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A Meeting of the Minds: Researchers and Practitioners Discuss Key Issues in Corrections-Based Drug Treatment

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research for safer communities

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This report is one of an Urban Institute four-part series on drug treatment in the criminal justice system:

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by Daniel P. Mears, Laura Winterfield, John Hunsaker, Gretchen E. Moore, and Ruth M. White

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A Meeting of the Minds: Researchers and Practitioners Discuss Key Issues in Corrections-Based Drug Treatment
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A Meeting of the Minds: Practitioners and Researchers Discuss Issues in Corrections-Based Treatment

1. INTRODUCTION

According to some estimates, only 61 percent of state correctional facilities provide substance abuse treatment. Despite a significant infusion of federal funds to support residential substance abuse treatment in prisons, the percentage of state prisoners participating in such programs declined from 25 percent in 1991 to 10 percent in 1997. The policy shortfall is clear: Inmates with substance abuse problems may not be receiving the treatment that would reduce their drug problems and criminal behavior.

Why they are not getting treatment remains largely unknown. One possibility is simply a lack of political or correctional interest in providing drug treatment. But an equally plausible explanation is a lack of sufficient funding. In addition, there may be conflicting expectations, systems constraints, and philosophies. These and other possible explanations suggest that there are yet-to-be-specified roles that federal agencies might play to assist the integration of treatment into corrections.

This report emerged from a collaboration between the Urban Institute and the National Institute on Drug Abuse (NIDA), the goal of which was to help identify and address the unique circumstances of the criminal justice environment and the challenges posed by the integration of treatment services and a public health orientation into this environment.

To help achieve this goal, the study, funded by NIDA, included three components: (1) a literature review covering a range of issues pertaining to correctional drug treatment; (2) interviews with practitioners, such as directors of state correctional agencies or programming divisions; and (3) a meeting of researchers and practitioners to discuss issues raised from the literature review and interviews. Both the interviews and the meeting were designed to help bridge the gap between researchers and correctional practitioners and to identify key issues and solutions for which practitioners have unique insight.

For the meeting — the focus of this report — 18 nationally recognized researchers and practitioners met to discuss the following critical dimensions of prison-based drug treatment: (1) screening and assessment; (2) the state of practice of drug treatment programming in prisons, including implementation of and support for treatment; (3) drug treatment effectiveness; and (4) prisoner reentry into society. For each of these dimensions, the participants addressed, through discussions in two informal work groups, the following questions:

- Of the drug abuse treatment research currently available on (dimension 1, 2, 3, or 4), what findings are the most relevant for improving correctional drug treatment?

Meeting of Researchers and Practitioners. On November 29–30, 2001, the Urban Institute and the National Institute on Drug Abuse collaborated, as part of a larger study, to convene a meeting of nationally recognized researchers and practitioners. The goal was to identify critical research gaps and strategies for linking science-based research and prison-based drug treatment. This report summarizes the comments and insights raised during the meeting.

- Are the research findings on (dimension 1, 2, 3, or 4) being integrated into correctional drug policy and practice?
- What steps can be taken to enhance the integration of findings on (dimension 1, 2, 3, or 4) into correctional settings (e.g., innovative partnerships)?
- What are the research gaps on (dimension 1, 2, 3, or 4) that need to be addressed to improve correctional drug treatment?
- Are there general principles about (dimension 1, 2, 3, or 4) that we can use to improve correctional drug treatment?

After meeting separately, the two work groups convened to discuss the results of their meetings. On the afternoon of the second and final day of the meeting, all participants met together to discuss broad-based themes that cut across these different dimensions. Jeremy Travis, Senior Fellow at the Urban Institute, was the moderator for this discussion. The focus was to identify the most critical research gaps on correctional drug treatment, strategies for promoting science-based correctional drug treatment, and principles of effective correctional drug treatment.

This report presents the results of the meeting (participants are listed in the appendix). Specifically, it summarizes how participants answered each of the five questions used to explore the four different dimensions. It then lists the comments and observations made in the afternoon of the second day of the meeting. We have edited comments where doing so clarified the meaning of participants' statements. We also have provided subheadings to help readers follow the general flow of the meeting.

