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**PRISON AND PAROLE TREATMENT OPTIONS
FOR SUBSTANCE ABUSERS:
NATIONWIDE AND IN NEW MEXICO**

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NOTE

This working paper provides research information for the New Mexico Criminal and Justice Coordinating Council. It is **not** a statement of the Council's views or opinions.

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I. EXECUTIVE SUMMARY

- C Nationwide treatment programs offer a continuum of services. The services typically include an educational component, a treatment component, and a community re-entry component. The programs vary in expense, with education and self-help groups costing the least and therapeutic communities costing the most.
- C Of the nationwide programs evaluated, the majority of the programs demonstrated reduced recidivism rates, as well as improvement on psychological variables such as self-esteem. These findings are interpreted as program success.
- C Substance abuse treatment programs have been designed for special populations, including women, minorities, and youthful offenders.
- C Therapeutic communities are the most successful in reducing recidivism rates. This is especially true for therapeutic programs with an aftercare component.
- C Substance abuse treatment programs in New Mexico's prisons are based on a tiered system, with an educational focus. Individual and group therapy is available. It is unclear whether these programs include an aftercare component.
- C New Mexico has two prison based therapeutic communities. Although neither has been evaluated, both are thought to be successful and cost effective.
- C Parole programs are most successful when linked to prison treatment programs.

II. INTRODUCTION

In this paper, we review the substance abuse treatment programs that are currently available for prisoners and parolees, both nationwide and in New Mexico. Wherever possible, we include information on program evaluation and outcome.

National Institute of Corrections (NIC) Substance Abuse Treatment Standards

In 1991, the NIC presented standards for correctional substance abuse treatment strategies. Specific recommendations included the following (see Peters, 1993):

- C Develop individualized multidisciplinary treatment plans that address the full range of supervision, control habilitation, and rehabilitation needs.
- C Match offenders with supervision, control, and treatment programs appropriate to their assessed needs and perceived risks.
- C Provide a range of services, from drug education to intensive residential programs, for substance abusing offenders.
- C Provide drug education services for all offenders.
- C Enhance prerelease treatment programming.
- C Use an integrated staffing approach to deliver treatment.
- C Provide incentives and sanctions to increase offenders' motivation for treatment.
- C Increase the availability of self-help groups as an adjunct to treatment and as an integral part of aftercare.
- C Provide targeted treatment programs for special needs populations.
- C Provide education and treatment for relapse prevention.

Overview of Types of Substance Abuse Treatment Services Available in Prisons

Prison programs vary in their intensity and treatment modality. A review of prison treatment program options identified six major types of therapeutic interventions (NIDA, 1992):

- C ***Educational Programs:*** Drug education and information programs are a part of the majority of prison substance abuse treatment programs. These programs are relatively low cost. Education programs do not constitute treatment. Research has indicated that these programs are useful for the naive, first-time offenders. However, there is little research suggesting that drug education is useful for chronic drug users.
- C ***Self-Help Groups:*** Self-help groups, based on the 12-step model, are also prevalent in prison substance abuse treatment programs. AA, CA, and NA programs model drug-free lifestyles and attempt to develop a community support system to maintain sobriety upon release. These are lowcost programs. Although there is anecdotal evidence regarding the efficacy of 12-step

programs, there is little evidence that they lead to long-term success. However, it is believed that these programs are useful when combined with more intensive counseling.

- C ***Individual Counseling:*** Individual counseling is less commonly an integral part of substance abuse treatment programs in prison settings. However, inmates can frequently request individual counseling. Counseling often focuses on problems, feelings, attitudes, and behaviors, with the ultimate goal of improving the inmate's sense of self, sense of responsibility, and ability to maintain a socially acceptable lifestyle. Therapeutic orientations include traditional psychotherapy, transactional analysis, behavioral modification, and/or reality therapy. Use of individual therapy is limited by the paucity of trained, effective therapists and by its higher cost.
- C ***Group Counseling:*** This technique is the most common component of prison substance abuse treatment programs. Typically, eight or ten inmates meet one or two days per week with trained professionals. Techniques used include life skill's rehearsal, role reversal, stress management, social skills practice, and problem-solving skills, among others. The groups must be psychologically "safe" and supportive to be effective. With well-trained, competent therapists, successful changes have been documented.
- C ***Milieu Therapy Programs:*** These programs are administered in an isolated drug-free living area within the prison. Milieu therapy is more intensive and uses individual and group counseling, mildly confrontational group sessions, peer interaction, and other techniques similar to group therapy. The costs of such programs are higher than the other treatment options described above. It appears that these programs are best suited for chronic multidrug users with addiction histories of less than five years.
- C ***Therapeutic Community (TC) Programs:*** TC Programs offer more intensive therapy and longer programming than the other treatment options listed above. TC Programs are appropriate for the most chronic and severe drug offenders. TC's typically are isolated from the general prison population and include a treatment aftercare component. The goals of TC's may include: drug abstinence, elimination of antisocial behaviors, development of social skills, and development of positive attitudes, values and behaviors. To meet these goals, treatment programs often use confrontation and support by residents and staff, self-help through sequential stages of learning and gradual assumption of responsibility, a rewards and punishment system to immediately address behaviors, role modeling of socially acceptable behaviors, and linkages with community support agencies.

