Common Practices in Treatment for Drug Using Offenders:
Results from the National Criminal Justice Treatment Practices Survey

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CJ-DATS Partners (www.cjdats.org)

**Research Partners**

- National Institute on Drug Abuse
- Virginia Commonwealth University/University of Maryland, College Park
- Lifespan University/Brown University
- National Development & Research Institutes, Inc., Center for the Integration of Research to Practice & Center for Therapeutic Community Research
- University of Delaware
- Connecticut Department of MH & Addiction Services
- University of Kentucky
- University of California, Los Angeles
- University of Miami
- Texas Christian University

**Stakeholder Groups**

- American Correctional Association
- American Probation and Parole Association
- American Jail Association
- Justice Research and Statistics Association
- National Criminal Justice Association
- National Drug Court Professional Association/National Drug Court Institute
- Treatment Accountability for Safer Communities
- Council of Juvenile Corrections Administrators
- National Association of State Drug and Alcohol Directors
In 2005, an estimated 22.2 million persons aged 12 or older were classified with substance dependence or abuse in the past year. *National Household Survey on Drug Use and Health*, 2005.
Severity of Substance Abuse Disorders Among Offender Populations

- 70-80% offenders have a substance abuse disorder
- Adults—31% Male, 50% Female need intensive services
- Juveniles—50% need services
- Limited, single studies on SUD for juveniles
- Limited, aged studies on SUD for adults
Topics Explored by NCJTP Survey
First National Survey of Correctional Agencies on Treatment Practice

* What substance abuse treatment services and correctional programs exist?
* How easy is it for offenders to access substance abuse treatment services and other correctional programs?
* Are the programs or treatment structured to reduce drug use? Recidivism?
* Are the treatment services integrated with other agencies?
* What structural or organizational barriers impact the quality of programs?
Response Rates from Survey

* Survey administered via mail
* Multi-level (Head of state agency, facility administrator, staff)

Analyses found that there was no difference in response by geography, size of jurisdiction/facility, or type of organization.
**Estimated Size of the Correctional Population:**

8+ million Adults & 650 thousand Juveniles


- **54,496 juveniles** receive SA Tx (21.5%)
- **5,613,739 adults** need Tx (4.5M males, 1.1M females)
- **253,034 juveniles** need Tx (198,000 males, 54,000 females)
- **424,046 adults** receive SA Tx (7.6%)
5 Practices to Improve Services

- Use an Actuarial Risk Tool to Screen for High Risk Offenders
- Use a Standardized SA Tool to Screen for Severity of Disorder
- Offer SA Programs that are > 90 days
- Offer Intensive Treatment or TC Programs*
- Provide Appointment to Treatment Services in the Community

*Treatment Orientation should be CBT based
Screening “Practices”

% Administrators Reporting Facility Use

%SA Tool          %Risk Tool

- Adult Prison
- Adult Jail
- Adult CC
- Juv Resd
- Juv CC

Taxman, Perdoni & Harrison, 2007; Young, Dembo, & Henderson, 2007
Juvenile & adult prisons are more likely to report the use of CBT treatments than facilities in community settings

Taxman, Perdoni & Harrison, 2007; Young, Dembo, & Henderson, 2007
Type of SA Services Offered

• Few Offenders Can Access Services on Any Given Day
• Majority are Drug-Alcohol Education
  – Adult Prison—74%, 8.8% ADP
  – Adult Jail—61%, 4.5% ADP
  – Adult CC—53.1%, 15.5% ADP
  – Juv Res—88%, 30% ADP
  – Juv CC—80.2%, 8.2ADP
• Low Intensity OP (<4Hrs/Week)
• CBT based therapies are reported to be provided in a third of the juvenile residential and adult prison programs; only 1 in 5 community based programs report use
% of Adult ADP in SA Treatment Services (Missed Opportunities)

Estimates of Dependency (Belenko & Peugh, 2005): 31.5% Males, 52.3% Females

- Drug Alcohol Education
- SA Group Counseling: up to 4 hrs/week
- SA Group Counseling: 5-25 hrs/week
- TC-Segregated
- TC-Non-segregated

