

**The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:**

**Document Title: Factors Affecting Client Motivation in Therapeutic Community Treatment for Offenders in Delaware, Summary Report 1997-1999**

**Author(s): University of Delaware**

**Document No.: 182358**

**Date Received: May 15, 2000**

**Award Number: 97-RT-VX-K004**

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# DELAWARE

NATIONAL INSTITUTE OF JUSTICE  
RESIDENTIAL SUBSTANCE ABUSE TREATMENT FOR STATE PRISONERS  
"Factors Affecting Client Motivation in Therapeutic  
Community Treatment for Offenders in Delaware"  
97-RT-VX-K004  
SUMMARY REPORT  
1997-1999

## OVERVIEW OF RSAT 01 PROJECT IN DELAWARE

Delaware was at a very different position than most states in 1998 in terms of both the RSAT program and the evaluation of therapeutic community treatment in correctional settings. Parts of the State of Delaware's Therapeutic Community Continuum of residential treatment for drug abusing prisoners had been in existence for almost 10 years. The programs were started with a series of Bureau of Justice Assistance (BJA - Project Reform), National Institute of Drug Abuse (NIDA - Treatment Demonstration Grants and Center for Substance Abuse Treatment (CSAT - Residential Treatment awards). State funding continued these programs after the initial Federal demonstration period. The continuum is based on a combination of primary treatment in prison, secondary treatment in community-based work release, and tertiary treatment in aftercare. The Delaware TC Continuum, particularly the transitional treatment program in a work release setting, was highlighted in the enabling language of the RSAT Program (OJP 1996). Ironically (and perhaps erroneously -- as General McCaffrey told us in a visit to the Delaware programs in 1997), the RSAT program was not allowed to fund non-residential treatment, which was Delaware's initial plan. So Delaware used its RSAT funding to expand capacity in existing program components, , not to create brand new programs. As you have seen from the state's reports, it is not possible to show results of an isolated RSAT program. And, consequently, the need for and ability to do process evaluation was very different than in most state with RSAT Level 1 evaluations.

Delaware has a history of process evaluation reports of its TC programs, completed with a combination of the same BJA, NIDA, and CSAT funding that created the programs in the first place. (e.g., Inciardi et al. 1992; Inciardi and Lockwood 1994; Inciardi and Saum 1997; Lockwood and Inciardi 1993; Lockwood et al. 1997; Nielson et al. 1996; Scarpitti et al. 1993). Moreover, it also had completed a number of outcome evaluations, particularly of the prison and work release components of the continuum (e.g., De Leon et al. 1995; Martin et al.

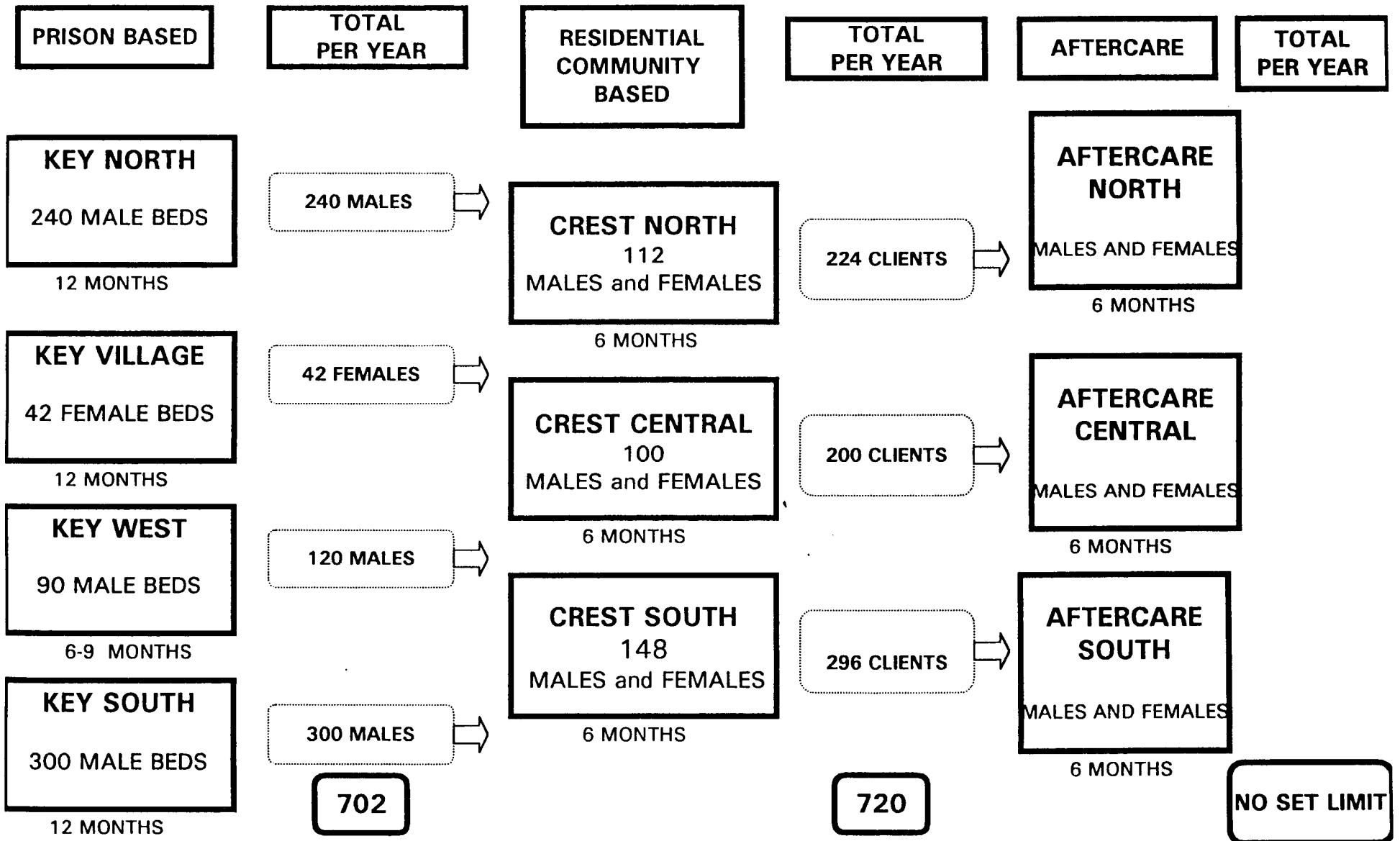
1995, Inciardi et al. 1997). Our plan with the RSAT evaluation grant was not to conduct another process study of a new program. Rather, we sought to expand on the existing process and outcome evaluation efforts. The efforts accomplished with RSAT support enabled us to improve our evaluations of the Delaware treatment programs. More reliable outcome criteria and new information about circumstances, motivations, and appropriateness of individual client characteristics for treatment were expected to significantly increase our ability to select appropriate clients for treatment and to improve the likelihood of treatment success. Such information should be useful to Criminal Justice Planners, and helpful to NIJ's National Evaluation of the Residential Substance Abuse Treatment Program. We had three specific aims in this research:

