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The Delta Program

A Program Plan for
A Day Drug Treatment Program
for Bronx Drug Felony Offenders

The Vera Institute of Justice
377 Broadway
New York, New York 10013

May 1992

Introduction

The Delta Program, a day treatment program for incarceration-bound drug-abusing offenders has been designed to target a group of offenders who are not reached by existing New York City Alternatives to Incarceration (ATI) programs. The cognitive-behavioral intervention it embodies has been tailored for the specific population it proposes to serve. As will be shown below, there are currently large numbers of jail-bound substance-abusing or drug-dependent defendants being processed through the court system in the Bronx who are in need of treatment for their drug-related problems, but who are not receiving treatment because there is currently no systematic effort to identify them early enough for an effective ATI intervention.

Population in need of treatment.

Specifically, the Delta Program seeks to ameliorate the drug-related problems of appropriate defendants whose cases are disposed in Parts N and C (the "special narcotics" court parts) of the Bronx County Supreme Court. Both data and anecdotal evidence from several sources show that there is a significant jail-bound population in the special narcotics parts, which could be targeted if suitable screening criteria were devised, and which needs and could benefit from drug treatment. Here follows a summary of that evidence:

1. **Most arrestees use or abuse drugs.**

The Drug Use Forecasting ("DUF") program of the National Institute of Justice has performed drug tests from a representative sample of arrestees in central booking facilities in 23 cities across the country, including the borough of Manhattan. For 14 consecutive days in each calendar quarter since 1987, trained staff obtained voluntary urine specimens and interviews from a sample of arrestees. From January to March of 1990, 80% of male arrestees and 71% of female arrestees in New York tested positive for some drug of abuse; 36% and 31%, respectively, tested positive for two or more drugs of abuse.

These percentages may underestimate the severity of drug use among the arrestee population, because DUF investigators deliberately undersampled the number of male arrestee in the sample charged with sale or possession of drugs, precisely because they assumed that such persons were most likely to be using drugs at the time of arrest. Moreover, if Manhattan arrestees charged with sales and/or possession could be considered separately from all others, the percentage testing positive for drugs would probably be higher still. Data from a 1988 analysis of Chicago arrestees broken down by charge support this premise: 92 percent of drug sale/possession arrestees there tested positive for some drug of abuse -- the highest percentage among the various charges.

If the DUF study were to be conducted in the Bronx, it seems likely that a

similarly large percentage of arrestees would test positive for drug use. It is also reasonable to suppose that a significant number of those who are arrested for drug possession/sale in the Bronx and are subsequently adjudicated in the N parts have significant drug problems. They have easy access to drugs; they are mostly poor, undereducated and unemployed.

2. Vera's previous experience with similar clients at the parole stage suggests that persons convicted of drug sale/possession have significant drug and alcohol problems.

Vera's research on New York State's Interagency Initiative produced extensive data on the criminal careers and substance abuse histories of a large and representative sample of New York State prison inmates.[1] Our data did not suggest that there were differences in the chronicity or severity of drug problems of offenders sentenced to prison for drug sale/possession from offenders doing time on other charges.

3. Our experience with pre-trial detainees in the Bronx charged with drug sale/possession suggests that most of them have significant drug problems.

Vera's Bronx Bail Bond Agency targets long-term detainees, and consequently does not screen among the pool of detainees tracked for early dispositions in the special narcotics parts. Since it commenced operations, however, it has bailed out a total of 18 defendants who were detained on drug sale/possession charges. Of the 18, 11 have been accepted for residential drug treatment and five for outpatient treatment. As a group they appear to have more significant drug problems than bail bond principals with other charges.

Pool Size.

Because the large majority of felony drug cases in the Bronx are disposed in Supreme Court Parts N and C (where effort is concentrated on obtaining pleas within six days of

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[1] This multi-agency effort was established to provide services to offenders with a history of drug or alcohol abuse. Vera conducted research and provided technical assistance to the four cooperating agencies: the State Department of Correctional Services (DOCS), the Division of Parole (DOP), the Division of Substance Abuse Services (DSAS), and the Division of Alcoholism and Alcohol Abuse. The objective of the Initiative was to coordinate the provision of services by these four agencies to offenders with a history of drug and alcohol abuse. The goal was to reduce the criminal recidivism of these parolees. The methodology was to identify the substance abuser at his initial classification in the State prison system, to provide treatment while the offender was still in prison, and to provide support upon release to ensure continued treatment by community-based service providers.

arrest) there are no Alternative-To-Incarceration programs currently providing systematic screening for the substance-abusing defendants who are sentenced to jail and prison there every day. Yet there appears to be a very large pool of jail- and prison-bound defendants currently being detained on felony drug charges in the Bronx whose cases are disposed in Parts N and C, who are not predicate felons, and therefore are not subject to mandatory prison sentences. We estimate that in calendar year 1991, approximately 4,000 (3,974) non-predicate defendants whose cases are disposed in Supreme Court Parts N and C will receive incarcerative sentences (not including time served) as a result of their conviction for a misdemeanor or felony drug offense.

This estimate is grounded in the Bronx case processing and disposition patterns revealed in first quarter 1988 Bronx data which was collected by the New York City Criminal Justice Agency for its December, 1990 study, "Crack And The New York Courts: A Study Of Judicial Responses And Attitudes". Interviews with court officials have persuaded us that disposition patterns have probably not shifted significantly in the Bronx since that time. The CJA data, displayed in Figures I through VI, shows case outcomes for predicate and nonpredicate cases and for cocaine cases only (Figures I and II show patterns for powdered cocaine; III and IV for crack; and V and VI show both forms of cocaine combined). Again, however, in conversations with district attorneys and judges, we have been assured that the overall patterns portrayed here are not markedly dissimilar for opiates and other drug cases.

Comparison of the CJA data with arrest data for the Bronx for the same period (collected by the New York Police Department's Office of Management Analysis and Planning) shows that 91.5 percent of the cocaine felony arrests from that period were filed as felonies at Criminal Court arraignment. Of these, 76.4 percent were adjourned to Part N[2]. Three out of four Part N defendants had no prior felony convictions, yet 58 percent of these "nonpredicates" convicted of felonies or misdemeanors received incarcerative sentences (i. e., prison, jail, or a "split" sentence -- not including time served) at conviction.

Based on police record for drug arrests in the Bronx for the first quarter of 1991, we estimate that there will be 13,084 felony drug arrests for the year. Assuming that these are processed and disposed in the same proportions as in 1988, we project case outcomes as follows:

Continued as felonies
to arraignment: 11,972 (91.5% of arrests)

Adjourned to Part N: 9,147 (76.4% of arraignments)

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[2] In 1989 the Bronx court established "Part C" to handled the overflow caused by increased drug arrests. The screening process designed proposed for this program envisions coverage for both "N" and "C" cases. As cases are distributed between the two parts according to the day of the week on which they are arraigned, there is no reason to assume that the 1988 "N" Part patterns do not hold for case outcomes in either part.

