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Effectiveness of therapeutic Communities: a Comparison of Prison-Based and Community-Based therapeutic Communities

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EFFECTIVENESS OF THERAPEUTIC COMMUNITIES:
A COMPARISON OF PRISON-BASED AND
COMMUNITY-BASED THERAPEUTIC COMMUNITIES

by

Nicole R. Roybal

A Proposed Research Project Presented in Partial Fulfillment
of the Requirements for the Degree
Masters of Criminology

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October, 2011

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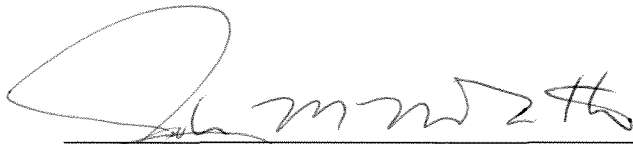
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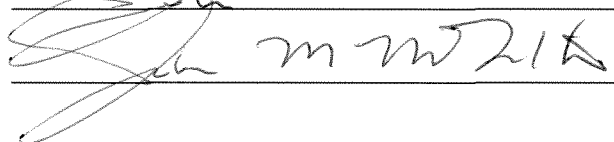
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Abstract

This study was conducted to determine whether therapeutic communities can be used as a restorative justice policy to lower recidivism rates. Particularly, it investigated the effectiveness of two Colorado Residential Substance Abuse Treatment Therapeutic Communities (RSAT TC) as treatment to reduce recidivism for male inmates with substance abuse addiction. The first, the Crossroad to Freedom House Therapeutic Community at the Arrowhead Correctional Center (ACC TC), is a prison-based program. The second, Peer I Therapeutic Community (Peer I), is a community-based program. The object of this study was to examine these two Colorado therapeutic communities and whether or not they should be mandated as a recidivism reduction initiative for a more cost-effective crime control strategy. This study incorporates the social learning theory and differential learning association theory as concepts for a therapeutic alternative to support the offender. It relies on secondary, quantitative data.

Keywords: Criminology, therapeutic communities, recidivism, substance abuse, inmates

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Effectiveness of Therapeutic Communities:
A Comparison of Prison- Based and
Community- Based Therapeutic Communities

Despite the fact that the United States makes up only five percent of the world's population, it is responsible for incarcerating 25 percent of the world's prisoners (National Center on Addiction and Substance Abuse, 2010). There is a critical need for new and additional crime control strategies, other than incarceration. It is essential to find a suitable way to reduce overcrowding of prisons, lower costs in the court system and corrections, and reduce recidivism rates by providing help for offenders in order to avoid future offenses. Many times inmates with substance abuse addictions do not have the critical cognitive, emotional, and life skills needed to successfully reintegrate back into society. Requiring inmates with addictions to complete a therapeutic community treatment program as part of the prison sentence may help solve many of these issues. Evaluative research and second source data were used to identify which of the two different therapeutic communities have the most positive intervention on individual behavior after completion.

Statement of Problem

The commonality of substance abuse among criminals is extremely high. Often, crimes are committed while individuals are under the influence of drugs or alcohol. Many times crimes are committed out of the need to fund their drug or alcohol dependence. The cost of drug and alcohol abuse is not only costly and detrimental to the offender, but also to tax payers and communities. Relapse of offenders often become a cycle, overcrowding prisons and the court

system. The therapeutic community (TC) model could potentially be a positive option in turning the cycle around and used as a way to restore justice.

Therapeutic communities have been in existence in the United States correctional system since the late 1960's. TCs view substance abuse as a disorder of the whole person, which requires long-term residential treatment to foster changes in lifestyle and identity. TCs differ from other treatment approaches primarily in their use of the community, comprising treatment staff and those in recovery, as key agents of change. This approach is often referred to as "community as method." TC members interact in structured and unstructured ways to influence attitudes, perceptions, and behaviors associated with drug use.

Overview of Problem

According to the National Center on Addiction and Substance Abuse (2010), sixty-five percent of all United States inmates meet medical criteria for substance abuse addiction. However, only eleven percent receives any treatment. Of the 2.3 million inmates crowding our nation's prisons and jails, 1.5 million meet the DSM-V medical criteria for substance abuse or addiction, and another 458,000, while not meeting the strict DSM-V criteria, had histories of substance abuse; were under the influence of alcohol or other drugs at the time of their crime; committed their offense to get money to buy drugs; were incarcerated for an alcohol or drug law violation; or shared some combination of these characteristics.

Purpose of Project

The purpose of this study was to determine whether therapeutic communities could be used as a restorative justice policy to lower recidivism rates and to investigate the effectiveness of two Colorado Residential Substance Abuse Treatment Therapeutic Communities (RSAT TC) for offenders. The following research questions were examined:

RQ 1: What are the recidivism rates of male inmates with substance abuse additions after completion of PEER 1 TC as compared to completion of the Crossroad to Freedom House TC at the Arrowhead Correctional Center (ACC TC)?

RQ2: Would recidivism rates decrease if more therapeutic communities were mandated for male inmates with substance abuse addiction?

In addition, this study examined restorative justice as the solution to substance abuse and addiction. It attempted to incorporate the Social Learning Theory and Differential Association Theory as an explanation for addiction, as well as the possibility that social learning could be used as a concept for a therapeutic alternative to help the convict.

Limitations

Limitations that occur when using secondary data is the fact that we are not receiving the information directly, but analyzing what others have already studied. Secondary data can be a limitation in some ways. It cannot be determined if the researcher held a bias. Not having actually conducted the research, it cannot be assured that the results are accurate. None the less, there are ways to overcome the limitations of using secondary sources.

Delimitations

In order to get past these limitations, the author used multiple sources of secondary data. This way, the different sources were able to be cross checked as confirmation of one another. Secondary data is less expensive and much less time consuming when collecting data, as opposed to primary data. Using several different secondary sources can also be more accurate. However, before using secondary data there is need to evaluate both the data itself and its source.