III. SUBSTANCE ABUSE TREATMENT PRISON PROGRAMS: NATIONWIDE

GENERAL PRISON SUBSTANCE ABUSE TREATMENT PROGRAMS

The Federal Bureau of Prisons Substance Abuse Programs (NIDA, 1992)

Program Design: The current substance abuse treatment program is based on a multi tiered approach to treatment. There is one level of drug education services, three levels of treatment and one level of transitional services. Inset 1 provides descriptions of each tier (from NIDA, 1992).

- C The Drug Education Program is run by drug abuse treatment specialists under the supervision of the Psychology Department in all facilities. The primary objectives of the program are to promote an understanding of the addiction process, develop an understanding of the psychological and physical effects of substance abuse, increase participants' understanding of the difficulties of treatment, demonstrate that treatment can be successful, review the options available in prison and community treatment programs, and develop a sense of trust in group therapy.
- C The Drug Abuse Counseling Services are centralized outpatient treatment options for offenders who volunteer for the program. Services include individual counseling, group therapy sessions, self-help groups, stress management, personal development training, vocational training, and prerelease planning. Treatment plans are developed for all individuals enrolled in the services. The purpose of these services is to provide flexible treatment options for offenders with relatively low-level substance abuse impairment. Secondly, the program provides supportive programming for moderate-level substance abusers who are awaiting residential placement.
- C The Comprehensive Residential Drug Abuse Treatment Program offers individual and group therapy in a residential setting. The focus of therapy is on skills development, confrontation regarding criminal thinking, and prosocial values development. Family issues, vocational/ educational issues, relapse prevention, self-help, personal development, and support groups are integrated into the treatment plan based on individual needs. In order to develop individual plans, a thorough assessment is completed prior to entry into the program.
- C The Pilot Drug Abuse Treatment Programs are residential treatment programs with a strong research emphasis and a large investment of staff and fiscal resources. The programs are based on a biopsychosocial model of substance abuse with a strong emphasis on relapse prevention.
- C Transitional Services are provided after release from prison for those individuals who have successfully completed a residential program and consist of two stages. The first stage, prerelease services, includes six months in a comprehensive residential treatment program, with drug treatment. The second stage, aftercare services, consists of up to six months of community service.

Evaluation of Program: An evaluation of the Federal Bureau of Prisons' Drug Treatment Programs is currently underway. The evaluation will include a multisite assessment of the residential treatment programs. The effects of the programs on postrelease drug use, criminal behavior, employment, social functioning, and physical and mental health will be assessed over a five year follow-up period.

Inset 1
Federal Bureau of Prisons Tiered Substance Abuse Treatment Program

Program Characteristics	Drug Education Programs	Drug Abuse Counseling Services	Comprehensive DAPs	Pilot DAPs	Transitional Services
Duration	4-10 hrs/wk until completion	Continuously available	9 months plus supervised aftercare	12 months plus supervised aftercare	6 months CCC plus 6 months supervision
Hours Required	40	Variable 500	1,000	Variable	
Staff/Inmate ratio	N/A	Variable 1:24	1:12	N/A	
Participants	Required if drug/crime history and volunteers	Volunteer	Volunteer	Randomly assigned volunteers	Inmates who have completed a drug program
Point in Incarceration	First 6 months	Anytime	Preference to inmates 15-24m prior to release	Preference to inmates 15-24m prior to release	CCC placement and postrelease
Completion criteria determined	Attendance, pass test	Attendance	Attendance, review by treatment staff	Attendance, review by treatment staff	To be
Urinalysis	Same as inmates in general population	Same as inmates in general population	More often than in general population	More often than in general population	Variable, more often in early months of CCC placement

Florida's DOC Substance Abuse Programs (NIDA, 1992)

Program Design: Florida's DOC Substance Abuse Treatment Programs are built on a tier system. Assessments of level of substance abuse severity and readiness for treatment are administered to all inmates. Based on the results of these assessments, inmates are assigned to the appropriate level of treatment.

- c *Tier I:* Tier I is a 40-hour educational program that addresses the needs of inmates who have less severe substance abuse problems, inmates who deny the existence of their problem and

therefore are not considered ready for treatment, and inmates whose sentences are too short for the lengthier programs. Tier I serves as a pivotal point for entry into 12-step programs, group counseling, and further community-based treatment. Education is provided by department staff or through contracted agencies.

C *Tier II:* Tier II is an intensive eight-week residential program located within the correctional facility. This level is designed for inmates with serious substance abuse problems who are likely to be in the correctional facility for a shorter period of time. Tier II also serves as a pivotal point for referral into 12-step groups or community-based treatment and utilizes frequent individual and group counseling. There are three phases during Tier II: Phase I involves orientation, and inmates are motivated to participate in the recovery process. Phase II consists of treatment where four major learning themes are addressed: addiction education, life management, skill building, and relapse prevention. Phase III works to ready inmates for re-entry into the community. Unique to this phase are the Drug Treatment Centers (DTC). These centers treat minimum and medium custody inmates, in particular those inmates convicted of drug offenses, theft, or burglary. Inmates are involved in the DTC 24 hours a day, seven days per week for a four or five month period. The format includes many of the components of Tier II. In addition, a physical fitness regimen and nutritional training are incorporated into the program. An emphasis on personal discipline, self-help principles, building group cohesion, and improving relaxation are included in the physical fitness regimen.

