



TEXAS COMMISSION ON ALCOHOL AND DRUG ABUSE
RESEARCH BRIEFS

Substance Abuse Pilot Treatment Program
for Criminal Offenders: Summary Report

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Substance Abuse Pilot Treatment Program for Criminal Offenders

Summary Report

The following report presents the results of a twelve-month follow-up study that evaluated an enhanced substance abuse counseling program for substance-abusing criminal offenders. The results indicate that in-prison counseling combined with post-release counseling significantly reduces recidivism and parole violations among offenders with substance abuse problems: 74 percent of the offenders receiving enhanced in-prison and post-release substance abuse services had no parole violations, no arrests, and no convictions after one year, compared to a 47 percent success rate for offenders receiving no in-prison or post-release substance abuse services. Offenders who received only treatment in prison, but not after release, had a success rate of 52 percent, which is only a marginal improvement over the success rate of offenders who received no treatment at all (47 percent). The pilot project results indicate that the most effective program to reduce recidivism of substance-abusing offenders would provide both in-prison and post-release counseling and treatment.

INTRODUCTION. The Texas Commission on Alcohol and Drug Abuse (TCADA) funded a pilot program to enhance substance abuse counseling services for selected inmates in the Texas Department of Criminal Justice - Institutional Division (TDCJ-ID), and to provide continuity of care and treatment for these inmates when released to the supervision of the Texas Department of Criminal Justice - Pardons and Paroles Division (TDCJ-PPD).

The pilot project included the following components: (1) Inmates participated in an intensive, 30-day counseling program called Recovery Dynamics prior to their release from prison. Inmates selected for Recovery Dynamics had volunteered for and completed other

phases of the Institutional Division's Three-Phase Substance Abuse Treatment Program; (2) TDCJ-ID staff completed a continuity of care form detailing the inmate's substance abuse history, diagnosis, and treatment needs for inmates completing Recovery Dynamics. This form was forwarded to the TDCJ-PPD substance abuse program coordinator and subsequently provided to the appropriate substance abuse caseload officer upon the inmate's release; (3) Offenders who had participated in Recovery Dynamics, once released, were placed on substance abuse caseloads. Substance abuse caseload officers in the Harris and Bexar County pilot sites referred these offenders to facilities funded by TCADA to provide post-release treatment.

TDCJ-PPD developed a research design to evaluate the project and TCADA provided funding, through an Interagency Cooperation Contract, for data collection for the evaluation. This report details the research design for the evaluation, describes the samples developed, and summarizes outcomes for the offenders who have been out of prison for twelve months.

PROGRAM DESCRIPTION. Prior to participation in Recovery Dynamics, inmates received services through the Institutional Division's Three-Phase Substance Abuse Treatment Program. This program consists of alcohol and drug education groups, Alcoholics Anonymous meetings, therapeutic group counseling, special group counseling oriented to DWI offenders, individual counseling, and pre-release orientation. Phase I incorporates 8 weeks of treatment (approximately 2 hours per week), Phase II incorporates 12 weeks of treatment (approximately 6 hours per week), and Phase III is implemented until release from TDCJ (hours vary).

For the pilot project, inmates received enhanced treatment through Recovery Dynamics, which is a comprehensive instructional method designed to foster a solid foundation of positive group dynamics coupled with a structure for individual recovery. It introduces the Twelve Steps of Alcoholics Anonymous to inmates who have a history of substance abuse, and organizes it into three major goals: (1) identify the problem, (2) define the solution, and (3) achieve a chemical-free lifestyle. The program is four weeks in duration with three hours of classroom sessions per day. Daily sessions include a lecture, a guided group discussion, smaller group discussions, and les-

sons/homework to be completed for the following day.

After release from prison, inmates received services from facilities under special contract with TCADA. This pre-arranged coordination between TDCJ, TCADA, and the facilities themselves allowed for rapid placement of parolees. Services provided in these post-release programs included supportive outpatient treatment, intensive outpatient treatment, residential treatment, and medical detoxification.

RESEARCH DESIGN. The quasi-experimental research design utilized an experimental group (offenders completing Recovery Dynamics) and a comparison group (cases not participating in or completing Recovery Dynamics) to examine the impact of participation in the pilot project on substance abuse and criminal recidivism twelve months after release from prison.

After release, both experimental and comparison groups were divided into two sub-groups, each based on participation or non-participation in post-release counseling services. Post-release counseling or treatment services included outpatient or inpatient counseling or participation in support groups like Alcoholics/Narcotics Anonymous. Thus, a total of four samples were examined:

- (1) In-prison treatment, post-release treatment: Inmates who completed Recovery Dynamics in prison and received counseling or treatment services under TDCJ-PPD supervision after release from prison (153 offenders).
- (2) In-prison treatment, no post-release treatment: Inmates who completed Recovery

Dynamics in prison but did not receive counseling or treatment after release from prison (182 offenders).

