

RESEARCH FILE

**Residential Treatment In A Therapeutic Community May Reduce Future Incarceration: A Research Note**

**1. Introduction**

Collective incapacitation (i.e., offense-based imprisonment policy) is the primary strategy for crime control in the United States. Increased reliance on collective incapacitation has resulted in the tripling of the United States prison populations since 1980 (Beck, 1999; Cohen & Canela-Cacho, 1994). The enactment of new laws that increase the certainty and severity of punishment has predominately targeted drug crimes. Recent estimates from the Arrestee Drug Abuse Monitoring Program (ADAM) are that 68 percent of the arrestees in the United States test positive for one or more drugs (NIJ, 1999). From 1980 to 1990, the likelihood of incarceration after arrest increased fivefold for drug offenses (Beck, 1999), most notably in the Federal system (Mauer, 1997). In fact, 61 percent of the Federal prison population was comprised of drug offenders as of 1995 (Mauer, 1997).

There are several consequences of incapacitation policies for drug offenses. First, these policies have contributed to large increases in criminal justice costs, because of substantial increases in prison populations. At year-end 1996, 1.1 million adults were in custody in State or Federal prisons (Beck, 1999). National corrections costs, including probation and parole, are currently more than \$30 billion annually (Mauer, 1997). Continued imprisonment of drug users will require building new prisons at an estimated cost of about \$75,000 per prison cell (Blumstein, 1995).

Many social scientists recognize the inability of traditional criminal justice policies to deal with the extensive drug problem in this country (Mauer, 1997). Fishbein (1990) contends that mandatory minimum sentences designed to "get tough" on drug crime have had limited success because they fail to address the underlying problems of addiction. The recent development of over 275 drug courts across the United States indicates a growing acceptance that court-ordered, community-based treatment may be a promising alternative to incapacitation (Dcschenes, Turner, & Greenwood, 1995). Zimring and Hawkins (1995) state that crime reduction by means of imprisonment lasts no longer than the last day of incarceration. The authors claim that influencing behavior through appropriate treatment will have a greater likelihood of reducing crime by that offender. One alternative to incarceration may be placement in a

residential Therapeutic Community (TC). In this paper we use findings from the District of Columbia Treatment Initiative (DCI) to look at whether completing treatment in a residential Therapeutic Community (TC) might be an effective strategy for reducing the likelihood of a subsequent incarceration.

**2. The District Of Columbia Treatment Initiative (DCI)**

The DCI was a randomized experiment designed to test the efficacy of providing Therapeutic Community (TC) treatment and subsequent outpatient treatment of different lengths and intensity to clients entering treatment in Washington, D.C. An extensive follow-up study of DCI clients re-interviewed 93 percent (n=380) of the target population an average of 19 months after release from treatment (Nemes, Wish, & Messina, 1999). A more detailed description of the DCI appears in Nemes, Wish, and Messina (1998). As part of this outcome study, we found that treatment completion was related to marked reductions in drug use and post-discharge arrests, as well as increased employment at follow-up (Nemes et al., 1999).

We also discovered that clients interviewed in the community were much more likely to have completed treatment than clients interviewed in prison (44 percent versus 10 percent). It appeared reasonable to hypothesize that treatment completion had reduced the likelihood of being incarcerated at follow-up. We first considered the obvious possibility that this relationship was circular, with clients being terminated from treatment after they had been arrested and incarcerated. Yet, we found that only four clients in our sample reported being terminated from treatment because of an arrest. We excluded these four clients from further analysis, leaving a final sample of 376 clients.

**Coefficients of Logistics Regression Assessing Incarceration at Follow-up (N=267)**

Variables	BETA	P-Value	EXP (B)
Age	-.1071	.01	.8984
Total Prior Arrests	-.0458	.16	
C.J. Status at Admission [None]			
Probation, Parole, Bail, Jail	2.7419	.01	15.5168
Primary Drug Disorder Alcohol/Marijuana/PCP			
Cocaine	-1.1972	.14	
Heroin & Cocaine	-1.4805	.09	
Prior Drug Treatment [No]			
Yes	.03334	.94	
Treatment Status [Did Not Graduate]			
Graduated	-2.3224	.01	.0980
Constant	1.0939	.45	

Note: [Brackets] indicate reference category.

### 3. Results

We used bivariate analyses to identify factors that were associated with incarceration at follow-up and immediately found that only 6 percent of the 105 women were incarcerated at follow-up compared with 24 percent of the men. Due to the very low number of women incarcerated (n=6), we limited our analyses to the 271 male clients.

In addition to treatment completion status, we looked at a number of demographic, criminal history, and substance abuse history variables collected at treatment admission that we thought might be related to post-treatment incarceration. Exhibit 1 shows that 6 of the 10 variables that we examined were significantly related to being incarcerated at follow-up. Most notably, men who dropped out of treatment, who were under 25 years old at admission, and who had extensive involvement with the criminal justice system prior to treatment, were most likely to be incarcerated at follow-up.