- 1) To evaluate the new program expansion of the CREST TC program.
- 2) To use grant support to access official correctional and criminal justice records to improve our recidivism outcome criteria.
- 3) To make retrospective use of existing client treatment files to improve our control variables and ability to model program engagement for inclusion in multivariate outcome models.

Progress on each of these Specific Aims is reviewed below. We also participated in the RSAT Cluster Conferences and two of the NIJ Research Conferences. We managed to do accomplish this without drawing on much of our RSAT funding. We actually spent less than \$10,000 of the \$50,000 award to accomplish our initial data gathering, RSAT meeting participation, and reporting objectives. Steven S. Martin and Christine A. Saum worked on the RSAT project.

In regard to Specific Aim 1, we began collecting information on the expansion of CREST - though much of the expansion was delayed beyond the RSAT funding period. During this period, the Delaware Treatment Programs were as shown in the diagram accompanying the presentation paper at the Academy of Criminal Justice Sciences in March, 1998 (see attached). Process information was updated for the November, 1998 Cluster Conference. The original CREST program in Northern Delaware, now called CREST-North, has been limited in size by housing considerations at the site. However, new CREST programs opened, first Passageways, now called CREST South, adjacent to the Work Release facility in Southern Delaware in late 1997, and, in Fall 1999, CREST-Central was created by the conversion of a small prison to a residential work release TC in the center of the state in Dover, Delaware. Expansion has also occurred for the prison TC components and particularly for the aftercare components. The current program configuration for Delaware is shown in the following chart.

# FIGURE 1: DELAWARE TC TREATMENT PROGRAMS FOR OFFENDERS AUTHORIZED TREATMENT CAPACITY SUMMER 1999



The issues that are most interesting from a process view on CREST expansion have all occurred since the end of our RSAT funding authorization. Now aftercare is explicitly tied to each of the 3 CREST centers: North, Central, and South, which helps with the delivery of the complete continuum of treatment. Clients into CREST now come theoretically from three sources: Level V flowdowns from the in-prison TCs, Level V flowdowns from regular population inmates with an assessed substance abuse problem, and Level IV direct commitments from the Courts for less than a year sentences and for probation violations. In practice with judges, including Drug Court judges, making many direct commitments to CREST, there is no room for regular drug-involved inmates and precious little room for those graduating from the in-prison TCs. An examination of the "appropriateness" and success of the direct court versus Level V TC flowdown cases is just beginning under a Merit renewal to a NIDA grant (Inciardi, PI; Martin, Co-PI). These efforts will focus on the Northern and Southern Delaware TC continuums (see previous chart). If carryover funding from our RSAT award were available, we would propose using it to focus on the new CREST-Central which is more self-contained, has a high proportion of direct judicial sentencings, and which has garnered recent notoriety when a probation violator sentenced there walked away and was subsequently involved in a murder.

In regard to Specific Aims 2 and 3, by using existing outcome data from the ongoing NIDA-sponsored study and extracting individual level information from existing treatment and criminal justice records with RSAT support, we were able to improve both our predictor variables as well as our outcome measures (see particularly our NIJ presentation in July 1998, the ASC presentations in November, 1998 and 1999, and the recent *Prison Journal* article from September 1999. The most notable finding from this work (and ironic from the point of view of the RSAT program) is that it calls into question reliance on only "residential" treatment for criminal justice offenders. It appears that long-term (3 year) effects are most apparent when residential treatment is followed by aftercare. Lasting effects of TC treatment in prison alone are not large. Work by RSAT contractors Simpson, and Wexler and their colleagues in the same *Prison Journal* issue support this conclusion. The lesson for treatment programs for offenders is the need for aftercare, and probably, the aftercare should be tied to probation or parole stipulations.

As we have briefly reviewed, the results of these RSAT expansions of the Delaware program evaluations have been incorporated in several presentations and a recent publication that were credited to the RSAT funding. These are summarized below and copies of the relevant presentations and publications are attached. We expect two or three of the presentations will be submitted for publication this Spring and will credit the RSAT support.

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