(3) No in-prison treatment, post-release treatment: Inmates who enrolled in Recovery Dynamics but were paroled prior to program completion and inmates that had substance abuse problems but did not receive any in-prison treatment. After release, these offenders received counseling or treatment services while under the supervision of TDCJ-PPD (183 offenders).

(4) No in-prison treatment, no post-release treatment: Inmates who enrolled in Recovery Dynamics but were paroled prior to program completion and inmates that had substance abuse problems but did not receive any in-prison treatment at all. After release, these offenders did not receive any counseling or treatment (251 offenders).

A data collection instrument was designed to collect the following information: (1) substance abuse counseling received in prison, (2) substance abuse history, (3) socio-demographic data, (4) criminal history data, (5) offense data, (6) release/supervision data, (7) substance abuse counseling services received after release from prison while under TDCJ-PPD supervision, (8) post-release substance abuse, and (9) post-release criminal behavior. TDCJ-ID staff collected data for items (1) and (2), then forwarded the data collection instrument to TDCJ-PPD staff for completing items (3) through (9). Data were collected primarily from case file information.

When an offender had been out of prison for twelve months, a follow-up letter was sent to the supervising parole officer who reported on

substance abuse services received since release from prison. At the same time, a request was submitted to the Department of Public Safety for a Computerized Criminal History (CCH) printout to determine criminal activity during the twelve months since release.

MODIFICATION OF RESEARCH DESIGN. All of the inmates who completed Recovery Dynamics between August 1989 to August 1990 and released during that period were included in the sample and tracked for 12 months. The original evaluation plan was to examine an experimental sample completing both in-prison and post-release treatment, and contrast outcomes with offenders receiving neither in-prison nor post-release treatment. Because of various program implementation and operational problems at TDCJ-ID and TDCJ-PPD, an insufficient sample of offenders completing both in-prison and post-release treatment was available. Consequently, the original design was modified to the samples described above, yielding a more general examination of the differences in outcomes for those receiving treatment in prison and/or treatment after release versus those not receiving treatment in prison and/or after release.

Some additional modifications were made to the original design. The “no in-prison treatment” sample was initially to be comprised of offenders who were selected for Recovery Dynamics but unable to attend or complete treatment, in order to control for factors like motivation or self-selection (since these offenders would have had equal motivation to seek help to the experimental sample). But because this comparison group was too small, an additional sample of offenders who had

Table 1 Comparison of Offenders Completing In-Prison Treatment and Offenders Not Completing In-Prison Treatment

	In-Prison Treatment	No In-Prison Treatment
Age		
17 - 21	8%	9%
22 - 25	20%	22%
26 - 30	35%	33%
31 - 40	29%	28%
41 - 50	6%	5%
50+	2%	3%
Gender		
Male	59%	63%
Female	41%	37%
Offense		
Assault	6%	6%
Burglary	14%	17%
Drug*	39%	36%
Forgery	8%	7%
Homicide	3%	4%
Sex Offense	6%	2%
Robbery	14%	11%
Theft	10%	14%
Other	2%	3%
* Possession, Trafficking, and/or Manufacturing		
Salient Factor Score		
High risk	23%	24%
Fair risk	56%	55%
Low risk	20%	20%
"Hard" Drug Usage		
None	22%	29%
One	38%	37%
Two or more	40%	34%

substance abuse problems but did not receive any substance abuse services in prison were added to the “no in-prison treatment” sample.

C OMPARISON OF SAMPLES. In a quasi-experimental design it is important to assure comparability of samples so that differences in outcome can be attributed to program effects and not sample differences. Table 1 compares the two initial groups of offenders, those completing in-prison treatment and those not completing/not attending in-prison treatment. The samples are very simi-

lar on age, gender, offense, risk of recidivism, and drug history distributions. Risk of recidivism is determined using the Salient Factor Score, a risk predictor based primarily on criminal history factors that groups offenders into risk-of-recidivism categories. This predictor helps in comparing offenders with extensive criminal histories to similar offenders, thus insuring that the differences in outcomes of samples are not due to indiscriminate comparisons between low-risk offenders and high-risk offenders. As Table 1 illustrates, the two samples are almost identical in the distribution of Sa-

Table 2 Distribution of Sub-Samples

	Percent of Total Sample
In-prison treatment	47%
Post-release treatment	22%
No post-release treatment	25%
No in-prison treatment	53%
Post-release treatment	22%
No post-release treatment	31%

lient Factor Scores. Similarly, the “hard” drug usage variable indicates a fairly similar distribution of drug history patterns for the two samples. “Hard” drug usage is defined as a history of dependence or regular use of cocaine, opiates, PCP, and/or amphetamines as determined from file information.