C *Tier III:* Tier III is a full-service residential Therapeutic Community, lasting from six to 12 months. The program is built of the TC model of self and group help approaches, peer pressure, and role modeling to encourage achievement of recovery goals. The goals of the program include abstinence, elimination of antisocial activity, increased employability, and prosocial values and attitudes.

C *Tier IV:* Tier IV is designed to provide outpatient, aftercare counseling services to inmates assigned to community corrections centers. The ten-week program has a primary focus on relapse prevention and supportive therapy. The groups meet during after-work hours. The program includes eight weeks of counseling, group attendance at 12-step programs, and educational groups. During the last two weeks of the program, the emphasis is on re-entry into the community and the skills necessary to ensure success. The program also emphasizes the development of connections with community-based treatment programs, self-help support groups, and other aftercare services.

Evaluation of the Program: Evaluation of Florida's program is ongoing. To date, initial evaluation findings indicate a significant reduction in recidivism rates for those inmates who participated in the program. Additionally, psychological variables, such as depression, anxiety, hostility, and others were found to be significantly improved when comparing pretreatment to posttreatment scores.

Oregon Prison Drug Treatment Programs (NIJ, 1995)

Program Design: Oregon has a number of drug treatment programs administered through the prison system.

- c The *Cornerstone program* is a therapeutic community run by professionally trained staff and provides intensive substance abuse treatment for offenders with long criminal histories. Offenders must be willing to make a six month commitment to community follow-up after release from the program. Other eligibility criteria include: not less than six nor more than 18 months before parole date, and minimum security status. Program participants are regularly tested for the presence of controlled substances. Therapy occurs in four phases: an orientation phase, an intensive phase, a transition phase, and an aftercare phase. Participants write their own treatment plans, participate in the day-to-day business of the residence, and work to develop responsibility and accountability. The primary objective of the program is to reduce the offender's rate of recidivism. The program serves approximately 80 offenders per year. Evaluations indicate that at three year follow-up, program graduates were significantly less likely to recidivate or commit crimes than those offenders who did not participate in the program: more than 70% had not returned to prison, and more than 54% had not been convicted of any crimes. Additionally, it was noted that as the length of time in treatment increased, recidivism rates decreased. Graduates of the program exhibited enhanced self-esteem, reduced psychiatric symptoms, reduced criminal activity, and reduced recidivism.
- c Oregon's *Correctional Residential Treatment Program* is based on the Cornerstone model, and serve less serious offenders. The primary objective of the program is to reduce the rate of recidivism among addicted offenders.
- c *CITS Counseling* consists of group therapy led by community professionals. Programming is culturally specific, with specialized services offered to black, Hispanic, and Native American offenders. The primary goal is to help inmates develop a sense of responsibility for their actions through accepting and managing their addiction. The program serves approximately 444 persons per year.
- c *CITS Cooperative Agreements: State Alcohol and Drug Slots* is a program with designated, state-funded community therapy slots providing continuity of treatment. Offenders receive counseling with community therapists prior to leaving prison and after release from prison. The primary objective is to provide treatment services to parolees and to reduce potential recidivism and drug relapse. The program serves approximately 60 offenders each year.
- c The *Parole Transition Demonstration Project* uses federal funds to investigate the utility of a tightly coordinated, thorough transition service for addicted inmates. The idea being tested is that this type of service will reduce recidivism by maintaining parolees in community substance abuse treatment programs.
- c *Alcohol and Drug Education Classes* are offered throughout the prison system. Classes meet once per week over a period of three months. The primary goal of these programs is to educate addicts about their disorder and provide a secondary prevention service. The program serves about 740 people per year.

New York's Stay'n Out Program (NIJ, 1995)

Program Design: In 1989, the New York legislature approved a measure for the development of comprehensive prison treatment programs. Funding was obtained for one, 750-bed, alcohol and substance abuse treatment facility and seven, 200-bed, substance abuse annexes. Inmates within two years of parole were eligible for the program, but the admission criteria were recently changed to include inmates who are between six and 12 months from their first parole hearing. The aim of the program is to decrease the probability of recidivism by treating offenders' drug abuse and related problems. The early phase of treatment focuses on the assessment of clients' needs and problems. An orientation to the program is provided during individual sessions. At the outset, offenders are given low-level jobs. During the later phase of treatment, offenders can earn higher-level positions through involvement in the program and consistent work. Therapy sessions and encounter groups focus on the areas of self-discipline, self-worth, self-awareness, respect for authority, and acceptance of help.

