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“The Other Way” Program Evaluation Summary

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FINAL REPORT *Archie*
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Introduction

The National Institute of Justice awarded a grant to the Iowa Consortium for Substance Abuse Research and Evaluation to conduct a process evaluation of the "The Other Way" (TOW) program in October 1997. The TOW program had recently been awarded funds through RSAT funding to expand and enhance their existing program. The objectives of this evaluation were to: (1) set up a system to evaluate the impact the Clarinda TOW Program has on inmates who have completed the program; (2) develop an instrument package to measure change on variables of interest; (3) develop a procedure for collecting relevant data at intake, discharge and six-month follow up points; (4) act as a technical assistant for the development and implementation of the evaluation. This report covers the period January 1998 through March 1999.

Description of Program

"The Other Way" (TOW) program is an intensive residential substance abuse treatment program housed at the Clarinda Correctional Facility (CCF) in Clarinda, Iowa. The program currently employs 15 full-time counselors to provide comprehensive substance abuse treatment services on three dedicated treatment units totaling 240 treatment beds. The program is licensed by the Iowa Department of Public Health, Division of Substance Abuse and Health Promotion, and funded in part through the National Institute of Justice (NIJ) Residential Substance Abuse Treatment for State Prisoners (RSAT) program.

Inmates are referred to this program if they have an identified need for residential level substance abuse treatment and are within twelve months release consideration. All inmates in the state of Iowa are initially housed at the Iowa Medical and Classification Center (IMCC) at Oakdale, IA. While they are at IMCC, they are given a substance abuse evaluation. They are referred to the TOW program based upon this evaluation.

Program modifications

When the RSAT funding was awarded to the TOW program in October 1997 the TOW program was required to implement some changes in order to be eligible for the funding. Two of the most notable changes were the change in program length and housing of inmates. The TOW program was originally four months long. After the receipt of the RSAT funding, the length of the program increased to six months as required. The inmates were also moved to three TOW dedicated units. The inmates in TOW are separated from the general population for all activities as part of the funding requirements as well.

Another modification was to change the curriculum in one of the three units to a cognitive treatment model. This took place in Spring, 1998. Current research in the fields of substance abuse treatment and corrections suggest that a more cognitive approach to

treatment may have more effect with this population and thus result in decreased recidivism rates. Program administrators chose to initially use this new curriculum on only one of the units in order to pilot it and see if there were any improvements before restructuring the curriculum of the entire TOW program. The inmates are randomly assigned to this unit based on bed availability. Because of this, there is a somewhat experimental design as to the assignment to cognitive unit.

- Another notable change is the addition of a continuing-care program for those inmates that have completed the primary treatment program. Typically there is a period of time between the completion of the program and when the inmate is actually released from the prison. This period can be anywhere from weeks to months in length.

Evaluation design

The main objectives of this project were to: (1) set up a system to evaluate the operations and effectiveness of The Other Way program at the Clarinda Correctional Facility; and to (2) assist program staff to develop and implement intake, discharge, and follow-up instruments and evaluation protocols to document inmate characteristics and changes over time related to substance use/abuse, mental health, social functioning, and criminal behavior and attitudes.

The primary evaluation sample consisted of adult male inmates of the Clarinda TOW program. Approximately 500 inmates enter and complete the program per year with an estimated drop out rate of 2%. This 2% consists of those that voluntarily quit the program and are asked to leave the program (usually due to rule violations and/or lack of progress in treatment).

Data was collected from the inmates using a series of standardized instruments. These instruments consisted of a semi-structured interview (the Addiction Severity Index) and several self-administered questionnaires. These instruments will be described in greater detail later in this report. The inmates are assessed using this instrument package at three points throughout the project.

The first point of data collection is the Intake Assessment. Program staff administer the intake version of the instrument package shortly after the inmate begins the program. Usually this takes place within the first week of phase one. The intake provides baseline information about the inmate's history. This information can be used as a comparison for discharge and follow-up data to see if inmates have changed on any of the variables of interest.

