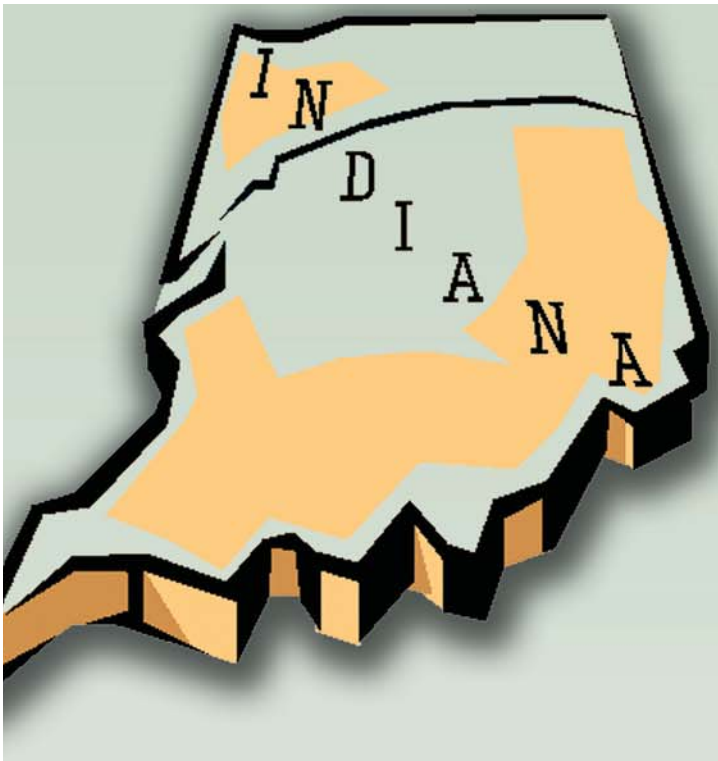

The Indian To the Methan

By Jerry Vance and Mick A. Schoenradt

The state of Indiana has been significantly impacted by the manufacture, sale and abuse of methamphetamine, as have many states across the country. In 2004, Indiana ranked third in the country for meth lab seizures with 1,113. According to Indiana State Police reports, meth lab seizures in Indiana rose by 3,500 percent between 1994 and 2004.

The cost of methamphetamine manufacturing and addiction to individuals, families and society is staggering. Methamphetamine is estimated to cost the state of Indiana more than $100 million annually through societal impacts such as health care, the criminal justice system and lost productivity. The number of adult offenders incarcerated in the Indiana Department of Correction for dealing or possession of methamphetamine/cocaine increased by 34 percent from 2000 to 2004. Drug laboratory arrests made by the Indiana State Police alone increased from 465 arrests in 2001 to 961 in 2003, amounting to a 100 percent increase in just two years. According to the Division of Children's Services, in some parts of the state, nearly 40 percent of the children who came to the Children in Need of Services system were removed from methamphetamine-contaminated houses.

Addressing the Issue

In 2005, Gov. Mitch Daniels determined that managing the methamphetamine problem in Indiana would require an aggressive approach from a variety of fronts. Many of the approaches to managing the methamphetamine epidemic had relied solely on law enforcement. While law enforcement agencies continued to actively confront the issues, an increasing number of offenders entered the criminal justice system in need of treatment for methamphetamine abuse and dependence. In an effort to more actively manage this population, the DOC has developed a specialized intensive substance abuse treatment program for incarcerated methamphetamine abusers called CLIFF: Clean Living is Freedom Forever. Participants are housed separately from the general population to help them focus on their treatment.

The first residential CLIFF unit opened April 11, 2005, at the Miami Correctional Facility. The program is located in a housing unit that holds 204 male offenders. The second CLIFF unit opened June 9, 2005, at the Wabash Valley Correctional Facility and houses 200 male offenders. The third CLIFF unit opened Sept. 1, 2005, at the Rockville Correctional Facility and houses 100 female offenders.

Program Participants

The offenders participating in the CLIFF units are identified as methamphetamine abusers and voluntarily choose to enter these programs. The core part of the intensive treatment component lasts approximately six to nine months. Offenders remain in the CLIFF program after completing the core treatment component and continue to participate in recovery activities, serving as mentors and senior members. The women's CLIFF unit is structured the same as the men's units; however, gender-specific treatment material is added to the program.

These three units were designed as modified therapeutic communities. While treatment focuses heavily on addictions, there is a strong emphasis on changing criminal thinking and behavior. The unit staff members engage offenders in up to 15 hours of therapeutic activities per day, seven days a week. These activities include psychoeducational groups, process groups, methamphetamine addiction education, life-skills training, community meetings, support groups and recreational services. The focus of the treatment is to provide offenders with the tools necessary to change their thinking and behavior, resulting in opportunities to develop and maintain a clean and sober lifestyle.

