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190985

Categorical Assistance Progress Report

Final Report Summary

We received the grant on September 30, 1999. During the reporting period (1/1/00 to 9/30/00), the grantee met the following goals:

- Completed literature review on project variables (work therapy and aftercare).
- Completed 100% of archival data collection.
- Integrated literature review and data from approximately 200 patient charts into a position paper supporting the ongoing project.
- Met with the State Treasurer and Governor Whitman's Substance Abuse Policy advisor to generate more support for the project. Project protocols (see attached), as agreed upon by DOC, NDRI, and DOPCP, were reviewed.
- Met with BJA official Gale Farquhar to discuss ongoing project protocols and to inquire about generating support from other federal government sources.

We did not meet the following goals:

- Complete new business plans.
- Complete and test new software for data collection and analysis. (The current LAN and specific software applications in use at the agency are being enhanced to meet the needs of the project and other program initiatives.)

We received technical support from Dr. George DeLeon from NDRI. Dr. DeLeon observed the Straight and Narrow modified therapeutic community and reported his observations in a meeting of program directors and other key personnel. Implications of the proposed study on the development of enhanced work therapy and aftercare initiatives were discussed.

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Proposed Evaluation Premises and Protocols Executive Summary

Straight & Narrow, Inc. (S&N), with the participation of the New Jersey Department of Corrections (DOC), the New Jersey Department of Corrections--Division of Parole and Community Programs (DOPCP), and the National Development and Research Institutes, Inc. (NDRI), will evaluate the following three programs, designed for New Jersey prisoners and parolees:

- S&N's comprehensive aftercare program that follows primary residential treatment, with a specially designed residential program as requested by DOC;
- S&N's unique work therapy treatment modality, on which long-term, primary residential treatment is based; and
- A new emergency intervention program that will address the social service needs of local parolees who are experiencing medical or psychosocial crises, as requested by DOPCP.

Except in the latter phase of aftercare (see Section I below), the projects will be conducted at 360-384 Straight Street in Paterson, New Jersey--within the campus of Straight & Narrow. The treatment population will be 200 prisoners. The project will be five to eight years in duration. The principal members of the evaluation team will be:

(Name)	(Organization)	(Role)
Kevin M. Feeley, LSW	S&N	Project Supervisor
Walter Gardner, Esq.	S&N	Administrative Consultant
John Iuculano, Ph.D.	S&N	Evaluation Director
Richard A. Guild, Ed.D.	S&N	Clinical Consultant
Therese Mathews	DOC	DOC representative
J. Ted Levay	DOC	DOC representative
Paul Gerrish	DOC	DOC representative
Irma Jenne	DOPCP	DOPCP representative
Steve Magura, Ph.D.	NDRI	Principal representative
Two (2) evaluation assistants	NDRI	Principal Evaluator

The Department of Corrections will identify prisoners eligible for treatment and refer them to S&N for initial assessment and evaluation. DOC and DOPCP will establish terms of parole designed to accommodate the S&N program requirements, as mutually agreed-upon between DOC and S&N. S&N admissions staff will verify the need for treatment, identify the needs of the referred individual, and draft a primary treatment and aftercare program to meet these needs. All prisoners will experience work therapy and aftercare. Eligibility criteria will include stipulations that all program participants are from the City of Paterson and that S&N shall have the right to refuse any subject whom it feels would not be suitable as a program participant.

Furthermore, a detailed statement of the criteria of each of the programs shall be prepared by S&N and approved by DOC and, in the case of the emergency intervention program, DOPCP as well.

I. Aftercare

Aftercare is generally defined as the variety of interventions, services, and assistance provided to the recovering chemical abusers after primary treatment has been completed. At present, aftercare at Straight & Narrow represents the current state-of-the-art in the continuum of care for patients involved in the New Jersey criminal justice system. In the new program, patients are moved gradually from highly structured and specialized residential care (as described in section II) into a setting that fosters increased autonomy, responsibility, improved interpersonal relationships, and improved overall social functioning. Straight & Narrow staff, operating in a variety of contexts, will assist prisoners as they make the transition into independent living. S&N's innovative approach will include a step-by-step introduction of the individual into the community from group living in treatment to two bedroom apartment living on the S&N campus to individual apartment living in the community, all with counseling and psychotherapy (group, family, individual therapy, didactic meetings, house meetings, 12-step involvement, life counseling), education, job training and job placement, with the assistance of the New Jersey Department of Labor as part of programs already operated by S&N. Aftercare duration will be five years.