Evaluation of the Stay'n Out Program: Evaluation of the program indicated that inmates participating in the program had a lower rate of arrest (26.9% for males, 17.8% for females) compared to either inmates who were not treated (40.9% for males, 23.7% for females), or those treated with weekly counseling (39.8% for males, 29.2% for females), or those treated with milieu therapy (34.6% for males). There was a strong relationship between the amount of time spent in treatment and the percentage of inmates successfully discharged from parole. Inmates who participated in the TC and subsequently failed parole stayed drug free and crime free for longer periods of time when compared with the other groups. The conclusions drawn from the evaluation were that substance abusing inmates who participate in Stay'n Out were considerably more likely to succeed than those who left earlier, and that nine to 12 months appears to be the optimal duration for the treatment.

SUBSTANCE ABUSE TREATMENT PROGRAMS IN PRISON THERAPEUTIC COMMUNITIES

General Information: The effectiveness of therapeutic community drug abuse treatment is highly correlated with retention. Unfortunately, one of the strongest predictors of lack of TC treatment retention is "criminality" (DeLeon, 1984). Clients who drop out early in the program usually view their substance use problem as less serious than those who drop out after a longer stay. In addition, earlier dropouts were more likely to blame the program (e.g., don't like the staff or program regimen). These findings suggest two important means of improving program retention: (1) address client issues and (2) address programming issues.

In general, client factors that have been related to longer retention include client motivation, readiness for treatment, and suitability for treatment. Clients' motivation may be affected by the nature of the charges facing them and the importance of the program to the length of their sentences. Readiness for treatment may be enhanced through adequately preparing, educating and introducing each client to

substance abuse issues. Suitability for treatment is subject to many factors, among them, comorbidity for psychopathology. Another client-related variable that significantly predicts successful program retention is family involvement in the TC. For example, it has been shown that residential services for female addicts with their children are related to longer stays in the TC. DeLeon (1984) stressed that program quality was vital to client retention and thus program success. The major factor in program quality was program validity; that is, providing the services that were promised. Vital to this was program accountability for data collection of variables related to client, staffing, and program factors that affect retention. Also recommended was ongoing staff training and enhancement of staff morale and dedication to the program.

Project DEUCE (Stewart, 1995)

Contra Costa County, California, developed the Project Deuce program. This voluntary residential program consists of two tracks: a substance abuse treatment tract and an employment training track. Within the two tracks, there are three phases of programming. Eligible clients include offenders with multiple drunk driving charges and polysubstance addicted offenders. Clients apply to the program and are prescreened. Offenders must have a minimum of 30 days remaining on their sentence prior to entering the program. The goal is to reduce recidivism and substance abuse, while increasing employability. The program defines its philosophy of change as follows: first, individuals must learn new information about substance use; next, individuals need to react to the information on an emotional level and integrate this reaction into their value system; and last, individuals must learn new skills and practice those skills.

Program Design: Phase 1 lasts four weeks. During this time, offenders receive intensive drug and alcohol education. Substance abuse is presented as a disease. Offenders review their denial system regarding substance abuse-related issues. They learn about the process of addiction, recovery, and the psychological and physical effects of substance abuse. During this time, offenders develop individual treatment plans for recovery. During Phase 1, the primary focus of the employment track is on developing self-esteem and effective communication skills. Phase 2 also lasts four weeks. During this time, offenders refine and revise their individual treatment plans. They review family-of-origin issues that may be related to their drug use. Relationship issues, including the impact of substance abuse on relationships and co-dependency, are discussed in the context of family therapy sessions. The employment tract focuses on computer literacy, and the obtainment of a high school equivalency degree. Offenders try their new skills while away from the facility on passes with family members. Phase 3 lasts four weeks. During this phase, plans are made for relapse prevention in preparation for re-entry into the community. Offenders learn behavioral modification skills to cope with previous drug-related situations. During this phase, the employment tract focuses on developing resumes and interview skills.

Evaluation of the Deuce Program: An evaluation of Project Deuce indicated that 37% of the graduates of this program were reincarcerated for DUI compared with 72% of the control group who did not participate in the program.

Delancey Street Programs (mimeos, 1990)

Program Design: Delancey Street is a drug rehabilitation program founded in 1972. It is described as a center for drug and alcohol treatment, criminal rehabilitation, and vocational training. Treatment at Delancey Street may be made a condition of diversion, probation, or parole. However, all offenders referred to Delancey Street or otherwise seeking to enter treatment must personally request admittance to the program. Delancey Street was created as a rehabilitation program "run by ex-cons for ex-cons," based on the belief that individuals who have experienced drug addiction and prison can best help others who are currently experiencing those problems. Delancey Street is largely self-supporting, because it earns money through businesses that are run by the residents and uses donations to cover the additional expenses. As of 1989, Delancey Street was providing treatment to a total of 800 residents. A typical stay is four years, and there is a minimum participation of two years. The program provides a highly structured living environment: residents are required to get up by seven in the morning and to work a total of eight hours per day; daily group meetings and regular encounter groups are also required. Additionally, education is mandatory and the program encourages residents to obtain a high school degree. No drug use or violence is tolerated, and the final sanction for violations is banishment from the program. The reported drop-out rate for Delancey Street varies from 20% to 25%.

Evaluation of the Delancey Street Program: We were unable to find information on evaluations of the program.

