Modified Therapeutic Community and Specialized Housing Programs for Justice-Involved Individuals with Co-Occurring Mental and Substance Use Disorders Illnesses

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Summary

The Modified TC is

- more flexible
- less intense
- more individualized

The quintessential elements remain

- peer self-help
- community-as-method
Homeless MICA Study Design

homeless MICA referral pool

agency intake

wait list

Modified TC 1
less modified

Modified TC 2
more modified

Treatment as Usual (TAU)
Outcomes *baseline vs 2-year follow-up*

Benefit Cost Analysis

incremental benefit of modified TC

$273,115

cost per client of modified TC treatment

$20,361

total net benefit per client ($273,115 - $20,361)

$252,114

Benefit cost ratio $252,114/$20,361 = (13:1—data winsorized 5:1)

$5 benefit for every $1 of cost

Source: French, M., McCollister, K., Sacks, S. et al. (2002)
Prevalence of Severe Mental Disorders in Prisons is Increasing

- 1991: 3% = 239 inmates
- 2006: 20% = 3,795 inmates

# of inmates”

% and # of mental disorders”

COD
Offenders with COD Study Design

Colorado Department of Corrections
referral pool

Modified TC prison

Mental Health prison

Comparison

Modified TC aftercare

Regular community services
Offenders with COD 12 Month Outcomes

Reincarceration rates

MH 33%

MTC in prison only 16%

MTC in prison + MTC aftercare 5%

Total n= 139
n=64
n=32
n=43

Outpatient MTC Study Design

Outpatient MTC
- Psycho-educational seminar
- Trauma-informed addictions treatment
- Case management

Standard Services
- Traditional outpatient service model

Referral Source
Random Assignment

Outpatient MTC Research Study

Any Emotional/Psych Problem (p<.00)

E (N=107)

Baseline

67%

12m Follow Up

C (N=91)

41%

40%

45%

**MTC for Co-Occurring Disorders: A Meta-Analysis of Three Studies (Four Comparisons)**

*Summary of meta-analysis combined study comparisons — random effects analysis (differential treatment effects: MTC vs. Comparison)*

<table>
<thead>
<tr>
<th>Domain</th>
<th>Effect Size</th>
<th>Odds Ratio†</th>
<th>95% CI</th>
<th>p</th>
<th>Q (p)</th>
<th>I²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance abuse</td>
<td>0.650</td>
<td>(0.428 – 0.986)</td>
<td>.043*</td>
<td>4.998(0.172)</td>
<td>39.977</td>
<td></td>
</tr>
<tr>
<td>Mental health</td>
<td>0.679</td>
<td>(0.478 – 0.966)</td>
<td>.031*</td>
<td>2.026(0.567)</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td>Crime</td>
<td>0.662</td>
<td>(0.454 – 0.966)</td>
<td>.032*</td>
<td>2.573(0.462)</td>
<td>0.000</td>
<td></td>
</tr>
<tr>
<td>HIV-risk behavior</td>
<td>1.007</td>
<td>(0.659 – 1.539)</td>
<td>.974</td>
<td>3.068(0.381)</td>
<td>2.225</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td>0.404</td>
<td>(0.251 – 0.651)</td>
<td>.000***</td>
<td>6.351(0.096)</td>
<td>52.761</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>0.634</td>
<td>(0.420 – 0.958)</td>
<td>.030*</td>
<td>0.370(0.946)</td>
<td>0.000</td>
<td></td>
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</tbody>
</table>

*p<0.05; **p<0.01; ***p<0.001
† An odds ratio less than one indicates a greater improvement for clients in the MTC group than in the comparison group.

Sacks, S., Banks, S., McKendrick, K, Sacks, J.Y., & Cleland, C. (in review)
Re-Entry MTC Study Design

Referral Source

Random Assignment

Re-Entry MTC

Parole Supervision Case Management

Sacks, S., Chaple, M., McKendrick, K., Sacks, J.Y., & Schoeneberger, M. (in submission)
Reincarceration
At 12-Months Post Prison Release

*Sample size based on clients eligible for and retrieval at 12 month post prison release
Re-Entry MTC Housing Program

Location

- Community Corrections residential facility
- Contains both living quarters & programming
Modified TC

Key Modifications

to structure

✓ more flexible activities
✓ shorter meetings & activities
✓ more staff guidance
✓ more staff responsibility as role models

to process

✓ fewer sanctions
✓ engagement emphasis
✓ individually paced progress in program
✓ flexible criteria for moving to next stage
✓ live-out re-entry (aftercare) essential

to elements

✓ accent on orientation & instruction
✓ individualized task assignments
✓ engagement emphasis throughout
✓ activities proceed at a slower pace
✓ counseling to assist use of community
Advantages of co-locating treatment and housing

- Economic
- Service delivery and coordination
- Retention
- Continuity of care
**Structure**

- Residents attended formal program activities from 3 to 7 days per week for 3 to 5 hours each day.
- Residents progressed through program stages, gradually earning greater independence as they demonstrated greater responsibility.
- Upper-level residents (those with at least 3 months in the program) shepherded new members into the program, provided counsel, guidance, and coaching.
- As residents progressed, they spent more time working in the community and saving money for independent living (a requirement of community corrections).
Re-Entry Modified Therapeutic Community Housing Program

Programming

- Developed a subculture where clients learned through self-help and affiliation with the recovery community, to foster change in themselves and others.