We have attempted to capture the issues and points that the participants made, as opposed to incorporating information from other sources. However, in some areas, we used outside information to flesh out participant comments. For the summary of the individual work group sessions, we recorded information primarily from the group responses to specific questions, as well as from written notes and comments. Because of the group nature of the responses, we have generally not attributed responses to specific individuals. In the general discussion session, we attempted to attribute statements or sentiments to individual participants, while acknowledging that more than one person may have made similar observations. Affiliations of specific individuals are provided in the Appendix. Any misinterpretation of the comments made by particular participants, or misattributions of comments, rests solely with the authors of this report.

2. COMMENTS FROM THE WORKGROUPS ON FOUR DIMENSIONS OF CORRECTIONAL DRUG TREATMENT

a. Screening and Assessment

Of the drug abuse treatment research currently available on *screening and assessment*, what findings are the most relevant for improving correctional drug treatment?

- There is some agreement on valid and reliable assessment instruments, such as the Level of Supervision Inventory-Revised (LSI-R), Addiction Severity Index (ASI), Adult Substance Use Survey (ASUS), and Substance Use History Matrix (SUHM).
- There is wide variation in what instruments are used. Some of the better (more validated and more reliable) instruments are being used in some prisons, but in many they are not.
- Instruments vary in terms of cost-effectiveness, length, technical expertise, and focus area.
- Screening instruments for both risk and needs are not mutually exclusive. Participants noted that instruments can be developed and used to incorporate aspects of both risk and need.
- Participants noted that security concerns typically override assessment recommendations in many systems. That is, because the primary concern is security, placement in treatment will first be dictated by consideration of risk.

Are the research findings on *screening and assessment* being integrated into correctional drug policy and practice?

- No. Research is often not used, or misused and misapplied, in this area. Considerable improvement is needed to integrate screening and assessment findings into policy and practice.

What steps can be taken to enhance the integration of findings on *screening and assessment* into correctional settings (e.g., innovative partnerships)?

- Research should be translated into a uniform, appropriate language. It is important for people in the field to understand the definition of "risk," for example. Currently, "risk" can mean one thing to corrections officers and something else to treatment providers.
- The development of instruments should be a collaborative process. Collaboration adds a sense of ownership to the instrument, thus making it more likely that the instrument will be used effectively and that the results will be shared among practitioners.
- Screening tools should be simple, brief, and usable.
- If assessments are to be conducted and/or taken seriously, there should be appropriate treatment options; otherwise, the effort is futile.
- Curriculum and training should accompany any instrument. The training should be user-friendly, can be in various forms of media, and should be from a reputable organization. With minor intervention, such as video instruction for administrators to use as a teaching tool, the quality of screening and assessment can improve greatly.
- Policymakers should be educated about the importance and cost-effectiveness of screening and assessment instruments for allocating scarce resources effectively.

What are the research gaps on *screening and assessment* that need to be addressed to improve correctional drug treatment?

- There is a lack of distinction between the functions of screening and assessment.
- There is a need for the development and testing of instruments that effectively screen out inappropriate participants for treatment and screen in those who are appropriate.
- Does training or staff qualification affect scoring?
- Does the amount of offender motivation affect the screening and assessment process?
- How are instruments used in the context of developing decisions about treatment matching?
- What different models/algorithms do states use?

Are there general principles about *screening and assessment* that we can use to improve correctional drug treatment?

- There should be a match between assessments and the services that are available.
- Instruments should be usable by any staff member, because often correctional staff with limited time and training will be using them.
- The screening and assessment process should be linked to professional standards, such as American Correctional Association standards.
- Screening and assessing are cost-effective ways to strategize use of resources. This up-front work can save money in the long term.
- Screening and assessment are separate processes, each with an appropriate time, place, and use.
- Good screenings with proper matches into appropriate treatment and good treatment mean a safer prison environment.
- Risk assessment and needs assessment are of equal importance.

b. State of Practice of Prison-Based Drug Treatment

Of the drug abuse treatment research currently available on the *state of practice of drug treatment programming in prisons, including implementation of and support for treatment*, what findings are the most relevant for improving correctional drug treatment?

