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Substance Abuse Programs

**Research Foundations And
Theoretical Bases Of Substance
Abuse Treatment Programs**

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March, 1990**

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**Research Foundations And Theoretical Bases
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By

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Bureau of Planning, Research, and Statistics

March, 1990

Tallahassee, Florida

I. Introduction

Over the second quarter of 1989, up to 84 percent of the male arrestees in the metropolitan cities tested positive for one or more drugs. This figure was up to 88 percent for females (O'Neil and Wish, 1989). The Bureau of Justice survey of 12,000 inmates uncovered that more than 75% of the inmates had used illicit drugs, 56% used drugs within the month prior to their incarceration, and 33% admitted being under the influence of drugs at the time of the crime (Wexler et al., 1989).

These statistics are no longer news. They have become facts of our daily lives and perhaps a reminder of the challenge facing our criminal justice system. Scholars in the field of substance abuse have established the link between daily drug use and criminal activities (NASADAD, 1990), and have documented that drug offenders are responsible for a great portion of crimes committed in American cities (Gropper, 1985, Johnson et al., 1985, and Ball et al. 1983). They also alarmed us to the fact that drug users make up a large portion of the criminal justice population (NASADAD, 1990, and BJS, 1989), and subsequently, found the substance abuse treatment for offenders, to be an effective approach to the drug problem.

As a part of this national trend, Florida Department Of Corrections (FDC) experienced a great increase in the number of drug abusing offenders over the past decade. More than 40,000 inmates enter FDC's reception centers annually, a great proportion of whom are identified as substance abusers. During 1989, more than 46 percent of these inmates were assessed in need of substance abuse treatment. This situation provided FDC with an opportunity to join the national campaign against illegal drugs and establish its own substance abuse treatment program.

Given the scope of the problem, FDC planned a comprehensive program which involved all of its reception centers and a number of its institutions. The program called for identification, assessment, classification, and treatment of inmates with substance abuse problems. This required allocating a great amount of resources to establishing the programs and their operating procedures.

This elaborate program, with its ambitious goals and objectives, did not follow the conventional pattern of traditional intervention programs. Mindful of the significant role of theoretical premises and perspectives in formulating the outcome of the intervention program, FDC utilized the latest findings of research and based its program on sound theoretical foundations.

FDC's Treatment Programs:

The FDC's Substance Abuse Program was an offspring of The Bureau of Justice Assistance's (BJA) Comprehensive State Department Of Corrections Treatment Strategy For Drug Abuse program. This program was administered by Narcotic and Drug Research, Inc. (NDRI) and was called Project REFORM.

As one of the national sites for Project REFORM, FDC expanded the drug treatment component of its rehabilitation programs in Florida's institutions. This component gradually evolved into several programs (Tiers 1-4), providing substance abuse education, residential treatment, and aftercare for inmates. The programs are elements of a comprehensive approach to treatment which reflects a number of different objectives, and reaches inmates with different needs. Their mission is to reduce recidivism by enabling addict offenders to become responsible members of society. Following is a brief description of the programs:

Tier I. This forty-hour program is designed to provide inmates with information and education about drugs and their harmful effects. It is usually presented over an eight-week period and is currently administered at 12 institutions.

Tier II. This is an eight-week residential treatment program housed within the correctional institutions. The program operates as a modified version of the therapeutic community (discussed later). It is designed for inmates who are not in the correctional system long enough to participate in a more extensive program. Six institutions are currently providing Tier II program.

Tier III. This program is a residential therapeutic community, providing 9 to 12 months extensive treatment for inmates with more severe drug abuse problems. It is designed for inmates whose incarceration time permits their participation in a long term program. Tier III is currently established in 3 institutions.

Tier IV. This ten-week treatment program is administered at the Community Correctional Centers (CCC). It is currently provided, through contracts with community treatment agencies, at 10 CCC's. The CCC's function is to assist inmates' transition from life in the institution to life in the community. Utilizing this function, Tier IV program provides the inmates with individual, group, and family counseling sessions, educational classes, and AA/NA meetings.

