Program Evaluation of the Therapeutic Community in a Correctional Setting

Shaune K. McKinnon, MSN, RN, PMHNP-BC DNP Scholarly Project Defense

April 1, 2022



Background

- The justice system uses two models: Retributive (Punishment) and Rehabilitation (Recovery)
- Organizations that use a rehabilitation model often have a separate program and housing unit for inmates and this is called the therapeutic community (TC)
- In rehabilitation, the therapeutic community is a standard of care across the United States
- Criminal behaviors are often intertwined with trauma and chronic substance abuse
- Exposure to trauma is disproportionately present and has the most significant impact on individuals and communities burdened by poverty, violence, social isolation, racism, and exposure to the criminal justice system



Albemarle-Charlottesville Regional Jail (ACRJ)

 Strong rehabilitation focus amongst the jails in Virginia

• ACRJ has earned the nick name "Hug-a-thug"

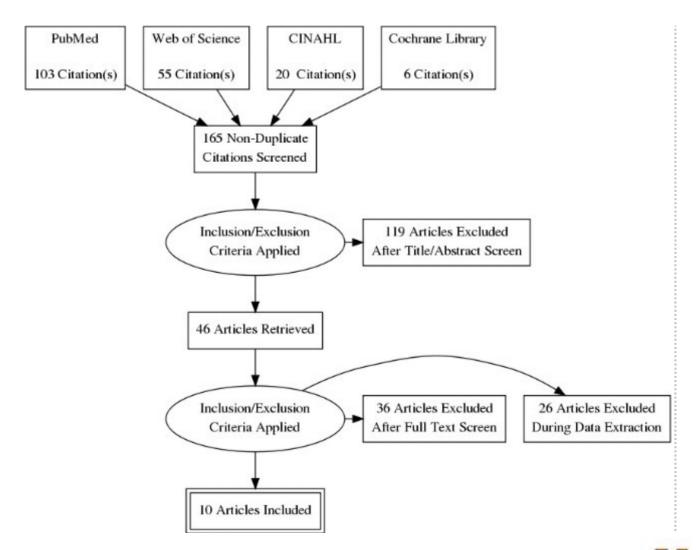


Significance of the Issue

- Criminal Sanctions and retributive measures without treatment are the least effective means of reducing future criminal behavior
- Substance use disorder (SAMHSA language) is a significant issue mainly affecting inmates involved in the justice system
- Standard TC programs often lack substance use withdrawal and rehabilitation treatment



Literature Review Prisma Chart





Literature Analysis

- Identified Five Themes:
- > Screening practices for inmates with substance abuse issues
- The effects of non-biological therapy
- > Coerced treatment of substance abuse
- The effects of medication-assisted therapy
- > Transitioning treatment



Purpose of the Scholarly Project

- To Evaluate the Therapeutic Community Program at Albemarle-Charlottesville Regional Jail (ACRJ)
- The Therapeutic Community Program was implemented in 2000 and paused in March 2020 due to the COVID-19 Pandemic
- Revise TC with addition of MAT to be implemented in the ACRJ



Project Method

- Agency Clinical Innovation
 (ACI) (2010) framework, is a systematic process designed to examine the worth of a program or project in terms of effectiveness, efficacy, and appropriateness
- Three approaches:
 - formative
 - process
 - summative
- Summative approach used for this program evaluation
- Eight steps that were used to complete a program evaluation in the correctional setting

- Step 1) Establish evaluation team
- Step 2) Planning
- Step 3) Program logic
- Step 4) Evaluation design
- Step 5) Data plan
- Step 6) Implementation
- Step 7) Communication of results
- Step 8) Incorporating findings



Program Logic

ACRJ Therapeutic Community Program Goals:

- 1. Delivery of Therapeutic Strategies in a correctional setting at Albemarle Charlottesville Regional Jail
- 2. Offer a lifestyle which includes drug abstinence, elimination of anti-social (criminal) behavior, development of employable skills, and the acquisition of positive attitudes, values and behaviors which reflect honesty, responsibility, non-violence and self-reliance.

