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A STUDY OF THE EFFECTS OF INTENSIVE TREATMENT

ON REDUCING THE CRIMINAL RECIDIVISM OF ADDICTED OFFENDERS

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Abstract

Effective treatment for addicted offenders holds part of the answer to the questions of how to reduce crime. The most effective treatment programs for these offenders reported to date have been intensive programs of considerable duration that are designed as modified therapeutic communities. This paper presents a follow-up study on reduction in criminal recidivism by inmates treated in Oregon's Cornerstone Program. Principles of effective treatment are presented based on the Cornerstone experience.

Results show that the Cornerstone Program continues to demonstrate a positive effect on decreasing the criminal activity of program participants. Results also show that addicted offenders who receive little or no treatment show an accelerating pattern of criminal activity, that time in treatment correlates positive with success and that many of these treated offenders continue to show some involvement with the criminal justice system after treatment. Finally, results from this study suggest that arrests, convictions, or incarcerations are all approximately equally accurate measures of criminal activity.

The impact of substance abuse on crime is profound. A 1974 Census Bureau Study of 10,400 state prison inmates found that 39% of robberies, 47% of burglaries, 53% of homicides, and 61% of assaults were reported to be committed under the influence of alcohol (Roizen and Schneberk, 1977). A survey of 13,700 state prison inmates in 1986 found that 35% of inmates admitted using drugs at the time of their crime, and that 43% reported using drugs on a daily or nearly daily basis within the month prior to committing the crime that led up to their incarceration (Innes, 1988). According to a recent National Institute of Justice report on its Drug Use Forecasting System, 73% of male arrestees in eleven U.S. cities who voluntarily submitted urine samples tested positive for drugs (Wish, 1988). Individuals with established patterns of both drug abuse and criminality have been shown in studies in Baltimore and Los Angeles to have increases or reductions in criminality with corresponding increases or reductions of drug abuse (Gropper, 1984).

Effective treatment for addicted offenders can be part of the solution to the problems of reducing crime and turning offenders into productive citizens. The most effective treatment programs reported to date with addicted offenders have been intensive treatment programs of considerable duration that are designed as modified therapeutic communities. The Stay N' Out program in New York (Wexler, Falkin and Lipton, 1988) and the Cornerstone program in Oregon (Field, 1985) have both reported substantial reductions in criminality by successfully treated inmates.

This paper presents a follow-up study on reduction of criminal recidivism by inmates treated in the Cornerstone Program. This paper also presents methods for measuring changes in criminal activity over time that may be helpful to other researchers.

Program Description

The Cornerstone Program has been described extensively elsewhere (Field, 1985). The program is a 32 bed modified therapeutic community located on the grounds of Oregon State Hospital in Salem. Successful residents typically spend the last ten to twelve months of their sentence in the program, are paroled directly from the program, and are provided with six months of aftercare/transitional services while they are on parole. Cornerstone is

coeducational, but most of the program participants (95%) are male. The following treatment principles summarize the program's characteristics and style:

1. Separating inmates from the general population. State prison inmate cultures are antithetical to an environment that is needed for successful treatment. Inmate cultures value lying to authority, glamorizing drugs and crime, and an atmosphere of negativity and nihilism. Hope for personal change has a difficult time surviving in this kind of context. The cultures of successful treatment programs center around peer support and pressure for personal change, rather than around an obsession with "fighting the system". The social environment of treatment is as important as the information presented.
2. Clearly understood rules and consequences. Inmates need to clearly understand what is not acceptable and what the consequences are for breaking rules. Inmates do better at managing themselves and learning new information or behaviors when clear limits are established and held to.
3. A clear system for earning freedom a little at a time. It is important for addicted inmates to earn privileges for behavior that supports their recovery, and to lose privileges when they begin to relapse into criminal thinking or the early stages of addictive behavior. By this process, systematically managed, the inmates can best learn that they have control over their own lives.
4. Formal participation by inmates in running the program. Inmates need to feel "ownership" in the program to fully invest themselves in it. Responsibility for self is a key treatment goal, and inmates need to be given as much responsibility as they can manage.
5. Intensive treatment. Addicted inmates need a wide variety of treatment interventions as well as a full weekly schedule. Aside from these people needing habilitation or rehabilitation to a number of life skills, they do best when their days are fully structured and the demand level of what is expected of them is kept high.
6. Treating addiction and criminality. Both of these problems exist in the drug dependent inmate. If both are not simultaneously addressed, the untreated one will

consistently undermine the other, That is, a criminal life style tends to yield alcohol/drug abuse, and alcohol/drug abuse tends to yield a resurgence of criminal activity.

