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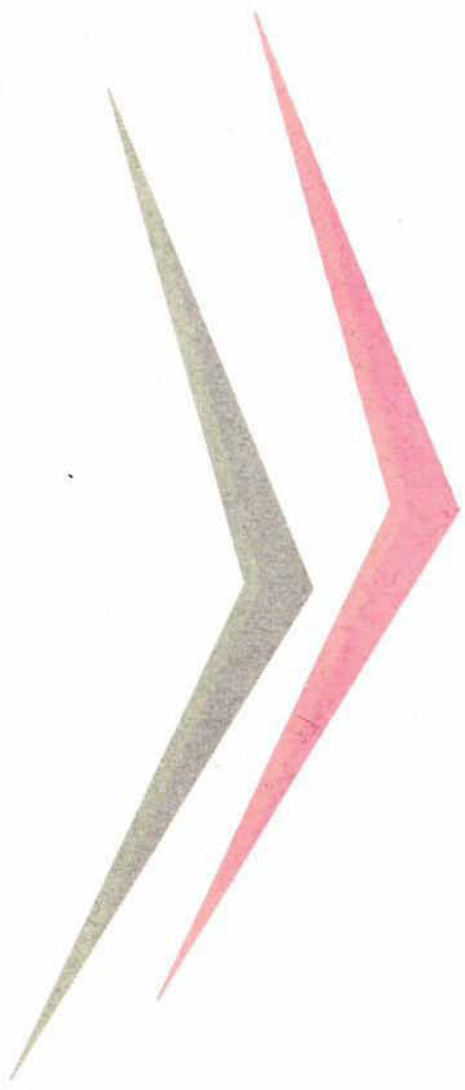
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Developing a Model for the Provision of Substance Abuse Treatment



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2nd Edition



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Preface

The underlying framework for the treatment of substance abuse is found in the Task Force Report on the Reduction of Substance Abuse (April 1991). Nevertheless, we need a model and a strategic framework to guide our efforts to develop a coordinated and integrated approach to the implementation of substance abuse treatment within the Correctional Service of Canada.

The model, which is depicted in Figure 1 (see page 6) and described within, is based on a number of guiding principles, that were formally agreed to, and adopted by, all regions in September 1991. These principles are:

1. While the overall "health" of an individual offender is important and worthy of consideration and intervention, substance abuse programs will be concentrated on those offenders for whom substance abuse has been identified as a "criminogenic factor" which impacts negatively on the offender's ability to function as a law abiding citizen.
2. An important factor in the successful treatment of an offender's criminal behaviour is the availability of appropriate programs and services throughout an offender's sentence.
3. Proper assessment and identification of need are central to the delivery of effective correctional treatment for substance abuse.
4. Our interventions should be based on the principles of effective correctional treatment and the principles of *risk* and *need*.
5. Relapse prevention is an important and essential element of treatment, no matter what the intensity of that treatment.

6. The programs and services necessary for the treatment of substance abuse should be available to offenders both in institutions and in the community.
7. All staff of the Correctional Service of Canada should be made aware of the problems associated with substance abuse and, in a supportive and cooperative way, should be involved in the treatment of offenders. This can be facilitated through the provision of general staff training.
8. Whenever and wherever possible, Correctional Service of Canada staff should be trained and utilized in the direct delivery of substance abuse treatment. Training of these individuals should not only be based on local or provincial training standards regarding knowledge and treatment of substance abuse in general, but also include training focused specifically on the treatment of offenders.

Background

With the development of the Mission, the provision of programs and services directed toward the "rehabilitation" of offenders has become integral to our goals as an organization. Providing programs and services that will help offenders to reintegrate successfully into society is fundamental to achieving the goals of our Mission, which state that we will **"actively encourage and assist offenders to become law-abiding citizens,"** that **"we recognize that the offender has the potential to live as a law-abiding citizen,"** and that **"we recognize that offenders are responsible for their own actions"**. Central to our recent correctional strategy is the need to view our programs in an integral fashion rather than as self-contained, independent interventions.

We recognize our responsibility to provide the best possible correctional programs and services. Outcome research and evaluation conducted during the past decade on programs in correctional environments have provided us with a set of principles that distinguish between effective and ineffective correctional treatment. These principles, as outlined below, should underline all activities initiated within the realm of program development and implementation if we are to truly bring to fruition the full implementation of the Mission of the Correctional Service of Canada. To a great extent, these principles already underline many of the objectives and initiatives underway within the Correctional Programs and Operations Sector. These principles are also seen as the underlying framework for the development of effective substance abuse treatment programs.