The evaluators will study the implementation of this innovative program. They will subjects' specific work experiences, attitudes, values and how they contribute to treatment success. Outcome measures will be examined at specific follow-up intervals for five years after a resident enters aftercare. Baseline data will be collected and combined with data from primary treatment. In accordance with discussions with DOC, the counseling and therapy programs for individuals will continue for several years in each case, and for as long as five years in individual cases. The researchers will identify the specific aspects of aftercare that, when implemented effectively, promote the greatest chance of success for individual prisoners as they re-enter society. This data, collected throughout the duration of the long-term evaluation, will yield great insight into the combinations of social services that are most effective for larger groups of inmates (i.e., those persons with specific substance abuse histories, educational backgrounds, or psychiatric issues).

II. Work Therapy

George DeLeon (2000), the prominent researcher on therapeutic communities (TC's), postulates that work therapy is most effective when used as both a foundation for job skills and as a vehicle for behavioral and characterological change. No research has been conducted to evaluate this postulate. No evaluation has been conducted on the utilization of work therapy as a complex treatment intervention strategy that connects and unifies typically disparate and separate treatment services.

S&N has pioneered the use of work therapy and work experience in the TC environment as a significant part of its overall substance abuse treatment. Based on length of stay for voluntary commitments, S&N's program (with length of stays ranging from 24 to 50 weeks) appears more successful than the average program (with an average of 11 weeks). S&N has established and operated several for-profit businesses for some time--a recycling company, a portable hot meals company, as well as a building construction division.

The evaluation team will examine the implementation of work therapy as:

1. a controlled and carefully executed "behavioral laboratory" in which patients enhance self-esteem, self-regulation, job skills, and other important characteristics of recovery, and
2. as a significant part of a holistic and seamless behavioral and characterological modification program, in which patients are provided useful feedback and therapeutic intervention in every waking moment of their lives in the community.

Work therapy (work activity that is constructed to enhance specific clinical objectives) is the mechanism by which agency staff (community living, clinical treatment personnel, job site supervisors, and administrative personnel) interact and work together to maximize treatment outcomes. In residential programs that do not utilize work therapy, treatment is limited to formal counseling sessions. In the S&N model, residents are immersed within a connected environment. This "connectedness" allows patients to maximize the benefits of inpatient treatment; residents have constant and numerous opportunities to observe and correct aberrant and destructive behaviors while practicing new, adaptive ones.

The research team is interested in examining and quantifying the qualities of the work therapy process that contribute the greatest treatment success. Certain job sites may contribute to more tangible treatment outcomes when compared with others. Job sites will be categorized and job behaviors will be carefully measured and tracked throughout the residential treatment experience. The researchers will identify which job sites enhance specific character traits and behaviors for the prisoners involved in the study.

III. Emergency Intervention for local Parolees

This is an experimental program. The Division of Parole and Community Programs (District office 12, located in Paterson) will refer parolees to Straight & Narrow who are experiencing medical or psychosocial crises. These crises may or may not include substance abuse problems. Straight & Narrow will discover and analyze the specific reasons for the emergency (e.g., relapse, failure to abide by parole stipulations, unemployment), and develop and assist in the implementation of a program to relieve the immediate crisis and also bring about sustained improvement. The implementations shall be reviewed and approved in each case by DOPC. S&N, DOC, DOPCP, and NDRI recognize that timely reaction in each case is very important to a successful intervention.

Therefore, the parties recognize that S&N must be prepared to be responsive to a broad range of crisis situations.

S&N is uniquely qualified to handle these crises because of its multiple programs and the large network of associated public private agencies with which it works.

Assessment Instrumentation:

The basic psychosocial and medical assessment procedure is the critical research protocol for all three of these new programs. Subject to further review, the following assessment instruments will be used in the evaluation projects.

General Baseline Data:

Individual Assessment Profile (IAP) (Flynn et al., 1995) This structured interview was developed for the purpose of providing a common core instrument for studies of substance abusing populations. It includes the following sections: Background (sociodemographics,) living arrangements, drug, alcohol and tobacco use; illegal activities; sources of support; health (including drug and sexually-related HIV risks); substance abuse and mental health treatment; mental health problems. There is also a follow-up version that omits background and historical measures; the follow-up version will include assessment of community obstacles (e.g., stigma of substance abuse, job availability) to competitive employment, as well as amount and types of support available to employed addicts in recovery after conclusion of formal treatment. Test-retest reliability coefficients for key individual items exceed .80

New Jersey Division of Criminal Justice-Automated Arrest Records: Access to this database (with client consent) will provide information on subjects' official criminal histories. A single pass through data will be made at the 18-month follow-up, to obtain lifetime records.

