

White House Faith-Based and Community Initiatives

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Transition From Prison To Community

- Illinois Model: Focus
 - Working groups focused on 5 pivotal issues
 - Public Safety
 - Employment and Education
 - Health and Behavioral Health
 - Housing
 - Faith, Family and Community

Building Community Capacity

- The cycle of crime, incarceration, and recidivism begins and ends with communities-where crimes and victimization occur, where families of offenders (including young children) are left behind during a prison stay, and where inmates ultimately return.

Building Community Capacity

- Communities in Illinois and Nationwide are reeling from the revolving door in the criminal justice system. The cycle of crime, punishment and re-offending is a major public safety issue, and without interventions is bound to accelerate if recidivism rates remain at near record highs

Building Community Capacity

- Without positive interventions, more than one-half of the nearly 40,000 inmates expected to be released from state prisons this fiscal year will be back in prison within 3 years- after committing new crimes, finding new victims, or violating their parole.

Building Community Capacity

- High crime, high poverty, low-performing schools, few opportunities, and strained family and neighborhood relationships are what greet the formerly incarcerated, already limited by lack of education, frequent substance use or mental health challenges, and lack of job experience.

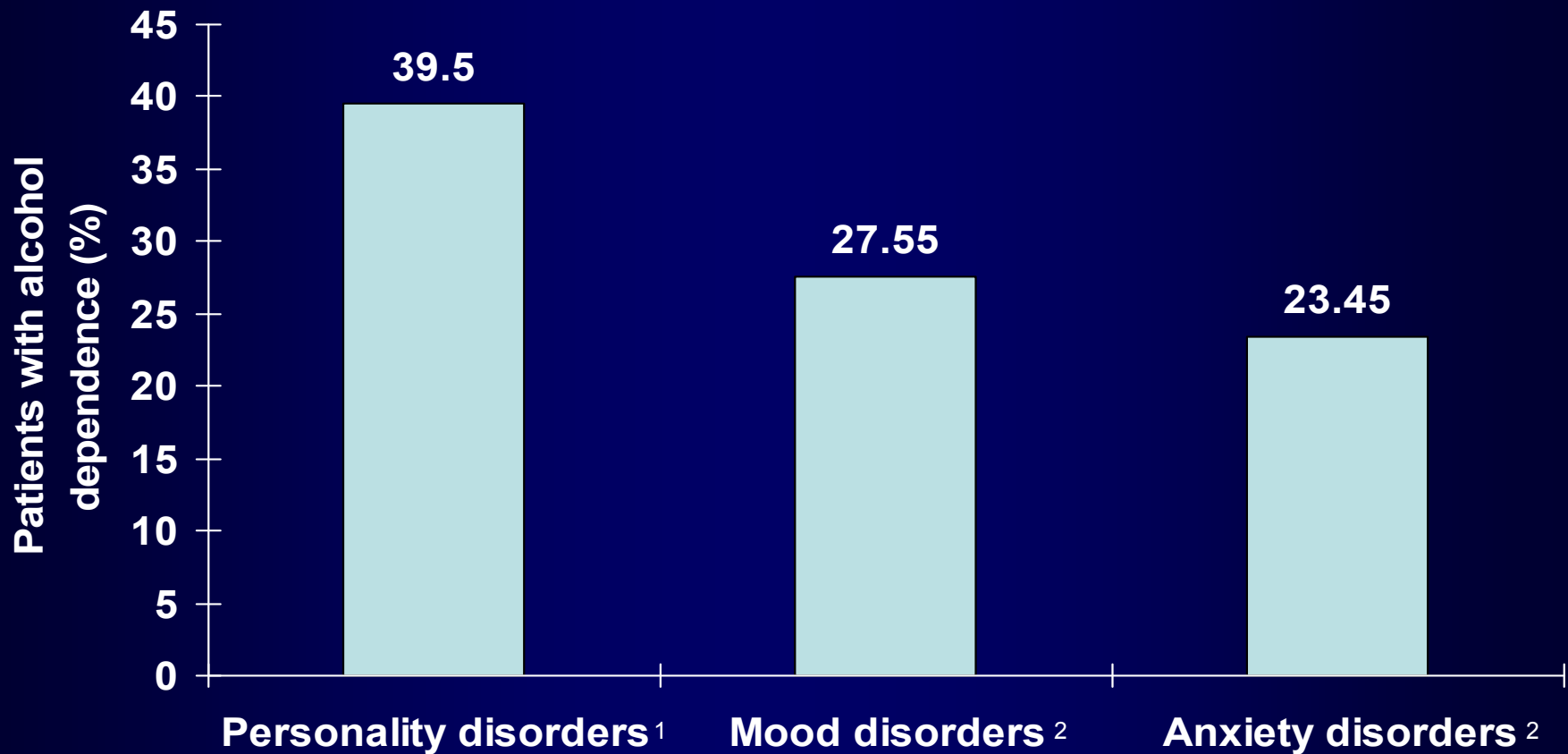
Community

- Returning to a community with few job outlets , or with few options for drug abuse treatment, or with few other supports would trip up anyone facing these types of social challenges.

