

High Intensity Substance Abuse Programming for offenders

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Most Canadian Federal offenders have substance abuse problems, ranging from low to moderate and high levels of need.⁶ Although many offenders' substance abuse problems are addressed through existing Correctional Service Canada (CSC) programs such as the Offender Substance Abuse Pre-Release Program (OSAPP), and the Community Correctional Brief Treatment Relapse Prevention and Maintenance Program (Choices) it has been long recognized that a specialized program is required for the more severely addicted offenders,⁷ a group that makes up as much as 37% of the offender population.⁸ For example, offenders in this highest need category are more likely to have used drugs or alcohol on the day of the crime; have the highest rates of previous convictions; are more likely to need help stop or control their drinking; have the highest rates of unsuccessful attempts of cutting down; have the highest rates of drinking and drug use⁹ and recidivate at higher rates than those with lessor substance abuse problems.¹⁰ This article provides an overview of CSC's approach to addressing the unique and challenging needs of offenders with substantial and severe substance abuse problem.¹¹

The High Intensity Substance Abuse Program model

Given that offenders with the most severe substance abuse problems have a correspondingly higher level

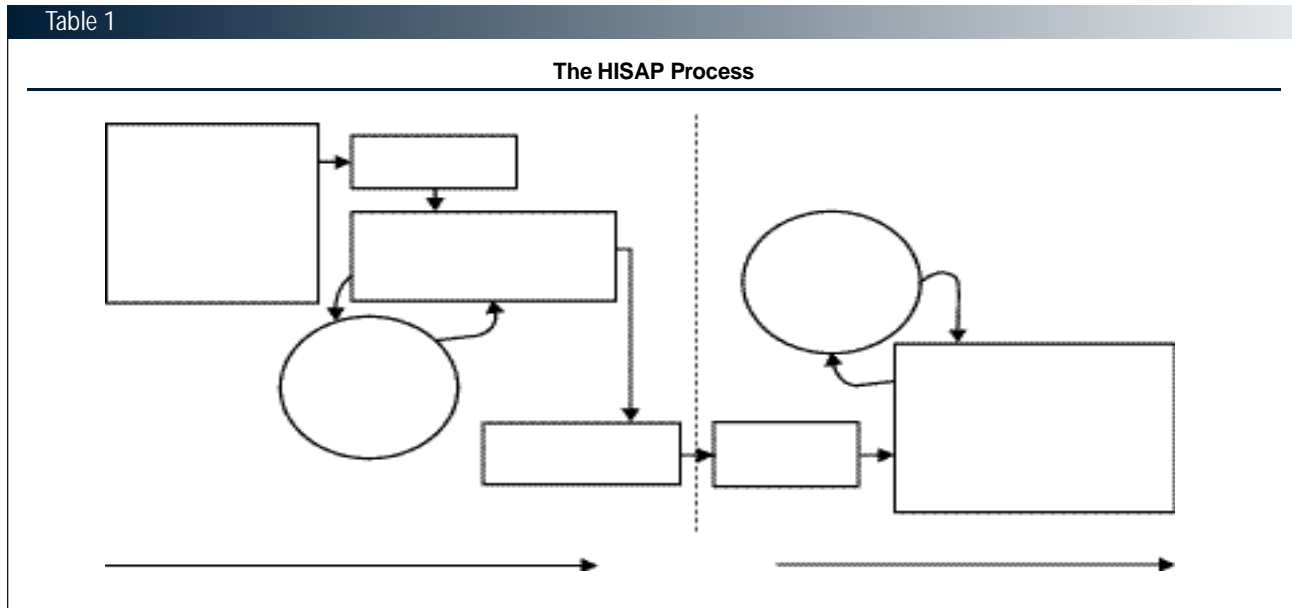
of problems with family, interpersonal relationships, physical health, mental health, leisure, education, employment, and criminality¹² the High Intensity Substance Abuse Program (HISAP) treatment model is correspondingly comprehensive, in terms of skill development and in duration, to assist offenders address problems in these life areas over the long term. The HISAP model also incorporates other existing programs and services to further address changes to their problematic life areas.

The HISAP model places an importance of providing high-need offenders with on-going substance abuse intervention.¹³ Phase one is the intensive phase followed by the second phase of required regular maintenance sessions in preparation for release to the community. The third phase involves community programming and a cascading of required maintenance sessions to warrant expiry.

The program

In the absence of a high-intensity program, high-need substance abusing offenders have been funnelled through OSAPP. Although OSAPP is clearly more effective for moderate level offenders, as demonstrated by their 48% reduction of new convictions as compared to a matched comparison sample, high-need offenders saw a 26% reduction of new convictions.¹⁴ This

Table 1



indicates that the techniques and skills taught in OSAPP might also be applicable for HISAP participants, but perhaps they require a longer continuum to learn and practice the skills required to make and maintain long-term behaviour change.