ASSUMPTIONS & EXTERNAL FACTORS

TC staff & facilitators / internal & external program support/ Successful TC training/ COVID-19 pandemic / Individual pressures & trauma / Judicial involvement / mental health status / Drug abuse

INPUTS

Correctional Health
Therapeutic Strategies
Therapeutic Community values
(e.g., view of right living)
Group Counseling

COMMUNITY PARTNERS

Region Ten
Offender and Restoration
Drug Courts
Therapeutic Docket
District # 19 Probation and
parole
12-Step Fellowships (AA/NA)



OUTPUTS

Short-term: Improve knowledge and coping skills/completion of TC competencies / Enhance response to stigma and discrimination / foster personal growth and change

Long-term: utilize TC values as an effective tool for selfmanagement / decrease antisocial behaviors / demonstrate consistent positive behaviors / gain employable skills



IMPACTS

Improved treatment models for drug abuse / reduced substance dependance and harmful behaviors/ improved quality of care across the continuum (from correctional facilities to the community)/ Enhanced emotional & psychological well-being / improved vocational & survival skills/ continued path towards recovery



ACRJ Program Goals

ACRJ Therapeutic Community Program Goals:

- 1. Delivery of Therapeutic Strategies in a correctional setting at Albemarle Charlottesville Regional Jail
- 2. Offer a lifestyle which includes drug abstinence, elimination of anti-social (criminal) behavior, development of employable skills, and the acquisition of positive attitudes, values and behaviors which reflect honesty, responsibility, non-violence and self-reliance.
 - Reduce risk factors that promote anti-social attitudes and behaviors
 - Target risk factors within this population that includes: negative peers, anti-social personality traits, criminal and substance abuse history



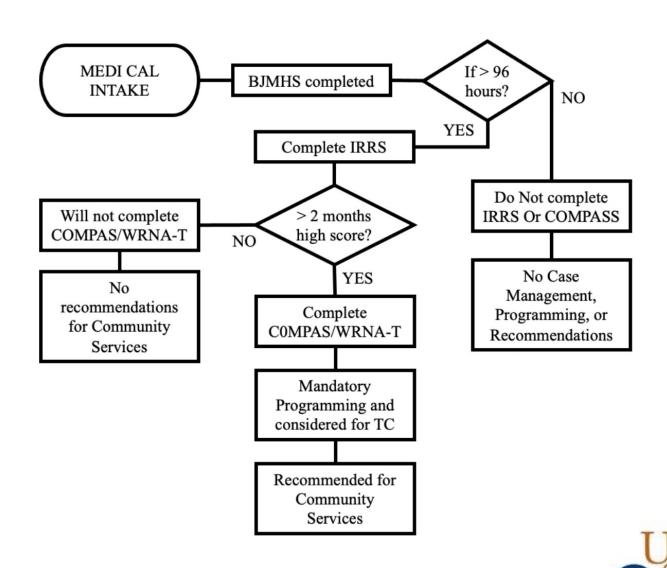
TC Milieu



Purpose of TC

- TC incorporates a social learning model that uses highly structured and evidence-based practices and techniques.
- The components within the TC model focuses on reducing criminogenic risk factors by identifying and addressing faulty thinking, negative attitudes and behaviors
- The continuum of care is facilitated through the collaborative relationships between TC facilitators and outside organizations (e.g., Region Ten and Offender Aid and Restoration (OAR)
- Effective aftercare reinforces new behaviors learned in TC and reduces the likelihood of recidivism

Incarceration Flowchart



SCHOOL of NURSING

Assumptions and External Factors

ASSUMPTIONS & EXTERNAL FACTORS

TC staff & facilitators / internal & external program support/ Successful TC training/ COVID-19 pandemic / Individual pressures & trauma / Judicial involvement / mental health status / Drug abuse

- The therapeutic community at ACRJ is driven by research and incorporates cognitive-behavioral strategies to address the criminogenic needs of this population.
- Screening and Decision Supports
 - Brief Jail Mental Health Screen(BJMHS)
 - Intake Recidivism Risk Screen (IRRS)
 - Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)
 - Women's Risk Needs Assessment-Trailer (WRNA-T)

Inputs

INPUTS

Correctional Health
Therapeutic Strategies
Therapeutic Community
values (e.g., view of right
living) Group Counseling

