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A Proposal for Considering Intoxication at Sentencing Hearings: Part I *Charles J. Felker*

Alcohol and Crime on the Reservation: A 10-Year Perspective *Darrell K. Mills*

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Is It Time to Review the *N.E. Schafer*

Cost of Balance *Thomas W. White*

1990's: A Federal Perspective *Magnus J. Seng
Thomas M. Frost*

Case Studies: Four Case Histories *Faith H. Leibman*

Guidelines: Six Years Later *David B. Griswold*

Intensive Treatment on Reducing Recidivism of Addicted Offenders *Gary Field*

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This Issue in Brief

A Proposal for Considering Intoxication at Sentencing Hearings: Part I.—What sentence should a judge impose on a convicted offender who was intoxicated at the time he committed the crime? The U.S. Sentencing Commission decided that an offender's intoxication is "not ordinarily relevant" to his sentence. Author Charles Felker proposes, instead, that intoxication is a relevant and important factor in determining an appropriate sentence. In Part I of this article, the author surveys current theories about the connection between alcohol and crime, the responsibility of alcohol abusers for their acts, and the way offender intoxication affects the purposes of sentencing. In Part II, the author will develop a specific proposal based on a survey of state laws and cases.

Alcohol and Crime on the Reservation: A 10-Year Perspective.— Author Darrell K. Mills examines the relationship between alcohol abuse and crime on the part of Indian felony defendants in the Federal District Court in Wyoming from 1978-88. The author characterizes the types of crime and typical defendant from the reservation and focuses on the history of alcoholism, treatment, and prior arrest of these defendants. The article also discusses the issue of alcoholic denial.

Practitioners' Views on AIDS in Probation and Detention.—The question of how to provide humane and effective supervision for HIV-positive offenders or offenders with AIDS is an important issue facing policy-makers in corrections. Author Arthur J. Lurigio reports on a survey of probation and detention personnel in Illinois conducted to examine views regarding AIDS and its impact on policies, procedures, and work behavior. Comparisons were made between probation and detention personnel. Survey results indicated that probation and detention respondents anticipate that the AIDS

health crisis invariably will affect their management of cases. Detention participants were more concerned about occupational risk and precautionary measures. Both groups recommended policy and procedural guidelines governing legal liability, confidentiality, mandatory testing, case contacts, and the education of offenders and staff.

CONTENTS

[A Proposal for Considering Intoxication at Sentencing Hearings: Part I	Charles J. Felker	3
[Alcohol and Crime on the Reservation: A 10-Year Perspective	Darrell K. Mills	12
[Practitioners' Views on AIDS in Probation and Detention	Arthur J. Lurigio	16
[Prison Visiting: Is It Time to Review the Rules?	N.E. Schafer	25
[Corrections: Out of Balance	Thomas W. White	31
[Crime in the 1990's: A Federal Perspective	Magnus J. Seng Thomas M. Frost	36
[Serial Murderers: Four Case Histories	Faith H. Leibman	41
[Florida's Sentencing Guidelines: Six Years Later	David B. Griswold	46
[The Effects of Intensive Treatment on Reducing the Criminal Recidivism of Addicted Offenders	Gary Field	51
Departments		
News of the Future		57
Looking at the Law		63
Reviews of Professional Periodicals		67
Your Bookshelf on Review		73
Letter to the Editor		82
It Has Come to Our Attention		83
Indexes of Articles and Book Reviews		85

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The Effects of Intensive Treatment on Reducing the Criminal Recidivism of Addicted Offenders

BY GARY FIELD, PH.D.

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THE IMPACT of substance abuse on crime is profound. A 1974 Census Bureau study of 10,400 state prison inmates found that 39 percent of robberies, 47 percent of burglaries, 53 percent of homicides, and 61 percent of assaults were reported to be committed under the influence of alcohol (Roizen and Schneberk, 1977). A survey of 13,700 state prison inmates in 1986 found that 35 percent of inmates admitted using drugs at the time of their crime and that 43 percent reported using drugs on a daily or nearly daily basis within the month prior to committing the crime that led to their incarceration (Innes, 1988). According to a recent National Institute of Justice report on its Drug Use Forecasting System, 73 percent of male arrestees in 11 U.S. cities who voluntarily submitted urine samples tested positive for drugs (Wish, 1988). Individuals with established patterns of both drug abuse and criminality have been shown in studies in Baltimore and Los Angeles to have increases or reductions in criminality with corresponding increases or reductions in drug abuse (Gropper, 1984).

