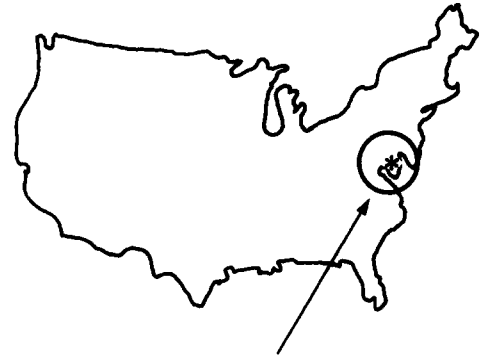


IN THE SPOTLIGHT



Integrating the Therapeutic Community and Work Release for Drug-Involved Offenders

The CREST Program

WILMINGTON, DELAWARE

Abstract—As the nation's first therapeutic community (TC) and work release center for drug involved offenders, CREST combines the basic elements of both modalities into an effective agent for behavioral change. This article explores the ways in which these elements are integrated and applied, and the outcome of such treatment as determined by subsequent substance abuse and criminal activity. Clients entering the program from prison progress through several phases of counseling, group interaction, confrontation, and education before they enter the work release phase, where they gain realistic experience and can implement what they learned in the TC concerning living drug free. Follow-up data collected at 6 and 18 months after entry into the program indicate that CREST clients have significantly lower relapse and recidivism rates than a comparable comparison group. CREST has similar effects on relapse and recidivism across sexes, racial/ethnic groups, and different age categories, although length of time in treatment and whether clients graduated do impact outcome variables. Copyright © 1996 Elsevier Science Inc.

Keywords—therapeutic community; work release; drug treatment; substance abusers; treatment evaluation.

INTRODUCTION

IN RECENT YEARS, the therapeutic community (TC) has become a widespread treatment alternative for substance abusers. Whether in prison or community based, TCs fo-

cus on the rehabilitation, and in many cases, the "habilitation" of its client participants (De Leon, 1986, 1994).¹ The emphasis in therapeutic communities is on treating drug abuse as a disorder of the whole person, by altering

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¹ Whereas *rehabilitation* emphasizes the return to a way of life previously known and perhaps forgotten or rejected, *habilitation* involves the client's initial socialization into a productive and responsible way of life (see Inciardi, in press).

negative ways of thinking, feeling, and acting. The major goal of treatment is to produce lasting life-style changes, particularly in the areas of developing positive social identities and living drug free and crime free (De Leon, 1986, 1994; Kooyman, 1986; Pan, Scarpitti, Inciardi, & Lockwood, 1993; Yablonsky, 1989). Designed as a nonpunitive approach to achieve behavioral change, the TC "community" and its members are the primary agents of client change (De Leon, 1986, 1994; Pan et al., 1993; Toch, 1980). Finally, TCs have established an impressive success rate with drug abusers of all types (De Leon, 1984b; De Leon, Wexler, & Jainchill, 1982; Field, 1992; Wexler, Falkin, & Lipton, 1990; Wexler & Williams, 1986). However, it is not fully clear why they work (Allison & Hubbard, 1985; Ball & Ross, 1991; Redl, 1980).

In contrast with therapeutic communities, work release programs have a shorter history. They began in the 1970s, and currently exist in most state jurisdictions across the United States (Allen & Simonsen, 1995; Inciardi, 1993). Work release is a form of partial incarceration that permits inmates to be employed full time for wages in the outside community; when not working, they return to the custody of the institution or community-based work release facility (Allen & Simonsen, 1995; Doeren & Hageman, 1982; Inciardi, 1993). Work release is considered important for inmates approaching the end of their prison sentences because of its assumed utility in aiding gradual adjustment and reintegration into community life (Allen & Simonsen, 1995; Doeren & Hageman, 1982; Inciardi, 1993; Lawrence, 1991; Pooley, 1974). In addition, having employment prior to full release reduces some of the economic and work-related problems offenders typically face when released from prison (Doeren & Hageman, 1982). Work release programs are also thought to benefit participants by helping them to: improve self-concept and increase self-esteem through engaging in the valued role of employment; develop positive work habits and strengthen vocational skills; improve social skills; support their families and/or pay rent to the Department of Corrections; and save money to aid the transition back into civilian life (Allen & Simonsen, 1995; Doeren & Hageman, 1982; Inciardi, 1993; Pooley, 1974). The success of work release programs in meeting these goals, however, is inconclusive (Astone, 1982; Doeren & Hageman, 1982; Katz & Decker, 1982).

Until only recently, TCs and work release programs operated independently of one another. In fact, CREST Outreach Center in Wilmington, Delaware, is the first program in the United States to integrate the therapeutic community and work release modalities for drug-involved offenders. Program integration is based on the belief that TC treatment enhances the effectiveness of work release in reintegrating inmates back into society. At CREST, the TC structure is modified to accommodate and integrate the work release component. Thus, CREST is able to meet the goals of both traditional TCs (changing the person and reducing relapse and substance use) and work

release (gradually reintegrating inmates and reducing recidivism). The means through which these modalities are combined into an effective treatment environment at CREST is a relevant and necessary topic for understanding the program's success. An ongoing process evaluation illuminates how the TC and work release components are integrated in a complimentary manner, forming a new and innovative approach to the treatment of drug-involved offenders. The impact of the program on clients is determined by rates of relapse and recidivism, relative to a comparable comparison group, at significant intervals after entering CREST.

