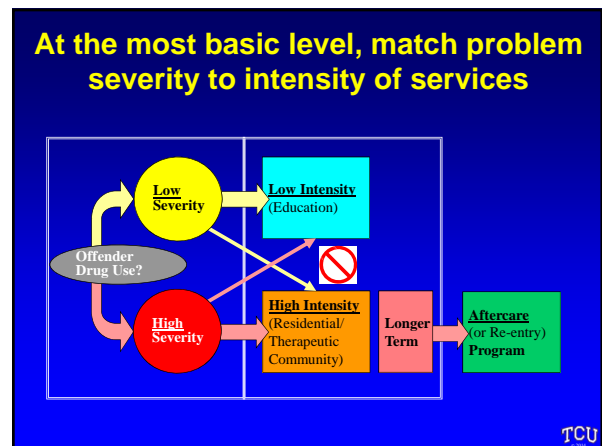
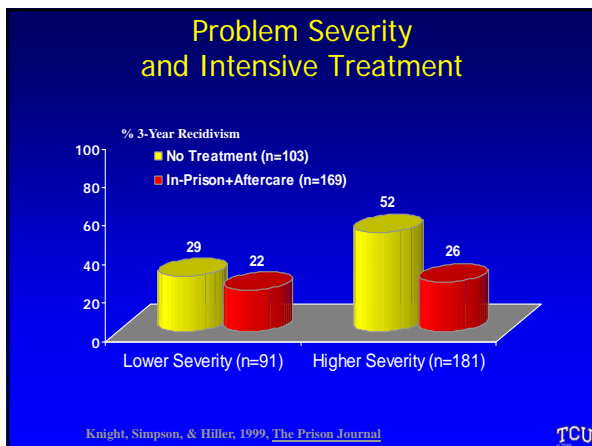
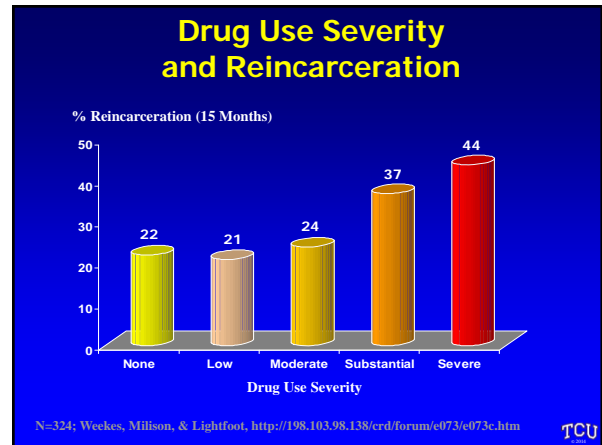
Criminogenic Factor	Risk	Dynamic Need
Antisocial behavior	Early & continued involvement in a number antisocial acts	Build noncriminal alternative behaviors in risky situations
Antisocial personality	Adventurous, pleasure seeking, weak self-control, restlessly aggressive	Build problem-solving, self-management, anger mgt & coping skills
Antisocial cognition	Attitudes, values, beliefs & rationalizations supportive of crime, cognitive emotional states of anger, resentment, & defiance	Reduce antisocial cognition, recognize risky thinking & feelings, build up alternative less risky thinking & feelings Adopt a reform and/or anticriminal identity
Antisocial associates	Close association with criminals & relative isolation from prosocial people	Reduce association w/ criminals, enhance association w/ prosocial people

### Major Risk and/or Need Factor and Promising Intermediate Targets for Reduced Recidivism

Criminogenic Factor	Risk	Dynamic Need
Family and/or marital	Two key elements are nurturance and/or caring better monitoring and/or supervision	Reduce conflict, build positive relationships, communication, enhance monitoring & supervision
School and/or work	Low levels of performance & satisfaction	Enhance performance, rewards, & satisfaction
Leisure and/or recreation	Low levels of involvement & satisfaction in anti-criminal leisure activities	Enhancement involvement & satisfaction in prosocial activities
Substance Use	Alcohol and/or drug addiction/abuse	Reduce SA, reduce the personal & interpersonal supports for SA behavior, enhance alternatives to SA



