



Criminal Justice | Drug Abuse Treatment Studies

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Brief Report Series

Targeted Interventions for Corrections (TIC)

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Re-entry treatment programs for criminal justice (CJ) populations often are poorly integrated as part of an overall "continuing-care" strategy and are not managed or monitored according to procedures designed to help guide and maximize their effectiveness. The objective for this study is to develop an evidence-based library of 6 targeted treatment interventions for use in treatment programs providing services to offenders re-entering, or who are about to re-enter, the community. These materials are drawn primarily from existing drug treatment resources, especially those previously developed by CJ-DATS Research Centers. The TCU Treatment Model (Simpson, 2004) provides conceptual and scientific foundations for the use of targeted interventions that address discrete client problems related to treatment readiness and motivation, anger and hostility, criminal thinking, risky behaviors for HIV/AIDS/Hepatitis C, communication, and other social skill deficits. Specific aims are to establish a set of targeted interventions that –

- address counseling needs in community re-entry treatment programs,
- meet "evidence-based" standards of effectiveness for correctional populations,
- represent brief, flexible, and focused treatment tools, and
- can be readily adopted as user-friendly and manual-guided applications.

Overview of the Interventions. The manual-guided TIC interventions were adapted for CJ settings from manuals previously developed at TCU and, as part of this protocol, were tested across a variety of participating CJ-DATS Research Center programs. Drafts of each manual were reviewed by treatment provider representatives, resulting in a cycle of revisions in language, session exercises, and focus for addressing key correctional treatment needs. Each manual presents the clinical objectives and detailed procedures for an average of 4 sessions, although flexibility is built into the implementation protocol and schedule. The 6 targeted interventions are entitled –

Unlock Your Thinking: Open Your Mind

learning to examine cognitive distortions and thinking cycles that threaten recovery

Understanding and Reducing Angry Feelings

learning to approach and respond to anger in more useful ways

Common Sense Ideas for HIV Prevention and Sexual Health

gaining knowledge and skills to reduce HIV and other STD risks

Ideas for Better Communication

improving relationships through communication

Building Social Networks

learning ways to build and strengthen support for recovery

Getting Motivated to Change

working on motivation that governs decisions to change behavior

Procedures. A series of studies were conducted that included evaluations of each specific intervention in a variety of CJ settings. Standardized evaluation protocols (e.g., 150-200 clients randomly assigned to experimental versus comparison groups, with pre-post evaluations of performance measures) were used to

test effectiveness for each individual intervention conducted at 3 or more treatment programs, following approved guidelines. After an intervention and assessment phase is completed, clients assigned to comparison groups were offered the opportunity to participate in the targeted intervention. The diversity of correctional systems to be involved in the study (and the resulting variations required for implementation) served to address questions about generalizability of results across treatment settings.

Assessments. Customized pre-post TIC intervention evaluations were developed for each specific intervention, designed to assess information learned, session quality, satisfaction, and attitude and cognitive changes.

Results. Across the TIC interventions, clients who participated in the brief interventions had significantly higher knowledge and more positive attitude ratings than did the clients who were assigned to the comparison groups. For example, as illustrated in the table below, those who participated in the HIV module reported that they were less likely to engage in risky sexual and drug use practices after returning to the community.

Applications. CJ-DATS is a NIDA-funded Cooperative Agreement designed to address correctional treatment using a “systems perspective” as represented in the chart presented below. The present study is designed specifically to address community re-entry and relies on the TCU Treatment Model of process and outcomes (Simpson, 2004) as its conceptual foundation (see figure below). Treatment is not viewed as a singular event but a sequence of integrated therapeutic efforts to improve cognitive, behavioral, psychological, and social functioning of clients. Engagement and performance measures also are considered to be legitimate and practical short-term treatment evaluation criteria that can be related to distinct interventions that make up *treatment* in a comprehensive continuum-of-care framework. A distinction therefore is made between “interventions” and “treatment” (which is defined by the composite set of interventions used in a course of treatment). *Evaluating interventions* can be a series of short-term studies (as proposed here), but *evaluating treatment* is a task requiring a more complicated long-term study that includes cumulative *process* information about client needs and multiple services received as well as post-discharge records (e.g., 1-3 years) on recidivism and relapse.

In practice, corrections-based programs frequently rely on a type of “one size fits all” therapeutic structure followed by contracted community re-entry care. There are growing concerns about limitations of this approach, however, and that better tracking of client needs, performance, and progress using a “systems” approach might improve treatment management and its overall effectiveness (Simpson, Knight, & Dansereau, 2004). Diminishing capacity and growing budgetary pressures for shorter and more efficient coverage of treatment obligations add to these challenges. Even greater concerns arise about assessment procedures and applications to treatment planning in community re-entry services for which they contract. In particular, it is commonly unspecified by providers which evidence-based interventions (if any) are strategically used in treatment and how client performance is monitored to document program effectiveness.