7. Transition and aftercare. Successful treatment needs to focus on helping the inmate prepare to return to the community. Community involvement should continuously expand during the course of treatment. Once paroled and released from residential treatment, parolees need continuing interventions to assure they are following their recovery plan.

Program Population

Table 1 below lists some of the critical demographic characteristics of the Cornerstone population during this study. The data in Table 1 are taken from the January, 1984 population, and are typical. The average number of adult felony convictions, average total time incarcerated as an adult, and the average age of first substance abuse document the extreme chronicity of criminality and substance abuse in this group.

TABLE 1.
CHARACTERISTICS OF THE CORNERSTONE TREATMENT
POPULATION GIVEN IN GROUP MEANS

Age	31.0
Age first arrest	13.6
No.of adult arrests	13.7
No. of adult felony convictions	6.9
Total time incarcerated as an adult	7 yrs., 7 mo.
Age of first substance abuse	12.5

Evaluation Design and Method

This is a criminal recidivism study done retrospectively using the Law Enforcement Data System (LEDS): a computerized telecommunications and information system for Oregon law enforcement agency that lists criminal activity for Oregon and accesses the federal criminal

justice data system.

The 220 unduplicated program discharges from January 1, 1983 through December 31, 1985 were sorted into four experimental groups: Program graduates (Grads) (N=43); non graduates who spent more than six months in the program (NG> 6 mo.) (N=43); non-graduates who spent more than two, but less than six months in the program (NG 2-6 mo.) (N=58); and nongraduates who spent between one day and two months in the program (NG 0-2 mo.) (N=65). Six of the potential NG 2-6 mo. group had to be eliminated from the study because four were deceased and two had failed to be released from prison since leaving the program. Five potential NG 0-2 mo. group members had to be eliminated because they were in the program so short a time (less than one day) that adequate identifying information had not been collected by program staff. The remaining 209 subjects were distributed throughout the four experimental groups as noted above.

The dependent variables in this study were arrests, convictions and prison incarcerations. Arrests were tabulated as "arrest events" as reported in LEADS. These "arrest events" may have included multiple arrest "counts" at the time of arrest. Similarly, convictions were tabulated on the basis of each "arrest event" and did not consider convictions on multiple "counts." Therefore, only one tabulated conviction was possible for each "arrest event". Arrests and convictions included all recorded arrests and convictions: misdemeanors as well as felonies. County jail time actually spent (as opposed to suspended sentences) exceeding six months (more than 179 days) on a conviction was counted as equivalent to a state prison incarceration. County jail time of less than six months actual duration, along with fines and probation, were considered as convictions without prison incarceration.

In the first part of the study, absence of any arrests, convictions and prison time for three years after the beginning of parole was compared across all four experimental groups.

In the second part of the study, rates of arrest, conviction and prison incarceration were compared across the groups for a "three -year" interval after parole and for two "three -year" intervals before incarceration for the offense that led them to the Cornerstone Program. The "three-year" intervals are actually "thirty-six month at-risk intervals", because each of these time periods included a complete thirty-six months without incarceration time. So if, for example,

after twelve months into an interval an individual was incarcerated for four months, the actual interval would be extended for four months (from 36 to 40). This method creates a full thirty-six month "at-risk" time interval of study, and is a more accurate measure of frequency of criminal activity.