- ### Focus on High Needs for Substance Abuse Treatment
- The **higher the severity** of substance use problems, the higher the level of treatment services needed
  - Offenders with low severity substance use problems **may not require treatment**
  - Mixing persons with high and low levels of substance use treatment needs is **contraindicated**



## Basic Principles of Effective Approaches

- 4) Know what treatment services work best for your offenders  
**Treatment Principle** ("What are the best treatment services options?")  
--cognitive behavioral approaches, implemented as designed

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## Responsivity

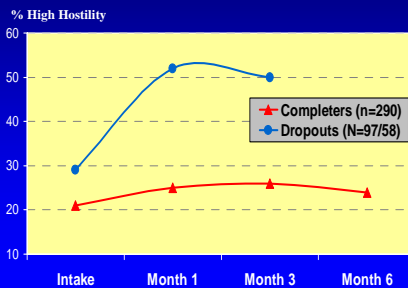
One size does NOT fit all! Yet most treatment services are designed this way.

- fixed length of treatment
- identical services provided to everyone

Need to adapt/tailor/target services to individual characteristics and needs.

- use motivational enhancement strategies (e.g., Motivational Interviewing) for those who are motivated to change.
- use alternative counseling strategies; not everyone responds to didactic lectures, some/most respond better to an applied approach (e.g., use of a visual "mapping" technique)
- provide targeted interventions (e.g., provide anger management to those with anger issues; provide trauma intervention services to those who have experienced significant trauma)

## Tailoring Treatment Hostility and Dropout Rates



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## Putting It All Together

- Focus resources on **Moderate to High Risk** offenders (e.g., those most likely to reoffend)
- Intervention services should target **Dynamic Risk Factors** associated with criminal recidivism (e.g., antisocial attitudes, criminal peers)
- Focus on those who have **High Need** for substance use treatment
- Link to services that are **Responsive** to offender differences by adapting or tailoring the intervention approach to enhance engagement in services.

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## Proximal and Distal Goals for Drug Offenders

- **Proximal goals:** Short-term, offenders are cable of achieving now, necessary for long-term improvement
- **Distal goals:** Long-term, desirable, but take time to accomplish

Adapted from Marlowe, 2013

## Using Proximal and Distal Goals to Provide Sanctions

- **Sanctions have short-term effects**
- Change behavior through a **combination of incentives and sanctions**
- Use **higher severity** sanctions for non-compliance with proximal goals
- Use **lower severity** sanctions for distal goals
- **Drug offenders:** Larger sanctions reserved for non-compliance with basic supervision requirements (e.g., treatment attendance, status hearings, not providing drug tests)

Adapted from Marlowe, 2013

### Using Proximal and Distal Goals to Provide Incentives

- Reward productive behaviors that facilitate recovery and that are incompatible with criminal lifestyle
- High risk/high need offenders: Least responsive to punishment, more responsive to incentives

Adapted from Marlowe, 2013

### Practical Implications

	High Risk	Low Risk
<b>High SA Needs (moderate - severe)</b>	<ul style="list-style-type: none"> <li>✓ Status calendar</li> <li>✓ Treatment</li> <li>✓ Prosocial and life skills</li> <li>✓ Abstinence is distal</li> <li>✓ Positive reinforcement</li> <li>✓ Self-help/alumni groups</li> <li>✓ ~ 18-24 mos. (~200 hrs.)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Noncompliance calendar</li> <li>✓ Treatment</li> <li>✓ Life skills</li> <li>✓ Abstinence is distal</li> <li>✓ Positive reinforcement</li> <li>✓ Self-help/alumni groups</li> <li>✓ ~ 12-18 mos. (~150 hrs.)</li> </ul>
<b>Low SA Needs (mild)</b>	<ul style="list-style-type: none"> <li>✓ Status calendar</li> <li>✓ Prosocial habilitation</li> <li>✓ Abstinence is proximal</li> <li>✓ Negative reinforcement</li> <li>✓ ~ 12-18 mos. (~100 hrs)</li> </ul>	<ul style="list-style-type: none"> <li>✓ Noncompliance calendar</li> <li>✓ Psychoeducation</li> <li>✓ Abstinence is proximal</li> <li>✓ ~ 3-6 mos. (~ 12-26 hrs.)</li> </ul>

