



the NATIONAL REENTRY  
RESOURCE CENTER

— A project of the CSG Justice Center —

# **What Works: Using Screening and Assessment to Improve Addiction and Co-occurring Treatment Practice for Justice Involved Individuals**

Brought to you by the National Reentry Resource Center and the  
Bureau of Justice Assistance, U.S. Department of Justice

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Foundation, Annie E. Casey Foundation, and Open Society Institute

# Speakers

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Institute of Behavioral Research  
Texas Christian University
- Janelle Prueter  
Director of Corrections Operations  
Illinois TASC

# Presentation Outline

- **Brief overview of the research**
- **Identifying drug use problems**
- **Providing effective and efficient treatment approaches**
- **Assessing treatment impact**
- **Questions and Answer Session**



IBR HOME PAGE

MANUALS  
FORMS  
EVIDENCE

ABOUT IBR-TCU  
STAFF  
PUBLICATIONS  
PRESENTATIONS  
PROJECTS  
NEWSLETTERS

OTHER LINKS  
WHAT'S NEW

A National Research Center  
for addiction treatment studies  
in community and correctional  
settings  
(over 600 free resource files  
available)

Guide for New Visitors

- Manuals
- Forms
- Conceptual Guides
- Publications

EVIDENCE

SUMMARY

TCU Mapping-Enhanced  
Counseling

Treatment  
Process

Counseling  
Manuals

Corrections-  
Based  
Treatment

National  
Evaluations

Organizational  
Readiness

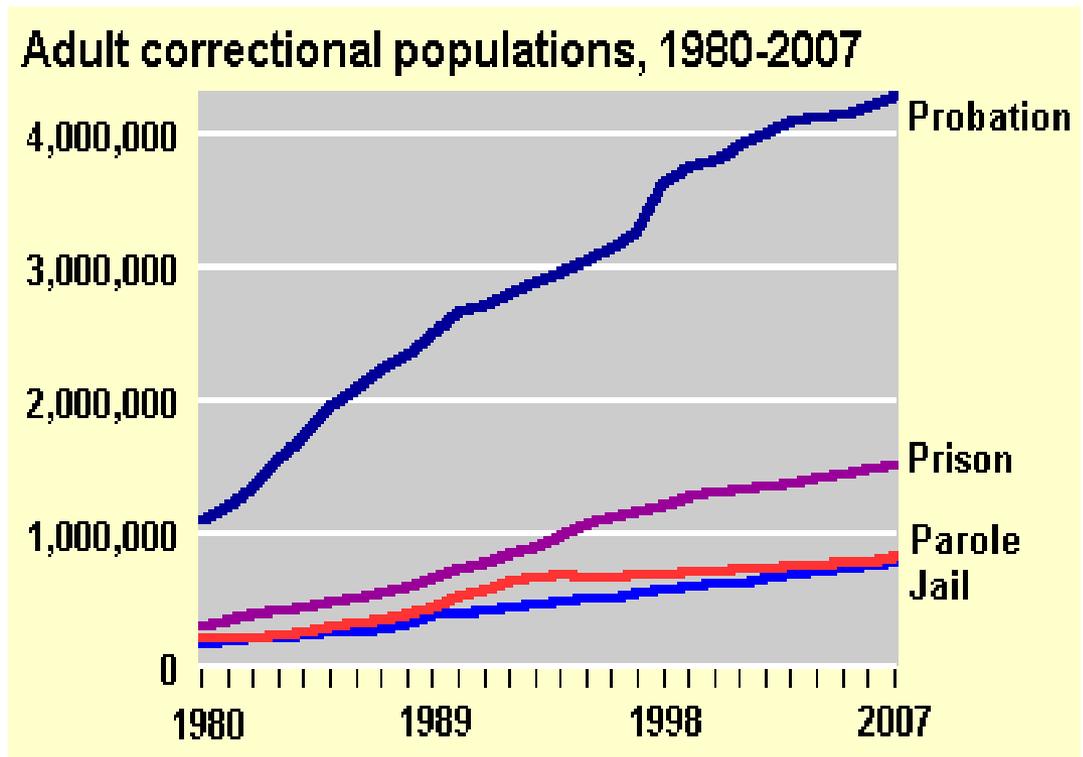
Assessment  
Fact Sheets  
(with norms)



www.ibr.tcu.edu

# Record Number of Offenders in US

In 2007, the correctional population in the US reached a new record of 7.3 million offenders.



# Drugs and Crime are Linked

- **Regular Drug Use: 69% state, 64% federal prisoners<sup>1</sup>**
- **Drug Dependence/Abuse<sup>1, 2</sup>**
  - 53% jail; 53% state prison; 45% federal prison
- **Drug Use at Time of Offense<sup>1</sup>**
  - violent crime: 28% state; 24% federal prison
  - property crime: 39% state; 14% federal prison
  - drug trafficking: 42% state; 34% federal prison
- **Costs: \$107 Billion for Drug-Related Crime<sup>3</sup>**

SOURCES: 1: BJS 2004 Survey of Prisoners (Mumola & Karberg, 2006/7);  
2: BJS 2002 Survey of Jail Inmates (Karberg & James, 2005); 3: ONDCP, 2004