COMMUNITY PARTNERS

Region Ten
Offender and Restoration
Drug Courts
Therapeutic Docket
District # 19 Probation and
parole
12-Step Fellowships (AA/NA)

Strengths

 Collaborative relationships with Region ten and drug courts and their commitment to rehabilitation

Limitations

 The intake process delays the progression from intake to TC and mandatory programs that promote recovery and support sobriety



Outputs

OUTPUTS

Short-term: Improve knowledge and coping skills/completion of TC competencies / Enhance response to stigma and discrimination / foster personal growth and change

Long-term: utilize TC values as an effective tool for selfmanagement / decrease antisocial behaviors / demonstrate consistent positive behaviors / gain employable skills

Strengths

- Inmates learn to understand and solve problems for themselves and others
- Potential to reduce recidivism
- Potential enrollment into community services rehabilitation
- Early start of case management

Limitations

- Individual needs and concerns of the inmate may not totally be met
- Early TC was not manned with ACRJ staff



Impacts

IMPACTS

Improved treatment models for drug abuse / reduced substance dependance and harmful behaviors/improved quality of care across the continuum (from correctional facilities to the community)/ Enhanced emotional & psychological wellbeing / improved vocational & survival skills/continued path towards recovery

Strengths

- Showcase new behaviors and coping skill obtained in TC
- Peer support
- Early engagement in recovery
- Limitations
 - Unpredictable length of stay
 - TC program did not integrate medications as a therapeutic approach



Recommendation #1

- Use a tiered approach to TC that considers length of stay and risks identified during the initial screening process
- For example:
 - ➤ Tier I: Program modules offered to ALL inmates incarcerated at ACRJ. Additional assessments can be completed while participating in Tier I TC.
 - Tier II/ TC lite: Preparation for TC. Early exposure to TC by Learning more about the competencies and rules of TC.
 - ➤ Tier III/ Full TC: Inmates who will be incarcerated for at least 12 months and meet the eligibility criteria for the TC
 - ➤ Tier IV/ peers/ mentors: Demonstrate mastery of TC competencies and assist with newer member and act as an extension of TC facilitators

Recommendation # 2

- Implement Medication Assisted Treatment (MAT)
 - Combine MAT and cognitive-behavioral strategies promote abstinence from substance use and introduce coping skills to maintain recovery and sobriety
 - Reduce risk of acute withdrawal symptoms
 - Reduce risk of post release overdose



Recommendation # 3

- Conduct systematic and ongoing Program Process Evaluations at least every 3 years
 - Assess strengths and limitations of the program
 - Evaluate costs and benefits of TC program compared to standard inmate housing
 - Work with community partners to evaluate impact of TC MAT on engagement with post-release substance treatment
 - Work with court partners to assess impact of TC
 MAT participants on recidivism rates



References

- Abuse, N. I. on D. (--). *What Are Therapeutic Communities?* National Institute on Drug Abuse. https://www.drugabuse.gov/publications/research-reports/therapeutic-communities/what-are-therapeutic-communities
- Agency for Clinical Innovation. (2013). *Understanding Program Evaluation: An ACI Framework*. https://www.aci.health.nsw.gov.au
- Belenko, S., Hiller, M., & Hamilton, L. (2013). Treating Substance Use Disorders in the Criminal Justice System. *Current Psychiatry Reports*, *15*(11). https://doi.org/10.1007/s11920-013-0414-z
- Bright, D. A., & Martire, K. A. (2013). Does Coerced Treatment of Substance-Using Offenders Lead to Improvements in Substance Use and Recidivism? A Review of the Treatment Efficacy Literature.