Figure I
POWDERED COCAINE CASE FLOW, FIRST QUARTER 1988
Nonpredicate Felony Cases

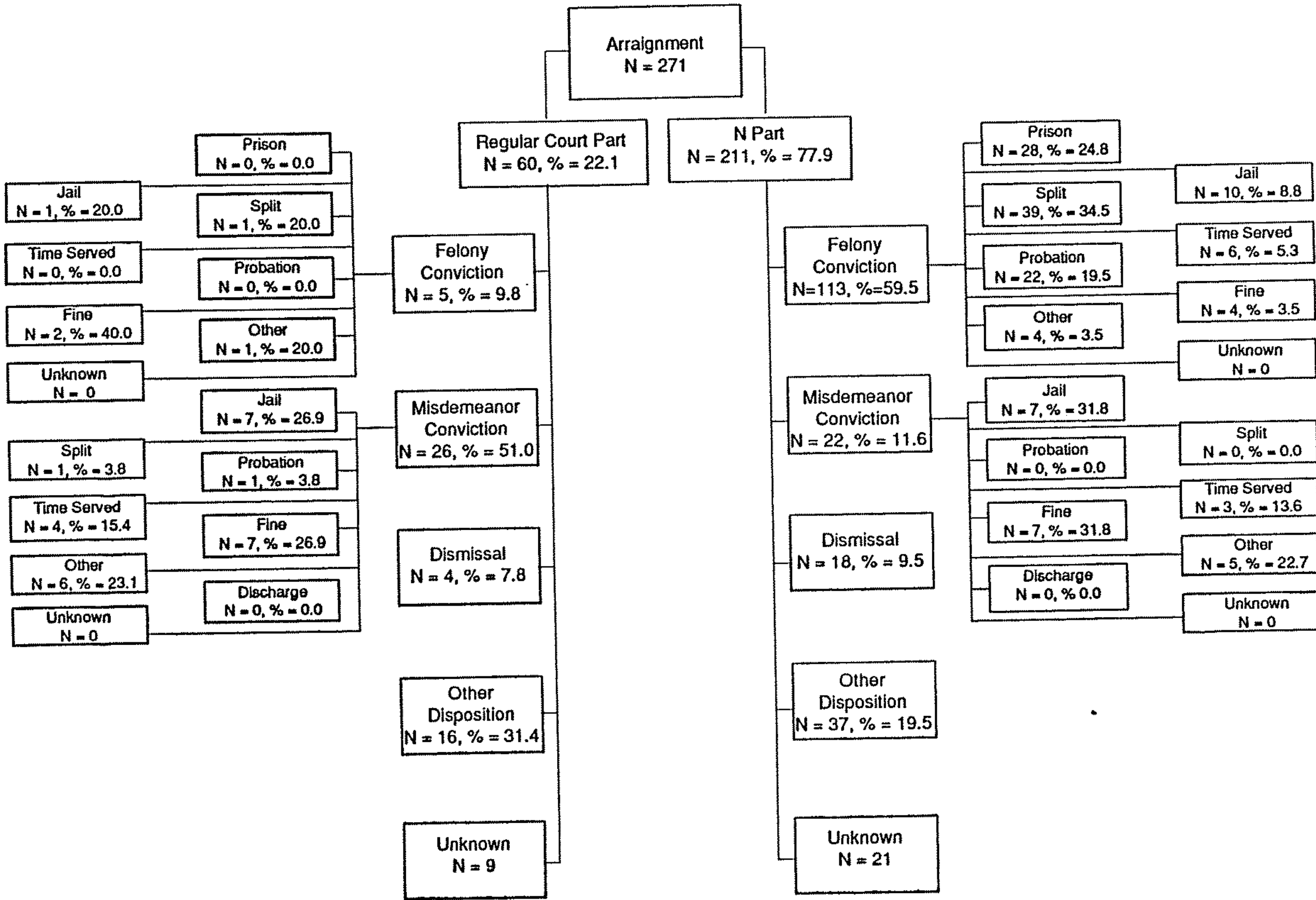


Figure II
