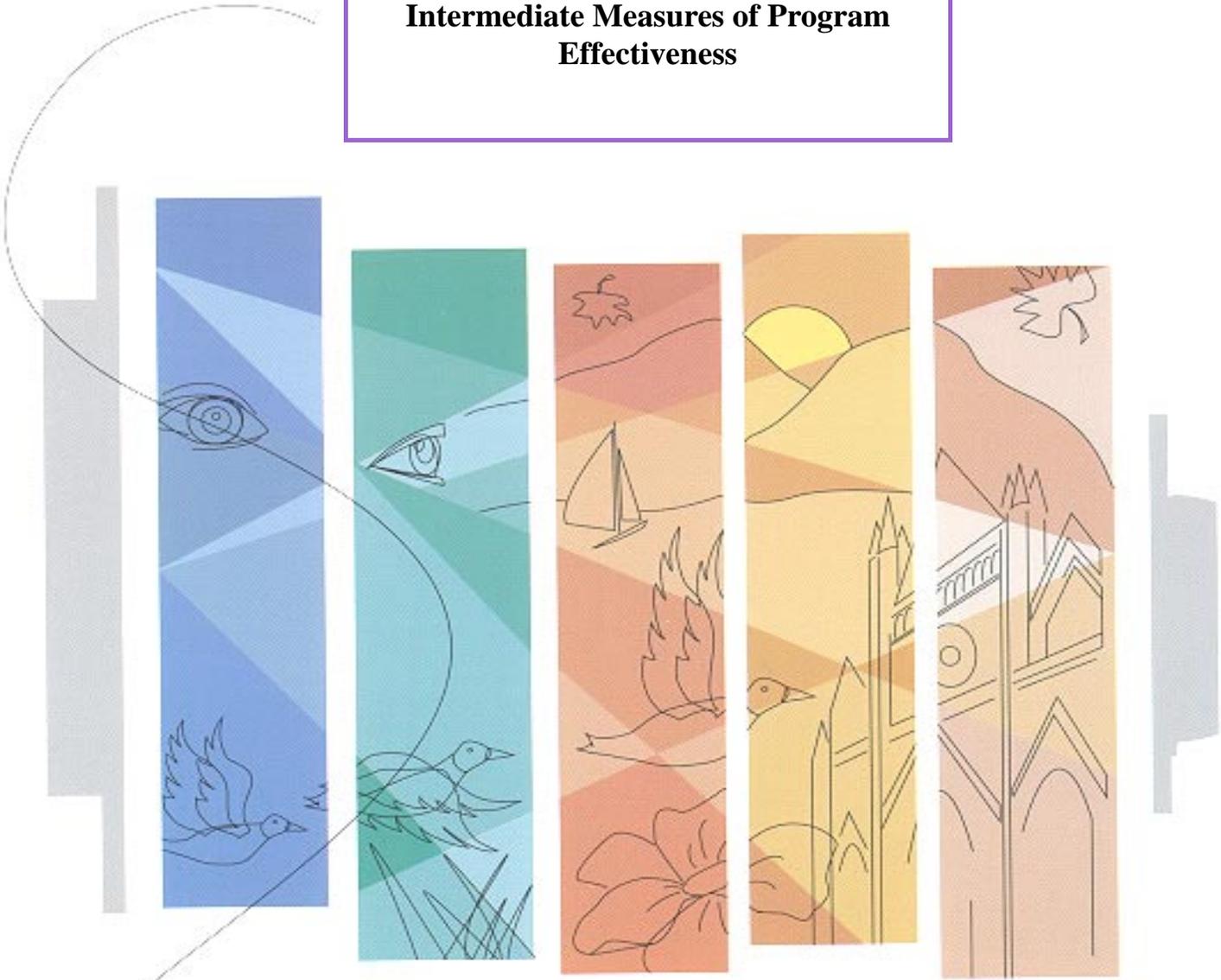




Research Branch
Direction de la recherche

Corporate Development
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**The Native Offender Substance Abuse
Pre-Treatment Program:
Intermediate Measures of Program
Effectiveness**



Native Offender Substance Abuse Pre-Treatment Program: Intermediate Measures of Program Effectiveness

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Executive summary

Native offenders represent over 11% of the offenders incarcerated in Canadian federal institutions (Correctional Service of Canada, 1991). In fact, Native offenders represent more than 38% of the total inmate population in the Prairie region of the Correctional Service of Canada (Vanderburg, Millson, & Weekes, 1994). Recent research has found that substance abuse is a serious criminogenic factor for Native offenders (Vanderburg, et al., 1994). In particular, this research found that although Native offenders did not differ from non-Native offenders in terms of the severity of their drug-taking behaviour, Native offenders evidenced more severe alcohol problems than non-Native offenders.

This report highlights the preliminary results of a substance abuse pre-treatment program designed specifically to meet the needs and concerns of Native offenders. Originally a one year research and development demonstration project, the Native Inmate Substance Abuse Pre-Treatment Project was developed by the National Native Association of Treatment Directors and was jointly sponsored by the Ministry of the Solicitor General, the Department of Justice, Health and Welfare Canada, and the National Native Alcohol and Drug Programs.