Effective treatment for addicted offenders can be part of the solution to the problems of reducing crime and turning offenders into productive citizens. The most effective treatment programs reported to date with addicted offenders have been intensive treatment programs of considerable duration that are designed as modified therapeutic communities. The Stay N' Out program in New York (Wexler, Falkin, and Lipton, 1988) and the Cornerstone program in Oregon (Field, 1985) have both reported substantial reductions in criminality by successfully treated inmates.

This article presents a followup study on reduction of criminal recidivism by inmates treated in the Cornerstone Program. It also presents methods for measuring changes in criminal activity over time that may be helpful to other researchers.

Program Description

The Cornerstone Program has been described extensively elsewhere (Field, 1985). The program

is a 32-bed modified therapeutic community located on the grounds of Oregon State Hospital in Salem. Successful residents typically spend the last 10 to 12 months of their sentence in the program, are paroled directly from the program, and are provided with 6 months of aftercare/transitional services while they are on parole. Cornerstone is coeducational, but most of the program participants (95 percent) are male. The following treatment principles summarize the program's characteristics and style:

1. *Separating inmates from the general population.* State prison inmate cultures are antithetical to the environment that is needed for successful treatment. Inmate cultures value lying to authority, glamorizing drugs and crime, and an atmosphere of negativeness and nihilism. Hope for personal change has a difficult time surviving in this kind of context. The cultures of successful treatment programs center around peer support and pressure for personal change, rather than around an obsession with "fighting the system." The social environment of treatment is as important as the information presented.

2. *Clearly understood rules and consequences.* Inmates need to clearly understand what is not acceptable and what the consequences are for breaking rules. Inmates do better at managing themselves and learning new information or behaviors when clear limits are established and held to.

3. *A clear system for earning freedom a little at a time.* It is important for addicted inmates to earn privileges for behavior that supports their recovery and to lose privileges when they begin to relapse into criminal thinking or the early stages of addictive behavior. By this process, systematically managed, the inmates can best learn that they have control over their own lives.

4. *Formal participation by inmates in running the program.* Inmates need to feel "ownership" in the program to fully invest themselves in it. Responsibility for self is a key treatment goal, and inmates need to be given as much responsibility as they can manage.

5. *Intensive treatment.* Addicted inmates need a wide variety of treatment interventions as well as a full weekly schedule. Aside from these people needing habilitation or rehabilitation to a number of life skills, they do best when their days are fully structured and the demand level of what is expected of them is kept high.

6. *Treating addiction and criminality.* Both of these problems exist in the drug dependent inmate. If both are not simultaneously addressed, the untreated one will consistently undermine the other. That is, a criminal lifestyle tends to yield alcohol/drug abuse, and alcohol/drug abuse tends to yield a resurgence of criminal activity.

7. *Transition and aftercare.* Successful treatment needs to focus on helping the inmate prepare to return to the community. Community involvement should continuously expand during the course of treatment. Once paroled and released from residential treatment, parolees need continuing interventions to assure they are following their recovery plan.

Program Population

Table 1 below lists some of the critical demographic characteristics of the Cornerstone population during this study. The data in table 1 are taken from the January 1984 population and are typical. The average number of adult felony convictions, average total time incarcerated as an adult, and the average age of first substance abuse document the extreme chronicity of criminality and substance abuse on this group.

TABLE 1. CHARACTERISTICS OF THE CORNERSTONE TREATMENT POPULATION GIVEN IN GROUP MEANS

Age	31.0
Age first arrest	13.6
No. of adult arrests	13.7
No. of adult felony convictions	6.9
Total time incarcerated as an adult	7 yrs., 7 mo.
Age of first substance abuse	12.5

Evaluation Design and Method

This is a criminal recidivism study done retrospectively using the Law Enforcement Data System (LEDS), a computerized telecommunications and information system for Oregon law enforcement agencies that lists criminal activity for Oregon and accesses the Federal criminal justice data system.

The 220 unduplicated program discharges from January 1, 1983, through December 31, 1985, were sorted into four experimental groups: Program graduates (Grads) (N=43); non-graduates who spent more than 6 months in the program (NG>6 mo.) (N=43); non-graduates who spent more than 2, but less than 6 months in the program (NG 2-6 mo.) (N=58); and non-graduates who spent between 1 day and 2 months in the program (NG 0-2 mo.) (N=65). Six of the potential NG 2-6 mo. group had to be eliminated from the study because four were deceased and two had failed to be released from prison since leaving the program. Five potential NG 0-2 mo. group members had to be eliminated because they were in the program so short a time (less than 1 day) that adequate identifying information had not been collected by program staff. The remaining 209 subjects were distributed

throughout the four experimental groups as noted above.

