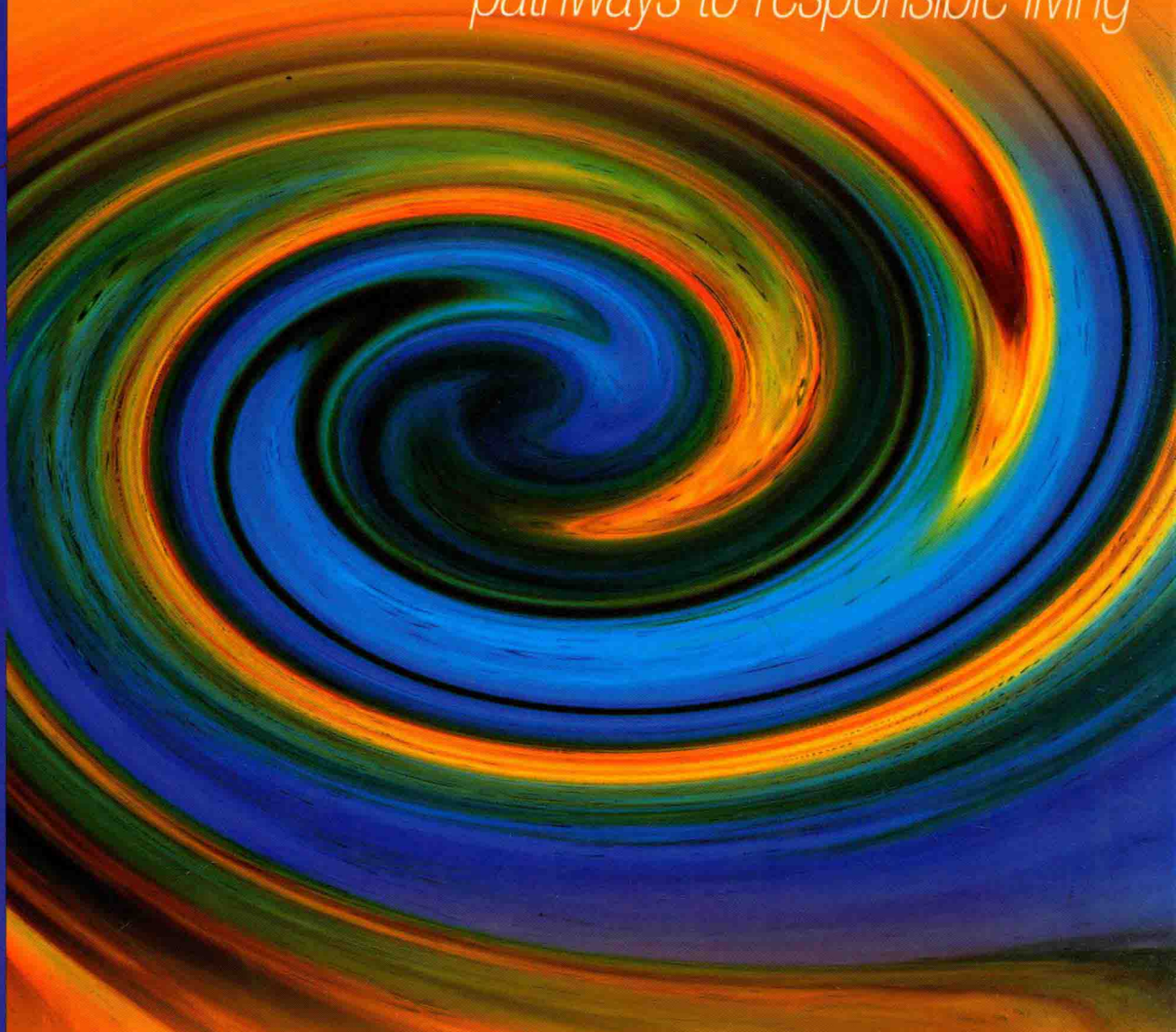
The Provider's Guide

Second Edition

Criminal Conduct & Substance Abuse Treatment

Strategies for Self-Improvement and Change

pathways to responsible living



Kenneth W. Wanberg • Harvey B. Milkman

Second Edition

Criminal Conduct & Substance Abuse Treatment

Strategies for Self-Improvement and Change

pathways to responsible living

The Provider's Guide

Kenneth W. Wanberg

Center for Addictions Research and Evaluation, Denver

Harvey B. Milkman

Metropolitan State College of Denver

SAGE Publications

Los Angeles • London • New Delhi • Singapore

The preparation and development of the 2nd edition of the *Provider's Guide* and the *Participant's Workbook of Criminal Conduct and Substance Abuse Treatment, Strategies for Self-Improvement and Change - Pathways to Responsible Living* were funded by: The Center for Addictions Research and Evaluation; The Center for Interdisciplinary Services; Sage Publications, Inc.; and the time and efforts of the authors.

For information:

Sage Publications, Inc.
2455 Teller Road
Thousand Oaks, California 91320
E-mail: order@sagepub.com

Sage Publications India Pvt. Ltd.
B 1/I 1 Mohan Cooperative Industrial Area
Mathura Road, New Delhi 110 044
India

Sage Publications Ltd.
1 Oliver's Yard
55 City Road
London, EC1Y 1SP
United Kingdom

Sage Publications Asia-Pacific Pte. Ltd.
33 Pekin Street #02-01
Far East Square
Singapore 048763

Printed in the United States of America

Library of Congress Cataloging-in Publication Data

Wanberg, Kenneth W.
Criminal conduct and substance abuse treatment: Strategies for self-improvement and change: Pathways to responsible living-The provider's guide/Kenneth W. Wanberg and Harvey B. Milkman. -- 2nd ed.

p. cm.
Includes bibliographical references and index.

ISBN 978-1-4129-0592-3 (pbk.)

1. Criminals--Mental health. 2. Drug addicts--Treatment. 3. Criminals--Alcohol use. 4. Criminals--Drug use. I. Milkman, Harvey B. II. Title.

Printed on acid-free paper.

RC451.4.P68W36 2008

364.3--dc22 2007032326

08 09 10 11 10 9 8 7 6 5 4 3 2 1

Direct Correspondence should be sent to:

The Center for Addictions Research and Evaluation - CARE
P. O. Box 1975
Arvada, CO 80001-1975
303.421.1261
CARE@nilenet.com

or

The Center for Interdisciplinary Services - CIS
P. O. Box 16745
Golden, CO 80402
303.830.8500
cisdenver@msn.com

Acquiring Editor: Kassie Graves
Editorial Assistant: Veronica Novak
Production Editor: Sarah K. Quesenberry
Layout and Design: Karyn Sader

TABLE OF CONTENTS

LIST OF FIGURES