The HISAP program consists of about 100 two-hour sessions, with about 8 sessions delivered per week, making the program between 4 and 5 months in length. The program's design adheres to CSC's Program Accreditation Standards¹⁵ and the Characteristics of Effective Correctional Programs.¹⁶ For example, the program is based on the social-learning model and consists of cognitive and behavioural techniques designed to teach new skills and attitudes. Guided-learning and interactive instructional techniques, such as role-play, are used extensively throughout the program.

The program is co-facilitated by two Program Delivery Officers, ideally certified as OSAPP facilitators, who have received specialized training in the delivery of HISAP. The program curriculum is 'user friendly' and sufficiently detailed to ease their program preparation and delivery.

Program overview

Module 1: Orientation to the program (10 sessions)

The opening segment includes an overview of the program, establishment of participant and facilitator expectations, and an introduction to specific communication skills that are to be used throughout the program. This is followed by a comprehensive autobiography exercise that provides the participants with a better understanding of themselves and identifies key information to be used later in the program, such as the formulation of their learned behaviour and beliefs. The orientation module also contains formal program pre-testing and the first of several one to one sessions with each offender.

Module 2: Should I change? (16 sessions)

Although severely addicted offenders readily admit to having drug/alcohol problems and the need for help with their substance use problems,¹⁷ they are not necessarily ready to change their behaviour. Therefore, before focusing on teaching of skills, this module is geared toward examining the 'pros' and 'cons' of their past, and future use, to bring them to a commitment to change their behaviour. This module begins with an overview of the change process¹⁸ as well as the participants' reasons for, and obstacles to change, which will be addressed throughout the program. Other information to help them understand their behaviour is examined, including, the establishment of basic drug terms and

pharmacology information, how they developed their addiction, their intentions and expectations of their substance use, and, the identification of risky behaviours that are related to their substance use. The module concludes with a series of personal 'decisional balances' and goal setting.

Module 3: Understanding behaviour (8 sessions)

This module is based on the premise that one must first understand their behaviour before changing it. Therefore, this segment focuses on enhancing the participants' understanding of past behaviour to identify their deficit areas and specific situations that will place them at risk to use in the future. The participants are taught the 'triggers-behavior-consequences' model, how their behaviour was learned, their personal risk factors and their combined effect. The participants are also introduced to a behaviour cycle that uses a 'green-yellow-red' metaphor to map out past behaviour and crime cycles.

Module 4: Behavioural coping (9 sessions)

This module switches gears somewhat as it is the first segment to concentrate on teaching behavioural coping skills. Practical problem solving is seen as an essential skill for the participants to learn for dealing with all aspects of their lives, and therefore, becomes a major theme for the duration of the program. HISAP has adopted the problem solving steps used in the Cognitive Skills Training (CST) program, not only because of their proven effectiveness with offenders, but to create a synergistic effect for the many HISAP offenders who will also take the CST program during their sentence.

Module 5: Cognitive coping (18 sessions)

As the previous module focused on behavioural skills, this module focuses on cognitive coping skills. Seen as a critical module in the program, the participants are led through a very thorough instruction of Rational Emotive Behavioural Therapy (REBT).¹⁹ This module commences with instruction on how thinking influences emotional and interpersonal problems that can trigger substance use and other destructive behavior. The participants identify and change their specific thinking distortions that alter their interpretation of events. The module then goes on to identify, dispute and replace their specific irrational demands they place on themselves, other people, and the world around them. Low frustration tolerance, a common characteristic of substance abusers,²⁰ is also addressed. These 'coping by thinking' strategies will continue to be a main theme throughout the rest of the program and the HISAP process.

Module 6: Relapse prevention (21 sessions)

This module takes the behavioural and cognitive coping skills the participants learned in the previous modules to develop specific relapse prevention plans for themselves. This module begins with an overview of Marlatt's Relapse Prevention model.²¹ It then proceeds through a thorough examination of each major risk category as assessed by the Inventory of Drug Taking Situations (IDTS)²² which include, physical discomfort, unpleasant emotions, pleasant emotions, testing personal control, urges and cravings, conflict with others, social pressure to use, and pleasant times with others. Each session targets a specific risk situation and utilizes problem solving and REBT to develop detailed, concise and realistic plans to cope with each risk situation. Other skills such as assertiveness training, relaxation and communication skills are taught in the appropriate sessions to further develop their coping skills in each risk area. The module also focuses on identifying and addressing criminal triggers and the development of relapse management strategies.

