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**Author(s): Kevin Knight Ph.D. ; Matthew Hiller Ph.D. ; D.
Dwayne Simpson Ph.D.**

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**Prison-Based Treatment Assessment (PTA):
Final Activity Report**

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Kevin Knight, Ph.D.
Project Manager

Matthew Hiller, Ph.D.
Data Analyst

D. Dwayne Simpson, Ph.D.
Principal Investigator

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Correspondence concerning this report should be addressed to the Institute of Behavioral Research, Texas Christian University, P.O. Box 298740, Fort Worth, Texas, 76129.

Executive Summary

Conducted by the Institute of Behavioral Research, the Prison-Based Treatment Assessment (PTA) project is one of the largest and most comprehensive evaluations of the In-Prison Therapeutic Community (ITC) component of the 1991 Texas Criminal Justice Chemical Dependency Treatment Initiative. After being funded by the Texas Commission on Alcohol and Drug Abuse to collect baseline and follow-up information, the PTA project received a grant from the National Institute of Justice to conduct secondary data analyses to assess the effectiveness of prison-based drug treatment. This report summarizes findings from the first established ITC facility, a 500-bed unit for males located in Kyle, Texas.

- *It was found that referrals to the Kyle ITC were made in accordance with legislative mandates.*

Treatment referrals to the Kyle ITC appear to have occurred as legislatively intended. That is, the treatment admission sample was similar sociodemographically to the general Texas prison population, but as intended, it had higher rates of drug use and relatively low rates of previous arrests for aggravated or violent offenses. Also as intended, the Kyle ITC sample had higher drug use prevalence rates. For instance, Kyle ITC inmates included 89% who reported ever using cocaine or crack, compared to 60% in the general prison population.⁴ Heroin had been used by 47% of the Kyle ITC sample, vs. 23% of the general prison population. Furthermore, the Kyle ITC sample had lower prevalence rates for aggravated offenses; only 2% were admitted to prison on a charge of homicide, compared to 12% for the general prison population. Eleven percent of the Kyle ITC group were admitted on a charge of robbery, whereas 18% were for the general prison population.

- *Overall, ITC graduates reported favorable opinions about the program and counselors at Kyle.*

Kyle ITC inmates provided high ratings for their counselors, the program, and for other inmates. Specifically, 80% of the 482 inmates sent to treatment in the ITC at Kyle during June 1993 to January 1994 graduated and they reported highly favorable opinions of the ITC program and counselors at the treatment facility. Over half rated the treatment program features favorably, and over two-thirds gave high ratings to their therapeutic value. In addition, over four-fifths rated their primary counselor as being highly competent and developing good rapport with them. In particular, they strongly believed their main treatment counselor was easy to talk to, understood their situation and problems, was well organized and prepared for each counseling session, and motivated and encouraged them. On the other end of the spectrum, the majority of the inmates reported (prior to graduation) that the caring and helpfulness of the custody staff were less than adequate. These low ratings, however, may reflect the inmates reaction to immediate authority figures rather than to specific Kyle ITC corrections staff, as demonstrated by an increase from 29% providing favorable ratings while in prison to 53% providing favorable retrospective ratings 1 year later.

- *ITC graduates demonstrated marked reductions in their criminal and drug use activity from the 6 months before entering prison to the 6-month period before the 1-year follow-up interview after leaving prison.*

When changes from before to after prison were examined, drug use and criminal behavior declined substantially for both the Kyle ITC graduates and the comparison group parolees; however, the Kyle ITC graduates had more favorable outcomes after leaving prison. For example, the average number of days (per 6-month period) involved in illegal activities dropped from 129 to 18 for the Kyle ITC graduates, and 92 to 22 for the comparison group. Weekly use of cocaine or crack dropped from 48% to 5% for the Kyle ITC group, and from 65% to 16% for the comparison group.³

- *ITC graduates were less likely to be rearrested after prison than were a matched comparison group of inmates from the general prison population who did not receive ITC treatment.*

Overall, ITC graduates had lower 2-year rearrest rates following prison than did an untreated comparison group. For instance, 24% of the ITC graduates had an official record of rearrest within the first year after leaving prison, compared to 33% for the comparison group parolees. Within the first 2 years, 39% of the ITC graduates had a record of arrest compared to 50% for the comparison group parolees. In addition, 39% of the Kyle ITC graduates had an official record of arrest within the first 2 years after leaving prison, compared to 50% for the comparison group parolees.

- *ITC graduates who completed the first phase of aftercare -- i.e., 3 months at a residential Transitional Treatment Center (TTC) -- had the most favorable outcomes.*

Kyle ITC graduates who completed the 3-month residential Transitional Treatment Center (TTC) aftercare program, had the most favorable outcomes. Thirty-five percent of the TTC completers and 45% of the TTC non-completers had an official record of arrest during the first 2 years, compared to 50% for the comparison group parolees. According to parole officer reports, 11% of the TTC completers and 15% of the TTC non-completers were charged with a new offense during the first year after leaving prison, compared to 16% of the comparison group parolees. These differences strongly suggest ITC treatment, particularly when coupled with the aftercare component, helps parolees with a history of drug use problems to lower their risks of relapse and recidivism.

During a time when questions are being asked about the need to provide treatment to prisoners, this study provides evidence that corrections-based treatment is working in Texas. Not only are the benefits of treatment witnessed in fewer parolees using drugs and returning to prison, but in monetary returns as well. Based on findings from an earlier Kyle ITC admission cohort, Fabelo (1995) reports that there will be a \$1.18 return for every \$1 invested by the state in the ITC program if current program participation rates and reduction in recidivism rates are maintained over a 3-year period. These projections are modest because they do not include other related cost savings such as reductions in public health care costs.

Primary prevention measures are no longer an option for criminal offenders with a history of drug use -- only by providing some form of treatment will the criminal justice system be able to help curb the cycle of drug use and criminal activity. Public concerns about crime remain high and is accompanied by strong support for rehabilitation for drug-related problems (Peter D. Hart Research Associates, 1994) with the public wanting assurances of safety as much as they want assurances of punishment (Falkin, Wexler, & Lipton, 1992). Although further work is needed, the results of this evaluation offers encouragement that correctional-based treatment can provide rehabilitation in a punishment-based setting and ultimately deliver a long-term means of lowering crime and improving public safety.

PRISON-BASED TREATMENT ASSESSMENT (PTA): FINAL ACTIVITY REPORT

This is the final activity report to the National Institute of Justice (NIJ) summarizing the Prison-Based Treatment Assessment (PTA) project for evaluating treatment process and outcomes associated with In-Prison Therapeutic Community (ITC) facilities in Texas. It includes a general overview of the 1991 Texas Criminal Justice Chemical Dependency Treatment Initiative, a review of the PTA evaluation study design and methodology, and a descriptive summary of characteristics and background information of inmates who completed the New Vision Chemical Dependency Treatment Facility in Kyle, Texas. It also includes a summary of findings from data collected after participants in this project were released from prison.

The Impact of Substance Abusing Offenders on the Criminal Justice System

The relationship between drug use and criminal activity and their impact on society are well documented (c.f., Ball, Shaffer, & Nurco, 1983). Historically, as levels of illicit drug use have increased, so have numbers of drug-related offenses. Likewise, the majority of offenders who have committed crimes, particularly violent crimes such as assault and robbery, have had a recent history of drug use. Nationally, about two-thirds of arrestees test positive for illegal drugs in their urine, and this rate has remained fairly stable over the past decade (National Institute of Justice, 1998). For incarcerated offenders, the percentage who test positive after arrest for drug use is even higher.

The impact drug-using offenders are having on society is profound. First, the threat to personal safety and property is enormous. On average, untreated offenders commit 40 to 60 robberies, 70 to 100 burglaries, and more than 4,000 drug transactions a year (Lipton, 1994). In addition, opiate users commit four to eight times the number of predatory crimes during periods of active use than during periods of abstinence (Ball, Shaffer, & Nurco, 1983; Lipton, 1994). Second, drug-using offenders pose an austere financial threat to taxpayers. For example, in Texas, the estimated total cost related to drug use approached \$12.6 billion in 1989 (TCADA Newsletter, 1992). Nationally, estimates reported by the National Institute on Drug Abuse (NIDA) are approximately \$60 to \$70 billion (Lipton, 1994). Third, these offenders are placing a financial and logistical strain on the criminal justice system by overcrowding courts, prisons, and jails. Recently, all but 10 states were under judicial mandate to relieve prison crowding, with the majority of the incarceration population consisting of drug users (Lipton, 1994). In Texas, this influx of drug-using offenders is exemplified by the 177% increase in the number of drug offenders admitted to prisons between 1984 and 1988, resulting in overcrowding and a large backlog of felons waiting in county jails (Fabelo, 1989).

The Need for Treatment and Evaluation

In an attempt to meet the financial and logistical demands placed upon them, prisons and jails rarely have provided any form of drug treatment. As a result, the criminal justice system frequently allows drug-using offenders to return to the streets untreated. In a 1997 survey of State department of corrections, 70 to 85 percent of State prisoners were found to be in need of substance abuse treatment; yet only 13 percent were receiving treatment prior to being released (CASA, 1998). Not surprisingly, researchers have found that nearly three-quarters of these untreated offenders are becoming reinvolved in criminal activity and are returning to their drug of choice within 3 months after being released from prison (Wexler, Lipton & Johnson, 1988).

Treatment programs that have been incorporated into the criminal justice system have yielded some promising results related to treatment outcome (Leukefeld & Tims, 1988). Hubbard and his colleagues found that criminal justice clients do as well or better than other clients in drug abuse treatment (Hubbard, Collins, Rachal, & Cavanaugh, 1985). Wexler reports that graduates from the Stay'n Out program, a prison-based therapeutic community (TC), had significantly lower relapse and recidivism rates after prison (Wexler & Williams, 1986; Wexler, Lipton, & Johnson, 1988). Wexler reports similar findings with graduates of the Amity prison drug treatment program in California (Wexler, 1996, April; Wexler & Graham, 1992). Results of another prison-based TC program indicated that 2 years after release, a TC group as a whole had almost 20% fewer arrests than an untreated comparison group (Platt, Husband, & Taube, 1990-91). Other corrections-based programs -- such as the Cornerstone Program (Field, 1984, 1989) and the Key/Crest (Inciardi, 1995, January; Inciardi et. al, 1997) -- have demonstrated the relative effectiveness of such programs in helping to lower relapse and recidivism rates. Furthermore, research suggests that the benefits are even greater when individuals participate in an aftercare program as part of their treatment program (Inciardi, 1995; Inciardi et. al, 1997).

In a review by Tims and Leukefeld (1992) of drug abuse treatment evaluation research over the past 20 years, the evidence surrounding coerced treatment for criminal justice populations was judged to be encouraging but in need of further improvements in assessment and treatment procedures. When Texas began its statewide criminal justice treatment initiative (described later), it presented an opportunity to conduct such an evaluation on a large scale. As this recent initiative toward providing offenders with drug treatment is implemented, the enormous problems associated with relapse and recidivism are expected to decrease; however, only through evaluation efforts will questions about the effectiveness and benefits of corrections-based treatment programs begin to be more fully answered.