# 3 Key Points

- 1) How do you know if someone has a serious drug use problem?**
- 2) How do you determine the most effective and efficient treatment?**
- 3) How do you know if the services that are being provided are having a positive impact?**

# 3 Key Points

**1) How do you know if someone has a serious drug use problem?**

# Assessing Treatment Needs

## TCU Drug Screen (TCUDS):

Short assessment (2 pages) for --

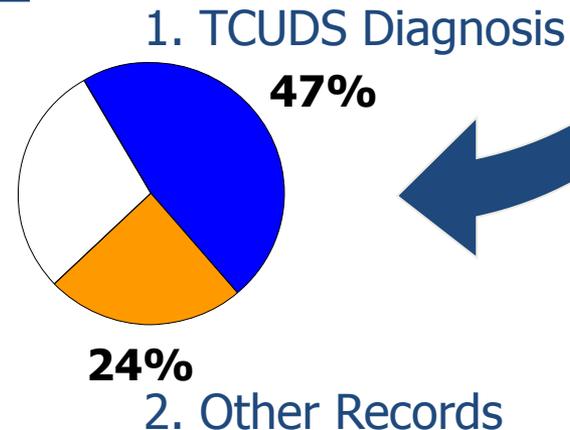
- Drug problems/dependence
- Treatment history/needs



All new inmates at state jails/prisons

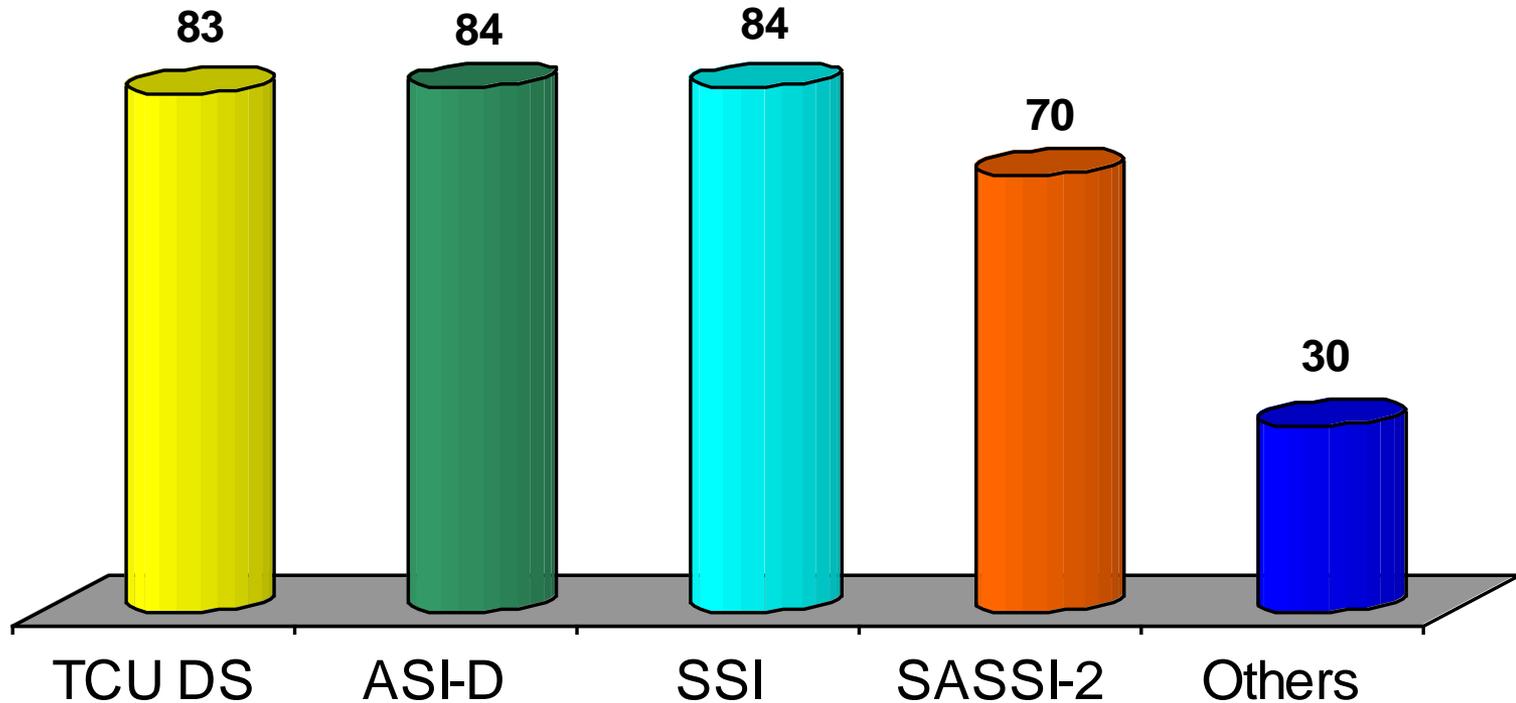
## Treatment Referral

- In-prison TC (ITC)
  - Brief interventions
    - 12-step groups
    - Drug education



# Alcohol and Drug Dependence Screens

% Overall Correct Classification



N=400; Peters et al., 2000 ([Journal of Substance Abuse Treatment](#))

