

Characteristics Table for The Clinical Question: TCs (therapeutic communities)

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Comparisons Included in this Clinical Question

Standard inpatient program vs Abbreviated inpatient program
NEMES1999

TC plus aftercare vs control
NIELSEN1996
SACKS2004
WEXLER1999A

TC vs chemical dependency program
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TC vs Modified TC
GREENWOOD2001

TC vs relapse prevention

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
<p>GREENWOOD2001</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Residential clients housed whereas day clients return home at the end of day</p> <p>Blindness: Open</p> <p>Duration (days): Mean 180</p> <p>Followup: 6, 12 and 18 months</p> <p>Setting: US</p> <p>Notes: RANDOMISATION: method not reported Baseline taken at 2 weeks post-randomisation</p> <p>Info on Screening Process: Total of 534 pts randomly assigned</p>	<p>n= 215</p> <p>Age: Mean 33</p> <p>Sex: 183 males 78 females</p> <p>Diagnosis: 13% Opiate dependence</p> <p>10% Alcohol dependence</p> <p>67% Stimulant dependence</p> <p>Notes: crack cocaine (stimulant dependence)</p> <p>Baseline: Crack use = 67% Heroin use = 13% Alcohol = 10%</p>	<p>Data Used</p> <p>Abstinence at 6 months</p> <p>Completion rate</p> <p>Urinalysis: positive for any drug</p> <p>Notes: DROPOUTS: Residential TC = 42% Community TC = 55%</p>	<p>Group 1 N= 115</p> <p>TC (therapeutic community) with Residential rehabilitation - Four phases: orientation (education about TC rules), treatment (focus on drug abuse problems), reentry (shift focus on setting up employment), aftercare (outpatient follow up)</p> <p>Group 2 N= 101</p> <p>TC (therapeutic community) with Outpatient - Four phases: orientation (education about TC rules), treatment (focus on drug abuse problems), reentry (ahift focus on setting up employment), aftercare (outpatient follow up)</p>	<p>All ppts seeking treatment 58% African, 24% Caucasian 18% other backgrounds Study quality: 1+</p>
<p>NEMES1999</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: cluster randomise</p> <p>Blindness: No mention</p> <p>Duration (days):</p> <p>Setting: US</p> <p>Notes: Randomisation procedure not described</p> <p>Info on Screening Process: 470 screened, 9 found to be eligible = 461 412 randomly assigned</p>	<p>n= 412</p> <p>Age: Mean 30</p> <p>Sex: 295 males 117 females</p> <p>Diagnosis: Substance misuse (drug or alcohol)</p> <p>Exclusions: not described</p> <p>Notes: Crack most serious drug problem among sample followed by alcohol; less than half reported heroin use</p> <p>Baseline: Approx half had received previous treatment for alcohol or drug problems</p>	<p>Data Used</p> <p>Employment at follow up</p> <p>Urinalysis: positive for any illicit drug</p>	<p>Group 1 N= 218</p> <p>TC (therapeutic community) with Inpatient - Abbreviated inpatient program offered for 6 months followed by 6 months of outpatient services More clinical staff per client and more female beds at this site</p> <p>Group 2 N= 194</p> <p>TC (therapeutic community) with Inpatient - Standard inpatient care program: 10 months of inpatient care followed by 2 months of outpatient services</p>	<p>Study quality: 1+</p>
<p>NIELSEN1996</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Per protocol - those lost to followup excluded</p> <p>Blindness: Open</p> <p>Duration (days): Mean 180</p> <p>Followup: 12 months</p> <p>Setting: Wilmington, Delaware, USA</p> <p>Info on Screening Process: 1002 inmates</p>	<p>n= 689</p> <p>Age:</p> <p>Sex: 545 males 144 females</p> <p>Diagnosis: 92% Substance misuse (drug or alcohol) by Self-report</p> <p>Exclusions: - Not in prison and eligible for release - No history of drug use</p>	<p>Data Used</p> <p>Drug use</p> <p>Rates of incarceration</p>	<p>Group 1 N= 248</p> <p>TC (therapeutic community) with Outpatient - CREST: 1mth orientation to peer-based TC; 2mths treatment involving indiv/group counselling, group activities, holding duties in the house; 3mths work-release w/opportunity to seek work upon progress in treatment, continual group meetings for work issues</p>	<p>Study quality: 1+</p>