California's Amity Prison Therapeutic Community (NIDA, 1992)

Program Design: The Amity Prison TC was developed following the California Department of Corrections' decision to participate in a research project evaluating the effectiveness of modified TC programs for drug abusers. The program has the capacity for 200 participants. Eligibility criteria include a history of drug abuse, evidence of institution participation, no history of child molestation or mental illness, and between nine and 15 months before release on parole. The program is modeled after New York's Stay'n Out Program. Treatment lasts about 12 months. The program is organized in three phases. The first includes orientation, diagnosis, and assessment. During the second phase of treatment, lasting five to six months, participants are given the opportunity to accept positions of more responsibility through program involvement. Encounter groups and therapy sessions focus on self-discipline, self-worth, self-awareness, respect for authority, and acceptance of problem areas. The third phase encompasses community re-entry and lasts for one to three months. During this phase, participants strengthen skills in planning and decision making and design individual exit plans with the guidance of treatment, corrections, and parole staff. Participants are eligible to continue residential TC treatment in a community TC for up to one year after release.

Evaluation of the Amity Prison Program: Retention rates of offenders participating in the TC program indicated that 17% had exited the program due to expulsion or voluntary withdrawal. Approximately one in five graduates of the prison TC participated in the community TC. Participants who went through the prison program and the community program had the lowest rate of recidivism, compared to offenders who completed the prison program, but did not participate in the community program. Evaluation findings indicated that 63% of the control group offenders were reincarcerated within one year following parole, compared to 50% of the TC program dropouts, 42.6% of the offenders who completed the program, and 26.2% of the offenders who completed the prison and community TC program.

SUBSTANCE ABUSE TREATMENT PROGRAMS FOR SPECIAL POPULATIONS

Programs for Women

OPTIONS Program (NIC, 1994)

Program Design: The Philadelphia prison system operates an inpatient substance abuse treatment program for women offenders using a modified therapeutic community approach. The OPTIONS (opportunities for prevention and treatment interventions for offenders needing support) program emphasizes improving self-image, overcoming abusive histories, and developing parenting skills. Participants are assessed to determine if there is a substance abuse problem and to evaluate interest in the program. Treatment is based on group therapy and individual counseling. Issues unique for women include domestic violence, problems with parenting, anger management, sexual abuse, concerns of women over the age of 35, food issues, body image, and self-image. Sanctions and rewards are built into the program. Effective sanctions for women include writing essays about pertinent emotional/thinking issues, imposing extra group sessions, and group feedback. Effective rewards include recognition by the group and help in obtaining jobs in the institution. The program provides continuity of care through the development of linkages with community treatment programs for women on probation or parole.

Evaluation of the Options Program: To date, the program has not been evaluated, although an evaluation plan was specified in the proposal.

WINGS Program (NIC, 1994)

Program Design: The Alabama Department of Corrections developed a women's drug abuse treatment program based on an eight-week, inpatient treatment phase followed by aftercare. The WINGS (Women Incarcerated Getting Straight) program is based on a traditional 12-step program. Participants complete an evaluation and assessment prior to entry into the program. In addition to the 12-step model, concepts from the therapeutic community model and rational-behavioral techniques are used. Individual treatment is available on a limited basis. Aspects of the program that are unique for

women include routine morning aerobic classes to address physical conditioning, and videos and other resources selected for individual needs.

Evaluation of the WINGS Program: Informal evaluations indicate good results. Program managers are developing procedures for a formal evaluation to examine participants who successfully completed the program, those who failed the program, and those needing the program, but on the waiting list.

Women's Addiction Services (NIC, 1994)

Program Design: The Minnesota Department of Corrections developed an addictions program for incarcerated female felons. Women involved in the program leave the general prison population to participate in counseling options. Treatment is based on group and individual therapy and uses a broad and comprehensive range of techniques and strategies, including education, cognitive restructuring, social thinking skill development, leisure activities, recreational therapy, experiential therapy (e.g., art, music, psychodrama), self-help groups, Adlerian psychology (based on developing individual responsibility, equality, and respect for self and others), acupuncture and acupressure. The program focuses on developing each woman's strengths rather than magnifying weaknesses.

Evaluation of the Program: The program is developing a formal evaluation process. Currently, supervisors keep records of individual progress during programming. Attendance and tracking forms are used to record participation and relevant interactions.

Programs for Youthful Offenders

New Jersey Wharton Tract Narcotics Treatment Program (NIJ, 1995)

Program Design: The Wharton Tract Narcotics Treatment (WTNT) program was developed in 1970. The program serves youthful offenders (over the age of 19 years) at a former State forestry camp. Criteria for inclusion in the program are: eight to 12 months of incarceration remaining, dependence on heroin for more than 6 months but less than five years, no extreme psychopathology, no recent escapes, and no serious pending offenses. The program is based on the TC model and uses Guided Group Interaction to attempt to develop group cohesion to enhance recovery through the process of interaction. Other techniques include group problem-solving, interpersonal skills, couples therapy, family and individual counseling, and recreational activities. The program is divided into three phases: a 30 day evaluation phase, a 60 day intensive therapy phase, and a transition phase of several months to assist residents with their move back to the community.

