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A Short-Term Evaluation of the RAPt Alcohol Dependency Treatment Programme

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Introduction

Alcohol use has a strong link with crime and has frequently been linked with violent crime[1]. Jones and Hoffman[2] reported that almost 40 per cent of male offenders were found to be alcohol dependent and the majority were severely dependent, meeting six or more of the seven DSM-IV diagnostic criteria. These findings were supported by analysis of Offender Assessment System (OASys) assessments conducted between 2004 and 2005 which revealed that between 32-38 per cent of offenders had alcohol misuse problems, violent behaviour related to alcohol use and/or criminogenic needs related to alcohol misuse[3].

In 2003 the Prime Minister's Strategy Unit estimated that there are 1.2 million incidents of alcohol related violence, 360,000 alcohol related incidents of domestic violence and 85,000 cases of drink-driving per annum[4]. The British Medical Association has estimated that either the offender or victim had consumed alcohol in 65 per cent of homicides, 75 per cent of stabbings, 70 per cent of assaults and half of all domestic assaults.

The financial cost of alcohol-related crime is similarly alarming. In 2003 the Prime Minister's Strategy Unit estimated cost for alcohol-related crime and anti-social behaviour at £7.3 billion per year. By comparison, the amount that alcohol misuse costs the National Health Service was estimated at around £1.7 billion per year[5].

Treatment which effectively enables alcohol-dependent offenders to cease alcohol misuse is therefore expected to reduce alcohol-related offending behaviour. However a lack of specialist treatment services accredited by CSAP means that opportunities for providing interventions within the criminal justice system, and thereby reducing re-offending, are often missed[6]. McSweeney et al.[7] report that there were high levels of largely unmet alcohol-related need within National Probation Service caseloads at a national level.

McSweeney et al. recommends that there should be a significant increase in the use of evidence based alcohol interventions for offenders whose crimes are related to their use of alcohol. There is a body of evidence suggesting that participation in offending behaviour programmes leads to reduced rates of reconviction[8]. Martin and Player's reconviction analysis of men who had undertaken the RAPt Substance Dependency Treatment Programme (SDTP) found it to be highly effective: only 18 per cent of these graduates whose drug of choice was alcohol had re-offended within a year of release, a significantly lower figure than predicted through risk assessment[9].

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2. ones, G.Y. and Hoffman, N.G. (2006) Alcohol dependence: International policy implications for prison populations. Substance Abuse Treatment, Prevention and Policy, 26, 211-223.
3. Howard, P. D., Clark, D. A., et al. (2004). An evaluation of the Offender Assessment System (OASys) in three pilots, 1999-2001. H. Office. London, Home Office, Bonds, C. and R. Stanbury (2009). Data challenges and opportunities: Offenders in custody and the community. London, Ministry of Justice.
4. PMSU (2003). Interim Analytical Report. London, Prime Minister's Strategy Unit. Online: http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/su%20interim_report2.pdf
5. Ibid.
6. Alcohol Concern (2000) Britain's Ruin: meeting government objectives via a national alcohol strategy. London, UK: Alcohol Concern.
7. McSweeney, T., Webster, R., Turnbull, P. J. and Duffy, M. (2009). Evidence-based practice? The National Probation Service's work with alcohol misusing offenders. Ministry of Justice Research Series, 13/09, Sep 09.
8. Hollin, C., Palmer, E., McGuire, J., Hounsome, J., Hatcher, R., Bilby, C. and Clark, C. (2004) Pathfinder programmes in the Probation Service: a retrospective analysis. Home Office Online Report 66/04. London: Home Office, Hollis, V. (2007) Reconviction Analysis of Programme Data using Interim Accredited Programmes Software (IAPS). London: RDS/NOMS, and McCulloch, A. and McMurran, M. (2008) 'Evaluation of a treatment programme for alcohol-related aggression', Criminal Behaviour and Mental Health, 18 (4): 224–231.
9. Martin, C., Player, E. and Liriano, S. (2003) Results of evaluations of the RAPt drug treatment programme. In Ramsay, M. (Ed.), Prisoners' Drug Use and Treatment: Seven Research Studies: Home Office Research Study 267. London, UK: Home Office.

The Alcohol Dependency Treatment Programme (ADTP) is a six-week, intensive offending behaviour programme aimed at medium — to high-risk male offenders with a history of alcohol dependence. The ADTP introduces coping and relapse-preventions skills, addresses skills deficits that underlie both alcohol dependence and violent offending; the programme actively links participants to ongoing sources of support such as Alcoholics Anonymous (AA), and guides participants in need of ongoing support on release into appropriate community programme. The ADTP was developed by the Rehabilitation for Addicted Prisoners Trust (RAPt) and accredited by the Correctional Service Accreditation Panel (CSAP) in 2008.