Overview of Alcohol Dependence and Misuse

Epidemiology

High Prevalence Rates for Psychiatric Comorbidity in Patients With Alcohol Dependence



1. Grant BF et al. *Arch Gen Psychiatry*. 2004;61:361-368.

2. Grant BF et al. *Arch Gen Psychiatry*. 2004;61:807-816.

Heavy Alcohol Consumption Increases the Risk for Chronic Disease

- Long-term heavy alcohol consumption is associated with liver diseases, including fatty liver, hepatitis, and cirrhosis¹
- Prolonged heavy consumption is associated with alcohol-related brain damage²
 - Wernicke-Korsakoff syndrome, hepatic encephalopathy, atrophy
- Heavy alcohol drinking is associated with nearly 50% of cancers of the mouth, pharynx, and larynx
 - An estimated 75% of esophageal cancers in the United States are attributable to chronic excessive alcohol consumption

1. Mann RE et al. *Alcohol Res Health*. 2003;27:209-219.

2. Oscar-Berman M et al. *Alcohol Res Health*. 2003;27:125-133.

3. National Institute on Alcohol Abuse and Alcoholism. *Alcohol Alert No. 21: Alcohol and Cancer*. Bethesda, MD: National Institutes of Health; 2003.

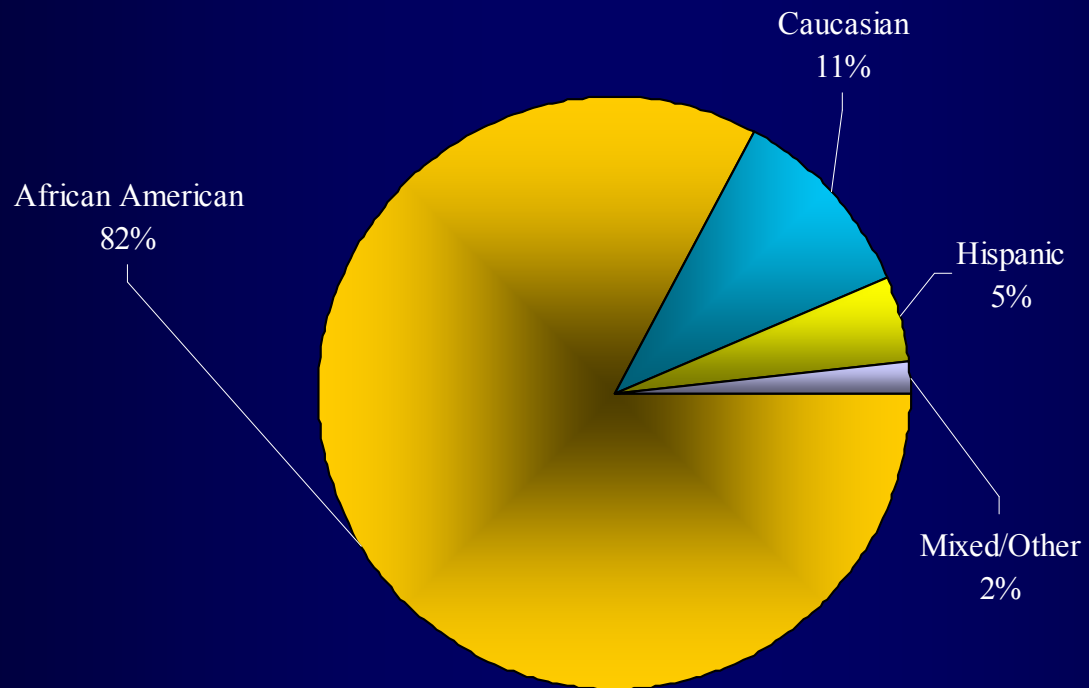
The Link Between Intimate Partner Violence and Alcohol Dependence