METHODS

As the nation's first work release TC program, understanding CREST and its impact requires an explanation of how the two modalities are combined. Process evaluation data were collected at CREST from June 1993 to August 1994 by two trained observers through participant observation, informal discussion with clients, formal interviews with a random sample of 15 clients in the program and in the aftercare component, and interviews with 10 staff members. In addition, documents pertaining to the program, including staff and client manuals, memos, letters, and reports, were analyzed by the research team.

In order to ascertain program effectiveness, data are derived from two National Institute on Drug Abuse (NIDA)-funded research demonstration projects. A total of 1002 prison inmates eligible for work release or parole were interviewed prior to leaving prison between the Summer of 1990 and the Spring of 1994. Criteria for inclusion in the study included willingness to participate in all aspects of data collection, a history of drug use, and release eligibility. Participation in the research had no effect on respondents' correctional status or court sentence. The research protocol conforms with the U.S. Department of Health and Human Services guidelines for prisoners as research subjects and received approval from the Institutional Review Board at the authors' university.

Prior to release from prison, all research participants completed a comprehensive baseline interview. The baseline interview collected lengthy information on sociodemographics, drug use and sexual behaviors, criminal behaviors, HIV risk behaviors, psychosocial variables, drug treatment experiences, and mental health status. Follow-up interviews were conducted at 6 and 18 months after baseline. The follow-up interviews assessed information similar to the baseline but for the period between the previous and current interview. Interviews were conducted by trained interviewers. At each interview respondents received \$50: \$25 for completing the interview and \$25 for providing urine and blood samples. Participants' responses are confidential and are protected by a Federal Grant of Confidentiality.

This article examines a subset of research participants, including those randomly assigned to CREST (CREST

group) and those participating in Delaware's conventional work release program (Comparison group).² No attempt was made to control or influence the exposure of Comparison group members to other treatment programs available in the community. At the baseline interview, the CREST and Comparison groups were comprised of a total of 689 respondents. Of the 248 members in the CREST group at baseline, the analyses involve 191 respondents at the 6-month follow-up, and 145 respondents from the 18-month follow-up. For the Comparison group, of the 441 participants interviewed at baseline, 320 are analyzed for the 6-month follow-up, and 162 respondents are analyzed at the 18-month follow-up.³ For the treatment (CREST) group, the first follow-up interview generally coincided with the completion of the program requirements, and it generally coincided with the end of work release for the Comparison group.

Several independent variables based on self-report information are used in this study. The background variables, assessed at baseline, include age, race/ethnicity, sex, previous times incarcerated, most recent crime type incarcerated for, previous treatment experiences, and primary problem substance of abuse.⁴ At follow-up, two additional variables are also utilized for the CREST group. Length of time in treatment is the amount of time CREST clients spent in the program.⁵ Graduate indicates whether CREST clients were graduates of the program. Both variables were assessed at the 6-month follow-up for clients out of the program at the time and at the 18-month follow-up for the remaining clients.

Relapse and recidivism are the two major outcome variables under consideration. Relapse is assessed through self-reported use of any illegal substances between baseline and the 6-month follow-up (for the 6-month compari-

son) and between baseline and the 18-month follow-up (for the 18-month comparison).⁶

Recidivism is assessed through self-report data concerning whether the respondent was arrested and charged with a crime between baseline and the first follow-up (for the 6-month comparison) and between baseline and the second follow-up (for the 18-month follow-up).

THE CREST TREATMENT REGIMEN

CREST is a 6-month residential, community-based therapeutic community for male and female inmates with histories of substance abuse, with the ultimate goal of having clients live drug free and crime free. To achieve this, the program seeks to change clients' old behaviors and attitudes. In doing so, CREST attempts to help clients: increase self-esteem; develop the prosocial values of responsibility, accountability, and honesty; form trusting familial relationships; develop discipline and self-control; see the negative impact of behavior on self and others; deal with confrontation without reacting violently; and learn about addiction and acknowledge that they have substance abuse problems (Nielsen & Scarpitti, 1995). Similar to other therapeutic communities, CREST is peer based, relying on the clients themselves to be instrumental in running the program, with staff overseeing TC operations and serving as "parental figures" in the CREST "family." In addition, CREST incorporates the principles of community structure, hierarchy, and confrontation in its attempt to rehabilitate/habilitate clients (De Leon, 1986, 1994; Kooyman, 1986; Yablonsky, 1989). Finally, obtaining work in the outside community is considered an important element in the therapeutic process.⁷

The regime at CREST has three phases: "orientation," "primary treatment," and "work release." When clients enter CREST, they undergo a month-long orientation period that serves to introduce them to the rules, norms, argot, and philosophy of the program. "Primary treatment" follows this phase and lasts approximately 2 months. Through participation in individual and group counseling, seminars, and various group activities, clients begin their engage-

²In this article, only clients randomly assigned to and entering CREST from the general prison population are considered in the CREST group. A nonrandomly selected, small group of CREST participants enter the program from an in-prison TC, but these are excluded from this analysis in order to highlight the impact of the integrated TC/work release approach.