SECTION I

SECTION II

SECTION III

LIST OF TABLES

SECTION I

SECTION II

SECTION III

INTRODUCTION

OVERVIEW OF SECOND EDITION

This second edition of *Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change - Pathways to Responsible Living (SSC)* builds on the basic foundation of the first edition. However, there are some significant enhancements and changes in the *Participant's Workbook (Workbook)* and a restructuring of the *Provider's Guide (Guide).*

First, the historical perspectives, theoretical and research foundations of criminal conduct and substance abuse treatment covered in *Section I* of the first edition of the *Provider's Guide* are now presented in a separate resource book: *Criminal Conduct and Substance Abuse Treatment: History, Research and Foundational Models, A Resource Guide* (Wanberg & Milkman, 2008). This comprehensive and scholarly work describes historical foundations of the judicial system and the evolution of correctional treatment. Additionally, the resource volume presents research that supports the efficacy of correctional treatment, and a description of several high-quality treatment and rehabilitation programs for judicial clients. Finally, the key foundational strategies that are basic to reputable treatment programs addressing substance abuse and criminal conduct are presented. We will refer to this companion book to the current *SSC Provider's Guide* as *The Resource Guide.*

Second, the current document, *Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change - Pathways to Responsible Living, the Provider's Guide,* referred to from now on as the *Guide,* consists of three sections, each directly relevant to the delivery of the *SSC* curriculum as presented in the *Participant's Workbook (Workbook).* The organization and essential elements of this current work will be summarized later in this *Introduction.*

CHANGES IN THE WORKBOOK

The most important change in the *Workbook* has been to include all of the essential and necessary concepts, skills, and exercises for the delivery of each session. In the first edition, much of the essential delivery content was in the *Provider's Guide.* Although the second edition *Guide* provides enhanced information and adjunct exercises to supplement session delivery, the provider can essentially use what is in the *Workbook* to deliver each session. This prevents having to go back and forth between the *Guide* and the *Workbook* in making sure that all of the necessary information was covered in each session.