POWDERED COCAINE CASE FLOW, FIRST QUARTER 1988
Predicate Felony Cases

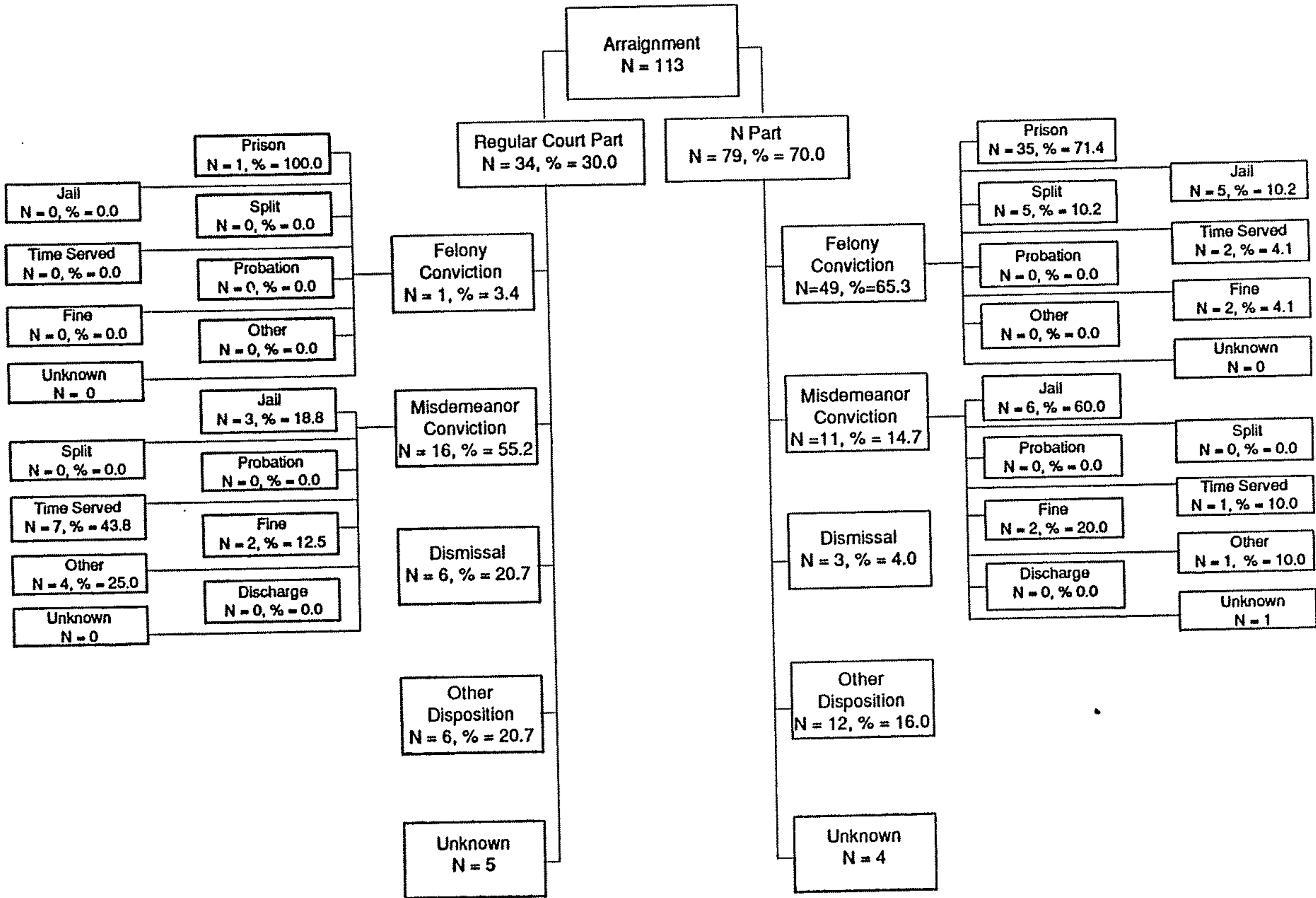
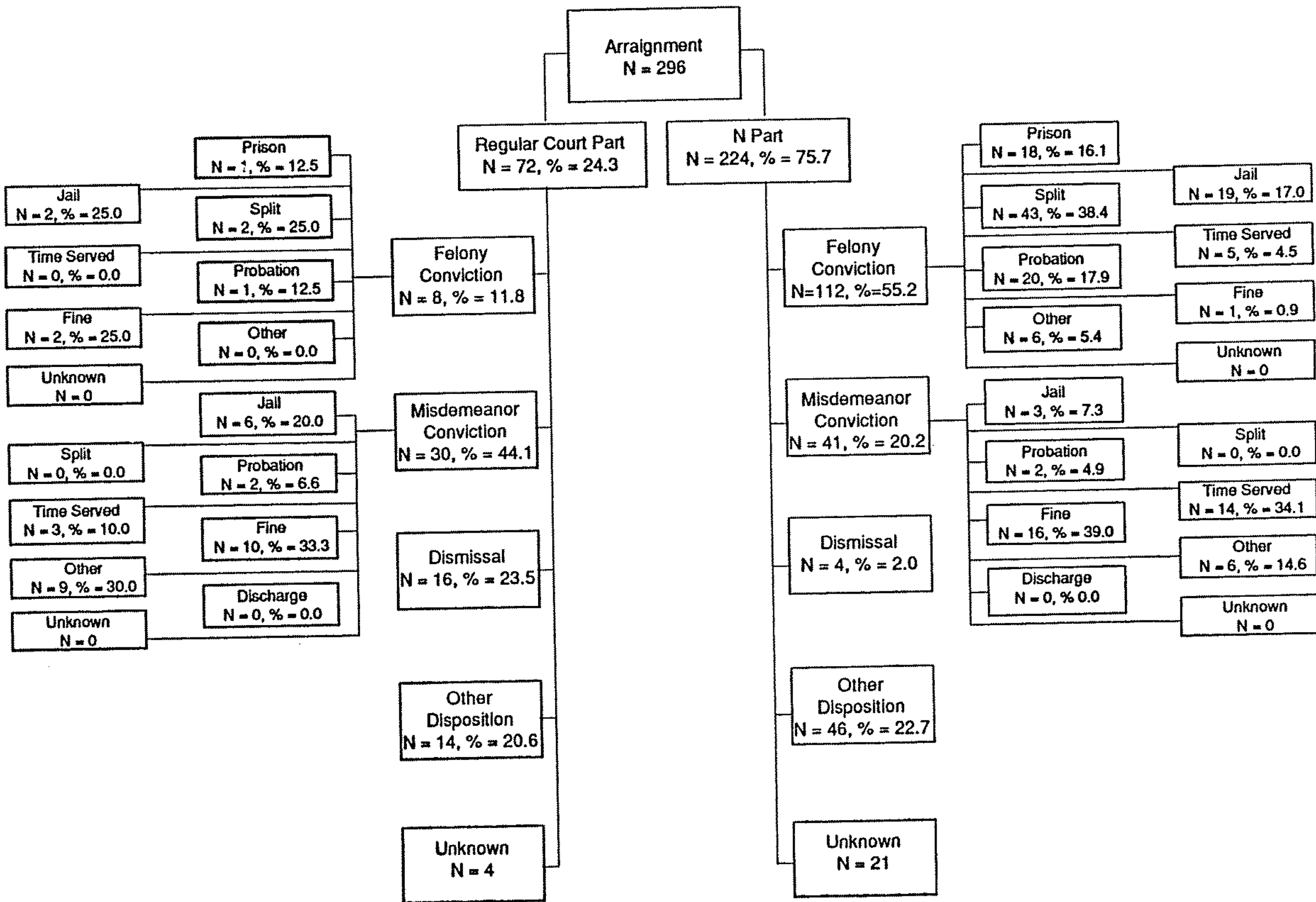