³Data collection for the treatment and Comparison groups is ongoing. Although more respondents from both groups have been interviewed, the data are not yet available for analysis. At present, of respondents eligible to be interviewed, follow-up rates at the 6-month interview are 83.9% for the treatment group and 77.8% for the Comparison group. For the 18-month interview, follow-up rates are 75.3% for the treatment group and 69.0% for the Comparison group.

⁴Age is categorized as 18 to 25 years, 26 to 34 years, and 35 years of age and older. Previous times incarcerated is coded as 0 (first time incarcerated), one to two times, three to five times, and six or more times. The most recent crime type is comprised of four categories: drug related, property, violent, and other. In cases where respondents indicated more than one charge, the most serious was used to categorize their responses. Previous treatment indicates whether respondents have had any previous experience in treatment. The primary substance of abuse is the substance clients reported as their first problem drug.

⁵Length of time in treatment is coded as 0 to 1 month, 1 to 3 months, 3 to 5 months, 5 to 7 months, and 7 or more months.

⁶Although the relapse data are based on self-reports, this should not suggest that these data are unreliable or not valid. Self-reports are generally considered to be reliable, with longitudinal studies finding consistency in responses over time (O'Malley, Bachman, & Johnston, 1983; Single, Kandel, & Johnson, 1975). Studies using verification techniques (such as biochemical measures and consistency with other data) generally conclude that self-reported substance use is valid (Ball, 1967; Harrison, 1995; Mieczkowski, 1990). In the present study, urinalyses are conducted on each case, and this, in and of itself, enhances validity. Furthermore, a pilot study was conducted with several cohorts of clients and it was found that rates of self-reported drug use (for the previous 6 months) were 30% higher than the actual urinalysis results.

⁷Although some TCs do allow residents to find jobs in the outside community, this usually occurs at the end of a lengthy residence and serves primarily as a reentry phase (De Leon, 1986, 1994). "Work release" at CREST is utilized as a key treatment phase and occurs earlier than in other programs.

TABLE 1
Background Characteristics at Baseline for CREST and Comparison Groups

	Baseline		6-Month Follow-up		18-Month Follow-up	
	CREST	Comp.	CREST	Comp.	CREST	Comp.
Age^a						
18–25	30.4%	27.0%	31.2%	29.5%	30.1%	27.8%
<i>N</i>	75	119	59	94	43	45
26–34	49.0%	49.9%	48.1%	48.3%	49.0%	53.1%
<i>N</i>	121	220	91	154	70	86
35/over	20.6%	23.1%	20.6%	22.3%	21.0%	19.1%
<i>N</i>	51	102	39	71	30	31
Race/ethnicity^b						
White	26.2%	30.5%	25.8%	28.9%	25.7%	28.4%
<i>N</i>	65	134	49	92	37	46
Black	70.2%	65.9%	70.0%	67.6%	71.5%	70.4%
<i>N</i>	174	290	133	215	103	114
Other	3.6%	3.6%	4.2%	3.5%	2.8%	1.2%
<i>N</i>	9	16	8	11	4	2
Sex^c						
Male	79.8%	78.7%	77.9%	78.1%	77.1%	76.5%
<i>N</i>	198	347	148	249	111	124
Female	20.2%	21.3%	22.1%	21.9%	22.9%	23.5%
<i>N</i>	50	94	42	70	33	38
Previous times incarcerated^d						
0 (none)	31.0%	25.6%	31.1%	23.0%	27.1%	22.4%
<i>N</i>	77	112	59	73	39	36
1–2	40.3%	40.9%	40.5%	42.1%	42.4%	47.8%
<i>N</i>	100	179	77	134	61	77
3–5	23.8%	26.9%	23.7%	26.7%	25.7%	21.7%
<i>N</i>	59	118	45	85	37	35
6/more	4.8%	6.6%	4.7%	8.2%	4.9%	8.1%
<i>N</i>	12	29	9	26	7	13
Crime type incarcerated for (most recent)^e						
Drug	41.9%	32.0%	42.6%	30.2%	43.1%	31.1%
<i>N</i>	103	141	80	96	62	50
Property	24.8%	25.0%	25.0%	25.8%	25.7%	24.2%
<i>N</i>	61	110	47	82	37	39
Violent	20.3%	18.0%	19.1%	17.9%	17.4%	18.6%
<i>N</i>	50	79	36	57	25	30
Other	13.0%	25.0%	13.3%	26.1%	13.9%	26.1%
<i>N</i>	32	110	25	83	20	42
Previous treatment^f						
Yes	79.0%	73.5%	79.5%	74.6%	80.6%	76.5%
<i>N</i>	196	324	151	238	116	124
No	21.0%	26.5%	20.5%	25.4%	19.4%	23.5%
<i>N</i>	52	117	39	81	28	38
Primary substance of abuse^g						
None	1.6%	12.0%	0.5%	11.6%	0.0%	11.1%
<i>N</i>	4	53	1	37	0	18
Alcohol	11.3%	14.3%	11.6%	13.5%	11.8%	12.3%
<i>N</i>	28	63	22	43	17	20
Marijuana	9.3%	11.6%	10.5%	9.7%	9.7%	8.6%
<i>N</i>	23	51	20	31	14	14
Crack	15.3%	8.2%	14.2%	8.8%	15.3%	7.4%
<i>N</i>	38	36	27	28	22	12

(continued)

ment in the intensive treatment regimen. In addition, they hold job functions in the house and are responsible for running the facility. As such, clients' first 3 months in CREST are spent participating in all of the treatment activities characteristic of traditional TCs.

