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# **TREATING ADDICTED OFFENDERS**

**A Continuum of Effective Practices**

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**Edited by  
Kevin Knight, Ph.D.  
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# About the Editors

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## Introduction

# Treatment as a Continuum of Opportunities

by Kevin Knight, Ph.D., and David Farabee, Ph.D.

Although addiction tends to be characterized as a chronic, relapsing condition, the treatment of addicted offenders continues to be conceptualized as a discrete event. When questions are asked about treatment effectiveness, “treatment” typically refers to a specific program, such as a nine-month in-prison therapeutic community (TC) program. Questions about “treatment” effectiveness typically overlook the impact of the full continuum of treatment that includes services received prior to and following, as well as ancillary services (e.g., employment services) provided during, the specified treatment program. The reality is that treatment, per se, is not a discrete event but is a continuum of an array of services provided to help the offender overcome a lifestyle of substance use and criminality. It is our hope that this book will be a valuable resource in understanding the variety of components that may potentially contribute to positive changes in an addicted offender’s life.

## RECOGNIZING THE PROBLEM AND ITS PARAMETERS

As described in the first part of the book, one of the earliest components of the continuum involves drug use testing, screening, and referral to a specific set of treatment services. Identifying who has significant drug-related problems and determining what treatment services they need is contingent on this front-end process being reliable and valid. For example, upon entry into the criminal justice system (CJS), offenders often are faced with having to disclose their history of drug use and crime to correctional officials. Many may choose to “do their time” and deny any drug-related problems and, thus, be likely to return untreated to the community at the same (or perhaps greater) risk level to society as when they entered the CJS. Others may begin recognizing that they have a drug use problem and expressing a desire for help. As conveyed in Chapter 1, the likelihood an offender will disclose prior drug use depends on several factors, including the instrument that is used, the environment in which it is administered, and the way it is delivered. Brief screens, such as the TCU Drug Screen (available at <http://www.ibr.tcu.edu>) are being used effectively in several states, such as Texas, as a way to determine an offender’s initial need for treatment. Other problems, such as mental illness, also may need to be assessed when determining the need for treatment services. For example, the PADDI, described in Chapter 2, is a psychometrically sound instrument that is useful in

identifying problems in a juvenile population. Likewise, the GAIN-CVI, discussed in Chapter 3, is a tool that can be used to predict violent behavior.

The detection of drug use is invaluable not only at the offender level, but at a systems level as well. By disaggregating arrestee drug test results obtained as part of the ADAM project, Yacoubian and colleagues illustrate in Chapter 4 how intrajurisdictional drug use patterns can be detected and used to help authorities identify high drug-using subsections of a particular geographic region. In Chapter 5, Campos and colleagues describe how the California Department of Corrections has been able to use drug testing as a means for deterring and reducing drug use within California's prison population.

## **ALTERNATIVES TO INCARCERATION**

The second part of the book addresses alternatives to incarceration. Given that correctional agencies are continuing to struggle financially, they simply cannot afford to pursue prison expansion to accommodate the increasing offender population. The search for alternatives has led policymakers to pursue alternative sentencing guidelines that allow low-risk addicted offenders the opportunity to be placed on probation and receive treatment services rather than being incarcerated. For a "first time" offender, an alternative to incarceration may represent his or her entry into the treatment continuum. For those who have been or are currently involved in the CJS, this may represent a continuation in the treatment continuum. Examples of initiatives to provide services for those on probation include the New York City Department of Probation's drug treatment initiative described in Chapter 6 and the Residential Substance Abuse Treatment Programs referred to in Chapter 7. In Chapter 8, Belenko presents the promises and challenges of drug courts, an increasingly popular alternative to incarceration for many addicted offenders. Specific characteristics of drug court programs are presented in Chapter 9, and the dilemmas confronting practitioners in family drug treatment courts are depicted in Chapter 10. This part concludes, in Chapter 11 by Marlowe, with a description of the role of judicial status hearings in drug courts.