Definitions

Therapeutic Community: TCs are drug-free residential settings that use a hierarchical model with treatment stages that reflect increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills (National Institute of Drug Abuse [NIDA], 2002).

Recidivism: Return to inmate status in Colorado for either new criminal activity or technical violations of parole, probation, or non- Department of Correction community placement within 3 years of release (Colorado Department of Corrections [CDOC], 2011).

Substance Abuse: The use of a substance that modifies mood or behavior in a manner characterized by a maladaptive pattern of use (The Free Dictionary, 2011).

Restorative Justice: A method of dealing with convicted criminals in which they are urged to accept responsibility for their offences through meeting victims, making amends to victims or the community, etc. (The Free Dictionary, 2011).

Social Learning Theory: A concept that the impulse to behave aggressively is subject to the influence of learning, socialization, and experience. Social learning theorists believe aggression is learned under voluntary control, by observation of aggressive behavior in others, and by direct experience (The Free Dictionary, 2011).

Differential Association Theory: A theory that criminal and deviant behavior is learned through close and frequent association with criminal or deviant behavior patterns, norms, and values (Dictionary.com, 2011).

DSM-V: Psychiatric Diagnoses are categorized by the Diagnostic and Statistical Manual of Mental Disorders, 5th. Edition. Better known as the DSM-V, the manual is published by the

American Psychiatric Association and covers all mental health disorders for both children and adults (Allpsych, 2004).

Literature Review

The following literature review consists of scholarly, peer reviewed articles concerning therapeutic communities (TCs), substance abuse, and recidivism. This research is relevant to identify the relationship between substance abuse and recidivism, and to determine whether therapeutic communities could be used as a restorative justice policy to lower recidivism rates. There is widespread recognition today that the successful re-entry of prisoners into society is a critical public safety issue. Successful re-entry reduces recidivism, victimization, enhances public safety and saves public resources. According to Colorado Department of Corrections (2011), recidivism refers to the proportion of offenders who commit a subsequent crime following contact with the justice system. High rates of recidivism are a primary reason why Colorado's prison population and correctional costs are rising. Breaking this cycle of repeat offending is an essential first step in curbing correctional costs (Przybylski, 2008).

Therapeutic communities are an option for inmates with substance abuse addictions being released into the community. TCs view substance abuse as a disorder of the whole person, which requires long-term residential treatment to foster changes in lifestyle and identity. Numerous studies that describe the social and psychological characteristics of admissions to TC programs support this perspective. In addition to their substance abuse and social deviancy, drug abusers who enter TCs reveal a considerable degree of psychological disability, which is further confirmed in diagnostic studies.

Therapeutic communities have been distinguished from other modalities of substance-abuse treatment by their comprehensive range of interventions provided within a single setting and an emphasis on the community itself as primary therapist. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and

develop more effective social skills (National Institute on Drug Abuse [NIDA], 2002). Many individuals admitted to TCs have a history of social functioning, education or vocational skills, and positive community and family ties that have been destroyed by their substance abuse addiction. For them, recovery involves rehabilitation, meaning re-learning or re-establishing healthy functioning, skills, and values as well as regaining physical and emotional health. Other TC residents have never acquired functional life-styles. For these people, the TC is usually their first exposure to orderly living. Recovery for them involves habilitation, or learning for the first time the behavioral skills, attitudes, and values associated with socialized living (NIDA, 2002).

The type of treatment in a therapeutic community consists of peer-to-peer intervention in which clients are responsible to both themselves and one another. There are group consequences for individual behavior and positive peer pressure and confrontation as central principles of treatment programming. This type of treatment is based on the principles of Albert Bandura's Social Learning Theory. These principles are important in this study because peer-to-peer intervention can influence a client in either a positive or negative way. The concept of the therapeutic community approach is to have peers model each other's behavior.

Social Learning Theory

The Social Learning Theory suggests that people learn from one another, through observation, imitation, and modeling. This model places emphasis on personal responsibility, accountability, and recovery. This type of intensive peer-based approach assists clients in developing pro-social values and the skills necessary to reintegrate into the community. It may be possible that Albert Bandura's Social Learning Theory & Edwin Sutherland's Differential Association Theory could also be used in restorative justice for a complete change in the offender's thinking, lifestyle and identity.

Observational learning.

The first key factor in the Social Learning Theory is observational learning.

Observational learning is to learn through live, observational, and symbolic models. This is also known as imitation or modeling. This type of learning occurs when individuals observe and imitate others' behavior.

Intrinsic reinforcement.

The second aspect in this theory is intrinsic reinforcement. This is considered a form of internal reward, such as pride, satisfaction, and a sense of accomplishment. The emphasis on internal thoughts and cognitions helps connect learning theories to cognitive developmental theories. Environmental experiences are an additional influence of the Social Learning Theory.

Modeling process.

Lastly, the modeling process is a factor in the Social Learning Theory. This component stresses the importance of modeling appropriate behaviors. This is critical in the recovery of addicts. Modeling proper behaviors of staff and peers is what forms positive results in the therapeutic community. However, the modeling process could also be used in a negative manner. For example, prisoners who are released into society with no therapeutic treatment may go back to their old ways if there is no change in their social circle. In this study, modeling of negative influences applies more to the individuals who did not receive any treatment, and went back to their old ways once released into society. This would fall under the Differential Association Theory, as an explanation of why some inmates succeed and other do not.

Differential Association Theory

Differential Association Theory could be a rationale as to the cycle of recidivism. This theory was developed by Edwin Sutherland, proposing that through interaction with others,

individuals learn the values, attitudes, techniques, and motives for criminal behavior. After inmates are released back into society, this may be one reason that they often turn to what they knew best and what was comfortable to them. By acknowledging this and mandating rehabilitation through a therapeutic community for a period of time after their release, we may be able to work together to stop the cycle of recidivism.