Figure III
CRACK CASE FLOW, FIRST QUARTER 1988
Nonpredicate Felony Cases



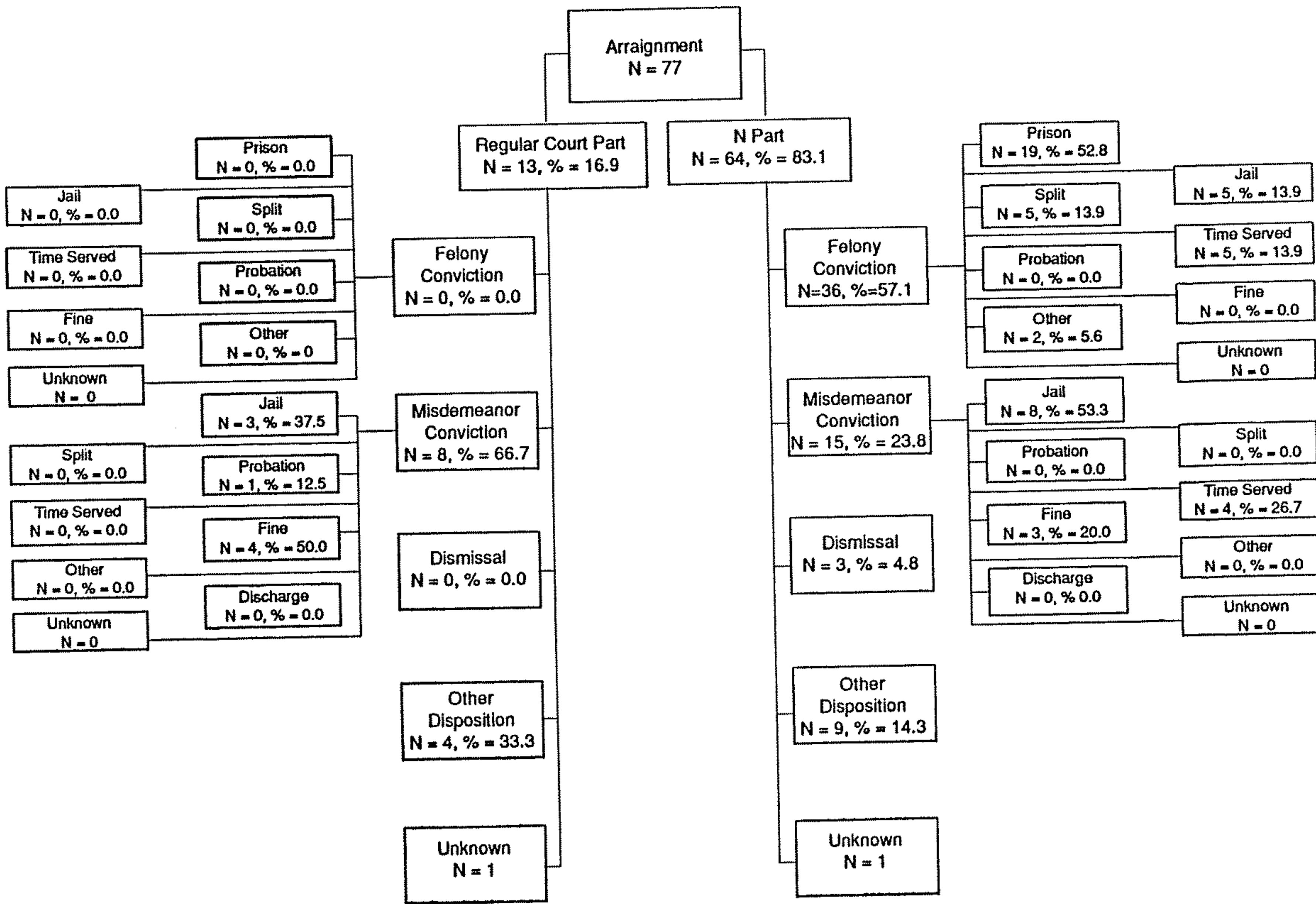


Figure IV
CRACK CASE FLOW, FIRST QUARTER 1988
Predicate Felony Cases
Arraignment N = 77
Regular Court Part N = 13, % = 16.9
N Part N = 64, % = 83.1
Felony Conviction N = 0, % = 0.0
Prison N = 0, % = 0.0
Jail N = 0, % = 0.0
Split N = 0, % = 0.0
Time Served N = 0, % = 0.0
Probation N = 0, % = 0.0
Fine N = 0, % = 0.0
Other N = 0, % = 0
Unknown N = 0
Misdemeanor Conviction N = 8, % = 66.7
Jail N = 3, % = 37.5
Split N = 0, % = 0.0
Probation N = 1, % = 12.5
Time Served N = 0, % = 0.0
Fine N = 4, % = 50.0
Other N = 0, % = 0.0
Discharge N = 0, % = 0.0
Unknown N = 0
Dismissal N = 0, % = 0.0
Other Disposition N = 4, % = 33.3
Unknown N = 1
Felony Conviction N=36, %=57.1
Prison N = 19, % = 52.8
Jail N = 5, % = 13.9
Split N = 5, % = 13.9
Time Served N = 5, % = 13.9
Probation N = 0, % = 0.0
Fine N = 0, % = 0.0
Other N = 2, % = 5.6
Unknown N = 0
Misdemeanor Conviction N = 15, % = 23.8
Jail N = 8, % = 53.3
Split N = 0, % = 0.0
Probation N = 0, % = 0.0
Time Served N = 4, % = 26.7
Fine N = 3, % = 20.0
Other N = 0, % = 0.0
Discharge N = 0, % 0.0
Unknown N = 0
Dismissal N = 3, % = 4.8
Other Disposition N = 9, % = 14.3
Unknown N = 1