- Alcohol consumption impairs cognitive functioning, rendering individuals less capable of negotiating conflict in a nonviolent manner
- Victims of intimate partner violence might consume alcohol as a coping mechanism
- Children who witness violence (physical or verbal) between parents are more likely to become alcohol dependent later in life

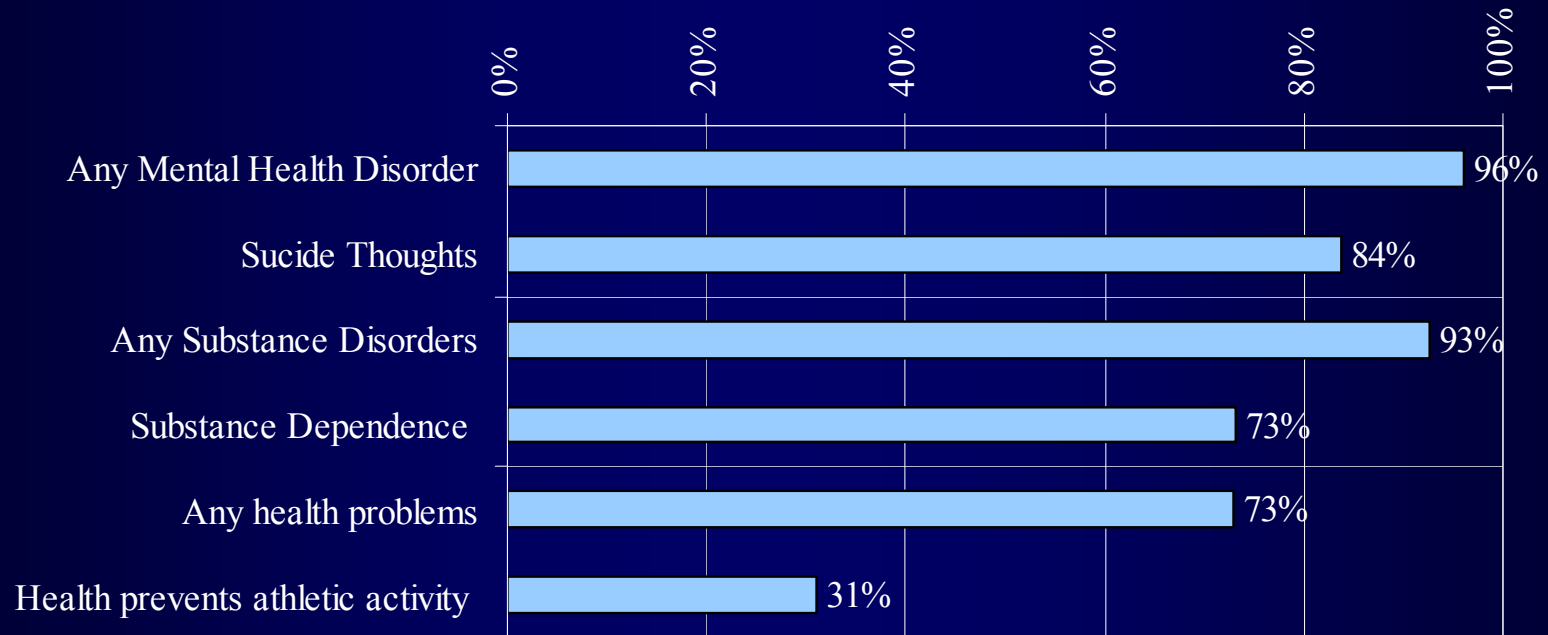
Haymarket Center Corrections Program

Overview

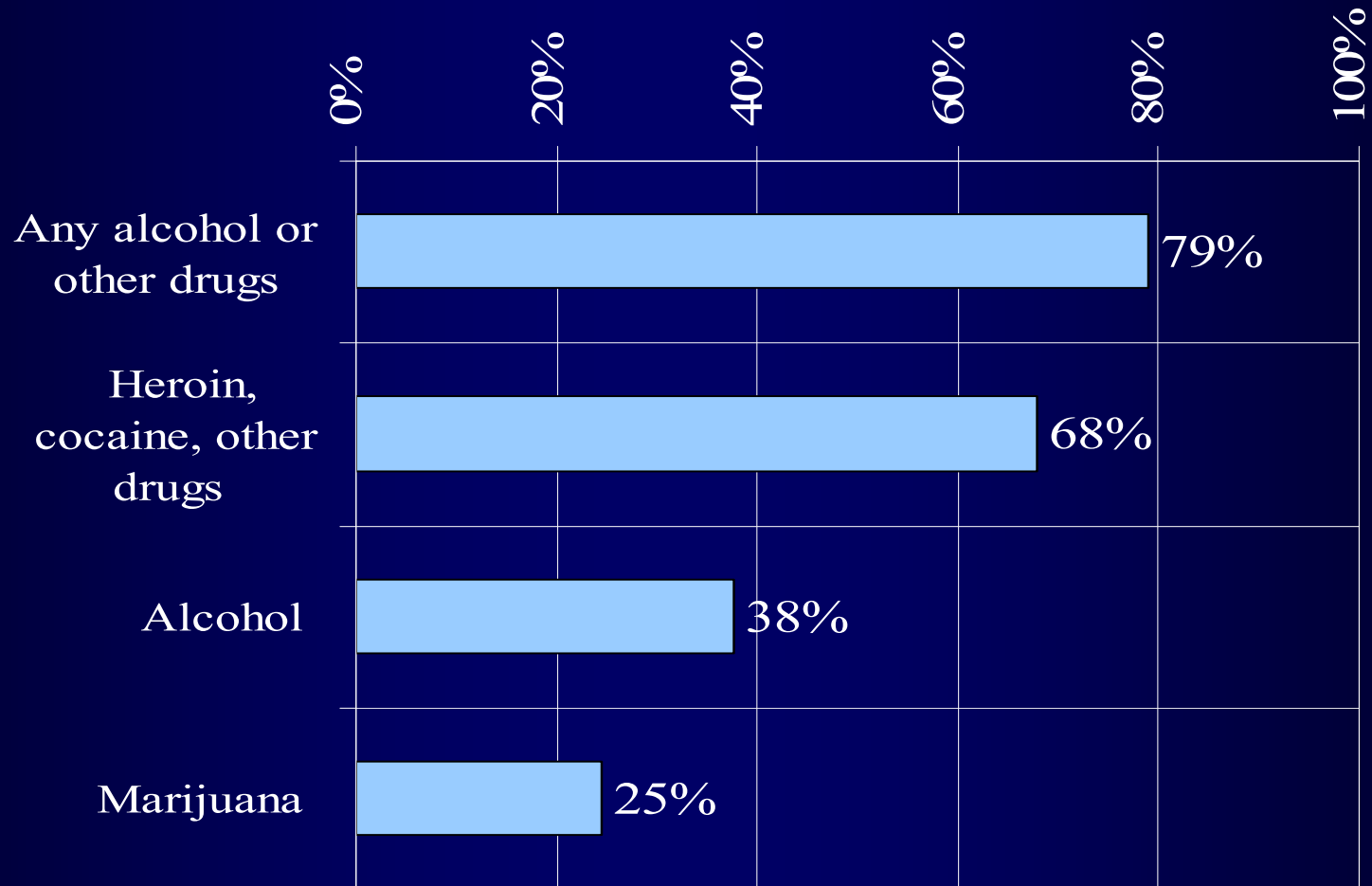
Race



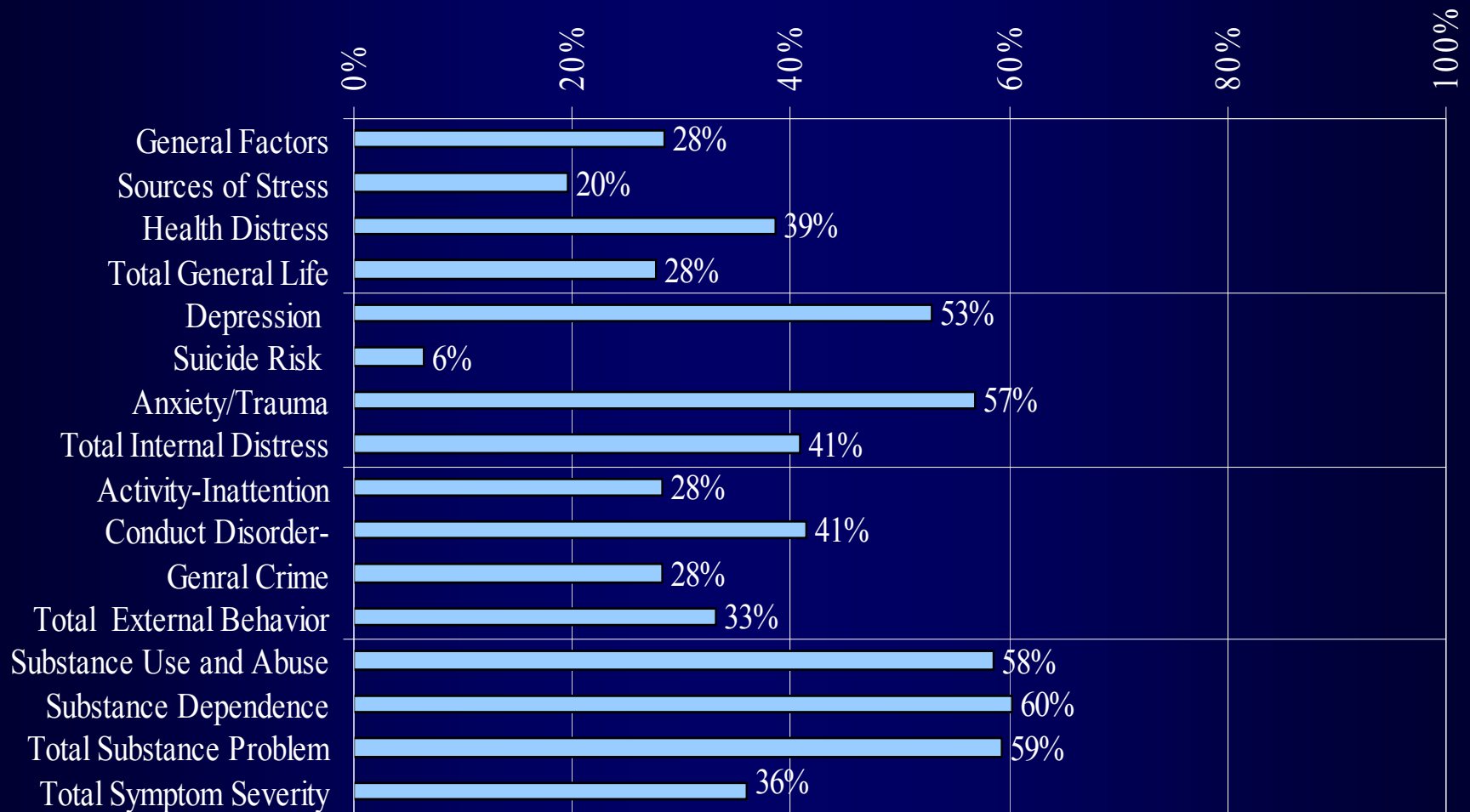
Mental and Substance Abuse Problems (past year)