This was a difficult topic. Researchers in particular do not typically think about how to generate ongoing support for drug treatment in prisons. Participants acknowledged that implementation matters, but, as stated by Bennett Fletcher in the opening presentation, implementation seems to be the current "black box" in treatment programming.

- There must be support for treatment within the correctional community. Without this support, funding for drug treatment is not likely to be sustained over time. In addition, implementation of programs is likely to suffer. Several participants noted that entire programs could be undermined by staff who do not feel the program is appropriate or who do not feel sufficiently compensated or appreciated.
- An important strategy for "selling" drug treatment is to bill it as a public safety/ institutional safety issue and investment.

Are the research findings on the *state of practice of drug treatment programming in prisons, including implementation of and support for treatment*, being integrated into correctional drug policy and practice?

- The Cultural Competence Curriculum reflects some of what research shows is important for program implementation. This curriculum includes the integration of knowledge about individuals and groups into specific standards, policies, and practices used in particular settings to increase the quality of services.
- Another example is the Implementation Workbooks by the National GAINS Center, which can be used for people with co-occurring disorders in the criminal justice system. These workbooks provide step-by-step guidelines and recommendations for implementing programs.
- The Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Improvement Protocols provide practical guidance and information related to substance abuse and treatment programming.
- Lessons from the literature have led many systems to create gender-specific programming. These systems can and should be studied for guidance on how best to implement drug treatment programs and how to ensure that these programs successfully meet the needs of different populations of inmates.
- Treatment can be implemented using a business-like programming model, with standard curriculums and guidelines to reduce variation in program implementation among different sites.
- Some programs have "return interviews" to learn why some inmates return to prison or treatment. ("Why did you fail?" "What could we do to improve the process?") This information is then used to help ensure that appropriate treatment plans are designed and implemented.

What steps can be taken to enhance the integration of findings on the *state of practice of drug treatment programming in prisons, including implementation of and support for treatment*, into correctional settings (e.g., innovative partnerships)?

- The overarching sentiment was that there should be a better understanding of the research findings, presented in different styles for the respective audiences so that each audience can use the information effectively.
- Research summaries are a great way to convey information to practitioners, legislators, and correctional administrators, but these summaries should be tailored for each audience. For example, legislators prefer state comparisons because they can point to other states and suggest that their strategies should

be adopted. A conversation developed regarding how to convey this information and essentially "sell" treatment programming. On one hand, when selling treatment to legislators, it is important not to "oversell," that is, it is important to quantify savings in a valid context. For instance, only a small number of correctional officers and parts of a prison system are affected by treatment programs. On the other hand, there are many facets of positive treatment effects, not just the safety issue, so a program can be "sold" on a variety of levels.

- Partnerships with single-state agencies can help to improve integration of findings through sharing of information and co-sponsoring of pilot programs.
- Many systems can use assistance with technology transfer within programs and between systems, as many systems do not store their data electronically, and most systems do not have centralized, comprehensive, cross-system databases. Integrated databases and systems for transferring information make data more accessible, making it more likely that programs will use the data for more than basic administrative tasks.
- The correctional system environment is critical. The mission of the system can be supportive of treatment or not. Many systems have adapted their mission statement and/or restructured their system to reflect support of drug treatment.

What are the research gaps on the *state of practice of drug treatment programming in prisons, including implementation of and support for treatment*, that need to be addressed to improve correctional drug treatment?

- There is a miscommunication about what constitutes treatment. A clinical definition, perhaps from NIDA, may be helpful.
- There is insufficient methodologically sound documentation on treatment impacts; or such information is not accessible. More well-structured studies that demonstrate the positive impacts of drug treatment are needed.
- There is little guidance on implementation, particularly details about counselor and program characteristics, and racial/cultural issues in staffing and interactions with those in treatment. Staff quality doesn't always refer to credentials, but rather the type of employee who works best in a particular program environment.
- How do we integrate drug treatment across systems? That is, how do we integrate treatment into various points within the criminal justice system, from the criminal justice system to the community, and between different systems such as mental health and substance abuse?
- When do we provide treatment (front-end versus back-end), and what kind of treatment and treatment combinations do we provide throughout a person's time in the criminal justice system?