Evaluation of the WTNT Program: An evaluation of the program found that 51% of the program graduates remained arrest-free compared to 34% of the controls.

IV. SUBSTANCE ABUSE TREATMENT PRISON PROGRAMS: NEW MEXICO

Department of Corrections, Health Services Bureau, Mental Health Program, Inmate Services (mimeos)

The Department of Corrections offers treatment for all offenders who are incarcerated. The Substance Abuse Psychoeducational Group (SAPG) program emphasizes both education about substance abuse and therapy that addresses individual problems. SAPG consists of a three-tiered series (Basic, Intermediate and Advanced), that allows participants to move from a general to specific understanding of the factors that influence an individual's decision to abuse. Each program consists of eight weekly group sessions.

The **Basic** Program is organized on the assumption that acquiring knowledge regarding drugs and understanding the general consequences of drug abuse helps move participants toward awareness of the negative effects of their own drug abuse. This program involves several sessions:

- Session 1: General Orientation on the Substance Abuse/Psychoeducational Process.
- Session 2: What is Substance Abuse?
- Session 3: Society, Family and Your Community's View on Alcohol.
- Session 4: Substance Abuse in a Correctional Setting.
- Session 5: Gangs and Substance Abuse in Prison.
- Session 6: What are the Benefits of Beginning a Recovery Process?
- Session 7: Starting the Recovery Process.
- Session 8: Final Session in Basic Series.

The **Intermediate** program emphasizes individuals' responsibility for their own "recovery." The eight group sessions are:

- Session 1: Revisiting the Basic Substance Group.
- Session 2: Honesty and Your Addiction(s)?
- Session 3: General Discussion of Different Addictive Substances.
- Session 4: How Can You Prevent Relapse/Different Perspectives on Addictions.
- Session 5: Techniques to Help with Your Recovery while in Prison.
- Session 6: Taking Charge of Your Own Life - Free from any Addiction.
- Session 7: Physical and Psychological Effects of Substance Abuse.
- Session 8: Final Session - Where do We Go from Here?

The **Advanced** program focuses on maintaining an addiction-free life through ongoing relapse prevention and focuses on the use of community resources in that effort. The session titles are:

- Session 1: What is the Possibility of Relapse from Your Recovery?
- Session 2: Relapse from Recovery: Warning Signs.
- Session 3: Re-check and Re-evaluate Your Personal Recovery Plan.
- Session 4: Removing Barriers which May Lead to a Relapse.

- Session 5: How Can You Prevent Relapse?
- Session 6: If Relapse does Occur- What then?
- Session 7: Community Resources.
- Session 8: Evaluation of the 24-week Program.

After completion of all three levels of SAPG, participants may retake the program if they feel that further participation will be useful. Through the Mental Health Program's Inmate Services, individual therapy and other basic mental health services (e.g., psychotropic medication) are provided to all inmates who require them.

New Mexico's Delancey Street Program

Program Design: The New Mexico Delancey Street Program is organized in a manner similar to other Delancey Street programs nationwide (see the description under nationwide programs). The program in New Mexico was founded ten years ago and has served a total of 125 individuals. The goals of the program are similar to the goals of all Delancey Street Programs: discipline and dignity, self-respect and service to others, hard work, and confidence. To achieve these goals, residents participate in education, vocational training, interpersonal communication, and community service programs:

- c Education programs focus on helping residents obtain a high school equivalency degree. Through the use of in-house programming, educational services such as art appreciation and money management are taught. In addition, advanced schooling is available.
- c Vocational training offers each resident training in a variety of skills. Each resident is expected to develop three skills. Examples of possible training options include: bookkeeping, catering, construction, trucking, computer programming, office skills, and automotive repair.
- c Interpersonal communication skills are taught in a group format on a twice weekly basis. Daily seminars are also available.
- c Community service provides opportunities for residents to interact with the local community. The New Mexico program residents participate in local clean-ups, telethons, drug prevention programs, family counseling programs, and crime prevention programs.

Evaluation of the Delancey Street Program: The New Mexico Delancey Street Program was unable to provide us with any information regarding program evaluation.

New Mexico's Prison Therapeutic Community

Grants Women's Program

Program Information: The Grant's Prison Therapeutic Community is administered by Corrections Corporation of America (CCA) and began operation in mid-January of 1996. It is currently

considered to be an "experimental" program for New Mexico, and at least one other TC is being considered contingent upon the success of this program.

Outcome Statistics of the CCA Pilot Project TC: Located in the Women's Correctional Facility in Grants, New Mexico, the TC is modeled after the original CCA pilot project in Nashville, Tennessee. The Nashville TC (Lifeline Therapeutic Community) operates in a men's facility and currently has several hundred residents. Summary statistics regarding outcome are available on the Nashville program. Out of a total of 119 inmates who graduated from the TC and were released from incarceration between December, 1993, and December, 1994, 41 inmates returned to incarceration, a recidivism rate of 34%. A control group of 119 randomly selected non-graduate/non-treatment inmates who were released during the same period recidivated at a rate of 67%. Another comparison between the groups showed that between January 1, 1994 and January 1, 1995, two non-treatment units comprising 254 inmates filed 484 grievances. This was compared to two TC treatment units with a total of 187 combined grievances. In addition, the total number of "disciplinary" were compared for these groups. The non-treatment units had 951 "disciplinary" filed for the year, compared with 174 filed for the treatment group, representing a decrease of 81.7%.