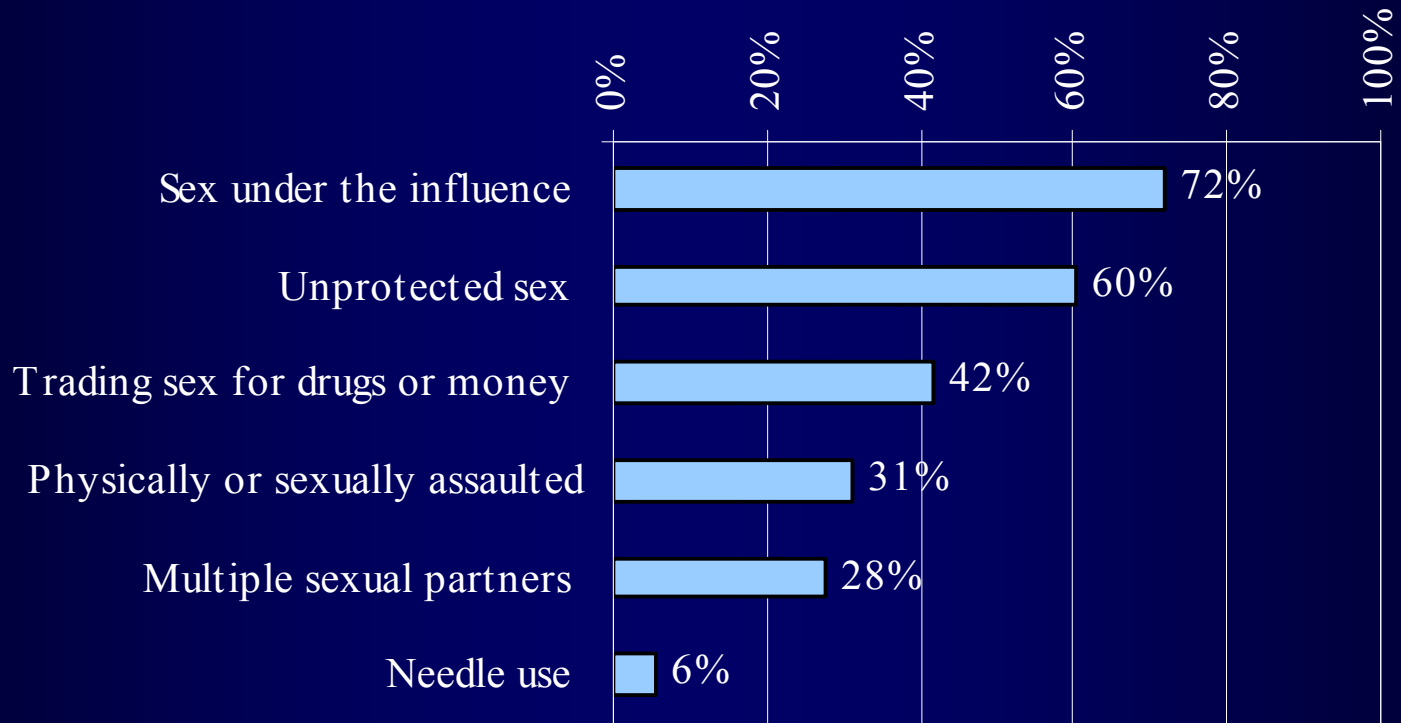
Weekly Use in the 90 days Before Intake