According to DeLeon & Wexler (2009), the evolution of therapeutic community (TC) research can be framed in terms of two broad eras. First, the early period which was roughly 1970-1989, and the more recent period, 1990-present. The emphasis of research has shifted over these time periods, reflecting the social and political context as well as scientific issues. The therapeutic community (TC) has become an established treatment approach serving thousands of substance abusers in community, institutional, and other settings. The rationale for TC-based treatment in prisons is that most inmates have long histories of drug use and dependence that require high-intensity treatment that attempts to restructure attitudes and thinking. Unlike shorter, less intensive treatment programs, the TC approach is based on the view that drug abuse is a multi-dimensional disorder of the whole person. The therapeutic goal of the TC is a global change in life-style involving abstinence from illicit substances, elimination of antisocial activities, and the development of employment skills and pro-social attitudes and values (De Leon & Wexler, 2009).

A study conducted by De Leon & Wexler (2009) summarizes the research that contributed to the acceptance and growth of TCs and laid the groundwork for the establishment of TCs for substance abusers in correctional settings. Dr. George De Leon is an internationally recognized expert in the treatment of substance abuse and is acknowledged as the leading authority on treatment and research in therapeutic communities. Dr. Harry Wexler has achieved

a national reputation over the last forty years, in the areas of substance abuse policy, treatment, and research. His research has been influential in efforts to expand prison drug treatment.

Follow-up studies have assessed social and psychological outcomes of former admissions 1 to 12 years after their treatment in TCs. These studies document that long-term residential TCs are effective in reducing drug abuse and antisocial behavior. They have determined that the extent of improvement is directly related to retention in treatment. They have found that the longer clients remain in treatment, the greater the improvement at follow-up (De Leon & Wexler, 2009). According to De Leon & Wexler (2009), the length of stay in treatment is the largest and most consistent variable of positive post-treatment outcomes. The dropout rate is highest in the first 30 days of treatment and characteristically declines thereafter. The probability of remaining in or completing treatment increases with actual time in treatment. Studies show no reliable sociodemographic characteristics that predict dropout, although severe criminality and severe psychopathology are correlated with lower retention. Dynamic factors, such as motivation and readiness, are modest but consistent predictors of retention in treatment (De Leon & Wexler, 2009). With the dropout rate being highest in the first 30 days of treatment, this study examined the recidivism rates of those who have completed a minimum of 30 days of treatment. Eventually, it will be necessary to consider which characteristics may predict retention in treatment.

Since the late 1980s, the thinking behind corrections in the U.S, has undergone a major re-orientation in philosophy, a shift away from the almost exclusive focus on security, control, and punishment of the 1970s and early 1980s to a focus that includes programming for rehabilitation and treatment (De Leon & Wexler, 2009). According to De Leon & Wexler (2009), two studies helped lay the foundation for the revival of rehabilitation for prisoners with

drug problems: the positive treatment outcomes of the Cornerstone TC program in Oregon and the Stay'n Out TC substance abuse treatment program in New York. Over the decade that followed, favorable results from other prison treatment outcome studies consolidated the position that effective prison substance abuse treatment, particularly when followed by treatment in the community, was an important strategy to promote public safety and public health.

As suggested by De Leon & Wexler (2009), a considerable knowledge base about therapeutic communities in particular and drug treatment in general has developed primarily from field effectiveness studies rather than controlled efficacy research. Advancing the evolution of a science that is relevant to substance abuse treatment will require a continued reciprocity between practice in the field and research. With the general acceptance of correctional rehabilitation, there may be some limits of what can be done in institutions primarily designed for control and public safety.

De Leon (2000), suggested that therapeutic communities may have been positively perceived by outsiders without sufficient information. With the evolution of TCs, whether community based or prison based, he suggests that they have become quite removed from the original roots of the TC model. TCs are evolving rapidly which may cause an inconsistency with the original modality. He advises that TCs go back to their roots and cautiously evolve, adapt, and change. Many times, paraprofessionals in charge of directing a TC have completed the program themselves and have learned primarily through personal experience and apprenticeship. This can be problematic because it broadens the treatment and weakens the structure of the program. Knowledge gained exclusively from the experience of personal recovery can remain static and unresponsive to individual differences. TCs are made up of very unique individuals with different backgrounds. De Leon (2000) recommends that an explicit theoretical framework

be established to define, conceptualize, and illustrate the basics of TCs. This information would be beneficial in keeping all therapeutic communities consistent in their framework if mandated by corrections departments at some point. The fact that each therapeutic community is made up of many individual differences, may affect the results of this study. Because TCs are a fairly new concept, and they are evolving quickly, there may be an inconsistency between the modality of prison-based and community-based TCs.

Crossroad to Freedom TC

The Crossroad to Freedom house is a therapeutic community located at the Arrowhead Correctional Center (ACC). This therapeutic community was established to treat chronic substance abusing inmates who present a serious recidivism risk to public safety (O'keefe & Kleebe, 2002). It is the first TC in the nation to be accredited by the American Correctional Association. Developed in 1993, this program operates from a cognitive-behavioral perspective (Colorado Department of Corrections, 2011).

This treatment program is considered a level 4d, with a 9-12 month duration. According to the Diagnostic and Statistical Manual of Mental Disorders, 4th. Edition [DSM-IV], a level 4d treatment program is residential in nature and is designed for individuals with extensive criminal histories, antisocial behavior, limited social support, and multiple unsuccessful treatment attempts. Level 4d programs use the "community as a method" treatment model, which views substance abuse as a disorder of the whole person. This model focuses on a complete change in the offender's thinking, lifestyle and identity. This TC operates from a cognitive- behavioral perspective, providing a highly structured, intensive treatment opportunity for incarcerated offenders deep-rooted in an addictive, criminal lifestyle. The program places high demands and

expectations on community members, modeling the rules within society. Responsibility for actions within the community is stressed to residents (Engleman & Weber, 2011).

