



TREATMENT PROGRAMS

Following is a listing and description of treatment programs currently offered, either in the community for offenders on probation/parole or in the institutions for those offenders who are incarcerated. While the description includes a time frame for completion of each program, please note that this is only an approximation. There are many factors that influence actual completion time of a program, attendance (or lack of attendance), homework, motivation, offender moves, etc.

EMOTIONAL AND PERSONAL PROGRAMS

Anger Management (SAMHSA)

This manual was designed for use by qualified substance abuse and mental health clinicians that work with substance abuse and mental health clients with concurrent anger problems. The manual describes a 12-week cognitive behavioral anger management group treatment. Each of the 90-minute weekly sessions is described in detail with specific instructions for group leaders, tables and figures that illustrate key conceptual components of treatment and homework assignments for the group participants.

- *Relaxation interventions*, which target emotional and physiological components of anger.
- *Cognitive interventions*, which target cognitive processes such as hostile appraisals and attributions, irrational beliefs, and inflammatory thinking.
- *Communication skills interventions*, which target deficits in assertiveness and conflict resolution skills.
- *Combined interventions*, which integrate two or more CBT interventions and target multiple response domains .

COGNITIVE PROGRAMS

Relapse Prevention (Under Review)

IDOC currently employs the Cognitive Behavioral Treatment (CBT) model of relapse prevention. CBT is a short term, 12-16 week focused approach to helping substance-dependent individuals: and:

- CBT is a short term, comparatively brief approach well suited to the resource capabilities of most clinical programs.
- CBT has been extensively evaluated in rigorous clinical trials and has solid empirical support as treatment for substance abuse. The evidence especially points to the durability of CBT's effects with high-risk abusers.
- CBT is structured, goal orientated, and focused on the immediate problems faced by the abuser entering treatment.
- CBT is a flexible, individualized approach that can be adapted to a wide range of offenders and settings.
- CBT is compatible with a range of other treatments an offender may receive.
- CBT's broad approach encompasses several important common tasks proven to be successful with treating drug addiction with 2 core components; functional analysis and skills training.



Breaking Barriers

Gordon Graham designed the Breaking Barriers comprehensive program, a 12 to 16 week program which provides tools and techniques to assist individuals and groups in breaking barriers that hold them back from using their skills and talents in the most effective manner. A wealth of modern psychological techniques has been condensed into practical concepts that are easy to understand and apply. Offender change programs are designed to change behavior, thinking, and attitudes known to contribute to criminality. Breaking Barriers classes address the dynamic risk factors that, if changed, reduce the likelihood of future criminal behavior.

Breaking Barriers includes the following 6 relapse prevention components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Advanced relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Coping skills

Cognitive Self Change (CSC) Idaho Model Orientation

Cognitive behavioral program participants study the connection between thinking, feeling and behavior, and how patterns of thinking can drive habitual and automatic ways of behaving. This class is typically delivered in four (4) 1 1/2 hour sessions or one full day of classroom instruction. This is given as a pre-requisite to CSC (Stages 1 and 2).

Cognitive Self Change (CSC) Idaho Model Orientation includes the following 5 components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Coping skills

Cognitive Self Change (CSC) Idaho Model

The Idaho model of Cognitive Self Change (CSC) is a singular program completed in two phases following Orientation to CSC. Phase 1 takes six (6) months to complete; Phase 2 takes 9 to 12 months to complete. Completion is only recognized after both phases are complete. The CSC model includes the following six (6) components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Advanced relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Coping skills

Moral Reconciliation Therapy (MRT)

Corrections Counseling, Inc. (CCI) of Memphis, Tennessee developed MRT. The MRT system assumes that most substance abuse and sociopathic behavior is caused by inadequate reasoning. The program takes approximately 24 weeks (6 months) to complete. The system uses a series of structured exercises



and tasks to foster development of higher levels of reasoning and addresses other important treatment areas, such as:

- Confronting personal beliefs
- Assessing relationships
- Facilitating identity development
- Enhancing self-esteem
- Decreasing hedonism and development of tolerance of delay of gratification.

Sex Offender Treatment Program (SOTP)

IDOC has developed six independent Pathways solutions to address institutionally placed sex offenders. The solution will continually enhance clinical staff's skill base for sex offender treatment through evidenced based best practice training and clinical supervision. This program can take 1 to 2 years to complete.

As a part of the solution, IDOC created a dedicated sex offender unit that provides beds for low and moderate risk sex offenders. Additionally, in partnership with a private facility provider, a dedicated unit for high risk sex offenders is available to meet the diverse and difficult nature of this population in a wider context of a correctional setting.