The dependent variables in this study were arrests, convictions, and prison incarcerations. Arrests were tabulated as "arrest events" as reported in LEDS. These "arrest events" may have included multiple arrest "counts" at the time of arrest. Similarly, convictions were tabulated on the basis of each "arrest event" and did not consider convictions on multiple "counts." Therefore, only one tabulated conviction was possible for each "arrest event." Arrests and convictions included all recorded arrests and convictions: misdemeanors as well as felonies. County jail time actually spent (as opposed to suspended sentences) exceeding 6 months (more than 179 days) on a conviction was counted as equivalent to a state prison incarceration. County jail time of less than 6 months actual duration, along with fines and probation, were considered as convictions without prison incarceration.

In the first part of the study, absence of any arrests, convictions, and prison time for 3 years after the beginning of parole was compared across all four experimental groups.

In the second part of the study, rates of arrest, conviction, and prison incarceration were compared across the groups for a "3-year" interval after parole and for two "3-year" intervals before incarceration for the offense that led them to the Cornerstone Program. The "3-year" intervals are actually "36-month at-risk intervals," because each of these time periods included a complete 36 months without incarceration time. So if, for example, after 12 months into an interval an individual was incarcerated for 4 months, the actual interval would be extended for 4 months (from 36 to 40). This method creates a full 36-month "at-risk" time interval of study and is a more accurate measure of frequency of criminal activity.

Two problems were encountered with the rate study. Some subjects had not spent sufficient time out of prison since entering treatment (at least 1 year) to have achieved measurable rates of arrest, conviction, and incarceration and had to be dropped from the second part of the study. Other subjects were too young to have had at least three complete years of non-incarcerated time since their 18th birthday. These people were also dropped from the second part of the study. Final numbers for the second part of the study were as follows:

Grads:	43 of 43 - 100 percent
NG>6 mo:	37 of 43 - 86 percent (1 subject too young, 5 had not been out of prison one full year post treatment)
NG 2-6 mo.	41 of 58 - 71 percent (5 too young, 12 not out of prison one full year post treatment)
NG 0-2 mo:	37 of 65 - 57 percent (9 too young, 16 not out of prison one full year post treatment, 3 still on escape status)

In each of the experimental groups, about 75 percent of the subjects were old enough to have at least 6 years of "at risk" community time. These are the subjects that were used to gather the data for the 3- to 6-year pre-treatment interval.

Results and Discussion

Table 2 presents absence of arrests, convictions, and prison incarcerations for 3 years after parole for Cornerstone graduates (average stay of 11 months), non-graduates who stayed in the program for more than 6 months (180 days), non-graduates who stayed 2-6 months (60 - 179 days), and non-graduates who stayed less than 60 days.

TABLE 2. RATES OF AVOIDING ANY ARREST, CONVICTION, OR PRISON TIME FOR 3 YEARS AFTER PAROLE FOR CORNERSTONE PARTICIPANTS FROM 1983 THROUGH 1985

	No Arrests	No Convictions	No Prison Time
Program Graduates (Grads) (N=43)	37%	51%	74%
Non-Grads who completed at least 6 months (NG>6 mo.) (N=43)	21%	28%	37%
Non-Grads who completed 2 through 5 months (NG 2-6 mo.) (N=58)	12%	24%	33%
Non-Grads who left before 60 days (NG 0-2 mo.) (N=65)	8%	11%	15%

The order of success as measured by no arrests, convictions, or prison incarcerations in table 2 consistently favors time in treatment. Program graduates consistently do much better than the non-graduate groups, even though many graduates continue to have some contact with the criminal justice system. The two "partial treatment" groups (2 to 6 months and more than 6 months groups) show results that are similar to one another, but again consistently favor time in treatment. The less than 60 day group comes close to being a no-treatment comparison group. The poor

results shown by this group without significant treatment are noteworthy.

The consistent ordering of success rates and the constancy of relative success between the groups across arrest, conviction, and prison incarceration data suggest that any of these three dependent variables are an equally usable outcome measure.