This, however, makes the *Workbook* more dense and comprehensive, and initially, this can overwhelm clients. Some clients will not be able to read or digest all of the material in some sessions, particularly those in *Phase I.* Thus, the provider should explain that the essential material will be presented in group, and not to be concerned if all of the material is not read by clients on their own. However, clients should be encouraged to read each session before coming to group.

The *Workbook* has been reorganized. *Phase I* still covers all of the essential skills and concepts that are the primary focus in *SSC.* The two sessions in *Module I* of *Phase I* have been clearly delineated as the *Orientation to SSC.* All clients receive this module, either in their initial group where a closed group model is used, or in an orientation group or individual session where the *SSC* delivery structure uses an open group approach (clients enter *SSC* at certain designated points).

Module 8 of the first edition of the *Workbook,* which was the client in-depth self-assessment and included the *Master Profile (MP)* and the *Master Assessment Plan (MAP),* is now *Session 20* of *Phase I, Module 7.* Clients are asked to complete the *MP* and *MAP* within the first month of *SSC,* or before eight sessions are completed.

There are several reasons for having clients complete a draft of the *MP* and *MAP* during the first month of *SSC,* and then updating it during *SSC.* First, it gives clients and providers a blueprint or plan for change in *Phase I.* Second, when clients update their *MAP* by dating the completion of a treatment objective or resolving a problem, this represents a measure

of change. Adding new problems to the *MAP* represents awareness of changes that need to be made. Third, satisfactory development of the *MAP,* which includes a relapse and recidivism prevention plan, represents an important criterion for being admitted into *Phases II* and *III* of *SSC.* For agencies that offer only *Phase I,* and then refer clients to another agency for *Phases II* and *III,* the *MAP* accompanies the client and continues as the *Guide* for change. Finally, the *MAP* can be used by judicial supervisors to guide successful completion of the supervision process.

TREATMENT CHANGES AND ENHANCEMENTS

The *SSC* treatment curriculum has been changed and enhanced in several important ways. First, nine tools for change are specifically identified and introduced in the *Orientation Session* of *Module 1.* Four of the nine are new to the curriculum. These nine tools are:

1. *Cognitive-Behavioral Map Exercise (CB Map Exercise);*
2. Autobiography;
3. *Master Skills List* (*MSL*), *Program Guide 1*, new in the curriculum;
4. *Master Profile* (*MP*), *Program Guide* 2;
5. *Master Assessment Plan (MAP), Program Guide 3;*
6. *Weekly Thinking and Action Patterns (TAP) Charting, Program Guide 4*, also new in the curriculum;
7. *Thinking Report;*
8. *Re-thinking Report,* a new innovation; and the
9. *SSC Change Scale* which is a self-assessment measure of the client's level of knowledge and skills learned during each session. This is also a new introduction to *SSC.*

Each of these is described in *Section III* of this *Guide* and in *Session 2* of the *Workbook.*

Another important change is the organization of *Phase II,* which is the skills-building stage of *SSC.* It is structured into three cognitive-behavioral (CB) approaches to the treatment of substance abusing (SA) judicial clients:

- Cognitive restructuring and self-control, *Module 8;*
- Social and interpersonal skills building, *Module 9;* and
- Skills to develop a prosocial and harmonious relationship with the community or social responsibility therapy (SRT), *Module 10.*

Another new feature is the *STEP* (**S**ituation - **T**hinking Change - **E**motional Response - **P**ositive Outcomes) *Method*, which helps clients focus on **thinking change** that leads to positive outcomes. This is introduced in *Phase II.* Whereas *Phase I* of treatment uses the *CB Map* to help clients look at how thinking leads to both adaptive or positive outcomes and maladaptive or negative outcomes, *STEP* focuses on how to generate positive outcomes from situations and events.