The treatment is based on evidenced based best practice curriculums aligned with the Center for Sex Offender Management (CSOM) and Association for Treatment of Sexual Abusers (ATSA) standards. The expected outcomes will better prepare the sex offender population to what will be expected of them both in the form of treatment and most importantly in their expected behavior. Most importantly the intervention will provide IDOC and Parole Commission staff a clear picture of the offender's behavior and potential risk to the community.

The SOTP Pathway will provide core cognitive interventions, relapse prevention and safety planning for all participants. All groups will be restricted to sex offender populations to ensure safety and effective environmental conditions for open and honest dialogue.

Sex Offender Aftercare (Community Based Program)

This group meets four times a month with each participant attending one of the four meetings. Offenders are referred to group only after they have completed a structured treatment program. The group provides an additional monthly contact for participants along with ongoing counseling. The time to complete is program varies based on an offenders crime and risk assessment. Group topics include discussion of current life situations, any inappropriate thoughts, feelings or fantasies and how to deal with them in a healthy way, decision making skills, issues related to the original crime, laws, rules and regulations pertaining to sex offenders, relapse prevention, and building healthy life skills.

Sex Offender Aftercare programs include the following 4 components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Identify high-risk situations
- Self-efficacy

Thinking for a Change (TFAC)

The TFAC program takes an average of 12 to 16 weeks to complete, and consists of 22, two-hour (48 hrs.) lessons that integrate three cognitive based approaches: Cognitive Self-Change, Social Skills, and



Problems Solving. A creative design and delivery strategy provides for increased flexibility and adaptability in various correctional settings. This program has the capacity to be tailored to the needs of the offender, in order to emphasize the offender's strengths, enabling them to overcome the weaknesses that may be barriers to the change process.

Thinking for a Change program includes the following 6 components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Advanced relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Coping skills

SUBSTANCE ABUSE PROGRAMS

New Directions

New Direction curriculum is grounded in the best research to date on how to effectively work with inmate populations. No matter the specifics of any program provided in an institutional or community correctional setting the following items must be present:

- A strong cognitive-behavioral therapy (CBT) approach
- Elements of a therapeutic community in the program's implementation
- Sufficient time for the program to take hold (three months at the very least)
- A continuum of care that includes the effective use of self-help and support groups (such as Alcoholics Anonymous or Men in Sobriety) along with community supervision and programming for ongoing support.

The program was developed to address some of the more promising target areas for change. Andrews and Bonta (1998) identified some of these most promising areas:

- Changing antisocial attitudes, values, and beliefs
- Changing antisocial feelings, including impulsivity, egocentrism, and poor frustration tolerance
- Reducing antisocial peer associations and developing anti-criminal associations
- Increasing self-control, self-management, and problem solving skills
- Reducing chemical dependency

Upon identifying these research based areas for direction, coupled with a cognitive behavioral therapy, *New Direction's* curriculum uses the following three basic premises as its' starting point:

1. Thinking affects feelings and behaviors. Inmates will address both, but the emphasis will be on behavior. They will examine not only events but also their interpretations of events (emotional content, intent, motives, criminal and addictive thinking, etc). Inmates will also examine beliefs, attitudes, and assumptions they have about themselves, others, and the world-especially those that support criminal behavior and alcohol and drug use.
2. With training and practice, program participants can self-monitor and change their thinking: this includes learning to identify their core beliefs.
3. Their behavior can change based upon changes in thinking.



The *New Direction* program is organized into six modules with each focusing on specific developmental areas.

Module One-Intake and Orientation

The module welcomes the offender to treatment and the expectations required. The module further provides intro to a therapeutic community, thinking issues, and addiction and recovery.

Module Two-Criminal and Addictive Thinking

The module begins the process of change by identifying thinking and behavior with mapping. The offender thoroughly identifies criminal and addiction history. Lastly, the offender begins to learn about thinking and behaviors and their affect.

Module Three-Drug and Alcohol Education

The module provides insight into the disease of addictive and its affect physically, emotionally, and collateral issues. The offender begins review change, its processes, and how transition can occur.

Module Four-Socialization

The module provides training in the socialization process. The offender identifies where they have been, what works and doesn't, and how to change.

Module Five-Relapse Prevention

The module provides exposure to the relapse process. The offender develops insight into their triggers, high-risk issues, and cravings. The offender then develops a plan to address these issues through self and support.

Module Six-Release and Reintegration Preparation

The module provides the framework to begin the reintegration process. The offender learns to establish goals with regard to residence, employment, budget, and other transitional issues.

