Re-Entry Modified TC in Community Corrections for Offenders with COD: Crime Outcomes at 12-Months Post-Prison Release

Stanley Sacks, PhD
Center for the Integration of Research & Practice (CIRP)
National Development & Research Institutes, Inc. (NDRI)

Karen McKendrick, MPH
Center for the Integration of Research & Practice (CIRP)
National Development & Research Institutes, Inc. (NDRI)

2011 Addictions Health Services Research: Service Integration Across the Spectrum
October 3-5, 2011—Fairfax, VA

Supported by The Department of Health and Human Services National Institutes of Health (NIH), National Institute on Drug Abuse (NIDA) grant: 5R01DA019982-03
Background

- Offenders have a high prevalence of COD: 42% State prisons & 49% local jails (James & Glaze, 2006)
- In CJDATS1, 80% of State inmates entering substance abuse treatment had a mental health disorder, 39% considered serious (Sacks et al., 2007a; 2007b)
- There is an evidence-based for modified therapeutic communities in community based programs and this model can be applied to offenders with COD (Sacks, et al., 2004)
- The participating site for the current study was a Colorado DOC program
Prevalence of Severe Mental Disorders in Colorado Prisons is Increasing

- **1991**: 
  - # of inmates: 239 (3%)
  - # of inmates with mental disorders: 239 (3%)
  - ¾ with COD

- **2006**: 
  - # of inmates: 3,795 (20%)
  - # of inmates with mental disorders: 3,795 (20%)
  - ¾ with COD
Offenders with COD Study Design

Colorado Department of Corrections referral pool

- Modified TC prison
- Mental Health prison
- Modified TC aftercare
- Regular community services

comparison
Offenders with COD 12 Month Outcomes

MH 33%

MTC in prison only 16%

MTC in prison + MTC aftercare 5%

Total n= 139
n=64
n=32
n=43

Reincarceration rates

Study Design

In-Prison TC
N=77

Random Assignment

In-Prison Standard Services
N=50

Random Assignment

E – Re-Entry MTC Treatment (RMTC)
(N=71)

C – Parole Supervision Case Management (PCSM)
(N=56)
Re-Entry Modified TC Intervention Components

COMMUNITY ENHANCEMENT

◆ Morning Meetings
  ○ Motivate positive interactions

◆ Community Meetings
  ○ Discuss shared concerns

◆ Community Activities
  ○ Familiarity with community resources

THERAPEUTIC/EDUCATIVE

◆ Psycho-educational classes
  ○ Relapse prevention
  ○ Criminal thinking
  ○ Triple recovery

◆ Psychotherapeutic groups & counseling
  ○ Group/individual
  ○ Feelings/anger mgmt
  ○ Conflict resolution

◆ Case management assistance
  ○ Medication monitoring
  ○ Entitlement assistance

COMMUNITY & CLINICAL MANAGEMENT

◆ Social learning
  Self-management of program guidelines
Male offenders were **eligible** for the study provided they:

1) **Diagnosed with COD**;

2) **Participated in substance abuse treatment** (completers & non-completers);

3) **Approved by the Community Corrections Board & Accepted by Provider Agency for placement in a Community Corrections Facility**

4) **Voluntarily consented to enter the study.**
Reincarceration Rates:
12 months post-prison

- E - RMTC: 19%
- C - PSCM: 38%
Reincarceration Rates:
12 months post-prison for different in-prison / re-entry combinations

- No MTC Treatment: 53%
- MTC in prison: 30%
- MTC in Re-entry: 32%
- MTC in prison AND re-entry: 13%
An intent-to-treat analysis 12-months post-prison release showed reincarceration to be less likely for E-RMTC participants (19%) than for C-PSCM participants (38%), with the greatest reduction in recidivism found for E-RMTC participants who also received MTC treatment while incarcerated.
Limitations

- Power to detect group differences limited by sample size
- In-prison treatment was not randomized
- The effect of time in treatment
## MTC for Co-Occurring Disorders: A Meta-Analysis of Three Studies (Four Comparisons)

Summary of meta-analysis combined study comparisons — random effects analysis (differential treatment effects: MTC vs. Comparison)

