Tempest in a Therapeutic Community: Implementation and Evaluation Issues for Faith-Based Programming

DIANE L. SCOTT, MATTHEW S. CROW, and CARLA J. THOMPSON
University of West Florida, Pensacola, Florida, USA

The therapeutic community (TC) is an increasingly utilized intervention model in corrections settings. Rarely do these TCs include faith-based curriculum other than that included in Alcoholics Anonymous or Narcotics Anonymous programs as does the faith-based TC that serves as the basis for this article. Borrowing from the successful TC model, the program discussed here incorporates additional faith-based modules in a jail or work release program setting. Obstacles associated with program design and implementation, funding, data collection, efficacy, and outcomes are described with recommendations for ongoing and future stakeholders, policy-makers, and service providers.

KEYWORDS faith-based programming, program evaluation, recidivism, therapeutic community

Rising inmate populations resulting from stiffer penalties from drug-related offenses and less judicial discretion in sentencing guidelines suggest a need to focus more intently on providing substance abuse treatment interventions to decrease recidivism. Inmate populations are growing nationwide. From 2000 to 2008, the rate of incarceration in U.S. jails increased 14.2% (Bureau of Justice Statistics, 2009). Despite increasing incarceration rates, the majority of offenders will eventually be released from prison to the community with few having received substance abuse treatment and having fully served their sentence without ensuing parole (Seiter, 2004). The increased numbers of inmates being imprisoned from and then returning to communities and family members may negatively impact social cohesion and community
stability as the returning inmates seek employment opportunities and confront situations that encourage substance abuse and criminal activity.

The complexity of services required to support offenders as they reintegrate into the community reinforce the need for innovative programs that span from the correctional facility to the community. One such program responding to the needs of offenders transitioning from jail to the community is a newly implemented faith-based program in Northwest Florida (hereinafter referred to as the faith-based therapeutic community; TC). The faith-based TC has a foundation in the therapeutic community model but incorporates a biblical curriculum that reinforces the reliance on a higher power and acceptance of religious teaching to maintain sobriety, make life changes, and more strongly connect offenders to local churches and religion. Another difference is that the faith-based TC serves those who are incarcerated in the county detention facility which is a county jail rather than a state or federal prison. In essence, the faith-based TC uses a coordinated community response beginning with a therapeutic community housed within the correctional facility that is linked to support networks, vocational and educational programs, religious institutions, and other social service agencies. This study describes the faith-based TC characteristics and research supporting inclusion of religious programming. Limitations in TC evaluation resulting from inadequate data collection as well as policy and implementation issues are presented. Based upon these limitations, the authors make recommendations for future programming and evaluation.

**THERAPEUTIC COMMUNITY MODEL**

The TC model responds to the increased demand for appropriate treatment programs for inmates following rising numbers of drug-related sentences by providing previously unavailable substance abuse treatment for offenders during their incarceration (Zajac, 2001). This form of treatment allows the offender a chance to succeed in life, stay out of jail, and live drug-free (DeLeon, 2000). The TC focuses on viewing the person in terms of their social and psychological dysfunction rather than their pattern of drug use to aid recovery and encourage “right living.” Right living helps offenders to differentiate between right and wrong by identifying behaviors that carry rewards and those that result in sanctions.

Treatment plans are individualized to reflect unique vocational, educational, and individual needs (DeLeon, 1989). Recovery focuses on rehabilitating the offender holistically by making lifestyle changes using motivation, self-help, and social learning. TC participants are also required to work within the community which, in turn, teaches responsibility and helps offenders change their behavior and attitude (De Leon, 2000). While working, offenders learn what is expected of them as productive citizens, learn a sense
of civic responsibility, and develop work and social skills. Additionally, offenders learn ways to positively cope with work-related pressures such as job changes, promotions, or demotions that might otherwise lead them to relapse or reoffend.

TCs have shown a positive impact in reducing recidivism and relapse. Zajac (2001) reviewed TC research funded by the National Institute of Justice and the National Institute on Drug Abuse and reported that for those inmates who completed the entire four-phase TC program, 27% in the Amity TC in California, 31% of the KEY-CREST prison TC, and 26% in the Kyle New Vision ITC program reoffended. This compared to rates of reoffending from 52%-75% in those same programs for inmates who had not received treatment. It is important to note that when looking at these programs, Gardner (2001) suggests that the intensive services provided within a prison-based TC treatment and aftercare program are most cost-effective for those inmates who are considered to be high-risk for recidivism or most severely addicted. Gardner does not advocate foregoing substance abuse treatment for low risk or short-sentence offenders, but instead suggests that lower intensity services may be more appropriate and that inmates should be carefully vetted into programs.

