

# Effective Jail Based Treatment and Practices

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# Why Drug/Treatment Courts use Jail

## To Sanction

- Substance use
- Non-adherence to expectations
- Goal: Increase prosocial or compliant behavior

## To Keep Safe

- Keep away from substances
- Keep away from known criminal or substance-using associates
- Detoxify

# Why Drug/Treatment Courts use Jail

- Flash incarceration effective
- Jail is not a treatment Level of Care (LOC)
- Limited access to healthcare
- Limited or no MH or SA services
- Access to substances: Medication, hooch
- For some, reinforcing “wrong” behavior
- Safety is not guaranteed: fights, gangs, PREA
- **NOT ENGAGED IN TREATMENT or RECOVERY PROCESS**

<http://nymag.com/daily/intelligencer/2015/06/inside-rikers-island-interviews.html>

# R-N-R

- **Risk-Need-Responsivity Risk:** Match the level of service to the offender's risk to reoffend. Work with the moderate and higher risk cases (risk principle).
- **Need:** Assess criminogenic needs and target them in treatment.
- **Responsivity:** Maximize the offender's ability to learn from rehabilitative intervention.

# Primary risk/need factors

- antisocial associates
- antisocial cognitions
- antisocial personality pattern
- **history of antisocial behavior**
- substance abuse
- family–marital issues
- social–work deficits
- limited leisure–recreation

# Best Practices: Screening & Assessment

## Universal:

- Violence, safety
- Health/medical
- Mental health
- Substance abuse
- Trauma

# Constitutional Right to Healthcare

In a landmark 1976 case, [Estelle v. Gamble](#), the U.S. Supreme Court held that not providing adequate medical care to prisoners was a violation of the Constitution's Eighth Amendment against cruel and unusual punishment.

# Comprehensive Care

- Detox services
- M.A.T.
- Mental Health
- Substance Abuse
- Basic Medical Services
- Recreation
- Education
- Vocational

## **STANDARDS and ACCREDITATION of JAIL-BASED HEALTH SERVICES**

1. National Commission on Correctional Healthcare
2. Joint Commission

# Community Linkage

## **Illinois Jail DataLink**

- **Identify individuals with mental illness who are involved with the publicly-funded MH services & the criminal justice system**
- **Eight counties participating: Cook, Will, Peoria, Winnebago, St Clair, Rock Island, Macon, McLean**

# Community Linkage

## Prescription Monitoring Program

- Prescribers and dispensers to view a current or prospective patient's prescription history on a 24-hour basis.
- Prescriber access complete history of the prescriptions dispensed under his or her DEA number.
- Includes a brief intervention form and a link to SAMSHA treatment centers.

# Community Linkage

- Case finding for specialty courts/diversion
- Structured communication with community providers
- Visits by community providers
- Discharge planning

# Community Linkage: Treatment Records

**Records from  
Community  
Providers:** Executed  
at Intake/Receiving;  
tracked from  
execution to receipt;  
relevant information  
scanned into EHR

# Characteristics of Effective Treatment

- |   |   |
|---|---|
| 1 | High degree of involvement/activity; dedicates significant time to programming/services |
| 2 | Individualized, participant directed with a focus skill building                        |
| 3 | Cognitive-behavioral therapy  |
| 4 | Structured curriculum /Manualized care  |
| 5 | Multiple treatment modalities   |
| 6 | Trained/Qualified professionals administer treatment program                            |
| 7 | Treatment tied to Risk-Need-Responsivity principles                                     |
| 8 | Length of program (dosing schedule) appropriate to assessed needs                       |
| 9 | Aftercare in the community supports in-custody treatment gains                          |

Adapted from "What Works? Short-Term, In-Custody Treatment Programs" (Bahr, 2013)