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To develop the modified therapeutic community structure, the Therapeutic Community Curriculum Trainers Manual developed by the Substance Abuse and Mental Health Services Administration (SAMHSA)[1] was used as the model. Offenders in the CLIFF units are segregated from general population offenders as much as possible. They participate in recreation, meals and movement segregated from the rest of the facilities' offenders. There is some mixing of the populations for activities where separation is not feasible, such as religious services. Maintaining this separation is critical to the successful operation of an in-prison therapeutic community.

Staffing

All three CLIFF units use dedicated custody staff. The correctional officers who staff these units have expressed an interest in working in these specialized programs, which is critical in maintaining program consistency and integrity. A training module was developed using segments of the Therapeutic Community Curriculum Trainers Manual to help educate the officers on the overall structure and functioning of an in-prison therapeutic community. This training module includes basic addictions information, education regarding program goals, and the roles of staff and the offender population as it relates to the functioning of the community. Training also provides information regarding understanding and promoting pro-social behaviors and acting as a role model. After using the training modules, the officers must successfully pass a test to demonstrate retention of the information. This training has clearly helped new officers better understand and adapt to working in a prison therapeutic community, and it has helped with maintaining program consistency.

In addition, some CLIFF officers also provide programming, including overseeing the morning community meetings, providing substance abuse education and conducting life-skills training. The use of CLIFF correctional staff to provide programming, as well as operate as role models, helps to support the therapeutic environment on the CLIFF units.

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Admission

Offenders must meet specific admission criteria to be eligible for the CLIFF units. They must be substance abusers with a significant history of methamphetamine abuse and must be within 14 to 36 months from release. They also must be free from major discipline issues and have no significant history of violence within the past year. Offenders who are more than 36 months from release will be considered for the programs if they can provide documentation that the judge is willing to consider a modification of the sentence if substance abuse treatment is completed. All CLIFF participants must agree to sign a contract stating that they will adhere to all program rules and guidelines.

Program Components

Research-based best practices material is used throughout the programs. It is well-known that when treating an addicted offender population, addressing the addiction alone is ineffective; the offender's criminal thinking and behavior must also be addressed. The CLIFF unit core curriculum includes Stanton Samenow's Commitment to Change program,[2] 12 steps of Crystal Methamphetamine Anonymous, and the Matrix Model Therapy,[3] which are all designed to focus specifically on methamphetamine addiction. In addition, material from the Federal Bureau of Prisons Substance Abuse Program is used. The Straight Ahead Program[4] developed by the Texas Christian University Institute of Behavioral Research is a core part of the relapse prevention phase of the program. The Rockville Correctional Facility CLIFF unit has added the Helping Women Recover program[5] as part of the curriculum to help better address women's specific issues.

There are three phases to the program: orientation, treatment and reentry. During the orientation phase, offenders gain an understanding of the basic functioning and benefits of a modified therapeutic community and the need to actively participate in all aspects of the program. They obtain knowledge of the negative impacts of addiction, specifically methamphetamine addiction. Treatment begins the process of identifying how chemical dependency has specific negative impacts on their life. By the end of the orientation phase, offenders have developed a motivational level necessary to begin work in the treatment phase of the program.

During the treatment phase, offenders actively participate in all therapeutic activities. They continue to identify how substance abuse has negatively impacted their lives and the lives of those around them. Offenders identify how their thinking patterns and resulting behaviors have directly contributed to their addiction. Offenders begin developing more pro-social attitudes, values and thoughts, and begin developing and practicing behaviors necessary for a clean lifestyle.

During the reentry phase, offenders continue to participate actively in all therapeutic activities. They gain knowledge and understanding of their thoughts and behaviors that contribute to relapse into substance use and other criminal behaviors. Offenders continue emphasizing elements of the treatment phase and create an individualized relapse prevention plan, identifying community resources necessary for a clean and crime-free lifestyle.

Once offenders complete the core program, they are encouraged to remain on the unit as senior members and mentors and are strongly discouraged from returning to a general population unit. The goal is for them to remain as active community members who are continuing to work on their recovery until they transfer to a minimum-security work camp, enter work release or reenter the community. As of Oct. 31, 646 offenders had graduated from the Miami CLIFF unit, with 488 being released from the facility back to the community. The Wabash Valley CLIFF unit has graduated 611 offenders, with 476 being returned to the community, and the Rockville Correctional Facility CLIFF unit has graduated 267 offenders, with 196 being returned to the community.