The Texas Criminal Justice Chemical Dependency Treatment Initiative

Similar to other states encountering national problems largely associated with drug-using offenders, Texas was facing a criminal justice crisis in 1991 due to a record number of arrests for serious crimes and court backlogs in adjudication (Sellers, 1994). Although the number of prison beds increased substantially, the Texas Department of Criminal Justice (TDCJ) was not able to keep up with the demand. Counties were faced with overcrowded jails and were having to contract with private incarceration facilities to hold the state's prisoners until prison space was

available, allowing many drug-using felons to be paroled before ever being sent to prison and having an opportunity for treatment.

As a result of these problems and the encouraging findings from treatment programs in other states, the 72nd Texas Legislature (H.B. #93 and S.B. #828) called for the development of a comprehensive treatment system within the Texas Criminal Justice System. This landmark legislation, referred to as the Texas Criminal Justice Chemical Dependency Treatment Initiative, authorized the creation of 14,000 corrections-based treatment beds, representing one of the largest correctional drug abuse treatment program in the world and elevating Texas to a national model in corrections-based treatment (Wexler, 1994). The three-part initiative included 1) plans for screening, assessing, and making treatment referrals for drug-using arrestees, 2) providing 12,000 long-term residential therapeutic community treatment beds for drug-using probationers, and 3) providing nearly 2,000 long-term in-prison therapeutic community (ITC) treatment beds for prisoners with drug-use problems. Recently, however, this initiative has been curtailed to approximately half of the number of initially proposed treatment slots.

Description of the Treatment Continuum

The first elements of this system to be established were the ITC facilities. Original plans were that, by Fiscal Year 1996, drug abuse treatment would be provided to 2,000 eligible prison-incarcerated offenders during the last 9 months before parole.¹ After release from prison, ITC graduates are required to participate in up to 3 months of a community-based residential treatment program, followed by up to a year in an outpatient "free-world" treatment program.

The ITC component is a prison-based 9-month "modified" therapeutic community, operationally independent of and physically separate from the general prison system. The ITC program has three phases, each approximately 3 months long. During the first phase, the Orientation Phase, inmates are acquainted with the basic concept and philosophies of the program. It is during this time that the rules, regulations, and policies of the program are presented. Also, counselors teach the basic concepts of substance abuse and the addiction process, relapse and relapse prevention, and denial. The second phase, the Main Treatment Phase, focuses on the exploration of problems faced by the inmate in recovery and options the program offers. Deficiencies in life management skills are identified and a focus is placed on accepting responsibility for behaviors and developing new positive attitudes and behaviors. The third phase, the Re-Entry Phase, is intended to help the inmate to solidify personal changes from earlier phases into lasting habits which maintain recovery from chemical dependency. Emphasis is placed on increasing self-worth and self-esteem. Also during this phase, preparations for discharge and parole begin.

Upon program completion, ITC graduates are sent to a 3-month residential Transitional Treatment Center (TTC) program typically located nearest to the city where they had lived prior to prison. Adhering to a TC philosophy, the TTC programs are designed to be similar to a "half-way house" setting where emphasis is placed on reintegrating the parolee back into the community. Primary goals include meeting social services needs, assisting in locating employment, and providing support groups or treatment facilities that teach relapse prevention techniques.

When ITC graduates complete the TTC program, they are assigned to a community-based outpatient program for up to 12 months, typically located in the same treatment facility where their residential TTC component was completed. Also following a TC philosophy, these programs are geared toward helping the parolee make the final steps back into unsupervised community living. Continued counseling and support are provided along with psychoeducational presentations.

In addition to the TTC and outpatient program requirements, Kyle ITC graduates are required to meet with their assigned parole officer and provide urine for testing on a regular (usually monthly) basis. Also, graduates meet with an assigned TC case manager as needed to review personal progress and deal with potential problems such as relapse episodes. When drug use is detected or self-reported, the parolee may be diverted to a short-term residential relapse center and possibly returned to a TTC or outpatient program.

PTA Project Evaluation Plan

In June 1996, NIJ awarded a grant to the Institute of Behavioral Research at Texas Christian University (TCU) to conduct secondary data analyses using the comprehensive PTA data systems for evaluating ITC treatment process and outcomes. The study design included outcome evaluations at 6 months and 1 year posttreatment using a sample of graduates from the first ITC treatment facility and a matched comparison group of prison inmates who were eligible, but not selected, for assignment to an ITC.

The Prison-Based Treatment Assessment (PTA) project carried out by TCU focused on the 500-bed *New Vision In-Prison Therapeutic Community* for men; it is located in Kyle, Texas, 30 miles south of Austin. Data collection occurred at three points in time -- at the end of treatment in the ITC, and at 6 months and 1 year following release from the ITC program (see Figure 1). Stage 1 of the project, which was funded by a contract from the Texas Commission on Alcohol and Drug Abuse, began in March 1994 and included the collection of pre-incarceration background and during-treatment information from all Kyle ITC inmates just before their graduation from the facility. The next two stages began in September 1994 and included 6-month (235 ITC and 78 comparison cases) and 1-year follow-up interviews (169 ITC and 62 comparison cases).

Background and baseline data collection. Due to the funding and completion schedule imposed on this evaluation project, it was necessary to collect background and baseline data from Kyle ITC inmates during their last 2 months of treatment. In groups of 25 to 50, these inmates were informed of the project and asked to sign consent forms to participate in the study. To be eligible for inclusion in the study, inmates had to consent to participation as a research subject and agree to allow the TCU research team legal access to their data files as well as to search for them in the follow-up phases. Seventy-six percent agreed and were then asked to complete a set of assessment forms during a series of three 1-hour sessions (see Simpson, 1994, for copies of these forms). [Reasons for inmates not completing forms are discussed on page 8]. Session 1 included a general background questionnaire pertaining to pre-prison sociodemographic characteristics as well as other items, such as criminal and drug use history. Session 2 focused

on during-treatment measures, such as ratings of the program and treatment staff. Session 3 was a collection of standardized measures of addiction as well as cognitive and psychological functioning. Afterwards, a Client Locator File was completed by the inmate to help fieldworkers find them for follow-up interviews. In addition, official TDCJ records were accessed by authorized research staff to verify background information, determine a parolee's TDCJ "recidivism risk score" (i.e., a composite measure based on prior convictions, prior incarcerations, age at first incarceration, commitment offense, parole or probation revocation, drug and/or alcohol dependence, employment, and education), and determine the previous criminal offense leading to incarceration.

Because we were not able to interview comparison group parolees prior to being paroled from general prison population, self-reported background and baseline data were collected as part of their 6-month follow-up interview. Circumstances and perceived risks associated with personal disclosure of information asked in many of the items appeared to bias self reports from this sample. Therefore, *caution is strongly advised in interpreting differences between the Kyle ITC and comparison groups on self-reported pre-prison data.* However, race/ethnicity, age, average grade level completed, previous criminal offense, and the recidivism risk score are comparable because data were collected on both groups from official TDCJ records.

Follow-up data collection. A total of 293 Kyle ITC graduates and 103 comparison group parolees were selected to receive follow-up interviews 6 months after release from prison. Only those who completed a 6-month follow-up interview (235 ITC and 78 comparison cases) were targeted to receive the 1-year follow-up interview, resulting in 169 ITC and 62 comparison group 1-year follow-up interviews. The follow-up interview includes measures of criminal recidivism and drug abuse relapse, along with other psychosocial and behavioral measurements. In addition, for Kyle ITC graduates, questions included descriptions and perceptions of treatment services received at the ITC as well as at community-based Transitional Treatment Centers (TTCs) after leaving prison.

In total, 23 interviewers in six Texas cities (Austin, Corpus Christi, Dallas, Fort Worth, Houston, and San Antonio) were hired and trained to carry out the 6 month and 1 year follow-up interviews. Six were female and 17 were male. With respect to race-ethnicity, 2 were African American, 7 were Mexican American, and 14 were white. Interviewers were paid on a per capita basis and worked on a part-time schedule, supplementing their regular income which came from their occupation as street outreach worker, probation officer, drug abuse counselor, or retiree. At the outset, a 1-day training session was provided by IBR staff for fieldwork supervisors, who in turn trained any interviewers they recruited. Numerically, site staff ranged from a single worker at both Corpus Christi and Dallas, to 10 from in the Fort Worth site -- the later being the result of that site's request to use their network of interviewers to search for parolees in otherwise unassigned regions.

Interviewer fees were \$150 per parolee located. Of this amount, \$20 was given to the parolee as reimbursement for the time spent in the interview, and an additional \$5 was paid if a hair specimen was provided for drug testing. Parolees incarcerated in prison were not interviewed; however, the ones located in local or county jails were interviewed, as were parolees in drug abuse treatment facilities. In cases where the parolee was located but not

interviewed, adequate proof of location was recorded, such as convincing evidence that the parolee was in prison.

To verify that interviews actually were conducted and parolees were properly reimbursed, a member of the TCU research staff called a 10% random sample of parolees who consented to participate in the PTA project at telephone numbers they provided at the time of interview. Phone conversations with this interviewed subsample verified all had been interviewed and correctly reimbursed. These quality control checks detected no evidence of falsified interviews.

In addition to conducting personal follow-up interviews, official records were collected on parolee incarcerations based on Texas Department of Public Safety's (DPS) Criminal History Records Information (CHRI). Also, immediately after the follow-up interview, hair specimens were collected and sent to Psychemedics, Inc. for cocaine and opioid metabolite testing. Furthermore, parole officers were asked to complete and return a status report form developed by the Criminal Justice Policy Council and to conduct a full-screen urinalysis on parolees participating in this project; however, typically only the most recent urine test results for targeted drugs were forwarded.

Data Management and Quality Control Procedures

Processing of forms. As part of this project, a data manager routinely supervised the collection and computer keying of all data. Quality control procedures included the Kyle ITC data coordinator checking forms to ensure that all items had been answered and that grossly inconsistent responses were rectified. For example, when the itemized responses on types of arrests did not add up to the reported total number of arrests (within a 15% reporting error range), the discrepancy was brought to the attention of the inmate for correction. After the preliminary inspection by the data coordinator at Kyle, forms were mailed to TCU where a second round of quality control checks were performed by research staff. Again, forms were scanned for missing items and inconsistent responses. If a problem was identified, the primary Kyle ITC counselor was asked to obtain clarification from the inmate -- provided they were still in the program. Once each form passed the preliminary rounds of quality control, it underwent a systematic accuracy check by data editors for consistency, completeness, and legibility of entries. Information that appeared to be inconsistent was discussed by the editors and data manager for resolution. In some instances, the Kyle ITC counselor was contacted for clarification. If the inmate had already left Kyle, the information in question was left in its original form. Subsequently, forms were computer keyed, using double-entry to minimize error. Next, a computer program to detect keying errors compared the two entries and flagged discrepancies. Corrected data files were run through a SAS (Statistical Analyses System) computer program to verify that the range and consistency of item responses were acceptable. Once these steps were completed, data were released for analysis and added to master data files.