Module 7: Life area planning (15 sessions)

This module has the offenders examine and develop appropriate plans for each life area, including, substance use, work/school, marriage/family, health & fitness, leisure time, legal, financial, mental health and well being, social, cultural/spiritual, and

community reintegration. Their plans will form the 'road maps' they will follow for attaining their goals in each life area.

Module 8: Transition (5 sessions)

The focus of this final module is to prepare the participants for the next steps of the HISAP process and bring closure to the program. For example, the participants will examine the need for, and approach to, upcoming maintenance sessions, the importance of self-help groups, and how to retain and enhance the progress they've made in the program. Formal post testing is administered and a graduation is held.

The co-facilitators conduct post-program interviews with each participant to gather the remaining information that is required for them to determine each participant's progress and to prepare their program final reports.

Future plans

The HISA Program is being piloted twice in each CSC region to finalize the curriculum and implementation guidelines. The program is scheduled to go before the International Program Accreditation Panel in early 2002. Widespread implementation of the HISAP model is planned for the 2002/03 fiscal year. Participant data will be collected from each program for eventual program evaluation and future program revisions. ■

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⁶ Robinson, D., Porporino, F., and Millson, B. 1991. *Patterns of Alcohol & Drug Use Among Federal Offenders As Assessed by the Computerized Lifestyle Screening Instrument*. Research Report R-11, Ottawa, ON: Correctional Service Canada, 27.

⁷ *Task Force on the Reduction of Substance Abuse — Final Report* (1991). Ottawa, ON: Correctional Service Canada, 57.

⁸ Based on substance abuse assessment data from Pacific Region's Regional Reception Assessment Centre for the 2000/2001 fiscal year.

⁹ Millson, W. A., Weekes, J. R., and Lightfoot, L. D. (1995). *The Offender Substance Abuse Pre-Release Program: Analysis of Intermediate and Post-Release Outcomes*. Research Report R-40, Ottawa ON: Correctional Service of Canada.

¹⁰ Weekes, J. R., Millson, W. A., and Lightfoot, L. D. (1995). Factors Influencing the Outcome of Offender Substance Abuse Treatment. *Forum on Correctional Research*, 7(3), 10.

¹¹ As assessed by the *Alcohol Dependence Scale* (ADS), copyright 1984, J. L. Horn, H. A. Skinner, K. Wanberg, and F. M. Foster and the *Alcoholism and Drug Addiction Research Foundation*, Toronto, ON. And the *Drug Abuse Screening Test* (DAST), Copyright 1982 by the *Addiction Research Foundation* and H. A. Skinner.

¹² Langevin, C. M. (1999). *A profile of alcohol-abusing offenders*. Unpublished masters thesis, Carleton University, Ottawa, ON.

¹³ T³ Associates (1999). *An Outcome Evaluation of CSC Substance Abuse Programs: OSAPP, ALTO and Choices — Final Report*. Ottawa, ON: Correctional Service of Canada, 185.

¹⁴ Ibid. T³ Associates (1999), 124.

¹⁵ *Commissioner's Directive — #726* (1999). Management of Correctional Programs. Ottawa, ON: Correctional Service of Canada.

¹⁶ *Management of Correctional Programs, Standard Operating Practices* (1999). Ottawa, ON: Correctional Service of Canada, 5.

¹⁷ *CLAI Awareness Training Package* (1995). Ottawa, ON: Correctional Service of Canada, C-7, C-9, D-3, D-5.

¹⁸ Miller, W. R., and Rollnick, S. I. (1991). *Motivational Interviewing: Preparing people to Change Addictive Behavior*. Guilford Press, 15-19.

¹⁹ Ellis, A., & Velten, E. (1992). *When AA doesn't work for you: Rational steps to quitting alcohol*. Fort Lee, NJ: Barricade Books, 3-15. And see Dryden, W., & DiGiuseppe, R. (1990). *A Primer on Rational-Emotive Therapy*. Champaign, Illinois, Research Press, 3-10.

²⁰ Ellis, A., McNerney, J. F., DiGiuseppe, R. & Yeager, J. (1988). *Rational-Emotive Therapy with Alcoholics and Substance Abusers*, Needheim Heights, MA: Allyn & Bacon, 24-25.

²¹ Marlatt, G. A., & Gordon, J. R. (1985). *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*. New York, NY: Guilford Press, 38.

²² Annis, H. M., & Graham, J. M. (1991). *Inventory of Drug-Taking Situations (IDTS): User's Guide*. Toronto, ON: Addiction research Foundation of Ontario.