The work release phase follows primary treatment. The opportunity to seek employment is conditional upon showing progress in primary treatment. As in other work release programs, clients return to the CREST facility when not working. Because maintaining employment is

TABLE 1
Continued

	Baseline		6-Month Follow-up		18-Month Follow-up	
	CREST	Comp.	CREST	Comp.	CREST	Comp.
Cocaine	42.7%	38.4%	43.2%	40.4%	43.1%	47.5%
N	106	169	82	129	62	77
Heroin	17.7%	10.0%	17.4%	11.0%	17.4%	7.4%
N	44	44	33	35	25	12
Other	2.0%	5.5%	2.6%	5.0%	2.8%	5.6%
N	5	24	5	16	4	9

^aNo significant age differences are found between the CREST and Comparison groups for the three time points. The χ^2 values are as follows: for baseline, $\chi^2 = 1.11$, 2 *df*, $p = .58$; for 6-month follow-up, $\chi^2 = 0.27$, $p = .88$; and for 18-month follow-up, $\chi^2 = 0.52$, $p = .77$.

^bNo significant racial/ethnic differences are found between the CREST and Comparison groups for the time points. The χ^2 values are as follows: for baseline, $\chi^2 = 1.41$, 2 *df*, $p = .49$; for 6-month follow-up, $\chi^2 = 0.70$, $p = .70$; and for 18-month follow-up, $\chi^2 = 1.14$, $p = .56$.

^cNo significant gender differences are found between the CREST and Comparison groups for the three time points. The χ^2 values are as follows: for baseline, $\chi^2 = 0.13$, 1 *df*, $p = .72$; for 6-month follow-up, $\chi^2 = 0.00$, $p = .97$; and for 18-month follow-up, $\chi^2 = 0.01$, $p = .91$.

^dNo significant differences are found for previous times incarcerated for the CREST and Comparison groups at any of the three time points. The χ^2 values are as follows: for baseline, $\chi^2 = 3.19$, 3 *df*, $p = .36$; for 6-month follow-up, $\chi^2 = 5.55$, $p = .14$; and for 18-month follow-up, $\chi^2 = 2.89$, $p = .41$.

^eSignificant differences are found between the CREST and Comparison groups for the most recent type of crime incarcerated for two of three time points. The χ^2 values are as follows: for baseline, $\chi^2 = 15.72$, 3 *df*, $p = .00$; for 6-month follow-up, $\chi^2 = 14.39$, $p = .00$; and for 18-month follow-up, $\chi^2 = 8.68$, $p = .03$.

^fNo significant differences are found for previous treatment experience for the CREST and Comparison groups at any of the three time points. The χ^2 values are as follows: for baseline, $\chi^2 = 2.65$, 1 *df*, $p = .10$; for 6-month follow-up, $\chi^2 = 1.57$, $p = .21$; and for 18-month follow-up, $\chi^2 = 0.73$, $p = .39$.

^gSignificant differences in primary substance of abuse are found between the CREST and Comparison groups for all time points. The χ^2 values are as follows: for baseline, $\chi^2 = 42.87$, 6 *df*, $p = .00$; for 6-month follow-up, $\chi^2 = 28.72$, $p = .00$; and for 18-month follow-up, $\chi^2 = 28.33$, $p = .00$.

defined by both staff and clients as an important part of the program and a necessary condition for leading a drug-free/crime-free life, achieving this status is a goal for all clients. It is considered a major accomplishment and affords the individual a sense of achievement and positive self-worth. Work release phase residents are also accorded more privileges than others in the program.

Lasting approximately 3 months, the work release phase serves to prepare clients for reentry. In addition to gainful employment (or becoming involved in an education program), clients are expected to find a place to live and establish a bank account. These three achievements are requirements for program completion. Although those in primary treatment are allowed some contact with the outside community through short furloughs and attending AA/NA (Alcoholics Anonymous/Narcotics Anonymous) meetings, these are a major feature of the work release phase. Furloughs are extended to up to 3 days, and attendance at AA/NA meetings outside the facility is mandated. Developing support networks of recovering people through AA/NA is also emphasized. Working, attending AA/NA meetings, and having furloughs not only aid in preparing clients for reentry, but allow them to develop and increase their levels of responsibility.

Although employment is the major focus, important treatment elements also occur during the work release phase. Clients continue to have responsibilities in CREST and a modified version of primary treatment continues for them. The therapeutic focus is on helping clients deal

with having contact with the outside community and helping them apply some of the tools they learned for drug-free living. Work release clients continue to meet with their counselors for individual sessions. When in the CREST facility, they attend case-load meetings held by their counselor and participate in mandatory encounter group sessions. In addition, work release phase clients must attend special groups 2 evenings a week designed to deal with the issues and problems of working in the free community. In returning to the program and talking about issues that arise from being outside, clients' honesty and accountability are developed; increasing these prosocial values is one of CREST's stated goals. Work release phase clients are expected to spend as much time as they reasonably can with other clients in the program, and are verbally "confronted" if others perceive that they are failing to meet this responsibility. In addition, clients may request counseling with family members and/or significant others, which can help facilitate the transition back into society.