Phase III enhances the focus on relapse and recidivism and establishing a balanced lifestyle. *Module 12* provides a strong focus on developing healthy lifestyle alternatives to alcohol and other drug (AOD) use and criminal involvement. New features include sessions on relaxation skills, healthy eating and physical activity, and receiving and giving support through mentoring.

Overall, there is an enhancement in the concepts and skills of cognitive restructuring and social skills building with additional and new approaches to these areas of implementing change. There is a much stronger emphasis on learning skills and concepts to establish a positive and harmonious - prosocial and moral responsibility - relationship with others and the community.

The second edition of the *SSC* treatment curriculum builds on and utilizes the vast work and literature found in the general treatment of alcohol and other drug (AOD) problems. It also builds on and utilizes recent developments in the area of assessment and therapeutic interventions, and particularly cognitive-behavioral treatment. In the past 10 years, a fairly extensive corpus of literature on offender and judicial client treatment has emerged. Every effort was made to integrate these more recent develop-

ments in the treatment of criminal conduct (CC).

HOW THIS PROVIDER'S GUIDE IS ORGANIZED

This *Guide* has three sections. *Section I* provides the core strategies upon which *SSC* is built. *Chapter 1* outlines the treatment platform and conceptual framework of *SSC*. It provides an overview of the treatment dimensions and principles that represent the connecting threads of the *SSC* program. It also discusses the 10 core strategies that are used in the delivery of *SSC*.

Chapters 2 through *5* discuss five foundational strategies of *SSC*. *Chapter 2* focuses on the core strategy of developing a therapeutic relationship through motivational enhancement and a therapeutic alliance. The essential traits and characteristics of the effective *SSC* provider are outlined. This chapter also addresses the issue of seeing service providers as educators and skills trainers as well as providers in the more traditional counseling and therapy roles.

Chapter 3 focuses on the core strategy of facilitating the phases of learning and growth and a stage of change model upon which the three phases of *SSC* are built. These three *Phases* are: *Challenge to Change, Commitment to Change, and Ownership of Change.*

The cognitive-behavioral (CB) approach is the platform strategy of *SSC*. *Chapter 4* provides a description of a specific CB model developed for *SSC* that provides the basic structure for utilizing the principles of CB change for substance abusing judicial clients.

Chapter 5 focuses on two major treatment goals for substance abusing judicial clients: preventing relapse and recidivism (R&R). Based on the Marlatt relapse prevention model, a model for R&R prevention is presented that provides a basis for integrating the treatment of criminal conduct and substance abuse.

Section II provides the specific methods, procedures and skills for the implementation and delivery of the *SSC* treatment curriculum. *Chapter 6* describes a specific assessment protocol for *SSC*. Effective treatment is based on a comprehensive and accurate assessment of the problems, vulnerabilities and resiliency factors for each judicial client. Multifactorial assessment, conducted in an atmosphere of empathy and concern, provides a basis upon which the client can plan for self-improvement and change. Based on convergent validation and multidimensional approaches, this chapter provides the rationale and methods for screening clients into *SSC*, for doing the in-depth differential assessment, and for evaluating client progress and change.

Chapter 7 outlines the operational procedures and methods of the *SSC* program. It describes the essential skills that the provider must have to deliver the various phases of *SSC* including guidelines for group facilitation. The recommended ground rules for client participation are discussed. It also discusses issues pertaining to client admission, consent for treatment, counselor full disclosure and client confidentiality. This chapter also provides guidelines for the reentry and aftercare plan. Ethical considerations in working with judicial clients are addressed.

Section III provides guidelines for the delivery of the *SSC* modules, the individual treatment sessions, and the *Phase Closure* sessions. Literature and research rationale are provided for each session along with explanations of important concepts and skills used in the *Workbook*. The *Workbook* provides the essential concepts and client activities necessary for the delivery of each session. However, for many sessions, adjunct information, additional exercises, and specific skills that can enhance session delivery are included that are not provided in the *Workbook*.