A total of 120 offenders from 8 different CSC institutions from across Canada participated in the program. Although alcohol was the major presenting problem for these offenders, over 92% of offenders in the sample had moderate-to-severe substance abuse problems (i.e., drugs or alcohol).

The results from a battery of measures administered before and after the program indicated that there were significant improvements in terms of their knowledge and attitudes toward substance abuse, general problem-solving ability, and recognition of Native cultural factors.

In general, ratings provided by program facilitators suggested that the overwhelming majority of offenders demonstrated improvement on a host of key performance indicators.

The results of this study are somewhat limited in scope due to the fact that it did not include a follow-up of offenders after the completion of the program. Additional data regarding offenders' success in subsequent substance abuse treatment and their performance following release will allow for a more complete analysis of the program's effectiveness.

Introduction

The Correctional Service of Canada currently offers a broad menu of correctional programs to address the identified needs of offenders who have received federal terms of incarceration. A plethora of programs notwithstanding, concern has been expressed over the inappropriate provision of assessments and programming with offenders of different ethnic and cultural backgrounds, specifically, Native offenders (Correctional Service of Canada, 1989).

Unfortunately, few correctional programs are currently available that are culturally sensitive to the concerns, interests, and needs of Native offenders. Moreover, few, if any, programs emphasize Native culture and spirituality in their curricula. Recent research with non-offenders has argued that cultural sensitivity during program design and implementation are critical components of effective treatment intervention for Native people (Renfrey, 1992).

Native Offender Substance Abuse Pre-Treatment Program

The Native Pre-Treatment Program was designed to serve as a pre-treatment or "warm-up" program to orient and prepare Native offenders for subsequent institutional or community-based intervention. Importantly, the program was not intended to serve as a primary intervention program. In its development, the program was premised on several assumptions. First, in researching this program it was believed that many Native offenders are in need of preliminary intervention prior to their involvement in formal substance abuse treatment in order to lower their drop-out rate and to enhance treatment gains.

Second, it was believed that Native offenders often respond negatively to existing correctional programs that they perceive as having been developed primarily for non-Native offenders and that are delivered by non-Native substance abuse counsellors. These two assumptions suggest that Native offenders may be less likely to complete substance abuse treatment. Recent data are in support of this hypothesis. In a study of CSC substance abuse programming, it was found that 61% of Native offenders completed treatment compared with almost 76% of non-Native offenders.

Finally, it was believed that a treatment program that blends established substance abuse treatment modalities with a unique focus on Native culture, spirituality, and other Native needs will enhance treatment readiness and impact positively on offenders' subsequent participation in institutional and community treatment.

The Native Offender Pre-Treatment Substance Abuse Program was developed and delivered by Native substance abuse counsellors and encompassed eight weeks of full-time participation. The program was designed to initiate the participants' exploration of the following target areas:

- Building trusting relationships;
- Changing attitudes that are barriers to recovery;
- Resolving personal grief and anger issues;
- Increased understanding of Native traditions, values, and brotherhood;
- Increased self-esteem;
- Increased understanding of positive and creative (spiritual) energy to work through recovery;
- Basic addiction knowledge;
- Denial and defense mechanisms;
- Assessment and aftercare;
- Group process;
- Building awareness;
- Health and recreation;
- Overview of treatment of program and process;
- Family re-entry;
- Probation/parole issues;
- Employment and education;
- Counselling;
- Life skills.
-

The research strategy reported in this paper focused on three main areas: 1) determination of level of substance abuse severity, 2) measuring pre- to post-program improvement on specific program target areas, and 3) exploring facilitator ratings completed on each participant following the completion of the program. It is important to note that this report focuses attention on an intermediate or pre- to post-program analysis of effectiveness rather post-release follow up analysis. This is due to the fact that completion of the present report followed closely after the completion of the program and, as a result, insufficient time had passed for meaningful post-release information to accumulate. A post-program follow up study of offenders who participated in the present study is currently at the proposal stage.

1) Substance Abuse Severity

Participants' level of substance abuse severity was assessed through the use of three established alcohol and drug screening instruments (i.e., Drug Abuse Screening Test, Alcohol Dependence Scale, Michigan Alcoholism Screening Test).

2) Pre- to Post-Program Improvement

A comprehensive battery of instruments was assembled to assess pre- to post-program improvement in targeted program content areas. The battery included a combination of established measures that are designed to assess various aspects of alcohol and drug knowledge, attitudes and beliefs about substance use, relapse skills and knowledge, problem-solving ability, self-esteem, and response styles. The battery also consisted of a number of experimental measures that were developed by the Research and Statistics Branch to evaluate target areas that were specific to the program but were otherwise unavailable. These included a substance abuse problem recognition scale, an instrument designed to assess participants' orientation towards receiving treatment, and an instrument that was designed to assess participants' recognition of Native culture, beliefs, and spirituality.