A study conducted by O'Keefe, Klebe, Roebken, & Fisher in 2004 aimed to establish the effectiveness of two of Colorado's TCs by examining different factors in three distinct studies. The two programs evaluated in these studies were the substance abuse TC at the Arrowhead Correctional Center (ACC) and the Peer I TC. The first of the three studies focused primarily on evaluation of the two programs and the treatment participants. The next study further explored and evaluated the delivery of treatment services. This revealed a successful treatment program. Nonetheless, a significant problem with retention rates was discovered. The researchers found that the median length of stay was 74.5 days in this twelve month program. Approximately one third left either treatment programs within the first month. This study found that the two programs differed greatly in terms of operations. It was discovered that the TC at Arrowhead Correctional Center was less intense, which was to be expected because it was a prison-based treatment model. Conversely, Peer I strictly followed the TC model (O'Keef et al., 2004).

According to O'Keef, Klebe, Robeken & Fisher (2004), the findings of this study indicated that while the program did treat the target population, with severe recidivism risk and substance abuse needs, the program also routinely violated its own admission criteria. There appeared to be a high number of clients not assessed as having a need for this modality, who had a limited time before release, a disciplinary infraction prior to admission, or acute psychiatric needs. Consequently, these factors may have skewed the success rates. This information relates to the current study because of the fact that in the study conducted by O'Keef, Klebe, Robeken & Fisher (2004), there appeared to be a large number of clients not assessed and admitted correctly.

The clients may not have had strong need for therapy, which could have inaccurately increased dropout rates.

Another element to consider is the fact that this study found a strong therapeutic environment within the prison- based TC at Arrowhead. The prison- based program faced distinct challenges because of its integration within the general prison population. Generally, separation from the general population is the key to any successful prison- based TC. From this study, it appeared that treatment groups were last in priority in the prison- based therapeutic community. Logically, one would believe that substance abuse treatment would take priority, next to security, because the need for treatment is the driving force in placement in the program. Contrary to the TC model, the prison- based TC was much less intense than the community- based TC (O'Keef et al., 2004).

It was discovered that most clients were expelled from treatment. The average length of stay was less than four months in this long- term program. This may suggest that the program's current clients may need to motivate new clients in order to preserve a positive peer culture with a constantly changing clientele (O'Keef et al., 2004).

Peer 1 TC

Peer I is a 126-bed Therapeutic Community (TC) located on the Fort Logan Campus in Denver, Colorado. It offers long-term, intensive treatment for men who meet the criteria for substance dependence. The primary goal of Peer I is to facilitate individual change and positive growth by residing in a community of concerned peers working together to help themselves and one another (Addiction Research and Treatment Services [ARTS], 2009).

Peer 1 is a community- based TC, licensed by the Colorado Alcohol and Drug Abuse Division (ADAD) and is contracted by the Colorado Division of Criminal Justice as a

Community Corrections center. Clients are referred from the criminal justice system, a direct judicial sentence, or from a variety of non-criminal justice agencies. Peer I clients typically stay 9 to 12 months in residential treatment, followed by an additional 12 months of outpatient TC treatment services (University of Colorado School of Medicine, 2011).

Clients participate in a variety of situational activities which rely on behavior modification, contingency management approaches and cognitive strategies to help shape pro-social attitudes, behaviors and enhanced coping skills. Daily activities include in-house job assignments, individual and group sessions, family meetings and educational seminars about addiction and on-going recovery (University of Colorado School of Medicine, 2011).

Research completed by O'Keefe, Klebe, Roebken, & Fisher in 2004 indicated that Peer I was found to be a therapeutically sound program. As a whole, Peer I was able to carry out unique TC components that are often impossible with prison-based programs. The study determined that Peer I was a very effective program, however it is rare that offenders transition from the prison-based TC to the community-based TC, as a continuing care component. It would be ideal if prisoners admitted into the prison-based TC eventually transitioned to a community-based TC for additional therapy, before being released back into the community.

O'Keefe, Klebe, Roebken, & Fisher (2004) determined that the prison-based TC needs to develop a stronger relationship with administration in order to establish treatment as a priority within the prison-based TC. There are issues that can only be addressed through this collaboration, such as separation from the general population and better accommodation for group therapy.

Restorative Justice

By going back to the roots of the TC model, it may be possible to incorporate restorative justice as a means to reduce recidivism rates. Restorative justice is the process of repairing what has been already occurred and the offender taking full responsibility for their behavior. The restorative justice model includes teaching the offender to understand how their behavior resulted from a choice that could have been made differently and taking action to repair the harm where possible. The critical factor in restorative justice is for the offender to make changes necessary to avoid such behavior in the future. This is where therapeutic communities can be significant in rehabilitating substance abusers and reducing recidivism in those who complete the program. The two specific therapeutic communities that were examined for effectiveness in this study are Peer I and the Crossroad to Freedom house at Arrowhead Correctional Center. The ultimate goal of a therapeutic community, whether it be prison- based or community- based, is to reintegrate inmates with substance addiction into society. Through therapeutic communities, they may learn to become law abiding, tax paying citizens.

This is why it is crucial that recidivism rates of inmates with substance addictions are studied. It is important to determine the most effective way to restore justice. By revealing which type of therapeutic community has the lowest recidivism rates after completion, it could be possible to mandate therapy before inmates with addictions are released into the community.

Methodology

This study encompassed evaluative, quantitative research for the purpose of determining the impact of two different Colorado therapeutic communities as a means to reduce recidivism. It includes second source data that was re-analyzed for the purpose of this study. According to Babbie (2010), secondary analysis is valuable when data collected and processed by one researcher is reanalyzed for a different purpose, by another researcher. Evaluative research is appropriate in the process of determining whether a social intervention has produced the intended result (Babbie, 2010).

Research Design

This study encompassed evaluative, quantitative research for the purpose of determining the impact of two different Colorado therapeutic communities as a means to reduce recidivism. It includes second source data that was re-analyzed for the purpose of this study. According to Babbie (2010), secondary analysis is valuable when data collected and processed by one researcher is reanalyzed for a different purpose, by another researcher. Evaluative research is appropriate in the process of determining whether a social intervention has produced the intended result (Babbie, 2010).