Because simple presence or absence of arrests, convictions, or prison incarceration over a lengthy time period hides much of the criminal activity that is occurring, it was decided to measure rates of each of these outcome variables. By comparing post treatment rates with pre-treatment rates, it was hoped that a clearer picture of the effects of intensive treatment would be gained.

Figure 1 presents arrest rates for the four experimental groups over pre and post treatment 3-year at risk intervals. Figures 2 and 3 present the same data for convictions and prison incarcerations.

The data presented in all three figures are remarkably similar. In each case the four experimental groups are virtually identical at the pre-treatment intervals. In each case all four groups show accelerating criminal activity across the pre-treatment intervals. In each case the relatively untreated (NG 0-2 mo.) show a continuation of accelerating criminal activity following their brief exposure to intensive treatment. Finally, in each case the treated groups show a decrease in criminal activity that correlates positively with time in treatment. As in the first part of the study, program graduates do significantly better than non-graduates.

These results present a more thorough and graphic display of the effects of intensive treatment on reducing criminal recidivism among addicted offenders than was possible from the data in table 2.

This study has two obvious limitations. First, subject motivation for change is not controlled for across the experimental groups. Some of the positive effects may have occurred because those inmates who stayed in treatment were simply more motivated, rather than the results being due to specific treatment effects. There are two counterbalances to this study limitation. First, subject motivation at some point is always a part of successful treatment, and second, no motivational differences between the groups are apparent in the pre-treatment data in figures 1, 2, or 3.

The second limitation in this study occurred because the complexity and requirements of mea-