# Methods for Collecting Information

## Self-Report

- Interview
- Self-Administered

## Biological Assays

- Urinalysis
- Hair Testing
- Sweat Patch
- Blood and Saliva

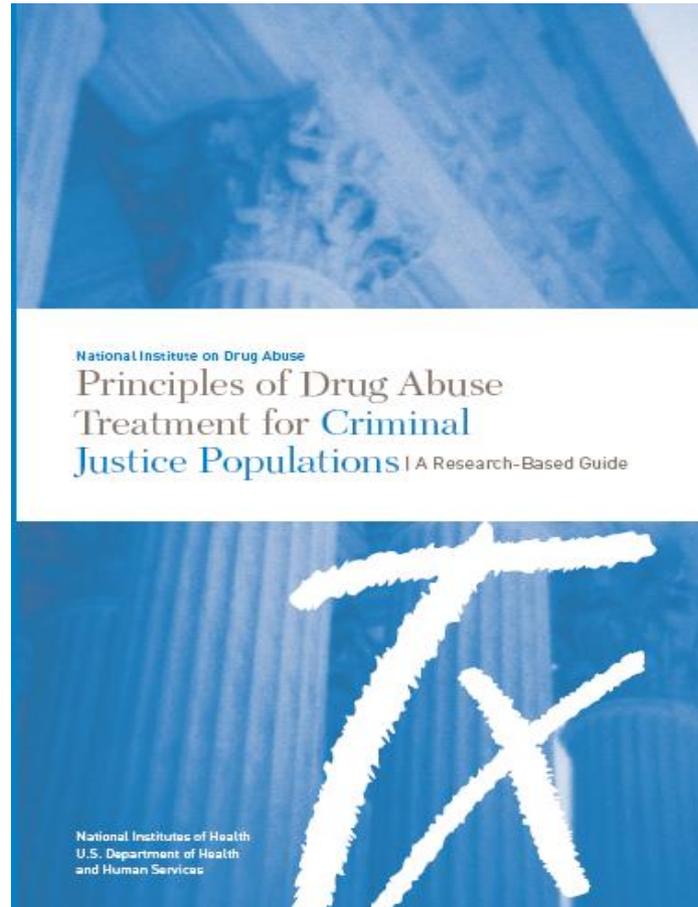
## Other

- Family and Friends Survey
- Criminal History Records

# 3 Key Points

**2) How do you determine the most effective and efficient treatment?**

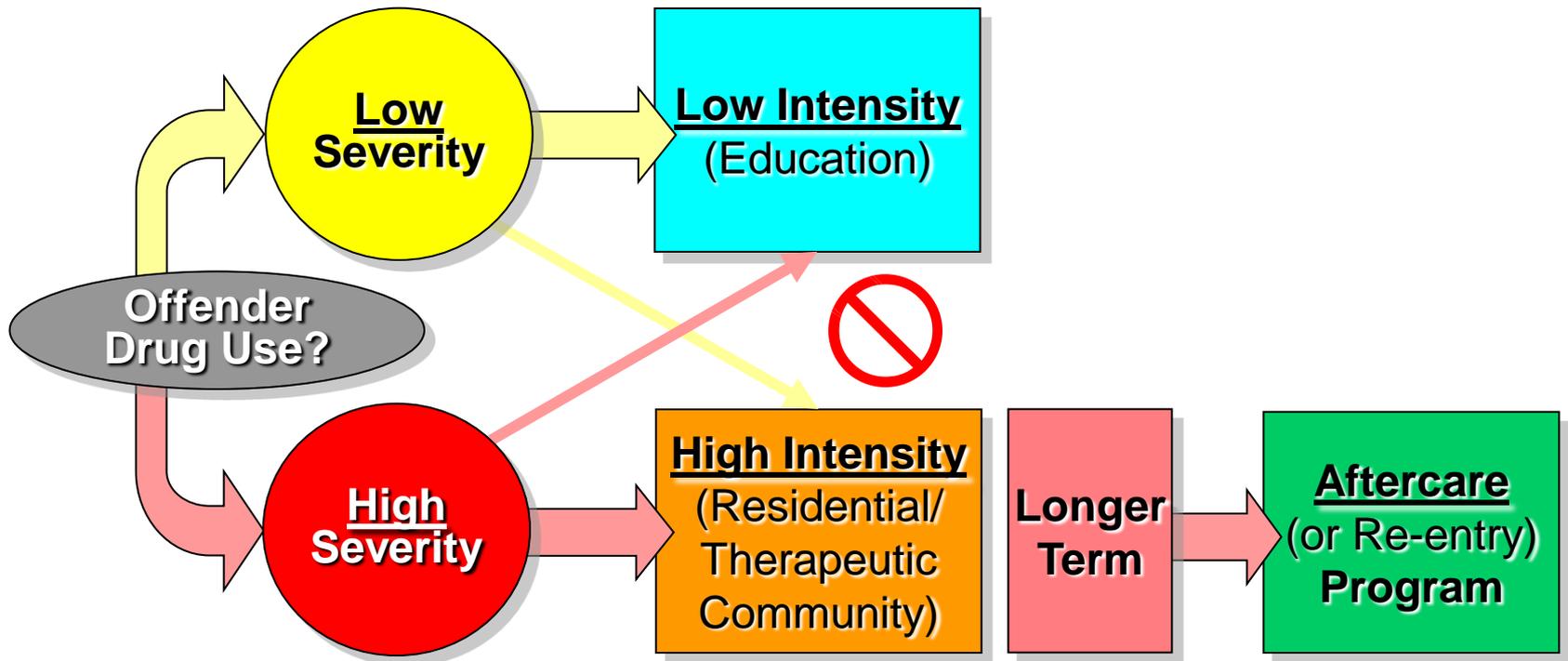
# NIDA List of “Scientifically Based Approaches”