The staff administers the instrument packet a second time about one week prior to discharge from the program. The packet consists of the same, though slightly different versions, of the same instruments give to the inmate at intake. The purpose of the

discharge interview is to measure what, if anything, has changed regarding the inmates functioning and attitudes towards substance use since the inmate has been in the program

The third phase of the assessment is at a six-month follow-up. While the follow-up instruments and procedures were developed during this grant period, the actual data collection will not begin until the "outcome evaluation phase" of this project for which the Consortium was recently awarded money to complete. The follow-up instrument package consists of modified versions of the intake and discharge instruments. A Consortium research assistant will conduct a telephone interview with the inmates after they have been out of prison for six months. These instruments measure the same variables as the intake and discharge over the past six months only. The purpose of this phase is to see how the inmates function once they are returned to the community and how much information and attitudes acquired in treatment are retained once out of the treatment environment.

All inmates participate in the intake and discharge components of the evaluation because these have been added to the protocol for the TOW program. Inmates must be recruited and give written consent, however, to participate in the follow-up study. Beginning in the May 1998, inmates were recruited to participate in the follow-up component of the project. The protocol was developed so those inmates who were being discharged each month were visited in person by a Consortium Research Assistant to invite their participation in the follow-up study.

Instrumentation

Intake and Discharge.

The Iowa Consortium worked with the Department of Corrections (DOC) and the Clarinda TOW treatment staff to identify and/or develop valid instruments measuring substance use/abuse, mental health and personality, criminal behavior and attitudes, social support, and involvement in education/employment and therapeutic activities. The instruments measured the inmates longitudinally on variables relevant to the TOW program goals. Criteria for the selection of instruments included the reliability and validity of the instruments, ease of administration, potential for dual clinical and evaluation use, and any duplication with existing efforts.

As a result of these meetings the following instruments were selected for inclusion in the intake, discharge and follow-up:

- The Addiction Severity Index (ASI) [McLellan, 1979] is a structured clinical interview that assesses the respondent on seven different areas: medical status, employment/support status, drug and alcohol use, legal status, family history, family and social relationships, and psychiatric status. The ASI is designed to measure activity in the respondent's lifetime and during the past thirty days on many of the questions, particularly on the drug and alcohol use, crime, and psychiatric sections. The ASI identifies critical areas of patient need and is useful for treatment planning and monitoring. Because of its use as a research instrument, the ASI has undergone rigorous validation and has been found to have high reliability and validity.
- The Colorado Cognitive Assessment Questionnaire [Center for Action Research, 1991] was used by the Consortium in the Newton and Mitchellville Violator Program analysis. The instrument measures cognitive skills and attitudes on a variety of dimensions, and demonstrates changes in those over time. This assessment instrument has the added benefit of having been given to over 2000 Violator Program participants, who could then become a comparison group with regard to Iowa prisoner substance abuse attitude changes achieved through a different program. The data from this instrument will primarily be used to measure intermediate changes in inmate skills and abilities that have been shown in the Violator Project to predict post-release outcomes.
- Circumstances, Motivation, and Readiness (CMR) Scales for Substance Abuse Treatment. CMR Prison Intake Version. George De Leon, Ph.D. (et al.) developed this instrument in 1993. It is a self-administered Likert scale that assesses the inmate in three areas regarding feelings about treatment (circumstances, readiness and motivation). The National Evaluators recommended this instrument for use. This will allow the Consortium to examine the relationship between treatment readiness and treatment outcomes.

- The Social Provisions Scale (SPS). Russell and Cutrona (1987) developed the SPS. It consists of 24 Likert scale items. The purpose of the SPS is to assess important properties of the subject's interpersonal relationships. The scale also determines the individuals current perception of the influence of significant others and perceived social support.
- Self-Help Questionnaire. The Self-help Questionnaire was developed by Patterson (1993) to measure the number of AA/NA/Other support meetings attended, use of sponsor and peer contracts, and related variables.
- The STEPS Questionnaire. Francis Gilbert (et al.) developed the STEPS. It is designed to measure attitudinal congruence (agreement) with the first three steps of the Alcoholic Anonymous' twelve steps. The author labeled the three sub-scales as "powerlessness" (powerlessness over alcohol use and life), "higher power" (use of a Higher Power as a crucial element in recovery), and "surrender" (willingness to turn one's life over to a Higher Power to achieve recovery). The Consortium renamed this instrument the "Life Attitudes Related to Alcohol/Drug use" for the purpose of the evaluation.
- A consumer satisfaction survey. The TOW program developed an instrument measuring inmates' perceptions of the program atmosphere, materials, structure, and benefits. This was given to the inmates at discharge only. The consortium had originally planned to assist in the development and/or modification of this survey. However, after discussion the evaluation team and program staff felt that the current satisfaction survey was sufficient for measuring the variables that we were interested in.