Using these methods, the research attempted to answer the following research questions:
RQ1: What are the recidivism rates of male inmates with substance abuse additions after PEER 1 as compared to Crossroad to Freedom House Therapeutic Community at the Arrowhead Correctional Center (ACC TC)? RQ2: Would recidivism rates decrease if more therapeutic communities were mandated for male inmates with substance abuse addiction? The variables under review in this study are:

Dependent Variable [DV]: Recidivism Rates

Independent Variable [IV]1: Crossroad to Freedom House at Arrowhead TC

IV 2: PEER 1 TC

IV3: Duration of treatment

IV4: Mandated rehabilitation or Voluntary rehabilitation

Sample

Second source data was collected to complete this research. It consists of peer reviewed journal articles, Colorado Department of Corrections annual reports, PEER 1 annual reports, Arrowhead Correctional Center reports, statistics and data files. Focusing on recidivism rates for male inmates with substance addictions who have completed PEER 1 and inmates who have completed the Crossroad to Freedom TC, the author will evaluate recidivism rates for each program.

Measurement

An analysis was used in this particular study to give insight to the overall effectiveness based on recidivism rates after completion of Arrowhead Correctional Center TC, a prison based program and Peer I TC, a community based program. Recidivism rates after completion of both of these programs were analyzed and compared to determine which program is more effective. Because of the high number of drop out rates, this study examined clients who have completed at least thirty days of the program.

Results

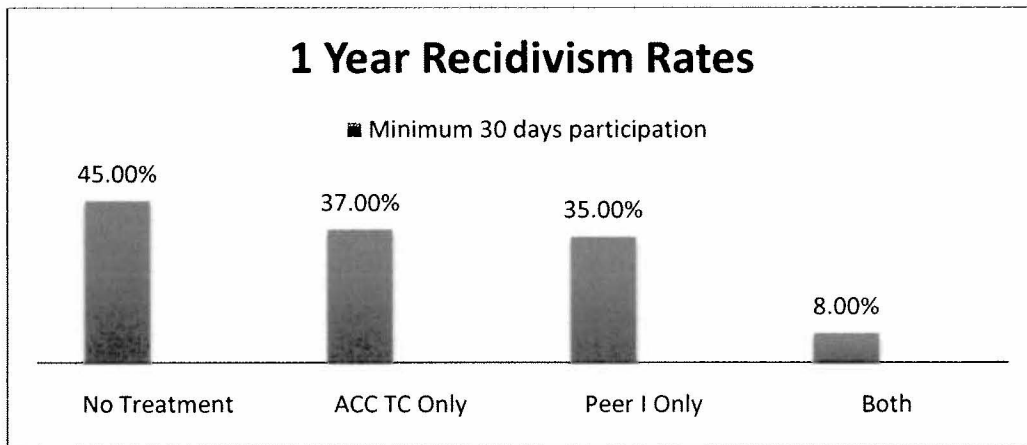
In Colorado, as of June 2011, there were 20,512 male inmates being held in prisons across the state. There were a total of 176,212 crimes committed in Colorado (Colorado Bureau of Investigation, 2010). For those released on mandatory parole in Colorado, sixty-five percent will return to prison within three years (Colorado Coalition of Criminal Justice Reform, 2010). It is well documented that alcohol and drugs are significant factors in all types of crime, not just alcohol and drug law violations. According to Przybylski (2009), approximately 8 out of 10 inmates are in need of substance abuse treatment. This data clearly indicates that there needs to be an intervention in attempt to restore justice and end the cycle of relapse among offenders.

According to Nalitz (2011), of the total number of crimes committed statewide in Colorado, 63.7 percent of the inmates released from the Colorado Department of Corrections in 2002 were rearrested within 3 years. Various studies have shown that substance abuse treatment for inmates provide a greater return on investment to taxpayers than incarceration. Addressing substance abuse and addiction is essential to decreasing government costs associated with state corrections. If substance addiction amongst inmates is left untreated, there is sure to be a higher rate of failure on probation and parole, which in turn will lead to higher rates of recidivism.

Recidivism rates shown in the graph below clearly indicate that TCs coupled with aftercare treatment show the greatest degree of positive outcomes. Figure 1 is based on recidivism rates for inmates who either had no treatment, completed a minimum of thirty days in a prison-based TC, completed a minimum of thirty days in a community-based TC, or completed thirty days of continuous treatment from prison-based to community-based. The recidivism rates of these inmates after one year of being released into the community show that 45% of those who had no treatment were rearrested. Of the inmates who had treatment at both prison-based

and community-based TCs continuously, there were only 8% who were rearrested after one year. Inmates who progress from a prison based TC to a community TC, are the least likely to be rearrested and/or relapse. It has also been found that clients who participate in aftercare have the longest elapsed time before recidivating (Zavaras, 2011).