## For Criminal Justice Populations

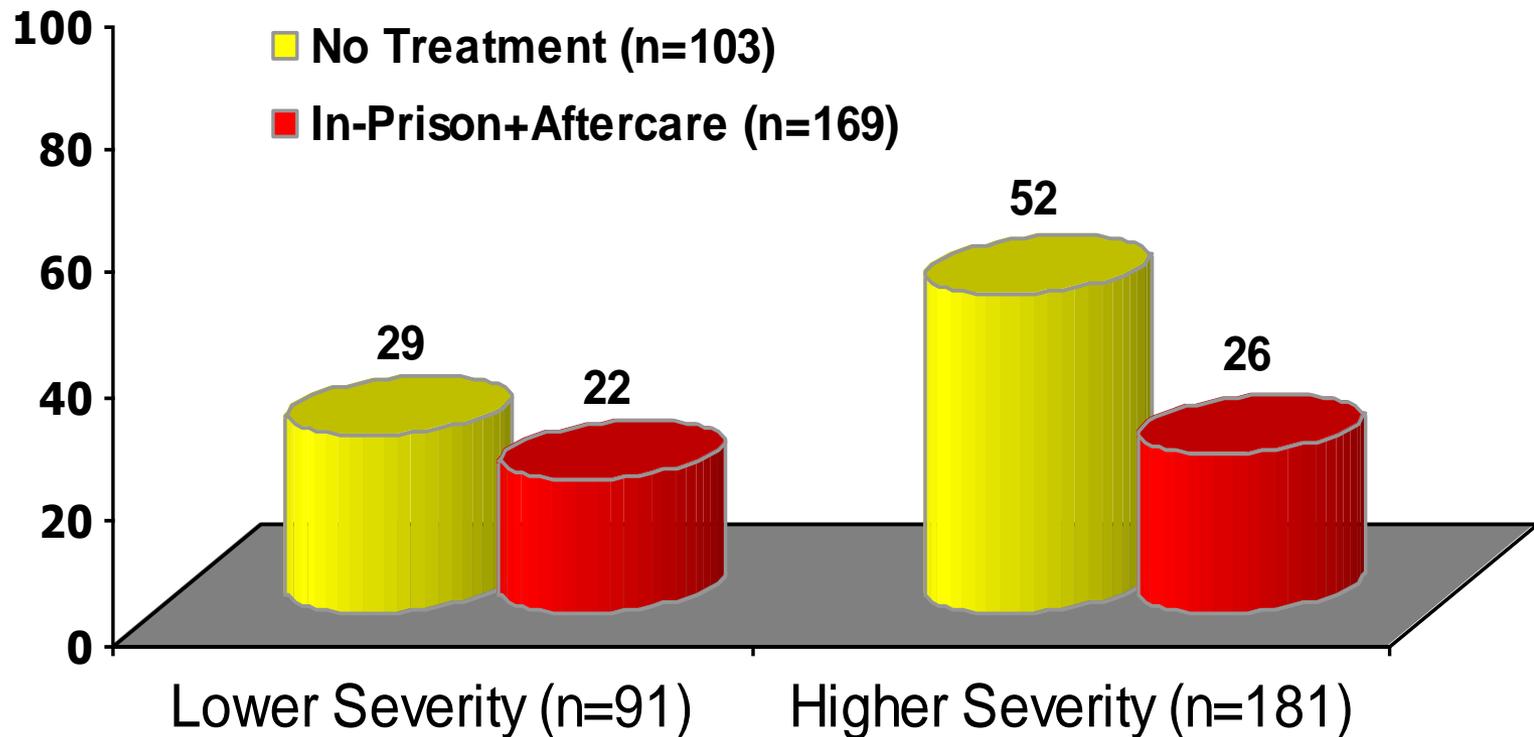
Principles of Drug Addiction Treatment: A Research Based Guide (NIDA, 2000)