All instruments, with the exception of the satisfaction survey, are administered at the intake and discharge interviews. We trained the Program Staff in the data collection and informed consent procedures and monitored their progress during the course of the project

Essentially the same instruments used at intake and discharge will be used at follow-up, with necessary modifications for telephone interviewing.

Data Analysis

In its current incarnation, the TOW Program began admitting prisoners on 4/18/97, and has seen a total of 736 prisoners as of 12/30/98. The data set was frozen at that time for the purposes of this report, and all numbers below refer to this period.

This data analysis section will examine the following things:

1. Number of instruments given
2. Demographic breakdown of TOW subjects.

3. Criminal history of TOW subjects.
4. Substance usage patterns of TOW subjects.
5. TOW subject satisfaction with TOW program.
6. Discussion of outcome analysis and implications.

Instruments

Five separate instrument packets (See Appendix for copies) were filled out on TOW subjects as part of this evaluation. At intake, each subject completes an Intake Packet and is given an ASI by a counselor. The TOW staff then fills out an Oakdale Assessment packet from the subject's file. At discharge each subject completes a Discharge Packet. Before leaving the prison environment, subjects are recruited by a Consortium staff member to be contacted six months after release when a Follow-Up interview is conducted over the phone.

The following numbers detail how many of each instrument packet have been administered:

<u>Instruments</u>	<u>N</u>
Oakdale Assessment	265
Intake Packet	239
ASI	146
Discharge Packet	201
Follow-up Packet	0

These numbers vary because of the following reasons:

1. The Oakdale Assessment packet was started earlier than the others because it was a straight forward records review.
2. The TOW staff began administering the intake packet as soon as the instruments were chosen, which did not happen immediately.
3. The TOW staff began administering the discharge packet as soon as the necessary adjustments to the intake packet were made, which did not begin until after the intake packet was in place.
4. The ASI packets were only given after extensive staff training sessions were held, and then only after a pilot program of small trials and re-training.
5. Recruitment for follow-up questionnaires began on May 16, 1998 and continued monthly through December 11, 1998. A total of 77 permission packets were returned to us, with 70 of those (90.9%) agreeing to participate in a follow-up interview. These

interviews could not be conducted until six months after release, which had not occurred at the time the data set was frozen for this report.

6. Even when all instrumentation was in place, TOW staff still occasionally failed to give the intake packet or ASI at intake or the discharge packet at discharge for reasons that are currently under investigation.

Demographics

The Clarinda TOW program is male only. The men in the program exhibit the following demographic characteristics.

The mean age of TOW program participants is 30.2 years with a standard deviation of 8.3 years. Subjects range from 17 to 58. Subjects are predominantly white (66.2%), followed by African American (23.2%), American Indian (4.2%), Hispanic (2.8%), Asian or Pacific Islander (1.4%), and Other (2.2%).

Most subjects have at least a GED or high school diploma (70.4%), with 1.4% having graduated from college or community college. Most subjects were employed before becoming incarcerated (82.4%). Of those, most worked as unskilled employees (43.1%), semi-skilled employees (23.0%), or skilled manual employees (26.2%). Only 7.7% of the employed workers held some type of white collar position.

Most TOW inmates have been married (including common-law marriages) or have cohabitated (61.3%), though only 35.2% were in such a relationship at the time of TOW intake. Most inmates lived in a house/apartment/mobile home before incarceration (89.4%), while 2.1% responded Homeless and 8.4% responded Other.

Criminal History

The following chart details TOW participants' prior experience with the correctional system:

<u>Correctional Experience</u>	<u>%</u>
County or Municipal Jail	95.3
Work Release Center	49.1
Residential Correctional Facility	36.7
State Prison	93.6
Federal Prison	3.7

The average TOW program participant reports being arrested anywhere from 0 to 58 times, with an average of 13.2 and a standard deviation of 10.3 arrests.

