

## **PRISON BASED THERAPEUTIC COMMUNITY TREATMENT: WHAT WE KNOW, AND WHERE WE SHOULD GO**

**GEORGE DE LEON, PH.D**

### **ABSTRACT**

Within the last decade, the criminal justice system has embarked on an essentially visionary course to provide treatment for the huge numbers of substance abusers within correctional settings. Although still developing, the research in these settings preceded by the considerable research in community based therapeutic community programs (TCs) provides compelling evidence to guide treatment policy decisions. This paper briefly summarizes the key findings and conclusions of the relevant research and outlines some recommendations for treatment, policy and research.

### **SUMMARY OF KEY FINDINGS**

- Over 80% of admissions to community based TCs have criminal histories.
- TC Treatment for CJS clients is effective in community based programs in showing reductions in drug use and crime. Improvements are related to length of stay in treatment.
- Estimates of the percentage of inmates in state correctional facilities with serious substance use histories range from 50-80%.

- Modified TC programs in prison and jail settings are effective in reducing recidivism and relapse to drug use.
- Modified TC programs in prisons plus post release aftercare produce the largest and most consistent reductions in recidivism to crime and in drug use.
- Aftercare programs which are “continuous” with the prison based primary treatment programs appear to be particularly effective.
- The large majority of inmates with substance use problems do not elect treatment in prison. And among those who do enter prison TC treatment most do not voluntarily elect to continue their treatment in post release after care settings.
- Individual motivation appears to be a critical factor in completing prison based treatment as well as post release aftercare.

### **CONCLUSION**

Prison based treatment is highly effective in reducing relapse to drug use and recidivism to crime when it is followed by aftercare treatment in the community after release from prison. However, only a minority of substance abusers in prison enter treatment in prison or go on to aftercare.

### **IMPLICATION FOR TREATMENT, POLICY AND RESEARCH**

Based upon the science to date the impact, effectiveness and cost effectiveness of prison based treatment can be significantly improved. Three specific recommendations are briefly outlined.

(a) Establish Continuity of Care Initiatives. Treatment initiated in prisons must be extended after release from prison. Moreover, aftercare programs should be continuous, with the philosophy and approach implemented in prison based treatment.

(b) Enhance Treatment Utilization Initiatives: Strategies are needed to increase the proportion of inmate substance users who will enter and complete prison based treatment, and who will continue in post release aftercare treatment.

(c) Implement Quality Assurance and Training Initiatives: Efforts are needed for guiding the conduct of prison based treatment and aftercare treatment programs. These include standards for accreditation of treatment programs within prisons to assure the fidelity of treatment delivery. Such efforts should be accompanied by uniform training initiatives for criminal justice and treatment personnel.

(d) Define Research and Evaluation Priorities: Evaluation and research studies should recommendations “a” through “c”: (1) evaluations of the effectiveness of integrated vs. non integrated treatment system, (2) research on motivational and other strategies to increase treatment utilization, (3) research on models of training, and (4) studies of treatment matching e.g., clarifying the subgroups of inmate substance abusers who require prison treatment plus aftercare, prison treatment only, post release treatment only.