THE PARTICIPANT'S WORKBOOK

The Participant's Workbook provides detailed content of the session theme or topic. It includes in-session skill development exercises and homework assignments carefully designed to complement each session plan. The *Workbook* has been reviewed to ensure cultural appropriateness, sensitivity and optimal responsivity. The *Workbook* was written to accommodate a seventh-to-eighth grade reading level. Clients with reading levels below grade seven may need assistance in understanding some portions of the *Workbook*. Reading skills can be checked by asking the client in a matter-of-fact and non-threat-

ening manner, to read and explain portions of the *Workbook* text during the *SSC* orientation (*Module 1*) sessions.

The treatment program is delivered primarily in group format and is structured around the three phases of treatment: 1) *Challenge to Change;* 2) *Commitment to Change;* and 3) *Ownership of Change.* Each treatment phase is divided into specific modules built around a particular treatment theme.

Phase I, Challenge to Change, involves the client in a reflective-contemplative process. A series of session experiences are utilized to build a working relationship with clients and to help clients develop motivation to change. Sessions provide information on how people change, how thought and behavior are related to change, and basic information about substance abuse and criminal conduct. A major focus of *Phase I* is helping the client develop self-awareness through self-disclosure and receiving feedback. Clients are confronted with their past problems and then challenged to bring that past into a present change-focus. The goal is to motivate clients to define the specific areas of change and to commit to that change. During *Phase I,* clients complete an in-depth self-assessment using the *MP* and *MAP* and learn to use nine tools to enhance growth and change. *Phase I* is comprised of seven modules and 20 sessions with the two sessions of *Module I* used for orientation.

Phase II, Commitment to Change, involves clients in an active demonstration of implementing and practicing change. Three modules are provided to strengthen basic skills for change and help the client to learn key CB methods for changing thoughts and behaviors that contribute to substance abuse and criminal conduct (CC). These modules are built around specific themes. *Module 8* focuses on cognitive restructuring and self-control; *Module 9* on social and relationship skills building; and *Module 10* on skills in developing a prosocial and harmonious relationship with the community. Perusal of the *Table of Contents* of the *Workbook* provides a good summary of the themes in these three modules.

Phase III, Ownership of Change, represents the stabilization and maintenance phase of treatment. Clients demonstrate ownership of change over time. This involves treatment experiences designed to reinforce and strengthen commitment to established changes. The focus is on maintaining a balanced lifestyle and presenting alternatives to the lifestyle of AOD and criminal involvement. Change is strengthened through involving clients in a variety of auxiliary methods including mentoring and role modeling, self-help groups and other community-based recovery maintenance resources.

The *Workbook* is the client's handbook for change. A requirement for the delivery of *SSC* is that **each client has the entire *Workbook* at the beginning of the program.** The *Workbook* provides evidence for change, and can be utilized in the judicial supervision process.

The *Progress and Change Evaluation (PACE) Monitor* provides the methods to evaluate client problem areas, treatment needs, and response to treatment. It includes pre-treatment, during-treatment, and treatment outcome instruments and measures. It is designed to monitor change and progress during *SSC. PACE* is described in detail in *Chapter 6.*

INDIVIDUALIZED TREATMENT PLAN

The *Individualized Treatment Plan (ITP)* provides guidelines for individualized treatment determined through differential assessment. The *ITP* addresses the individual needs of clients through both in-program resources and outside service providers.

Individualized treatment may include family, relationship and marital treatment sessions provided within the context of cognitive-behavioral techniques. These resources may also include the use of urine and breath analyses in monitoring the client's goals of maintaining drug-free behavior.

Pharmacologic treatments may also be available, depending on the resources of the service provider. These would include antabuse, blocking AOD effects (naltrexone), treating abstinence syndromes, and the use of adjunct pharmacologic treatment for anxiety, mood or thought disorders (e.g., antidepressants, antianxiety and antipsychotic medications).

Most programs will provide opportunity for clients to continue the reinforcement of change through aftercare and maintenance support groups. Most clients will have completed their judicial supervision by the time they complete some if not all of *SSC*. Thus, participation in aftercare maintenance may be voluntary. Opportunities for mentoring should also be made available to those completing the program.

THE *SSC* PROVIDER

We use the term provider in this *Guide* to refer to the individual who directly presents *SSC* to client groups. This could be a therapist or substance abuse counselor experienced in working with judicial clients preferrably trained in the delivery of the *SSC* curriculum. When specific *SSC* training is not available, providers should have the knowledge and skills to effectively deliver cognitive-behavioral based treatment to substance abusing correctional clients.