FIGURE 1. GROUP MEAN ARREST RATES OVER PRE AND POST TREATMENT 3-YEAR "AT RISK" INTERVALS

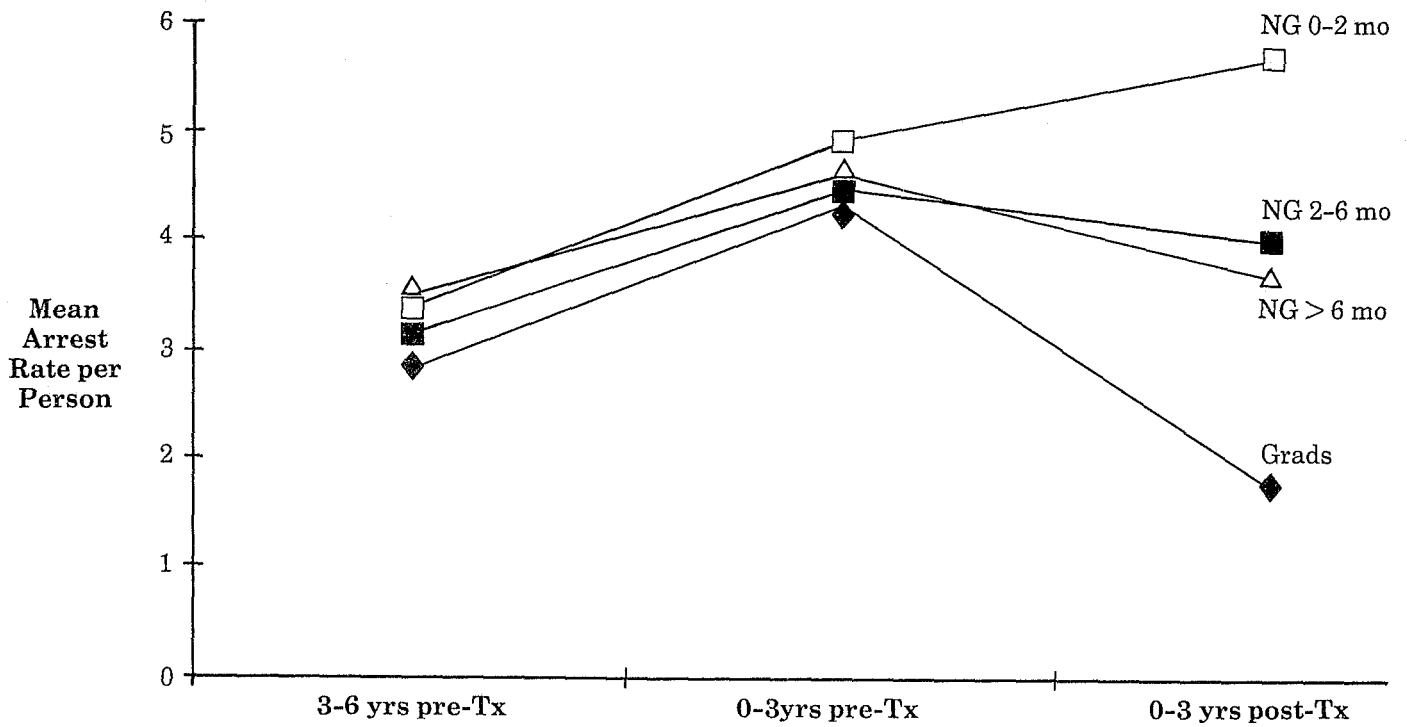


FIGURE 2. GROUP MEAN CONVICTION RATES OVER PRE AND POST TREATMENT 3-YEAR "AT RISK" INTERVALS

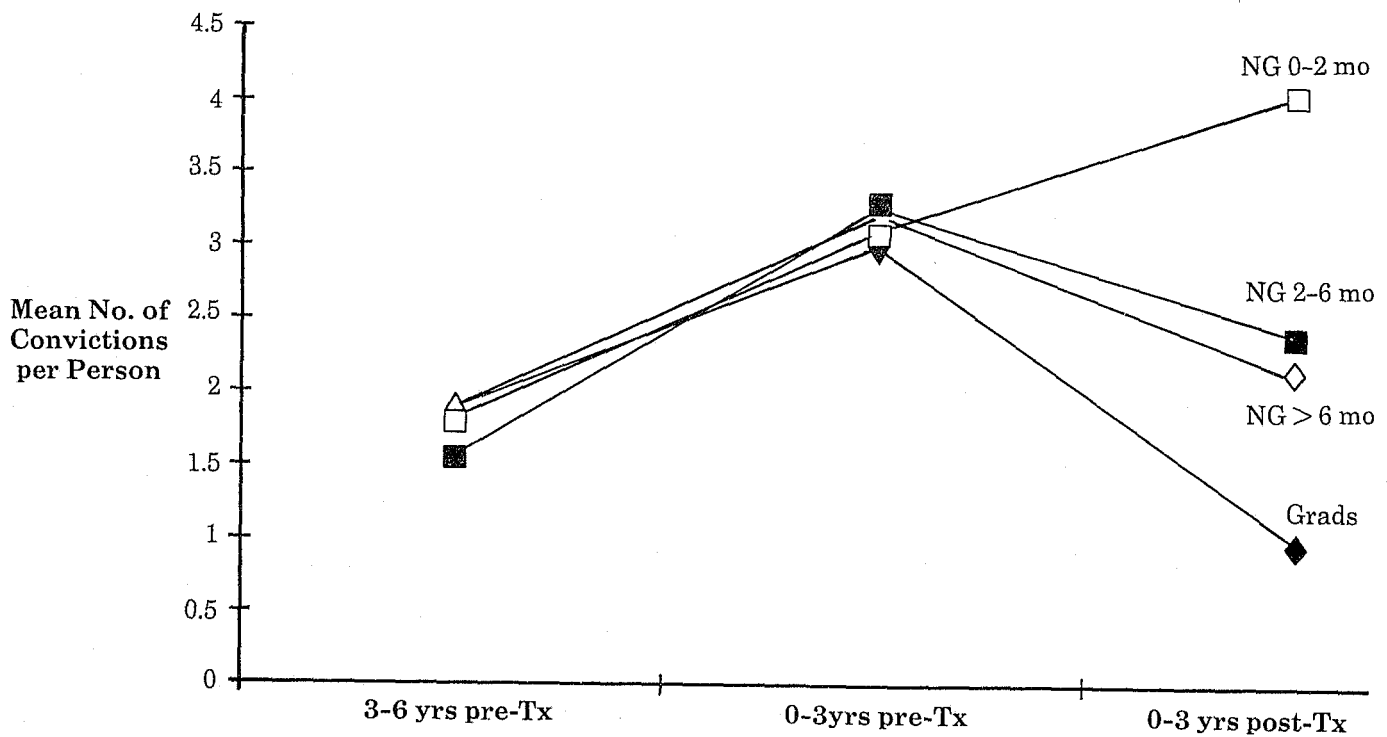
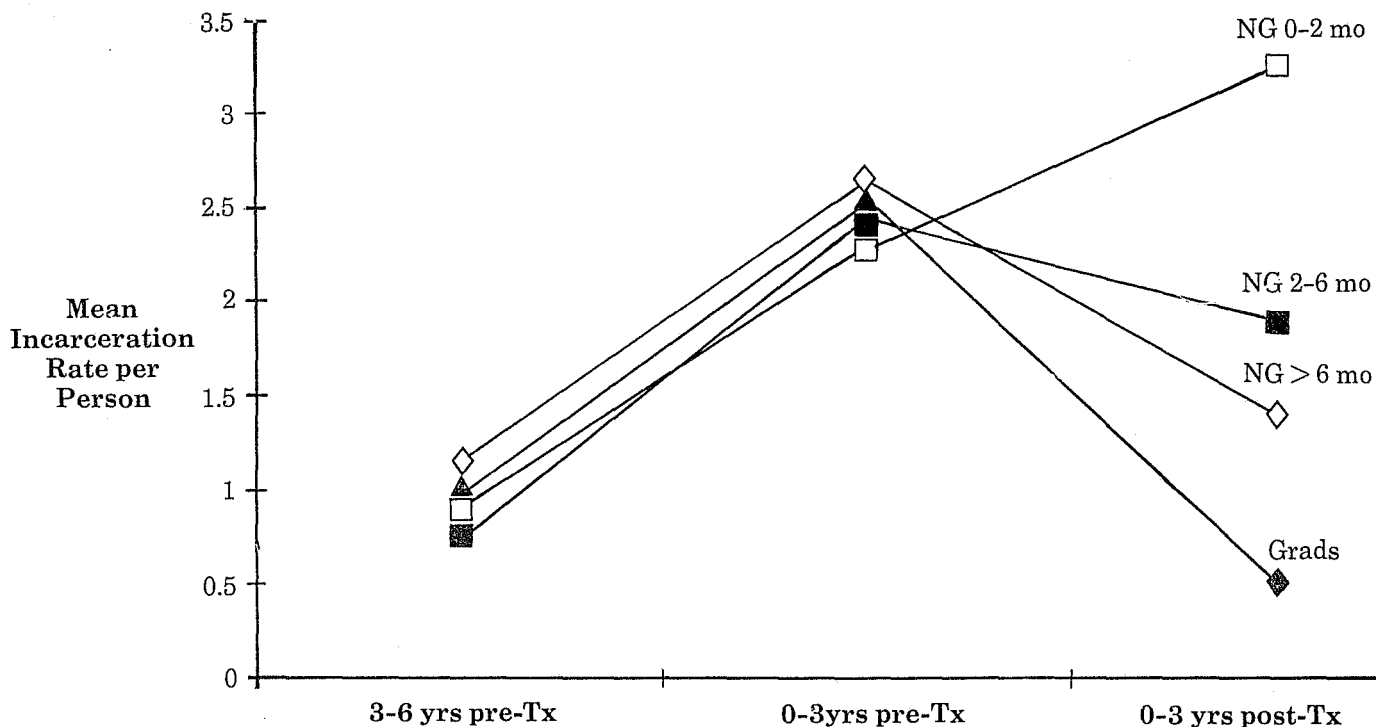