Figure 1. One Year Recidivism Rates After 30 Days of Participation

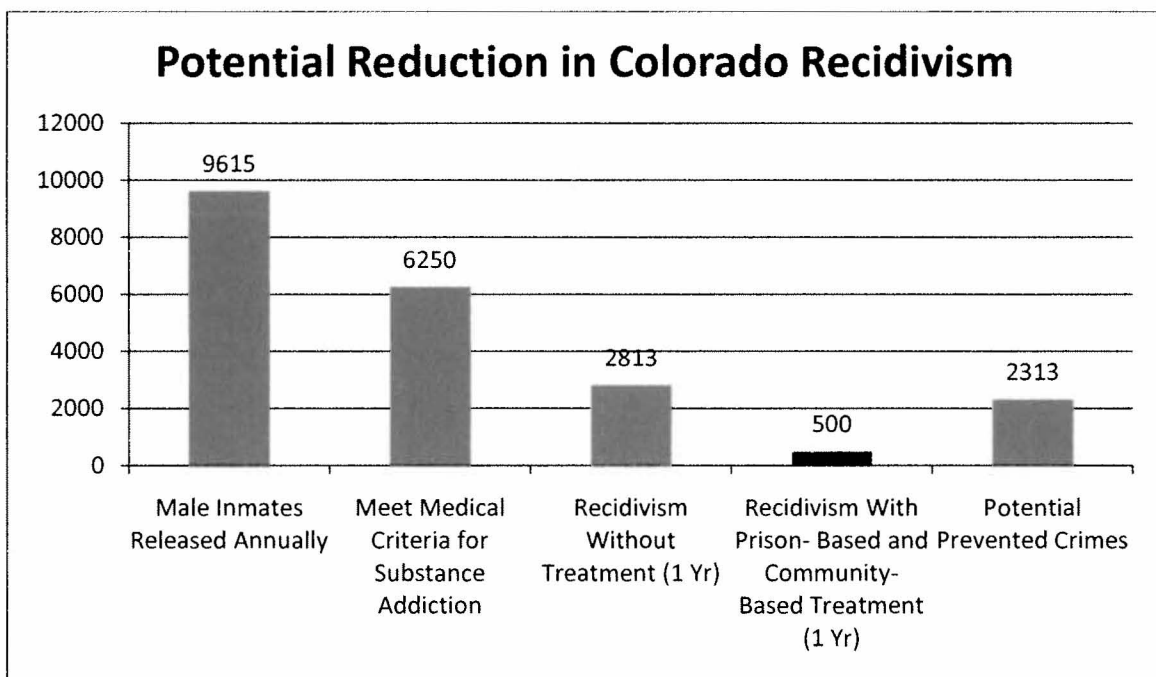


Substance abuse and addiction inflict substantial costs on state budgets and a heavy burden on taxpayers. Przybylski (2008) stated that in the last twenty years, Colorado's General Fund appropriation has grown from \$76 million in 1988 to \$636 million in 2008. According to Rios & Greene (2009) in 2007, Colorado spent 8.8 percent of its total general fund expenditures on corrections. Currently, Colorado Department of Corrections (2010) states that the annual cost for incarcerating one inmate is \$29, 825 and the daily cost per inmate is \$81.71. The prison system cannot currently accommodate the projected inmate growth. It is critical to public safety that changes are made in order to curb the cycle of recidivism. There is potential for significant financial savings to victims and taxpayers. A study by the National Center for Alcohol and

Substance Abuse (2010) found that Colorado currently has the lowest per capita spending on substance abuse prevention, treatment, and research out of the 46 reporting states.

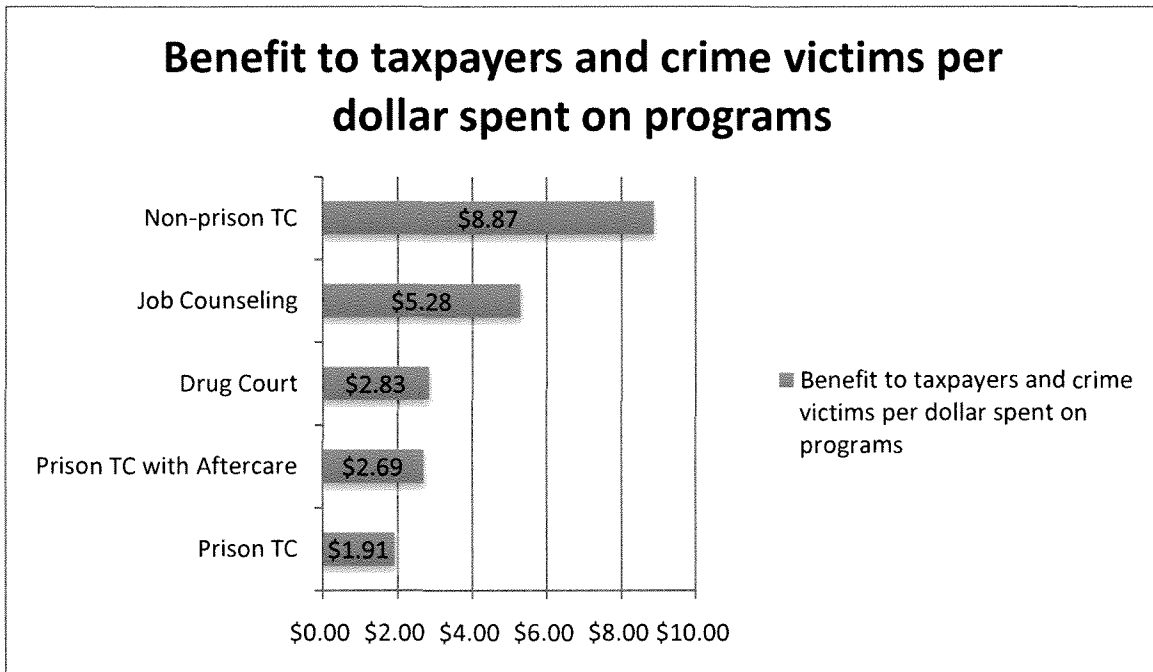
Applying the national statistics of 65 percent of all United States inmates meeting the medical criteria for substance abuse addiction, to Colorado adult male parole population, the following graph shows the benefit of the two studied therapeutic communities in reducing recidivism.

Figure 2. Potential Reduction in Colorado Recidivism



Based on these statistics, there is a potential savings of \$68 million, annually, that would have been spent on incarceration. This money could be reallocated to therapeutic community treatment programs for an improved societal outcome.

Figure 3: Benefit to Taxpayers and Crime Victims Per Dollar Spent on Programs



According to the National Center on Addiction and Substance Abuse (2010), over a third of all federal, state, and local inmates are violent crime offenders. This includes murder, forcible rape, robbery, and aggravated assault. Seventy-eight percent of these inmates were substance involved, meaning they were under the influence of drugs or alcohol at the time of the crime, they committed the crime to get money to buy drugs, or they had a history of alcohol treatment, a history of regular drug use, or had a substance disorder. Twenty-nine percent of federal, state, and local inmates were incarcerated for alcohol or drug law violations and were considered substance involved. Nineteen percent of the inmate population were incarcerated for property crimes. Property crimes consist of burglary, larceny- theft, car theft, and arson. Of these offenders, 83.4 percent were substance involved.