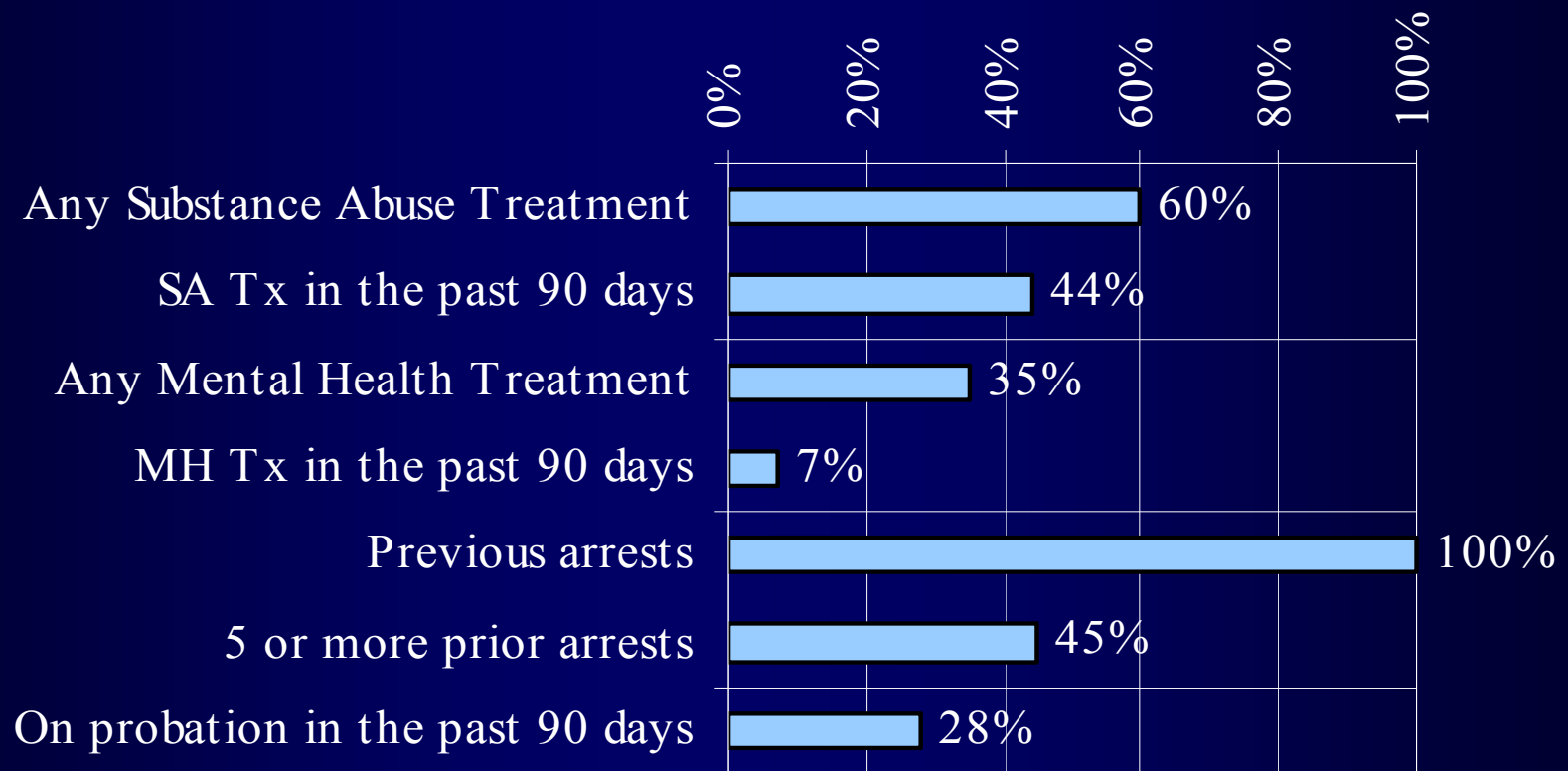
Percent of Symptoms Endorsed (past year)



