Principles of Effective Treatment Within Criminal Justice Settings

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Institute of Behavioral Research

A national research center for evaluating and improving treatment strategies that target reductions in drug abuse, related mental health and social problems, as well as other significant public health risks—especially HIV/AIDS and other infections among at-risk populations.
Record Number of Offenders in US

100,873 in prison across 56 facilities; 16.2% Drug Offense

142,159 under community supervision; 24.5% Drug Offense

Recidivism rate is 26.3% (based on 2009 releases)
Prisoners: 70%  
General Population: 9%
Goal is to change behavior!

What we have tried.....
Just Say “No”
Fear
Shaming
Being Creative

Prison. More fun in the Philippines
Ineffective Approaches

- Boot Camp
- Intensive Supervision
- Generic Case Management
- Lengthy Incarceration

- Shaming
- Harsh Punishment
- Fear-based Prevention
- Fear-based Prevention
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. Use a stronger whip to get the horse moving
   -- make sentences longer
   -- provide more intensive supervision
   -- instill discipline through “boot camps”

2. Change riders
   -- hire a different provider to provide the same failed services
   -- hire outside contractors to provide the same failed services

3. Appoint a committee to study the dead horse
   -- provide additional funding/training to maintain poor services
   -- recommend lowering standards to expand availability

4. Promote the dead horse to a supervisory position

Borrowed from Ed Latessa
It’s time to dismount and try a different horse
What can YOU do that will reduce an individual’s criminal behavior and provide the greatest “return on investment?”
Principle 1: Assess Risk and Need

--prognostic risk of future relapse and crime under “standard supervision”

--criminogenic need for addiction and/or psychiatric services
TCU Drug Screen V

During the last 12 months (before being locked up, if applicable) –

1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?  
   ○  ○

2. Did you try to control or cut down on your drug use but were unable to do it?  
   ○  ○

3. Did you spend a lot of time getting drugs, using them, or recovering from their use?  
   ○  ○

4. Did you have a strong desire or urge to use drugs?  
   ○  ○

5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?  
   ○  ○

6. Did you continue using drugs even when it led to social or interpersonal problems?  
   ○  ○

7. Did you spend less time at work, school, or with friends because of your drug use?  
   ○  ○

8. Did you use drugs that put you or others in physical danger?  
   ○  ○

9. Did you continue using drugs even when it was causing you physical or psychological problems?  
   ○  ○

10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?  
    ○  ○

10b. Did using the same amount of a drug lead to it having less of an effect as it did before?  
    ○  ○

11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?  
    ○  ○

11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?  
    ○  ○
Mild disorder: Score of 2-3 points (presence of 2-3 symptoms)

Moderate disorder: Score of 4-5 points (presence of 4-5 symptoms)

Severe disorder: Score of 6 or more points (presence of 6 or more symptoms)
Consider Assessing Criminal Thinking

**TCU Criminal Thinking Scales (TCU CTS)**

1. **Entitlement** – sense of ownership and privilege, misidentifying wants as needs.
2. **Justification** – justify actions based on external circumstances or actions of others.
3. **Power Orientation** – need for power, control, and retribution.
4. **Cold Heartedness** – callousness and lack of emotional involvement in relationships.
5. **Criminal Rationalization** – negative attitude toward the law and authority figures.
6. **Personal Irresponsibility** – unwillingness to accept ownership for criminal actions.
9. You have paid your dues in life and are justified in taking what you want.

22. You feel you are above the law.

23. It is okay to commit crime in order to pay for the things you need.

24. Society owes you a better life.

32. Your good behavior should allow you to be irresponsible sometimes.

33. It is okay to commit crime in order to live the life you deserve.
Other Considerations

Core Treatment Services

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

Etheridge, Hubbard, Anderson, Craddock, & Flynn, 1997 (PAB)
Principle 2: Focus efforts and resources on high-risk high-need individuals (the ones likely to fail under standard supervision and who have moderate to severe substance use).
Did you know?

Crime rates during periods of narcotic addiction are 7x higher than during periods of non-addiction (Schaffer, Nurco, & Kinlock, 1984).
Problem Severity and Intensive Treatment

% 3-Year Recidivism

No Treatment (n=103)
In-Prison+Aftercare (n=169)

Lower Severity (n=91)
Higher Severity (n=181)

Principle 3: Refer to (or provide) appropriate type and level of services.
Severity of Problem -> Level of Care

- Offender Drug Use?
  - Low Severity
    - Low Intensity (Outpatient)
  - High Severity
    - High Intensity (Residential/Therapeutic Community)
- Longer Term
- Aftercare (or Re-entry) Program
Criminal Sanctions vs. Treatment for Youthful Offenders

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<th>Treatment</th>
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Number of studies=54

Number of studies=175

## Appropriate Types of Services

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<td>Contingency Management</td>
<td>Motivational Interviewing</td>
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<td>Medications</td>
<td>Adaptive Treatment/Supervision</td>
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<td>Drug Courts</td>
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Examples of Contingency Management