A twelve-step approach forms the basis of the ADTP because this approach has been shown to be particular effective for offenders with severe levels of dependence and low levels of social support[10]. Additionally, the approach has been shown to increase the likelihood of successful engagement with Alcoholics Anonymous (AA)[11] Alcoholics Anonymous provides an ongoing, free, nationwide, readily available network of support which is independent of the criminal justice system, yet accessible both in prison and in the community. Such support is a crucial source of support, offering continuity between treatment, prison and the transition back into the community. It is also important for alcohol dependent offenders because it provides a network of sober friends outside of prison in a society which is otherwise widely accepting of alcohol use.

The source of data used in this paper comes from twelve consecutive cohorts of participants on the ADTP at HMP Bullingdon between April 2007 and January 2009. There were a total of 134 participants during this period; 107 graduated and 27 were de-selected. Despite the small sample size, the findings are encouraging: A comparison of pre- and post-treatment psychometric scores indicates the programme produces significant changes across a range of dynamic risk factors for re-offending. Participants' post-treatment feedback also indicates the programme is effective in linking offenders to peer and professional support and increasing the likelihood of affiliation with the fellowship of Alcoholics Anonymous (AA).

Method

Participant Selection

All applicants undergo a Comprehensive Substance Misuse Assessment (CSMA) prior to being assessed further for the ADTP. This includes questionnaires covering the offender's drug and alcohol history, social support, history of mental health problems and other treatment-related needs. Applicants' eligibility for the ADTP is then assessed according to the following criteria:

- ❒ Medium-high risk of re-offending
- ❒ A history of alcohol dependence
- ❒ Alcohol dependence as a significant risk factor for re-offending

Risk of re-offending is assessed through the OASys assessment where it is operational within the establishment. Alternatively, the sentence planning process using the sentence planning risk predictor will be used.

History of alcohol dependence is assessed using RAPt's Substance Dependence Assessment and the CSMA. The RAPt Substance Dependence Assessment evaluates whether an offender meets DSM-IV-TR criteria for alcohol dependence. The CSMA provides more general information, through open-ended questions, about the offender's use of alcohol.

Where someone has been assessed as meeting DSM-IV criteria for alcohol dependence, their dependence will be assumed to be a significant risk factor for re-offending even if it was not a factor in any of their previous crimes. However, applicants with a clear history of alcohol-related offending are given priority.

A range of measures are used to assess participants before they begin treatment:

- ❒ Prison and Probation Offender Assessment System (OASys)
- ❒ CARAT's Comprehensive Substance Misuse Assessment (CSMA)
- ❒ The RAPt Assessment and Mental Health Screen (RAPt Assessment)
  - ❒ Part One: Participant Information (Demographic information, offending history and drug use history)
  - ❒ Part Two: Substance Dependence Assessment
  - ❒ Part Three: Mental Health Screen
- ❒ University of Rhode Island Change Assessment (URICA) — Administered pre- and post-treatment
- ❒ Alcohol Taking Confidence Questionnaire (ATCQ) — Administered pre- and post-treatment
- ❒ Drug Taking Confidence Questionnaire (DTCQ) — Administered pre- and post-treatment

10. Project MATCH Research Group (1997) Matching alcoholism treatments to client heterogeneity: Project MATCH post-treatment outcomes. Journal of Studies on Alcohol, 58, 7-29.
11. For example see Fiorentine, R. and Hillhouse, M.P. (2000) Drug treatment and 12-step program participation: The additive effects of integrated recovery activites. Journal of Substance Abuse Treatment, 18, 65-74 and Kelly, J.F. (2003) Self-help for substance-use disorders: History, effectiveness, knowledge gaps, and research opportunities. Clinical Psychology Review, 23, 639-663.

- ❒ Social Problem Solving Skills Inventory—Revised (SPSI-R) — Administered pre- and post-treatment
- ❒ Crime-Pics II — Administered pre- and post-treatment

RAPt Assessment and Mental Health Screen

The RAPt Assessment and Mental Health Screen was developed by RAPt and is based on DSM-IV-TR criteria for Alcohol Dependence and a range of other Axis I and Axis II disorders. It is designed to assess whether an offender meets DSM-IV criteria for alcohol dependence. The incorporated mental health screen is designed to screen offenders for symptoms of depression, anxiety, mania, psychosis, obsessive/compulsive disorders, eating disorders, post-traumatic stress disorder and personality disorders and assess whether offenders have any history of mental health problems, including self-harm and suicide. This latter section is not intended as a diagnostic tool but simply as an aid to highlight potential mental health symptoms and needs. It is administered as part of the ADTP selection process and before admission to the programme.