Are there general principles about the *state of practice of drug treatment programming in prisons, including implementation of and support for treatment*, that we can use to improve correctional drug treatment?

- Treatment should view comorbidity as the rule, not the exception.
- Correctional officers should be part of treatment.
- Security and programs are not competing ideas; they should be thought of as complementary. This approach enables drug treatment to be structured into prison operations in an ongoing and sustained manner, and it increases the likelihood that all correctional staff will support treatment.
- Effective treatment programming requires ongoing support, training, and technical assistance. It is not enough to create a manual. On-site training should be provided to help implement research-based practices.
- Ongoing education/lobbying for support of drug treatment is necessary.

c. Treatment Effectiveness

Of the drug abuse treatment research currently available on *treatment effectiveness*, what findings are the most relevant for improving correctional drug treatment?

- A treatment continuum that matches offender status (risk and need) with the right programming at several points in the system, such as incarceration, work release, and parole, is an effective way to structure treatment programming.
- Duration of treatment is crucial to success. Research has demonstrated that across offender types and treatment modalities, length of time in treatment has a strong impact on treatment success.
- Prison-based treatment alone is ineffective. Treatment must be provided as part of a continuum of care and coupled with other wraparound programs.
- Strategies are needed to enhance motivation and promote engagement in treatment. There are stages of change associated with motivation. Dwayne Simpson pointed out that during the first month, people who come into a drug treatment program often are angry. Consequently, the initial program placement is a critical time to address motivational issues. Ideally, treatment involves slowly moving from the external forces that led to placement in treatment to developing an internal motivation and, subsequently, a formal engagement in drug treatment.
- More problematic individuals need more intensive treatment. Therapeutic communities research from James Inciardi and Drug Abuse Treatment Outcome Studies (DATOS), for example, provides valuable insights and findings about what works for high-risk and high-need populations.
- Punishment alone is counterproductive. At the same time, treatment should not be a substitute for punishment. Within the criminal justice system, the two goals can be complementary.
- Fidelity to model design tends to increase effectiveness.

Are the research findings on *treatment effectiveness* being integrated into correctional drug policy and practice?

- Research on the application of treatment principles is very spotty. We have a lot of information about a few "gold standard" programs but know little about how treatment effectiveness findings are being incorporated into policy and practice with most programs.

What steps can be taken to enhance the integration of findings on *treatment effectiveness* into correctional settings (e.g., innovative partnerships)?

- Study "demonstration institutions" (e.g., prisons that have quality programs within a continuum-of-care model).
- Publicize the success of quality programs and systems. In addition, compare and contrast failures and successes.
- Demonstrate the relationship between program integrity and success. How do diversity in structure and quality of implementation — including training, staff qualifications, physical structure, and philosophical approach — affect program success?
- Generalization and replication of programs must also include the acknowledgement of differences in system philosophies and structures. For example, if a program works well in a medium-security prison that is supportive of treatment, it may not work in a high-security prison that has an overriding punitive orientation.

What are the research gaps on *treatment effectiveness* that need to be addressed to improve correctional drug treatment?

- Methodological studies on research designs in corrections are needed.
- How does segregation impact treatment effectiveness?

- How do the various combinations of rewards and sanctions impact effectiveness? How do we best apply punishments and rewards?
- How do we best match problem level of offender with program level?
- How do staff qualifications affect treatment effectiveness?
- How do training, management, administration, etc., affect treatment effectiveness?
- Is random assignment really necessary for prison/corrections-based research?
- How can we most effectively communicate what we already know?

Are there general principles about *treatment effectiveness* that we can use to improve correctional drug treatment?