Logistic regression analysis was performed to determine the degree of the association between treatment completion and incarceration at follow-up while controlling for significant client characteristics and other related factors found in the bivariate analyses. Exhibit 2 shows that two treatment admission variables, age and criminal justice status, remained significantly related to incarceration at follow-up (drug disorder at admission, prior drug treatment, and total prior arrests were no longer significant). Each 1 year increase in the age of a client reduced the odds of being incarcerated by 10 percent. However, formal criminal justice supervision at treatment admission (i.e., probation, parole, on bail, or in jail) increased the odds of incarceration at follow-up by over 1,000 percent.

After controlling for treatment admission variables, treatment completion remained significantly related to incarceration at follow-up. Completing treatment reduced the odds of being incarcerated at follow-up by 90 percent (this translates into an average 10 percent probability of being incarcerated at follow-up for treatment completers across all predictors in the model versus an average 51 percent probability for treatment drop-outs).

**Percent of Men Incarcerated at Follow-up, By Client Characteristics (N=271)<sup>ab</sup>**

Characteristics	Incarcerated %	P-Value
Age at Admission		.01
19-25 (44)	48%	
26-30 (86)	24%	
31-35 (71)	18%	
36-40 (41)	20%	
>41 (29)	7%	
Education at Admission		.22
11 years or less (176)	26%	
12 years (44)	25%	
Ever Had Legitimate Job		.35
Yes (245)	23%	
No (24)	29%	
Marital Status at Admission		.09
Married/Living As (41)	17%	
Divorced/Separated (38)	13%	
Never Married (190)	27%	
Primary Drug Disorder		.01
Alcohol/Marijuana/PCP (13)	54%	
Cocaine (112)	21%	
Heroin & Cocaine (102)	16%	
Prior Treatment		.05
Yes (123)	19%	
No (145)	28%	
Total Prior Arrests		.01
0-1 (33)	0%	
2-5 (68)	19%	
6-9 (74)	30%	
>10 (95)	32%	
C.J. Status at Admission		.01
None (78)	4%	
Probation, Parole, Bail, Jail (192)	32%	
SCID Diagnosis		.23
No Disorder (47)	21%	
Provisional Only (26)	31%	
Other Disorders (16)	6%	
Depression (15)	33%	
APD (101)	21%	
APD & Depression (22)	9%	
Treatment Program Status		.01
Did Not Graduate (173)	36%	
Graduated (98)	7%	

<sup>a</sup> Excludes clients terminated from treatment due to arrest.

<sup>b</sup> Numbers vary slightly due to missing data.

### 4. Discussion

Our findings suggest that completion of treatment was associated with considerable reductions in incarceration at follow-up in this high risk population. Even after controlling for the large negative effect of being under formal criminal justice supervision at admission, completing treatment remained an important factor associated with substantially lower probabilities of incarceration. This result is consistent with our prior findings indicating that

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treatment completion was related to a number of other positive outcomes at follow-up (Nemes et al., 1999), even after controlling for a multitude of other variables related to treatment outcomes, such as inpatient treatment services (Nemes, Messina, Wish, & Wraight, 1999), gender (Messina, Wish, & Nemes, submitted), and antisocial personality disorder (Messina, Wish, & Nemes, 1999). Although our findings indicate that treatment completion is associated with a reduced likelihood of being incarcerated at follow-up, it is difficult to identify the mechanism behind these findings. Is it treatment completion or client compliance that is most important? Clients who are motivated to complete treatment could also be the most motivated to do well after treatment.

Regardless of the "completion versus compliance" dilemma, the findings from this study should be replicated. If persons who complete treatment in a Therapeutic Community (TC) are less likely to be incarcerated at follow-up, residential treatment may be one answer to the rising costs of the criminal justice system in the United States, as well as to the huge social costs to minority populations.

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**JANUARY**

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Women's Health, Women Doctors, and  
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 5201 LEESBURG PIKE  
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(703) 820-4810, (703) 671-0246 (fax)



**ACS Federal Healthcare, Inc./  
 Birch & Davis  
 Research & Evaluation Group  
 3 Skyline Place  
 5201 Leesburg Pike, Suite 600  
 Falls Church, VA 22041-3299  
 703-820-4810 Main  
 703-671-0246 Fax**

**Harold Blackwell, Jr.**  
 Harold.Blackwell@acs-inc.com  
 703-575-6629

**Miriam Phields**  
 Miriam.Phielids@acs-inc.com  
 703-575-6654

**William Crutchfield**  
 William.Crutchfield@acs-inc.com  
 703-575-6642

**Louis Podrasky-Mattia**  
 Deputy Project Director  
 Louis.Mattia@acs-inc.com  
 703-575-4765

**Robert Atanda, PhD**  
 Robert.Atanda@acs-inc.com  
 703-575-6604

**Tasneem Husain**  
 Tasneem.Husain@acs-inc.com  
 703-575-6607

**Maurice Wilson, PhD**  
 Maurice.Wilson@acs-inc.com  
 703-575-6618

**Donna Atkinson, PhD**  
 Project Director  
 Donna.Atkinson@acs-inc.com  
 703-575-6667

**Dennis R.King II**  
 Dennis.King@acs-inc.com  
 703-575-4993

**Wealthy Wrighttaylor**  
 Wealthy.Wrighttaylor@acs-inc.com  
 703-575-4775

**Aaron Benton**  
 Aaron.Benton@acs-inc.com  
 703-575-4995

**Kelly O'Bryant**  
 Kelly.OBryant@acs-inc.com  
 703-575-4714