# What works with “highest efficiency?”



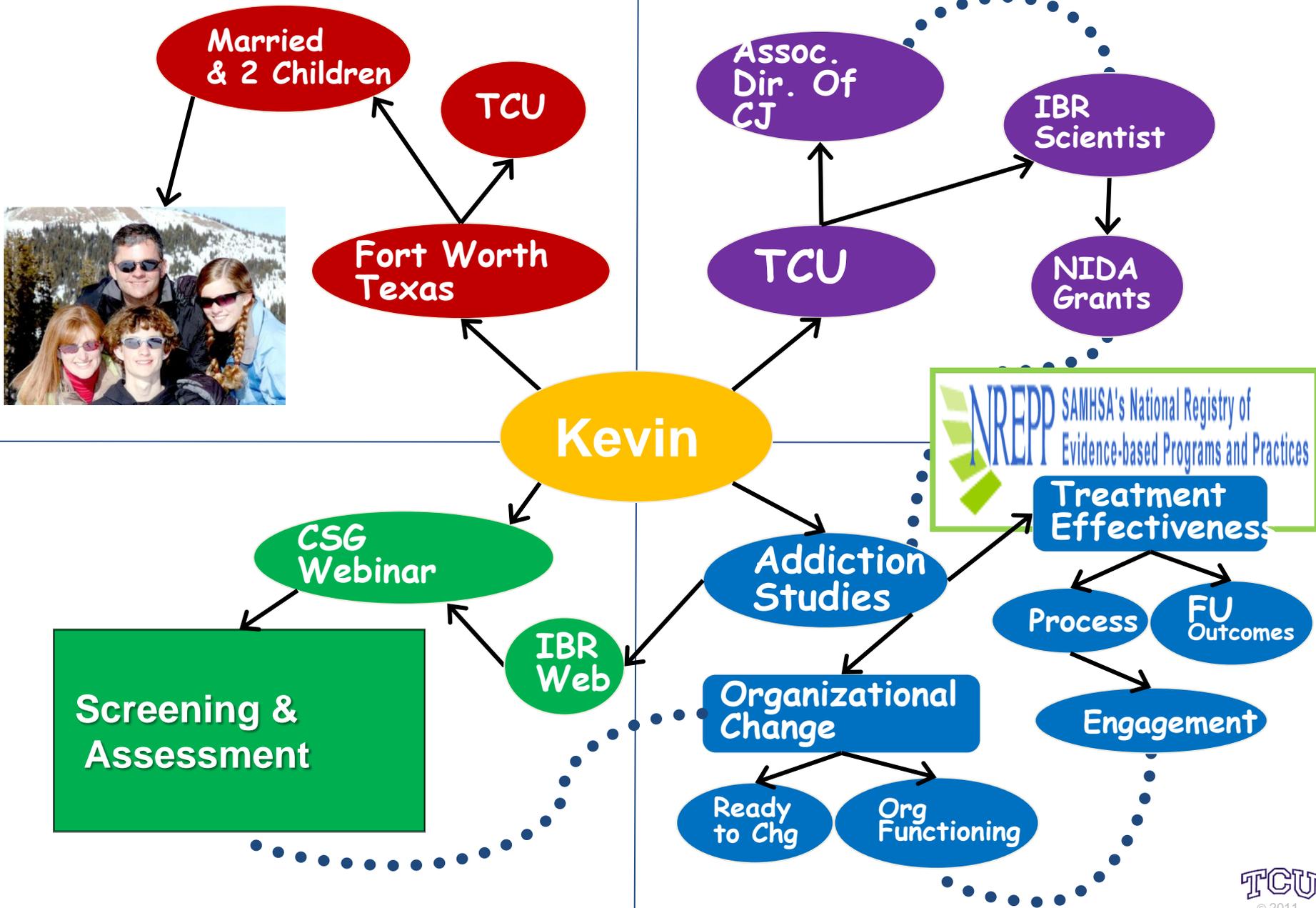
# Problem Severity and Intensive Treatment

% 3-Year Recidivism



Knight, Simpson, & Hiller, 1999, [The Prison Journal](#)