The follow-up data review and editing process was slightly different in that contacts were made with the follow-up agency field staff for purposes of verification of interview administration and clarification of information when necessary. In addition, interviews accompanied by hair samples followed a chain of custody procedure to insure confidentiality and verify that test results were linked to the correct parolee. However, information from both the

follow-up interviews and the hair analysis reports were computer keyed and underwent similar range and consistency checks as described earlier.

Parole officer reports also were returned to TCU for processing and computer keying. They were checked for completeness and consistency, and parole officers were contacted to obtain missing information.

Management information system. Files from the Kyle ITC program, TCADA, and the Texas Department of Criminal Justice (TDCJ) were accessed and used to provide parolee background data and to update information in three databases at TCU; these included one for inventory and tracking of baseline data forms, another for tracking parole officer reports, and a third for tracking follow-up interviews.

The IBR baseline database included information on the dates forms were completed and received at the IBR. This database also included information gathered from the Kyle ITC files, which was used in the follow-up phase of the project to identify Kyle inmates eligible to receive a follow-up interview -- that is, those who had completed the intake interview and who had graduated from the program.

The parole officer report database assisted in the location of parolees for follow-up and tracked the parole officer reports. Information entered in the database and used to help locate parolees included the assigned parole officer and office, the most recent arrest history, legal status, residence, and next of kin (collected from TDCJ files). Based on the location of the parole office, a follow-up site was assigned (i.e., Austin, Corpus, Dallas, Fort Worth, Houston, San Antonio) and entered in the database. Furthermore, the database was used to track the parole officer reports. Entries were made to reflect when they were sent out, when they were received, if they were complete, and whether urine screens were received.

Finally, the follow-up database was used to track follow-up forms as they were processed through the system. Also, information pertaining to the aftercare phase for Kyle ITC graduates was obtained from TCADA files and entered into the IBR follow-up database. Specific information included the parolee's case manager and residential and outpatient TTC assignments, which was used in trying to locate a parolee at the time of follow-up. In addition, the database was used to track whether a hair sample was received with each interview, and when hair test results had returned from laboratory testing. Records also were kept of those who were located but not interviewed, primarily because of being in prison, dead, out of a follow-up agency's area, or simply refused to participate.

Sample Selection

All Texas state prison inmates are required to complete a battery of assessments before being sent to their assigned unit. Part of the battery includes a screen for drug use (the Substance Abuse Subtle Screening Inventory, Miller, 1983). Based on these records, inmates who were classified as drug abusers, who had approximately 9 to 10 months left until possible parole, were identified for review by a treatment referral committee. Inmate records were further screened for illicit drug use, time left to serve, and prior criminal offense (those who were incarcerated as a

result of an aggravated offense, such as sexual assault, were excluded from the referral list). Next, names of eligible inmates were forwarded to the Texas Parole Board for review decisions on ITC placement. The Parole Board considered the ITC committee's recommendation for ITC placement and either accepted or rejected it. In many cases where parole was granted without ITC placement, the Parole Board believed that the inmate would not benefit from, or was inappropriate for, ITC treatment. All subjects in the PTA study (including Kyle ITC as well as comparison group members) met these eligibility criteria.

Baseline sampling procedures. Initial efforts in the PTA project focused on selecting treated and untreated samples from a list of inmates recommended for ITC placement. As illustrated in Figure 2, the treatment sample pool was identified using the Kyle ITC database which included 482 inmates admitted to the treatment program between June 10, 1993 and January 31, 1994 (and who were thereby eligible to graduate between March 10, 1994 and October 31, 1994). The comparison group parolees were selected from the Texas Department of Criminal Justice-Institutional Division (TDCJ-ID) database and included all available inmates (n=103) paroled (or scheduled to be paroled) between March and December 1994.²

All 482 Kyle ITC inmates were targeted for inclusion in the study. The graduation rate for the Kyle ITC programs was 80% (n=386); 29 inmates (6%) were transferred to another facility (primarily for medical reasons, outstanding "blue" warrants, or inappropriate classification of drug problems), and most of the remaining 14% (n=67) were terminated for program non-compliance and returned to the general prison population. Comparisons of sociodemographic measures showed that the graduates were not significantly different from the expulsions with respect to average age, education, marital status, type of previous criminal offense, and recidivism risk score; however, there was a significantly greater proportion of whites who were removed from the program than non-whites (see Table 1). Comparisons of Kyle ITC graduates with the general prison population, however, revealed no significant race/ethnicity differences (see Table 4). As legislatively intended, Kyle ITC parolees also had a pattern of a less violent criminal history and greater overall drug use than the general prison population, suggesting that ITC placement criteria were followed.

Of the 386 Kyle ITC inmates who completed the program, 293 (or 76%) were administered the full set of during-treatment assessments. The remaining 93 were unavailable for assessment (e.g., on temporary medical leave) or refused to sign a release form. Sociodemographic comparisons revealed that these subgroups were not significantly different with respect to race/ethnicity, age, education, marital status, type of previous criminal offense, recidivism risk score, and average number of days in the Kyle ITC program (see Table 2). Therefore, there did not appear to be selection bias associated with this stage of sample attrition.

When compared to the 293 Kyle ITC graduates who agreed to participate in the PTA project, the 103 untreated comparison group parolees proved to be similar on the same set of background measures (see Table 3). There were differences, however, on previous criminal offense; Kyle ITC graduates were more likely to have had a previous offense for possession or selling drugs and less likely to have been arrested for assault immediately prior to incarceration. In addition, the Kyle ITC graduates were significantly more likely than the comparison group parolees to be at risk for recidivism based on the TDCJ recidivism risk score. These differences

indicate that the Kyle ITC graduates participating in the PTA project were more likely to have had a history of drug-related problems and therefore be at greater risk for relapse and rearrest during the follow-up assessment period.

Follow-up sampling procedures. Sample selection for the 6-month follow-up phase of the project included all 293 Kyle ITC graduates and 103 comparison group parolees. However, out of the 293 Kyle ITC graduates, 17 were ineligible to receive a 6-month follow-up interview because they either had been returned to prison or resided in an area of the state that was inaccessible for conducting follow-up interviews. Of the remaining 277 Kyle ITC parolees, 242 (87%) were located and 231 (83%) were interviewed (however, 6-month follow-up data for only 222 Kyle ITC graduates could be processed and analyzed in time for inclusion in this report). The 4% located but not interviewed were the result of 6 parolees who had been sent to prison immediately prior to the interview, four who refused to be interviewed, and one who had recently moved out of the area covered by the follow-up interviewers. Out of the 103 comparison group parolees, 83 (81%) were located and 78 (76%) interviewed. The 5% located but not interviewed were the result of parolees either being sent to prison immediately prior to the interview, refusing to be interviewed, or recently moving out of the area covered by the follow-up agencies. Therefore, the final 6-month follow-up interview sample for this report consists of 235 Kyle ITC graduates and 78 comparison group parolees.

Only parolees who completed the 6-month follow-up interview were targeted to receive the 1-year follow-up interview. Out of the 235 Kyle ITC parolees who were interviewed 6 months after leaving prison, 169 (72%) were located and completed the 1-year follow-up interview. Out of the 78 comparison group parolees, 62 (79%) were located and completed the 1-year follow-up interview. Therefore, the final 1-year follow-up interview sample for this report consists of 169 Kyle ITC graduates and 62 comparison group parolees.

Overall, those who completed the 6-month and 1-year follow-up interviews were very similar sociodemographically to those who did not, suggesting that there is relatively little bias in the final follow-up sample, with the exception of prior arrest history. Specifically, comparisons between Kyle ITC graduates who were and were not interviewed at 1 year indicated that those who were not interviewed were more likely to have been arrested for larceny immediately prior to prison. Findings were similar for the 6-month follow-up sample (see Knight, Simpson, Chatham, & Camacho, 1997, for details). The comparison sample also revealed no sociodemographic differences between those who did and did not complete the 1-year follow-up interview; however, those who were interviewed demonstrated significantly less risk for rearrest based on the TDCJ recidivism risk score (see Table 20). Finally, comparisons between Kyle ITC graduates and comparison group parolees who completed the 1-year follow-up interview indicated that the comparison group contained a significantly smaller percentage who were at high risk for rearrest (see Table 21). This bias with respect to the recidivism risk score suggests that the Kyle ITC group is expected to be at greater risk than the comparison group for relapse and rearrest after release from prison.

Description of Kyle ITC Graduates

Sociodemographic characteristics. The all-male Kyle sample was predominantly black (45%), 31-35 years of age (25%), high school graduates or the equivalent (81%), and came from families with divorced or unmarried parents (56%) (see Table 5). During the 6 months before

prison, 28% reported living with a mate and 67% percent reported having full or part-time employment. Before prison, almost one-third (31%) had used drugs illegally with family members, while 13% reported living with a mate who had used drugs. Seven percent had been treated for psychological problems in their lifetime, and 9% had parents who had been treated for psychological problems. On average, Kyle ITC inmates reported that, prior to prison, nearly two-thirds (5 out of 7) of their friends used illicit drugs. Only 8% of the inmates reported having been a gang member, and 23% had friends who were in gangs.

Criminal background. Kyle ITC graduates had a lengthy criminal background, primarily drug related, beginning at a young age. On average, Kyle inmates were arrested for the first time at 17 years of age, and averaged four arrests before the age of 18 (see Table 6). They reported having over 17 lifetime arrests -- with 10 (over half) being for drug possession or distribution -- and had spent an average of 7 years behind bars. Nearly one-third (32%) reported their parents had participated in illegal activities and nearly one-quarter (24%) had a parent who spent time behind bars. Socially, 12% indicated they argued or fought with others at least weekly, and they spent time with friends who either participated in illegal activities (73%) or had been arrested (73%).

During the 6 months before prison, 85% engaged in illegal activities to make money. With respect to lifetime criminality, burglary (69%) and use or possession of illegal drugs (66%) were reported most frequently (see Table 7). Over half (56%) reported arrests for DWI or alcohol intoxication. Nearly one-third (31%) were arrested for violence against other persons. During the 6 months before prison, the most frequent self-reported criminal activities included use or possession of illegal drugs (67%), sale, distribution, or manufacturing of any drugs (49%), and burglary or auto theft (49%).

Drug use history. Almost all of the Kyle ITC inmates reported drug use prior to prison, with alcohol, marijuana, and cocaine used most frequently during their lifetime -- 96%, 93%, and 82%, respectively (see Table 8). The prevalence of use of these drugs in the last 6 months prior to prison was 88%, 72%, and 66%, respectively (their *weekly* use in the 6 months prior to prison was 47%, 30%, and 34%, respectively). Eight-eight percent reported lifetime use of cocaine or crack, and 55% of opioid drugs. On average, inmates began using alcohol at the age of 13, inhalants at 14, and marijuana at 14; use of so-called "hard drugs" came later -- such as heroin at 22, cocaine and speedball at 23, and crack at 27. Drugs regarded by inmates as being their primary addiction problem included cocaine or crack (41%), alcohol (22%), and heroin or other opioids (18%); 11% said they had no drug problem before prison. According to DSM-III-R criteria, 78% of the ITC graduates were classified as being drug dependent before prison (see Table 9).

