Evidence-Based Treatment Demonstrates Improved Recidivism Rates

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Published: 04/13/2009

A significant challenge for states across the nation is the growing number of prisoners with drug and alcohol-related problems. More than 80% of state prisoners report lifetime drug use (BJS, 2006) and one-third admit to being under the influence of drugs when their offense was committed (Mumola & Karberg, 2007).

Unfortunately, the number of inmates receiving substance abuse treatment is far less. According to the National Institute on Drug Abuse, less than 20 percent of drug involved inmates receive formal treatment during their incarceration (Chandler et al., 2009). Without treatment, inmates return to their former lives with a high probability of re-offending and continued drug use. In fact, nearly 70% of drug abusing offenders return to prison within three years of their release (Langan & Levin, 2002).

Across the country, the cost of incarceration averages $28,000 per inmate per year, with some states reporting annual costs as high as $47,598 (Pew Charitable Trusts, 2009). One study suggests that every dollar spent on treatment saves taxpayers seven dollars in costs associated with re-incarceration. Savings are primarily attributed to reduced crime and increased employment earnings (Ettner et al., 2006).

During tough economic times, the argument for funding effective substance abuse treatment programs is compelling. Research has shown that in-prison treatment, particularly programs based on the therapeutic community model, has a positive effect on reducing recidivism or drug abuse (Inciardi et al, 1997; Knight et al., 1999; Lipton, 1995; NIJ, 1995, Prendergast et al., 2002).

Grounded in principles of effective correctional intervention articulated by Paul Gendreau, Ph.D., Spectrum Health Systems, Inc. has a long and successful history in the facilitation and design of treatment programs for drug involved offenders (Gendreau, 1996). Based on leading research, Spectrum's program design combines the best elements of a therapeutic community's social learning approach with an advanced cognitive-behavioral curriculum. Outcomes of these programs demonstrate the benefit of providing treatment to offenders during their incarceration.

For nearly fifteen years, Spectrum has provided residential substance abuse treatment (RSAT) to inmates throughout the State of Georgia in partnership with the Department of Corrections and the Georgia State Board of Pardons and Paroles. Spectrum currently serves nearly 1,600 inmates in seven prisons across the state on a daily basis.

According to a recent study conducted by the Governor's Office of Planning and Budget, Spectrum's RSAT programs have demonstrated positive results in lowering the recidivism rate of participants. In FY 2005, 19% of RSAT participants returned to prison within three years of release compared to 28% for non-participants (OPB, 2008). In other words, Spectrum's RSAT programming reduces three-year recidivism rates by 9 percent.

These results are due in large measure to the long-standing, collaborative partnership established between Spectrum Health Systems and the Georgia Department of Corrections, from the commissioner and administrative staff, wardens and correctional officers. All are equally committed to reducing substance abuse and offender recidivism among prison inmates

through evidence-based programming. The Department audits Spectrum's treatment programs each year to ensure the highest level of performance and program fidelity.

Spectrum's intensive residential program targets high risk, high need substance abusing offenders with behavior patterns involving positive drug tests while under correctional supervision, prior parole/probation failure associated with substance abuse, crimes consistent with addiction (e.g., DUI, Habitual Violator, disorderly conduct), and crimes committed under the influence of alcohol or other drugs.

Programming is designed to address criminogenic risk factors common among inmates which are known contributors to relapse and recidivism. Substance abusing offenders frequently exhibit limited informal support systems, fractured family relationships, intermittent or limited work experience, low levels of education and/or illiteracy, health difficulties and significant behavioral challenges. Most are socially and economically impoverished, with a record of failure in educational, vocational and social areas of functioning. The majority lack competency in general life skills and exhibit poorly developed social skills, criminal thinking errors and flawed decision making skills.

Spectrum focuses on recovery of the whole person, including his/her physical, emotional, mental, and spiritual domains. The primary goal is for program participants to learn real-life ways to achieve a productive life, free of drugs and crime to acquire the knowledge, skills, and attitudes necessary to successfully integrate back into the mainstream of society. Individualized continuing care plans help offenders make permanent lifestyle changes, including participation in recovery support programs, employment and pro-social activities.

Initially, Spectrum's clinicians perform a comprehensive substance abuse assessment for each offender using research validated and reliable assessment instruments. The results of these assessments provide important information about the offender's readiness to change problematic behaviors and the severity of his/her addiction. Additionally, the offender's correctional record is reviewed for additional and corroborating information.

Using the assessment results, the clinician meets with the offender to develop an Individual Treatment Plan (ITP) incorporating input from the interdisciplinary team. The Individual Treatment Plan contains detailed goals and objectives that address the specific challenges, problems, strengths, and abilities of the offender.

Daily program activities are highly structured and tightly scheduled to instill order and predictability in the milieu. Each offender is accountable to him/herself and the "community" for performing program work requirements, maintaining the program unit and participating in required treatment. Conforming to highly structured routines counters negative thinking and behavior patterns and teaches planning, time management and goal setting, all critical skills for conforming to mainstream society.