Treatment Information Network (TIN).

This program is to link different components of the FDC's treatment programs. TIN will monitor the assessment part of the programs and track the inmates in different Tiers. This program also assists inmates to locate and use the aftercare resources available to them when they are released. Inmates recidivism and their return to the Tier programs will be monitored through this program.

II. Research Foundations

The effectiveness of rehabilitation programs in correctional settings is probably one of the most widely debated issues in criminal justice. There is a body of literature suggesting that rehabilitative treatment efforts are generally ineffective. Yet, there are others who argue that given certain settings rehabilitation works effectively. The history of this debate can be followed by referring to Martinson (1974, 1976), Lipton et al. (1975), Palmer (1975, 1978, 1983), and Gendreau and Ross (1979).

Florida DC's substance abuse treatment program was designed with regard to the research findings on both sides of this debate. FDC utilized the experiences of many successful projects while avoiding the pitfalls of the ineffective ones. Following is a review of some of the effective programs and their findings. Guidelines for successful treatment programs, emanating from the evaluation of these projects, are also presented.

Review of the drug treatment literature reveals the mounting evidence that treatment programs, when carefully planned and implemented, accomplish their objectives. In its summary and highlights of treatment effectiveness, NASADAD (1990), presents the outcome of two major studies in the field:

First is a longitudinal survey conducted by The National Institute on Drug Abuse (NIDA), called the Drug Abuse Report Program (DARP). This study analyzed the outcome of 52 treatment programs and produced the most comprehensive cross-modality comparison of different approaches. Tracking 44,000 admissions between 1969 and 1974, NIDA found 75% decline in opiate use, 74% decrease in arrest rate, and 24% increase in employment in the year after the treatment. NASADAD reports that the latest follow-up of DARP, studying 405 addicts 12 years after first entering treatment, found a reduction of 74% in heroin use.

The Treatment Outcome Prospective Study (TOPS) was another longitudinal survey conducted in this field. In this study, NIDA surveyed more than 10,000 individuals, admitted to treatment during the years of 1979, 1980, and 1981. NIDA found that three to five years after their treatment, clients of all modalities had less than 20% rate of regular drug use, 40 to 50 percent rate of abstinence, one third to one half of the pretreatment crime rate, and a considerable gain in full-time employment (NASADAD, 1990).

Numerous other studies have also evaluated the outcome of similar treatment programs. These include substance abuse and other rehabilitative treatments. Gendreau and Ross (1979) in their well known "Bibliotherapy for Cynics" examined the implementation procedures and program integrity of a number of treatment projects, as well as the methodology of studies evaluating them. Bartollas (1985) reviewed another successful program and discusses the ingredients of effective treatment programs. Garrett (1985) reviewed the methodology and the results of 111 studies which used a comparison group or pretest-posttest design in their evaluation of treatment programs. Gendreau and Andrews (1989) conducted a review of meta-analyses

of the offender treatment literature and summarized their findings.

These studies, although evaluating different kinds of treatment programs, have one common conclusion: Given the right circumstance, treatment programs in correctional settings work and work well. They found that the substance abuse treatment programs generally produce the following results:

- * Reduce recidivism,
- * Reduce drug use,
- * Reduce crime rate, and
- * Increase employment.

The extensive amount of information produced by the substance abuse treatment literature laid the ground for developing professional guidelines for the design and development of treatment programs in correctional settings. Gendreau (1989) developed a set of principles for effective intervention. More specifically, Lipton and Wexler (1987, 1988) prescribed the elements of effective programs for drug offenders. Wexler (1989) presented planning and implementation guidelines for drug treatment programs. He lists the principles for successful correctional treatment as follows:

- * Assist addict inmates to identify their problem.
- * Provide the inmates with incentive for participating in programs.
- * Isolate participants from the general inmate population.
- * Reinforce prosocial behavior rather than attempting to directly reduce the frequency of negative behavior.
- * Establish clear and unambiguous rules.
- * Establish clear consequences for breaking the rules.
- * Use ex-offender/ex-addict staff as role model.
- * Maintain program integrity, autonomy, and flexibility.
- * Obtain and maintain fiscal and political support.