FIGURE 3. GROUP MEAN INCARCERATION RATES OVER PRE AND POST TREATMENT 3-YEAR "AT RISK" INTERVALS



suring pre and post treatment arrest, conviction, and prison incarceration rates necessitated that significant numbers of subjects in some of the groups be dropped from part of the study. The question is what biasing factor occurred by dropping those subjects from the second part of the study? That question cannot be answered with any certainty at this time. However, the subjects who were dropped from the non-graduate groups were dropped largely because they had recidivated at such a rate that they had not yet achieved 12 full months of community time in the 3 to 5 years since their parole. These individuals, therefore, probably represent the "worst cases" in the non-graduate groups and would likely push the arrest, conviction, and incarceration rates at post treatment even further apart, creating even more separation between the experimental groups.

Conclusions

The following conclusions are drawn from the results of this study.

1. The Cornerstone Program continues to demonstrate a positive effect on decreasing the criminal activity of program participants.

2. Addicted offenders who receive little or no treatment show an accelerating pattern of criminal activity over time.

3. Time in treatment in an intensive treatment program for addicted offenders correlates positively with measured decreases in criminal activity.

4. Many successfully treated addicted recidivist offenders continue to show at least some involvement with the criminal justice system after treatment, even though their involvement is reduced.

5. Arrests, convictions, or prison incarcerations all seem to be approximately equally accurate measures of criminal activity.

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