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**Aftercare is Key to Ensuring an Effective Transition  
to the Community by Substance Abusing Inmates**

**B**oth criminal justice and substance abuse treatment experts have observed that important gains made during incarceration are not being sustained when offenders return to the community because the continuum of care is either inadequate or non-existent. (Peters, 1993) Drug-involved offenders who participated in a continuum of drug treatment including prison focused therapeutic community treatment followed by treatment in a work-release center in the Delaware system had lower rates of drug use and recidivism than the offenders in the institutional program alone. (Inciardi, 1996) A California study of the Amity prison therapeutic community program found that recidivism was lower in drug-involved offenders who had participated in both the Amity prison and Amity community-based therapeutic community programs. (Wexler, 1996) Oregon found that shorter institutional programs coupled with intensive community based programs gave similar results to more intensive therapeutic communities conducted within prison systems. (Field, 1998) Results from a 1990 Oregon study demonstrated this fact. Inmates participated in a 3-6 month pre-release day treatment program in an Oregon prison release facility, followed by a 6-9 month intensive community treatment and supervision program. Key elements of the program were:

1. **Service providers "reach in" to the institution.** Parole and drug treatment services began while the individual was still incarcerated, usually several months before parole.
2. **Joint institution - community release planning.** Release center staff developed the inmates' release plan cooperatively with the inmate, the parole officer, and drug treatment coordinator. Inmates were included in this planning process.
3. **Intensive supervision.** Once drug-involved offender in paroled, he or she is placed on an intensive supervision case load in the community.

4. **Community Continuity.** Group treatment continues into the community, usually with the same group leader and with many of the same members of the individual's institution group.

5. **Careful management of incentives and sanctions.** Throughout the process, offenders were given incentives for program participation and sanctions for noncompliance or relapse. In the release center inmates were given desirable housing, could earn extra pass time, were given special job skills counseling, and given special consideration for subsidy housing. In return, they were monitored more closely than others, had required urinalysis drug testing, and lost privileges for violations of requirements. Once in the community, similar incentives and sanctions were given. Outcome analysis of this program showed arrest rates dropped by 54% and conviction rates dropped by 65% during the year following treatment over others not in the program. (Field and Karecki, 1992).

## Obstacles to Continuity of Offender Treatment

According to Field (1998) obstacles to continuity of offender treatment are:

1. **Segmentation of criminal justice system.** The criminal justice system is not a discrete, well-coordinated system. It is a cluster of independent agencies and entities with separate justice responsibilities. These entities include jails, prisons, pretrial agencies, probation and parole agencies, the courts, law enforcement, and community organizations working with offenders. A successful offender transition requires cooperation among all of these entities.

2. **Lack of coordination between the criminal justice system and substance abuse treatment programs.** Substance abuse programs are often developed by health and human resource systems that have different goals and values from the criminal justice systems.

3. **Loss of post release structure for offenders.** Long term incarceration reduces one's ability to deal with basic life skills and solve day-to-day problems on the outside.

4. **Loss of incentives and sanctions at release.** Formal incentives and sanctions are not as strong after release as they are in the institution. So it is easier to slip into former patterns of coping.

5. **Lack of services in the community.** A range of services including such basic ones as housing and transportation are necessary in order to effectively transition to society.

6. **Lack of treatment provider experiences with offenders.**

7. **Community funding.**

## Types of Successful Program Models

**Outreach programs** - institution staff reach out to community supervision and treatment program providers to ensure continuity. The Key program in Delaware that utilizes the Crest program in the community to meet offender continuity treatment needs is an example of this type of program. (Inciardi, 1996)

**Reach-in programs** - Community supervision staff, treatment program staff, or both, begin services before the offender leaves prison. Oregon prison therapeutic community and pre-release day treatment programs have used a number of strategies to build on this continuity model including program design, interagency agreements, and funding that follows the inmate/offender. (Finigan, 1996)

Third party continuity - an agency separate from corrections or treatment takes primary responsibility for ensuring service continuity. Third party continuity programs are best represented by TASC programs. Treatment Alternatives to Street Crimes (TASC) serve as a bridge between the separate systems of criminal justice and substance abuse treatment. (Weinman, 1992)

Mixed continuity models - the three models above can be combined into various combination models. The Amity program at the Donovan facility in California began as a prison therapeutic community, then developed its own follow-up therapeutic community for prison program graduates (Wexler, 1996)

## **Lessons Learned**

The Stay'n Out study shows that in-prison therapeutic community outcomes peak between nine and twelve months in hard-core offender-addict inmates participants followed by at least six months in community-based treatment. (Wexler, et al, 1988)

Key-Crest views the time spent in an aftercare facility or halfway facility as more important. As little as six months may be spent in prison TC, but 12-18 months should be spent in aftercare. (Inciardi et al. 1997).