- * Establish continuity of intervention from the beginning to termination of custody.
- * Establish a vigorous program evaluation system.

These guidelines and the latest research findings were integrated into the design and implementation of the FDC's program. Throughout the planning of its program, FDC received extensive professional and technical assistance from BJA and NDRI. Scholars of substance abuse treatment in correctional settings contributed directly to the structure and content of the programs. According to their latest findings, these scholars recommended the theoretical foundation for the programs' approach to treatment.

III. Theoretical Bases

Treatment of substance abuse is structured based on the provider's conceptions of human behavior. These conceptions are formed and reinforced by studying the results of scholarly research in the area of human psychology and its causal relationships with environmental variables. These conceptions are then focused as a theoretical perspective which seeks to explain the human behavior and provide guidelines for forming or reforming that behavior.

The effectiveness of successful treatment programs rests on their theoretical perspective which defines their approaches to the problem. According to the guidelines for treatment programs affiliated with project REFORM, NDRI (1989) and Lipton and Wexler (1987) document that the majority of successful programs are based on the Social Learning Theory, apply the principles of Rehabilitation Theory, and use the Therapeutic Community as one of the effective approaches to treatment. Following these recommendations, The FDC adopted these theoretical perspectives for its treatment programs. A brief description of basic assumptions of these theories follows:

Social Learning Theory

Over the years, there have been many theories to explain human behavior. They have tried to identify the determinants of

the behavior and explain what is responsible for changes in behavior. Until recently, one school of thought considered the causes of behavior to be forces within the individual, which operate below the level of consciousness. Another view was extreme behaviorism which held the notion that human behavior is externally regulated. Both of these camps finally adopted the middle ground notion that human behavior is the result of a persons' interaction with the environment (Bandura, 1977).

In his discussion of social learning theory, Albert Bandura (1977, 1986) criticized these two views on both conceptual and empirical grounds. He argued that neither of the theoretical views has been able to explain how these two sources of influence interact in determining human behavior. He then goes on to present the social learning view of interaction in which, behavior, cognitive and other personal factors, and environmental events all operate as interdependent determinants of one another. In his view, neither the inner forces nor external stimuli can automatically shape and control people's behavior.

Seen from the social learning perspective, human nature has the potential to be fashioned by direct and observational experience into a variety of forms within biological limits. This is possible, Bandura (1986) argues, because of human being's advanced neurophysiological mechanisms and structures that have evolved over time. Processing, retaining, and using coded information, these advanced neural systems provide the capacity for the following distinct human characteristics:

1. Symbolic Capability. This is a powerful means that people use to alter and adopt to their environment. Through this capability they process experiences into internal models which guides their future actions. Symbolization coupled with cognitive capability enable people to create ideas and communicate with one another.
2. Forethought Capability. Human behaviors are not simply a reaction to the immediate environment. They are mostly regulated by forethought and have purposes. Through this capability people use the cognitive representation of future events to shape their present actions. Future consequences are converted into current motivators and regulators of behavior.
3. Vicarious Capability. Contrary to what traditional psychology believes, learning does not have to be the result of direct experience. It can occur vicariously

by observing other people's behavior and its consequences for them. This capability enables people to generate patterns of behavior and regulate them without having to form them gradually by trial and error.

4. Self-Regulatory Capability. People do not behave according to the preference of others. They develop internal standards and self-regulative reactions to their own actions. Evaluative self-reactions are motivated by the discrepancies between the performance and the standard against which it is measured. The outcome serves to influence the subsequent behavior.
5. Self-Reflective Capability. People's capability for reflective self-consciousness enables them to analyze their experiences and think about their thought processes. Through reflection people evaluate their own thinking and judge the adequacy of their thoughts.

