



Does mandating offenders to treatment improve completion rates?

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ABSTRACT

While it is known that community-based outpatient treatment for substance abusing offenders is effective, treatment completion rates are low and much of the prior research has been conducted with offenders in residential treatment or therapeutic communities. The aim of the present study was to assess whether offenders who are mandated to community-based outpatient treatment have better completion rates compared to those who enter treatment voluntarily. The 160 research participants were a heterogeneous group of substance abusers who were under various levels of criminal justice supervision (CJS) in the community. The participants were enrolled in an intensive outpatient program and were recruited into the study between July 2007 and October 2010. All offenders received weekly therapy sessions using a cognitive problem solving framework and 45% completed the 6 month treatment program. Interestingly, those who were mandated demonstrated less motivation at treatment entry, yet were more likely to complete treatment compared to those who were not court-ordered to treatment. While controlling for covariates known to be related to treatment completion, the logistic regression analyses demonstrated that court-ordered offenders were over 10 times more likely to complete treatment compared to those who entered treatment voluntarily (OR = 10.9, CI = 2.0–59.1, $p = .006$). These findings demonstrate that stipulated treatment for offenders may be an effective way to increase treatment compliance.

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1. Introduction

1.1. The problem

Despite the well-established link between crime and substance abuse, many offenders do not receive treatment (Mumola & Karberg, 2006), or once enrolled, do not complete treatment (Longshore et al., 2004; Zanis, Coviello, Lloyd, & Nazar, 2009). Over 50% of offenders in U.S. prisons and jails have a substance use disorder (James & Glaze, 2006) and nearly two-thirds will be re-arrested within 36 months of release (Mumola & Karberg, 2006). A study conducted by the Urban Institute found that 8 to 10 months after release, about one-third of former prisoners reported recent substance use, and those with a history of substance abuse prior to incarceration were more likely to engage in substance use after release (RWJF, 2009).

1.2. Completing treatment improves outcomes

Community-based outpatient treatment for substance abusers who are under criminal justice supervision has been shown to be effective (Belenko, 2001; MacKenzie, 1997; Sinha, Easton, & Kemp, 2003). Moreover, research has consistently demonstrated that substance abusers who stay in treatment longer have less subsequent drug use and commit fewer crimes (Brewer, Catalano, Haggerty, Gaine, & Fleming, 1998; De Leon, 1984; French, Zarkin, Hubbard, & Rachal, 1993; Simpson, 1981) and that treatment lasting at least 90 days is necessary to show a significant reduction in drug use and promote effective and lasting change (Hser et al., 2001; Hubbard, Marsden, Rachal, Harwood, Cavanaugh, & Ginsburg, 1989; Simpson, Joe, Broome, et al., 1997a). However, only about one-third of offenders complete treatment (Longshore et al., 2004; Zanis et al., 2009), with 20% of non-completers dropping out within 30 days, resulting in probation/parole violations and potential re-incarceration (Evans, Li, & Hser, 2009).

1.3. Mandated versus voluntary treatment

Prior research has shown that mandated clients have lower motivation for change (Hartford, Ungerer, & Kinsella, 1976) and

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internally motivated individuals are more likely to experience long-term behavior change (Deci & Ryan, 1985). However, more recent studies show that treatment does not need to be voluntary to be effective. For example, research has demonstrated that substance abusers who are court ordered to treatment did as well as or better than those who entered voluntarily (Brecht, Anglin, & Wang, 1993; Farabee, Prendergast, & Anglin, 1998; Hiller, Knight, Broome, & Simpson, 1998; Kelly, Finney, & Moos, 2005; Martin et al., 2003).

Kelly et al. (2005) examined a large sample of veterans in residential treatment and found that while mandated patients had lower motivation for change, they showed similar levels of therapeutic change during treatment as voluntary patients. In addition, mandated patients had better treatment outcomes after 1 year and similar outcomes after 5 years compared to voluntary patients. In analyzing data from the Drug Abuse Treatment Outcome Study (DATOS), Hiller et al. (1998) found that patients who entered residential treatment with moderate to high legal pressure were significantly more likely to stay in treatment 90 days or more compared to those with low legal pressure. In another study conducted with a small sample ($N=41$) of alcoholics, treatment attendance rates for participants who were legally mandated to disulfiram therapy were double the rates of those who were not mandated (Martin et al., 2003).

It should be noted that even offenders who enter treatment voluntarily may face pressure from family, friends or employers to comply with treatment. Court-mandated offenders may also feel coercion from these other sources. However, the purpose of this paper is to evaluate whether legal pressure can influence completion rates.