Helping Women Recover

This program provides gender-specific programming on alcohol and other drug abuse and addiction. Created in collaboration with Stephanie Covington, Ph.D., and a leading expert in women's addiction programs. Recovering women have the opportunity to understand addiction and the signs and symptoms experienced by women who struggle with substance abuse and dependence. In this seventeen-session program, women use a journal. They examine the connection between substance abuse and high-risk behaviors and learn facts about alcohol and other drugs and how they affect women.

Helping Women in Recovery includes the following 5 components:

- Offense chain or cognitive-behavioral chain
- Relapse rehearsal
- Identify high-risk situations
- Self-efficacy
- Coping skills

Driving the Right Way

This program consists of four sessions, focused on changing thinking and decision-making of DUI/DWI offenders. Developed by the premiere names in the field of criminal justice treatment, the program is implemented in ongoing, open-ended groups.



Meth Matrix

This is a treatment model based upon the established, empirically supported chemical dependency treatment principles to treat meth users. The clinical outpatient protocols used in this model have been continuously adapted and revised over the last two decades. The model provides chemically dependent persons and their families the most thorough and up-to-date knowledge, structure, education, and support possible to achieve long term recovery. The method focuses on the following areas of intervention:

- Individual and Group Counseling
- Relapse Analysis and Prevention
- Stabilization
- Family Education
- Social Support
- Twelve Step Involvement

Therapeutic Community and TC Aftercare

Therapeutic Community (TC) simulates society with specific values principles, rules and structure specifically designed to teach pro-social attitudes and behavior. Participants (who are referred to as “Family”) are required to hold each other to the standard of the program through a series of accountability tools such as verbal cues (Pull-up’s), written slips (Booking slips) and public confrontation (Encounter). All aspects of the TC are engineered to change attitudes, and thinking that lead to incarceration. To keep the integrity of this process, participants are segregated fully from the other inmates on the compound. The program has three (3) phases, each requiring greater attitude, skill, and knowledge levels.

Programming and Activities in a Therapeutic Community

Morning Meeting

The Morning Meeting (AM Meeting) is the first group meeting of the day. The purpose of this meeting is to: 1) Bring the family together; 2) Organize the day ahead; 3) Motivate with a positive beginning. In addition to announcements, a major part of the AM Meeting is dedicated to inspirational activities such as reading a morning meditation and fun activities such as songs, jokes, or entertainment. The inspirational and fun activities often require family members to appear in front of the family. This helps to instill confidence, break down criminal images and fears, and to develop trust within the family.

Evening Meeting

Evening Meeting (PM Meeting) is the last group activity of each day. This meeting is for the purpose of bringing closure to the day. Information is disseminated from staff to the family, questions are answered, etc. At the completion of PM Meeting, the family should retire for the night with significant loose ends tied up.

Process Groups

The purpose of this activity is to provide a time and place where family members can learn to express their opinion in an appropriate manner. In addition, family members learn how to listen to opinions of others. This group teaches how to sort out the difference between thoughts and feelings, giving and receiving feedback, learn problem-solving techniques, and communication skills. This group teaches how to sort out the difference between assertive, aggressive, and passive behavior. Emphasis is placed on boundary setting skills.

Encounter Groups

Encounter group collectively brings observations and reactions concerning a family member’s



behavior and attitudes. The group confronts the individual with how he is perceived by others. This group raises awareness and also allows family members to support the change process by suggesting alternative right living behavior and attitudes.

Seminars

Seminars are instructional meetings led by family members. The topics are related, and the objective is to educate younger family members to the philosophy and workings of the TEAM Program. Facilitators of the seminars are older members of the family who have had the opportunity to experience life in the TEAM Program.

Cognitive Self-Change

Cognitive Self-Change (CSC) is designed to teach how to recognize, identify, control and alter attitudes, beliefs and thoughts supportive of criminal activities. CSC provides tools to learning how to direct and re-direct thinking about life choices. Without this ability, habitual beliefs and thinking determine choices in advance. CSC presents the ability to choose the direction in an offender's life and the responsibility for whatever choices are made. CSC doesn't try to **make** an offender change; it **teaches** change.

Relapse Prevention Group

Relapse Prevention Group (RPG) is designed to teach that relapse is the progression that creates the overwhelming need for alcohol and drugs. In RPG history of recovery and addiction is reviewed to develop warning sign identification, warning sign management, and recovery planning. In the day-to-day challenges of recovery from addiction, this program assists in coping with warning signs that precede a return to substance abuse or criminal behaviors. RPG provides tools and plans of action to prevent relapse in its earliest stages while incarcerated, on parole and/or final release.