Discussion & Conclusion

Policy makers, practitioners and scholars alike are beginning to focus attention on the challenges presented by the record number prison inmates returning to communities. Many criminal offenders have a limited education, poor employment skills, substance abuse problems and other deficits that are well known risk factors for a return to crime. Without treatment and assistance during the transition to community life, many offenders are likely to fail and return to prison.

With no treatment, inmates typically return to their former lives with a high probability of re-offending and continued drug and alcohol use. There is a need to develop new strategies to deal with the increasing rate of prison growth. Research consistently shows that longer duration of treatment is associated with positive recidivism outcomes. Future studies must also look at motivation and readiness in order to increase retention. Even the best treatment programs will not reduce recidivism if the offender is not willing to participate in them.

Based on the results of this study and the literature review incorporated in this analysis, it is determined that therapeutic communities decrease recidivism rates. The best case scenario is if the offender has consecutively completed both, a prison-based TC and a community-based TC. It is concluded that the longer the duration of treatment, the more successful the outcome of reducing recidivism. Researchers have found that in order to increase the likelihood of success after treatment, clients should remain in treatment for at least ninety days before the benefits of treatment can have an impact. This way, the client receives more time to develop stronger control mechanisms, before being introduced back into the community where there will be unavoidable adversity (Zavaras, 2011). The results of this study prove this statement to be accurate. By modeling suitable behavior for a period of time in a therapeutic community,

offenders were capable of using self-control methods after they were released into the community.

Zavaras (2011), suggested that extensive supervision or aftercare is the best way to prevent recidivism after completion of either a community- based or a prison- based therapeutic community treatment program. This works to help reduce relapse and sustain a positive path to recovery. Longer time spent in a TC or supervision after successful completion may allow inmates more opportunity to distance themselves psychologically from their former destructive acquaintances, which may help reduce recidivism. As anticipated, the Differential Association Theory did explain why many offenders who do not receive treatment end up returning to prison. Once they are released, without a therapeutic community, they go back to the crowd they were used to associating with. Through that interaction, they generally end up acquiring the attitudes, techniques, and motives to return to the life of crime. On the contrary, the Social Learning Theory was an explanation to the positive results of therapeutic communities. Given a long enough duration, clients learned from each other appropriate behavior through observation, modeling, and imitation of their peers and staff.

These studies document that long-term residential TCs are effective in reducing drug abuse and antisocial behavior. Empirical research has determined that the extent of improvement is directly related to retention in treatment. Why not mandate both programs consecutively, before releasing offenders into the community? Based on the review of literature, appropriate matching of client needs to programs, retention, length of stay, and continued aftercare are the most significant factors contributing to successful outcomes. Additional research is needed to determine which factors may relate to motivation and readiness of treatment, which affect retention. According to a cost-benefit analyses done by National Center on Addiction and

Substance Abuse (2010), the monetary benefits of treatment far outweighed the costs in terms of reduced crime, incarceration and health care as well.

The question for further research may be to ask what characteristics predict dropout and how can we keep substance abusers accountable after they complete the therapy? There appears to be a need for aftercare in a continuum of treatment from prison to the community. It is understood that there has been a revival of rehabilitation for prisoners with drug problems, now there is a need to determine how to make restorative justice and therapeutic communities a consistent method for reducing recidivism.

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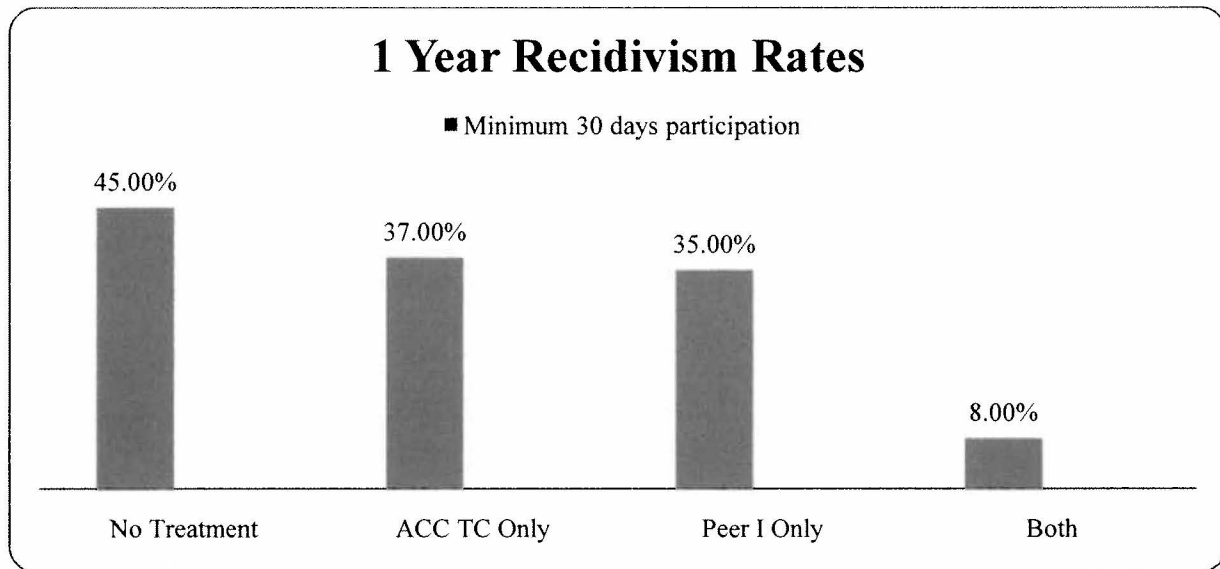
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Appendix A

One Year Recidivism Rates (Return to prison or re-arrest for new crime)

This figure illustrates a comparison of treatment options after 30 days.