Adapted from Marlowe, 2013

### Matching the Level of Offenders' Risk and Need

- High Risk/High Substance Abuse Needs
  - Intensive outpatient treatment (4-5x week), residential treatment
  - Longer duration of treatment & supervision
  - 'Criminal thinking' groups
  - More frequent supervision (status hearings, home visits, etc.)
  - More frequent drug testing
  - Proximal goals: Engage in SA treatment and other services to address criminal risk factors

Adapted from Marlowe, 2013

### Recovery Over Time

TCU Source: Dennis, Foss & Scott (2007)

### Effective Interventions

4) Know Which Treatment Services to Provide

Treatment Principle ("How best to provide treatment?")  
 --cognitive behavioral approaches, implemented as designed

### Need to provide "evidence-based" services

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### Effective Approaches

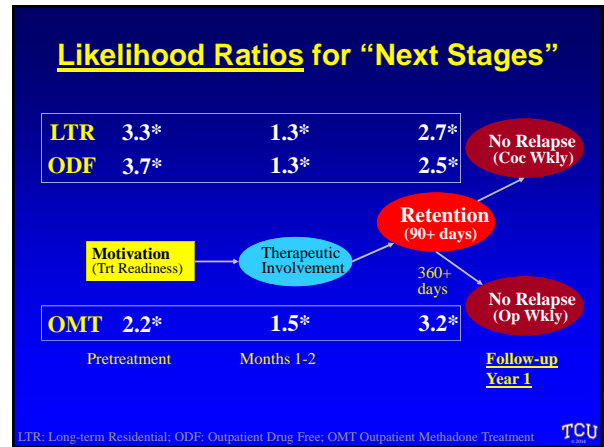
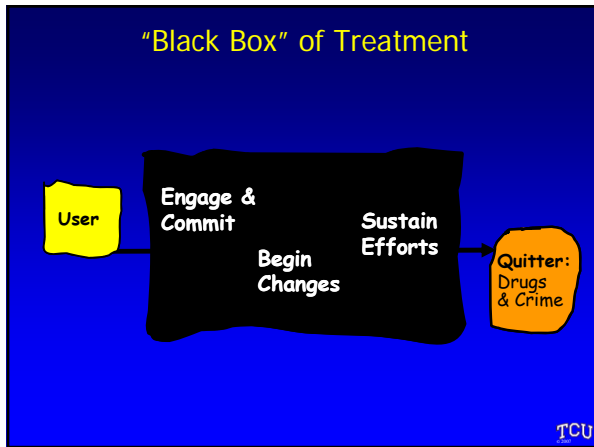
Not Effective	Effective	Promising
<del>Boot Camp</del>	Residential TC's	Diversion
<del>Intensive Supervision</del>	CBT	Moral Reasoning
<del>Generic Case Management</del>	Contingency Management	Motivational Interviewing
<del>Lengthy Incarceration</del>	Medications	Adaptive Treatment/Supervision
<del>Harsh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

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## Motivate, Engage, & Retain