- Treatment should be a part of corrections; it should not be an either/or decision.
- Treatment matching should occur at every point of the corrections continuum.
- Treatment should take place in a drug-free environment.
- Treatment should be universally available for every offender who wants or needs it.

d. Prisoner Reentry into Society

Of the drug abuse treatment research currently available on *prisoner reentry*, what findings are the most relevant for improving correctional drug treatment?

- Motivational readiness research by Texas Christian University has provided a strong foundation for understanding the role of readiness and coercion in affecting both treatment effectiveness and the process of successful reentry.
- McKnight has done relevant work regarding reconnecting disenfranchised people with communities and building communities.
- The process of reentry is different for women than it is for men.
- The programs that work for women are not always the same as those that work for men.
- The passive model of treatment does not work. A successful continuum of treatment should involve incentives, sanctions, and active engagement.
- Proactive, community-based treatment is needed, especially for ex-offenders with co-occurring disorders, such as mental health and drug abuse problems.
- DATOS studies have revealed new research on the effectiveness of different sequences of treatment.

Are the research findings on *prisoner reentry* being integrated into correctional drug policy and practice?

- Some states are experimenting with different reentry programs and processes, some of which incorporate current research.
- Key components of drug courts have been established. Can this information be applied to parole and probation?
- Lessons learned from the welfare-to-work literature can and have been incorporated into some reentry programs and processes, particularly research about building life skills, creating partnerships and links, and

incorporating other services such as child care and housing.

- The contingency management literature identifies promising, effective techniques to enhance motivation among substance abusers. Contingency management is a scientifically based process of providing incentives for abstaining from drug abuse.

What steps can be taken to enhance the integration of findings on *prisoner reentry* into correctional settings (e.g., innovative partnerships)?

- We can learn from other programs, when applicable. Within reason, we should be able to incorporate lessons learned from the drug court literature such as information about effective sanctioning processes and steps.
- The peer review and institutional review board (IRB) processes can be improved to help facilitate the translation of scientific methodologies into the field of practice. IRBs typically do not allow studies that involve coercion and random assignments. One option is to alter the peer review process to address some of these difficulties. Alternatively, researchers can try to employ more advanced techniques for accommodating less-than-ideal research designs.
- In an effort to assist "boundary spanning," mandates for between-system collaborations and/or incentives for partnerships can be employed.
- The organizational mission can be a powerful statement that sets the tone for the organization. A shift in the mission of correctional departments to adopt an acceptance of both safety and service can represent an important step toward organizational change.
- A national voice from NIDA can provide a central message and the leadership needed to push research further and incorporate research into practice.

What are the research gaps on *prisoner reentry* that need to be addressed to improve correctional drug treatment?

- The idea of "prisoner reentry" should be expanded to include the wide range of transitional experiences, including from prison to home, from prison treatment program to prison, and from home back into prison and/or treatment. We need more research in each area of transition.
- There are research gaps related to women and child custody and how these relationships are affected by the prison-to-society transition of ex-offenders.
- There are many gaps related to the organizational structure of the reentry process, including the process, procedures, plans, linkages, time periods, treatment combinations, and timing of delivery.
  - What happens when a person moves from one environment to another, with a different orientation in philosophy and goals?
  - Organizationally, how do systems with competing goals and interests interact?
  - What is and should be the hierarchy of interventions? What areas should be focused on first, and how should various needs be sequenced (e.g., education, job, housing, health care, etc.)?
  - How do we provide linkages to the variety of communities to which prisoners return? Who is in charge of these linkages?
- More research is needed on failure — how people react to both positive and negative sanctions, why they fail, and how they respond to the failure.
- There is not much research on parole and drug treatment. Proposition 36 in California, which became effective July 1, 2001, will have a significant impact on California's parole system and could be a prime research target. It will divert many parolees who commit nonviolent drug-related violations into supervised treatment programs instead of returning them to prison.
- There is some research on measuring community impact and the effect of reentry on

communities, but more is needed. Questions include the following:

  - What effect do prison and reentry have on the family?
  - What does concentrated reentry do to a disadvantaged community? Are the ex-offenders welcomed back? How does community reception affect the person returning to the community?
  - How does an ex-offender regain legitimacy? How does he or she react to the transition from structure to no structure, or dependence to independence, overnight?