Although clients learn the tools they need to meet CREST's goals while in the primary phase of treatment, it is during the job seeking/work release phase that they face and learn to cope with real life issues—the desire to use drugs and having contact with people who use drugs, dealing with bosses and coworkers, and adjusting to the pressures of "straight" life. When clients return to CREST from the outside community, they discuss the problems they encounter and how they are handling them. The op-

portunity to discuss such issues allows clients to become familiar with means of resolving or dealing with problems they experience in the outside community, thus providing both a forum for dealing with the immediate issue as well as helping them learn things that may facilitate their readjustment to living and working in society.

As such, the work release experience enables program participants to use the tools for staying drug free. Moreover, among the important things learned are the responsibilities involved in holding a job—arriving on time, doing a good job, and getting along with others. To reinforce the necessity of learning these values, CREST staff have contact with employers, checking on clients' behavior, and employer satisfaction. If clients are acting inappropriately at work, this is addressed back in the treatment facility.

Working also allows clients to learn about being responsible with money. They are expected to pay a small amount of rent to the Department of Corrections, with the sum based on the number of hours worked each week. Similarly, work release phase clients make weekly payments on court fines (if any). In addition, part of the philosophy of CREST is that "the hands of the family will reach out and give support," which extends to both moral and financial support. When someone or the group itself is in need, clients are expected to contribute what

they can. Coming from prison, many clients lack the financial resources to participate with the rest of the group in such things as bowling or roller skating (a way to socialize clients and expose them to conventional activities not involving substance use). The most senior residents, those with jobs, are expected to contribute a small amount of money when such cases arise. This helps instill the value of responsibility for providing for one's family members and allows everyone to engage in the resocializing activities.

Role modeling is an important element in helping clients learn new behaviors (De Leon, 1986, 1994; Kooyman, 1986; Yablonsky, 1989). Clients in the work release phase serve as role models for others who have not been in treatment as long as themselves. It is assumed that they will have progressed to the point where those who knew them before will see demonstrable changes in their attitudes and behaviors, thus showing other clients that they can change through participation in CREST. By holding jobs, clients role model responsible behavior, such as arriving on time, being where one is supposed to be, and not using drugs. Other clients can also see the tangible results of what they may hope to achieve if they stay in the program until completion. The peer-based nature of the program allows working clients to convey information about job-seeking and related work issues to others to help them learn about life in society.