The Theory of Rehabilitation

In his application of the theory of rehabilitation to addict offenders, Lipton (1989) presents a summary description of the theory as follows:

From a rehabilitation point of view, there are certain characteristics that impede the person's ability to perform at an acceptable level in social areas. This creates a situation which contributes to an individual's criminal conduct. Therefore, treating these "impedimenta" enables the person to function at an acceptable level and become a responsible member of the society.

Based on these assumptions rehabilitation's objective is to identify and treat the inconsistencies between the offender's personal characteristics and those required for acceptable social conduct. Through its positive impact then, rehabilitation reduces the likelihood of a person returning to criminal conduct.

Lipton goes on to suggest a list of these characteristics that rehabilitation treatment should target:

- * Inadequacy
- * Dependency
- * Vocational Maladjustment
- * Cognitive Deficiency
- * Organic Pathology
- * Career Commitment
- * Habitual Impulsivity
- * Ill-Equipped in Social Skills
- * Immaturity
- * Substance Dependency
- * Ill-Equipped in Education
- * Compulsive Pathology
- * Anti- Social Attitudes
- * Catalytic Impulsivity
- * Asocial Attitudes

The theories discussed here present scientific perspectives on human capabilities, cognitive learning, and personal characteristics involved in anti-social activities. Adopting these perspectives, treatment programs can clearly define and structure effective approaches to the substance abuse problem. One of these approaches, within whose context treatment programs can make substantial impact on individuals, is Therapeutic Community. FDC adopted this approach for its treatment of addict offenders.

IV. Treatment Approach

Therapeutic Community (TC) is found to be one of the effective approaches to intervention in correctional settings (Gendreau and Ross, 1983-84). TC's effectiveness is documented in the treatment literature, producing convincing evidence that, specially for inmates with extensive criminal history, it is a valuable treatment alternative (De Leon, Holland, and Rosenthal, 1972; Nash, 1973; Sells et al., 1976; Holland, 1978; De Leon et al., 1979; Bale, 1979; De Leon, 1986; De Leon and Ziegenfuss, 1986; Wexler and Williams, 1986). In their report on the evaluation of the "Stay'n Out" program, Wexler and his colleagues (1988) state that TCs "offer the greatest promise for prison drug treatment" and call for establishing therapeutic communities as funding for prison drug treatment become available.

In their review of the "Stay'n Out" project, Wexler and Williams (1986) discuss the "impediments to treatment effectiveness," and recognize the typical hostility of the general inmate population toward treatment programs and their participants as a major source of resistance to treatment success. This view is shared by Martin Groder, the founder of Asklepieion Therapeutic Community at the Marion Federal

Penitentiary in Illinois. In an interview with Bartollas (1985), discussing the ingredients of effective treatment programs, Groder argues that the prison community is a closed culture which reinforces maintaining a fixed role structure. A Therapeutic Community in prison provides an alternative culture that is not exactly the general culture, which has rejected the inmate to begin with, nor is it the prison culture that maintains the inmates' code of conduct. TC's culture isolates the participants and, as Wexler and Williams (1986) state, eliminates many of these problems by teaching and promoting self-reliance, responsibility, role modeling, and learning to help oneself and others. TCs provide an environment for social learning that other prison programs do not. Sugarman (1986) presents a detailed discussion of structural elements of this environment and its dynamics of interaction with the larger social and political environment.

De Leon and Ziegenfuss (1986) present a detailed discussion of theory, research, and practice in the field of therapeutic communities for addictions. Studying the TC's perspective and approach to treatment, presented in their work, one can easily find the relationship between the theories discussed earlier and the Therapeutic Community's structure. In one of the chapters, De Leon (1986) presents the following discussion on the TC's perspective and approach:

The TC Perspective

From the TC's perspective, drug abuse is a symptom of the person's disorder affecting his/her psychological and social functioning. Unrealistic thinking, cognitive problem, confused and sometimes nonexistent values, antisocial behavior, and lack of marketable skills are some of the products of this disorder.