# TCU Mapping: A Visual Representation Strategy

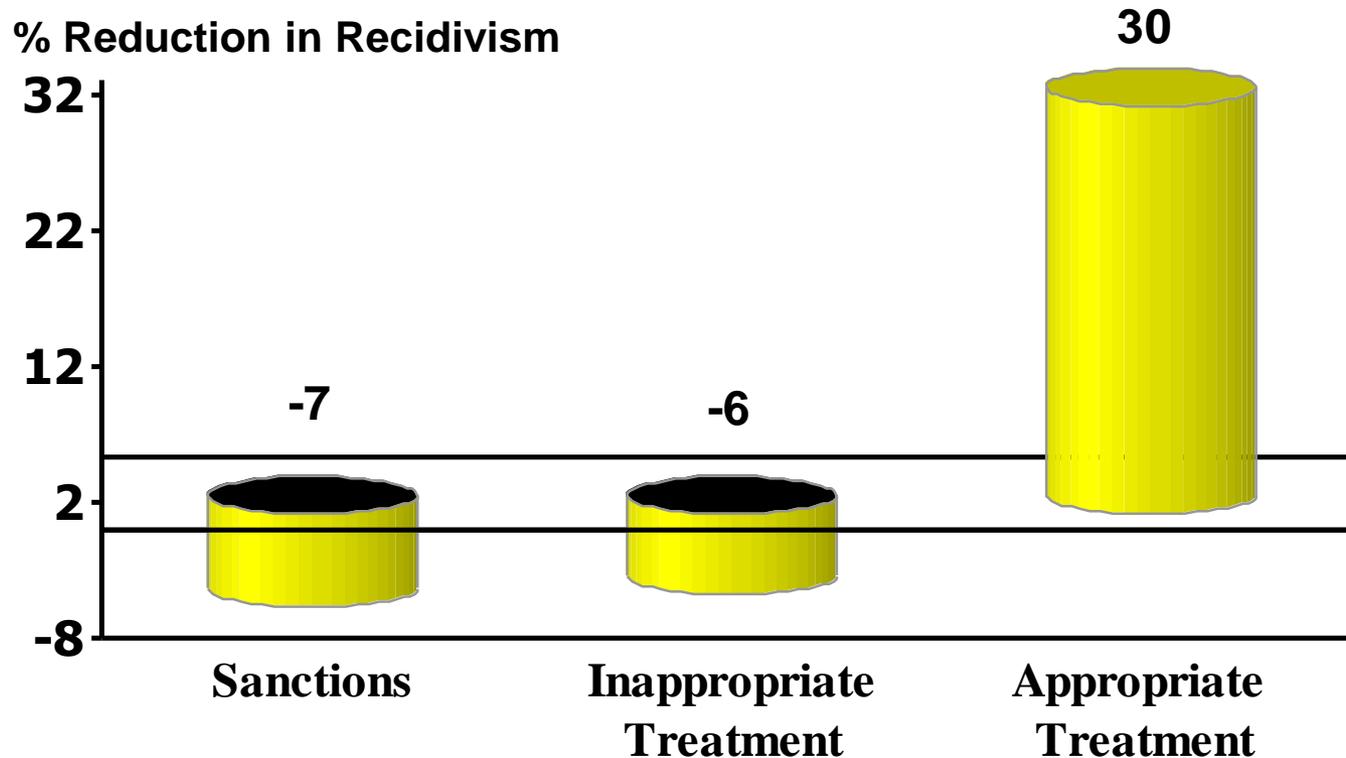


# 3 Key Points

**3) How do you know if the services that are being provided are having a positive impact?**

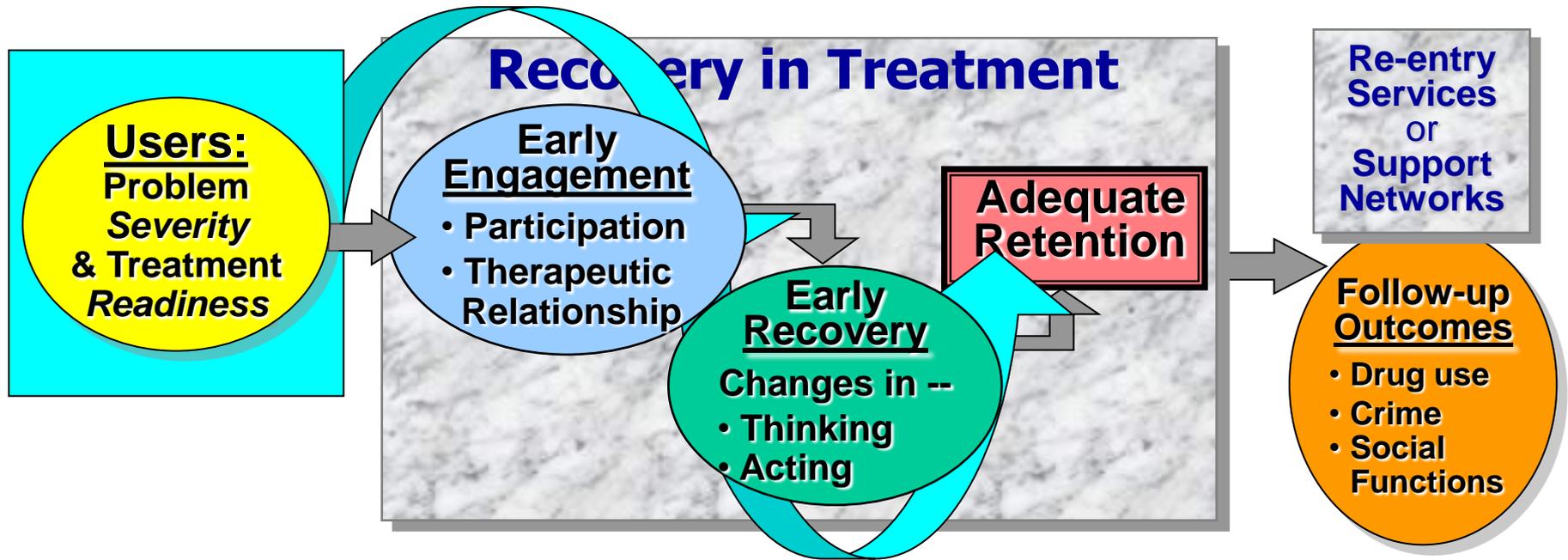
# Treatment Can Work!

(review of 154 studies)



Andrews, D.A. 1994. An Overview of Treatment Effectiveness. Research and Clinical Principles, Department of Psychology, Carleton University. The N refers to the number of studies.