Two problems were encountered with the rate study. Some subjects had not spent sufficient time out of prison since entering treatment (at least one year) to have achieved measurable rates of arrest, conviction and incarceration and had to be dropped from the second part of the study. Other subjects were too young to have had at least three complete years of non-incarcerated time since their eighteenth birthday. These people were also dropped from the second part of the study. Final numbers for the second part of the study were as follows:

Grads:	43 of 43 - 100%
NG>6 mo:	37 of 43 - 86% (one subject too young, five had not been out of prison one full year post treatment)
NG 2-6 mo.	41 of 58 - 71% (five too young, twelve not out of prison one full year post treatment)
NG 0-2 mo:	37 of 65 - 57% (nine too young, sixteen not out of prison one full year post treatment, three still on escape status)

In each of the experimental groups, about 75% of the subjects were old enough to have at least six years of "at risk" community time. These are the subjects that were used to gather the data for the 3 to 6-year pre-treatment interval.

Results and Discussion

Table 2 presents absence of arrests, convictions, and prison incarcerations for three years after parole for Cornerstone graduates (average stay of 11 months), non-graduates who stayed

in the program for more than 6 months (180 days), non-graduates who stayed 2-6 months (60 - 179 days), and non-graduates who stayed less than 60 days.

TABLE 2
Rates of Avoiding Any Arrest, Conviction, or Prison Time for Three Years
After Parole for Cornerstone Participants From 1983 through 1985

	No Arrests	No Convictions	No Prison Time
Program Graduates (Grads) (N=43)	37%	51%	74%
Non-Grads who completed at least 6 months (NG> 6 mo.) (N=43)	21%	28%	37%
Non-Grads who completed 2 through 5 months (NG 2-6 mo.) (N=58)	12%	24%	33%
Non-Grads who left before 60 days (NG 0-2 mo.) (N=65)	8%	11%	15%

The order of success as measured by no arrests, convictions, or prison incarcerations in Table 2 consistently favors time in treatment. Program graduates consistently do much better than the non-graduate groups, even though many graduates continue to have some contact with the criminal justice system. The two "partial treatment" groups (two to six months and more than six month groups) show results that are similar to one another, but again consistently favor time in treatment. The less than 60 day group comes close to being a no-treatment comparison group. The poor results shown by this group without significant treatment are noteworthy.

The consistent ordering of success rates and the constancy of relative success between the groups across arrest, conviction and prison incarceration data suggests that any of these three dependent variables are an equally usable outcome measure.

Because simple presence or absence of arrests, convictions, or prison incarceration over a

lengthy time period hides much of the criminal activity that is occurring, it was decided to measure rates of each of these outcome variables. By comparing post treatment rates with pretreatment rates, it was hoped that a clearer picture of the effects of intensive treatment would be gained.

Figure 1 presents arrest rates for the four experimental groups over pre and post treatment three year at risk intervals. Figures 2 and 3 present the same data for convictions and prison incarcerations.

The data presented in all three figures is remarkably similar. In each case the four experimental groups are virtually identical at the pre treatment intervals. In each case all four groups show accelerating criminal activity across the pre-treatment intervals. In each case the relatively untreated (NG 0-2 mo.) shows a continuation of accelerating criminal activity following their brief exposure to intensive treatment. Finally, in each case the treated groups show a decrease in criminal activity that correlates positively with time in treatment. As in the first part of the study, program graduates do significantly better than non-graduates.

These results present a more thorough and graphic display of the effects of intensive treatment on reducing criminal recidivism among addicted offenders than was possible from the data in Table 2.

This study has two obvious limitations. First, subject motivation for change is not controlled for across the experimental groups. Some of the positive effects may have occurred because those inmates who stayed in treatment were simply more motivated, rather than the results being due to specific treatment effects. There are two counterbalances to this study limitation. First, subject motivation at some point is always a part of successful treatment, and second, no motivational differences between the groups are apparent in the pre treatment data in Figures 1, 2, or 3.