Delivery supervision and support should be available for those starting out in this area and ongoing supervision support should be sought by even the seasoned providers. This *Guide* represents a manual for providers to use for effective *SSC* delivery.

As discussed in several places in this *Guide*, the role of the *SSC* provider is not only counselor and therapist, but also teacher, coach and skills trainer. Most important, effective providers offer judicial clients a role model for prosocial attitudes and behavior and responsible living.

ADJUNCT PROVIDER'S GUIDE FOR WOMEN IN CORRECTIONS

Recognizing that women in corrections have special psychological, social and treatment needs, an adjunct provider's guide is available for *SSC* providers: *Criminal Conduct and Substance Abuse Treatment for Women in Correctional Settings* (Milkman, Wanberg & Gagliardi, 2008). This *Women's Adjunct Guide* provides a comprehensive review of the special concerns and needs of women judicial clients. It also provides supplemental guidelines for tailoring the delivery of the 50 *SSC* sessions to address, where appropriate, the special needs of women judicial clients.

ADDRESSING DIVERSITY

Efforts were made to make *SSC* sensitive to the diverse needs across gender, race, culture and age. Although sessions do not address specific diversity topics, providers should strive to be culturally sensitive and competent and to help clients capitalize on their cultural strengths.

Some guidelines for enhancing cultural competence are provided in *Chapter 2* and this topic is addressed in greater depth in the *Resource Guide* (Wanberg & Milkman, 2008). Providers should address the diversity of judicial clients according to the special needs of individuals and groups. The broad range of topics covered in the treatment curriculum provide ample opportunity to capitalize on the strengths of diversity within clients and the providers themselves.

TARGET GROUPS AND DELIVERY SETTING

This manual is designed to deliver a long-term (nine months to one year) intensive, cognitive-behavioral oriented treatment program to adults in the judicial system with substance abusing problems. The recommended client age is 18 years or above. However, some older adolescents may benefit from portions of the curriculum. *Pathways to Self-Discovery and Change* (Milkman & Wanberg, 2005) is a comparable curriculum for adolescents ages 13 through 17 that is available to providers in the juvenile justice system.

SSC is designed to be delivered in all treatment settings, e.g., regular and intensive outpatient, day treatment and residential programs within the judicial system. A more detailed discussion of delivery settings, approaches and options is provided in *Chapter 7.*

EFFECTIVENESS AND EFFICACY OF *SSC*

An overarching goal guiding the development of *SSC* was to construct a program based on treatment approaches that have empirical support with respect to their value in addressing the treatment needs of substance abusing (SA) judicial clients. We see *SSC* as meeting this standard in several ways.

First, when putting together the programmatic elements of *SSC*, we made every effort to see that it had content validity with respect to addressing individuals with a history of substance abuse and criminal conduct. We did a review of programs designed to provide offender treatment services and included in *SSC* elements considered to be essential and relevant to offender treatment. We consulted with a number of experts in the field - treatment and research specialists - to identify the elements that should be included in such treatment. Also, we received input relative to what works best in the program and what areas might be enhanced to improve the program from about 1000 providers who attended *SSC* staff development and training programs for the first edition of *SSC*. Many attending these trainings were providing treatment services to substance abusing judicial clients, and some had been delivering the *SSC* curriculum.

Using these resources, we endeavored to see that *SSC* had content validity - that its concepts, skills, content, processes and structure are relevant and necessary in addressing individuals with a history of criminal conduct and substance abuse.

Second, in the *Resource Guide* (Wanberg & Milkman, 2008) and in *Section I* of this *Guide*, we provided documentation to show that treatment of judicial clients in general is effective in reducing recidivism and, for those with substance abuse problems, in reducing the probability of relapse. There is strong evidence that punishment does not reduce recidivism, and in fact, may contribute to a slight increase in recidivism across the broad gamut of offenders. Andrews and Bonta (2003) note "that we have been unable to find any review of experimental studies that reveals systematically positive effects of official punishment on recidivism (that is, there is no evidence that official punishment reduces recidivism)" (pp. 92-93). They go on to say that direct treatment services provided under a variety of conditions of judicial sanctioning (e.g., diversion, probation, custody) demonstrate reduced recidivism from 40% to 80%. And, "the mean effect of correctional treatment service, averaged across a number of dispositions, was clearly greater and more positive than that of criminal sanctioning without the delivery of treatment services" (p. 288). Given the evidence that treatment is effective with offenders, and that *SSC* has content validity with respect to the treatment of substance abuse and criminal conduct, we would expect it to have comparable effects with substance abusing judicial clients.