eligible for work release or parole > 689 enrolled	Notes: PRIMARY DIAGNOSIS: 8% none, 13% alcohol, 11% cannabis, 11% crack, 40% cocaine, 13% heroin, 4% other ETHNICITY: 29% white, 67% black, 4% other Baseline: (CREST / Standard work release) Previous treatment attempt: 79.0% / 73.5%		Group 2 N= 441 Control: standard care with Outpatient - Delaware's conventional work release programme. No details given.	
SACKS2004 Study Type: RCT (randomised controlled trial) Type of Analysis: ITT Blindness: No mention Duration (days): Setting: US Prison Notes: Randomisation: not described Info on Screening Process: 236 male inmates randomly assigned to either modified therapeutic group (MTC: 142 ppts) or mental health treatment (control grp = 94 ppts). 51 crossover cases excluded from analysis total sample size = 185	n= 139 Age: Mean 34 Sex: all males Diagnosis: 100% Drug misuse (non-alcohol) Exclusions: - Not an inmate with a dual diagnosis (mental illness + substance misuse) - Inmates who represented a clear danger to themselves or others Notes: PRIMARY DIAGNOSIS: 'MICA' - mental illness with co-occurring chemical abuse. Alcohol was primary substance for 32%. Ethnicity: Caucasian 49%, African American/Black = 30%, Hispanic = 16.5% other = 4% Baseline: 37% had antisocial personality disorder, 90% had a substance abuse disorder Lifetime primary substance: 32% alcohol, 34.5% cannabis, 21% crack cocaine	Data Used Rates of incarceration Crime: engaging in criminal activities	Group 1 N= 93 Control: standard care with Prison - intensified psychiatric services with medication, weekly individual therapy & counselling. Substance abuse services: 72 hours of CBT Aftercare with Inpatient and Outpatient - psychiatric assessment, medication, crisis intervention, individual counselling. Case management directed towards employment & housing attendance: twice a week for total of 4 hours Group 2 N= 92 TC (therapeutic community) with Prison - Program includes: psycho-educational classes, cognitive behavioural protocols, medication and therapeutic interventions program duration : 12 months, 5 days p/wk for 4-5hrs/day Aftercare with Residential rehabilitation - Master community living & integration Gain employment Formal program activities attended 3-7 days/wk for 3-5 hours/day over 6 mnths Supervision bi-weekly with community correction officer	Study quality: 1+
Results from this paper: The modified therapeutic community group (MTC) showed significantly lower rates of reincarceration rates compared to the mental health (MH) group. Moreover the MTC + aftercare group showed significantly better outcomes across both rates of reincarceration and criminal activity and other measures. Significant reductions in recidivism; reductions larger and sustained for longer periods when institutional care was integrated with aftercare programs. The longer an offender remained in treatment the greater the improvement reported at 12 months post-prison				
WEXLER1999A Study Type: RCT (randomised controlled trial) Type of Analysis: ITT for 12-month outcomes only Blindness: No mention Duration (days): Followup: 12 and 24 months Setting: US prison Info on Screening Process: 715 male inmate volunteers	n= 715 Age: Mean 31 Range 30-31 Sex: all males Diagnosis: 95% Stimulant dependence by DSM-III-R Exclusions: - Inmates convicted of arson or sexual crimes to minors Notes: Cocaine, methamphetamine, crack (stimulant dependence) Baseline: Drug use behaviours: 60% engaged in IV drug use, 25% shared needles with strangers Psychiatric disorders: 51.5% antisocial personality, Adult Attention Hyperactivity disorder= 33%	Data Used Reincarceration rates	Group 1 N= 290 Control: waitlist with Prison - Participants remain on waitlist until bed space becomes available. Ppts removed from waitlist when they have less than 9 months to serve.	Study quality: 1+ Ethnicity - African American = 22.4%, White = 37.8%, Hispanic = 30.1% other= 9.7%