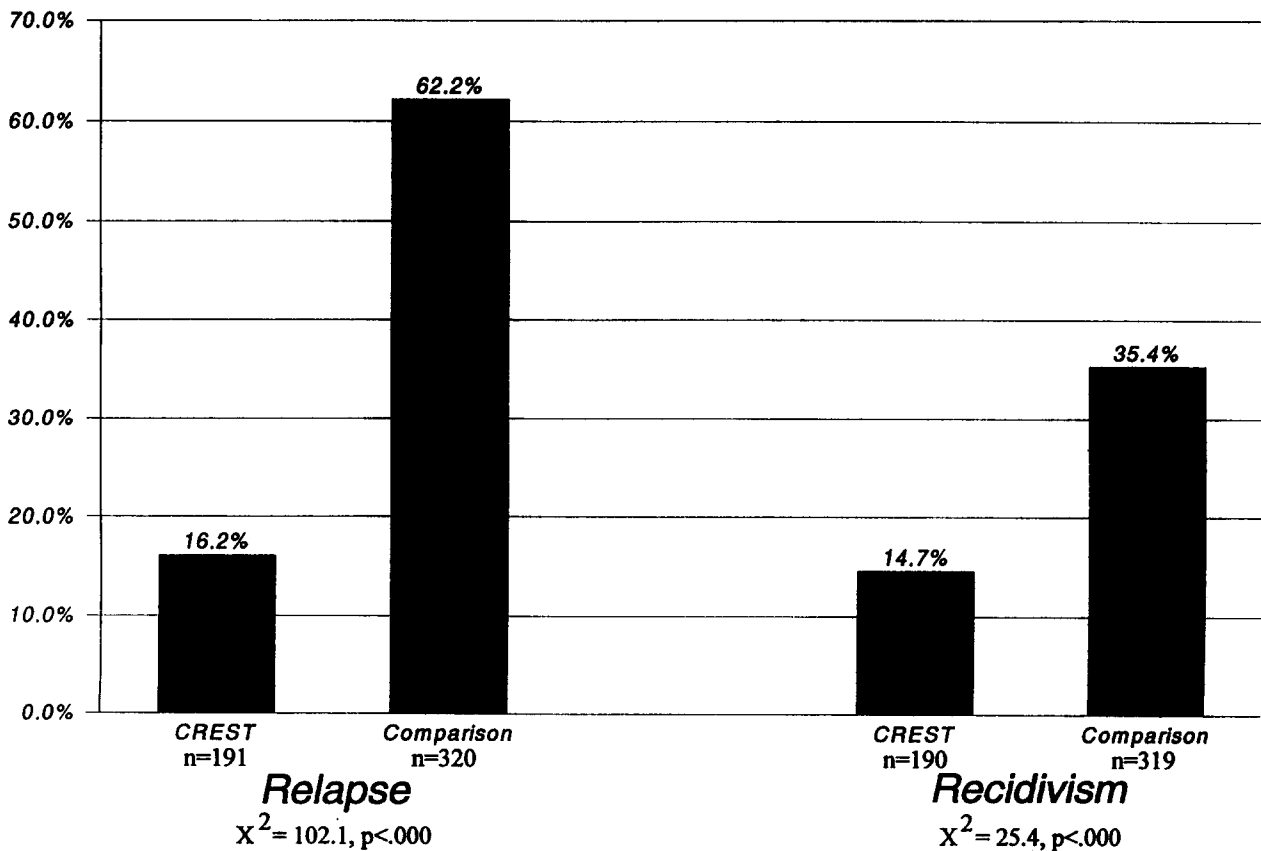


Figure 1. Relapse and recidivism for CREST and Comparison groups: 6-month follow-up.

Work release phase clients also serve other functions at CREST that help to support the treatment structure. When clients have the day off, they are required to “give back” to the family by engaging in some task to benefit the group. This often includes assuming a job function, washing dishes, giving seminars, or working with clients in orientation. The requirement also ensures that work release clients are available to role model for others, to spend time with them, and to return some of the knowledge, information, and caring that others at one time provided to them. In this way, work release phase clients support and perpetuate the peer-based transmission of the TC structure and treatment process. Work release phase clients are also expected to engage in confrontation and help maintain a fairly “tight” house in which effective treatment is ongoing. One weekend per month is designated as “family weekend” during which clients are not granted furloughs. This weekend provides an opportunity for work release and other clients to get to know one another, which facilitates the unity and sense of family that is integral to the treatment process.

PROGRAM EFFECTIVENESS

Table 1 shows the percentage distributions for the CREST and Comparison groups on several variables

with potential implications for the comparability of the groups and for relapse and recidivism. The distributions are for the original groups at baseline, for their members analyzed at the 6-month follow-up, and for those analyzed at the 18-month follow-up.

The results shown in Table 1 indicate that the two groups are generally comparable on several background measures. A larger percentage of CREST clients, however, were incarcerated for drug-related crimes, whereas a larger percent of the Comparison group committed more crimes classified as “other” (e.g., parole violations, failure to pay child support). In addition, a larger percentage of the Comparison than the CREST group reported having no problems with any substance whereas a larger percentage of the CREST group had problems with crack, cocaine, and heroin. The results suggest that the CREST group, relative to the Comparison group, may be comprised of offenders involved in more serious crimes and who have more serious drug problems. On the other hand, a smaller percentage of clients randomly selected for CREST may be in denial of their problems.

Both groups generally maintain their original characteristics through the two follow-ups. The within group distributions shown in Table 1 are generally stable across the three time points, indicating that both the CREST and Comparison groups, respectively, are comprised of mem-