The substance Abuse Scale Screening Inventory: is a self-report measure that identifies chemical dependency in adolescents and adults. The scale measures client's values, attitudes and beliefs regarding substance use as well as provider information on attitudes on 8 substances.

Psychological Measurements:

Million Clinical Multiaxial Inventory-III (Million et al., 1994). The MCMI-III consists of 175 true-false items and required reading skills at the 8th grade level. (Subjects without this reading level will have the MCMI items read to them). The MCMI-III measures 24 clinical scales (DSM-IV AXIS I and AXIS II disorders). The MCMI-III scales have adequate internal consistency and test retest reliability.

The Beck Depression Inventory II: is a 21 items self-rating instrument designed to measure the intensity of depression in clinical and normal populations.

The Beck Hopelessness Scale is a 20 item self-report inventory that measures various aspects of feelings of hopelessness and provides a means to assess depression, suicide intent and suicidal ideation.

The Anxiety Scale is a 21 item self-rating inventory designed to measure the presence and degree of anxiety symptoms in such disorders as panic disorder, and generalized anxiety.

Psychological Interview: a licensed psychologist will give all subjects a comprehensive, standardized psychological interview.

Employment and Education Measures:

The Peabody Individual Achievement Test-Revised (PIAT-R) is an individually administered achievement test providing wide-range screening in six content areas: General Information, Reading Recognition, Reading Comprehension, Mathematics, Spelling, and Written Expression.

In the Wide Range Achievement Test 3 (WRAT3) one can identify deficits in reading, spelling, and arithmetic. It can be used to identify learning deficits as well as to measure intervention effectiveness.

S&N Work and Job-Training Observations: This ethnographic observation protocol will guide the recording of information pertaining to: client/clients and client/staff interaction and procedures used to deal with interpersonal "incidents" (anger/frustration). The workplace structure and hierarchy will be observed. Observation of job training sessions will focus on similar issues in addition to recording how the classes are structured and conducted. Information collected from this observation protocol will help to understand to how the therapeutic environment is created: this in turn will help guide and refine the interpretation of findings.

Other Measurements:

S&N Socialization Protocol. This self-administered instrument measures client's degree of agreement with items designed to tap the client socialization variables (e.g., work habits, work relations) addressed by the TC Work Hierarchy as discussed by DeLeon (1997). It will be developed for the proposed study and uses a 5-point Likert-type scale.

S&N Graduate/Supervisor Interview. This semi-structured interview protocol will be used to determine: longitudinal experience with S&N from time of entry as well as client descriptions of the supervisor's role, attitudes toward that role, interactions with other clients, perceived effects the role on the supervisors themselves, opinions about how role should be changed/improved, overall role of S&N in their life and their recovery. The interview will also investigate clients' experience with community obstacles (stigma of substance abuse, job availability) to competitive employment, as well as the types and amount of support available to employed addicts in recovery after conclusion of formal treatment. Data collected from this instrument will be useful as a source of information on the program as experienced by a (successful) client and will aid in the development and refinement of follow-up instruments as well as in the interpretation of findings.

S&N Life History Interview: This semi-structure interview will be administered by the ethnographer and seeks to investigate: background (including family history, education and work history, present family and living arrangements, involvement with police and the court, and general mental and physical health) as well as substance use history and experience with treatment for chemical addiction. Particularly emphasized are: client's experience at S&N, attitudes toward work in general (including how these views developed, parent's work patterns and attitudes toward work) and toward working, as well as how they view the role of work at different stages of their recovery.

Categorical Assistance Progress Report

Previous quarter goals that were carried over included conducting three meetings with the Department of Corrections (DOC), Straight & Narrow, Inc., (S/N), and National Development Research Institutes (NDRI), assigning of individual and joint responsibilities, and the hiring of personnel to assist in project implementation. The planning meetings occurred on November 18, November 23, and December 7, 1999. Current S/N definitions of the research variables (work therapy and aftercare) were discussed, as was the need to specifically define our target treatment population. It was decided among the three principal groups to involve the NJ Department of Parole in future meetings regarding program development.