Some research (Wexler et al. 1988) does show that prosocial outcomes begin to diminish when men and women are held in programs longer than twelve months and not released. Stay'n Out dealt with this problem by creating a cadre of "post-graduate" residents who participate as training staff in week-long training sessions with guest-trainees. (Lipton, 1998)

Inmates in the correctional treatment system often need to be encouraged to participate in programs. Simply offering treatment programs to them is unlikely to obtain and sustain a sufficient level of cooperation and participation. Incentives are needed - reductions in time served, eligibility for less secure placement, safety, comfort and status rewards. (Lipton, 1998)

Success in programs rarely occurs when treatment is imposed. The program is enhanced when offenders are involved in developing their recovery program. Forcing or compelling unwilling offenders to participate in programs should be avoided, it breeds resentment, resistance and minimal change or faked change indicating apparent compliance. (Lipton, 1998)

About 60% of successful program graduates admit that they entered a treatment program while in prison for other than therapeutic reasons. (Wexler, 1988)

Programs recruit by making entry better than non-entry, and leaving worse than staying. This is done by creating an environment that is physically safer, cleaner, and more secure psychologically than the alternative GP. (Lipton, 1998)

If mandated inmates are given a clear understanding of the treatment conditions and consequences for failure, making them clearly aware that the system is prepared to enforce and has a record of actively enforcing the conditions, retention is enhanced. (Lipton, 1998)

The third stage of a TC, reentry, consists of two phases: early (13-18 months) and late (18-24 months). In prison these two phases are spent partly in prison but mainly in the community-based TC. Residents in early reentry continue to live in the institution, but may hold jobs or attend school while still being expected to participate in the facility's daily activities. Late reentry involves successful separation from the institution to a community-based program. Two excellent examples of reentry facilities for prison-based TC treatment are Serendipity House associated with Stay'n Out in New York and Vista in San Diego associated with Amity at Donovan program. The Crest reentry facility variant in Delaware is a work-release program for program graduates from the Key program. (De Leon, 1995)

Among rewards, studies indicate that time incentives appear to be the most motivating, followed by eligibility for less secure placement, personal safety considerations, comfort and status rewards. Negative sanctions include loss of good time, loss of pay, transfer to a more secure custody, lesser housing (less privacy, less comfort), and worse job assignments with distinctively stigmatizing uniforms for failing to meet contingency contracts.

For drug addicts, dwelling on drugs, drug using behaviors and drug transactions experiences, and discussing paraphernalia tends to foster craving. Also, these topics allow inmates opportunities to re-experience positive drug-related events publicly, and this generates anticipation about continuing drug use upon return to the community, and encourages the acquisition of contraband drugs in the institution.(Lipton, 1997)

In prisons where TCs are in place such as Stay'n Out in New York, Amity Donovan in Cal. and the New Outlook in Alabama ex-offenders/ex-addicts serve as powerful role models. They demonstrate the realistic possibility for successful recovery. They speak the language and understand the feelings and concerns of drug abusing clients.

There is a distinct role for trained officers who serve as co-therapists and important advantages accrue. Their partnerships demonstrate that some authority figures are trustworthy and genuinely interested in their welfare.(Lipton, 1998)

The clinical optimum is to continue treatment in a halfway house or work release facility. Good examples - NY's Stay'n Out with Serendipity House; DE's Key with Crest work release; CA's Amity at Donovan with Vista. Successful programming involves initiating reentry planning with parole/probation staff at least three months before a program participant is released. The TC staff contract with the parolee as part of this planned reentry and provide escorted referral to a private community-based treatment program or to a halfway house where the process of prosocial change continues.(Lipton, 1998)

Lipton (1998) advocates that if a resident is found to have a positive urine test, he or she should be sent back to the lowest entry level of the program and targeted for more frequent urinalysis. If a resident fails a second time he or she may be expelled from the TC depending on how the rules for expulsion are established. TC staff should hold an exit interview to assist with this transition back to the GP and to extend another chance to the inmate in the future after a cooling off period is completed.

Anglin et al (1998) found no clear pattern in 11 separate studies of outcomes of therapeutic communities as to whether mandatory placement of abusing offenders reduces positive outcomes as opposed to purely voluntary programs.

In 1997 the state of California opened Corcoran, a 528-bed treatment unit in a brand new correctional institution. When inmates there complete six months of treatment they will move to a statewide "managed care" network, with a full continuum of services, from intensive residential treatment to outpatient counseling. (State of Maryland, Cabinet Council on Criminal and Juvenile Justice Strategic Planning Workshop, University of Maryland, Dec. 8-9, 1997.

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## Looking Ahead...

**May 7-10, 2000; Bringing It All Together: A Research and Practice Based Conference on Prevention, Treatment, and Care, Baltimore Convention Center, Baltimore, MD.**

**National Advisory Council on Drug Abuse 2000 Meeting Schedule, 6001 Executive Boulevard, Bethesda, MD**

**May 16-17**

**September 12-13**

## Periodicals, Books & Research Papers

GROUPS: A Manual for Chemical Dependency & Psychiatric Treatment. A complete treatment and educational manual that provides step-by-step directions for 50 different educational and experiential learning presentations. \$141.95 from CL Productions, Inc. 1-800-203-3597 (**This does not constitute an endorsement of this book...please contact CL Productions regarding availability**). CL Productions also provides videos ranging in price from \$70 to \$199. They can be reached at 1-800-203-3597. Selected titles are:

Breaking the Addiction Cycle (55 minutes)

Spirituality and the Steps (55 minutes)

Relationships in Recovery (53 minutes)