DISTRIBUTION OF SAMPLES. Based on twelve month follow-up data, the original two groups of offenders were then divided into two additional groups based on services received under TDCJ-PPD supervision. The sample distribution is shown in Table 2.

TWELVE MONTH OUTCOME ANALYSIS. The main objective of the substance abuse treatment program pilot project was to reduce recidivism. The primary outcome measure used in this report is the percent of offenders with no parole violations,

arrests, convictions, or reincarceration in the twelve month follow-up period. While this measure of recidivism may be viewed as too broad, it is an effort to compensate for a relatively short follow-up period.

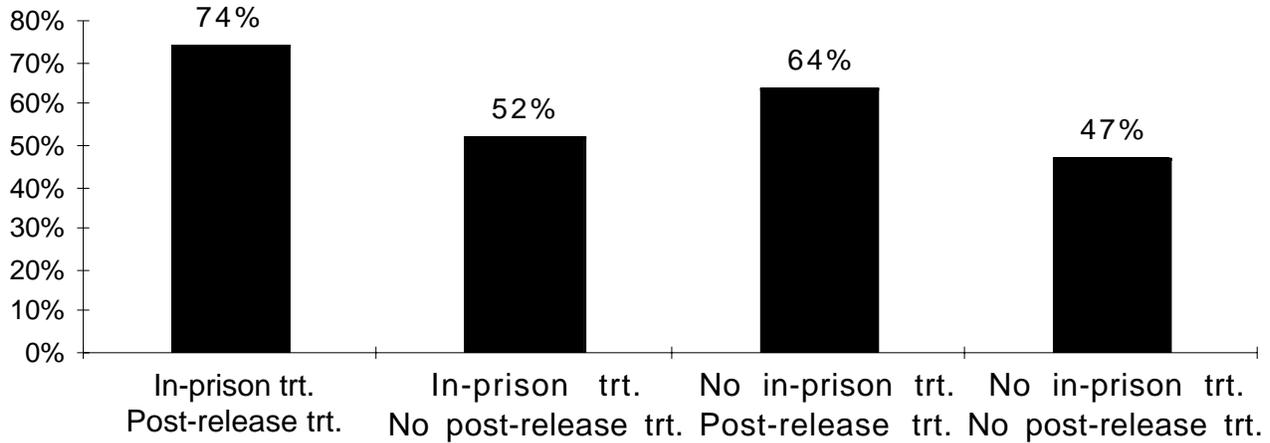
Table 3 and Figure 1 compare the percent successful for each of the four groups twelve months after release. The most successful offenders were those that completed Recovery Dynamics in prison and received counseling or treatment services after release while under the supervision of TDCJ-PPD. Conversely, the least successful group was the sample receiving no substance abuse services in prison or after release.

Establishing causality is problematic when utilizing a quasi-experimental design. For example, the problem of self-selection confounds the interpretation of outcomes. Samples may be skewed by releases who may have suc-

Table 3 Percent Successful by Sample

	Percent Successful
In-prison treatment, Post-release treatment	74%
In-prison treatment, No post-release treatment	52%
No in-prison treatment, Post-release treatment	64%
No in-prison treatment, No post-release treatment	47%
TOTAL	58%

*Fig 1 Substance Abuse Pilot Project:
Percent Successful* at 12-Month Follow-Up by Treatment Received*



*No parole violations, arrests, convictions, or reincarceration.

ceeded without program participation and whose participation in these programs is incidental to their success. While the comparability of the samples has previously been documented, only an experimental design can remove factors like self-selection and motivation from confounding outcome analysis.

However, the success rates indicate that differences in outcome are most likely associated with differences in program participation rather than sample differences. Results fall into three groups by program participation: offenders receiving both in-prison and post-release treatment are associated with the highest success rates, offenders receiving no treatment are associated with the lowest success rates, and offenders receiving treatment only in prison or only after release are associated with mid-level success rates. If self-selection or motivation were the primary factors associated with success, one would expect only two groups of outcomes.

The offenders that received treatment only after release had better outcomes than those who received treatment only in prison. A number of reasons could be associated with this finding. For instance, in-prison program participants may not retain or apply the skills gained unless reinforced after release. Similarly, the benefits of counseling after prison release, in the environment where substance abuse problems were initially experienced by offenders, may be more effective than in-prison treatment. Available data offer little opportunity to explore these differences but does support prioritization of treatment resources. The data from the pilot program support a program that emphasizes in-prison counseling combined with post-release treatment. Failure to provide post-release access to services delivered in the community will result in only minimal improvements in reducing recidivism.