Figure V
CASE FLOW, FIRST QUARTER 1988
Nonpredicate Felony Cases

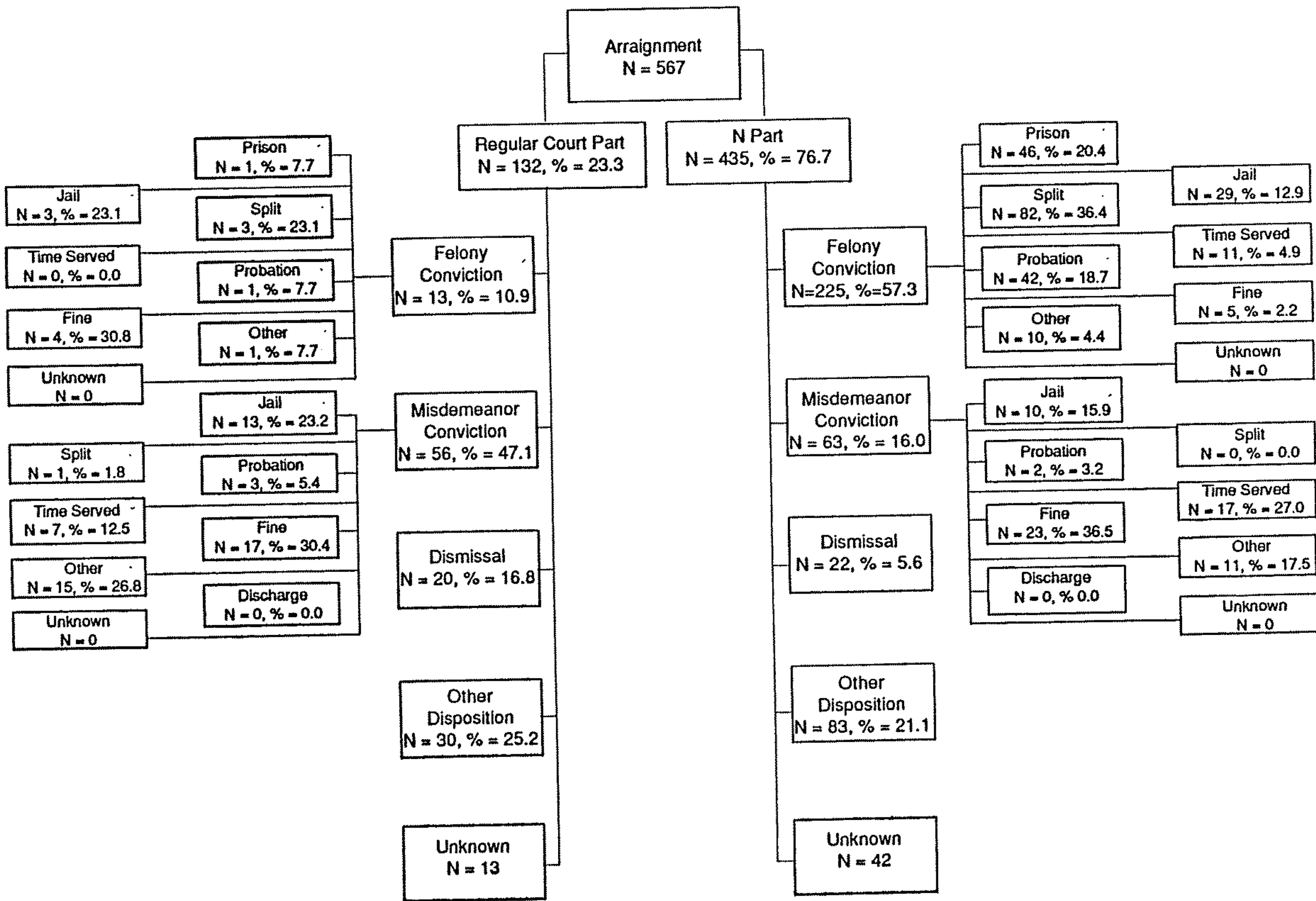
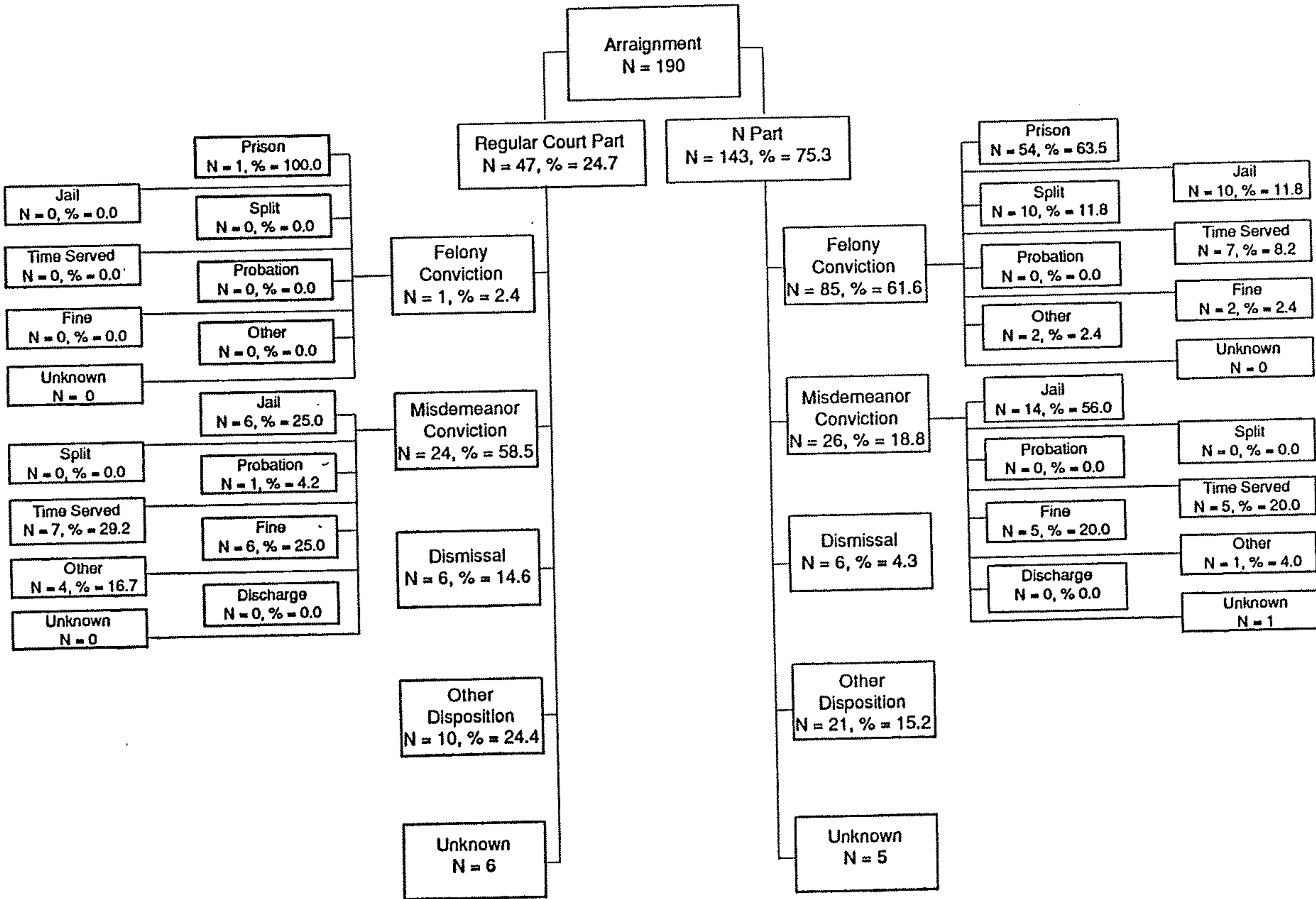


Figure VI
CASE FLOW, FIRST QUARTER 1988
Predicate Felony Cases



Not predicate felons: 6,851 (74.9% of Part N cases)

Sentenced to incar-
ceration: 3,974 (58.0% of nonpredicates)

As mentioned above, because of the early plea and disposition patterns for this group of defendants, they do not fit the long-term detainee profile that is currently targeted by the Bronx Bail Bond Agency. None-the-less, they currently fill a large number of both local jail and state prison beds. Of the 3,974 defendants who will be sentenced to incarceration, we estimate on the basis of CJA's 1988 data that they will be sentenced to jail or prison time in the following proportions:

FELONY CONVICTIONS:	N	Percent
Prison time:	1,232	31.0
Jail time:	795	20.0
Jail & probation (split):	1,589	40.0
MISDEMEANOR CONVICTIONS:		
Jail time:	358	9.0

Thus it can be seen that 69 percent are sentenced to jail time in New York City Department of Correction facilities. All of these defendants, of course, spend at least some time in such facilities before their convictions. If the program is successful in its effort to screen quickly enough so that its participants are released to treatment by the court at the first appearance in Parts N or C, all but about one week of pretrial time will be saved -- as well as any actual sentence time.