HIV Risk



Service Utilization



Psychosocial Interventions for the Treatment of Alcohol Dependence

Commonly Employed Psychosocial Interventions for the Treatment of Alcohol Dependence

- Cognitive-behavioral therapy (CBT)¹
- Motivational enhancement therapy (MET)¹
- Twelve-step facilitation (TSF)¹
- Combined behavioral intervention (CBI)²

1. Project MATCH Research Group. *J Stud Alcohol*. 1998;59:631-639.

2. National Institute on Alcohol Abuse and Alcoholism. *Combined Behavioral Intervention Manual*. Bethesda, MD: US Department of Health and Human Services; 2004.

Research on Psychosocial Therapy Effectiveness: Project MATCH

- Project MATCH compared 1726 patients at 10 clinical sites randomized to three standardized, manualized treatments
 - MET
 - CBT
 - TSF

Project MATCH Outcomes

- Used two main outcome variables
 - Percent days abstinent (PDA)
 - Drinks per drinking day (DDD)
- Overall, all three treatment groups did equally well
 - PDA increased from 20%-30% to ~90%
 - DDD decreased from 15-20 drinks to 2-3

Manual-Based Psychosocial Interventions That Target Patient Adherence

- The BRENDA* approach¹
- Medical management (MM)²

*Biopsychosocial, Report, Empathy, Needs, Direct advice, Assessment.

1. Pettinati HM et al. *J Addict Dis.* 2000;19:17-83.

2. National Institute on Alcohol Abuse and Alcoholism. *Medical Management Treatment Manual.* Bethesda, MD: US Department of Health and Human Services; 2004.

How Medication and Psychosocial Intervention Impact Abstinence

Implications of
Medication Adherence on Abstinence

Common Reasons for Patient Nonadherence

- Complex treatment regimen
- Adverse events—real or anticipated
- Psychiatric or medical comorbidity
- Denial of existence or severity of illness