1.4. Other variables related to treatment completion

A number of variables have been associated with drug treatment completion among offenders. Offenders who possess a higher degree of self-efficacy to avoid drug use (Bahr, Harris, Fisher, & Armstrong, 2010; Hiller, Knight, & Simpson, 1999), more internal motivation to remain drug-free (De Leon, Melnick, Thomas, Kressel, & Wexler, 2000; De Leon & Jainchill, 1986; Evans et al., 2009; Lang & Belenko, 2000; Simpson, Joe, & Rowan-Szal, 1997), and a greater degree of social support (Bahr et al., 2010; Lang & Belenko, 2000; Sung, Belenko, Feng, & Tabachnick, 2004) tend to have better outcomes. Younger offenders (Hiller et al., 1998; Huebner & Cobbina, 2007; Sung et al., 2004; Zanis et al., 2009) and those with more severe employment problems (Brown, 2010; Brown, Allison, & Nieto, 2011; Evans et al., 2009), lower educational attainment (Brown, 2010; Brown et al., 2011; Huebner & Cobbina, 2007), more extensive criminal histories (Evans et al., 2009; Huebner & Cobbina, 2007), and co-occurring psychological disorders (Evans et al., 2009; Lang & Belenko, 2000; Brocato & Wagner, 2008), particularly antisocial personality disorder (ASPD) (Alterman, Rutherford, Cacciola, McKay, & Boardman, 1998), are less likely to complete drug treatment and return to drug use and criminal behavior. Race/ethnicity was related to treatment completion in some studies (Hiller et al., 1998; Huebner & Cobbina, 2007; Knight, Logan, & Simpson, 2001), but was not significant in other studies (Pelissier, 2004). While some studies have found that heroin abusers were less likely to complete treatment (Evans et al., 2009; Zanis et al., 2009), other researchers have found that offenders with cocaine use disorders (Brown, 2010; Joe, Simpson, & Broome, 1999) or whose primary drug was marijuana (Brocato & Wagner, 2008) were more likely drop out of treatment. These other variables will be used as covariates in the analyses in order to assess the independent influence of treatment mandate on offender completion rates.

1.5. Gaps in prior research

Much of the prior larger clinical trials examining whether mandating drug treatment is effective have focused on offenders

attending treatment in residential programs or therapeutic communities (Brocato & Wagner, 2008; Daughters, Stipelman, Sargeant, Schuster, Bornovalova, & Lejuez, 2008; Sung et al., 2004). However, the majority of offenders with substance abuse disorders attend outpatient treatment (Evans et al., 2009) and can be under various levels of supervision in the community (Bureau of Justice Statistics, 2010). In addition, with the exception of a few studies (e.g., Kelly et al., 2005), prior research has not compared those who are under legal supervision such as parole, but not mandated to treatment, to those who are court-ordered. Typically, studies have compared court-ordered substance abusing offenders to non-offenders who enter treatment voluntarily. Thus, the findings from prior studies may not be generalizable to typical offenders enrolled in outpatient treatment programs.

1.6. Study aim

The aim of the present study is to assess whether court-ordered treatment results in better completion rates compared to voluntary treatment among a broader treatment population that includes a heterogeneous sample of offenders who attend a community-based drug-free outpatient program. The study is a secondary analysis of data from a trial evaluating an employment intervention for offenders. While most of the offenders were mandated (82%), 18% entered treatment voluntarily. The offenders were under various levels of criminal justice supervision including county probation/parole, state parole, a drug court, and other diversion programs that offered alternatives to incarceration or early parole. Typically, the level of supervision determines whether an offender was mandated to treatment. For example, a drug court client is always mandated to treatment, whereas, an offender on probation or parole may or may not be mandated. In addition, those who are enrolled in drug court have more frequent urine drug screens and are monitored much more closely by the criminal justice system compared to someone on probation or parole. Thus, while the study is examining the effect of treatment mandate on completion rates, it should be noted that mandate is highly correlated with level of community supervision.

The research question proposed by this study is whether offenders court mandated to outpatient treatment have better completion rates compared to those who enter voluntarily when other variables related to treatment completion are controlled. While characteristics such as age and race are obviously not changeable, and even social supports and self-efficacy are not easily amenable to external intervention, mandating offenders to drug treatment is something that the criminal justice system can implement in cooperation with drug treatment programs. Understanding whether treatment mandate improves completion rates among a heterogeneous sample of substance abusing offenders is important since treatment completion is strongly associated with substantial reductions in criminal recidivism (Mitchell, Wilson, & MacKenzie, 2006; Welsh, 2007).

2. Materials and methods

2.1. Research participants

The study is a secondary analysis of data that was collected during a trial that assessed the efficacy of an employment intervention for offenders. The participants in this trial were 160 offenders who were newly enrolled in a drug-free community-based outpatient program and participating in this employment study. All participants met American Society of Addiction Medicine (ASAM) criteria for intensive outpatient treatment (IOP) and were required to be under legal supervision in the community for at least 1 year following study enrollment. For this study, legal supervision was defined by participants being on either county probation/parole (34%), state parole (23%) or involved in diversion programs such as a drug court

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