HIV/AIDS risk. HIV/AIDS risk behaviors during the 6 months prior to prison were relatively high (see Table 10). With respect to drug use, 43% had injected drugs at least once and 31% had injected on a weekly basis. More than a third (39%) of the total sample had shared injection equipment with other users, and a fifth (23%) had injected in group settings. In addition, (63%) reported having sex with more than one partner the 6 months before prison; 65% had unprotected sex with someone other than their mate, and 74% had unprotected sex when they were high on drugs or alcohol. Approximately two-thirds (73%) were concerned about getting

AIDS, but only 29% expressed concern about giving AIDS to someone else. One-fifth (21%) knew someone who had AIDS or was infected with HIV.

Ratings of psychological and social functioning. A large percentage of the Kyle ITC graduates reported psychological and social problems during the 6 months before being released from prison (see Table 11). With respect to psychological functioning, over one-fourth (27%) indicated having problems with depression, anxiety, and cognitive distractibility. Ratings on social functioning measures suggested 21% had childhood problems; in addition, 52% reported high risk-taking and 37% high hostility levels.

Inmate ratings of Kyle ITC treatment experiences. Although inmates ratings of the program and therapeutic groups at the Kyle ITC facility generally were positive, ratings of custody staff were relatively unfavorable, particularly with respect to their therapeutic helpfulness (see Table 12). For instance, 57% of the inmates rated the treatment staff as good or great on therapeutic helpfulness, whereas only 29% provided good or great ratings for the custody staff. Similarly, 68% reported positive feelings for and trusting the treatment staff, whereas only 35% reported similar ratings of the custody staff. Nonetheless, inmate perceptions about their own participation in therapeutic groups were highly favorable, as represented by good or great ratings of personal engagement (84%) and personal progress (97%).

Also, inmates were asked to rate treatment engagement attributes about themselves and their primary counselor at the Kyle ITC (see Table 13). Particularly high were ratings of their own rapport, attentiveness, and cooperation (87%, 92%, and 90% gave good or great ratings, respectively). In addition, counselors also were viewed very positively by over four-fifths of the inmates in terms of rapport and competence (80% and 84%, respectively). Finally, when rating which counseling topics were discussed and the amount of time spent on each (see Table 14), inmates indicated that group counseling time was used primarily to discuss drug use and psychological issues (76% and 78%, respectively, responded "a lot"), and to a lesser extent this was true for individual counseling (54% and 57%, respectively, responded "a lot").

Interestingly, when these ratings completed before treatment graduation were examined in relation to measures of performance after leaving prison, ratings of treatment staff, custody staff, and counselor rapport were not predictive of 1-year outcomes (see Tables 32, 33, and 34).

Standardized clinical assessments. The following standardized assessments also were completed prior to Kyle ITC graduation: the 25-item Wender Utah Rating Scale (WURS) for attention deficit hyperactivity disorders, Michigan Alcohol Screening Test (MAST), TCU Alcohol Form (ALC Form), Beck Hopelessness Inventory (BHI), Beck Depression Inventory (BDI) and the Symptoms Checklist 90 (SCL-90).

As indicated by scores on the WURS, a 25-item questionnaire designed to assess the prevalence of Attention Deficit Hyperactivity Disorder (ADHD), 37% of the Kyle ITC graduates were classified as ADHD (see Table 15). When using a more stringent criterion score to partial out the potentially confounding effects associated with those who might be classified as depressed, 23% remained classified as ADHD. Although relatively high in comparison to the general population, these prevalence rates are somewhat lower than the 40% ADHD rate

observed by Dr. Harry Wexler (1994) in his evaluation of a prison-based therapeutic community at Donovan Prison in California.

The majority of inmates reported having an alcohol problem during the 6 months prior to being sent to prison. Scores from the MAST classified 75% of the Kyle ITC graduates as "alcoholic," and an additional 20% as "suggested alcoholic"; only 6% were classified as non-alcoholic (see Table 16). An assessment of drinking behavior based on the ALC Form indicated that 88% drank alcohol during the 6 months prior to prison, and that 29% drank on a daily basis. In regard to common indicators of problem drinking, over half (57%) drank more than they intended to on at least one occasion, and two-thirds (67%) had 3 or more drinks within a 1-hour period during those 6 months. Over one-third (37%) reported that on at least one occasion they drank upon waking-up in the morning, and 15% reported having shakes and tremors associated with their drinking. Based on the ALC Form composite rating using DSM-III-R criteria, 38% were classified as having alcohol dependency.

Although most inmates did not rate their situation as being hopeless (based on BHI scores), 65% felt uncertainty regarding their future and over one-quarter (23%) were classified as having poor motivation toward achieving personal goals (see Table 17). Likewise, 74% of the sample reported no (or minimal) signs of being depressed (based on the BDI), 23% were classified as having mild depression, and 3% were moderately depressed. None of the sample was classified as being severely depressed.

Furthermore, relatively few inmates reported any clinical symptoms as indicated by the SCL-90 (see Table 18). The highest scores were on paranoid ideation and obsessive-compulsive dimensions. Although scores on almost every dimension were slightly higher than those reported in the Amity Evaluation of the Donovan Prison TC clients (Wexler, 1994), they were far below the norms defined for a "psychiatric" population. It should be noted, however, that Donovan Prison inmates were assessed at the time of *admission* to the treatment programs, whereas Kyle graduates were assessed near the time of *release*.

Fieldwork Results for 1-Year Follow-Up Interviews

As previously indicated, 169 Kyle ITC graduates and 62 comparison group parolees had completed the 1-year follow-up interview. Findings from those interviews are summarized below. [See Knight, Simpson, Chatham, & Camacho, 1997, for details on 6-month follow-up interview findings].

Pre-prison to post-prison drops in self-reported criminal involvement and drug use. Kyle ITC graduates demonstrated a substantial decrease in self-admitted criminal activity from the 6-month period before prison to the 6-month period prior to the 1-year follow-up interview (see Figure 3 and Table 24). For example, 79% of the Kyle ITC sample self-reported having had a drug offense during the 6 months before prison, compared to only 29% during the 6-month period prior to the 1-year follow-up interview after prison. In addition, public order offenses were reported to have dropped from 30% to 8%, and violent offenses from 33% to 2%. Overall, the percentage of Kyle ITC graduates who committed *any* offense dropped from 87% to 29%. The number of days involved in criminal activity also dropped, with Kyle ITC graduates

reporting that they spent nearly 129 days out of the 6 months before prison involved in criminal activity, compared to less than a total of 18 days out of the 6 months prior to the 1-year follow-up interview. Although self-reported offenses and the number of days involved in criminal activity also dropped for the comparison group, the decreases were not as great as they were for the Kyle ITC graduates; however, it is important to reemphasize that there were significant differences in the self-report data collection schedule and circumstances for these two samples. As a result, *responses to pre-prison items are not regarded as being comparable because of differential recall and self-disclosure bias, and reliability of several measures for the comparison sample is believed to be low (see footnote³ for more detail).*

Self-reported drug use indicators also dropped for the Kyle ITC graduates when comparing the 6-month periods before and after prison (see Figure 4 and Table 25). Specifically, 89% reported drinking alcohol at least once before prison whereas only 26% reported any alcohol use after prison. Similarly, marijuana use dropped from 71% to 11%, cocaine/crack use from 77% to 14%, and opioid use from 38% to 8%. With respect to *weekly* consumption, alcohol use dropped from 44% to 5%, marijuana use from 29% to 2%, cocaine/crack use from 30% to 2%, and opioid use from 20% to 3%. Dramatic decreases also were found with other types of drug use. In contrast, comparison group parolees reported decreases, but to a much lesser extent; however, similar to the possible reporting and self-disclosure bias on pre-prison criminality items, self-reported drug use rates may be seriously underreported by this sample.

Kyle ITC graduates vs. comparison group on post-prison outcomes. During the first 2 years after leaving prison, the Kyle ITC graduates were significantly less likely than the comparison group parolees to have been involved in criminal activity. Specifically, official Texas DPS/CHRI records of arrest revealed that, within the first year after prison release, only 24% of the Kyle ITC group had been arrested, compared to 33% of the comparison group (see Table 26 and Figure 5). Within the first 2 years, 39% of the Kyle ITC group had been arrested, compared to 50% of the comparison group. Furthermore, as illustrated in Table 24, Kyle ITC graduates were less likely than comparison group parolees to have self-reported a drug-related offense (27% vs. 39%, respectively) or a violence-related offense (2% vs. 5%) prior to the 1-year follow-up interview. In addition, although parole officers reported that the Kyle ITC graduates and comparison group parolees had approximately the same percentage of parole violators (39% vs. 37%), only 13% of the Kyle ITC group were charged with a new offense, compared to 18% for the comparison group (see Table 28).

With respect to drug use, the Kyle ITC graduates self-reported less drug use during the 6-month period prior to the 1-year follow-up interview than did the comparison group parolees; however, positive hair test results for cocaine and heroin user were identical for the two groups (see Table 25). On the one hand, there were fewer Kyle ITC graduates than comparison group parolees who disclosed cocaine and opioid use (14% vs. 16%, and 8% vs. 11%, respectively); on the other hand, 44% of the Kyle ITC and comparison groups tested positive for cocaine on hair tests, and 13% tested positive for opioid use. It is important to note that these percentages are based on those who were in the "free world" 1 year after being released from prison, and does not take into account the larger percentage of comparison group parolees who were arrested (and subsequently incarcerated) and therefore had less (or no) time at risk for drug use.

Nonetheless, Kyle ITC graduates had better outcomes than the comparison group parolees on other measures as well. For example, according to parole officer reports, Kyle ITC graduates were more likely to have attended Alcoholics Anonymous (61% vs. 31%) or Narcotics Anonymous (57% vs. 29%) (see Table 28). In addition, although not statistically significant, 65% of the Kyle ITC graduates versus 56% of the comparison group parolees had full-time employment at the time of the 1-year interview.

Kyle TTC completers vs. non-completers on post-prison outcomes. In an effort to evaluate the impact residential TTC aftercare programs had on post-prison outcomes, Kyle ITC graduates were split into TTC completers and non-completers; they were compared with one another and with comparison group parolees on relapse and recidivism outcome measures described above (see Figure 6). Overall, Kyle ITC graduates who completed the TTC program within 6 months after leaving prison had lower recidivism and slightly lower relapse rates in comparison to TTC non-completers and the comparison group parolees. For example, only 18% of the TTC completers had an official record of arrest within the first year after leaving prison, compared to 35% for the TTC non-completers and 33% for the comparison group parolees (see Table 26 and 29). Within the first 2 years after release from prison, rearrest rates were 35% for the TTC completers, 45% for the TTC non-completers, and 50% for the comparison group. Furthermore, 42% of the TTC completers, 47% of the non-completers, and 44% of the comparison group parolees were positive for cocaine on 1-year follow-up hair test results.