Third, beyond the expected general treatment effect of *SSC*, we have made every effort to use treatment methods and techniques that are evidence based - that is, there is empirical support that they can bring about positive changes in individuals. The five foundational strategies of *SSC* have support in the literature with respect to having value and being effective in their use with substance abuse clients and more specifically, for those with a co-occurring history of criminal conduct: 1) Multidimensional screening and assessment; 2) enhancing the therapeutic alliance and motivation to change; 3) tailoring treatment objectives and intervention strategies to the clients' stages of change; 4) cognitive-behavioral treatment; and 5) relapse (and recidivism) prevention.

Relapse prevention approaches have strong documentation with respect to their efficacy in reducing relapse among AOD problem clients and recidivism among judicial clients. Cognitive behavioral (CB) therapy also has a robust set of literature supporting its efficacy with disorders and problem behaviors other than substance abuse and criminal conduct. The CB approach is the core foundational mode for *SSC*, delivered in the context of clients' progression through stages of increasing motivation, commitment and ownership of the change process.

Fourth, and more specifically, within the framework of CB treatment approaches, the *SSC* sessions are built on methods and techniques that have empirical support as to their efficacy across a variety of disorders and problem behaviors. These include: cognitive restructuring; communication skills training; social and interpersonal skills training; changing negative thinking; anger management; stress management; relaxation therapies; problem-solving skills; assertiveness training; preventing and replacing aggression; using CB approaches to address antisocial and criminal thinking; conflict resolution; and empathy training. We made every effort to provide documentation regarding the value and empirical support of these methods as they are addressed in

various *SSC* sessions in *Section III* of this *Guide*.

We concluded that cognitive-behavioral strategies as the core foundational treatment strategy for *SSC* would meet the responsivity principle of correctional treatment. The responsivity principle (Andrews & Bonta, 2003) refers to "delivering treatment programs in a style and mode that is consistent with the ability and learning style of the offender" (p. 262). Programs that maximize the ability of judicial clients to respond in a positive way meet the responsivity principle. Cognitive-behavioral strategies are seen as being the most promising with respect to maximizing treatment responsivity, and as "being the most powerful influence strategies available" (Andrews & Bonta, 2003, p. 262).

Fifth, to date, the first edition of *SSC* has been delivered to thousands of substance abusing judicial clients across a variety of judicial settings. This suggests that there is a quality of consumer satisfaction on the part of both clients and providers. As well, it lends good support to the validity of delivery feasibility of *SSC* within the judicial system to a variety of judicial clients.

Finally, a study of both provider (N=483) and client (N=360) responses to the first edition of *SSC* provides some preliminary findings regarding delivery feasibility, provider and client consumer satisfaction, and client response to the program (Wanberg & Milkman, 2001). Following is a brief summary of some of the provider and client responses based on instruments generated by both provider ratings and client self-report. The following is a brief summary based on provider ratings of 334 clients at the time of discharge from various phases of *SSC*.

- From an analysis of an instrument designed to measure the degree to which providers working with substance abuse clients and clients in the judicial system use specific cognitive-behavioral related approaches and methods, four reliable common factors were found: cognitive restructuring and cognitive self-control; social and interpersonal skills building; recidivism prevention and community responsibility; and relapse prevention. This provides construct validity for the four primary areas of focus in *SSC* training and that these are reliable and valid components of the treatment of substance abusing offenders.
- Around 95% of the providers rated the components of *SSC* to be adequate to very adequate with respect to meeting the treatment needs of judicial clients, and 75% rated themselves as effective to very effective in program delivery.
- Almost all providers rated *SSC* as being effective in bringing about changes in clients, and most providers report that clients had a positive to very positive response to the program.
- Those providers who see themselves as effective in delivering *SSC* are more apt to rate *SSC* as being effective with clients.
- Over 90% of the providers rated clients as having a moderate to very high involvement in homework and reading, and 97% rated clients as having moderate to very high understanding of the program concepts.
- All providers rated *SSC* as being of some benefit to clients, and 70% rated *SSC* as being of great benefit.
- Successful delivery of *SSC* was reported across the following settings: jail, prison, residential treatment, therapeutic communities and outpatient settings.
- Providers report that 70%, 76%, and 80% completed the *SSC* program in the outpatient, prison, and residential care settings, respectively.
- Over 85% of the clients were rated as having moderate to very high positive involvement in *SSC*.