Mental health difficulties are known to be prevalent in prisoners and to impact on treatment engagement. There is evidence to suggest that the active treatment of co-morbid mental health problems may improve substance misuse outcomes[12]. This has important implications for ADTP participants who maintain abstinence but whose relapse risk is high due to inadequately treated mental health needs. RAPt staff work closely with Mental Health in-reach teams to support participants with mental health needs.

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Pre- and Post-Treatment Psychometrics

A number of the psychometric measures administered at the pre-treatment stage are re-administered on completion. As well as helping to evaluate the programme's overall impact on the underlying factors targeted, changes in pre- and post-treatment scores also help inform the throughcare process by providing a fuller picture of each individual's clinical needs on discharge. The questionnaires re-administered on completion are: URICA, ATCQ, DTCQ, SPSI-R, and Crime-Pics II As with pre-treatment assessment data, the data from psychometrics collected on completion are also recorded in individuals' ADTP files and post-programme reports.

University of Rhode Island Change Assessment (URICA)

The URICA is administered to participants on the first day of the ADTP and then re-administered on the last day. It is used to measure participants' level of commitment to achieving sobriety and effecting change in their lives generally. The measure uses the 'cycle of change' concept to assess readiness. Participants with low scores fall into the 'pre-contemplation' or 'contemplation' stages while more motivated participants' scores should place them in the 'action' and 'maintenance' phases.

Alcohol Taking Confidence Questionnaire (ATCQ)

The ATCQ measures a person's confidence in their ability to resist drinking alcohol in response to a range of different recognised 'risk' circumstances — unpleasant emotions, physical discomfort, conflict with others, pleasant times with others, pleasant emotions, urges/cravings to use, and social pressure to use. It also contains questions relating to the desire on the part of the offender to 'test' their ability to consume alcohol in a controlled fashion and resist social and other pressures to drink.

Social Problem Solving Skills Inventory — Revised (SPSI-R)

The SPSI-R is administered to participants on the first day of the ADTP and then re-administered on the last day. The SPSI-R is designed to measure problem solving skills and deficits. A positive impact on this factor would be expected to be reflected in positive changes in participants' scores on this measure. It consists of 25 items, which make up five sub-scales:

- ❒ Positive problem orientation
- ❒ Negative problem orientation
- ❒ Rational problem solving
- ❒ Impulsive / careless style
- ❒ Avoidance style

12. Charney, D. A., Paraherakis, A. M. & Gill, K. J. (2001) Integrated treatment of comorbid depression and substance use disorders. Journal of Clinical Psychiatry, 62, 672–677, Hesse, M. (2004) Achieving abstinence by treating depression in the presence of substance-use disorders. Addictive Behaviors, 29, 1137–1141, and Watkins, K. E., Paddock, S. M., Zhang, L., et al. (2006) Improving care for depression in patients with comorbid substance misuse. American Journal of Psychiatry, 163, 125–132.

Crime-Pics II

Crime-Pics II is designed to measure changes in offenders' attitudes to offending. It is administered before and after participation in the ADTP in order to evaluate the extent of the programme's impact on 'dysfunctional or anti-social attitudes, cognitions and beliefs related to re-offending,' 'strong ties to and identification with, anti-social/criminal models,' 'weak ties to, and lack of identification with, pro-social/anti-criminal models' and 'weak commitment to avoiding re-offending.' Positive changes in these factors are expected to be reflected in participants' scores on this psychometric measure.

Limitations of Psychometric Assessments

The psychometric assessments detailed above do not measure all of the factors targeted by the programme (it does not include, for example, a measure of 'social support systems for tackling drug/alcohol use'). Despite their limitations, these psychometric assessments have been selected based on their quality and established usefulness as indicators of change in factors which are inevitably difficult to quantify. It is thus possible to conclude that 'positive' changes in participants' scores would suggestive that the ADTP has a positive impact on several of the key factors it targets.

Participant Feedback and Focal Counsellor Assessments

As a twelve-step organisation with more than 50 per cent of staff in recovery from addiction, RAPt has always recognised the importance of programme participants' perspectives. Whether they are de-selected, choose to leave treatment or graduate, all participants are asked to complete a Participant Feedback Questionnaire. These ask participants to rate various aspects of treatment and their subjective perceptions of personal change using a five-point Likert Scale. Participant feedback forms are administered on treatment completion. Participants who are de-selected are also asked, but not compelled, to complete the forms.