Measuring Success

DOC officials believe examining program outcomes of the CLIFF units is critical, and numerous outcome measurements are currently being used. The DOC's Substance Abuse Division currently uses testing instruments developed by Texas Christian University Institute of Behavioral Research, including the client evaluation of self at intake (CESI) and the client evaluation of self and treatment (CEST).[6] These tests have been normed on offender populations and are designed to be given at the beginning of treatment and after treatment interventions have occurred. CLIFF participants are given the CESI upon entry to the program and the CEST once they complete the core program. The tests measure criminal thinking scales, including entitlement, power orientation, cold heartedness, criminal rationalization and personal responsibility. Clearly, these are criminogenic factors that can lead to relapse as well as reincarceration. The DOC has provided these test results to the Texas Christian University Institute of Behavioral Research, and its preliminary results indicate that the CLIFF units are having a positive impact on the participants' criminal thinking. The formal results are being finalized and will be available in the summer of 2009.

The DOC Research and Planning Division studied recidivism rates of CLIFF graduates and found their recidivism rate is approximately half the rate of offenders who did not participate in the program and who were released in similar time frames. The Research and Planning Division also tracked conduct reports on the CLIFF units as compared with general population units at the same facilities and found conduct violations per 100 offenders are drastically below that of general population housing units. From July 2007 to July 2008, offenders housed in CLIFF units were on average four times less likely to be disciplined for a conduct violation when compared with similar housing units at the same facilities. The DOC intends to track all graduates for three years after their reentry to society.

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In addition, the DOC's Substance Abuse Division, in collaboration with the Research and Planning Division, conducted a recidivism study in April 2008[7] of 56 CLIFF graduates who were released and then returned to the DOC due to parole violations or new charges. The survey looked at indicators such as housing, jobs, counseling, support group attendance and drug usage. Though the sample size was small, the results were quite telling. Of the 56 surveyed, 45 percent were unemployed or employed part time, and 75 percent of those who were reincarcerated had returned to drug use prior to returning to prison/jail. More than 67 percent were not attending any follow up counseling, and more than 66 percent were not attending any support groups. In addition, 45.7 percent were reincarcerated due to polysubstance use, 14.3 percent due to methamphetamine use, 14.3 percent due to cocaine or crack use, and 12.9 percent due to amphetamine use. More than 65 percent of the returning offenders were under the age of 35.

The results of this study have been provided to all CLIFF program directors and line staff. This information will be used to refine programming, as well as educate CLIFF participants regarding key risk factors that contribute to re-offending. The DOC intends to continue its efforts to evaluate and improve these programs with the goal of increasing offenders' opportunity for successful re-integration into society.

Fortunately, Indiana is beginning to see progress with its methamphetamine problems. According to Indiana State Police reports, between 2004 and 2006, the number of meth labs seized annually decreased by nearly 32 percent. In 2004, the Indiana State Police arrested 885 people during the seizure of meth labs. That figure fell to 507 arrests in 2006, a reduction of 43 percent. According to the Division of Children Services, the number of children affected now has also declined by 40 percent. In 2004, the Indiana State Police reported 172 children exposed to methamphetamine, and in 2006, this figure fell to 144. While Indiana is seeing progress in dealing with its methamphetamine problem, ongoing efforts clearly need to continue. The DOC will continue its efforts to treat methamphetamine addiction and will strive to improve services to ensure a successful reentry to society for these offenders.

ENDNOTES

[1] Substance Abuse and Mental Health Services Administration. 2006. *Therapeutic community curriculum, trainer's manual: PowerPoint slides*. Available at www.kap.samhsa.gov.

[2] Samenow, S. 1994. *Commitment to change*. Available at www.fmsproductions.com/.

[3] Information on Matrix Model Therapy is available at www.matrixinstitute.org.

[4] Bartholomew, N.G., D.D. Simpson and L.R. Chatham. 1993. *Straight ahead: Transition skills for recovery.* Information is available at www.ibr.tcu.edu.

[5] Covington, S.S. 2008. *Helping women recover: A program for treating addiction.* Information is available at http://aia.berkeley.edu/.

[6] Knight, K., M. Holcom, and D.D. Simpson. 2006. TCU/Brief Intake Interview (SAI), *TCU Drug Screen II (TCUDS), Client Evaluation of Self at Intake (CESI) Correctional Population Version, Client Evaluation of Self and Treatment (CEST) Correctional Population Version*. Information available at www.ibr.tcu.edu.

[7] Indiana Department of Correction CLIFF Recidivism and Conduct Study, research completed by Amanda Thornton-Copeland and Aaron Garner.

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