The rationale for this study is therefore to combine the theoretical framework of the TCU Treatment Model with evidence of improvement on short-term engagement indicators to establish a set of evidence-based manualized intervention or therapeutic aids. For re-entry programs, these materials may in some cases represent “boosters and review” of primary treatment services provided during incarceration.

References

- Simpson, D. D. (2004). A conceptual framework for drug treatment process and outcomes. *Journal of Substance Abuse Treatment*, 27, 99-121.
- Simpson, D. D., Knight, K., & Dansereau, D. F. (2004). Addiction treatment strategies for offenders. *Journal of Community Corrections*.

TIC HIV Intervention
Pre/Posttest Changes on HIV Attitudes & Knowledge Survey

	Experimental (n=138)		Comparison (n=123)		F	P
	Mean	SD	Mean	SD		
Knowledge (% correct)	.86	.17	.77	.22	22.18	<.01
Risky* ¹	1.96	.77	2.27	.87	12.27	<.01
Help*	4.33	.71	4.17	.63	3.93	.05
Intent*	4.42	.80	4.05	.84	7.84	.01
Belief	3.78	1.10	3.61	1.00	1.12	.29
Control*	4.34	.73	3.97	.65	17.20	<.01

* p<.05

¹ lower scores = better functioning

Risky represents ($\alpha=.59$)

HIV 9 – risk not using condom

HIV 10 – no condom use w/spouse is okay

HIV 11 – sex risk not as great as needle sharing

Help represents ($\alpha=.54$)

HIV 15 – desire changes to reduce AIDS risk

HIV 16 – need help with drug use

HIV 18 – tired of problems caused by drugs

Intent represents ($\alpha=.75$)

HIV 19 – intent to change drug use activities

HIV 20 – intent to change sexual activities

Belief represents ($\alpha=.79$)

HIV 13 – belief in potential of exposure to AIDS virus

HIV 14 – belief in potential of getting AIDS

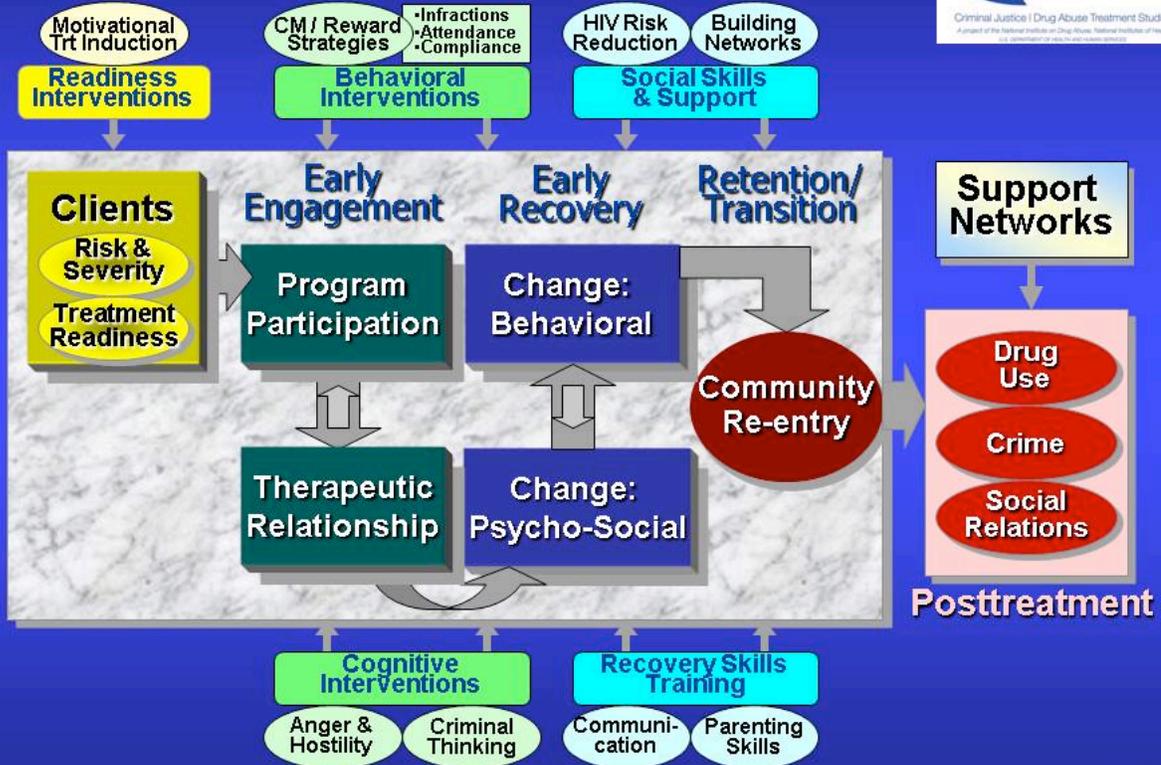
Control represents ($\alpha=.69$)

HIV 21 – know how to control AIDS risks

HIV 22 – can control risky drug use activities

HIV 23 – can control risky sexual activities

Providing Effective Interventions



Simpson, 2004 (*J Substance Abuse Treatment*)

TCU
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