The following chart details whether an inmate entering the TOW Program reports ever having been arrested for a particular type of crime:

Crime	%
Arson	16.3
Assault/Abuse (Domestic)	35.0
Assault (Other)	61.7
Burglary/Larceny/B&E	58.0
Child Abandonment/Neglect	2.1
Child Abuse	6.4
Contempt of Court	34.3
Criminal Gang Participation	8.6
Drug Intent to Sell	39.1
Drug Possession	55.3
Forgery	25.5
Homicide/Manslaughter	4.3
Parole/Probation Violation	83.1
Prostitution	0.7
Rape	1.4
Robbery	39.7
Sexual Assault	10.6
Shoplifting/Vandalism	66.0
Stalking	1.4
Terrorism	10.0
Weapons Offense	40.8
Other	18.8

Substance Usage Patterns

The following table examines the substance abuse history of TOW program participants.

<u>Drug Use</u>	<u>%</u>	<u>Lifetime Use</u> <u>#of years</u>	<u>N</u>	<u>Age at first Use</u> <u>#of years</u>	<u>N</u>	<u># Days Used</u> <u>Typical 30 days</u>	<u>N</u>
Alcohol- any use at all	78.8	12.7, sd=9.0 min=0.0 max=46.0	121	12.9, sd=3.5 min=3.0 max=23.0	134	12.2, sd=11.7 min=0.0 max=31.0	129
Alcohol- to intoxication	82.9	11.0, sd=9.1 min=0.0 max=40.0	128	14.0, sd=3.2 min=6.0 max=25.0	123	12.7, sd=11.7 min=0.0 max=31.0	134
Amphetamines	59.6	5.3, sd=6.5 min=0.0 max=32.0	113	20.0, sd=6.2 min=7.0 max=39.0	88	15.4, sd=12.9 min=0.0 max=31.0	123
Barbiturates	21.9	0.9, sd=3.4 min=0.0 max=23.0	72	18.0, sd=3.2 min=13.0 max=23.0	11	8.8, sd=13.6 min=0.0 max=31.0	95
Cannabis	82.9	11.0, sd=7.6 min=0.0 max=30.0	128	14.0, sd=3.3 min=5.0 max=27.0	124	18.0, sd=12.3 min=0.0 max=31.0	133
Cocaine	54.1	4.4, sd=5.5 min=0.0 max=25.0	98	19.8, sd=6.4 min=9.0 max=42.0	84	11.5, sd=12.4 min=0.0 max=31.0	116
Hallucinogens	43.2	3.3, sd=4.9 min=0.0 max=21.0	89	16.2, sd=3.2 min=5.0 max=25.0	63	8.5, sd=11.9 min=0.0 max=31.0	111
Heroin	27.4	1.5, sd=4.4 min=0.0 max=24.0	77	19.5, sd=5.2 min=10.0 max=35.0	29	10.2, sd=14.1 min=0.0 max=31.0	102
Inhalants	25.3	0.7, sd=2.0 min=0.0 max=13.0	77	16.8, sd=6.7 min=9.0 max=40.0	19	8.7, sd=13.5 min=0.0 max=31.0	103
Methadone	18.5	0.1, sd=0.5 min=0.0 max=4.0	74	18.3, sd=5.0 min=10.0 max=23.0	6	8.3, sd=13.7 min=0.0 max=31.0	95
More than one substance per day (excl. tobacco)	83.3	8.7, sd=8.1 min=0.0 max=32.0	119	17.1, sd=5.3 min=5.0 max=42.0	97	15.8, sd=12.2 min=0.0 max=31.0	126
Opiates/ analgesics	26.7	1.9, sd=5.1 min=0.0 max=26.0	76	19.8, sd=6.1 min=12.0 max=46.0	33	8.8, sd=13.3 min=0.0 max=31.0	98
Sedatives/ tranquilizers	26.0	1.9, sd=5.3 min=0.0 max=30.0	77	18.8, sd=6.6 min=6.0 max=37.0	27	9.5, sd=13.5 min=0.0 max=31.0	98
Tobacco	92.7	14.9, sd=9.7 min=0.0 max=44.0	135	13.8, sd=4.6 min=5.0 max=32.0	126	27.7, sd=8.5 min=0.0 max=60.0	136

As expected based on the usage patterns found in Iowa, following alcohol (78.8) the most frequently used were cannabis (82.9%), amphetamines, including methamphetamine (59.6%), and cocaine (54.1%).

The ASI (see Appendix) assesses substance abuse life intrusion into thirteen different areas. The most frequent effects of drug or alcohol use reported by TOW subjects are: legal problems (95.1%), missed work/school (81.7%), physical fights (81.0%), and marital and family problems (84.6%).