The research regarding the effectiveness of TCs have been questioned because the studies are based upon comparisons of both men’s and women’s TC programs (Messina, Burdon, Hagopian, & Prendergast, 2006), lack random assignment to treatment, comparison groups that may have received some substance treatment, and comparison is only for those who have completed all phases of the TC and not those who do not complete the program (Inciardi, Martin, Butzin, Hooper, & Harrison, 1997). Noting the research failings, Inciardi et al. studied four groups who received treatment at TCs including KEY, WCI Village, CREST Outreach Center in the Delaware correctional system or received no treatment. Their findings suggest that TCs show a positive impact upon substance use and arrest rates, but note that those programs including a work release component have a higher rate of success in reducing substance abuse and re-arrests. Similarly, Messina et al. (2006) studied TCs in the California correctional system to determine if there were different outcomes for men and women. Women were more likely to avoid recidivism if they completed longer prison-based treatment and aftercare, whereas for men this was true only for longer time in aftercare. Both men and women were much more likely to reoffend if they also had psychiatric disorders. The impact of aftercare as a component to a successful TC outcome is supported by Melnick, Leon, Thomas, Kressel, and Wexler’s (2001) study findings from the Amity prison TC in San Diego, California. They found motivation for treatment increased the likelihood of participation in aftercare and participation in aftercare led to decreased recidivism and relapse.

DeLeon (1989) notes that outcome studies on TC participants typically focus on success rates for those who complete the program. He points out
that there are gains made towards reducing recidivism and relapse even among program dropouts; those who have completed more time in TC treatment programs prior to dropping out have lower rates of recidivism than those with shorter times in treatment. Inciardi, Martin, and Butzin (2004) found similar results in their five year study of TCs except that dropouts who completed some treatment had a positive effect on drug use, but did not similarly affect arrest rates. Participation in both treatment and aftercare had the greatest effect on reducing both drug use and re-arrest.

SPIRITUALITY AND TREATMENT

Faith based programming is not typically included in TC curriculum, but has long been part of addictions treatment that includes participation in Alcoholics Anonymous (AA). A focus on a higher power rather than on religion is a cornerstone of the Twelve Step program in AA (2002). Galanter (2006) explored issues around spirituality and addictions treatment noting that spirituality differs from religion because it does not include theological doctrine or religious dogma. Unlike religion, spirituality cannot be observed. As used successfully in AA programs, spirituality can be beneficial in recovery and relapse prevention, but it has been shown to be a correlational rather than a causal effect. The use of spirituality in addictions treatment suggests a placebo effect in that it includes a belief in healing power rather than an empirically measurable treatment intervention that helps clients to reduce anxiety and uncertainty.

Miller, Forcehimes, O’Leary, and LaNoue (2008) considered the importance that participation in the Twelve Steps of AA plays for those who successfully overcome addictions and studied whether adding spiritual direction would positively impact reducing substance abuse. Their study included participants who were admitted to a detoxification unit and were inpatients for an average of 25 days. They received 12 sessions of spiritual guidance in addition to the regular treatment regime received by the control group. Miller et al. found no significant impact from the spiritual guidance on substance use, but did find increased anxiety and depression among those receiving spiritual guidance. They question whether spirituality is largely an anecdotal factor in recovery, whether the spiritual guidance lacked intensity and was of too short a duration to impact the recovery process. Conversely, Dermatis, Guschwan, Galanter, and Bunt’s (2004) study of the Daytop TC program in New York found that 54% of participants in TC programming that included AA endorsed spirituality in treatment and 20% of participants suggested that TC programming include more spirituality. This finding suggests that those who rely on spirituality in any form for their recovery may find it beneficial to have an additional source within the 24 hour TC curriculum. Carroll, McGinley, and Mack (2000) argue that those entering
treatment for addiction may face a crisis of faith and spirituality that they may have been using substances to fill. Carroll et al.’s study of 200 TC participants in New York City and Philadelphia found clients self-reported missing religion and spiritual need which indicate a need to include an assessment of spirituality as a part of the intake process. The authors also point out problems that may arise in integrating such faith-content into publicly funded institutional programs (e.g., determining religious denominations to be included or excluded from programming, and issues around separation of church and state). Those implementation problems notwithstanding, Salway (2001) describes the TCs focus on the inner self and reflection, and on group cohesion, accountability and relationships, as creating a sacred space not unlike that found within religion.