DOC, with assistance from Department of Parole officials, estimated the number of patients to be referred to S/N in one year:

- approximately 120 prisoners who present community corrections placement challenges due to lack of adequate support systems, untreated substance abuse problems, etc., and
- Approximately 80 referrals from existing community corrections placement (i.e., parolees) who are experiencing medical/psychiatric difficulty, substance abuse relapse, or have other problematic social situations (e.g., housing, employment problems).

These estimates allowed S/N's project staff to outline aftercare and work therapy program elements, to evaluate further treatment and evaluation costs, and to consider the

physical components of the new treatment endeavors. A meeting with our housing advisor involved potential construction costs for these referrals, including the construction and design of aftercare housing.

Steve Magura (NDRJ) recommended the hiring of a full-time research director and a research assistant to generate theoretical basis for possible hypotheses, conduct literature review, and begin archival data review—all goals that were planned for the current report quarter. After advertising widely for the positions, several interviews were conducted, and a research consultant was hired. Literature review and archival data collection began; the new research consultant will commence comprehensive analysis on data from approximately 200 S/N patient files, and begin to synthesize work therapy and aftercare research protocols. Specific variables for archival data collection were reviewed and approved by S/N clinical specialists and Dr. Magura. These variables contribute to the development of comprehensive patient assessment requirements for future data collection and treatment evaluation. Software evaluation was also included as a goal for the current report quarter. S/N clinical specialists are determining the utility of current information management system in use for the agency's clinical operations.

S/N project planner is preparing to meet with NJ Deputy State Treasurer and Governor's Senior Policy Advisor on the status of the project. He is also involved currently in developing new business initiatives to enhance/expand our current work therapy treatment modality.

Categorical Assistance Progress Report

Summary

We received the grant on September 30, 1999. During the first reporting quarter, the grantee met the following goals (described in detail in the attached narrative):

- Conducted three (3) planning meetings with the Department of Corrections (DOC) and the National Development Research Institutes (NDRI).
- Determined target treatment population with other project participants.
- Began aftercare and work therapy program design with Straight & Narrow (S&N) clinical consultants.
- Initiated space and construction planning with housing advisor.
- Began literature review for the evaluation design of work therapy and aftercare programs with assistance from NDRI.
- Completed 70% of archival data collection.

We did not meet the following goals:

- The meeting with the Deputy State Treasurer and Governor Whitman's Senior Substance Abuse Policy Advisor was deferred until further decisions are made on defining the treatment population, program protocols, and a new DOC proposal to include an evaluation of a crisis intervention program for individual parolees. It is expected that the meetings will take place at the end of the second quarter or early in the third quarter.
- Commence software design and analysis. The grantee is currently evaluating its existing software for use in the project.

New initiatives identified and achieved:

- A Research Director and a Research Assistant were hired to complete the literature review, to design the evaluation components, and to analyze archival data.
- Identified key staffing needs for work therapy and aftercare programs.
- Evaluation of a crisis intervention system for parolees from Paterson.

Narrative

S&N personnel held several meetings to develop the particulars of the project administration and organization. S&N then arranged meetings with personnel from NDRI and DOC. On November 16, 1999 S&N project administrators and clinical specialists met with Dr. Steven Magura of NDRI for an initial planning session. We discussed the general conditions of the grant and the evaluation design for the work therapy and aftercare programs. Dr. Magura, responding to the size of the evaluation endeavor, strongly suggested hiring personnel who would be solely devoted to developing evaluation protocols and conducting archival data analysis. S&N immediately started to advertise the positions and interviewed candidates, and hired a research director and research assistant. Dr. Magura set out to gather baseline studies that include aftercare and work therapy as substance abuse treatment protocols.

DOC representatives attended the next planning meeting on November 23, 1999, joining Dr. Magura and S&N staff. Therese Matthews, Grant Manager for DOC, began to specifically define our targeted treatment population (i.e., the subjects for the evaluation study). She emphasized the interest of DOC to specifically address the needs of state prisoners who have inadequate resources outside of prison and are thus unable to successfully re-enter society. She also asked about two aspects of referring these prisoners into treatment at S&N: (1)

timing—how long a prisoner be in treatment and (2) criteria—the comprehensive psychological assessment of the prisoner.