3) Facilitator Ratings

Following the completion of the program, facilitators completed a questionnaire on each participant that consisted of questions designed to address the participant's performance in each of the content areas targeted by the program. This instrument consisted of 30 items.

Method

Participants

120 federal offenders (106 men and 14 women) participated in the Native Offender Substance Abuse Pre-Treatment Program offered at the following CSC institutions: Westmorland Institution (15 offenders); La Macaza Institution (10 offenders); Prison For Women (14 offenders); Warkworth Institution (15 offenders); Stony Mountain Institution (14 offenders); Saskatchewan Penitentiary (16 offenders); Drumheller Institution (20 offenders); William Head Institution (16 offenders).

Sixteen offenders (13 men and 3 women) did not complete treatment. Of these, 50% (6 men and 2 women) either quit the program or were dismissed due to their disruptive behaviour. The remainder left the program because they were either released from custody or left to participate in other programs. The participation status of another 15 offenders was not recorded. These offenders were precluded from further analysis.

The final sample consisted of the 89 offenders (85%) who completed the program and the 16 offenders (15%) who did not complete the program.

It should be noted that complete questionnaire data were not available on each program participant. The results presented in this paper reflect analyses that were

conducted on the data that were available. To facilitate clarity of presentation, the varying numbers of participants on which the results were calculated will not be presented.

Alcohol and Drug Severity

The severity of participants' alcohol and drug problems were calculated using the Alcohol Dependence Scale or ADS, the Michigan Alcoholism Screening Test or MAST-10, and the Drug Abuse Screening Test or DAST.

The ADS (Horn, Skinner, Wanberg, & Foster, 1984) is a 25-item scale which assesses severity of alcohol dependence experienced by the individual. ADS scores are formed into 5 levels of dependence: no dependence (score of 0), low dependence (1-3), moderate dependence (13-21), substantial dependence (22-30), and severe alcohol dependence (31-47).

The short form version of the MAST-10 (Cannell & Favazza, 1978) is a 10-item measure of alcohol problems. MAST-10 scores are divided into 5 severity levels: no problem (score of 0), low level problems (1-2), moderate problems (3-5), substantial problems (6-8), and severe problems (9-10).

The DAST (Skinner, 1982) is a 20-item measure which assesses severity of problems associated with the individual's drug use. DAST scores are divided into 5 severity levels: no problem (score of 0), low level problems (1-5), moderate problems (6-10), substantial problems (11-15), and severe problems (16-20).

Procedure

Native offenders volunteered to participate in the Native Offender Substance Abuse Pre-Treatment Program. All screening instruments and questionnaire measures were administered by the program facilitators who had received training regarding the administration of psychometric materials from a clinical research psychologist. Testing sessions were scheduled during the first and last sessions of the program, although the exact scheduling of sessions varied slightly from program to program. Prior to the administration of test materials the rationale for the questionnaires and research component of the program was explained, and participants completed a consent form. Completed data were forwarded by the program facilitators directly to the National Native Association of Treatment Directors, who, in turn, forwarded the data to the Research and Statistics Branch of the Correctional Service of Canada.

Measures

Pre- and Post-Program Assessment Measures

Participants completed a battery of assessment measures during the first session of the program and then again during the final session of the program. These measures were assembled in an attempt to assess the extent to which the program addressed each of the target areas, and, on an individual level, to assess each participant's performance in the program. In some instances, instruments were drawn from the existing substance abuse instruments. In other instances, it was necessary to develop new instruments. In these latter cases, caution must be exercised when interpreting the findings due to the fact that no empirical data exists to support their reliability and validity.

The battery consisted of 13 instruments administered to participants before and after the program. Seven of the measures were drawn and adapted from a battery of substance abuse instruments provided by Gunn, Orenstein, Iverson, and Mullen (1983). These included the Consequences of Alcohol Use Scale (alcohol knowledge), the Consequences of Drug Use Scale (drug knowledge), the How Much Do They Matter? scale (alcohol and drug attitudes), the Using Alcohol Responsibly Scale (responsible drinking), a Relapse Questionnaire (relapse knowledge and attitudes), the Communicating About Substances Scale (communication skills), and the Drinking and Assertiveness Scale (assertion skills).

The battery also included five additional measures: 1) Rosenberg's Self-Esteem Scale or RSE (Rosenberg, 1979), a 10-item measure of self-esteem; 2) the Social Problem-Solving Inventory or SPSI-R (D'Zurilla & Nezu, 1990), a multi-dimensional problem-solving inventory; 3) the Orientation Towards Treatment Scale or OTTS (Weekes & Robinson, 1992b), an experimental instrument consisting of 14 items that attempts to assess the clients' orientation towards receiving intervention; 4) the Substance Abuse Problem Recognition Scale or SAPRS (Robinson & Weekes, 1992), a 14-item experimental instrument that is designed to assess the extent to which respondents recognize that they have an alcohol or drug problem; 5) and the Native Culture and Spirituality Questionnaire or NCSQ (Weekes & Robinson, 1992a), a 31-item experimental instrument that attempts to assess the extent to which respondents recognize the value and meaningfulness of their Native culture, traditions, beliefs, and spirituality.