Other indicators also suggested that the TTC completers had more favorable outcomes than did TTC non-completers or comparison group parolees. For example, 66% of the TTC completers, 63% of the TTC non-completers, and 56% of the comparison group were reported as having full-time employment during the first year after prison according to parole officer reports (see Tables 28 and 31). Furthermore, parole officers noted that 11% of the TTC completers, 15% of the TTC non-completers, and 18% of the control group were charged with a new offense since leaving prison. Finally, parole officers also were more likely to report evidence of drug-related problems for the comparison group and TTC non-completers than for the TTC completers (21%, 31%, and 31%, respectively).

Ratings of ITC, TTC, and Outpatient programs

As previously indicated, Kyle inmates rated their experiences in the ITC program prior to graduation and again during the 6-month and 1-year follow-up interviews. Furthermore, during the follow-up interviews, Kyle ITC graduates rated their aftercare treatment experiences in regards to the 3-month TTC program and the first 3 months of the subsequent 1-year outpatient program. For a summary of 6-month follow-up ratings, see Knight, Simpson, Chatham, and Camacho, 1997. The following are results from the 1-year follow-up interview:

Inmate ratings of Kyle ITC experiences 1 year after graduating. As part of the follow-up interview, Kyle ITC graduates were asked to re-evaluate their ITC experience from 1 year ago. On average, the retrospective ratings of the Kyle program taken 1 year later were more favorable than they were just prior to Kyle ITC graduation (see Table 22). For example, the percentage of good or great ratings for structural characteristics increased from 50% to 69%, therapeutic helpfulness of treatment staff from 56% to 73%, and helpfulness and similarity of

other clients from 49% to 69%. Good or great ratings of the therapeutic helpfulness of the custody staff also dramatically increased from 29% to 53%. Ratings of counselor rapport and competence remained high (82% to 83% and 84% to 84%, respectively).

Inmate ratings of TTC aftercare program. Similarly, Kyle ITC graduates were asked to rate the 3-month residential TTC program in which they participated. All 222 Kyle ITC graduates entered a TTC; they stayed an average of 13 weeks in the residential treatment while attending two individual counseling sessions per week, a total of six treatment team meetings, and a total of 20 peer-support group meetings a week (see Table 23). The percentage of good or great ratings were high (over 68%) for the caring and helpfulness of TTC counselors, the caring and helpfulness of other inmates, individual counseling meetings, group counseling meetings, personal progress in recovery, helpfulness in developing a peer-support group, parole officer's support for treatment, and helpfulness of the case manager. However, the percentage of the sample rating the overall TTC program's organization and structure as good or great was only 48%; this comparatively low rating may have been influenced by the fact that TTC programs were in their first year of development.

Inmate ratings of the outpatient aftercare program. Kyle ITC graduates who completed the TTC program also were asked to rate the first 3 months of the outpatient program to which they were assigned. Of the 169 Kyle ITC graduates who completed a 1-year follow-up interview and participated in a TTC program, only 55% (n=93) had completed the TTC program and then entered an outpatient program within the 6 months after leaving prison (see Table 23). Approximately 20% of those who did not progress to this stage of aftercare had been sent to a "relapse center" for a short period and then returned to the TTC program. In some cases, however, TTC non-completers had absconded or been arrested and sent back to jail or prison. The 93 TTC completers who were in aftercare outpatient programs reported being there an average of 12 weeks at the time of the interview, having an average of one individual and one group counseling session a week, and attending a total of nine peer-support group meetings and three treatment team meetings. Like the TTC program ratings, those for outpatient programs, counselors, other clients, and counseling sessions were high. Over 70% of parolees in outpatient treatment gave good or great ratings on nearly every measure, but ratings of "location of program" and "meeting times" were lower.

Summary of Major Findings

Following the relative success of criminal justice systems within other states in implementing treatment programs, the 1991 Texas Criminal Justice Chemical Dependency Treatment Initiative founded one of the nation's largest corrections-based treatment system for drug-using offenders. Funded by NIJ to assess the effectiveness of the In-Prison Therapeutic Community (ITC) component of this initiative, the Institute of Behavioral Research at Texas Christian University conducted the Prison-Based Treatment Assessment (PTA) project. Treatment referrals to the Kyle ITC appear to have occurred as legislatively intended. When compared to inmates from the general male prison population, ITC inmates were similar with respect to sociodemographic factors, including race/ethnicity, age, and education levels. Also as intended, the Kyle ITC sample had higher drug use prevalence rates. For instance, Kyle ITC inmates included 89% who reported ever using cocaine or crack, compared to 60% in the general

prison population.⁴ Heroin had been used by 47% of the Kyle ITC sample, vs. 23% of the general prison population. Furthermore, the Kyle ITC sample had lower prevalence rates for aggravated offenses; only 2% were admitted to prison on a charge of homicide, compared to 12% for the general prison population. Eleven percent of the Kyle ITC group were admitted on a charge of robbery, whereas 18% were for the general prison population.

Overall, ITC graduates reported favorable opinions about the program and counselors at Kyle. In particular, they strongly believed their main treatment counselor was easy to talk to, understood their situation and problems, was well organized and prepared for each counseling session, and motivated and encouraged them. On the other end of the spectrum, the majority of the inmates reported (prior to graduation) that the caring and helpfulness of the custody staff were less than adequate. These low ratings, however, may reflect the inmates reaction to immediate authority figures rather than to specific Kyle ITC corrections staff, as demonstrated by an increase from 29% providing favorable ratings while in prison to 53% providing favorable retrospective ratings 1 year later.

When changes from before to after prison were examined, drug use and criminal behavior declined substantially for both the Kyle ITC graduates and the comparison group parolees; however, the Kyle ITC graduates had more favorable outcomes after leaving prison. For example, the average number of days (per 6-month period) involved in illegal activities dropped from 129 to 18 for the Kyle ITC graduates, and 92 to 22 for the comparison group. Weekly use of cocaine or crack dropped from 48% to 5% for the Kyle ITC group, and from 65% to 16% for the comparison group.³ In addition, 39% of the Kyle ITC graduates had an official record of arrest within the first 2 years after leaving prison, compared to 50% for the comparison group parolees.

Kyle ITC graduates who completed the 3-month residential Transitional Treatment Center (TTC) aftercare program, had the most favorable outcomes. Thirty-five percent of the TTC completers and 45% of the TTC non-completers had an official record of arrest during the first 2 years, compared to 50% for the comparison group parolees. According to parole officer reports, 11% of the TTC completers and 15% of the TTC non-completers were charged with a new offense during the first year after leaving prison, compared to 16% of the comparison group parolees. These differences strongly suggest ITC treatment, particularly when coupled with the aftercare component, helps parolees with a history of drug use problems to lower their risks of relapse and recidivism.

Concluding Comments

During a time when questions are being asked about the need to provide treatment to prisoners, this study provides evidence that corrections-based treatment is working in Texas. Not only are the benefits of treatment witnessed in fewer parolees using drugs and returning to prison, but in monetary returns as well. Based on findings from an earlier Kyle ITC admission cohort, Fabelo (1995) reports that there will be a \$1.18 return for every \$1 invested by the state in the ITC program if current program participation rates and reduction in recidivism rates are maintained over a 3-year period. These projections are modest because they do not include other related cost savings such as reductions in public health care costs.

Primary prevention measures are no longer an option for criminal offenders with a history of drug use -- only by providing some form of treatment will the criminal justice system be able to help curb the cycle of drug use and criminal activity. Public concerns about crime remain high and is accompanied by strong support for rehabilitation for drug-related problems (Peter D. Hart Research Associates, 1994) with the public wanting assurances of safety as much as they want assurances of punishment (Falkin, Wexler, & Lipton, 1992). Although further work is needed, the results of this evaluation offers encouragement that correctional-based treatment can provide rehabilitation in a punishment-based setting and ultimately deliver a long-term means of lowering crime and improving public safety.

Footnotes

- ¹ Over 1,000 ITC treatment beds were in operation by the middle of Fiscal Year 1994, but 1995 legislative revisions have now curtailed this number to approximately 800 beds.
- ² Interviews of comparison group parolees occurred during two additional months (November and December) that were not included in the Kyle ITC sample selection in order to increase sample size.
- ³ Because self-reported data for the Kyle ITC group were collected *prior* to prison release, while self-reported pre-prison data for the comparison group were collected *6 months after prison release*, responses may not be comparable. Circumstances and perceived risks associated with personal disclosure of information asked in many of the items appeared to bias self reports from this sample (especially involving activities with potential legal or parole ramifications).
- ⁴ Although reporting markedly lower prevalence rates than those referred to ITC treatment, a TCADA study (Farabee, 1994) shows that untreated prisoners in Texas also have extensive drug use histories; over half had used cocaine, about a third had used crack, other stimulants, and sedatives, and a fourth had used heroin.

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Table 1

Kyle ITC Graduates vs. Expulsions:
Background Characteristics

	Kyle ITC Graduates (n = 386)	Kyle ITC Expulsions (n = 67)
Race/Ethnicity		
% African American	44	36
% Mexican American	25	18
% White*	31	45
Age		
% 18-25*	13	55
% 26-30	22	12
% 31-35*	23	12
% 36-40	22	13
% Over 40*	20	7
Average Age	34	35
Range	20-63	23-47
Education		
Highest Grade Completed (Mean)	10	9
Average Reading Grade Level	8	8
Average TDC IQ Score	93	94
Previous Criminal Offense		
% Murder	2	2
% Assault	5	6
% Robbery	11	8
% Burglary	30	26
% Larceny	7	11
% Auto Theft	3	3
% Possession/Selling Drugs	38	29
Retention Risk Score		
% High (0-4)	49	60
% Medium (5-7)	27	25
% Low (8-13)	24	15

* p < .05

Table 2

Kyle ITC Graduates Who Completed TCU ITC Assessment Forms
vs. Those Who Did Not:
Background Characteristics

	Completed Forms	
	Yes (n = 293)	No (n = 97)
Race/Ethnicity		
% African American	45	39
% Mexican American	23	32
% White	32	29
Age		
% 18-25	12	15
% 26-30	22	23
% 31-35	24	19
% 36-40	22	23
% Over 40	20	19
Average Age	34	34
Range	20-63	20-63
Education		
Highest Grade Completed (Mean)	10	9
Average Reading Grade Level	8	7
Average TDC IQ-Score	94	92
Previous Criminal Offense		
% Murder	2	3
% Assault	6	1
% Robbery	11	14
% Burglary	27	38
% Larceny	7	6
% Auto Theft	3	2
% Possession/Selling Drugs	39	35
Retention Risk Score		
% High (0-4)	48	51
% Medium (5-7)	29	21
% Low (8-13)	23	29
Average # of Days in ITC	283	283