Support Groups

There are a number of recovery based support groups. There will be some type of group practiced here by TEAM participants. All support groups are an opportunity for fellowship of individuals to share their experience, strength and hope with each other that they may solve their common problem and help others to a full and lasting recovery. The groups should support the TEAM Program principles and philosophies. Alcoholics Anonymous, Narcotics Anonymous, Primary Purpose, White Bison and Beat Your Own Addiction are offered as support groups in the TEAM program.

FAMILY REUNIFICATION PROGRAMS

Inside Out Dads

Systematically breaks down barriers to healthy relationships by increasing cognitive understanding and fostering attitudinal change, particularly by instilling empathy through group exercise and discussion.

Brief Intervention for Relationships

From the Texas Christian University (TCU) Treatment System, the interventions and ideas are derived from evidenced based foundations, including cognitive behavioral models and field-based research. These modules are best suited for group work.

Brief Interventions from the TCU Treatment System includes a series of materials designed particularly to address effective ways to improve relationships through communication.



The collection of manuals contains focused, easily accessible and brief strategies for engaging clients in discussions and activities on the recovery topics of Communication Roadblocks, Repairing Relationships, Communication Styles, and Mapping as a Problem Solving Tool.

Partners in Parenting

This program, developed at TCU, focuses on identified concerns of recovering parents and encourages learning and skill building. Core components include building a partnership, child development, active listening, building understanding, helping children behave, sensible discipline, and self care for parents, for tomorrow and beyond.

How to be a Responsible Mother

Nothing puts a strain on a family like the incarceration of a parent. *How to Be a Responsible Mother* prepares the incarcerated offender for the challenges of being a mother on the inside while also readying them for the parenting challenges that wait upon their return to the community. Topics discussed include: overcoming barriers to becoming a responsible mother, understanding child development, using positive discipline with your children, responsibilities of motherhood and other special issues. This workbook will help the offender to understand and accept the bond between themselves and their children.

New Freedom

Based on the tenants of cognitive behavioral, motivational enhancement, risk factor management, relapse prevention, and social learning treatment concepts.

Brain Building Basics (BBB)

Brain Building Basics is a Parenting and Literacy Skills, 21-lesson plan program. It is written at about a fifth-grade level. It uses a bibliotherapy technique, where high quality children's picture books serve as the focal point for each lesson. Participants are able to discuss parenting issues, their beliefs and concerns in the framework of the fictional child presented in the story. Group discussions give the participants a chance to examine their beliefs which contribute to violent behavior, generate a list of alternative parenting behaviors with the help of other members, and practice empathy and parenting skills through role plays and other class activities.

ANCILLARY PROGRAMS

12 Step/Alcoholics Anonymous (AA) / Narcotics Anonymous (NA)

The program is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problems and help others to recover from alcoholism and/or drugs. The only requirement for membership is a desire to stop drinking or using. There are no dues or fees for AA or NA membership; they are self-supporting through their own contributions. AA/ NA is not allied with any sect, denomination, political organization or institution; does not wish to engage in any controversy, and neither endorses nor opposes any causes. The primary purpose is to stay sober and help other alcoholics achieve sobriety.

Money Management Group

The group explores the connection between money management and relapse. Topics discussed are buying a home or car, investing and saving for retirement. The class consists of six 2-hour sessions.



Nutrition

The program is offered to female offenders with children and is delivered by staff from the Expanded Food and Nutrition Program. The program teaches the basics of proper nutrition, food preparation, serving sizes, food purchasing and caloric needs for adults and children.

White Bison/Fire Starters

The program offers sobriety, recovery, addiction prevention, and wellness ("Wellbriety") learning resources to the Native American community. Wellbriety teaches that individuals must find sobriety from addictions to alcohol and other drugs and recover from the harmful effects of drugs and alcohol on themselves, their families, and their communities. The "Well" part of Wellbriety is the inspiration to go on beyond sobriety and recovery, committing to a life of wellness and healing every day. There are separate versions for male and females.

Seeking Safety

Addresses a safe coping skill to help the offender achieve recovery from both PTSD and substance abuse. It teaches offenders to cope without the use of mood altering substances or other destructive behaviors.

OTHER PROGRAMS

Pre-Release Program

Each year the IDOC releases a large number of offenders back into the community. In order to prepare these men and women for release, IDOC has prepared a *Pre-Release Manual* to standardize their reentry education.

Pre-Release program contains the following modules:

- Identification
- Housing
- Employment
- Transition
- Money Management
- Education
- Health and Life Skills
- Family and Friend Relationships
- Restorative Justice
- Living under Supervision