Grants Program Description: The TC in Grants, New Mexico currently houses 20 residents. Due to reported success and to the demand for membership, administrators are preparing to double its size to 40 residents. Inmates go through an application process to gain entry to the TC. Once accepted into the program, applicants must then wait for an available slot. The TC is segregated from the general population and this segregation extends to all aspects of prison life, although TC residents may spend recreation time with the general population if they choose to do so. The TC rules require participants to remain drug- and alcohol-free. The program follows a twelve-step approach to therapy, within a structured behaviorally-oriented regimen. Rewards or reinforcers are social in nature, and as residents maintain good behavior they acquire higher status and better jobs within the community. Rewards are allocated within a strict social hierarchy that is described as follows:

"This is a very structured environment that is set up like a large family with staff representing the "parent", or authority figures (sic.). There is a chain of command that must be followed. It is a hierarchy, with all residents striving to earn better jobs, status and privileges in the community. You move up the structure by displaying positive attitudes, job performance, participation in group activities, and complying with all the rules..." (Interview with the TC Coordinator).

There are several jobs that residents may hold to enhance their status within the community, including serving in an expeditor group (controls and monitors who enters or leaves the TC area), serving in the art department (helps decorate the unit), and participating in the service crew (helps set up and clean up for all group functions). Other individual positions include a public relations person (gives TC tours), a TV/camcorder maintenance person and a librarian. In addition to these jobs, residents are required to attend group meetings for six hours each day. These groups include meetings to maintain good social relations, "home groups" in which residents give presentations on topics they have researched, and various types of therapy groups.

Although the TC Coordinator retains ultimate authority on all decisions, implementation of the rules and decisions about sanctions for infractions are made by the TC as a group. The "family" environment is strengthened as TC members are responsible, not just for their own behavior, but for each other's behavior, and for that of the group as a whole. The "cardinal rules", or rules that if broken may require expulsion from the community, include: no drugs or alcohol, no violence or threats, no violations of confidentiality, no sexual "acting out", no stealing, and no gambling. Investigations of incidents also are carried out by the group. Sanctions are progressive in that attempts are made to match the severity of the sanction to the infraction. The final sanction is expulsion from the TC. Lesser sanctions include removal from positions of status or being given a "learning experience". Learning experiences involve sanctions assigned by the program coordinator that are related in some way to the infraction. For example, a resident accused of violent behavior may be placed in a chair and isolated from the community for several hours. A resident may likewise be asked to research a topic and give a presentation to the group as a learning experience.

The program is organized into three phases. Phase 1 is an orientation phase in which the resident is given daily homework assignments and is required to learn the program rules. Phase one lasts approximately 35 days. Residents must pass a written test and write their "life story" in order to move into the second phase. Phase 2, called "Community Class," is the primary treatment phase. Residents attend lectures on life skills and several hours of therapy every day. Phase 3, the "senior or re-entry phase," focuses on practicing skills learned in Phase 2 and on maintenance of drug-free living skills. In addition, residents are considered to be "big-sisters" and work closely with new residents in the orientation phase. Aftercare and internship programs are currently in the process of being developed. However, TC residents returning to the general prison population are required to attend regular AA and NA meetings and are provided with regularly scheduled support groups to help maintain sobriety. At this point, a former resident may apply to become an intern to the TC program. This allows them to maintain their connection with the TC by assuming a support and leadership role within the community.

Evaluation of the Program: Discussion with the program administrators revealed that the program is considered extremely successful. CCA has not increased the per diem cost to the state to operate the therapeutic community. That is, it costs the state nothing extra to provide treatment and counseling in an exclusive environment for prisoners. Savings are realized through reduced "incidents", requiring significantly less disciplinary officer and case worker time. Many of the improvements described by administrators are not directly quantifiable, but, nonetheless, result in reduced costs. For example, the strict rules of the community allow better relationships between prisoners and corrections officers and provide an opportunity for inmates and staff to work together to improve the living standards. An increase in morale is evident for both inmates and staff. Program evaluation statistics are currently being kept for the number of admissions and the number of terminations. In order to do a basic evaluation of this program, data must be collected on long-term client drug and alcohol use and on recidivism rates.

Southern New Mexico Men's Program

General Information: The Southern New Mexico Correctional Facility established a therapeutic community program for inmates in 1989, with the assistance of federal grant money. The grant ended after a few years, but the program was thought to be so successful that Mental Health staff members decided to keep it in operation despite the lack of dedicated funding. The therapeutic community continues operating today and is organized to house 16 prisoners. When the program began, it was modeled on the Delancey Street approach to treatment. With the passage of time, interested staff members began to provide treatment groups and other group activities in addition to the basic "process group" regimen. The program expanded beyond its original model, as treatment groups in such diverse areas as family issues, self esteem, anger management and stress management were added to the curriculum.