## **IN-PRISON PROGRAMMING**

For many addicted offenders, drug use and drug-related crime result in a prison sentence. In most states, and in the federal system, those identified as being drug dependent are given the opportunity (or mandated) to receive treatment services. Two of the early in-prison TC programs that have served as models for other TC programs across the U.S. are the Kyle New Vision Program and the Richard J. Donovan Amity TC programs, described in Chapters 12 and 13. Providing the bigger picture of TC programs in the U.S., Rockholz gives a national update on TC programs for substance abusing offenders in state prisons in Chapter 14. At the federal level, the Federal Bureau of Prisons (BOP) has been involved in providing non-TC treatment for several years, and in Chapter 15, Weinman and colleagues discuss lessons they have learned from their administrative involvement in BOP residential drug treatment programming. As Walters illustrates in Chapter 16, one of the keys to successful treatment in state and federal correctional settings is the focus on changing the offender's criminal as well as drug lifestyle.

## **ADDRESSING INDIVIDUAL DIFFERENCES AND CO-OCCURRING CONDITIONS**

Whether participating in an institutional- or community-based program, offenders present programs with a variety of differences that must be considered when providing treatment services, including differences with respect to admitting offense type, gender, mental illness, and age. As mentioned in Chapter 17, offenders with sex offenses propose special challenges, particularly when treatment services are delivered by untrained or inexperienced staff. Messina and Prendergast point out in Chapter 18 that women represent another specialized population, as exemplified by the fact that the jury is still out on the use of traditional TC treatment for women in prison. Chapters 19 and 20 cover specific legal system (e.g., child support) and employment issues that women may need to have addressed. In addition to type of offense and gender, mental illness is another factor that needs to be considered when providing treatment services to addicted offenders. Chapter 21 discusses new strategies that consider psychiatric comorbidities now available to assist in matching clients to the most appropriate treatment services. Psychopathy and co-occurring intimate partner violence are two additional critical considerations for offender treatment, presented in Chapters 22 and 23 respectively. Finally, youthful offenders are another specialized population. Chapter 24 provides detailed information on a family-oriented intervention that shows some promise for delinquent youth, and Chapter 25 addresses the needs of juvenile inhalant users.

## **UNDERSTANDING AND FACILITATING THE TREATMENT PROCESS**

Understanding the needs of these specialized populations is critical, but the effectiveness of treatment services ultimately depends on the treatment process itself. As Devereux writes in Chapter 26, one of the most critical factors is the length of stay during a specific treatment episode. Simpson and Knight illustrate, in their presentation of the TCU Model of Treatment Process and Outcomes (Chapter 27), that length of stay is but one of several critical components in the “black box” of treatment. As described in Chapters 28 and 29, one of the most critical aspects of the treatment process is getting treatment-mandated offenders ready and motivated for treatment, since the effectiveness of coerced treatment has been mixed (see Chapter 31). And as presented in Chapter 30, an effective treatment process can translate into a positive effect on prisons.

The importance of treatment process, however, extends beyond “primary” treatment into aftercare or re-entry treatment. As pointed out in Chapter 32, recidivism is most likely to be reduced when a seamless system of care is provided from the institution into the community. Gary Field further supports this point in Chapter 33 and illustrates how Oregon has implemented an exemplary continuity-of-care model. Other issues, such as employment and housing, are an important part of this model and become even more important during this later stage of the treatment continuum. As Wexler points out in Chapter 34, favorable outcomes are more likely to be achieved when employment is integrated into aftercare. Overarching all of these re-entry treatment services is the need for increasing supervision’s effectiveness using an evidence-based model, such as the one presented in Chapter 35.

## THE GOAL: EVIDENCE-BASED, EFFECTIVE PRACTICE

The final part of the book reviews the evidence base that is needed in providing a continuum of treatment opportunities for addicted offenders. As described in Chapter 36, the U.S. government has funded Addiction Technology Transfer Centers (ATTCs) that are serving a vital role in getting science into the field and in bridging the gap between corrections and treatment. As detailed in Chapter 37, getting research findings into practice often entails the use of proven practices to change criminal as well as drug use behavior. Chapter 38 describes another key approach to “technology transfer,” through staff training on evidence-based practices. Ongoing collaborative relationships among agencies and research groups, such as those in Pennsylvania described in Chapter 39, also are vital in keeping the field moving forward. And as presented in the final chapter of the book, Chapter 40, strong science for strong practice requires the linking of research to correctional drug treatment through a variety of efforts, including federal initiatives.

Indeed, there are many facets to the continuum of treatment opportunities for addicted offenders. It “ends” only when the offender has been able to enter the community and live a sustained life of recovery, no longer posing a threat to the public. Thus, the title of this book, *Treating Addicted Offenders: A Continuum of Effective Practices*, is intended to help shift our perceptions of treatment as a long-term process rather than a single event.

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