The screening process described below explains how community ties information from CJA reports will be used in screening. Even if the pool were restricted to only those defendants who CJA recommends for release at arraignment (a cut more severe than will actually be the outcome of our screening process), approximately one-third of the population -- over 1,300 incarceration-bound non-predicate defendants facing drug charges -- will comprise the pool from which we will choose the 160 participants which will be served annually. We will, therefore, be able to choose rather carefully among defendants in the pool for motivational and other relevant factors.

Program Planning

Development of Screening Criteria.

In order to ensure that the program will help to alleviate jail population pressures, Vera staff will attempt to ensure that its displacement goals are met by basing its specific selection criteria on an examination of empirical data; specifically, we have obtained a set of 1988 Bronx drug case processing data from CJA (cited above) which will be used to determine specific screening criteria to help the agency's staff prospectively identify those Bronx detainees arraigned on felony narcotics charges who, though not predicate felons, are most likely to receive incarcerative sentences.

In order to develop these criteria, during the planning phase of the project Vera staff will conduct an analysis of both detention and disposition patterns for Bronx defendants. By using CJA's database, Vera staff gain quick and easy access to an extensive research database containing court case, criminal history, and demographic information for Bronx defendants who were arrested and charged with felony possession or sale of powdered cocaine or crack during the first quarter of 1988. CJA built this database in order to examine the effects on the judiciary of the surge of crack cases in New York City's court system after 1986.

CJA's database combines arrest information from the Police Department's On-Line Booking System database; demographic and social information from the Criminal Justice Agency's database; court appearance and disposition information from the Office of Court Administration's database; and criminal history and supplemental information from the Division of Criminal Justice Services' database to form a relatively rich set of data describing a total of 3,848 crack and powdered cocaine arrests citywide during the first quarter of 1988. Vera planners have already made use of the data set to estimate the size of the Bronx court's share of incarceration-bound drug cases.

CJA's 1988 database is both recent enough to account for the impact of the flood of crack cases on the criminal justice system, and old enough to permit the sample cases to have reached disposition. While the CJA database contains disposition information only for cases related to a crack or powdered cocaine arrest, CJA researchers and Bronx court officials assure us that case processing and sentencing patterns are likely to be quite similar for other drug cases processed through the special narcotics parts. Vera planners can assume, therefore, that screening criteria identified through their analyses of CJA's data for cocaine cases will have a reasonable degree of transfer validity for other drug cases. All of the Bronx cocaine arrests (i. e., both forms of the drug) contained in the 1988 sample will be analyzed.

Vera staff will begin its analysis by identifying all Bronx cocaine arrests associated with arraignments for felony-level drug charges. Because CJA's data show that disposition patterns are different for those cases processed in Supreme Court Part N than for those disposed in other court parts, and because the numbers of drug cases

processed in other parts is too small to warrant the dedication of resources necessary for the program to screen for cases in other parts, Vera staff will use for analysis only those Bronx cases which were processed and disposed of in Part N.

Comparing outcome information for these Bronx Part-N cases with other information included in the database about each defendant, bi-variate analyses will be run to uncover variables significantly related to the imposition of incarcerative sentences for those defendants who were not facing mandatory prison sentences (due to their status as predicate felons). The most useful significant variables will be extracted to form the core of the program's screening criteria.

Criteria derived from CJA's database will be enriched with information gathered from a systematic study of Bronx cases more recently disposed in Supreme Court Parts N and C. Vera staff will gather current information from court files (NYSID sheets, police reports, laboratory reports, CJA reports), from prosecutor's files (original plea offers), and from court computers (actual dispositions) to enhance the accuracy of their predictions about which cases will be incarceration-bound.

The program's initial target group will then be detainees who:

(1) are detained on specific felony drug charges at arraignment;

(2) are not predicate felons;

(3) have been identified as likely to face an incarcerative sentence without program intervention (by whatever case characteristics are determined to be important: bail status, criminal history, type of arrest, laboratory report findings, etc.); and

(4) are not being held for other jurisdictions.

The Screening Process.

The process by which defendants will be identified as appropriate for treatment will only begin with application of screening criteria to weed out those cases where incarceration is either mandatory, or not likely. Determination as to whether the defendant is in need of or amenable to treatment, as well as whether he or she has ties to the local community will comprise vital aspects of the screening process.

To find candidates for release, a staff screener will examine the Criminal Court arraignment calendars to identify all defendants detained at arraignment on specific felony drug charges whose cases had been adjourned to Part N or AP6 (the Criminal Court counterpart to Part C). Using this list, the screener will locate the case file for each defendant to screen out predicate felons and identify eligible candidates using the

initial screening criteria described above to identify jail- and prison-bound defendants. The screener will have early access to the prosecutors' initial plea offers, and will be able to discard cases which might initially look jail bound, but which in fact will receive non-incarcerative sentence offers.

Criminal Justice Agency reports will be used, at that point, to provide a preliminary evaluation of defendants' community ties. The screener will target for consideration those defendants who were recommended for release by CJA, those who were given qualified recommendations due to unverified community ties, and those who were not recommended for release due to bench warrants. The screener will reject those defendants who were not recommended for release by CJA due to insufficient community ties, since defendants without stable, local residences will be less likely to succeed in a structured full-time treatment program with no residential component.

The screener will then examine the specific community ties information contained in the CJA report and will attempt to contact family members and friends to conduct a more in-depth assessment of each defendant's home situation. Again, defendants with very unstable living environments will be rejected, but where the nature of the home is in question, a home visit will be made (as also could be done for those defendants whose community ties could not be verified by phone). Because the entire screening process will span a maximum of five days, home visits could be made only sparingly.

For those defendants deemed eligible at this point, attorneys will be contacted to seek permission to interview clients before their appearance in Criminal Court Part N or AP6. Most candidates will be interviewed in the court pens on the day of their appearance. At this interview, the screener will describe the program in detail to each defendant. The program's screener will then question defendants who wish to be interviewed about their substance abuse, legal and life histories. He or she will obtain names of additional personal contacts and document all pertinent information. Defendants will be notified that if they are released to the program they will be escorted to their homes on the first evening after they attended the program to verify their address. Interviewers will pay particular attention to detainees' truthfulness and to their willingness to participate in a highly structured, demanding substance abuse treatment program.

Detainees will be excluded from further consideration for release if the screener determines that the detainee is not sufficiently motivated; does not have a history of substance abuse; has insufficient community ties; gives evidence of a personality so unstable that the screener believes they will be unable to participate in program activities; or has an out-of-county "hold" on his or her case (or a transfer order).