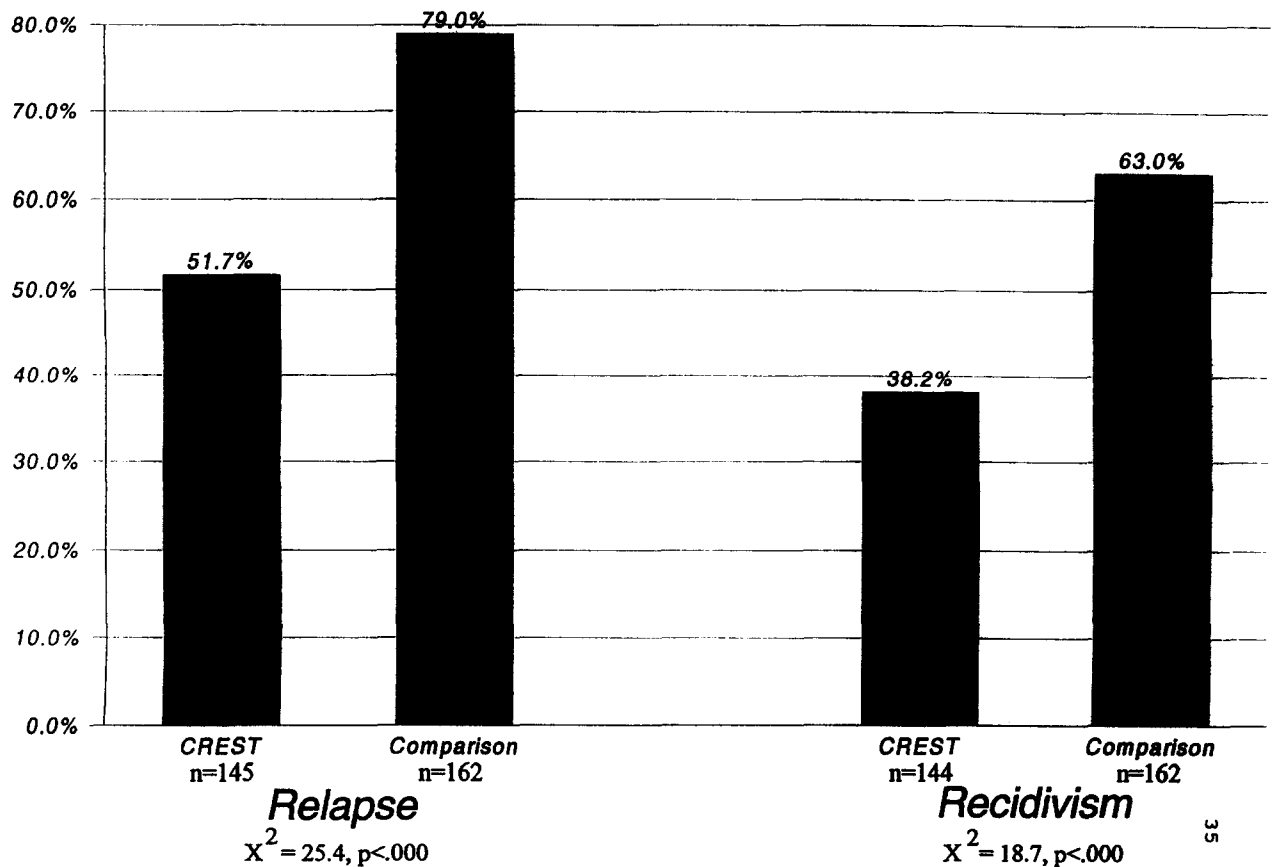


Figure 2. Relapse and recidivism for CREST and Comparison groups: 18-month follow-up.

bers at both follow-ups who generally are very similar to the groups at baseline. The composition of the Comparison group does change slightly: relative to baseline, a greater percentage of the Comparison group located and interviewed at the 18-month follow-up were incarcerated 1 to 2 times prior to the current time and the percentage of cocaine users is larger at 18 months than at baseline. In general, however, the composition of both the CREST and the Comparison groups remain very similar at the three time points. Thus, comparisons of relapse and recidivism are occurring between groups that maintained their respective background characteristics from baseline despite some sample attrition.

Available follow-up data suggest that CREST's approach to combining the work release and TC modalities can be an effective way to reduce both drug use and recidivism. As illustrated in Figure 1, the relapse and recidivism rates for CREST clients are significantly lower than those of the Comparison group. At the 6-month follow-up, only 16.2% of the CREST group had relapsed, relative to 62.2% of the Comparison group. Similarly, only 14.7% of CREST clients had been arrested by the first follow-up, as opposed to 35.4% of the Comparison group. The low relapse and recidivism percentages for the CREST group at 6 months are not surprising, how-

ever, because the majority of clients were in the program for most of this time (relapse or committing new crimes, as well as violation of cardinal rules while in CREST results in program termination and returning to prison).

Not unexpectedly, the relapse and recidivism percentages for both groups increased by the 18-month follow-up, although significant differences between the treatment and Comparison groups remain. As illustrated in Figure 2, 51% of CREST clients had relapsed relative to more than three fourths of the Comparison group. For recidivism, only about a third of CREST clients had been arrested whereas this was so for almost two thirds of the Comparison group respondents. Thus, although the relapse and recidivism rates for the CREST clients increased by the 18-month follow-up, this group continues to have significantly lower rates than the Comparison group, a finding that speaks to the effectiveness of the combined TC and work release approach relative to conventional work release for a comparable group of offenders.

Examination of relapse and recidivism data within the CREST group reveals that the program's effectiveness is not specific to any one demographic group. As Table 2 indicates, no statistically significant differences in relapse and recidivism rates by gender, race/ethnicity, or age are evident for CREST clients at the 6- and 18-month follow-ups.

TABLE 2
Relapse and Recidivism Percentages for CREST Group at 6-Month and 18-Month Follow-ups by Selected Demographic Characteristics

	6-Month Follow-up		18-Month Follow-up	
	Relapse	Recidivism	Relapse	Recidivism
Gender^a				
Male	17.6%	15.5%	54.5%	38.7%
Total N	148	148	112	111
Female	11.6%	11.9%	42.4%	36.4%
Total N	43	42	33	33
Race/Ethnicity^b				
White	20.4%	14.3%	59.5%	43.2%
Total N	49	49	37	37
Black	15.7%	15.0%	47.1%	35.0%
Total N	134	133	104	103
Other	0.0	12.5%	100%	75.0%
Total N	8	8	4	4
Age^c				
18-25 years	23.7%	22.0%	54.5%	51.2%
Total N	59	59	44	43
26-34 years	9.8%	12.1%	51.4%	34.3%
Total N	92	91	70	70
35+ years	17.9%	10.3%	46.7%	26.7%
Total N	39	39	30	30

^aNo significant differences are found between the genders on the outcome measures. The χ^2 values are as follows: for relapse at 6 months, $\chi^2 = 0.86$, $p = .35$; for recidivism at 6 months, $\chi^2 = 0.34$, $p = .56$; for relapse at 18 months, $\chi^2 = 1.48$, $p = .22$; and for recidivism at 18 months $\chi^2 = 0.06$, $p = .81$.