- Reduced urine testing for consecutive “clean” UAs
- Modified reporting schedules for attending treatment
- Certificates/plagues for completing services
- Social Reinforcement (e.g., “star chart”) for attending services
Appropriate Levels of Services

Regular Outpatient

Intensive Outpatient

Short-term Inpatient

Long-term Residential

Therapeutic Community

*Any level may include the use of medications
Principle 4: Focus on short term (proximal) rather than long term (distal) goals.
Motivation, Engagement, & Retention
“Black Box” of Treatment

User

Motivate & Commit

Retain & Sustain Efforts

Engage & Begin Changes

Quitter: Drugs & Crime
“Process Model” for Treatment

Simpson, 2002, 2004 (J Substance Abuse Treatment)
Assessment of treatment process is important in understanding "effectiveness"
### CJ-Client Evaluation of Self and Treatment (CEST)

**Treatment Needs/Motivation**
- Problem Recognition
- Desire For Help
- Treatment Readiness
- Treatment Needs Index
- Pressures for Treatment Index

**Psychological Functioning**
- Depression
- Anxiety
- Self Esteem
- Decision Making
- Expectancy

**Treatment Engagement**
- Treatment Participation
- Treatment Satisfaction
- Counselor Rapport
- Peer Support

**Social Functioning**
- Hostility
- Risk Taking
- Social Support
- Social Desirability
TCU ADC (Automated Data Capture) Forms

Client Drug Use and Crime Risk Forms:

**Global Risk Assessment  Adults (TCU A-RSKFORM)**
This form documents age, gender, race/ethnicity, education, employment, family involvement, living arrangements, and a broad checklist of background problems.

**TCU Drug Screen V  (TCU DRUG SCREEN V)**

**Criminal History Risk Assessment  (TCU CRHSFORM)**

**TCU Criminal Thinking Scales (TCU CTSFORM)**
TCU ADC (Automated Data Capture) Forms

Client Background, Family, Health, and Discharge Forms:

**Family and Friends Assessment Adults (TCU A-FMFRFORM)**
Family Relationships, Family Drug Use, Peer Socialization, Peer Criminality

**Physical and Mental Health Status Screen (TCU HLTHFORM)**
Physical Health in the last year; Psychological Stress in the last 30 days

**Mental Trauma and PTSD Screen (TCU TRMAFORM)**

**HIV/Hepatitis Risk Assessment (TCU HVHPFORM)**
Risks associated with sexual behavior and injection drug use as well as health concerns and related attitudes concerning disease risk.

**Discharge Form (TCU Discharge)**
Dates and reasons for leaving treatment.
Assessing Client Needs and Progress During Treatment

Stages of Treatment

Treatment Readiness:
- Needs-Risks
- Severity
- Motivation

Early Engagement:
- Participation
- Therapeutic Relationship

Early Recovery:
- Changes in Thinking
- Acting

Retention & Change

Intake Interview (eg, ASI)
- Motivation (from CEST)
- Psychological (from CEST)
- Social (from CEST)
- Criminal Thinking (CTS)

Short ID & Background Risk Info
- Fam/Friends Networks

Engagement (from CEST)
- Psychological (from CEST)
- Social (from CEST)
- Fam/Friends Networks

Engagement (from CEST)
- Psychological (from CEST)
- Social (from CEST)
- Criminal Thinking (CTS)
## Assessment Schedule (DRR)

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<th>Phase I</th>
<th>Phase II</th>
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Using Client Assessments to Plan and Monitor Treatment (Using CEST Guide)

A guide for using the TCU Client Evaluations of Self and Treatment (CEST) in individual or group counseling settings

D. D. Simpson and N. G. Bartholomew
Texas Institute of Behavioral Research at TCU
(August 2008)

Using CEST Guide

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The TCU treatment process framework is summarized, showing how client assessments and interventions “fit together” in adaptive treatment planning.

Part 1: TCU Client Assessment Scales ................................. 6
TCU assessments – especially the CEST – are described, including how scales are defined, scored, and interpreted.

Part 2: Combining Scores for Program Comparisons ......................... 13
Averages of client scores are discussed as a basis for comparing clients between programs and evaluating changes over time.

Part 3: Assessment Alternatives and Methods .......................... 15
Different instruments and formats for conducting client assessments are reviewed, noting that choices depend on program technology and objectives.

Part 4: Clinical Applications of CEST Scores .......................... 20
Case study examples illustrate how CEST scores can be used for treatment planning and monitoring or as a group counseling activity.