Prison ADP  Jail ADP  Community ADP
Health Related Services Reported Available by Correctional Administrators

- HIV/AIDS Testing
- TB Screening
- Hepatitis C Screening
- Physical Health Services

% of Programs Reporting Use

- Adult-Prisons
- Adult-CC
- Juv-Residential
- Juv Comm Corr
Elements of Evidence-Based Practice
(from Meta-Analysis & Expert Consensus Panels)

System Issues
- Standardized risk assessment
- Standardized substance abuse assessment
- Use Tx matching strategies
- Family involvement in treatment
- Systems integration
- Use of drug testing in treatment
- Use of graduated sanctions and incentives
- Availability of qualified treatment staff
- Assessment of treatment outcomes

Clinical Issues
- Use of therapeutic community/CBT
- Treatment duration of 90 days or longer
- Continuing care or aftercare
- Use of techniques to engage and retain clients in treatment
- Addressing co-occurring disorders
- Use of role playing in treatment sessions
- Small group treatment size (i.e. small client to counselor ratio)

Created a Score Based on Availability (N/Y)
Prevalence of EBPs Reported by Correctional Administrators in National CJDATS Survey

% of Programs Reporting EBPs

Mean EBP score

- 5.7 Juvenile Residential
- 5.6 Adult Prison
- 4.8 Juvenile Community
- 4.7 Adult Community

Risk Assessment

Substance Abuse Assessment

Systems Integration

5.6 Adult Community

Mean EBP score

- 5.7 Juvenile Residential
- 5.6 Adult Prison
- 4.8 Juvenile Community
- 4.7 Adult Community

5.6 Adult Prison

4.8 Juvenile Community

4.7 Adult Community
Factors* Associated with the Use of EBPs in Adult Correctional & SA Treatment Programs

**Correctional Administrators:**
- Community based programs
- Administrators:
  - Background in human service
  - Knowledge about EBP
  - Belief in rehabilitation
- Performance driven culture
- Emphasis on training
- Emphasis on internal support

**Treatment Directors:**
- Larger % of correctional population
- Administrators
  - Years in running programs
  - Belief in importance of SA in community
- Accredited program

*All factors listed were statistically significant in multivariate analyses.

Factors not impacting use of EBPs: Physical Plant, Staffing, Leadership

Friedmann, Taxman, & Henderson, 2007
Factors* Associated with the Use of CBT & TC in Adult Correctional Programs

**Therapeutic Community**
- Drug Abuse Treatment Facility
- Size of the Program (logged)
- Believe in Importance of Community Treatment (p<.1)

**Cognitive Behavioral Therapy**
- Ranking of Staff Influence on Treatment Improvements
- Importance of SA in community
- Planned Duration is 90-181 Days
- Use of written protocols (p<.1)

**Implications of Research**
- Differences in Orientation of TX-- Prison (TC) & Community (CBT)
- Affects Discontinuity in Tx Approaches in Prison & Community

* All factors listed were statistically significant in multivariate analyses.

Limitations of the Survey

- Cross sectional survey - does not examine historical influence of factors or casual relationships
- Self-report by administrators on programs/services and EBPs
- May be subject to overreporting of programs/services due to perceived social desirability of certain answers
- Familiarity with nomenclature may have affected responses to questions
State of Practice

- Drug Abusing Offenders are *unlikely* to Receive Adequate Treatment Services—too few offenders to have an impact on behavior/outcomes

- Risk-need-responsivity model is still “under construction”, but more in place in prison-based TCs

- System needs strategies to make gains in implementation
  - Few knowledge barriers, lack of tools
  - Adoption is Affected by procedures within organizations
  - Adoption is Affected by System Barriers across agencies
  - Adoption is Affected by Staff issues—training, development, skills

- Continue to develop practices to provide for a continuum of care with community and prison-based programs that have similar treatment orientations and philosophies
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