PROGRAM DESCRIPTION

After beginning as an intervention model featuring faith-based classes, mentors, and case management in 2004, the county detention center first implemented the faith-based TC as a pilot program in 2005 with a dedicated cell block for five female participants. As the program expanded, a separate unit was added for men. In 2006, the entire faith-based TC relocated to the work release unit where the women’s and men’s programs were housed separately. In 2007, the faith-based TC eliminated the women’s component and focused exclusively on male offenders. The faith-based TC is designed as a four-phase program providing an intensive 24 hour, seven day a week religious-based experience to foster personal growth and teach ways to change criminal lifestyles. In addition to educational and vocational classes, each day inmates are actively involved in faith-based programming in classes such as Foundations for Living, Most Excellent Way, 40 Days of Purpose, or Centering Prayer. Faith-based TC participants also attend sessions on domestic violence, conflict resolution, and self-awareness. They attend AA, Cocaine Anonymous, or Narcotics Anonymous meetings. These structured daily living tasks, meetings, classes and treatment are scheduled from 8:00 a.m. to 8:30 p.m. each day.

The authors’ involvement in the faith-based TC began at the programs’ inception upon the twofold request of the executive director. First, there was a request for one author to place student interns with the program for service provision. Second, one author was asked to assist in development of intake instruments for the new program. Two of the authors subsequently served on the board of directors for the faith-based TC. More recently one author was approached by the executive director to advise on data collection and analysis for the program. The data that generated the issues and recommendations discussed in this article were obtained by the authors directly from the executive director of the faith-based TC.
The faith-based TC data collection is ongoing, and the program is routinely modified as services are added in response to participant needs and staffing resources. Piecemeal funding has driven many of the program modifications. At its inception, participation in the faith-based TC was voluntary or could be court mandated. Presently, only court referred clients are accepted into the 12–18 month program. From its inception in 2004, through 2008, 150 clients have participated in the program. Of the 150 participants, only 15 (10%) have completed the entire faith-based TC and one of those began prior to when the program was implemented as a TC. While the number of participants is relatively high, in addition to the relatively low completion rate, evaluating the success of the faith-based TC proved difficult for several reasons.

First, data collection and program consistency are problematic in terms of generating a complete picture of the program, its participants, and its effectiveness. As mentioned above, the faith-based TC has altered its program relatively frequently, often without reliance on data or prior literature on therapeutic communities. These changes often were not reflected in the data collection forms. Thus, there is a lack of consistency in what aspects of the program have been documented as being available to participants. Another major problem with evaluating this program is inadequate data collection. For many of the key variables of interest, large percentages of the participants have missing data. This problem likely results from a combination of factors, including a misunderstanding of proper data collection, use of volunteers and students for data collection, inconsistency in programmatic planning, and the provider’s focus on service provision. Nor have they documented consistency in program advancement measures for participants or utilized norm-referenced instruments routinely to substantiate a lack of progress for participants. In addition, the effectiveness of the program cannot be determined based on any sound empirical data due to the fact that the faith-based TC has not consistently gathered data on the recidivism of its participants, whether they have completed the program or not. Perhaps just as important as evaluating the impact of the program on its participants, it is critical to evaluate the characteristics of the 90% of participants who drop out, and the causes and resulting consequences of the discontinuing the program. Evaluation of the drop-outs might reveal that the 12–18 month duration of the program is proving a major obstacle to program completion despite a shift from voluntary to court mandated participation. As is common in jail settings, inmates generally have sentences of one year or less. Those who serve longer sentences may have multiple charges or leave the jail setting to serve their sentences in the community or other institutions. The gaps in data collection and outcome evaluation of any kind may be related to the program administrator’s lack of knowledge regarding sound research procedures.

In addition, the faith-based focus of the program has resulted in the utilization of volunteers, many of whom are connected to local churches,
whose focus is primarily on encouraging the participants to accept religious ideals and ideas. As volunteers come and go, the particular aspects of the program are altered to meet new volunteers’ interests and expectations. These program alterations are also experienced as funding sources change or are added. This situation results not only in complications related to data collection and analysis, but also in defining a specific, consistent focus for the program. It also creates a situation in which the faith-based components of the program are highlighted and developed while vocational- and skills-based components are secondary considerations.

The myriad issues associated with the faith-based TC result in an inability to conduct proper analysis of the program. Below, the authors highlight the primary problems associated with data collection and offer suggestions for this and other programs to avoid similar problems in the future. By discussing these concerns, it is hoped that current and future programs will work towards providing quality data in an effort to determine which practices are most effective for dealing with offenders’ substance use and abuse.