* p < .05

Table 3

Kyle ITC Graduates vs. Comparison Group:
Background Characteristics

	Kyle ITC Graduates (n = 293)	Comparison Group (n = 103)
Race/Ethnicity		
% African American	45	46
% Mexican American	23	17
% White	32	38
Age		
% 18-25	12	13
% 26-30	22	28
% 31-35	24	18
% 36-40	22	25
% Over 40	20	16
Average Age	34	34
Range	20-63	20-62
Average Grade Completed (Mean)	10	10
Previous Criminal Offense		
% Murder	2	0
% Assault*	6	13
% Robbery	11	17
% Burglary	27	23
% Larceny	7	9
% Auto Theft	3	3
% Possession/Selling Drugs*	39	27
Retention Risk Score		
% High (0-4)*	48	26
% Medium (5-7)	29	30
% Low (8-13)*	23	43

* p < .05

Table 4

Kyle ITC Graduates vs. General Prison Population in Texas
(Based on Males Only)

	Kyle ITC Sample ¹	General Prison Population
Race/Ethnicity²		
African American	45	47
Mexican American	23	25
White	32	28
Average Age²	34	33
Average Grade Completed²	10	10
Self-reported Drug Use³		
% Ever Used •		
Alcohol	97	98
Marijuana	94	85
Cocaine	83	55
Crack	54	33
Cocaine/Crack	89	60
Heroin	47	23
Other Opioids	24	12
Other Stimulants	53	32
Tranquilizers/Sedatives	50	29
Inhalants	29	18
Previous Criminal Offense²		
% Homicide	2	12
% Assault	6	6
% Robbery	11	18
% Burglary	27	18
% Larceny	7	4
% Auto Theft	3	3
% Possession/Selling Drugs	39	18

¹ Kyle ITC information based on graduates who completed ITC assessment forms (n = 293).

² Male general prison population data (N = 63,313) were drawn from the Texas Department of Criminal Justice – Institutional Division (TDCJ-ID), 1993 Fiscal Year Statistical Report, TDCJ-ID Management Services, 17-19.

³ Male general prison population data (N = 1,030) were drawn from Farabee, D. (1994). Substance use among male inmates entering the Texas Department of Criminal Justice – Institutional Division, 1993. Austin, Texas: TCADA.

Table 5

Kyle ITC Graduates:
Sociodemographic and Background Characteristics (N = 293)

	Total
Race-Ethnicity	
% African American	45
% Mexican American	23
% White	30
Age	
% 18-25	14
% 26-30	22
% 31-35	25
% 36-40	21
% Over 40	19
Average age	35
Range	20-63
Education	
% Completed High School/GED	81
Highest Grade Completed (Mean)	10
Average Reading Grade Level	8
Marital Status	
% Legally Married	15
% Living with Mate (Married or Unmarried)	28
% Living with Drug-Using Mate	13
Employment (6 Months Before Prison)	
% Not Employed	33
% Part-Time Work	23
% Full-Time Work	44

Table 5 (Continued)

	Total
Previous Drug or Alcohol Abuse Treatment	
% Ever in Treatment Program	36
Average # Times in Treatment Program	1
Psychological Background	
% Ever Treated for Psychological Problems	7
% With Parents Ever Treated for Psychological Problems	9
Family Relationships (6 Months Before Prison)	
% Living with Children	40
% With Parents Divorced/Never Married	56
Average # Family Members who Regularly Stay in Touch	8
% Used Drugs with Family	31
Peer Relations (6 Months Before Prison)	
Average # Friends	7
Average # Friends Who Use Drugs	5
% Who were Gang Members	8
% Who had Gang Members as Friends	23
% High Peer-Deviancy Index (> 2) ¹	34
% Low Peer-Socialization Index (< 2) ¹	51
% High Peer-Problems Index (> 2) ¹	53
% Low Peer-Esteem Index (< 2) ¹	34

¹ Based on averaged scores of items for each index: response categories were (0) never, (1) rarely, (2) sometimes, (3) often, and (4) almost always. The Peer-Deviancy Index reflects friends not working regularly on a job, engaging in criminal activity, and going to drug treatment. The Peer-Socialization Index reflects friends being optimistic about life, spending time with family, like being with family, and working regularly on a job. The Peer-Problems Index reflects friends causing trouble for you, taking risks, doing things that can get them in trouble, no encouragement toward treatment, not trying to help you in quitting drug use, and not caring about you. The Peer-Esteem Index reflects friends looking to you as a leader, agreeing with your ideas, and not ridiculing you.

Table 6

Kyle ITC Graduates:
Criminal History (N = 293)

	Total
Criminal History – Lifetime	
Average Age at First Arrest (Mean)	17
Average # Total Arrests Prior to Age 18	4
Average # Total Arrests	17
Average # Arrests for Drugs	10
Average # Total Years Behind Bars	7
% With at Least One Parent Who –	
Participated in Illegal Activities	32
Spent Time in Jail	24
Criminal History – 6 Months Before Prison	
% Involved in Illegal Activities to Make Money	85
% With Friends Who –	
Did Things Against the Law	73
Spent Time with Gangs	19
Were Arrested	73
% Argued or Fought with Others (At Least Weekly)	12

Table 7

Kyle ITC Graduates:
Types of Self-Admitted Criminal Involvement (N = 293)

	% Ever Arrested	% Involved In Last 6 Mos Before Prison	Average # Lifetime Arrests
Crimes Against Persons			
Violence Against Other Persons ¹	31	23	1
Sex Offenses ²	< 1	1	< 1
Crimes Against Property or Other			
DWI/Alcohol Intoxication	56	42	4
Use/Possession of Illegal Drug or Paraphernalia	66	67	2
Sale, Distribution, or Manufacturing of Any Drugs	40	49	1
Forgery or Fraud	26	24	1
Fencing Stolen Property	18	31	< 1
Gambling/Running Numbers or Bookmaking	6	15	< 1
Prostitution/Pimping	2	7	< 1
Burglary or Auto Theft	69	49	2
Other Theft ³	49	40	2
Robbery	24	19	< 1
Arson or Weapons Offenses	21	16	< 1
Vandalism, Vagrancy, or Loitering	9	11	< 1
Other (e.g., traffic violations)	32	11	3

¹ Includes homicide, aggravated assault, and kidnapping.

² Includes rape, aggravated sexual assault, and indecent exposure.

³ Includes larceny and shoplifting.

Table 8

Kyle ITC Graduates:
History of Drug Use (N = 293)

Drug Category	% Ever Used	Average Age of 1st Use ¹	Last 6 Months Before Prison		
			% Any Use	% Weekly or More Use	% Primary Problem ²
Alcohol	96	13	88	47	22
Marijuana	93	14	72	30	3
Cocaine	82	23	66	34	17
Crack	53	27	46	29	23
Speedball (Her + Coc)	45	24	37	17	5
Heroin	46	22	36	19	12
Street Methadone	17	24	12	3	0
Other Opioids	24	21	12	2	< 1
Other Stimulants	52	18	30	13	5
Tranquilizers	37	19	23	5	< 1
Sedatives	40	19	17	2	< 1
Hallucinogens	52	17	23	2	1
Inhalants	28	14	14	2	0
Drug Classes					
Cocaine/Crack ³	88	NA	76	50	41
Opioids ⁴	55	NA	42	23	18
Tranquilizers/Sedatives	49	NA	28	6	1

¹ Calculations based only on those who ever used that particular drug.

² 11% reported none.

³ Includes Cocaine, Crack, and Speedball use.

⁴ Includes Heroin, Illegal Methadone, Other Opioids, and Speedball use.

Table 9

Kyle ITC Graduates:
Clinical Drug Dependency
in Last 6 Months Before Prison (N = 293)

	Total
% Drug Dependent¹	78
% With Most Serious Problems Caused by –	
Cocaine or Crack	40
Alcohol	27
Heroin or Other Opioids	15
Other Drugs	9
None	9

¹ Based on DSM-III-R criteria included in TCU ITC assessment forms.

Table 10

Kyle ITC Graduates:
Risky Behaviors for HIV/AIDS (N = 293)

	<u>Last 6 Months Before Prison</u>	
	Ever	Weekly
Needle Use		
% Injected	43	31
With Dirty Needles	27	6
With Shared/Begged/Left Over Drugs	23	7
With Other Injection Drug User	39	18
With 2 or More People	23	NA
Sex Activities		
% Having More than 1 Partner	64	NA
% Without Condoms –		
With Non-mate	65	21
With Injection Drug User	34	11
With Crack/Cocaine User	49	17
While High on Drugs/Alcohol	74	31
While Trading Sex	36	13
		Total
Personal Concerns		
% Concern about –		
Being Exposed to HIV		73
Getting AIDS		79
Giving AIDS		29
% Knew Persons with HIV/AIDS		21

Table 11

Kyle ITC Graduates:
Self-Evaluations of Psychosocial Functioning
Before Release from Prison (N = 293)

	% With Any Problems (≥ 40)	% With High Problems (≥ 50)	Mean (S.D.)
Self-Rating Scales¹			
Depression	27	8	29 (13)
Anxiety	27	10	31 (14)
Childhood Problems	21	9	27 (15)
Risk-Taking	52	27	39 (15)
Hostility	37	21	33 (17)

¹ Response anchors for each item were 1 = "Disagree Strongly," 4 = "Uncertain," and 7 = "Agree Strongly"; ratings ranged from 1 to 7, with a response of "4" indicating the midpoint. Scores for each scale were defined by computing the average ratings for items, multiplied by 10 (and therefore ranging from 10 to 70 for each scale).

Table 12

Kyle ITC Graduates:
Ratings of Treatment Program Features
and Participation in Therapeutic Groups¹ (N = 293)

	% Good or Great (5-7)
Ratings of Treatment Program Features¹	
Structural Characteristics (e.g., rules, assignments)	49
Therapeutic Helpfulness of – Treatment Staff	57
Custody Staff	29
Identification with Clients (e.g., helpfulness, similarity)	50
Ratings of Participation in Therapeutic Groups²	
Personal Engagement (e.g., discuss feelings, give feedback)	84
Personal Progress (e.g., progress with drug problem, goals, etc.)	97
Feelings Toward – Treatment Staff	68
Custody Staff	35
Other Clients	66

¹ Each scale was defined by average ratings on a set of interrelated items. Response anchors were 1 = "Terrible," 4 = "Adequate," and 7 = "Great," and scores ranged from 1 to 7. A response score of "4" indicates the midpoint on the scale.

² Each scale was defined by average ratings on a set of interrelated items. Response anchors were 1 = "Disagree Strongly," 4 = "Uncertain," and 7 = "Agree Strongly," and scores ranged from 1 to 7. A response score of "4" indicates the midpoint on the scale.