Results

Demographic Profile

The mean age for all participants was 29.2 (Min: 21, Max 55). The ethnic mix on the programme and the ethnic mix of the prison was undertaken and indicated that the programme participants reflected well the ethnic mix of the prison and that no ethic group was under-represented. Participants' age and ethnicity were not related to treatment completion.

Offending Profile

Half of ADTP participants' current main offences were violent offences (murder, violence, violent robbery). A further 27.7 per cent had committed acquisitive main offences (robbery, theft, fraud or burglary). 14.3 per cent were serving sentences for drug-related offences and the remaining 8 per cent for other crimes.

Alcohol Dependence

ADTP participants are assessed against the seven core DSM-IV-TR criteria for alcohol dependence. Those who do not meet any criteria are not considered dependent and are therefore not eligible for the programme. Those meeting 1-3* criteria are considered to have low level dependence; those who meet 4-5* criteria are considered to have a medium level of dependence and those who meet 6-7* criteria are considered highly dependent (and by necessity meet at least one criteria of physical dependence). The programme is intended for those with medium to high levels of dependence.

61.2 per cent of participants were highly dependent. 29.8 per cent of participants had a medium level of alcohol dependence. Just 9 per cent of participants had only low level dependence. Participants reported an average of 8.7 years of problematic alcohol use prior to treatment

Mental Health Screen

Participants on the ADTP reported high rates of insomnia, self-harm and past suicide attempts. Graduates and deselected participants were equally as likely to have self harmed (24.3 per cent of graduates, 24.0 per cent of deselected participants).

Over 50 per cent of participants had been treated for a mental health disorder prior to engagement with the programme, the most frequently reported disorder was Depression followed by Anxiety and Panic Attacks.

Results:
Pre- and Post-Psychometric Questionnaire Results

Alcohol Taking Confidence Questionnaire (ATCQ)

Participants' confidence in their abilities to remain sober across high-risk situations was measured with the Alcohol Taking Confidence Questionnaire (ATCQ). The ATCQ is a psychometric measure of self-efficacy with regard to alcohol use.

Improvements in ATCQ scores after treatment

Graduates' mean ATCQ scores increased from 50.3 per cent pre-treatment to 76.0 per cent post-treatment. This increase is highly significant and indicated that participants who engage with the programme are more confident in their ability to remain sober post-treatment

Interestingly, 12.1 per cent of graduates showed reductions in confidence; the majority of these

(including all those with decreases greater than 15) had reported unusually high pre-treatment levels of confidence (75-100). In these cases (high pre-treatment scores), it is conceivable that lower post-treatment confidence reflects participants gaining more realistic views of alcoholism and greater awareness of their own personally relevant risk factors.

The Social Problem Solving Inventory Revised (SPSI-R)

The Social Problem Solving Inventory Revised (SPSI-R) is a questionnaire designed to assess problem solving skills. Comparison of pre- and post-treatment SPSI-R scores suggested substantial improvements among graduates; particularly for positive problem solving orientations and rational problem solving. It was found that most participants' SPSI-R total scores improved, some quite dramatically. Graduates' mean SPSI-R total scores increased from 90.1 pre-treatment to 100.6 post-treatment. This increase is highly significant. Deselected participants' mean SPSI-R total scores increased from 86.6 pre-treatment to 94.6 post-treatment. While this is not statistically significant it does indicate that all participants increased their Social Problem Solving skills even if they did not successfully complete treatment.

It was found that the majority of participants' pre- and post-treatment scores showed significant improvements in their general attitudes to offending and anticipation of re-offending.

Crime-Pics II

Crime-Pics II is a questionnaire designed to assess dysfunctional or anti-social attitudes; cognitions and beliefs related to re-offending; victim awareness and commitment to avoiding re-offending. Participants are assessed before treatment and on completion. Attitudes are assessed on three dimensions: G- General Attitude to Offending, V- Victim Hurt Denial and A- Anticipation of Re-Offending. Decreases in post-treatment scores indicate positive changes:

A low G score (Min 7, Max 35) indicates a negative general attitude to offending.

A low V score (Min 3, Max 15) indicates a high level of victim hurt awareness.

A low A score (Min 10, Max 50) indicates a strong resolve not to offend again.

Table 1, below, presents a summary of participants' pre- and post-treatment Crime Pics II scores on each of the dimensions.

It was found that the majority of participants' pre- and post-treatment scores showed significant improvements in their general attitudes to offending and anticipation of re-offending. This suggests that after treatment most participants felt more strongly that offending was not an acceptable way of life for them.