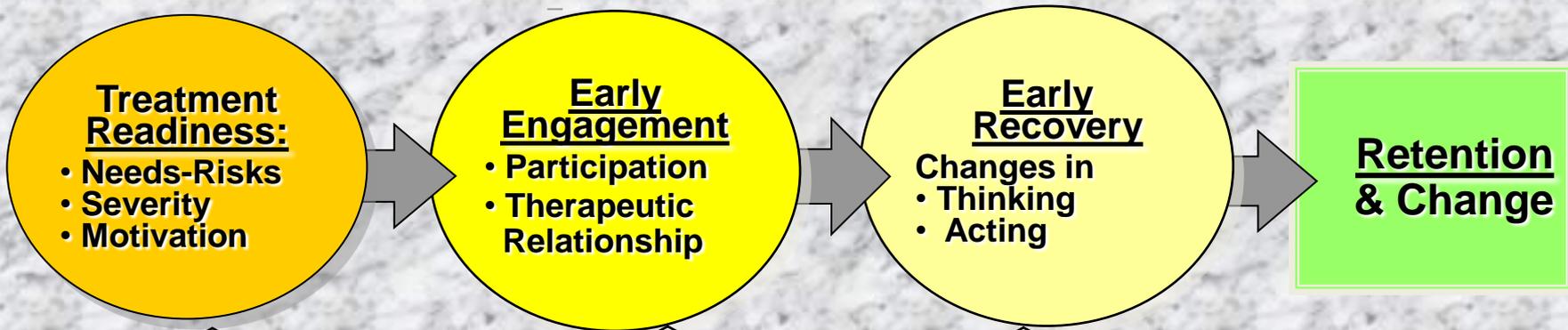
# Stages of Treatment



Simpson, Knight & Dansereau, 2004 ([Journal of Community Corrections](#))

# Tools for Assessing Client Needs and Progress During Treatment

## Stages of Treatment



**Intake Interview**  
(eg, ASI)

**Short ID & Background Risk Info**

**Fam/Friends Networks**

**Motivation**  
(from CEST)

**Psychological**  
(from CEST)

**Social**  
(from CEST)

**Criminal Thinking(CTS)**

**Engagement**  
(from CEST)

**Psychological**  
(from CEST)

**Social**  
(from CEST)

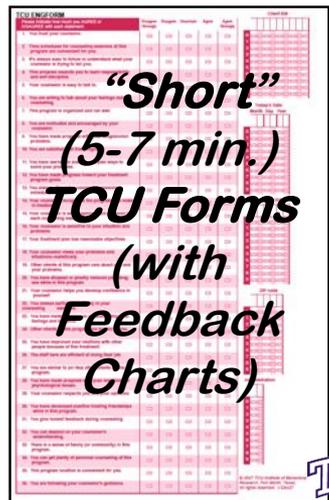
**Fam/Friends Networks**

**Engagement**  
(from CEST)

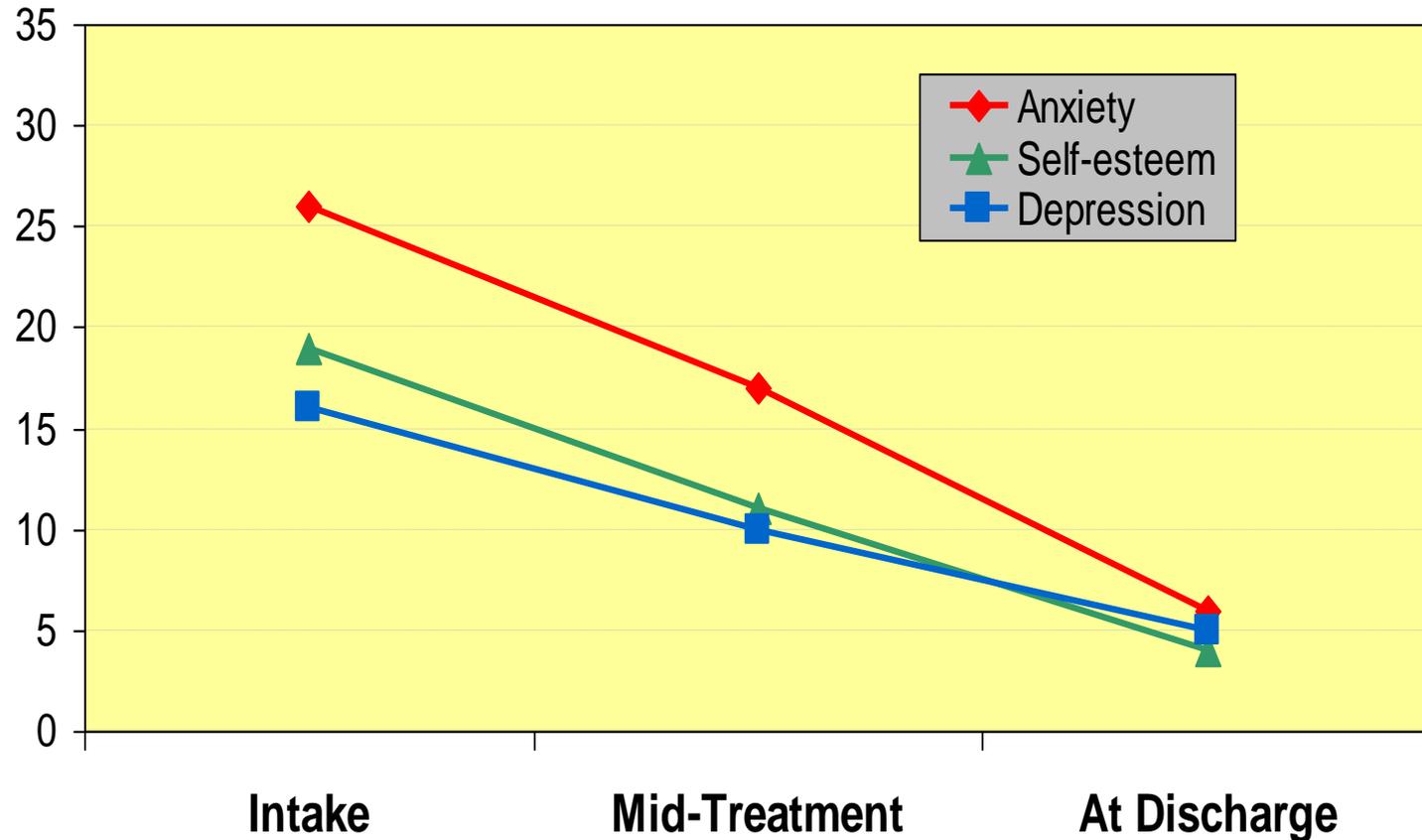
**Psychological**  
(from CEST)