- New components were added to meet the needs of offenders with COD:
  - To address criminal thinking and behavior
  - To the interrelationship of substance abuse, mental illness, and criminality (triple recovery)
  - To use strategies for symptom management

- Weekly group psycho-educational classes were added to address the interrelationship between mental disorders and substance abuse
Programming (cont’ d)

- Program staff guided weekly group and individual counseling in relapse prevention/triple recovery, symptom self-management and behavioral coping
- Basic skills training (e.g. budgeting, use of community resources)
- Daily medication monitoring and weekly psychiatric services were provided on-site
- Counseling was available through affiliation with a local mental health center
- Re-entry program assisted with housing placement and encouraged employment or volunteer work, so that each resident maximized independent functioning
Other Housing Models

**Transitional Housing**
- Short-term residence in the community (6-24 months)
- Includes treatment services (medication management; symptom management; relapse prevention; group and individual counseling; coordination with community-based psychiatric services)

**Permanent Housing**
- *Congregate*: provides a permanent supportive environment for those who need more intense and sustained care
- *Apartment (shared or independent)*: scatter-site or co-located apartments with a range of on-site and community-based case management and counseling services based on individual needs

**Continuity of Care Housing**
- One facility, or several side-by-side facilities, that provide more than one type of housing within the same facility/complex with a “step-down” opportunity to move to increasingly independent living while maintaining continuity of care in community-based treatment program
Other Housing Programs

Community Lodges

- To provide continuing support to individuals leaving mental institutions
- Combined peer support and assistance with self-supporting small business enterprises
- Democratically-run residential housing
- Staff served as consultants to lodges that were self-supporting
- Organizing businesses that included gardening and janitorial services
Other Housing Programs

Oxford Houses

- Abstinence support and accommodation in the community to former addicts who are willing to live together
- Oxford Houses are democratically operated facilities
- Members share expenses, household tasks, and decision making
- Presented at regular business meetings
- Residents employ 12-step principles and are expected to attend AA/NA meetings
Future Directions for MTC Studies

Replications

- Studies of MTC aftercare, including outpatient programs
- Studies to determine the relative contribution of MTC residential and aftercare components
- Implementation studies
## MTC Implementation Sites

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
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<tbody>
<tr>
<td>Odyssey House NZ</td>
<td>1995, 1997</td>
</tr>
<tr>
<td>Colorado Department of Corrections</td>
<td>1995 – Pres. (Quarterly TA)</td>
</tr>
<tr>
<td>Missouri</td>
<td>Biweekly Conference Calls (October 2004 – pres.)</td>
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<tr>
<td></td>
<td>February 2005, May 2006 – (on site T &amp; TA)</td>
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Modified Therapeutic Community for Persons with Co-Occurring Disorders

Date of Review: March 2008

The Modified Therapeutic Community (MTC) for Persons With Co-Occurring Disorders is a 12- to 18-month residential treatment program developed for individuals with co-occurring substance use disorders and mental disorders. MTC is a structured and active program based on community-as-method (that is, the community is the treatment agent) and mutual peer self-help. A comprehensive treatment model, MTC adapts the traditional therapeutic community (TC) in response to the psychiatric symptoms, cognitive impairments, and reduced level of functioning of the client with co-occurring disorders. Treatment encompasses four stages (admission, primary treatment, live-in reentry, and live-out reentry) that correspond to stages within the recovery process. The stage format allows gradual progress, rewarding improvement with increased independence and responsibility. Goals, objectives, and expected outcomes are established for each stage and are integrated with goals specific to each client in an individual treatment plan. Staff members function as role models, rational authorities, and guides.

The MTC model retains most of the key components, structure, and processes of the traditional TC but makes three key adaptations for individuals with co-occurring disorders: It is more flexible, less intense, and more personalized. For example, MTC reduces the time spent in each activity, deemphasizes confrontation, emphasizes orientation and instruction, uses fewer sanctions, is more explicit in acknowledging achievements, and accommodates special developmental needs.

When used in prison settings, MTC has included additional programmatic and operational adaptations to address the particular circumstances of offenders with co-occurring disorders. Programmatic alterations have included an emphasis on criminal thinking and behavior that recognizes the interrelationships of substance abuse, mental illness, and criminality, while operational adjustments have included adding security personnel to the treatment team and making other changes to comply with the security requirements of correctional facilities. In other community applications, outpatient substance abuse treatment programs have adopted certain features of the MTC model to improve services for their clients who have co-occurring disorders.
Conclusion

- A Modified Therapeutic Community for clients with co-occurring disorders has been designed and implemented in a variety of settings (i.e. homeless shelters, prisons, and out-patient substance abuse programs).

- A substantial research base exists documenting the effectiveness of this approach.

- The MTC model is ready for broader application.
References


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