Patient Readiness for Change

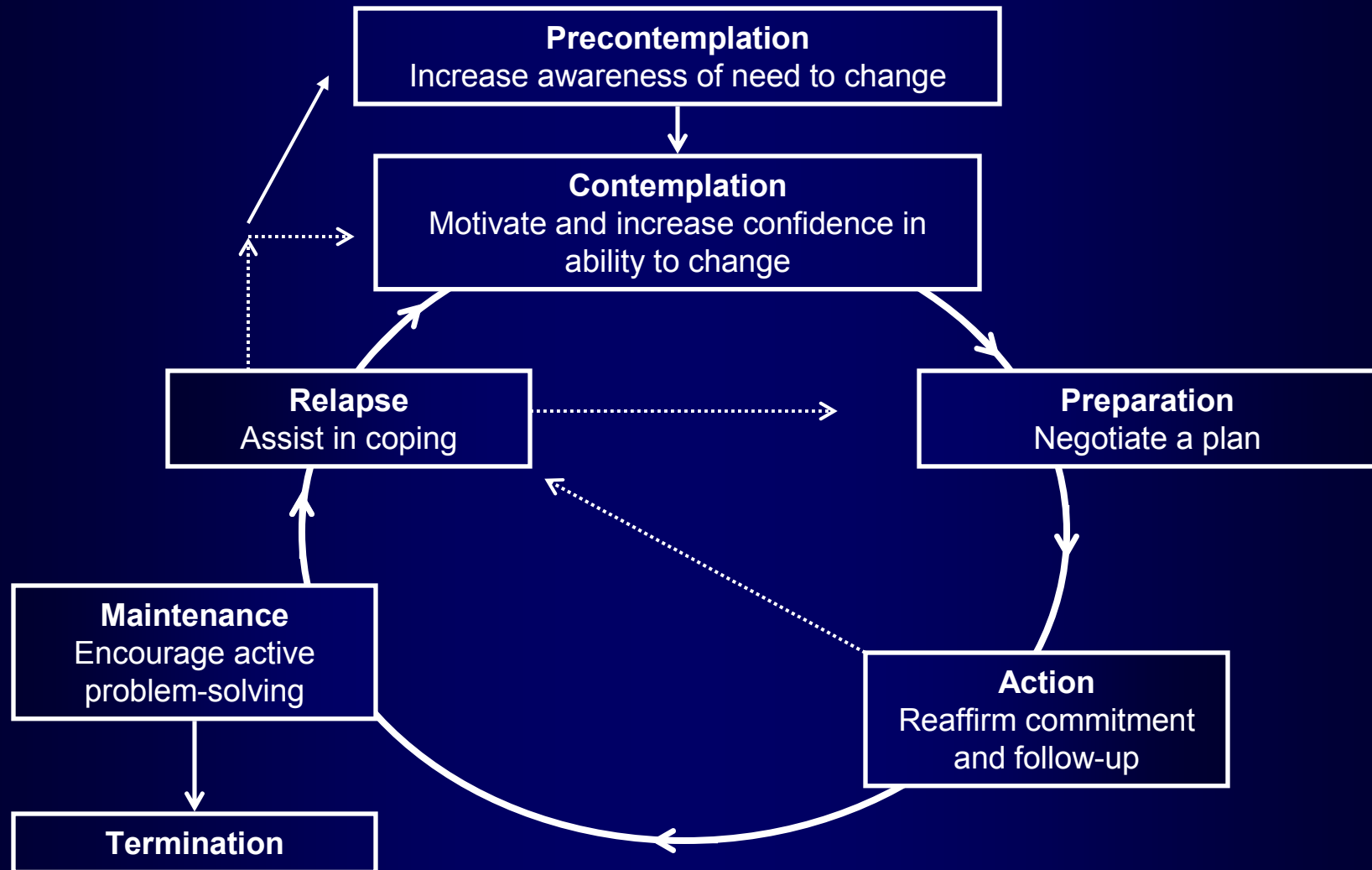
Interaction of Medication
and the Process of Change



How Do People Change?

- People change voluntarily only when
 - They become *interested in or concerned* about the need for change
 - They become *convinced* that the change is in their best interests or will benefit them more than cost them
 - They organize a *plan of action* that they are committed to implementing
 - They *take the actions* that are necessary to make and sustain the change

Stages of Change Model



Stages of Change and Patient Tasks

- Precontemplation
 - Not interested Become interested and concerned
- Contemplation
 - Considering Risk-reward analysis and decision-making
- Preparation
 - Preparing Commitment and creating an effective/acceptable plan
- Action
 - Initial change Implementation of plan and revising as needed
- Maintenance
 - Sustained change Consolidating change into lifestyle

Stages of Change and Therapist Tasks

Stage	Task
Precontemplation	Raise doubt – Increase the client's perception of risks and problems with current behavior ¹
Contemplation	Tip the decisional balance – Evoke reasons for change, risks of not changing; strengthen client's self-efficacy for behavior change ¹
Preparation	Help the client to determine the best course of action to take in seeking change; develop a plan ¹
Action	Help the client implement the plan; use skills; problem-solve; support self-efficacy ¹
Maintenance	Help the client identify and use strategies to prevent relapse; resolve associated problems ¹
Relapse	Help the client recycle through the stages of contemplation, preparation, and action, without becoming stuck or demoralized because of relapse ²

1. DiClemente CC et al. *Alcohol Res Health*. 1999;23:86-92.

2. DiClemente CC et al. *Am J Addict*. 2004;13:103-119.

Other Emerging Recovery Support Initiatives

- Interactive phone and web based monitoring and recovery support
- Self help groups
- Recovery homes
- Recovery High Schools & Colleges
- Well-briety movement in Indian Country
- Recovery advocacy movement
- Network for the Improvement of Addiction Treatment (NIATx; <http://www.pathstorecovery.org/>)
- Washington Circle Group (<http://www.washingtoncircle.org/>) and other efforts to introduce performance monitoring