Table 13
 Kyle ITC Graduates:
 Ratings of Self and Counselor (N = 293)

	% Good or Great (> 6)
Ratings of Self while in Treatment¹	
Developed Rapport (e.g., easy to talk to, honest)	87
Attentiveness (e.g., think clearly, pay attention)	92
Cooperation (e.g., dependable, cooperative)	90
Ratings of Counselor¹	
Developed Rapport (e.g., easy to talk to, understood you)	80
Competence (e.g., organized, motivated you)	84

¹ Each scale was defined by average ratings on a set of interrelated items. Response anchors were 1 = "Disagree Strongly," 4 = "Uncertain," and 7 = "Agree Strongly," and scores ranged from 1 to 7. A response of "4" indicates the midpoint of the scale.

Table 14
 Kyle ITC Graduates:
 Topics Discussed During Group and Individual Counseling (N = 293)

	% None	% Some	% A Lot
Group Counseling Time Spent on¹ –			
General Treatment Issues	1	58	40
Drug Issues	1	23	76
Psychological Issues	0	22	78
Social Issues	1	66	33
Health Issues	5	63	32
Individual Counseling Time Spent on¹ –			
General Treatment Issues	4	62	34
Drug Issues	7	39	54
Psychological Issues	3	40	57
Social Issues	4	70	26
Health Issues	26	52	22

¹ Each topic score represents the average ratings for 3 or 4 items based on the following scale: 0 = "none," 1 = "some," 2 = "a lot."

Table 15

Kyle ITC Graduates:
Prevalence of Attention Deficit Hyperactivity
Disorder (ADHD) (N = 293)

	Total
Wender Utah Rating Scale (WURS)	
% ADHD (Cut-off Score = 36) ¹	37
% ADHD/Controlled for Depression ¹ (Cut-off Score = 46)	23

¹ Scored according to guidelines in Ward, M. F., Wender, P. H., and Reimherr, F. W. (1993). The Wender Utah Rating Scale: An aid in the retrospective diagnosis of childhood attention deficit hyperactivity by disorder, American Journal of Psychiatry, 150(6), 885-890.

Table 16

Kyle ITC Graduates:
Prevalence of Alcohol Use in the Last 6 Months
Before Prison (N = 293)

	Total
Michigan Alcohol Screening Test (MAST)¹	
% Non-Alcoholic	20
% "Suggested" Alcoholic	5
% Alcoholic	75
TCU Alcohol Form	
% Any Alcohol Use	88
% Drank Alcohol Daily	29
% Drank Upon Waking-up	37
% Drinking Caused Shakes or Tremors	15
% Drank More than Intended	57
% Drank 3 or More Drinks in 1 Hour	67
% Alcohol Dependency ²	39

¹ Scored according to guidelines in Selzer, M. L. (1971). The Michigan Alcohol Screening Test: The quest for a new diagnostic instrument. American Journal of Psychiatry, 127(12), 89-94.

² Based on DSM-III-R criteria, scored according to guidelines in Chatham, L. R., Rowan-Szal, G. A., Joe, G. W., Brown, B. S., and Simpson, D. D. (1995). Heavy drinking in a population of methadone-maintained clients. Journal of Studies on Alcohol, 56(4), 417-422.

Table 17
Kyle ITC Graduates:
Ratings of Hopelessness and Depression (N = 293)

	Total
Beck Hopelessness Inventory (BHI)¹	
% Problems with – Poor Affect (e.g., low hope and enthusiasm)	10
Poor Motivation (e.g., low desire to achieve personal goals)	23
Poor Expectations for Future (e.g., future seems dark)	65
Beck Depression Inventory (BDI)²	
% None to Minimal Depression	74
% Mild Depression	23
% Moderate Depression	3
% Severe Depression	0

¹ Scored according to guidelines in Beck, A. T., and Weissman, A. (1974). The measurement of pessimism: The Hopelessness Scale. *Journal of Consulting and Clinical Psychology*, 42(6), 861-865.

² Scored according to guidelines in Beck, A. T., and Steer, R. A. (1987), *Beck Depression Inventory Manual*. New York: Harcourt Brace Jovanovich, Inc.

Table 18

Kyle ITC Graduates:
SCL-90 Neurotic Symptomology¹

Dimension/Global	PTA Cohort (n = 293)		Amity TC Program at Donovan Prison ² (N = 73)		Normative Data ¹			
	Mean (S.D.)		Mean (S.D.)		Non-Patient Normal (N = 974)		Psychiatric Outpatient (N = 1002)	
	Mean	(S.D.)	Mean	(S.D.)	Mean	(S.D.)	Mean	(S.D.)
1. Somatization	.36	(.46)	.27	(.31)	.36	(.42)	.87	(.75)
2. Obsessive-Compulsive	.57	(.61)	.46	(.51)	.39	(.45)	1.47	(.91)
3. Interpersonal-Sensitivity	.53	(.60)	.39	(.48)	.29	(.39)	1.41	(.89)
4. Depression	.49	(.49)	.51	(.49)	.36	(.44)	1.79	(.94)
5. Anxiety	.35	(.44)	.24	(.34)	.30	(.37)	1.47	(.88)
6. Hostility	.41	(.57)	.35	(.49)	.30	(.45)	1.10	(.93)
7. Phobic Anxiety	.14	(.33)	.14	(.33)	.13	(.31)	.74	(.80)
8. Paranoid Ideation	.60	(.64)	.60	(.58)	.34	(.44)	1.16	(.92)
9. Psychoticism	.35	(.48)	.30	(.40)	.14	(.25)	.94	(.70)
I. Global Severity Index	.39	(.40)	.38	(.35)	.31	(.31)	1.26	(.68)
II. Positive Symptom Distress Index	1.38	(.51)	1.69	(.66)	1.32	(.42)	2.14	(.58)
III. Positive Symptom Total	24.91	(19.01)	20.50	(17.60)	19.29	(15.48)	50.17	(18.98)

¹ Scored according to guidelines in Derogatis, L. R., Yevzeroff, H., and Wittelsberger, B. (1975). Social class, psychological disorder, and the nature of the psychopathologic indicator. *Journal of Consulting and Clinical Psychology*, 43(2), 183-191.

² Data were selected from a presentation by Harry Wexler and Wendy Graham entitled "Prison-Based Therapeutic Community for Substance Abusers: Retention, Rearrest, and Reincarceration" at the American Psychological Association National Meeting held in Los Angeles, California, August 13, 1994. Scores are based on the SCL-90-R.

Table 19

Kyle ITC Graduates Who Completed the 1-Year Interview
vs. Those Who Did Not:
Background Characteristics

	Completed Interview	
	Yes (n = 169)	No (n = 124)
Race/Ethnicity		
% African American	50	39
% Mexican American	21	27
% White	29	31
Age		
% 18-25	11	15
% 26-30	18	27
% 31-35	27	21
% 36-40	23	19
% Over 40	21	19
Average Age	35	33
Range	21-63	20-57
Education		
Highest Grade Completed (Mean)	10	10
Average Reading Grade Level	8	8
Average TDC IQ Score	96	95
Marital Status		
% Legally Married/Living with Mate	27	28
Last Criminal Offense		
% Murder	2	2
% Assault	7	5
% Robbery	12	8
% Burglary	27	28
% Larceny*	4	10
% Auto Theft	3	4
% Possession/Selling Drugs	40	36
Retention Risk Score		
% High (0-4)	47	49
% Medium (5-7)	28	30
% Low (8-13)	24	21
Average # of Days in ITC	282	284

* p < .05

Table 20

Comparison Group Members Who Completed the 1-Year Interview
vs. Those Who Did Not:
Background Characteristics

	Completed Interview	
	Yes (n = 62)	No (n = 41)
Race/Ethnicity		
% African American	45	46
% Mexican American	15	20
% White	40	34
Age		
% 18-25	15	10
% 26-30	24	34
% 31-35	18	20
% 36-40	29	20
% Over 40	15	17
Average Age	33	34
Range	20-62	20-51
Average Grade Completed (Mean)	10	10
Previous Criminal Offense		
% Murder	0	0
% Assault	15	10
% Robbery	19	15
% Burglary	21	27
% Larceny	6	12
% Auto Theft	2	5
% Possession/Selling Drugs	32	20
Retention Risk Score		
% High (0-4)	21	34
% Medium (5-7)	26	37
% Low (8-13)*	53	29

* p < .05

Table 21

Kyle ITC Graduates vs. Comparison Group:
Background Characteristics of Those Who Completed
the 1-Year Interview

	Kyle ITC Graduates (n = 169)	Comparison Group (n = 62)
Race/Ethnicity		
% African American	50	45
% Mexican American	21	15
% White	29	40
Age		
% 18-25	11	15
% 26-30	18	24
% 31-35	27	18
% 36-40	23	29
% Over 40	21	15
Average Age	35	33
Range	21-63	20-62
Average Grade Completed (Mean)	10	10
Previous Criminal Offense		
% Murder	2	0
% Assault	7	15
% Robbery	12	19
% Burglary	27	21
% Larceny	4	6
% Auto Theft	3	2
% Possession/Selling Drugs	40	32
Retention Risk Score		
% High (0-4)*	47	21
% Medium (5-7)	28	26
% Low (8-13)*	24	53

* p < .05

Table 22

Kyle ITC Graduates:
Ratings of Treatment Program Features
and Counselors Assessed 1 Year After Prison (N = 169)

	<u>In-Prison Ratings:</u> % Good or Great (5-7)	<u>1-Year FU Ratings:</u> % Good or Great (5-7)
Ratings of ITC Treatment Program Features¹		
Structural Characteristics* (e.g., rules, assignments)	50	69
Therapeutic Helpfulness of – Treatment Staff*	56	73
Custody Staff*	29	53
Identification with Clients* (e.g., helpfulness, similarity)	49	69
Ratings of ITC Counselor²		
Developed Rapport (e.g., easy to talk to, understood you)	82	83
Competence (e.g., organized, motivated you)	84	84

¹ Each scale was defined by average ratings on a set of interrelated items. Response anchors were 1 = "Terrible," 4 = "Adequate," and 7 = "Great," and scores ranged from 1 to 7. A response score of "5" or above indicates a "Good" or "Great" rating.

² Each scale was defined by average ratings on a set of interrelated items. Response anchors were 1 = "Disagree Strongly," 4 = "Uncertain," and 7 = "Agree Strongly," and scores ranged from 1 to 7. A response score of "5" or above indicates a "Good" or "Great" rating.

* p < .05

Table 23

Kyle ITC Graduates:
Ratings of Aftercare Programs 1 Year After Prison

	Residential TTC (n = 169)	Outpatient ¹ (n = 93)
Treatment Program Structure		
Average # Weeks in Treatment	13	12
Average # Individual Counseling Sessions/Week	1	1
Average # of Minutes/Session	48	51
Average # Group Counseling Sessions/Week	6	1
Average # of Minutes/Session	65	68
Average # Peer-Support Group Meetings	16	9
Average # Treatment Team Meetings	5	3
% Part of a Structure Board (leadership)	63	NA
	% Good or Great Ratings (5-7)	% Good or Great Ratings (5-7)
Treatment Program Milieu²		
Overall Organization and Structure	54	73
Caring and Helpfulness of Counselors	67	82
Caring and Helpfulness of Clients	62	79
Individual Counseling Meetings	68	79
Group Counseling Meetings	69	79
Personal Progress in Recovery	75	87
Helpfulness in Developing a Peer-Support Group	70	76
Parole Officer's Support for Treatment	76	85
Helpfulness of Case Manager	75	83
Location of Program	NA	69
Meeting Times	NA	66

¹ Includes TTC graduates participating in an outpatient treatment program.