			<p>Group 2 N= 425</p> <p>TC (therapeutic community) with Prison - 3-phase treatment program: Initial phase (2-3months): orientation, planning and treatment goals Second phase: (5-6months) counselling sessions, increased responsibility Third phase (1-3months) spent strengthening planning for return to community</p> <p>Aftercare with TC (therapeutic community) - residents continue to work and maintain program curriculum initiated in prison under staff supervision. Aftercare TC also provides services for wives and children of residents.</p>
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Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
CONDELLI2000	No extractable outcomes
MCCUSKER1995	No extractable outcomes

References of Included Studies

GREENWOOD2001 (Published Data Only)

Guydish, J., Bucardo, J., Clark, G., & Bernheim, S. (1998). Evaluating needle exchange: A description of client characteristics, health status, program utilization, and HIV risk behavior. *Substance Use & Misuse.*, 33.

*Greenwood, G. L., Woods, W. J., Guydish, J., & Bein, E. (2001). Relapse outcomes in a randomized trial of residential and day drug abuse treatment. *Journal of Substance Abuse Treatment.*, #2001 Jan..

*Greenwood, G. L., Woods, W. J., Guydish, J., & Bein, E. (2001). Relapse outcomes in a randomized trial of residential and day drug abuse treatment. *Journal of Substance Abuse Treatment.*, #2001 Jan..

NEMES1999 (Published Data Only)

Nemes, S., Wish, E. D., & Messina, N. (1999). Comparing the impact of standard and abbreviated treatment in a therapeutic community. Findings from the district of Columbia treatment initiative experiment. *Journal of Substance Abuse Treatment.*, 17, 339-347.

NIELSEN1996 (Published Data Only)

Nielsen, A. L., Scarpitti, F. R., & Inciardi, J. A. (1996). Integrating the therapeutic community and work release for drug-involved offenders. The CREST Program. *Journal of Substance Abuse Treatment.*, 13, 349-358.

SACKS2004 (Published Data Only)

Sacks, S., Sacks, J. Y., McKendrick, K., Banks, S., & Stommel, J. (2004). Modified TC for MICA offenders: crime outcomes. *Behavioral Sciences & the Law.*, 22, 477-501.

WEXLER1999A (Published Data Only)

Wexler, H. K., DeLeon, G., Thomas, G., Kressel, D., & Peters, J. (1999). The Amity prison TC evaluation. *Criminal Justice and Behavior*, 26, 147-167.

References of Excluded Studies

CONDELLI2000 (Published Data Only)

Condelli, W. S., Koch, M. A., & Fletcher, B. (2000). Treatment refusal/attrition among adults randomly assigned to programs at a drug treatment campus: The New Jersey Substance Abuse Treatment Campus, Seacaucus, NJ. *Journal of Substance Abuse Treatment.*, 18, 395-407.

MCCUSKER1995 (Published Data Only)

*McCusker, J., Vickers-Lahti, M., Stoddard, A., Hindin, R., Bigelow, C., Zorn, M. et al. (1995). The effectiveness of alternative planned durations of residential drug abuse treatment. *American Journal of Public Health.*, 85, 1426-1429.

McCusker, J., Vickers-Lahti, M., Stoddard, A., Hindin, R., Bigelow, C., Zorn, M., Garfield, F., Frost, R., et al. (1995). The effectiveness of alternative planned duration of residential drug abuse treatment. *American Journal of Public Health.*, 85, 1426-1429.