- There is some work on the role of motivation (e.g., Texas Christian University's Treatment Readiness research), but more is needed.

Are there general principles about *prisoner reentry* that we can use to improve correctional drug treatment?

- Provide a continuum of care, which is critical, with immediate care representing a key component.

- Give the offender as many "advantages" as possible: Start Medicaid paperwork before a person leaves prison, complete education programs while in prison, begin making the link to jobs and housing while in prison.

- Pay more attention to programs that target special populations, such as sex offenders, that have different reentry needs.

- Ensure a rational plan for comprehensive, balanced, well-sequenced treatment.

- Ensure active engagement, which is critical to effective prisoner reentry.

- Adopt an "investment strategy," focusing on the idea that aftercare and good transitional services are "insurance" on the "investment" of treatment.

3. COMMENTS FROM THE GENERAL SESSION

During the afternoon of the second day of the meeting, Jeremy Travis led a general group discussion about research gaps, strategies, and the principles of drug treatment programming. The discussion began with Travis asking the participants to contemplate and discuss three questions:

- In your work, in what area of practice do you feel the strongest need for integration of research into practice?

- If you could ask NIDA (assuming resources were no object) to answer one critical research question, what would it be?

- What are the best strategies for moving the field of practice forward to incorporate the best available scientific research?

Mr. Travis identified three people who work in correctional settings to start the conversation: Gary Field, Mark Gornik, and Beth Weinman. Their answers provided the basis for the general discussion among all participants. This lively conversation covered many dimensions, some of which were covered in the group sessions and some of which were not. The participants' comments are summarized below. Where possible, we have identified the source of each comment and retained the informal language that was a key feature of the dialogue.

a. Research Gaps

- James Inciardi noted that, first and foremost, we need to get a handle on the state of practice. We need to know what kinds and levels of treatment are being provided, who is receiving what treatment, who is not receiving treatment, and why. Another participant stated that the current research is not asking the right questions. Gary Field reminded everyone that some systems use an institution-by-institution treatment approach while other systems use a "systems method." In defining treatment, we need to reframe the question and look at treatment from these two perspectives.

- Jeremy Travis suggested that we should look at national or state treatment as a moving snapshot, like a movie, and the endpoint is the return to community. Along the way, we can try to quantify what happens and when.

- Duane McBride raised a question that many participants viewed as absolutely critical: "Within corrections, when is the best time to treat inmates: Front end? Back end? Is one way more cost-effective? And in what sequence? We know that people are in prison for a period of time and systems have different ways of structuring service and treatment plans."

- Chris Innes talked about a federal prison pilot program that uses the "front-end" method. Eligible inmates include those who are under 30, first-time prisoners, and classified as at least medium security. The centerpiece of the program involves addressing criminal thinking and lifestyle issues from a cognitive-behavioral orientation. Inmates are assigned to the program as they arrive. The program starts immediately upon entry into the unit and lasts nine months, in a half-day, everyday format. Researchers examined the impact of the program on the conduct of the inmates after they left the program. Inmates who went into the program had a 24 percent lower misconduct rate the year after they left the program (including those people who were discharged from the program before completing it). Inmates who graduated from the program had a 55 percent lower misconduct rate, and those who were "highly motivated" had a 75 percent lower misconduct rate. The Bureau of Prisons is interested in this kind of research because it provides clear evidence that programming in a high-risk population has an impact on prison management. As a result, programs can save prison systems money in medical expenses and various reactive control efforts.

- Chris Innes emphasized that in "selling" treatment, it is critical to remember that better management of the institution is the topic that is most important to correctional administrators.

- John Miles discussed a case management program in Massachusetts (Hampton County Jail). In that program, discharge planning occurs at intake, and inmates participate in deciding on what in-facility programs they will join in order to enhance release outcomes. Outcomes so far include lower rates of smoking and lower rates of return to the facility. Miles stated: "I think that it is beginning to show that some of the front-end things can make a difference." Research on this kind of program is needed.