^bNo significant differences are found between the three race/ethnicity groups on the outcome measures. The χ^2 values are as follows: for relapse at 6 months, $\chi^2 = 2.21$, $p = .33$; for recidivism at 6 months, $\chi^2 = 0.05$, $p = .98$; for relapse at 18 months, $\chi^2 = 5.50$, $p = .06$; and for recidivism at 18 months, $\chi^2 = 3.15$, $p = .21$.

^cNo significant differences are found between the age groups on the outcome measures. The χ^2 values are as follows: for relapse at 6 months, $\chi^2 = 5.43$, $p = .07$; for recidivism at 6 months, $\chi^2 = 3.61$, $p = .16$; for relapse at 18 months, $\chi^2 = 0.44$, $p = .80$; and for recidivism at 18 months, $\chi^2 = 5.22$, $p = .07$.

TABLE 3
Relapse and Recidivism Percentages for the CREST Group at 6-Month and 18-Month Follow-ups by Length of Time in the Program

Months in Crest	0-1	1-3	3-5	5-7	7+
Relapse 6 months ^a	38.1%	29.2%	18.8%	2.7%	0.0%
N	21	24	48	74	16
Recidivism 6 months ^b	38.1%	16.7%	20.8%	8.2%	0.0%
N	21	24	48	73	16
Relapse 18 months ^c	72.2%	70.6%	55.9%	37.5%	40.0%
N	18	17	34	56	15
Recidivism 18 months ^d	50.0%	52.9%	39.4%	33.9%	13.3%
N	18	17	33	56	15

^a $\chi^2 = 25.7, p < .00.$

^b $\chi^2 = 15.2, p < .00.$

^c $\chi^2 = 11.0, p < .03.$

^d $\chi^2 = 7.0, p < .14.$

Length of time in treatment is associated with improved success rates in terms of drug use and recidivism (cf. De Leon, 1984a; Field, 1992; Simpson, Savage, & Lloyd, 1979; Wexler et al., 1992) and the results from CREST substantiate this finding. As Table 3 indicates, greater length of time in CREST is associated with decreased relapse rates at the 6- and 18-month follow-up interviews, and with decreased relapse rates at the second follow-up. Greater length of time in treatment is also associated with lower recidivism rates at the 18-month follow-up, although the differences are not statistically significant.

CREST graduates also fare better than clients who did not complete the program. As Table 4 shows, and as would be expected, CREST graduates have significantly lower relapse and recidivism percentages than nongraduates at the 6-month follow-up. At the 18-month follow-up, CREST graduates have lower relapse and recidivism rates than nongraduates, although these differences are significant only for recidivism.

DISCUSSION

CREST Outreach Center, as the nation's first TC/work release program, is able to successfully combine the elements of therapeutic community treatment with the functions and goals of work release. As a whole, CREST seeks to help clients change so they can reenter society and live drug free and crime free. The work release component plays an important role in helping CREST habilitate/rehabilitate clients. Work release, as a treatment phase, provides an opportunity to apply TC knowledge garnered from the primary treatment phase to real life experiences. It also provides clients with an opportunity to earn and save money.

The TC and work release elements, as integrated at CREST, are complimentary, and combined as they are, the goals of both are achieved and reinforce one another. Clients are not only more physically/economically ready

for community reentry, but they also apply their TC experience to "real-life situations." Both the treatment received and the economic factors associated with having a job help prepare clients to reenter society and offer the foundation for remaining there.

The available follow-up data suggest that CREST clients fare significantly better than the Comparison group members. Moreover, the available 18-month follow-up data indicate that CREST's impact is an enduring one for a large number of its clients, with significantly more of the program's participants continuing to display the pattern of reduced relapse and recidivism relative to the Comparison group. Importantly, it is during this period of actually returning to live in the outside community that a sizable percentage of CREST clients are maintaining drug-free and crime-free lives. For CREST clients, increased length of time spent in the program is associated with lower relapse and recidivism rates, and those who graduate from the program fare better than nongraduates. Therefore, the follow-up results suggest that the TC and work release modalities as integrated are indeed

TABLE 4
Relapse and Recidivism Percentages for CREST Graduates and Non-graduates at the 6-Month and 18-Month Follow-ups

	CREST Graduates	Nongraduates
Relapse 6 months ^a	1.9%	21.6%
N	52	139
Recidivism 6 months ^b	2.0%	19.4%
N	51	139
Relapse 18 months ^c	44.7%	55.1%
N	47	98
Recidivism 18 months ^d	25.5%	44.3%
N	47	97

^a $\chi^2 = 10.8, p < .00.$

^b $\chi^2 = 9.1, p < .00.$

^c $\chi^2 = 1.4, p < .24.$

^d $\chi^2 = 4.7, p < .03.$

complimentary and that combining the two assists participants in reentering society and leading productive, prosocial lives. To further assess the program's effectiveness, however, more complex analyses are needed than are presented here. In addition, follow-up data at later points in time, which are scheduled to continue until 54 months after release from prison, will help to determine how lasting the effects of CREST and its integrated TC/work release regimen will be.

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