Principles of Effective Correctional Treatment

- Programs should be based on adequate conceptual models of criminal behaviour that suggest feasible, practical and effective intervention strategies for correctional agencies (Martin, 1981; Peterson, 1973, Ross & Gendreau, 1980). The most effective programs are based on a social learning model and consist of techniques designed to teach new skills and attitudes.
- Programs should be developed on the basis of empirical research on the causes of crime or recidivism.
- Programs should be multifaceted. They should not rely on any one intervention technique to achieve their effects but rather should include a number of different modalities, each of which might be expected to influence some aspect of the offender.

Research has indicated that all effective programs are complex, not unlike the offenders they treat. In fact research has indicated that, effective programs not only include a different selection and combination of intervention techniques, but they also include some techniques that could be expected to have an impact on the offender's thinking and attitudes (Ross, 1980; Ross & Gendreau, 1985; Ross & Fabiano, 1985, 1986).

- Program implementation must be well supervised and controlled to ensure quality control and program integrity - to guarantee that the service provided by the program is of sufficient duration and sufficient intensity and that it conforms to the program principles.
- Programs must be delivered by well-trained staff. The effectiveness of any correctional program will be determined in large measure by the quality of the staff delivering the program. Most effective programs are also cost efficient.

Recent research into the characteristics of "correctional agents" (staff delivering programs) suggests that essential to the effectiveness of correctional programs are correctional workers who: demonstrate socially acceptable ways of achieving goals, serve as prosocial anti-criminal models for their clients (Andrews & Kiessling, 1980; Kelley, Kiyack & Black, 1979), and teach and model the social skills that many offenders lack.

- Effective correctional programs must also include an element of general staff awareness training. All staff within an institution should be provided with an awareness and general understanding of the various program goals. Such understanding creates staff support, reinforcement and supervision, which maintains the thrust sustained in the program.

As many as 70% of inmates in the Correctional Service have substance abuse problems. The provision of programs and services for the treatment and control of substance abuse is, therefore, part of our efforts to successfully reintegrate offenders. Many, perhaps most, offenders with substance abuse problems also have a number of other cognitive, emotional, behavioural and environmental/social problems which may be a cause of their substance abuse. It is essential, then, that treatment of their abuse of drugs and/or alcohol be integrated with other correctional program efforts.

Similarly, an adequate understanding of the efficacy of substance abuse treatment of offenders must be considered in the context of the efficacy of correctional treatment in general (as outlined above) and the process of correctional treatment as provided within the Correctional Service of Canada. The following chart (Figure 1) and the subsequent description of each component, attempts to show how we believe that the treatment of substance abuse can be comprehensive and yet integrated into the "**correctional process**" established within the Service.

The following chart (Figure 1) shows a process for the provision of programs and opportunities to meet the unique needs of offenders (including those very *specific needs* related to substance abuse) and to assist offenders to change their criminal behaviour and enhance their potential for reintegration into the community. This process begins at reception and ends at warrant expiry, at which time our legal obligation ends. However, as defined in our Mission, it is also our obligation to ensure that we prepare offenders to take advantage of other "non-correctional" community programs and services which may provide support beyond the Service's mandate.

The Correctional Model of Substance Abuse Treatment

(As Depicted in Figure 1; see page 6)

Reception

The process of addressing the problem of substance abuse begins with proper assessment at reception. Our ability to provide effective, differential (matched) treatment for drug and alcohol abusing offenders is dependent upon our having an initial comprehensive assessment. This assessment must cover a number of areas, since it is widely accepted that addiction problems seldom (if ever) occur in isolation (Ross & Lightfoot, 1985). Such an assessment should gather the following information:

- a) pertinent social and demographic information, nature and extent of alcohol/drug use, history of use, current pattern of drug use, and degree of dependence;
- b) life-health functioning in the following areas: physical health, emotional health, marital and other social relationships, vocational satisfaction and financial status, leisure-time interests and activities, legal involvement;
- c) personal resources and potential social support systems for the offender and;
- d) the offender's treatment preferences (Ross & Lightfoot, 1985).