A sample of 174 clients was evaluated across a large set of variables at the time of completing *SSC*.

- Around 95% of the clients rated as very high their satisfaction of *SSC* delivery, the provider's response to client needs, and clients' comfortability with providers.
- Almost 94% of the clients reported they understood the content of the sessions most of the time or all of the time, and almost 92% report they were satisfied with the *SSC* most of the time

or all of the time.

- Around 80% of the clients report their cognitive and behavioral control over AOD use and criminal conduct had improved or gotten better during *SSC*.
- Over 93% of the clients report having made changes in their lives while in *SSC*.
- Self-report by outpatients during *SSC* as to **no use** of alcohol, marijuana, and other drugs was 62.8%, 84.6% and 87.2%, respectively. Ratings by providers were lower, with 48% of clients rated as not using alcohol and 56.7% rated as not using other drugs.
- Self-report by incarcerated clients as to not using alcohol, marijuana, and other drugs during *SSC* was 94.8%, 97.9% and 97.9% respectively. Ratings of this group by providers as to no use of alcohol or other drugs were similar.
- About 77% of outpatient clients and 91% of incarcerated clients reported engaging in no behaviors that would be considered to be violating or breaking the law. Provider reports as to whether clients reoffended during *SSC* were essentially the same as client self-reports.

DISTINGUISHING BETWEEN SELF-IMPROVEMENT AND CHANGE

SSC is about self-improvement and change. Improvement as a noun represents a state of condition such as progression, betterment, refinement or recovery. Improvement implies that even though a change has been made, it can be improved or made better. This is the verb or action component of improvement: to make better or to improve on the changes that have been made. Clients may have already made significant changes e.g., no longer use substances, no longer engage in CC, but they can still work on improving the skills and lifestyle that reinforce and maintain these changes. Maintenance is part of this improvement process. Using the word improvement gives clients credit for changes that have been made.

We use change as a verb that means to correct, modify, alter, replace and transform. It is the action process in treatment. It implies changing the state of condition; making that state of condition different. Much of *SSC* is directed at change - changing thoughts, emotions, and behaviors that lead to relapse and recidivism. Yet, we can see change as a noun - a state of change, modification, or difference. Thus, once change has taken place, *SSC* is directed at improving and making better those changes.

In this *Guide,* for convenience of not repeating words, we use the word change to include both self-improvement and change. When we refer to a particular change concept or skill, such as cognitive restructuring, it is for the purpose of making both improvement and change.

SUMMARY

Strategies for Self-Improvement and Change (*SSC*) provides a standardized, structured and well-defined approach to the treatment of substance abusing judicial clients. The efficacy and effectiveness of *SSC* depends on developing a positive relationship between the client and provider. As we show in *Chapter 2,* the therapeutic relationship and alliance is a strong determinant of treatment outcome, regardless of the treatment method or approach. The success of *SSC,* or any comparable program, will depend, in part, on the strength of that relationship.

Also, the unique style and approach of each provider are important variables in effective treatment of co-occurring AOD abuse and CC. Some modifications, changes and enhancements of approach and curricula are to be expected, based on the experiences, skills and training of each provider. However, the effectiveness and efficacy of *SSC* mainly depend on the provider maintaining fidelity to the *SSC* treatment protocol. This is a crucial consideration when evaluating the efficacy of the program.

There are many methods and approaches to the treatment of individuals with substance abuse problems and a history of criminal conduct. No one approach has been shown effective for all judicial clients. Although many approaches were blended in the development of *SSC,* it represents one of a number of approaches that can be used in the treatment of the co-occurring problems of AOD abuse and criminal conduct.