Response Bias

This study also investigated the extent to which participants' responses were influenced or biased by particular modes of responding or orientations towards responding to questionnaire items (e.g., socially desirable responding). The potential for participants to exhibit response styles was examined using the Balanced Inventory of Desirable Responding or BIDR-40 (Paulhus, 1984). Unlike other social desirability measures, the BIDR yields indices of both internally and externally oriented responding. Moreover, the use of the BIDR with offenders has been recently investigated (Kroner & Weekes, 1992). The BIDR was administered to offenders both before and after the program.

Facilitator Ratings (Post Program)

Following the completion of the program, the program facilitators rated participants' performance using an instrument consisting of 30 questions. For example, facilitators rated participants on items such as, "How severe is this offender's substance abuse problem?", "To what extent did he/she benefit from the program?", etc. All ratings were made using 5-point scales (see Table 2).

Figure 1

Figure 1 Severity of Drug Problems

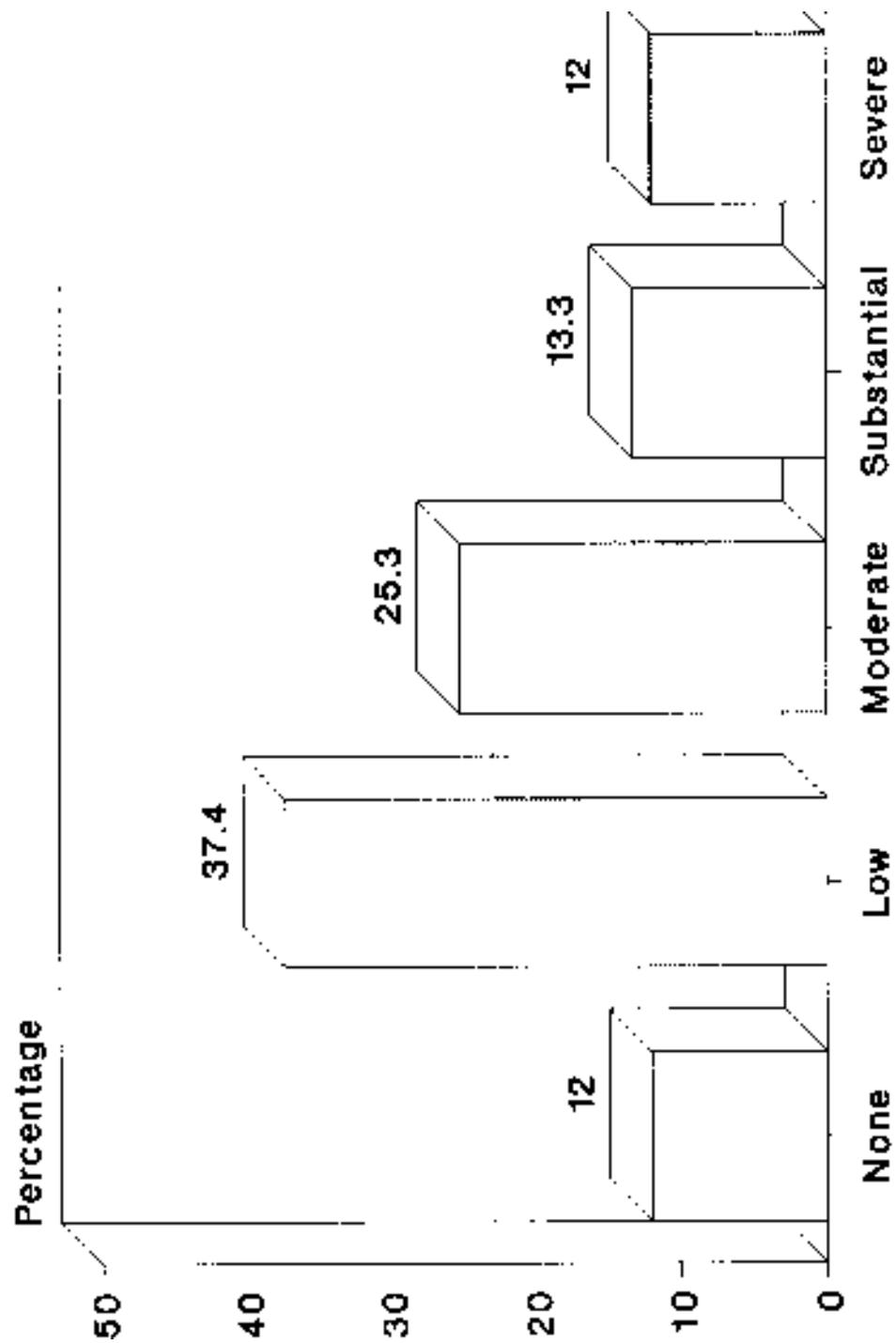


Figure 2

Figure 2 Severity of Alcohol Problems

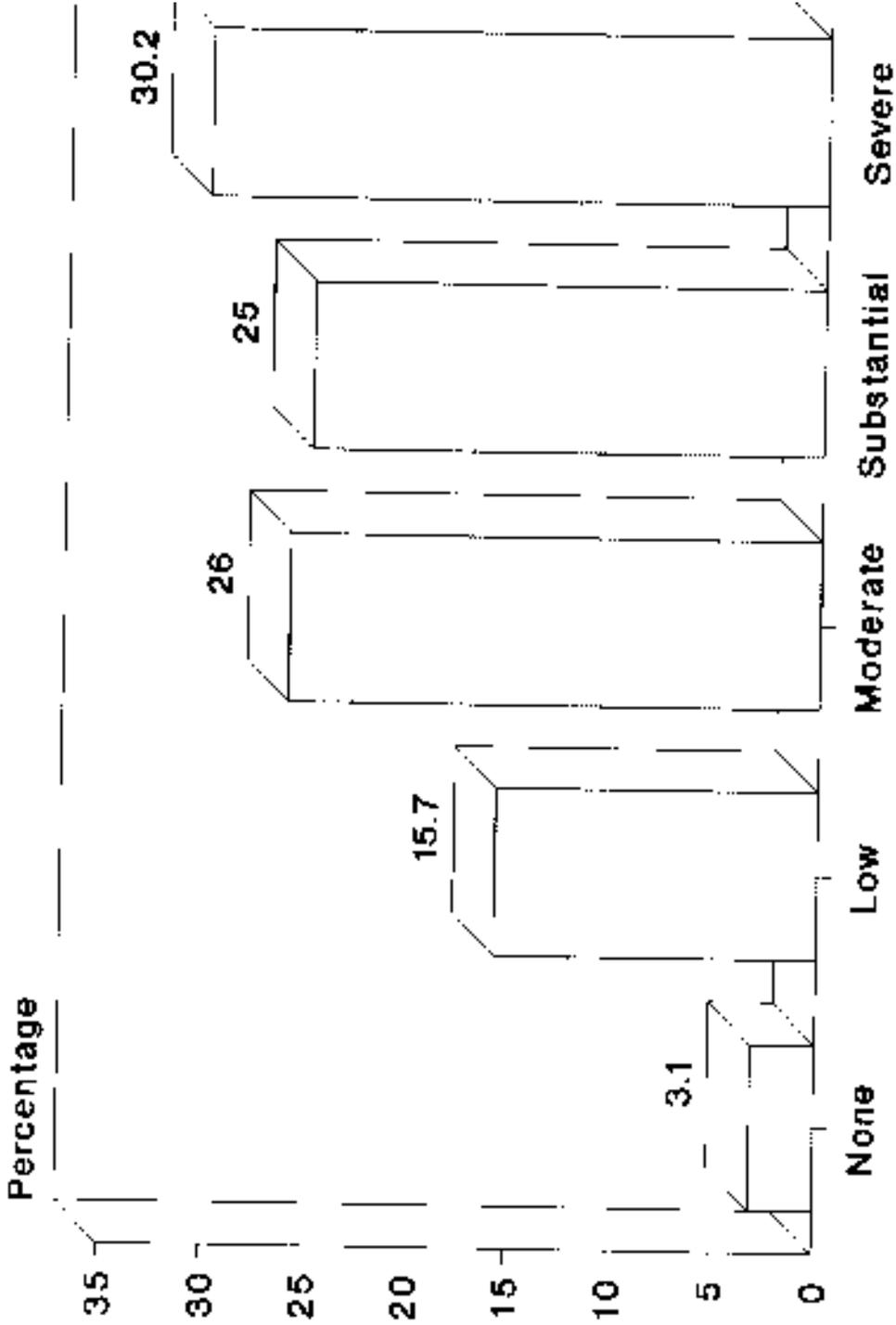
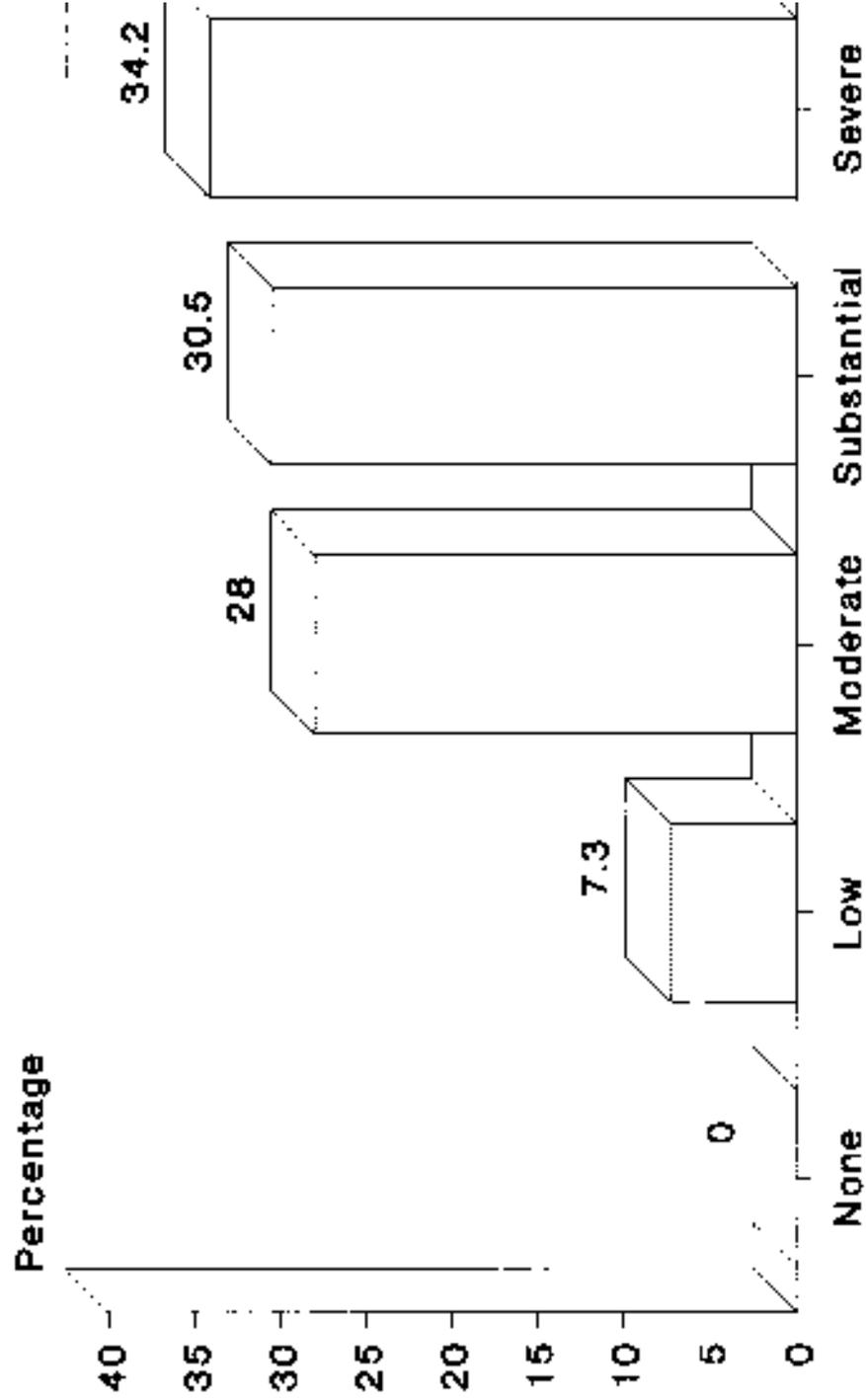