- Several participants raised the topic of coercion and drug treatment. What is the role of coercion within drug treatment in correctional settings? We do not know a lot about incentives and sanctions and how they work.
  - Gary Field observed that if we know how or what kind of coercion works, the department of corrections could set up standardized curricula for stages of treatment. Michael Prendergast warned that we must be careful not to inappropriately generalize findings about incentives and sanctions from one setting to another.
  - Chris Geiger asked, "What do coerced or nonvoluntary participants do to the treatment setting? Is there a certain proportion of coerced participants that can be included in certain types of programs before the program reaches the 'tipping point'?"
  - Michael Prendergast stated that we should not assume that just because someone is "mandated" or "coerced" into a program, he or she does not want to be there. Often, the person adversely reacts to the fact of the mandate, that is, being sent to a specific program under specific conditions.
  - Faye Taxman raised the issue of procedural justice, which is another important part of treatment and coercion: How do offenders feel that they are being treated? Do they feel that they are being treated with fairness and respect? What are their expectations of the system?
  - Steve Belenko stated that there is a difference between actual coercion and the perception of coercion. Often, those who perceive negative consequences associated with leaving will stay in a program longer, regardless of what the reality is. Jeremy Travis and others noted that this kind of information can have direct implications for program administration.

- What is the relationship between staff and those in treatment? Does staff affect treatment outcomes? Do criminal attributes have an effect on staff over time? Do staff problems stem from a skill or an attribute problem? Mark Gornik pointed out that we have spent money on training and skills-related education. But, he asked, are staff problems sometimes an attitude problem? Should we look for the right "profiles" of people when hiring staff?

- We need more research on co-occurring disorders. Gary Field and others said that this area is poorly defined and that we currently have poor measures of the number of persons with mental illness in prisons.

- We need to broaden the study of modalities. We know a lot about therapeutic communities, but very little about the efficacy of other programs and program combinations. Gary Field questioned the efficacy of 12-step programs.

- Beth Weinman raised the question, "Who are the people for whom treatment does not work, and how can we address their needs (e.g., inmates with learning disabilities)?"

- We need a stronger research base on continuing care and aftercare. This sentiment was supported by all participants.

- Steve Belenko and others noted that there is a lack of strong economic analysis of drug treatment, looking at allocated resources, intervention models, etc. This kind of research can speak directly to the needs and concerns of legislators.

- Treatment matching: Is the right person in the right program? Who benefits most from which modality? Definitive research on matching would help increase efficiency and treatment effectiveness. Janet Wood suggested an end product that may be a 2x2 or 3x3 matrix, with treatment intensity on the x-axis and supervision intensity on the y-axis. This one-page document would include characterization and classifications of offenders and efficacious models at different levels, perhaps low, medium, and high treatment. Another matrix would capture the same information and apply it to aftercare. It would match treatment intensity and supervision intensity with the best models for aftercare, including wraparound and transition to/from agencies. Mark Gornik concurred and stated that this is an opportunity to move from the old classification system to a new system that integrates supervision and treatment.

b. Strategies for Promoting Science-Based Correctional Drug Treatment

- Participants agreed that the issue of promoting science-based correctional drug treatment is difficult. It includes variables such as political agendas, individual personalities, social support, current research, and financial support, to name a few. As Mark Gornik stated, "Research has given us many sound principles and evidence-based results. However, putting these principles into place is more problematic."

- Several participants stated that a good starting point would be to commission a research project to quickly take a valid inventory on the state of practice and develop consensus definitions of various treatment terms.

- Gary Field and others stated that we need to do a better job of screening and assessing. In the process, we should raise the importance of the needs assessment to the level of the risk assessment profile.

- Duane McBride and others stated that we need in-depth research on systems, not just stand-alone programs, that have good screening and assessment processes and provide a range of services and good matching. Studies of these systems might provide important insights about encouraging science-based correctional drug treatment.