Resources and References ................................................. 37
Handouts and templates for applying client assessments discussed in Part 4 are included, along with a list of publication citations.
Program-Level Functioning

Motivation
- Desire for Help
- Tx Readiness
- Depression
- Anxiety
- Self Esteem
- Dec Making
- Self Efficacy
- Hostility
- Risk Taking
- Tx Satisfaction
- Counselor Rapport
- Tx Participation
- Peer Support
- Social Support
- Entitlement
- Per Irresponsibility
- Power Orientation
- Cold Heartedness
- Crim Rational

Psychological
- Engagement
- Social Functioning

Criminal Thinking
Node-Link Mapping

Can be used in group and individual counseling

Over 50 publications have shown its effectiveness

Information Maps

Free Mapping

Guide Maps

Expert Produced

Structured

Jointly Produced

Spontaneous

Framework provided by Counselor

Structured/Free

Convey Information

Represent & Explore Personal Issues

Represent & Explore Personal Issues

Legend

T = Type

C = Characteristic

Over 50 publications have shown its effectiveness
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.
WORK IT

- What’s the problem?
- Who will be affected by your choice?
- Who can help you with this decision?
- Think about your Options
- Rate your Options
- Knowing what decision to make
- Imagine how you will turn your choice into action
- Time to test the results
StaySafe Sessions

**WORKIT (9 sessions)**

- Choose a problem from People, Places or Things,
- Watch others make a decision around that problem (vicarious learning)
- Proceed through WORKIT steps using active and virtual processing
- Play the Maze game with 7 dichotomous questions designed to reinforce lessons learned
- Complete a brief session evaluation
StaySafe Sessions

Participant Choice (3 sessions)
Designed to reinforce HIV and risk reduction information from the WORKIT sessions and participants can choose among alternate activities

- Watch a video
- Read informational text with a short supporting video
- Play the Maze game with new sets of questions designed to reinforce HIV and prevention lessons
### The Downward Spiral “Game”

#### Downward Spiral Personal Assets Score Card

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#### Financial / Legal

- **JAIL**

#### Opportunity

- Death Card!
- You find yourself in a scary situation after leaving the mall with some guys to smoke pot with. They try to rob you just for that. They beat you up because you don’t have any money.
  - Lose 3 thinking / judgment points
  - Lose 3 physical health points

#### Recovery

- You finally get a date with someone you have been waiting to go out with for a long time. You are happy, but then your date calls to cancel saying they heard from a friend that you use drugs.
  - Lose 5 self-esteem points
  - Lose 5 emotional health points

#### Saying

“A good reputation is more valuable than money.”

Land on a square and draw a card. You might draw one of these!
Longer Manuals (6-10 Sessions)
“TCU Mapping” Interventions for Adaptive Treatment Process

Stages of Treatment

Treatment Readiness:
- Needs-Risks
- Severity
- Motivation

Orientation

Early Engagement
- Participation
- Therapeutic Relationship

Treatment A

Early Recovery
- Changes in
  - Thinking
  - Acting

Treatment B

Retention & Change

Re-Entry

Getting Motivated

Preparing for Change

Reducing Anger

Unlocking Thinking

Better Comm

Building Networks

HIV Risk Reduction

Using Client Assessments

Mapping Care Plans

Mapping Journey

CM/Reward Strategies

Workshop for Women

Workshop for Men

Parenting Skills

Downward Spiral

Mapping ‘12 Steps’

Transition to Re-entry

NREPP
SAMHSA's National Registry of Evidence-based Programs and Practices

“TCU Mapping-Enhanced Counseling”

© 2011
Principle 5:
Healthy Agency = Health Client
Innovation Implementation

**Organizational Infrastructure**
1. Program needs/resources?
2. Structure/functioning?
3. Readiness for changes?

**Services Infrastructure**
1. Treatment process/dynamics?
2. Needs/progress assessments?
3. Therapeutic interventions?

**Stages of Implementation Process**

1. **Training**
   - Relevance
   - Accessible
   - Accredited

2. **Adoption**
   - **A. Decision**
     - Leadership
     - Quality/Utility
     - Adaptability
   - **B. Action**
     - Capacity
     - Satisfaction
     - Resistance

3. **Implementation**
   - Effectiveness
   - Feasibility
   - Sustainability/Cost

**Motivation**
**Resources**
**Staff Attributes**
**Program Climate**
**Costs**

**Organizational Readiness & Functioning**

**Organizational Readiness for Change (ORC)**

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<td>• Offices</td>
<td>&quot;Better organizations&quot;</td>
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<td>• Stress</td>
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<td>• Open to Change</td>
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Simpson, 2002; Lehman et al, 2002; Simpson & Flynn, 2007 (JSAT)

© 2009
Climate: Cohesion of Staff
(Scale scores range = 10-50)

- Ready for Change?
  - Lowest
  - Highest

- 25% Norm
- 75% Norm
- 50% of Programs

45 Programs

NTA ITEP/BTEI Projects (2006-07); Simpson et al., In Prs (JSAT)
Institute of Behavioral Research

A national research center for evaluating and improving treatment strategies that target reductions in drug abuse, related mental health and social problems, as well as other significant public health risks—especially HIV/AIDS and other infections among at-risk populations.
That’s All Folks!