S&N clinical consultant, Dr. Richard Guild, explained S&N's current implementation of work therapy and aftercare, as well as appropriate treatment timelines. He strongly recommended that such prisoners be remanded to the full 18-22 month treatment process. This process involves approximately one full year of intensive residential treatment and work therapy followed by six to eight months of aftercare, in which patients will maintain gainful employment, budget earnings, repay legal and other debts, live on the S&N treatment campus in transitional apartments, and continue the invaluable treatment services they received throughout their residential treatment experiences. Aftercare is a critical phase of treatment in which to practice and apply lessons learned throughout the work therapy phase. Dr. Guild's recommendation was adopted by the group as the basis for the study of both work therapy and aftercare, with additional consideration to be given to a final stage of housing in the community.

Irma Jenne, Supervisor of Parole District #12 in Paterson, outlined another DOC problem area: addressing serious crises (i.e., medical/psychiatric, housing, employment, substance abuse, and other social problems) for current parolees, which the parole system is not equipped to handle. Ms. Jenne described that parolees who experience such crises are left without social or emotional resources, and that they would likely benefit from work therapy and aftercare, and a variety of social services provided by S&N. S&N project administrators suggested that "crisis referrals" be evaluated by S&N clinical staff and then

referred to an appropriate treatment or social service modality, including those operating within the S&N agency. It will be necessary to examine the feasibility of such a program, including costs.

This meeting also included discussions on generating capital for housing the prisoners and/or crisis referrals, the limitation of referrals to only include natives of the City of Paterson, and the legal status of the prison referrals as they arrive in treatment (i.e., inmate or parolee status). The group agreed to include the Department of Parole as a participant in the planning process. DOC pointed out that the Department of Parole is linked directly to the determination of patient referrals who will participate in the study. The Department of Parole will supervise a large number of project subjects, and can play an integral role in the motivation of individual cases. For example, if a parolee is receiving long-term residential treatment at S&N, and clinical evaluation determines special conditions of release to aftercare treatment to be the best course of action, the Parole department can specifically amend the terms of parole to include compliance with the recommendations.

These issues were discussed in greater detail during the December 7, 1999 planning meeting, numerous phone and e-mail contacts, and conference calls between participants and among S&N personnel. These efforts allowed DOC, with assistance from the Department of Parole, to estimate the number of referrals, and divide them into two categories:

1. Approximately 120 state prisoners who:
 - Have substance abuse problems
 - Lack adequate social supports for parole placement
 - Are native to and are relocating to Paterson, NJ
 - Will enter the residential (work therapy) treatment phase and continue to aftercare treatment (total treatment duration of 18-22 months)
2. Approximately 80 "crisis" referrals who:
 - Are already parolees
 - Are experiencing significant stress due to medical/psychiatric problems, substance abuse relapse, family/housing/employment problems
 - Are native to Paterson, NJ (and are likely receiving Parole supervision from District office #12 in Paterson)
 - Will be evaluated by S&N clinical staff, who will recommend treatment/ social service solutions to problems for each individual and will, with prior approval from Parole, implement the proposed treatment with the client. In those cases where S&N cannot implement the proposed solution, it will recommend a specific course of action to the Parole department.

S&N administrative and clinical staff utilized these estimates to outline aftercare, work therapy, and crisis program elements (including new personnel), to evaluate future treatment/evaluation costs, and begin designing physical components of the new programs. Meetings with our space planning advisor involved space requirements and the location, construction and design of aftercare housing. The S&N treatment philosophy directly influences our space planning efforts. For example, the space configuration must include locating staff in the treatment environment with enough proximity and physical presence to minimize residents' aberrant, unhealthy behavior and facilitate verbal communication and impulse regulation.

Referral estimates also allow S&N researchers, with the help of NDRI, to design specific research protocols. In regards to the archival study, 70% of data

collection has been completed. Approximately 200 patient records will be reviewed and analyzed. The variables for the archival research—developed by S&N staff and Dr. Magura--contribute to the development of comprehensive patient assessment requirements for future data collection and treatment evaluation.

The S&N project planner, Mr. Walter Gardner, is preparing to meet with the NJ Deputy State Treasurer and the Governor's Senior Policy Advisor on the status of the project. He is also currently involved in site acquisition and developing new business initiatives to enhance/expand our current work therapy treatment modality to include the evaluation subjects.

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