Program Design: TC residents are housed in a separate pod inside a living unit in the prison. Although their living quarters are separate, they are free to arrange their own schedule for recreation and other activities, and are not segregated from the general prison population. The structure of the program is thought to be "less intensive" than other TC programs. Residents are required either to have a job or attend school outside the program, which they must arrange for themselves. Additionally, they are required to attend a required minimum number of therapy group activities within the TC, that are available daily. In order to join the TC, inmates complete an application process. They fill out a formal application, which is then reviewed by TC staff. Staff members take into account applicants' prison behavior, as well as the nature of their criminal history and the length of their sentence. Potentially disruptive applicants are screened out.

As a condition of acceptance, applicants must sign a contract describing the rules of the community. Applicants commit to regular, voluntary urinalysis for the length of their residency. Applicants must also commit to the TC for a minimum of six months. There is no maximum length of stay, but staff members attempt to select applicants who will be paroled or selected for community corrections as they leave the TC. If residents break community rules (e.g., disruptive behavior) or have a urinalysis positive for some substance of abuse, their membership is subject to review by the staff. The ultimate sanction in these cases is removal from the TC. After a "dirty" urinalysis, residents are removed from the group and are not allowed to reapply for 30 days. All decisions regarding acceptances and removal from the TC are made by staff members. However, input from the TC residents is taken into consideration before final decisions are made.

Members who are preparing to leave the TC (and the prison) are given special training on topics such as relapse prevention and social skills training to ease their transition into society. They are also offered assistance by staff members for locating outpatient resources in the community. There is no formal aftercare program available.

Evaluation of the Program: Staff opinion holds that there is reduced recidivism among TC members, although no data are available to substantiate this claim. The prison is currently working to develop a prison-wide database for tracking prisoners through the system. It is thought that this database will provide some information about characteristics of individuals who are likely to join the TC, their levels of substance abuse, and their behavior while in prison. The database is currently only in the planning stage. The TC at Southern NM Correctional Facility has no independent budget. It requires no special funding to run, except for replacement of supplies originally financed through the federal grant. Mental health staff supply services as part of their regular duties.

V. SUBSTANCE ABUSE TREATMENT PROGRAMS DURING PAROLE: NATIONWIDE

General Information: The majority of the treatment programs reviewed in this paper include a post-release component for treatment continuity. Participants in the programs are referred to specific community treatment programs that are believed to best match the participants' needs. The Turning Point Program in Oregon has designed a transition program that appears to be effective (NIC, 1994:38): "Women being released following the Turning Point program can be sent directly to a specific treatment agency, and some community providers enter the facility to work with the women before they are released. Turning Point funding includes \$400.00 per graduate to cover two months of care in the community; the Turning Point contractor transfers the funds to a community subcontractor. Because community agencies have long waiting lists, this \$400.00 resource moves program graduates to the top of the list."

Amity Righturn (NIDA, 1992)

Program Design: Amity Righturn is a demonstration drug abuse treatment program for inmates and parolees operating in San Diego, CA. It is a residential TC treatment program based on the Stay'n Out model. After completion of the program and when paroled, participants continue treatment through community vendors. During the exit and community re-entry phase, which lasts approximately one to two months, participants continue to develop skills for autonomous decision making and self-management, to participate in relapse prevention training, and to develop individualized exit plans. Additionally, a four month residential community treatment program is available after parole. The program is a continuation of the treatment offered in Amity's prison program (see above). Participation in the program can be included as a condition of parole. The review of this program noted that continuation of programming is beneficial both to public safety and the individual.

Evaluation of the Program: Although a formal evaluation of this program has been designed, to date information on outcomes is not available.

VI. SUBSTANCE ABUSE TREATMENT PROGRAMS DURING PAROLE: NEW MEXICO

New Mexico Parole Division

General Information: There are limited substance abuse treatment options available for parolees from the New Mexico prison system. Inmates work with caseworkers to develop a parole plan. The parole plan outlines the details of an inmate's life on the outside. For example, the plan might detail where the inmate will live and how to plan to find a job. In addition, the parole board adds to the report the conditions under which the inmate is released, one of these often being involvement in treatment for substance abuse. Once on parole, it is up to parolees to initiate treatment and to complete a program, although they are often assisted by parole officers or caseworkers. At the parole officer's request, monthly compliance reports from treatment providers may be submitted to track a parolee's participation. A parolee's timely compliance in initiating treatment is often a function of the availability of treatment programs in their area of the state and the amount of money they have to pay for treatment. At free clinics, there are often waiting lists for admission.

Whether in treatment or not, all parolees are released on the condition that they do not drink alcohol or use substances of abuse. Random urine testing is enforced by parole officers. For the first violation, a preliminary violation report is filed and supervision becomes stricter. Further violations result in stricter supervision and sanctions. Ultimately a parolee who has several violations may, at the judge's discretion, be transferred to another program (Intensive Supervision or Community Corrections) or parole may be revoked and they are returned to prison.

VII. BIBLIOGRAPHY

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