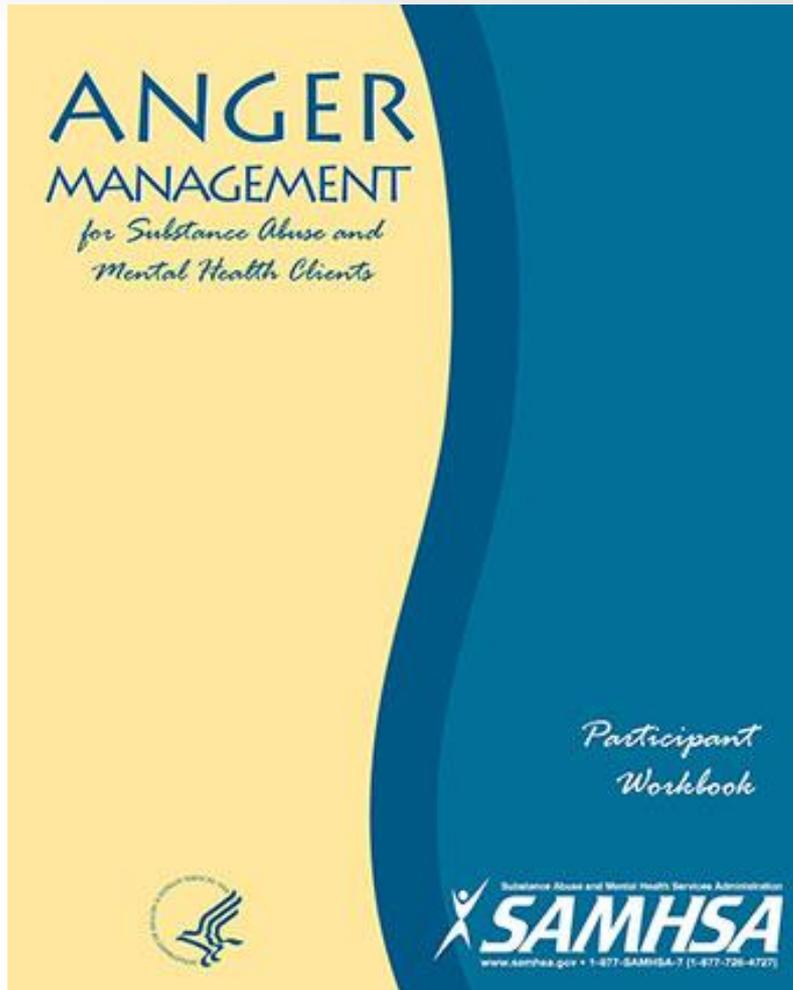
# Cognitive-Behavioral Therapy

- individuals have “distorted cognitions”—dysfunctional ways of perceiving, storing and using information
- dysfunctional thinking patterns lead to irrational thoughts and beliefs, allowing offenders to “act in a criminal and anti-social manner” (“engage in substance use”)
- Cognitions are learned through interaction with others and life experiences--and thus can be modified by exposing thought processes that lead to negative feelings and anti-social behaviors and replacing them with positive feelings and pro-social behaviors.

# CBT-Based Effective Models

CBT Program Type	Program Description	Program Curriculum	Recidivism Reduction
<b>Moral Reconciliation Therapy (MRT)</b>	“Designed to raise the moral reasoning level of the offender” to improve upon the offenders social, moral, behavioral, and cognitive deficits	<ul style="list-style-type: none"> <li>• 10-15 participants</li> <li>• sessions at least twice a week for one to two hours</li> <li>• 14 to 16 sessions</li> </ul>	Rearrests rates of those who participated in MRT were 45% compared to 67% for those who did not participate
<b>Reasoning and Rehabilitation (R&amp;R)</b>	Teaches the offender to stop and think before acting, how to recognize that their actions have consequences and affect people other than themselves, and lastly how to respond to a situation with a pro-social attitude	<ul style="list-style-type: none"> <li>• 6-8 participants</li> <li>• 8 to 12 weeks</li> <li>• 35 sessions</li> </ul>	Recidivism rate of 37% compared to 70% for non-participants as measured by prison re- admission.
<b>Thinking for a Change (T4C)</b>	Makes the offender aware that their thinking controls their behavior, along with teaching them how to increase their problem solving skills and how to respond to the feelings of others and also their own.	<ul style="list-style-type: none"> <li>• 8-12 participants</li> <li>• 11 weeks for 1-2 hours per session</li> <li>• at least 22 sequential lessons</li> </ul>	15.1% re-arrest rate compared to 20% for non-participants.

# Topical CBT Curricula



- Stress Management
- Anger Management
- Depression
- Anxiety
- Managing Auditory Hallucinations
- Sleep Hygiene

# Therapeutic Communities (TC)

- Highly structured residential units within the jail
  - Stress positive role model behaviors and strong sense of community (shared responsibility)
  - emphasize active involvement, include CBT therapy, individual counseling, group counseling, and 12-step programs and daily meetings
- **KEY/Crest**
  - **Correctional Therapeutic Communities (CTC)**

# Correctional Therapeutic Community for Substance Abusers

<b>Phase 1</b>	The treatment model consists of assessment, evaluation, and orientation into a CTC. Each new resident is assigned a primary counselor who conducts a needs assessment.
<b>Phase 2</b>	Emphasizes the residents' active involvement in the CTC, including such activities as morning meetings, group therapy, one-on-one interaction, confrontation of other residents who are not motivated toward substance abuse recovery, and nurturing of newer residents. Residents begin to address their own issues related to substance abuse and criminal activity in group sessions and during one-on-one interactions.
<b>Phase 3</b>	Stresses role modeling and overseeing the working of the CTC on a daily basis (with the support and supervision of the clinical staff). So residents develop a strong sense of community, they are organized into a hierarchical structure by roles and job functions, which are associated with strict behavioral expectations and corresponding rewards or sanctions. The rewards or sanctions are applied jointly by staff (many of whom are former offenders or recovering adults who formerly abused substances and act as role models) and residents who act as role models for newer residents.

# Centering/Relaxation Techniques

## (Chair) Yoga & Deep Breathing Exercises

<https://yogaservicecouncil.org/yoga-and-diversity/from-jail-to-community>

<https://youtu.be/Dic1Bzl4Cw0>

# Educational Programs

	<b>Participated</b>	<b>Did Not Participate</b>
Re-Arrest	50%	58%
Re-Conviction	26%	33%
Re-Incarceration	24%	31%

Chart taken directly from (VanDine, & Bickle, 2010)

Includes General Educational Development (GED), Adult Basic Education (ABE) and Post-Secondary Education (PSE)

# Addressing Developmental Issues

- promote the healthy development and positive outcomes of young people
- help young men avoid the kinds of automatic behavior that can lead to violence

*President Barack Obama greets guests from Youth Guidance's BAM (Becoming a Man) program at the White House in 2013. (Official White House Photo by Chuck Kennedy)*

# SAMPLE WEEKLY SCHEDULE

- 10-12 hours of structured group program on MH/SA
- 1-4 hours of structured group programming on topical issues
- Individual counseling session
- Classroom participation (GED): 3-4 hours per week
- Recreation, religious services: 3-4 hours per week
- Community Meeting: daily
- Medication: 1-2x daily

For additional information, contact:

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