<table>
<thead>
<tr>
<th>Domain</th>
<th>Effect Size</th>
<th>95% CI</th>
<th>p</th>
<th>Q (p)</th>
<th>I²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse</td>
<td>0.650</td>
<td>(0.428 – 0.986)</td>
<td>.043*</td>
<td>4.998 (0.172)</td>
<td>39.977</td>
</tr>
<tr>
<td>Mental health</td>
<td>0.679</td>
<td>(0.478 – 0.966)</td>
<td>.031*</td>
<td>2.026 (0.567)</td>
<td>0.000</td>
</tr>
<tr>
<td>Crime</td>
<td>0.662</td>
<td>(0.454 – 0.966)</td>
<td>.032*</td>
<td>2.573 (0.462)</td>
<td>0.000</td>
</tr>
<tr>
<td>HIV-risk behavior</td>
<td>1.007</td>
<td>(0.659 – 1.539)</td>
<td>.974</td>
<td>3.068 (0.381)</td>
<td>2.225</td>
</tr>
<tr>
<td>Employment</td>
<td>0.404</td>
<td>(0.251 – 0.651)</td>
<td>.000***</td>
<td>6.351 (0.096)</td>
<td>52.761</td>
</tr>
<tr>
<td>Housing</td>
<td>0.634</td>
<td>(0.420 – 0.958)</td>
<td>.030*</td>
<td>0.370 (0.946)</td>
<td>0.000</td>
</tr>
</tbody>
</table>

* p<0.05; ** p<0.01; *** p<0.001

† An odds ratio less than one indicates a greater improvement for clients in the MTC group than in the comparison group.

Modified Therapeutic Community for Persons with Co-Occurring Disorders

Date of Review: March 2008

The Modified Therapeutic Community (MTC) for Persons With Co-Occurring Disorders is a 12- to 18-month residential treatment program developed for individuals with co-occurring substance use disorders and mental disorders. MTC is a structured and active program based on community-as-method (that is, the community is the treatment agent) and mutual peer self-help. A comprehensive treatment model, MTC adapts the traditional therapeutic community (TC) in response to the psychiatric symptoms, cognitive impairments, and reduced level of functioning of the client with co-occurring disorders. Treatment encompasses four stages (admission, primary treatment, live-in reentry, and live-out reentry) that correspond to stages within the recovery process. The stage format allows gradual progress, rewarding improvement with increased independence and responsibility. Goals, objectives, and expected outcomes are established for each stage and are integrated with goals specific to each client in an individual treatment plan. Staff members function as role models, rational authorities, and guides.

The MTC model retains most of the key components, structure, and processes of the traditional TC but makes three key adaptations for individuals with co-occurring disorders: It is more flexible, less intense, and more personalized. For example, MTC reduces the time spent in each activity, deemphasizes confrontation, emphasizes orientation and instruction, uses fewer sanctions, is more explicit in acknowledging achievements, and accommodates special developmental needs.

When used in prison settings, MTC has included additional programmatic and operational adaptations to address the particular circumstances of offenders with co-occurring disorders. Programmatic alterations have included an emphasis on criminal thinking and behavior that recognizes the interrelationships of substance abuse, mental illness, and criminality, while operational adjustments have included adding security personnel to the treatment team and making other changes to comply with the security requirements of correctional facilities. In other community applications, outpatient substance abuse treatment programs have adopted certain features of the MTC model to improve services for their clients who have co-occurring disorders.
Future Directions for MTC Studies

Replications
(that also address the limitations noted)

✦ Studies of MTC aftercare, including outpatient programs*

✦ Studies to determine the relative contribution of MTC residential and aftercare components

✦ Implementation studies
Conclusion

Findings point to the effectiveness of the Modified TC in Community Corrections as a stand-alone intervention for offenders in Community Corrections with COD, and provide initial evidence for integrated MTC programs in prison and in aftercare for offenders with COD.

This study adds to the research base providing evidence for the effectiveness of the modified TC.
References


Contact information:

Stan Sacks, PhD
Director
Center for the Integration of Research & Practice
National Development & Research Institutes, Inc.
71 W 23rd Street, 8th Floor
New York, NY 10010
tel 212.845.4429  fax 212.845.4650
http://www.ndri.org  stansacks@me.com