In the TC's view, treating these deficits is essential to the individual's recovery and maintaining a drug free life style. Thus, an overall approach is employed to change the negative patterns of behavior and integrate positive values, emotions, attitudes, and desirable skills for lasting personality change. De Leon (1986) suggests that this rehabilitative objective is based on the following assumptions:

- * Treatment is designed to motivate clients and maintain their motivation.

- * Individuals are willing and ready to help themselves and allow the treatment to impact them.
- * The TC provides the social context for learning a new life style. The Clients' active participation in this learning experience is the key to the treatment's effectiveness.
- * Treatment is an episode in clients lives designed for high impact and preparing the clients for resisting unhealthy influences.

The TC Approach

The TC's effectiveness, drives from its rich theoretical perspective and its realistic approach to the substance abuse problem. Isolated from the general population, this residential community screens out undesirable influences and create therapeutic environment for staff and clients to work toward their mutual goals. Discussing the TC's approach and perspective, De Leon (1986) presents a detailed overview, describing the TC's structure and daily operational routines. Reviewing his discussion provides a clear understanding of the TC approach:

The TC Structure. The TC is structured as a social organization based on the following fundamentals of rehabilitation :

- a. Mutual Self Help. Residents conduct the community's daily activities. They determine the community's expectations from the residents and residents' responsibilities to the community.
- b. Work is Therapy. Working in the TC is used as an educational tool for therapeutic purposes. Residents are rewarded with higher status positions and punished with lateral or downward job movement in the community.
- c. Peers Are Role Models. Peers and staff members are role models for other residents. Despite feelings and perceptions to the contrary, residents live the future and distance themselves from their past. Peers and staff support the residents' effort to adjust to their new roles and internalize the attitudes and values surrounding those roles.

- d. Staff Are Rational Authorities. TC residents, usually do not trust authorities. For the most part, they have not had pleasant encounters with authorities. The TC provides them with a successful experience by presenting credible and protective authorities (ex-addict, ex-convict) whom they can trust.

Daily Program. TC activities are highly structured and are aimed at reducing boredom and eliminating clients' negative preoccupation. De Leon (1986) suggests that these activities may be grouped into the following categories:

- a. Community Enhancement Activities. These are basically meetings and seminars, held daily, to improve community's functioning, conduct community business, and address issues of general concern.
- b. Therapeutic and Educational Activities. These activities are mainly group and staff counseling concentrating on the personal problems of TC clients. They are designed to provide the opportunity for the expression of feelings, interpersonal communication, individual training, and examination of one's attitudes and behavior.
- c. Community Management Activities. These activities are mainly for protection of the community and reinforcement of its social learning context. Through enforcing a series of earned privileges and disciplinary sanctions, the community's safety and health are maintained. This process increases members' trust in the integrity of the program.

V. Conclusion

Florida DC's substance abuse program is a comprehensive approach to the problem of drug offenders in Florida's institutions. This program is based on solid foundation of research findings and theoretical concepts proven to be effective in the treatment of drug abusing inmates. The program continues to employ the support of substance abuse treatment scholars in its service delivery stages and evaluation activities.

Concurrent with the implementation of the treatment program, an extensive evaluation plan has also been developed and put in place. An elaborate screening and assessment program constitutes the first phase of this evaluation that is conducted at the Florida DC's reception centers. Several monthly reports from the reception centers and the Tier sites, and data collected during site visits and interviews, produce information for process evaluation of the program. These mechanisms provide the input for examining the program's integrity and making the required adjustments.

The outcome evaluation of the program consists of a series of pretests and posttests measuring the effects of the program on inmates' knowledge about drugs and their harmful effects, attitudes toward drug abuse, and psychological status. Recently The Brief Symptom Inventory (BSI), a psychological test developed by L. R. Derogatis of Clinical Psychometric Research Inc., was introduced to the sites to be administered in quasi-experimental studies, as part of the outcome evaluation. Also, recidivism studies are being designed to measure the program's effectiveness with regard to the inmates' drug abuse and other criminal behavior after their release.

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