Each of these components are incorporated in the Computerized Lifestyle Assessment Instrument (CLAI) which is currently operational in all five Correctional Service of Canada regions. The purpose of the instrument is to obtain information about the extent and nature of offenders' drug and alcohol problems in order to assess the need for drug/alcohol treatment programs and guide program development.

The CLAI identifies and determines the seriousness of an offender's alcohol/drug problem and provides feedback reports (simultaneously) for the offender and case management. This allows case management to make more informed decisions and develop a correctional treatment plan which includes appropriate treatment for substance abuse, as required by each individual offender.

The information gathered with the CLAI will also be used to identify offender typologies. These typologies will help us to: development new, differentiated substance abuse programs; modify existing programs which do not effectively meet the needs of various groups identified; and give us a better view of the optimal size and frequency of various program

interventions. With limited resources available for new programming, such information is essential for program managers to make decisions regarding whether or not additional or new programs are needed, how large a population a program needs to serve, and what types of programs are needed. Currently, programs are developed and implemented on the basis of *presumed need* and local opportunities. The CLAI will provide the Service with comprehensive information required to develop a cost-effective service delivery strategy for CSC.

Failure in the past to develop and modify programs on the basis of client characteristics, and our continued practice of developing a large number of interventions simply because they have been used

elsewhere, has led to the implementation of programs and services which require "revision and upgrading because they rely on questionable intervention modalities, too little evaluation and pay relatively little attention to the important predictors of offender recidivism" (Gendreau, 1990).

Many of the programs currently available within the Correctional Service of Canada and listed as essentially low (primary), moderate (secondary) and/or high/severe (tertiary) interventions have *not been proven* or shown to be *effective* in a *correctional environment*.

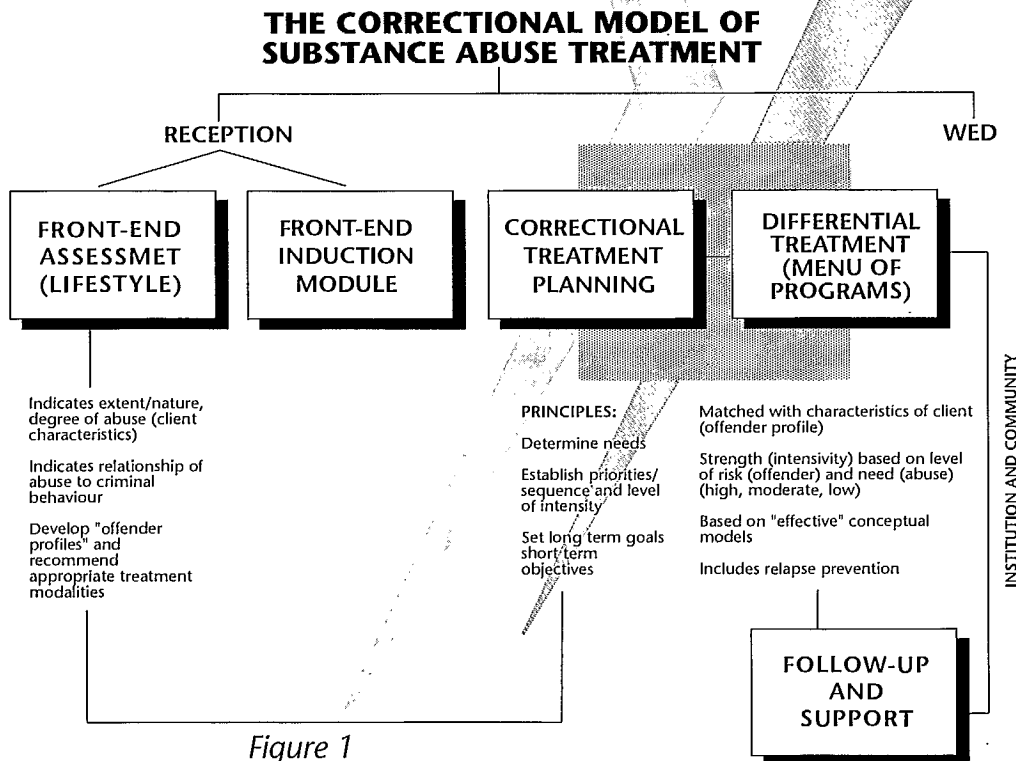


Figure 1

An important part of our current and future efforts in implementing the Task Force recommendations will be to select intervention strategies, at all levels of need (high, moderate, low), that are likely to have the highest level of success.