**Social**  
(from CEST)

**Criminal Thinking(CTS)**



# Response to Treatment



N=259; Knight & Simpson, 1994, [Annual Report on 1993 SATF Intakes](#)

# The Illinois Experience

## Presentation Objectives:

- Review of Illinois' implementation of the TCU-IBR tools at
  - Screening
  - Treatment Readiness
  - Ongoing Assessment
  - Discharge from Prison-Based Treatment

# Screening

## 3 Key Points

**1) How do you know if someone has a serious drug use problem?**

# Screening

## Why Screen?

- To quickly determine who appears to have a serious substance abuse problem
- Target the right population for the right services
- Use limited resources wisely

# Screening

- Screening
  - 3 male Reception and Classification Centers; 1 for women
  - Screened using TCU Drug Screen II and brief interview
  - In FY 10—Screened 32,289 men, 3099 women
    - 15,164 men screened as substance dependent
    - 2135 women screened as substance dependent

# Screening

- Percentage dependent based on screen
  - 47 % for men
  - 69 % for women
- Treatment beds in the Illinois DOC
  - 2800 for men
  - 440 for women

# Screening

## Promising Practices

- Start with Question #10-*“What drug caused the most serious problem”*
- Develop standard secondary questions to promote validity
- Validate self-report with other records

# Treatment Readiness

- Designed to increase treatment motivation prior to entering prison-based treatment
- Open groups (one exception) at different locations throughout IDOC
- Standard Curriculum “*Getting Motivated to Change*” developed by TCU-IBR

# Treatment Readiness

## Different Models for Implementation

- At the Reception and Classification Centers
- At Institution-Based Treatment Program
- Separate unit in a prison

*Open vs. Closed Groups?*

# Why Treatment Readiness?

- Designed to increase treatment motivation prior to the onset of treatment—improves outcomes
- Another tool to ensure right clients are matched to the right programs

# Ongoing Assessment

## 3 Key Points

**3) How do you know if the services that are being provided are having a positive impact?**

# Ongoing Assessment

## Client Evaluation of Self in Treatment (CEST)

- Developed by TCU-IBR
- Five domains
  - Treatment Needs and Motivation
  - Psychological Functioning
  - Social Functioning
  - Treatment Engagement
  - Criminal Thinking Scales

# Ongoing Assessment

## Implementation of CEST at Sheridan CC

- Substance abuse treatment done in 4 phases
- CEST administered at intake (with exception of the Treatment Engagement Scale)
- CEST administered prior to every phase change in treatment
- Results used for treatment planning, recommended services, clinical supervision and overall effectiveness of the program

# Ongoing Assessment

## Case studies:

- **Client John**-scores high on hostility during Phase II of treatment
  - Recommended to Anger Management class
  - Incorporated into treatment plan
- **Counselor Mary**-rated low by clients regarding their satisfaction with treatment services(blind results)
  - Address in clinical supervision
  - Create an individual development plan to improve

# Outcomes

## Sheridan: An Proven Intervention

- Recent evaluation findings (Olson and Rozhon, 2010)
  - 86% of those released Sheridan started treatment
  - 71% that started treatment completed treatment
  - 32% recidivism rate for Sheridan participants that complete aftercare

# Discharge from Prison Treatment

## Inmate Pre-Release Assessment (IPASS)

- Designed specifically for the client leaving institution-based treatment
- Measures both risk of relapse and risk of recidivism
- Includes scores from the TCUDSII, Engagement Scale from the CEST and the Criminal History form (CRHS)

# Discharge from Prison Treatment

## Implementation at Southwestern Correctional Center (SWICC)

- Pilot conducted to establish baseline scores
- Three risk levels created
  - High risk score over 9
  - Medium risk 0-9
  - Low risk below 0

# Discharge from Prison Treatment

## Current application

- Used to inform recommended level of care post-release
- Higher risk requires more intensive treatment

## Future application

- Used to impact case management/supervision level upon release

# Contact Information

- Content questions about this webinar should be directed to:
  - Kevin Knight [k.knight@tcu.edu](mailto:k.knight@tcu.edu)
  - Janelle Prueter [JPrueter@tasc-il.org](mailto:JPrueter@tasc-il.org)

# What Works: Using Screening and Assessment to Improve Addiction and Co-occurring Treatment Practice for Justice Involved Individuals

## Question and Answer Session



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