Spectrum recognizes that rehabilitation unfolds as a developmental process made up of incremental stages of learning. Accordingly, Spectrum delivers treatment in four sequential phases: (1) Assessment and Orientation; (2) Active Treatment; (3) Re-Entry / Pre-Exit Planning; and (4) Relapse Prevention / Exit Planning.

Each phase has clear, specific, and measurable expectations which the offender must complete in order to progress to the next stage of recovery. Although specific time periods are expected for each phase, the timeframe for phase advancement is individually determined based on participant progress. Phase completion denotes increasing levels of treatment success and progress.

While motivating offenders mandated to the program is not an easy process, Spectrum believes it is a realistic and attainable goal. Based on a client-centered, strengths-based approach, motivational strategies are utilized throughout Phase 1 and during individual counseling sessions. Strategies include:

- Emphasize the inmate's free choice, responsibility and self-efficacy for change.
- Raise doubts or concerns about past behaviors.
- Explore the pros and cons of change.
- Examine personal values and beliefs regarding illegal and/or anti-social behavior.
- Offer factual information regarding the effects and risks of substance abuse.

Throughout treatment, offenders attend a variety of psycho-educational groups designed to teach essential cognitive and psycho-social skills. Because many of the important things people do (e.g., parenting) are not formally "taught", we learn by repeating what we see in our family of origin, or by trial and error. Most offenders have experienced poor role modeling in their families of origin, and have learned negative behaviors through their association with criminal peers, often from an early age. Spectrum's psycho-educational groups provide offenders with concrete information, specific behavioral and

problem-solving skills, and the opportunity to practice newly learned skills within a safe and structured group setting. Each session follows a research-validated, cognitive-behavioral format. Evidence-based curricula is used to address topic-specific areas, including substance abuse, criminal thinking, life skills, anger management, parenting and family relationships, relapse prevention and continuing care planning.

Individual counseling sessions are used to personalize treatment and provide an opportunity for the counselor to:

- gather additional information pertinent to the offender's process of change;
- address issues related to treatment readiness, engagement and retention;
- review individual treatment plan objectives;
- assess individual progress;
- coach the offender in specific deficit areas;
- recognize accomplishments and the underlying strengths of the offender; and
- serve as an authority/helping figure on a more personal, pro-social, non-manipulative and mutually rewarding level.

Spectrum's final phase provides numerous opportunities for offenders to integrate and demonstrate all that they have learned, practiced, refined, and honed in the previous phases. The primary objective of this phase is for each offender to develop a detailed and individualized "recovery roadmap" that will guide all activities in the first few days, weeks, and months after his/her release.

In applying the information and principles of recovery acquired in the earlier phases of the program, each offender is responsible for completing Spectrum's Re-Entry Preparation and Continuing Care (RePACC) checklist. This systematic tool requires the offender to demonstrate skills in communication, information gathering, consequential thinking and planning. The purpose of the RePACC is to ensure each offender's preparation for successful reintegration by addressing various domains considered critical to continued recovery: living arrangements, employment, education, recovery services and support, recreation and leisure time, crisis management, financial planning, and medical issues. All participants also meet with their counselor to identify necessary support services, make appointments and establish linkages to appropriate community-based providers.

By helping inmates prepare for release, Spectrum increases their chances of leading productive and drug-free lives in the community while reducing the probability of future re-incarceration. With 9% fewer program graduates returning to prison, the state's investment in Spectrum's treatment programs provides taxpayers more than $2 million in net savings each year, not to mention the indescribable benefits to countless lives and society as a whole.

Spectrum Health Systems, Inc. Founded in 1969, Spectrum Health Systems, Inc. is a not-for-profit substance abuse and mental health treatment organization, serving nearly 18,000 individuals each year, through more than 90 institutional and community-based programs located in seven states.

About the Authors:

Peter Paolantonio, MSW, LMHC, LADC, CADAC II, serves as the vice president for clinical services, providing executive leadership to all of Spectrum's clinical services. For 30 years, Mr. Paolantonio has developed, implemented and managed a variety of programs across Spectrum's multi-modality service continuum. In consultation with leading researchers, he established Spectrum's cognitive behavioral treatment approach for offender addicts, which includes specialized programming for minorities, pregnant women and dually diagnosed individuals. Mr. Paolantonio is a nationally recognized lecturer and consultant, and has provided expert testimony for both state and federal judicial entities.

Dawn Collinge, MS, LPC, NCC, MAC, is Spectrum's state director in Georgia. Ms. Collinge is responsible for the development, implementation and supervision of Spectrum's correctional treatment programs to ensure compliance with best practices and approved clinical design. She is President of the Licensed Professional Counselors Association of Georgia and a member of the Georgia Council on Substance Abuse. Ms. Collinge was awarded Mental Health Counselor of the Year in 2005 by the American Mental Health Counselors Association. She also serves as Adjunct Professor for Mercer University in the School of Continuing and Professional Studies.

Cindy Buraczynski, MS, serves as Spectrum's director of planning. Ms. Buraczynski has fifteen years of experience in business development, marketing and communications in the behavioral health field. Since Ms. Buraczynski joined the organization in 2002, Spectrum Health Systems has opened programs in five new states. Her educational background includes a Master of Science degree in health services administration and a Bachelor degree in rehabilitation services.

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