Correctional Treatment Planning

Specific information from the CLAI will be provided directly to case management staff who are responsible for correctional treatment planning. This information, along with other information from front end assessment, will allow case management to:

- 1) differentiate criminogenic needs;
- 2) establish program priorities and sequence, i.e., establish the most critical needs based on what is possible now (at the time in which the planning is occurring -the plan is dynamic) and what can be dealt with at various other stages in the process of the offender's sentence, and the timing or priority of each need in relation to other needs; and
- 3) establish short term objectives for each need and long term goals (desired outcome).

It is on the basis of this planning, and, more importantly, on the identification of needs and associated client characteristics, that we will enter into the provision of effective *differential* correctional treatment.

Differential Treatment

While many studies have looked at the complex relationship between substance abuse and crime, this research has not pointed us to any particular form of treatment for both offenders and non-offenders.

Despite this, the high prevalence rates of substance abuse problems in offender populations make it necessary that we implement substance abuse treatment within corrections which is accessible to offenders in need, and which have demonstrated effectiveness.

Reviews of research on treatment programs for alcohol (Ross & Gendreau, 1982; Ross & Lightfoot, 1985; Lightfoot & Hodgins, 1988) and other drugs (Gendreau & Ross, 1982) have failed to identify any single "magic bullet" that will be effective in treating substance abuse among all offenders. Rather, what we know from a number of studies is that when individuals are "matched" to treatment on the basis of a variety of personality and cognitive variables (client characteristics), the outcome of treatment is better (Lightfoot & Hodgins, 1988; Annis & Chan, 1983).

Offenders are a heterogeneous group; they are not all the same. In fact, there are more differences among offenders than there are between offenders and non-offenders. Different types of offenders need different types and different amounts of treatment; many may need no treatment at all. In fact, research has demonstrated that some offenders may be harmed by some programs, i.e., their criminal behaviour may be increased as a result of their participation in inappropriate treatment (O'Donnell, Lydgate & Fo, 1980). Furthermore, different types of offenders will respond differently to different types of treatment (Jesness, 1975; O'Donnell, Lydgate & Fo, 1980).

While we have no magic bullets or easy answers, research does provide us with valuable clues. For example, the following table, adapted from Miller and Hester (in Ross & Lightfoot, 1985) lists those methods supported by research and those that are not.

SUPPORTED VERSUS STANDARD ALCOHOLISM TREATMENT METHODS

Treatment methods currently employed as standard practice in alcoholism programs.

Alcoholics Anonymous
Alcoholism Education
Confrontation
Group Therapy
Social Skills Training

Treatment methods currently supported by controlled outcome research.

Aversion Therapies
Behavioural Self-Control Training
Community Reinforcement Approach
Marital and Family Therapy
Social Skills Training
Stress Management

What does the research have to say about the Correctional Service of Canada's current substance abuse treatment programs? The research described above and Gendreau's review of our substance abuse program (1991, No. R-16) suggests two things:

- our programs are not based fundamentally on treatment methods currently supported by solid research; and
- our programs should be revised and improved in almost all areas.

Research seems to favour a program versus counselling approach for offenders. As well, programs supported by research have a social learning

approach, indicating that we are on the right track with our current thrust in the development of the Living Skills programs.

Within CSC, much of the focus for program development and implementation of substance abuse will be to modify and revise existing programs and develop and implement new ones that are consistent with current research.

It is important to note, however, that "matching" or providing differential treatment is a complex issue which must ultimately address a number of variables on a number of levels. This includes addressing aspects of offenders' environments or behaviours (intermediate targets) that are known to be associated with recidivism:

- modifying well-defined behaviours,
- changing criminal attitudes,
- correcting faulty thinking or inappropriate social perceptions, and
- developing adaptive interpersonal and vocational skills.

Effective substance abuse programs for offenders must also incorporate relapse prevention components and help offenders establish social support in the community. This is necessary to complete the process of treatment and thus establish a non-substance-abusing lifestyle.

Differential treatment and appropriate follow-up and support must be available in both the community and in the institution if we are to reintegrate all offenders (e.g. long-term offenders and those identified as fast-trackers). Furthermore, the types of programs specific offenders require, the timing of such interventions and the setting (community and institution) should be clearly identified within the offenders correctional treatment plan.

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