**CONSIDERATIONS AND RECOMMENDATIONS FOR DATA COLLECTION**

There are two primary areas of concern regarding data collection by the faith-based TC. These include: (a) inconsistencies and “holes” in data collection procedures and (b) limited types of data being collected. Recommendations for reexamining data collection efforts currently in place in the organization including suggestions of additional types of data for future retrieval procedures are presented here relative to considerations from the literature.

An examination of the available data in the faith-based TC database reveals the following discrepancies and inconsistencies: (a) intake forms for prisoners entering the program are incomplete in demographic information, background incarceration information, and dates of entry and transfer information; (b) standardized commercial assessment instrument scores are not consistently included in prisoner data files indicating that scores are not recorded or assessments are not completed; (c) curriculum modules and program content are denoted as pass or fail rather than with a performance level score or completion indicator and no indication of length of time for specific content modules is recorded; (d) no pre-post assessment data is retrieved from prisoners relative to the intervention program components; and (e) no control group data corresponding to pre-post assessment data from prisoners who are not participants in the program are available for comparative analyses. These problematic data concerns create unknown evaluation outcomes and greatly restrict discussions of implications for faith-based therapeutic communities with prisoner populations.
Limited scope in the types of data retrieved by the faith-based TC program also currently contributes to the lack of evaluative information available regarding this faith-based intervention program. Although numerous forms of information are obtained for each prisoner participating in the faith-based TC, most of the current forms in use pertain to legal documentation for state reporting information. Quantitative and qualitative data relative to pertinent evaluative considerations are not currently being collected by the program. In particular, quantitative interval level data addressing psychological and social considerations of faith-based intervention program outcomes relative to individual participant progress and change are not currently being collected. The need for standard data from commercial instruments commonly used with prisoner populations, scores or formative progress data of inmates as they complete specific content modules of the faith-based intervention program, and summative performance outcomes data for the participants is critical for evaluating the program. These types of data are described and expanded upon in the recommendations for data collection.

These issues highlight several recommendations for future considerations relative to data collection for faith-based TC programs. First, there is a need to focus on gathering complete and comprehensive data from each participant, which would allow equally for evaluation of those participants who do and do not successfully complete the program. Second, programs should identify and retrieve data from a control group of participants who are not involved in the intervention. Third, programs should use standardized instruments when available in order to obtain data appropriate for rigorous research analysis. In addition, it is recommended that programs develop relational databases within a data management system that incorporate various types of data including graduate and stakeholder information. Each of these recommendations is presented in the following discussions.

Focusing on the need for complete and comprehensive data from each participant who enters a faith-based program requires a data entry or data management system that involves a monitoring and communication component between the program personnel responsible for the participants’ daily activities and the data management personnel. Continual monitoring and communication between these two entities regarding missing data forms and individual participant progress reports will provide an internal data alert system while the program is in progress. Identifying the data holes as they occur will allow for a quick response to filling data gaps. This type of formative data monitoring will provide real-time applicable data rather than attempting to acquire data from reflections or retrospective interviews with program participants. On a larger scale, capturing comprehensive data from each participant would provide comparative information for researchers seeking to fill the gap regarding the differing characteristics of those who successfully complete TC interventions (Chan et al., 2004). For offender-based
TC programs an additional examination of participant offenses, sentencing and time served in jail may suggest needed modifications in the TC phases to more adequately reflect goals of the programming while incarcerated and the time required for after-care programs.

Identifying and retrieving data from a control group of participants who are not involved in the intervention will require the permission and enlistment of personnel who are not affiliated with the program and informed consent for a control group. Although these requirements are challenges in time, cost, and accessibility for any type of program evaluation, the addition of a control group in the evaluation efforts to determine the effectiveness of faith-based programs will provide the inferential research component necessary for fully assessing the value and merit of the intervention (Inciardi et al., 1997). Exploring the types of data that are potentially available for faith-based programs with an emphasis on interval level data involves an examination of the literature on therapeutic communities and outcome measures. McDonald (2006) incorporated three types of continuous (interval level) data instruments in her study of female prisoners within a TC, including: (a) a depression scale; (b) an anxiety scale; and (c) a coping strategies inventory. Similarly, Orlando et al. (2006) and Mandell, Edelen, Wenzel, Dahl, and Ebener (2008) demonstrate use of the Dimensions of Change Instrument (DCI) as a valid instrument to predict TC program retention of participants and successful program outcomes. Participant self-report assessments and staff perception assessments relative to behavior, attitude, and cognitive change have been used as comparative data in a TC evaluated for treatment intervention effects (Kressel, DeLeon, Palij, & Rubin, 2000). Observation instruments developed to assess the implementation of the treatment components and perceived outcomes within a TC have been utilized in evaluation projects focused on therapeutic communities (Taxman & Bouffard, 2001). Other types of evaluative data retrieved from therapeutic communities include participation in aftercare (Melnick et al., 2001; Messina et al., 2006); ability to obtain and maintain employment (Inciardi et al., 1997), drug relapse measures, employment levels of supervision, and length of time for re-arrest and/or reincarceration (Welsh, 2007). These types of continuous data provide high quality information for quantitative research findings and evaluation outcomes.