Figure 3
Severity of Substance Abuse Problems
(Combined Drug and Alcohol)



Results

Severity of Substance Abuse

As displayed in Figure 1, the breakdown of drug severity scores were as follows: 12% reported no drug problems (10 offenders), 37.4% reported low level drug problems (31 offenders), 25.3% reported moderate drug problems (21 offenders), 13.3% reported substantial drug problems (11 offenders), and 12% reported severe drug problems (10 offenders).

Figure 2 summarizes the results for alcohol severity when participants' MAST and ADS scores were combined. 3.1% reported no alcohol problem (3 offenders), 15.7% reported low level alcohol problems (15 offenders), 26% reported moderate alcohol problems (25 offenders), 25% reported substantial alcohol problems (24 offenders), and 30.2% reported severe alcohol problems (29 offenders).

Complete substance abuse severity data (drug and alcohol levels) were available for 82 (78.1%) of the offenders in the total sample of program participants (i.e., including offenders who did not complete the program). When participants were categorized according to the highest level of alcohol or drug severity they evidenced during screening, 7.3% of the sample (6 offenders) had low level substance abuse problems, 28.0% (23 offenders) had moderate level problems, 30.5% (25 offenders) had substantial problems, and 34.2% (28 offenders) reported severe drug or alcohol problems (see Figure 3).

Taken together, these findings indicate that almost 51.1% of participants reported drug problems falling in the moderate to severe range (see Figure 1), over 81% of participants reported moderate to severe alcohol problems (see Figure 2). Importantly, when participants' drug and alcohol severity were combined, over 92% of the sample fell in the moderate to severe problem range (see Figure 3). These findings underscore the conclusion that the program was successful in attracting Native offenders who have very serious substance abuse problems and that alcohol was the dominant area of concern.

Pre- to Post-Program Changes

Table 1 summarizes the findings regarding changes in participants' pre-program to post-program functioning on selected target areas. Interestingly, although participants did not demonstrate improvement on a sizable number of dimensions, examination of the mean scores indicated that they did improve on a large number of content areas. With respect to substance abuse content areas, there appeared to be a specific focus on improvements in the area of alcohol. Specifically, there was an

increase in participants' recognition of the extent to which alcohol was problematic for them, an increase in participants' knowledge about the effects of alcohol, and an increase in participants' knowledge and attitudes towards substance abuse relapse. In short, findings regarding improvement suggest that the program appears to have targeted alcohol-related topics rather than substance abuse in general. This pattern may reflect the fact that issues germane to alcohol abuse were emphasized during the program owing to the fact alcohol abuse presented the dominant problem. Close examination of the specific target areas which generated improvement reveals that both participant knowledge and skill-related areas (e.g., relapse and problem-solving) yielded increases.