TOW Subject Satisfaction

The Clarinda Correctional Facility gives a *Tow Service Evaluation* assessment instrument to inmates who complete the TOW Program (see Appendix). This instrument is completed anonymously and is neither a scientific nor a validated instrument, but the staff still finds it useful in assessing which parts of the program inmates are happy and unhappy with.

The TOW Service Evaluation has undergone several changes over time. There were a total of 76 completed instruments available to us for analysis since the last change. This format is considered final and should remain in place throughout the duration of this evaluation.

Reported satisfaction rates are as follows:

Treatment Satisfaction	%
Very Satisfied	58
Satisfied	34
Indifferent	7
Dissatisfied	1

When asked to “*Please rate the following treatment activities based on their usefulness to you,*” the treatment areas that were reported to be the most helpful were: assignments (95%), therapy groups (84%), lectures/videos (83%), individual counseling (82%), staff interaction (67%), and peer interaction (53%). The areas with the smallest number of responses in the “Most Helpful” category were: AA/NA study groups, RAP study groups, RAP Meetings, and AA/NA meetings.

When asked “*Looking back at your treatment, please rate the following according to your satisfaction,*” subjects appear to be most satisfied with their primary counselor, with 95% responding either “Satisfied” or “Very Satisfied”, and nobody responding “Dissatisfied”. Subjects appear to be less satisfied with other TOW staff, suggesting that a bond is being formed with the primary counselor that is not possible with more cursory contact. Not surprisingly, physical setting was the least popular program component, as the TOW program must also function as a prison.

Implications and Future Analysis

It is not surprising that most of the interesting information to be gathered in an outcomes evaluation is not available before outcome information is collected, but that is a necessary result of writing reports based on a calendar rather than a research schedule. The following pieces of data will be gathered during the second half of this project. A discussion of each and how it will be used in conjunction with the descriptive data contained in this report follows.

Scale Scores and Pre- to Post-Test Changes

The TOW staff is giving the same assessment instruments to their inmates at intake and at discharge (see Appendix for sample copies of all instruments given). All scale scores will be analyzed and reported. The differences between pre- and post-test scores will allow us to determine what changes come about as a result of participation in the TOW program and how these changes are linked to specific demographic, criminal history, and substance abuse traits. Staff can use this information to determine whether parts of the curriculum are not doing the job they were intended and perhaps augment sections of the curriculum. Whole new sections of curriculum can be added if a particularly large need is determined.

Staff can also ensure that the curriculum appears to work equally well with TOW inmates of all ages, races, and educational background, or if a disparity is detected, work through the curriculum to correct the situation.

Recidivism Sweep

A recidivism sweep will be performed during the summer and fall of 2000, and will be concluded just before the data set is frozen on October 1, 2000 for final analysis. The State of Iowa's ASIS and ICBIC computer systems will be examined to determine which of the TOW Program participants has returned to prison, why, and how long it took. This information will be used in conjunction with both descriptive and pre- to post-test change scores to build a statistical model of TOW inmates who have a good chance of succeeding after release and those who have a poorer chance.

Once the models are built, they can be used in several ways. The Department of Corrections can use them to funnel inmates with a greater chance of success into the program if program space becomes scarce, so that potential benefits are maximized. TOW staff can examine which inmates are failing and follow those people more closely as they move through the program. TOW administrators may find information that suggests a different curricular emphasis, or perhaps an entirely new approach if certain

combinations of substance abuse or inmate characteristics proves to be particularly likely to recidivate.

Subject Interviews

Subjects are currently being recruited for participation in a phone interview to be conducted six months after subject release from the TOW facility. This substance use and follow-up scale scores will be used to build a statistical model to determine how to predict post-release behaviors in areas such as substance use and community readjustment.

There are potential generalizability concerns with this population however. Inmates who wish to opt out do not have to attend our recruitment session. We are only allowed to contact those inmates who sign up at our recruitment session. Since our follow-up interview is conducted six months after release, any inmate who re-offends before this time or disappears is not interviewed. Of those we can find who are still out of prison after six months, some are bound to have changed their mind about participation. How large any of these numbers is can not be known at this juncture, but will be reported in full in the final project report along with an analysis of contact information which may be of interest to researchers attempting similar contact with an equivalent population.

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