The second limitation in this study occurred because the complexity and requirements of measuring pre and post treatment arrest, conviction and prison incarceration rates necessitated that significant numbers of subjects in some of the groups be dropped from part of the study. The question is what biasing factor occurred by dropping those subjects from the second part of the study? That question cannot be answered with any certainty at this time. However, the

Figure 1
Group Mean Arrest Rates Over
Pre and Post Treatment
3-Year "At Risk" Intervals

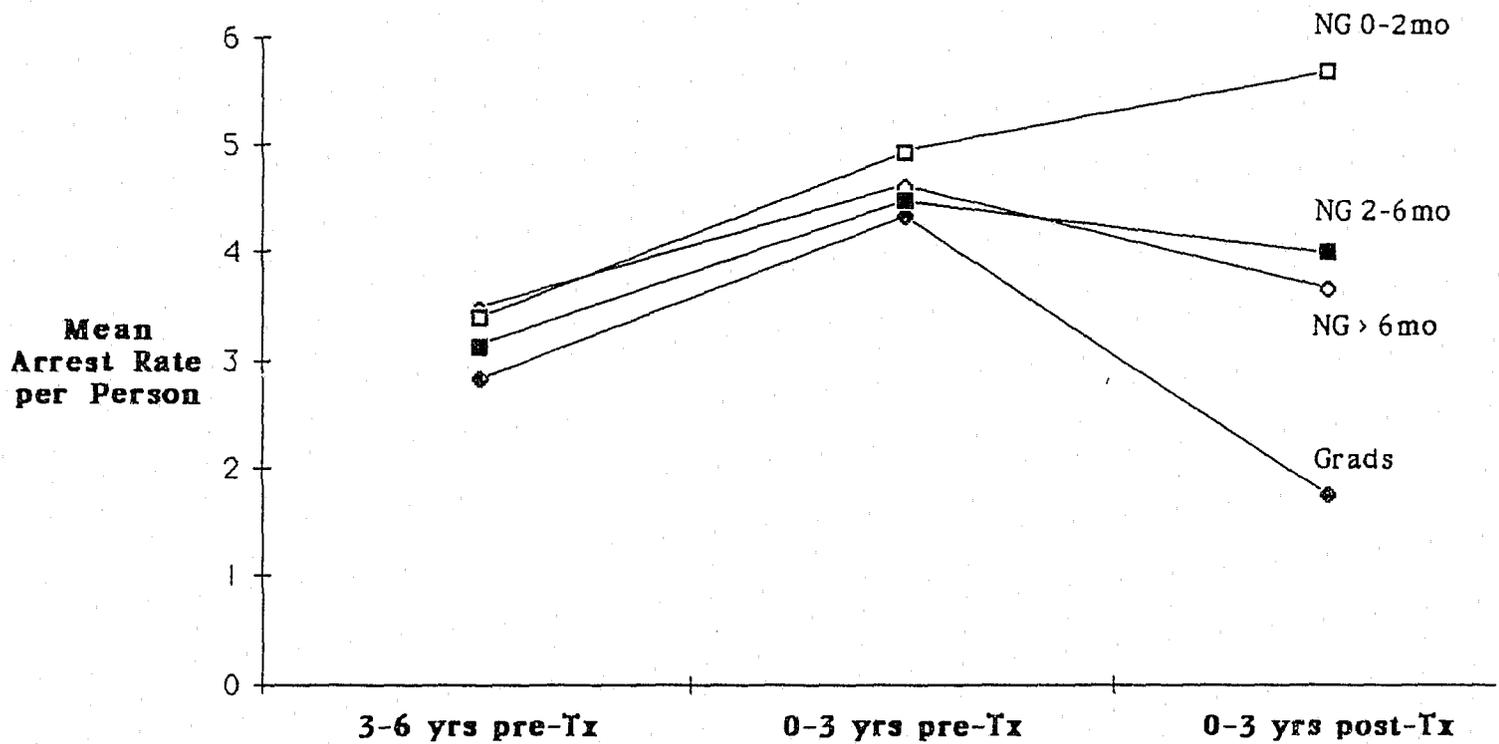


Figure 2
Group Mean Conviction Rates Over
Pre and Post Treatment
3-Year "At Risk" Interval