For each defendant who is chosen, the screener will speak to both the attorney and the assistant district attorney on the case, proposing that an alternative sentence be agreed upon for the defendant if he or she pleaded guilty immediately to a probation-eligible charge and entered the program. If both sides are amenable, the agreement will be presented to the judge. If the proposal is acceptable to the judge, the

defendant will plead guilty with a promised sentence of probation upon program completion in six months.

Program Description

The program design is based on a philosophy of intervention which views behavior such as addiction and criminality as primarily the consequence of social, economic, situational, cognitive and behavioral factors. The efforts of the program staff will be directed towards modifying those aspects of the clients' behavior and thinking (and to whatever extent possible, their environment) which we believe to be causally related to their criminal behavior. The program will teach them new ways of thinking and behaving. It is less intensive than the therapeutic communities which are now available to serve at least some portion of the offender population, but more intensive (at least during its first two phases) than the outpatient or day treatment currently available to them. Because it is conceptually and technically parsimonious, it should be able to accomplish its goals in less time than either TCs or existing outpatient programs.

Completion of the program will take six months. It is structured in four phases in order to enhance treatment effectiveness and client motivation by providing participants with a dynamic structure through which to progress, which directly and tangibly reflects their efforts and rewards their positive performance. The phases are described below.

Generally speaking, the program will emphasize breaking through the defense of denial which characterizes many substance abusers; enhancing their motivation; relapse prevention techniques; cognitive skills training; general life skills training; and substance abuse education.

Phase I -- Drug-free Stabilization (30 days)

The offenders targeted by the program will have been in jail and thus without easy access to drugs for only a few days before their release. In fact they may still test positive for drug use at the time of their release. The first and most urgent task of the program therefore will be to stabilize and maintain its clients through treatment in a drug-free state. Attaining this objective requires:

A seamless transition from jail to program. Project staffers will pick up each new client from jail or court upon their release and bring them directly to the program offices, giving them no opportunity to get high.

The clients' motivation for treatment must be strengthened while they are in a vulnerable state after arrest. Skilled counselors can make the most of the circumstances of the clients' current arrest. The Institute's (admittedly limited) experience in its relapse prevention program at the Essex Bail Bond Agency suggests that arrest often precipitates emotional vulnerability, opening the client to suggestions about the maladaptive nature of his/her behavior and the desirability

or necessity of change. This vulnerability -- in combination with other factors -- can translate into treatment compliance and clean urine.

"Slips" must be immediately detected and addressed before they blossom into full-scale relapses. Particularly in the first phase of the program, lapses must be dealt with strictly. One dirty urine will not automatically trigger expulsion from the program, but a second, and perhaps even a third, dirty urine within the first thirty days of program involvement will strongly suggest the desirability of a stay in a detoxification center and/or residential treatment program. Responses to dirty urine will be somewhat more lenient during the second phase of the program, given the exposure to specific relapse prevention training which can make optimal usage of slips as learning episodes for how to avoid them in the future.

The program will run from 10:00 AM to 9:00 PM on weekdays, with weekend clinical activities delivered for those participants who need them or will benefit thereby. Program components will include:

Evaluation: Clinical staff will assess new participants using the Addiction Severity Index, a standard instrument which evaluates six important areas of a participant's life in relation to their substance abuse problems: medical history and current health problems, means of support, patterns of drug and alcohol use, legal difficulties, family and social relationships, and psychological difficulties. Results will be used to determine the services needed by the participant.

Orientation: During the first five days of the program, new participants will be provided with an overview of program content, and will become acquainted with what is expected of them, and will immediately be engaged in treatment.

Drug testing: The staff will perform urinalysis tests from five to seven times each week to eliminate the possibility of undetected drug use and to increase the participant's perception of control.

Confrontation/Motivation Groups: All participants will be involved in daily groups not dissimilar to, but yet distinct from, those commonly used in therapeutic communities. These groups will focus on breaking through the denial characteristic of substance abusers and upon strengthening motivation for behavioral change. The group, under the influence of its leader, becomes an agent of change by consistently providing feedback to the members about their behavior, attitudes and values. The group is a mirror in which the participants can see themselves as others see them, an ability in which drug abusers are notably deficient. As a result they gradually modify their way of relating to themselves and others. Supportive confrontation by the group can be a valuable clinical technique, provided that the group leader exercises careful control to avoid the humiliating (and sometimes abusive) practices which often dominate group dynamics in traditional "confrontation groups."

Educational Groups: All participants will be involved twice a week in groups whose purpose is to provide basic information about drugs and alcohol, including such topics as processes of addiction. Instructional methods will include video and audio-tapes, lectures, and assigned reading and writing.

Individual Counseling: Upon entry into the program each participant will be assigned an individual counselor for the duration. During Phase I participants will meet with their counselors two to four times per week. The sessions will focus on the establishment of rapport, the building up of a supportive relationship, challenging maladaptive defense mechanisms, and acquiring insight.

Participation in self-help groups: Participants who have previous experience with, or a preference for, self-help groups such as Alcoholics Anonymous and Narcotics Anonymous will be encouraged to attend. Throughout the program, participants without such experience will be urged to consider joining such groups as a means of building a positive, drug-free support network. Program staff will, from time to time, accompany participants to meetings.

Recreation Unit: A recreation specialist will provide participants with opportunities to engage in sports, cultural and recreational activities with input from and the approval of counseling staff. Activities with educational or socializing properties will be emphasized.

Re-assessment and Referral: Participants who fail to comply in the early stages of the program, who suffer serious relapses, or who otherwise prove not amenable to participation will be referred to appropriate programs such as detoxification facilities, residential programs, and selfhelp groups. If a participant refuses to accept referral (or absconds) they will be terminated from the program, and the court will be notified accordingly.

Description of a Typical Day in Phase I:

A newly admitted program participant average day will typically include a Confrontation/Motivation group (two hours); an educational class (one hour) with a follow-up assignment (one to two hours); some time in constructive recreational activity (either physical exercise or attendance at cultural/social events with other participants); time watching an educational video; and participation in a special interest group (e.g., women's issues; family counseling; relapse difficulties), or a Narcotics Anonymous meeting. He or she will meet with his or her individual counselor three to five times each week and will attend an orientation session lasting several hours one day during his or her first week. A typical schedule will be:

10:00am - 10:30am Coffee, Doughnuts, Program Announcements

10:30am - 12:30pm Confrontation/Motivation Group

12:30pm - 1:30pm	Lunch
1:30pm - 2:30pm	Educational Class
2:30pm - 3:00pm	Break
3:00pm - 4:00pm	Individual Counseling Session
4:00pm - 5:00pm	Educational video
5:00pm - 6:00pm	Dinner
6:00pm - 7:30pm	Recreation Activity
7:30pm - 9:00pm	Special Interest Group

No participant will be permitted to progress to Phase II who has not been abstinent for the last two weeks, besides having completed the program requirements of Phase I.