Consistent with the stated purposes of the program, the present results also revealed improvement in participants' sense of self esteem. Concomitantly, there was a significant lessening of participants' defensiveness when questioned regarding their outlook on becoming involved in treatment.

Finally, participants demonstrated increases in their recognition of the usefulness and meaningfulness of Native beliefs, culture, and spirituality, and the extent to which they recognized the role of traditional cultural factors in their development (e.g., the extent to which they used their Native language during their formative years). In short, as a result of participating in the program, offenders appear to have moved "closer to their roots" in terms of recognizing Native-specific factors and the extent to which these factors have played a role in their upbringing.

Table 1
Pre- and Post-Programs Means

Area assessed	Pre-Program	Post-Program	Sig.
Recognition of drug problem	23.42	24.46	
Recognition of alcohol problem	25.99	27.59	
Self-esteem	27.42	30.80	*
Alcohol knowledge	13.84	14.91	
Drug knowledge	18.02	18.17	*
Alcohol and drug attitudes	58.64	60.27	
Responsible drinking	2.59	2.45	*
Relapse knowledge and attitudes	77.81	81.16	
Communications skills	3.35	3.72	
Assertion skills	5.41	5.34	
Problem solving			*
Problem definition and formulation	11.72	13.28	
Generation of alternative solutions	11.87	12.99	
Decision-making	11.37	13.14	
Solution implementation and verification	12.24	13.11	
Response styles			*
Impression management			
Denial of the undesirable	50.57	48.32	*
Over confident/rigid	49.08	47.71	
	37.45	36.67	*
Orientation towards treatment			*
Recognition of need to change			
Defensiveness	34.38	34.99	
Trust	22.21	23.99	
Openness	16.38	17.09	
	17.05	17.32	
Cultural factors			
Native beliefs, cultural, and spiritually			
Cultural adherence	77.31	81.48	
	18.15	19.47	
Note: * $p < .05$; ** $p < .001$			

A number of our analyses examined the extent to which participants' responses to the questionnaire measures may have been distorted by response biases (e.g., the extent to which questionnaire items may have been answered, either wittingly or unwittingly, in a socially desirable manner). As discussed previously, in order to assess the potential influence of response bias, we used the BIDR (Paulhus, 1984), a recognized measure of socially desirable responding.

Whereas social desirability dimensions were unrelated to offenders' drug severity as measured by the DAST, we found that offenders who were inclined to deny less desirable personal characteristics (a component of self-deception) tended to downplay the extent of their alcohol problems on the ADS. Unfortunately, the research design did not include a post-program assessment of offenders' perceived alcohol problem.

As displayed in Table 1, the three BIDR response style subscales did not change from the pre- to post-program testing periods. However, the relationship between some of the social desirability measures and other questionnaire measures did change.

In general, we found a greater number of significant relationships on the pre-test compared with the post-test - a pattern which suggests that response bias played more of a role prior to offenders' participation in the program. In a number of cases, there were substantial reductions in the extent of the relationship between social desirability dimensions and other questionnaire measures. Specifically, we found that, on post-testing, the extent of the relationship between participants' tendencies towards denying undesirable personal characteristics and measures of defensiveness and trust was considerably weakened compared with pre-testing. Similarly, the relationship between participant overconfidence and rigidity (other components of self-deception) and self-esteem was reduced. Finally, the relationship between impression management and participants' knowledge of drugs was reduced. This finding suggests that on pre-testing, offenders who knew little about the effects of drug use were more likely to be those individuals who were prone to attempt to foster an overly positive impression of themselves, whereas on post-testing, this relationship was virtually extinguished. By the same token, those offenders who initially scored high with respect to the extent of their drug knowledge were less likely to use impression management.

With respect to participants' responses to problem-solving measures, we found a reduction in the relationship between impression management and their ability to define and formulate problems from pre- to post-testing. We also found a reduction in the relationship between over-confidence/rigidity and participants' self-reported ability to implement and verify problem solutions.

On the contrary, however, we found that offenders who reported strong adherence to traditional culture were more likely to be over-confident and somewhat rigid in their

view of themselves on post-testing. This relationship was not found during the pre-testing period.

Although our interpretation of these findings is very preliminary and tentative, the patterns that were unearthed may be clinically meaningful. With the exception of the relationship between the over-confidence/rigidity dimension of social desirability and offenders' self-reported adherence to traditional culture, the findings suggest to us that participants' tendencies towards the use of phenomena such as impression management and self-deception may be affected positively through participation in the program. In short, the reduction in the role and impact of response biases may be indicative of a positive treatment effect.

Facilitator Ratings

To begin with, facilitators' ratings regarding the severity of participants' substance abuse problems corresponded moderately with offender self-report findings generated by the substance abuse screening instruments ($r = .42, p < .0001$).