 Australian Psychologist, 48(1), 69–81. https://doi.org/10.1111/j.1742-9544.2012.00072.x*
- Finfgeld-Connett, D., & Johnson, E. D. (2011). Therapeutic Substance Abuse Treatment for Incarcerated Women. *Clinical Nursing Research*, 20(4), 462–481. https://doi.org/10.1177/1054773811415844
- Gordon, M. S., Kinlock, T. W., Schwartz, R. P., Fitzgerald, T. T., O'Grady, K. E., & Vocci, F. J. (2014). A randomized controlled trial of prison-initiated buprenorphine: Prison outcomes and community treatment entry. *Drug and Alcohol Dependence*, *142*, 33–40. https://doi.org/10.1016/j.drugalcdep.2014.05.011
- Greene, P., PhD, RN. (2018). Trauma-informed Care: Are we there yet? *Texas Nursing Magazine*, 8–11.
- Ludwig, A. S., & Peters, R. H. (2014). Medication-assisted treatment for opioid use disorders in correctional settings: An ethics review. *International Journal of Drug Policy*, 25(6), 1041–1046. https://doi.org/10.1016/j.drugpo.2014.08.015

References (continued)

- Moore, K. E., Roberts, W., Reid, H. H., Smith, K. M. Z., Oberleitner, L. M. S., & McKee, S. A. (2019).
 Effectiveness of medication assisted treatment for opioid use in prison and jail settings: A meta-analysis and systematic review. *Journal of Substance Abuse Treatment*, 99, 32–43.
 https://doi.org/10.1016/j.jsat.2018.12.003
- Peeler, M., Fiscella, K., Terplan, M., & Sufrin, C. (2019). Best Practices for Pregnant Incarcerated Women With Opioid Use Disorder. *Journal of Correctional Health Care*, 25(1), 4–14. https://doi.org/10.1177/1078345818819855
- Prendergast, M. L., McCollister, K., & Warda, U. (2017). A randomized study of the use of screening, brief intervention, and referral to treatment (SBIRT) for drug and alcohol use with jail inmates. *Journal of Substance Abuse Treatment*, 74, 54–64. https://doi.org/10.1016/j.jsat.2016.12.011
- Schwartz, R. P., Mitchell, M. M., O'Grady, K. E., Kelly, S. M., Gryczynski, J., Mitchell, S. G., Gordon, M. S., & Jaffe, J. H. (2018). Pharmacotherapy for opioid addiction in community corrections. *International Review of Psychiatry*, *30*(5), 117–135. https://doi.org/10.1080/09540261.2018.1524373
- U.S. Department of health and human services, substance abuse and mental health services administration, Center for behavioral health statistics and quality. [Data set]. (2018). https://doi.org/datafiles.samhsa.gov
- Welsh, W. N., Knudsen, H. K., Knight, K., Ducharme, L., Pankow, J., Urbine, T., Lindsey, A., Abdel-Salam, S., Wood, J., Monico, L., Link, N., Albizu-Garcia, C., & Friedmann, P. D. (2016). Effects of an Organizational Linkage Intervention on Inter-Organizational Service Coordination Between Probation/Parole Agencies and Community Treatment Providers.

Questions

ACRJ Therapeutic Community Program Goals:

- 1. Delivery of Therapeutic Strategies in a correctional setting at Albemarle Charlottesville Regional Jail
- 2. Offer a lifestyle which includes drug abstinence, elimination of anti-social (criminal) behavior, development of employable skills, and the acquisition of positive attitudes, values and behaviors which reflect honesty, responsibility, non-violence and self-reliance.

ASSUMPTIONS & EXTERNAL FACTORS

TC staff & facilitators / internal & external program support/ Successful TC training/ COVID-19 pandemic / Individual pressures & trauma / Judicial involvement / mental health status / Drug abuse

INPUTS

Correctional Health
Therapeutic Strategies
Therapeutic Community values
(e.g., view of right living)
Group Counseling

COMMUNITY PARTNERS

Region Ten
Offender and Restoration
Drug Courts
Therapeutic Docket
District # 19 Probation and
parole
12-Step Fellowships (AA/NA)



OUTPUTS

Short-term: Improve knowledge and coping skills/completion of TC competencies / Enhance response to stigma and discrimination / foster personal growth and change

Long-term: utilize TC values as an effective tool for self-management / decrease antisocial behaviors / demonstrate consistent positive behaviors / gain employable skills



Improved treatment models for drug abuse / reduced substance dependance and harmful behaviors/ improved quality of care across the continuum (from correctional facilities to the community)/ Enhanced emotional & psychological well-being / improved vocational & survival skills/ continued path towards recovery