² Each scale was defined by average ratings on a set of interrelated items. Response anchors were 1 = "Terrible," 4 = "Adequate," and 7 = "Great," and scores ranged from 1 to 7. A response score of "5" or above indicates a "Good" or "Great" rating.

Databook for
Prison-Based Treatment
Assessment (PTA) Project

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Kevin Knight, Ph.D.
Project Manager

Matthew L. Hiller, Ph.D.
Data Analyst

D. Dwayne Simpson, Ph.D.
Principal Investigator

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Correspondence should be addressed to Institute of Behavioral Research, Texas Christian University, TCU Box 298740, Fort Worth, TX 76129. More information (including data instruments that can be downloaded) is available on the Internet at www.ibr.tcu.edu and electronic mail can be sent to ibr@tcu.edu.

Preface

Plans were authorized in 1991 by the Texas State Legislature to create 14,000 therapeutic community treatment beds in state correctional facilities, to be followed by 3 months of community-based residential Transition Treatment Center (TTC) aftercare and 1 year of outpatient aftercare. Although these plans have been scaled back, the first In-Prison Therapeutic Community (ITC) facility to be established (the New Vision Chemical Dependency Treatment Facility located in Kyle, Texas) has continued to provide substance abuse treatment to eligible inmates during the last 9 months before parole. In June 1996, the Institute of Behavioral Research (IBR) at Texas Christian University (TCU) was granted an award by the National Institute of Justice (NIJ) to conduct secondary data analyses designed to assess the program's effectiveness.

This technical report – referred to as the Databook for the PTA Project – is part of a series of papers for describing the findings. Numerous tabulations are organized to serve as resources for detailed questions about data collected using a comprehensive set of questionnaires. Background and during-treatment assessments were completed in group settings at the ITC during the last few weeks before graduation (see TCU/PTA Forms Manual, Simpson & Knight, 1994). Face-to-face follow-up interviews were conducted with parolees from the ITC and a matched comparison group selected from the general Texas prison population at 6 months and 1 year after prison. Other records collected in the effort to evaluate the impact of prison-based treatment on relapse to drug use and criminal recidivism include arrest and incarceration records from the Texas Department of Public Safety (DPS), and results of laboratory testing for drug metabolites in urine samples obtained by parole officers and in hair samples collected at the time of the follow-up interviews.

The tables in this Databook present findings from several phases of the evaluation. The first section uses pre-prison measures to compare Kyle ITC graduates and comparison group parolees, as well as Transitional Treatment Center (TTC) completers and non-completers. The next section focuses on a description of Kyle ITC graduate characteristics. The third section assesses background differences between those who completed the 1-Year Follow-up Interview versus those who were eligible to be interviewed but were not located and interviewed. The fourth section describes inmate ratings of the Kyle ITC program. The fifth and sixth sections highlight findings from data collected at 1-year after prison release. The final section examines individual ratings of the Kyle ITC in relation to selected outcome measures.

Overall, results from the evaluation demonstrate that Kyle ITC graduates had better 1-year outcomes than did the matched comparison group of untreated parolees. Furthermore, Kyle ITC graduates who also completed the 3-month residential TTC program had more favorable outcomes than both the aftercare non-completers and the comparison group. For a detailed description of data collection procedures and an interpretation of results, see Prison-Based Treatment Assessment (PTA): Final Activity Report (Knight, Hiller, & Simpson, 1998).

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Table 24

Kyle ITC Graduates (n = 169) vs. Comparison Group (n = 62):
Self-Admitted Criminal Involvement
in the 6 Months Before and 1 Year After Prison¹

	% One or More				Mean Days Involved			
	Kyle ITC		Comparison		Kyle ITC		Comparison	
	Before	After	Before	After	Before	After	Before	After
Drug Offenses (Total)	79	27	73	39	73	13	70	16
DWI/Public Intoxication	42	12	44	18	15	1	15	1
Use/Possession of Illegal Drug	69	19	71	26	37	9	34	11
Sale, Distribution, or Manufacturing of Drugs	49	7	35	7	20	3	21	1
Public Order Offenses (Total)	30	8	11	8	14	2	4	0
Arson or Weapons Offenses	15	2	4	0	4	0	1	1
Gambling/Bookmaking	17	7	7	8	7	1	2	1
Prostitution/Pimping	8	1	4	0	2	1	1	0
Property Offenses (Total)	62	7	37	13	37	2	16	5
Burglary or Auto Theft	43	1	24	2	7	0	3	4
Larceny/Theft/Shoplifting	39	0	16	0	9	1	4	0
Forgery or Fraud	24	0	9	2	7	0	4	0
Fencing Stolen Property	31	4	15	5	12	0	5	0
Vandalism ²	8	1	0	2	1	1	0	0
Violent Offenses (Total)	33	2	20	5	5	0	3	1
Homicide/Aggravated Assault/ Kidnapping	21	2	9	2	3	0	3	0
Sex Offenses ³	1	0	0	2	0	0	0	0
Robbery	20	1	13	2	2	0	3	0
Combined	87	29	79	45	129	18	92	22

¹ Includes only the 6-month period prior to the 1-year interview.

² Includes vagrancy and loitering.

³ Includes rape, aggravated sexual assault, and indecent exposure.

Note. Pre-prison background data for Kyle ITC clients were collected during the last month of treatment at Kyle. Pre-prison background data for Comparison group members were collected during the 6-Month Follow-Up Interview and are suspected of being biased by underreporting and lack of self-disclosure.

Table 25

Kyle ITC Graduates (n = 169) vs. Comparison Group (n = 62):
Self-Admitted Drug Use
in the 6 Months Before and 1 Year After Prison¹

	% Any Use				% Weekly Use			
	Kyle ITC		Comparison		Kyle ITC		Comparison	
	Before	After	Before	After	Before	After	Before	After
Individual Drug								
Alcohol	89	26	84	74	44	10	85	66
Marijuana	71	11	54	27	29	2	57	18
Cocaine	65	6	42	8	30	2	45	11
Crack	49	7	41	19	30	3	42	10
Speedball (Her + Coc)	32	4	14	7	14	1	13	5
Heroin	32	6	14	9	16	2	11	10
Street Methadone	10	0	1	1	2	0	2	0
Other Opioids	9	1	3	3	1	0	0	0
Hallucinogens	25	1	8	1	3	0	7	0
Drug Categories								
Cocaine/Crack ¹	77	14	65	27	48	5	65	16
Opioids ²	38	8	18	11	20	3	16	11
Uppers ³	13	4	13	2	12	2	6	2
Downers ⁴	7	1	5	0	2	0	0	0

¹ Includes only the 6-month period prior to the 1-year interview.

² Includes Cocaine, Crack, and Speedball use.

³ Includes Heroin, Illegal Methadone, Other Opioids, and Speedball use.

⁴ Includes Methamphetamines, Speed, Ice, and Other Uppers.

⁵ Includes Tranquilizers, Barbiturates, and Sedatives.

Note. Pre-prison background data for Kyle ITC clients were collected during the last month of treatment at Kyle. Pre-prison background data for Comparison group members were collected during the 6-Month Follow-up Interview and are suspected of being biased by under-reporting and lack of self-disclosure.

Table 26

Kyle ITC Graduates vs. Comparison Group:
Recidivism in the 2 Years After Prison¹

	Kyle ITC Graduates (n = 293)	Comparison Group (n = 103)
% Any Arrests within First 6 Months*	10	19
% Any Arrests within First 12 Months	24	33
% Any Arrests within First 18 Months	32	43
% Any Arrests within First 24 Months*	39	50

¹ Based on D.P.S. C.H.R.I. database.

* p < .05

Table 27

Kyle ITC Graduates vs. Comparison Group:
Cocaine and Opioid Use in the First Year After Prison

	Kyle ITC	Comparison
Self Report at 1-Year Follow-Up (6 mos.)¹		
% Used Cocaine (K = 169, C = 62)	14	16
% Used Opioids (K = 169, C = 62)	8	11
Hair (3 mos.)²		
% Used Cocaine (K = 102, C = 40)	44	44
% Used Opioids (K = 102, C = 40)	13	13

¹ Self-reported use was recorded in a personal follow-up interview conducted 1 year after the client was released from prison. *Cocaine* included cocaine, crack, and speedball; opioids included heroin, speedball, other opioids, and street methadone.

² Hair samples were collected as part of a personal follow-up interview conducted 1 year after the client was released from prison.

* $p < .05$

Table 28

Kyle ITC Graduates vs. Comparison Group:
Parole Officer Report of Client Activity in the First Year After Prison¹

	Kyle (n = 152)	Comparison (n = 62)
Employment – Months 6-12		
% No Job	18	14
% Part-Time Job	13	26
% Full-Time Job	65	56
Drug Treatment – Months 6-12		
% Outpatient*	59	21
% Inpatient (includes TTC)	8	3
% Attending AA*	61	23
% Attending NA*	57	29
Average # UA Tests Collected*	6	3
Criminal Activity – Months 6-12		
% Any Parole Violations	39	37
% Any Arrests	18	26
% Any Charges	13	18
% Any Convictions	5	5
% Any Technicals	28	24
% Revoked	5	0
Case Status from Parole Officer Report		
% Active Supervision	74	77
% Jail/Prison/SAFP	11	15
% Absconded	9	6
Supervision Status		
% Intensive/Specialized	59	50
% Minimum	11	10

Table 28 (Continued)

	Kyle (n = 152)	Comparison (n = 62)
Evidence of Problem		
% With Transportation	13	18
% With Family	24	19
% With Childcare	2	0
% With Drugs	24	31
% With Alcohol	20	19
UA Tests Reported by Parole Officer		
Average # Marijuana Tests per Parolee*	6	3
% Positive*	1	15
Average # Cocaine Tests per Parolee*	6	3
% Positive*	5	16
Average # Heroin Tests per Parolee*	5	1
% Positive	5	18
Average # Other Tests per Parolee*	3	2
% Positive	4	7
UA Lab Results		
% Collected	99	99
# Parolees Tested for Opioids	93	17
% Positive*	3	12
# Parolees Tested for Cocaine/Crack	126	41
% Positive	10	12
# Parolees Tested for Amphetamines	40	19
% Positive	5	11
# Parolees Tested for THC/Cannabis	122	42
% Positive*	2	12
# Parolees Tested for Sedatives/Barbiturates	22	8
% Positive	0	0
# Parolees Tested for Tranquilizers	3	1
% Positive	33	0
# Parolees Tested for Ethanol	4	0
% Positive	0	0

¹ All data were collected from the TCU Parole Officer 1-Year Follow-Up form.

* p < .05