Developing relational databases whereby data retrieval for specific types of information can be accessed from a data management system is an important component in determining effectiveness of TC programs. A relational database connects demographic data, psychological and sociological assessment data, pre and post cognitive and affective data, reflective data, and follow-up data by individual participant for the purpose of multivariate and predictive analyses. The use of a relational database offers a strong outcomes-based evaluation and research effort as demonstrated by Runkle, Hiller, and Welsch (2006).
Finally, it is recommended that faith-based programs explore follow-up data from graduates and stakeholders. Zhang, Roberts, and McCollister (2009) advocate the use of follow-up data from graduates and stakeholders up to five years after the prisoners have been initially released from prison. New arrests, new incarcerations, ability to maintain employment (Gordon & Weldon, 2003), and other prisoner related follow-up data as well as stakeholder data from matched control groups (that is prisoners who did not participate in a TC program) relative to new arrests and new incarcerations after a specified follow-up time period are the types of data that are essential for determining successful TC interventions (Inciardi et al., 2004).

IMPLEMENTATION ISSUES AND FUTURE NEEDS

With the increased national focus on offender reentry (Browning, 2009; Office of Justice Programs, n.d.), faith-based TCs may hold promise for successfully helping offenders transition to the community. These programs can foster collaboration among community agencies and focus attention on addressing the needs of inmates while incarcerated and upon release to prevent them from revictimizing public citizens. The faith-based program discussed in this article began with volunteer labor and was funded solely by inmate welfare funds generated by sundries sales to inmates. However, these internally generated funds were inadequate to support the comprehensive interventions provided by the program. Funding is an ongoing problem that threatens the success of any faith-based TCs and distracts from service delivery. As noted by Saum et al. (2007), staff turnover, changes in providers, and program changes within the correctional system and as the TC program evolves can decrease client motivation and participation in TC treatment. Moreover, changes of this magnitude may negatively impact the integrity of the TC model of intervention and undermine support from the correctional system based upon initial impressions of cost effectiveness. This situation, in turn, can result in the withdrawal of funding, which necessitates further programmatic alteration, creating continued decreases in client motivation and participation. As supported by the preceding discussion of program analysis, the authors concur with the recommendation by Saum et al. that new programs include evaluation and performance monitoring permanently in the organizational processes.

The implementation and evaluation issues for the faith-based TC discussed here are somewhat consistent with those found in prior research regarding the TC intervention in correctional settings. However, more importantly, the issues described here point to a need for those considering implementation of a faith-based TC program to have a comprehensive program plan and stable funding at the onset of program implementation. TC programming and service components must be directly correlated to length
of incarceration and contain lengthy after-care support following release to improve completion rates and to increase the likelihood of successful community reintegration. Similarly, it is essential to determine issues related to participant drop-out rates in TC settings despite the current lack of focus in the professional literature on TCs (Inciardi et al., 2004). Whether faith-based TCs are cost effective and have the desired outcome of assisting with reintegration and reducing recidivism remains to be seen. As demonstrated in this article, poor or non-existent research protocols and data collection are obstacles to informative and valuable evaluation. Rigorous research design with a control group, standardized service delivery, and clearly defined outcome measures is needed to monitor participant progress and integration into the community. Long term evaluation of outcomes and the impact on offenders’ recidivism is critical to determining the success of faith-based therapeutic communities. Furthermore, without proper research design and data collection, the inability to analyze factors regarding participant drop out may preclude researchers and administrators from identifying necessary program modifications and allocating scarce funding. Similarly, as recommended by Inciardi et al. (2004), careful analysis of participants who drop out of TC programs will help to fill an existing gap in the professional literature (Inciardi et al., 1997). While faith-based therapeutic communities may hold value for treatment of offender groups with substance abuse problems, as discussed in this article, programmatic, data collection, evaluation, and funding issues, all pose challenges to evaluation of the efficacy of these programs.

REFERENCES