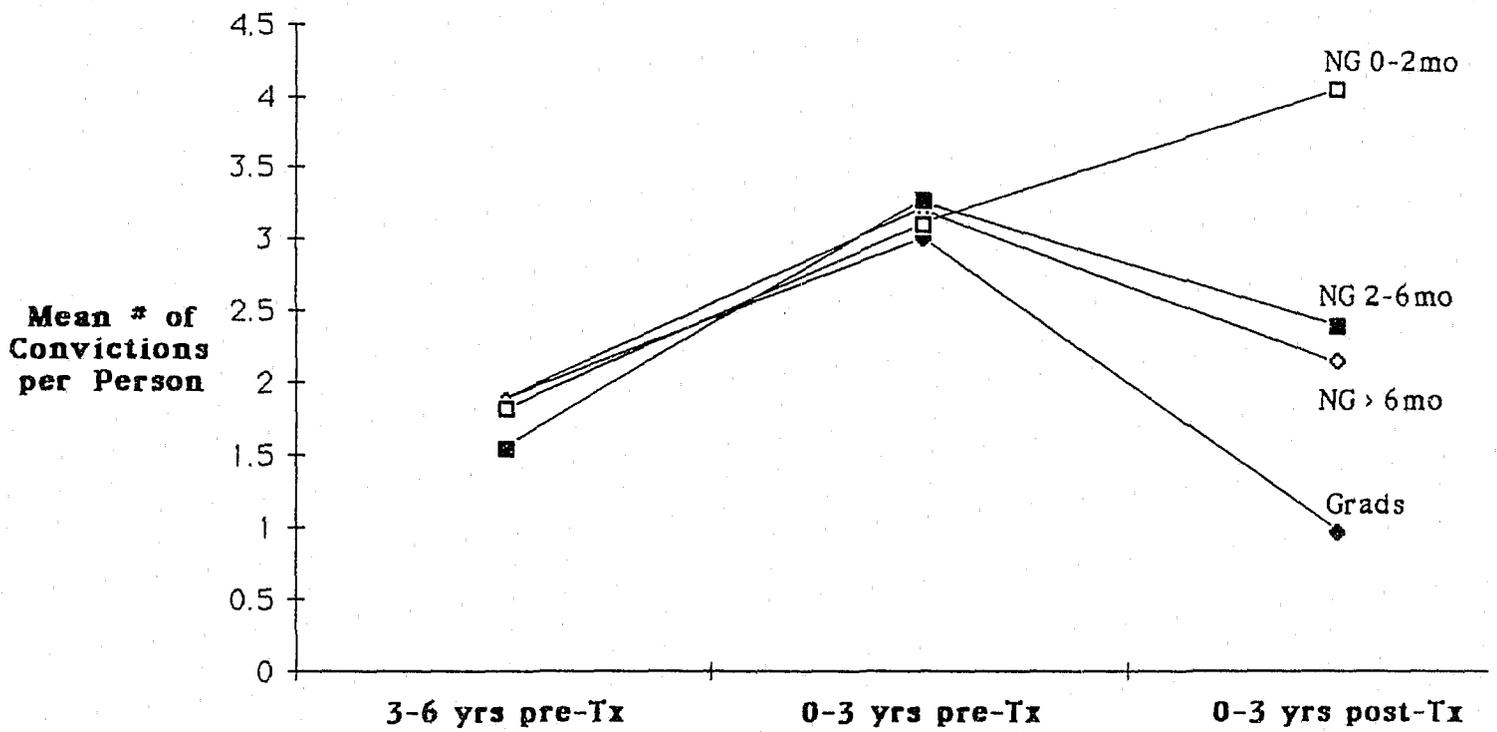
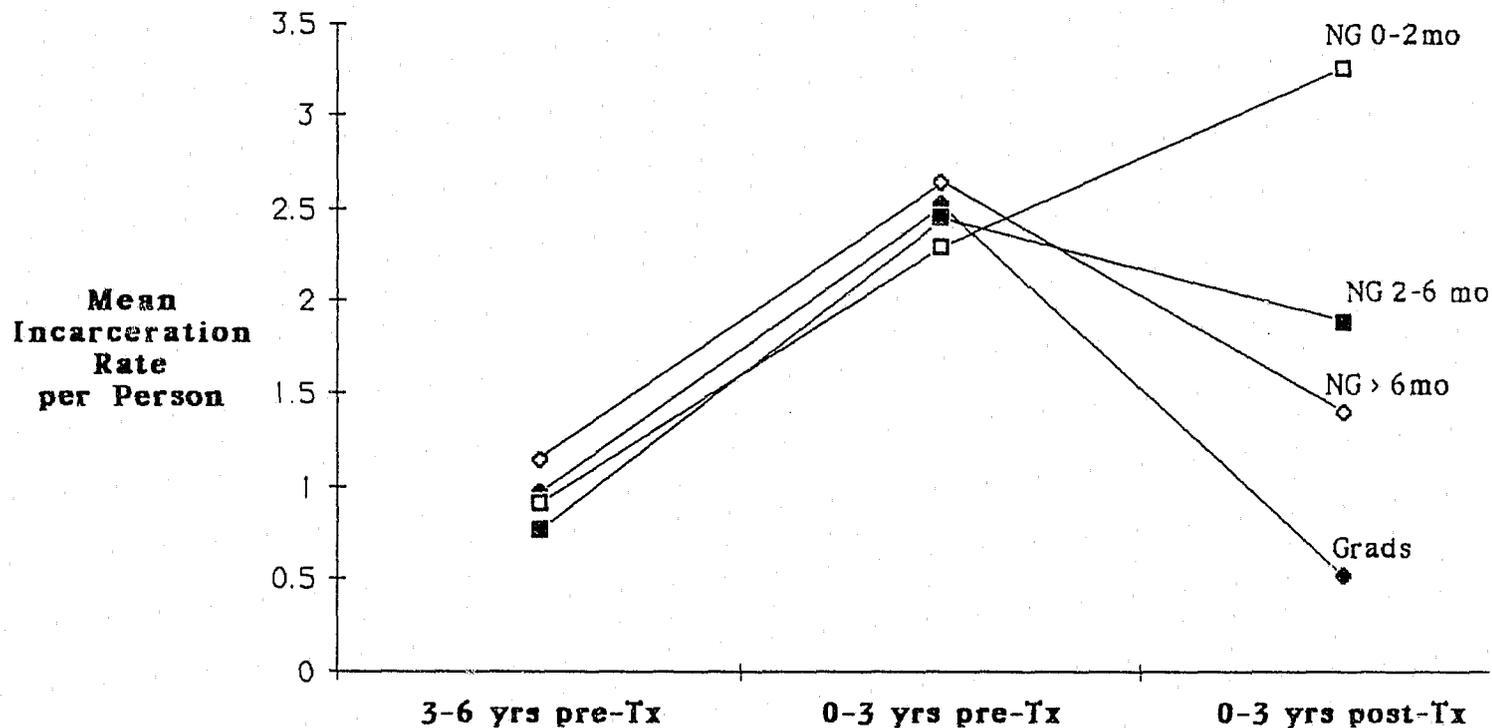


Figure 3
Group Mean Incarceration Rates Over
Pre and Post Treatment
3-Year "At Risk" Intervals



subjects who were dropped from the non-graduate groups were dropped largely because they had recidivated at such a rate that they had not yet achieved twelve full months of community time in the three to five years since their parole. These individuals, therefore, probably represent the "worst cases" in the non graduate groups and would likely push the arrest, conviction, and incarceration rates at post treatment even further apart, creating even more separation between the experimental groups.

Conclusions

The following conclusions are drawn from the results of this study.

1. The Cornerstone Program continues to demonstrate a positive effect on decreasing the criminal activity of program participants.
2. Addicted offenders who receive little or no treatment show an accelerating pattern of criminal activity over time.
3. Time in treatment in an intensive treatment program for addicted offenders correlates positively with measured decreases in criminal activity.
4. Many successfully treated addicted recidivist offenders continue to show at least some involvement with the criminal justice system after treatment, even though their involvement is reduced.
5. Arrests, convictions, or prison incarcerations all seem to be approximately equally accurate measures of criminal activity.

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