- Elaine Abraham raised the issue of using comparative implementation timelines to promote quality control. She and her organization are designing a prototype database that may help to address this gap in knowledge. This will be a national database and instrument for program administrators to

use. They will be able to enter information about their program, focusing on implementation and program quality, and then compare their program with other programs in the country at different points in time.

- A roadblock still exists in many systems between "treatment" and "supervision." An "us versus them" orientation still permeates many systems. The attitude toward treatment will not advance until some of these barriers come down. Judge Hora, Gary Field, and others agreed that custody and treatment can be blended in a more strategic way. Currently, there is an opportunity to develop a common language and define strategies for promoting and sustaining drug treatment in prisons. The development of strategies to speak to these issues could help to advance thinking on correctional drug treatment.

- There is also a roadblock between "research" and "practice." Roger Peters suggested that one example of strategies for integrating different kinds of research is the Clinical Trials Network (CTN). The CTN consists of research groups working with community-based treatment programs and developing partnerships with corrections and treatment agencies in an effort to help move research to the field of actual practice. Roger Peters suggested forming active partnerships between research and practitioner associations. Michael Prendergast advised that we should learn lessons from attempts at similar collaborations during the 1970s and later during the early 1990s via Project Reform and Project Recovery. Another suggestion, by Beth Weinman, was to bring back the research and practitioner articles, such as the monographs that NIDA used to produce. These articles should be written by researchers and practitioners together. Finally, Faye Taxman suggested that perhaps NIDA could create a portfolio dedicated to criminal justice issues with easy-to-read, digestible updates.

- Mark Gornik suggested that, when "selling" correctional drug treatment, the approach should be *role specific* and have *value* to the person or group that is being addressed. We should start with self-centered incentives, such as cost-benefit analysis for legislators or prison management incentives for wardens.

- Gary Field noted that if we learn more about incentives and have a clear, evidence-based foundation of how incentives work, this may help to change sentencing policy and change the way we think about diversionary programs, proper placement, and movement through the system.

- We can learn from the Canadian system, which has adopted a mission statement and rehabilitative view of prison and other correctional settings. As Brian Grant stated, "You want to return someone to the community who is a more effective participant. The community must realize that what they put into their correctional system is what they get back." In addition to this rehabilitative orientation, the Canadian system has designed levels of programming corresponding to intensity of problem. During the time of incarceration, an inmate is expected to participate in certain programs, and a correctional treatment plan is drawn upon entry into prison. All programs are available at all levels of security. Finally, Canada requires that both the head of corrections and the head of the national justice system formally agree to incorporate treatment practices into prisons. As a result, when the people in these positions rotate, there is a greater likelihood of continuous support for drug treatment.

c. General Principles of Effective Correctional Drug Treatment

- The definition of treatment programming in prison should automatically include the transition into society (i.e., reentry) and post-release aftercare.

- Custody and treatment should not be viewed as mutually exclusive.

- Treatment must address the stages of change.

- Substance abuse treatment involves more than just treating substance abuse; it in-

volves addressing lifestyle, education, violence, etc.

- Correctional treatment should be viewed within the context of a need for overall system reform that addresses such dimensions as screening and referral processes, transfer of information, delivering treatment and monitoring progress, wraparound, cooperative agreements, and continuity of care, as well as reentry.

4. CONCLUSION

Two overriding themes emerged from the meeting of practitioners and researchers. The first was that research in the area of correctional drug treatment is nominal at best. There is, for example, a need for considerably more research on the critical question of "what works" (i.e., which drug treatment programs work best, for whom, and at what cost). Just as important, there is a considerable need for research that addresses nuts-and-bolts issues concerning science-based instruments and programs, including their appropriate implementation and use. These issues are even more pressing in a context in which increasingly more prisoners are released from state prisons, frequently without having their drug abuse/addiction needs addressed and without any systematic aftercare.

The second overriding theme from the meeting was that much can be done both to address the current research gaps on drug treatment within the correctional system and to promote science-based drug treatment in prisons. The latter will require greater attention to identifying core principles that underlie effective prison-based drug treatment. It also will require developing strategies for ensuring that future scientific work directly informs correctional programming.

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