Graduates' mean G scores decreased from 17.3 pre-treatment to 15.6 post-treatment (Representing a positive change in attitude). This decrease is highly significant.

Improvements in Victim Hurt Denial (V) scores were less clear. While the post-treatment mean score was slightly lower (mean change = -0.4417), the pre-treatment mean score was already low (the mean pre-treatment V score was 5.15, the minimum score on this dimension is 3 and the maximum is 15) indicating that many participants already had high levels of victim awareness. This may be why most participants' scores remained largely unchanged. It was found that there was no statistically significant change between the mean pre- and post-treatment V scores for either graduates or de-selected participants.

Table 1:
Summary of pre- and post-treatment Crime-Pics II scores

	PRE General Attitude to Offending (G)	POST General Attitude to Offending (G)	PRE Victim Hurt Denial (V)	POST Victim Hurt Denia (V)	PRE Anticipation of Re-Offendingl (A)	POST Anticipation of Re-Offending (A)
N	134	120	134	120	134	120
Minimum	7	7	3	3	10	10
Maximum	35	31	15	15	44	41
Mean	17.31	15.66	5.15	4.73	23.34	19.68

Graduates' mean A scores decreased from 23.7 pre-treatment to 19.4 post-treatment (Representing a decreased anticipation of re-offending). This decrease is highly significant

Participants' post-treatment feedback

Post-treatment feedback using a 5-point Likert scale revealed that 37.5 per cent of graduates rated their risk of relapse in the next year as 'Very low' and the same proportion (37.5 per cent) rated their risk as 'Low'. 21.9 per cent rated their risk as 'Medium.' Only 3.1 per cent of graduates rated their risk as 'High' and none of the graduates considered their risk 'Very high.' These responses fit well with the high levels of confidence found in post-treatment Alcohol Taking Confidence scores.

Participants' post-treatment feedback provides an encouraging indication that the ADTP is effectively linking participants to peer and professional support and leading to affiliation with AA, 81 per cent of participants rated their level of support for staying sober in prison as 'High' or 'Very High' and 75.0 per cent rated their community support similarly. In addition, post-treatment feedback from graduates indicated high levels of perceived support with regard to avoiding re-offending post-release. The majority of participants also reported high levels of commitment to attending twelve-step AA meetings indicating that one of the chief objectives of the ADTP's programme to encourage AA affiliation is met effectively. ADTP counsellors report the majority of graduates who remain in custody do continue to attend AA meetings and outside speaker meetings, suggesting that the ratings reflect actual levels of affiliation.

Discussion

In February, 2010 HM Inspectorate of Prisons produced a short thematic review of Alcohol services in prisons. Their report highlights the gaps that currently exist between the needs of prisoners with alcohol problems and the services available in prisons to meet those needs. Their report suggests that nearly one in five prisoners have an alcohol problem, and that among the young offender population this rises to 30 per cent. Women are also highlighted in their report as presenting with a need for alcohol services; they suggest that around 29 per cent would benefit from an alcohol intervention..

Their report highlights the gaps that currently exist between the needs of prisoners with alcohol problems and the services available in prisons to meet those needs.

While there is an acknowledge need to address alcohol related offending criminal justice agencies have traditionally focused their attention on drug related crime. In the United Kingdom we have developed National Strategies supported by significant levels of funding to address the problems of illicit drug use — however, there remains a conspicuous absence of funding to address the social and economic consequences of alcohol related crime.

The Mental Health Screen used as part of the assessment process indicated that alcohol dependent prisoners are likely to present with a range of mental health problems. In addition, they are likely to have housing and throughcare needs that if left unaddressed are likely to impact on the offenders's risk of reoffending on release. Many ADTP participants come into treatment with low levels of social support. Participants' post-treatment feedback provides an encouraging indication that the ADTP is effectively linking participants to peer and professional support and leading to affiliation with AA. The results presented in this paper support the notion that the use of evidence based intervention with alcohol dependent offenders can significantly reduce this risk.

In response to the Prime Minister's Alcohol Harm Reduction Strategy the Prison Service published a strategy in 2004 to support the new emphasis on addressing alcohol related crime. The Prison Service's strategy states that it will increase provision where resources are available — however, the opportunity to increase alcohol provision will remain severely restricted until a greater proportion of the available resources are allocated to the provision of alcohol services. NOMS commissioners, and the Reducing Re-offending Programmes Group, have recognised this challenge, and are trying to increase the availability of resources to develop services to alcohol dependent offenders. This process is welcome, particularly as it is accompanied by the development of accredited programmes for this target group of offenders in prison and in the community, that have proven positive results.