Little variability was found when facilitators' ratings of participants' performance in the program were examined. As displayed in Table 2, facilitators' responses indicated that the overwhelming majority of participants improved at least to some extent during the program. For instance, almost 99% of participants were rated as having benefited from the program at least to some extent and almost 98% were rated as having been successful in the program at least to some extent. Although these results are very positive regarding the facilitators' impressions of the success of the program participants, the lack of variability in the ratings limits the extent to which we can make use of these data in predicting offenders' future behaviour as well as their performance in future programming. This is particularly important given the fact that 100% of participants were rated as requiring further treatment.

Table 2
Facilitator Ratings (Post-program only)

1. How severe is this offender's substance abuse problem?	Moderate - Severe	9 5.5%
2. How motivated was this offender to participate in the program?	Somewhat-Very Motivated	9 6.6%
3. Overall, to what extent did the offender participate in the program?	Some Extent-Great Extent	9 7.8%
4. To what extent has he/she developed a better understanding of his/her substance abuse problem?	Some Extent-Great Extent	9 4.4%
5. To what extent has this offender increased his/her knowledge of substance abuse?	Some Extent-Great Extent	9 4.4%
6. To what extent his/her trust in others improved?	Some Extent-Great Extent	9 3.3%
7. To what extent has his/her trust in others improved?	Some Extent-Great Extent	9 3.2%
8. To what extent does he/she appear able to build trusting	Somewhat-Very Able	9 4.4%
9. To what extent has he/she dealt with anger?	Some Extent-Great Extent	9 1%
10. To what extent has he/she dealt with grief issues?	Some Extent-Great Extent	8 9.9%
11. To what extent has the offender increased his/her understanding of native traditions, values, and brotherhood?	Some Extent-Great Extent	9 8.9%
12. To what extent has the offender increased his/her understanding of positive and creative (spiritual) energy to work through recovery?	Some Extent-Great Extent	9 8.9%
13. To what extent has the offender developed an ability to work effectively in group-oriented treatment?	Some Extent-Great Extent	9 8.9%
14. To what extent has the offender developed an understanding of the group process?	Some Extent-Great Extent	9 2.2%
15. To what extent has this offender changed attitudes which may be a barrier to recovery?	Some Extent-Great Extent	9 2.1%

16. To what extent the offender reduced his/her level of denial/defensiveness?	Some Extent-Great Extent	8 9.9%
17. To what extent does the offender understand the assessment and aftercare process?	Some Extent-Great Extent	9 7.7%
18. To what extent does the offender recognize substance abuse treatment and the treatment process?	Some Extent-Great Extent	9 7.7%
19. To what extent does the offender recognize the role of health and recreation in the recovery process?	Some Extent-Great Extent	9 6.6%
20. To what extent is the offender prepared to re-enter into his/her familial situation?	Somewhat - Very Prepared	8 6.5%
21. To what extent is the offender prepared to re-enter his/her community?	Somewhat - Very Prepared	8 6.5%
22. To what extent is the offender aware of probation/parole issues?	Somewhat - Very Aware	9 5.5%
23. To what extent does the offender understand the importance of employment and education?	Some Extent-Great Extent	9 7.8%
24. To what extent does the offender recognized the importance of counselling in the recovery process?	Some Extent-Great Extent	9 6.6%
25. To what extent has the offender mastered lifeskills?	Some Extent-Great Extent	8 9.9%
26. How badly does this offender need further treatment?	Some Extent-Great Extent	1 00%
27. How motivated is this offender to participate in further treatment?	Somewhat-Very Motivated	9 6.6%
28. How prepared is the offender to participate in further treatment?	Somewhat - Very Prepared	9 7.3%
29. To what extent did he/she benefit from the program?	Some Extent-Great Extent	9 8.9%
30. Overall, how successful was the offender in this program?	Somewhat-Very Successful	9 7.8%

Discussion

This analysis of intermediate measures of program effectiveness for the Native Offender Substance Abuse Pre-Treatment Program highlights a number of key issues. First, the program was successful in attracting high-need offenders (i.e., offenders with serious substance abuse problems). Importantly, the inclusion of high-need offenders is consistent with current theory (e.g., Andrews, Bonta, & Hoge, 1990) as well as existing CSC policy which emphasizes that programming for high-risk, high-need offenders should be a priority. Second, although the program does not appear to have had a significant impact on drug-related themes, the findings suggest that the program was successful in addressing alcohol-related areas - a prominent criminogenic factor for Native offenders.

It is important to point out that the findings of the present study and their implications are somewhat limited in scope. Specifically, data regarding offenders' successful involvement in substance abuse treatment following the completion of the program were not collected. Given the fact that the primary purpose of the program was to prepare Native offenders for further substance abuse treatment, the complete design for the research model should include an analysis of program participants' involvement and performance in subsequent substance abuse treatment to fully examine the effectiveness of the Native Offender Substance Abuse Pre-Treatment Program. Moreover, the inclusion of these program outcome data would facilitate an analysis of the extent to which the intermediate measures and the facilitator ratings predicted participants' performance in subsequent treatment. In short, the inclusion of these data would round out the research on the effectiveness of this program.

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