Adapted from Zavaras, A. W. (2011). Budget Hearing. Colorado Department of Corrections.

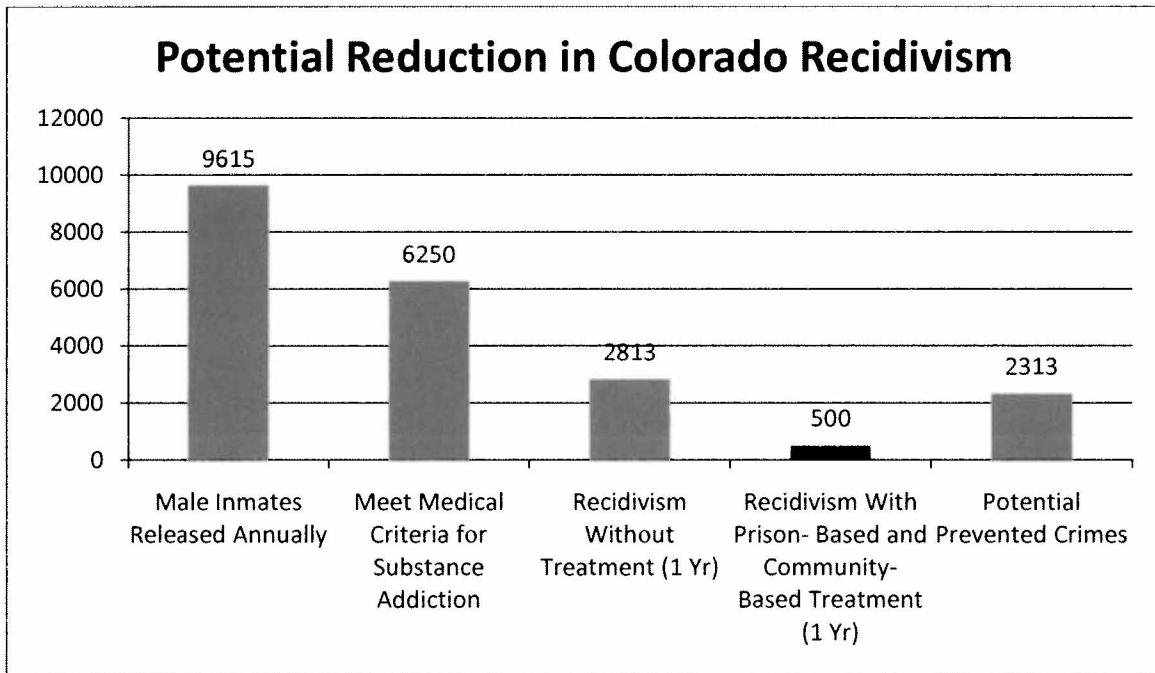
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Appendix B

Figure 2. Potential Reduction in Colorado Recidivism

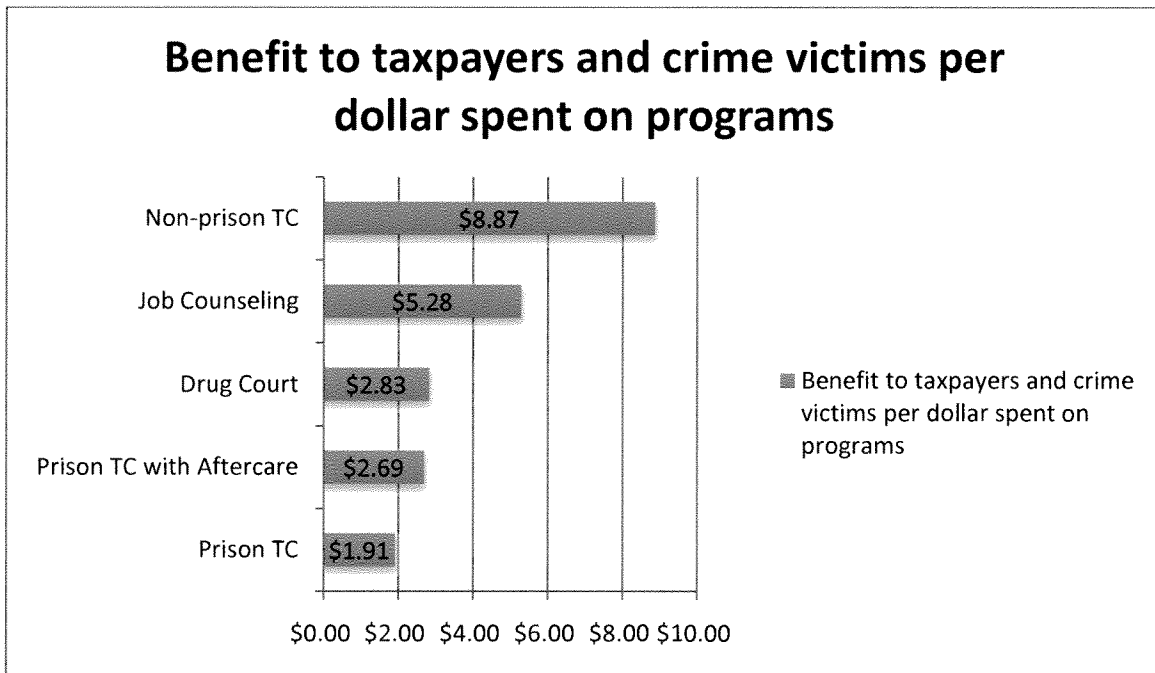
This figure represents the potential reduction in recidivism, as it applies to Colorado, based on National medical criteria for substance addiction statistics.



Appendix C

Figure 3: Benefit to Taxpayers and Crime Victims Per Dollar Spent on Programs

This figure represents a cost- benefit analysis for taxpayers and crime victims per dollar spent on different programs.



Adapted from Division of Criminal Justice. (2009). Brief research summary for CCJJ sentencing

discussion: Evidence based practices to reduce crime by known offenders. *Office of Research and Statistics* [Data file]. Retrieved from

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