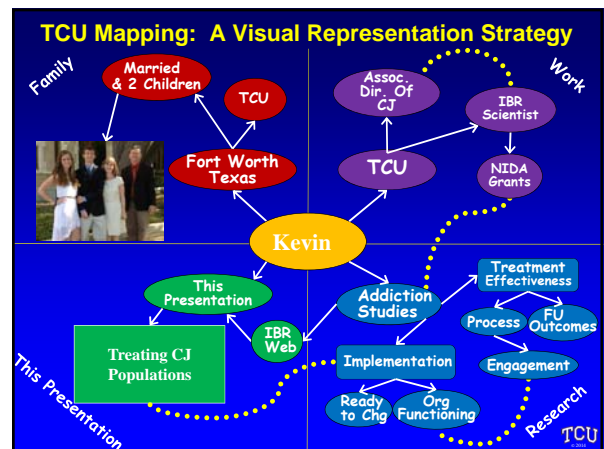
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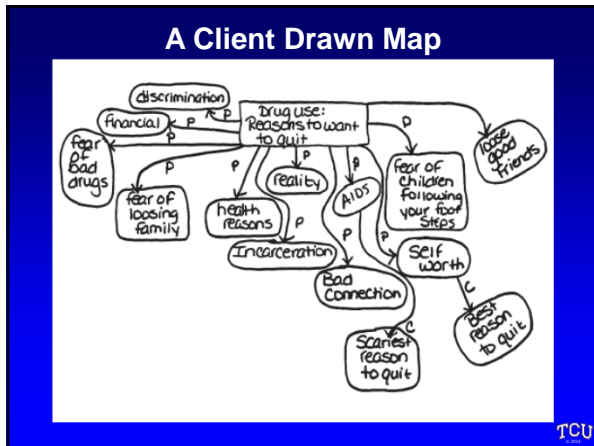
## Treatment?



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### workit

WHAT's the problem or issue?

Who will be affected by what you decide? (i) (ii) (iii)

Who can help you with the decision? (Helpful People)

Think about your Options and Choices  
 What would your "Helpful People" suggest?

Options	CHOICE A	CHOICE B	CHOICE C
Describe each Option or Choice			
For each choice, what good things might happen?			
For each choice, what not so good things might happen?			

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

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### DOWNWARD SPIRAL GAME

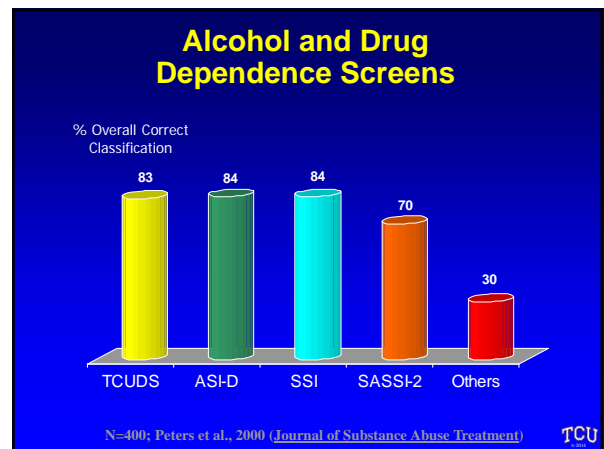
#### The Downward Spiral "Game"

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## Screening & Assessment

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### Eligible for Treatment? The TCU Drug Screen

**TCU Drug Screen (TCUDS):**  
 Short assessment (2 pages) for --

- Drug problems/dependence
- Treatment history/needs

All new inmates at state jails/prisons

Assessments: N ~ 50,000 per Year

71% referred to treatment

1. TCUDS Diagnosis 47%  
 2. Existing Records 24%

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### Commonly Used Assessment Instruments

- Addiction Severity & Treatment Need
  - Addiction Severity Index
  - Global Appraisal of Treatment Need
  - TCU Comprehensive Intake Form
- Criminogenic Risk
  - Level of Service Inventory Revised
  - Ohio Risk Assessment System
  - TCU Criminal Thinking Scales

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### TCU Client Evaluations

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

Joe et al., 2002; Simpson, 2004 (JSAI); Simpson & Knight, 2007 (CIB)

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### Healthy Agency = Healthy Client

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### TCU Treatment Model

Motivation & Induction, Behavioral Strategies, Family & Friends, Personal Health Services

Patient Severity, Readiness, Program Staff, Resources, Climate, Program Interventions, Cognitive Strategies, Social Skills Training, Social Support Services

Early Engagement, Program Participation, Therapeutic Relationship, Early Recovery, Behavioral Change, Psycho-Social Change, Retention/Transition, Sufficient Retention, Supportive Networks, Drug Use, Crime, Social Relations, Posttreatment

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

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### NIDA Research-Based Guide

For Criminal Justice Populations

Principles of Drug Abuse Treatment: A Research Based Guide (NIDA, 2000)

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