Phase II -- Skills Acquisition (30 days)

Phase II will focus upon the acquisition of necessary skills for the prevention of relapse. Participation will be reduced to a more normal eight hour day (though weekend attendance at clinical activities may still be required). Participants will learn to cope with high risk situations and manage their urges and cravings. They will also repair certain cognitive deficits characteristic of substance abusers. In other words, they will learn to recognize rigid, illogical, egocentric and impulsive thought patterns triggered by the recurrence of problematic situations, and to replace them with more open and flexible patterns geared to problem-solving.

To this end, the program will add two important components to the Phase I activities already described: Relapse Prevention and Cognitive Skills Training.

Relapse Prevention Groups:

All will participate five times per week in groups whose curriculum is drawn from the Relapse Prevention Model developed by G. Alan Marlatt and others. The concept of addiction which underlies Relapse Prevention is very different from the well-known disease model, the psychodynamic model, or the model implicit in the treatment modalities employed by therapeutic communities. In the Relapse Prevention model, addictive behaviors are "automatic" and overlearned maladaptive coping responses which the addict employs to his/her long-term detriment, rather than the surface manifestations of a profoundly disturbed personality or of an underlying disease process. Addiction is viewed as something addicts **do**, not something they **are.** Therefore the potential for substance abuse is highest when the recovering addict faces a high risk situation with

which he cannot cope for want of an adequate learned response.

These views dictate the preferred approach to treatment. Substance abusers are not assumed to be the passive victims of an insidious disease process; rather, their aid is enlisted in devising a treatment strategy that will empower them in their recovery. Relapse prevention is an integrative clinical approach, predicated on the tenets of social learning theory, which applies to the addictions, the clinical techniques developed in cognitive-behavioral psychology and psychiatry in the treatment of a broad spectrum of psychopathology.

The goal of relapse prevention treatment is to increase awareness of the conditions likely to trigger a relapse, to develop coping skills and strategies for self-control, and to foster the development of a sense of competence. A fundamental assumption underlying treatment is that increased cognitive and behavioral coping skills will help the person to tolerate delayed gratification and to experience craving less acutely. This should help him to abstain.

The relapse prevention curriculum progresses through a series of lessons. The information learned in each session lays the foundation for later sessions. The content of the curriculum will undoubtedly change over the life of the project as the effectiveness of each component is evaluated.

The core curriculum includes strategies for coping with urges and craving; strategies for managing emotion, particularly anger; strategies for building up one's tolerance for frustration; exercises in recognizing high-risk situations and strategies for dealing with them; help in recognizing situations conducive to relapse set up by the client himself; and what to do if a lapse occurs.

In group, counselors will draw examples of maladaptive responses from the experiences of group participants in order to illustrate the differences between adaptive and maladaptive responses. The group will identify the cognitive contributors (i.e., irrational beliefs or faulty attributions which maintain addictive behaviors) to problematic situations, and refute them. Counselors will draw on these examples to model the skill to be taught step-by-step. These displays of modeling may be live or videotaped. After the display, the group will discuss its relevance and utility. Then participants rehearse the skill by role-playing. Each group member gives feedback to the actor and the latter responds. Counselors give particular attention to reinforcing positive aspects of performance.

Another technique commonly employed in relapse prevention is self-monitoring, both as an assessment aid and as a tool for change. Participants are asked to keep a journal of their urges and cravings and the surrounding circumstances. These episodes are discussed in group, with particular attention to the effectiveness of the participant's actions, imagining more effective strategies, and reinforcing successful behavior.

Upon completion of the core curriculum, participants will form follow-up groups to

consider additional topics: assertiveness and social skills; social pressure and refusal skills (moving beyond "just say no"); breaking off relationships with active users; structuring leisure time; building new friendships; and planning for remaining drug free in the long run.

The follow-up group is crucial to the transfer of skills to daily life. This is done by assigning homework, putting into practice in real settings the skills they have acquired through the core curriculum. Homework assignments generally begin with simple behaviors to be rehearsed, gradually leading up to complex and demanding assignments which more closely approximate the complexities faced in daily life.

Cognitive Skills Training:

Cognitive skills training groups are held five times per week and utilize a curriculum developed for Vera by Dr. Benjamin Reese which is already in use at the Bronx Bail Bond Agency. Cognitive skills training is intended to identify and remedy specific cognitive deficits which research has shown are common among offenders and which may be a contributing cause of their inadequate social adjustment and maladaptive behavior. Its premises are that:

-- Offenders tend to be under-socialized. They lack the values, reasoning and social skills required for appropriate social adjustment; and that

-- These skills can be taught.

Cognitive skills training attempts to modify the impulsive, egocentric, illogical and rigid thinking patterns of offenders. It teaches them to stop and think before acting, to consider the consequences of their behavior for themselves and for others, and to think of better responses to difficulties.

Like relapse prevention, cognitive skills training is predicated on the tenets of social learning theory. The techniques employed are conducive to the development of critical reasoning skills, general social skills, social perspective taking, problem-solving, emotion management, and empathy for others.

A central premise of cognitive skills training is that people learn best by doing or practicing new skills or behaviors rather than by simply talking about them. Therefore cognitive skills training uses performance-based techniques to change behavior. A performance-based technique is one which involves identifying the skills that need practice, performing them in front of the group, receiving the criticism of the group, and incorporating group feedback into further performances. Two examples of performance-based techniques are role-playing and "brainstorming"-- group analysis of a problem into its component parts or of a skill into its component "microskills."

Performance-based techniques are used to teach a skill called "stopping and thinking," intended to remedy the impulsivity characteristic of many offenders. Participants will take part in a series of exercises to help them recognize the benefits of deliberate thought and to practice the skill. Individual participants then relate for group discussion instances of impulsive action and its consequences. The group then brainstorms about sample problems introduced by the leader, focusing on the relationship of proposed solutions to the participant's goals.

The skills learned are reinforced by material rewards, recognition or praise by the trainer, and group support. The process moves from simple hypothetical situations to the complexities of social interaction in real life. Offenders gradually learn that their new skills enable them to cope more effectively than they have done hitherto.

Many of the activities begun in Phase I will continue in Phase II of the program. However, their content will be adapted to assure its consonance with the emphasis on skill acquisition of Phase II.

For example, the opportunity to participate in recreational activities will depend upon compliance with the program and achievements within it. Drug testing will be performed only two or three times per week -- still sufficient to detect use, but symbolizing that the participant has by his or her performance so far earned a degree of trust. Lapses will serve as occasions for group and self-examination in the relapse prevention program; the clinical response may therefore be more flexible than in Phase I. Individual counseling will decrease in frequency to two or three times per week and will serve to reinforce the skills being acquired through the Cognitive Skills and Relapse Prevention curricula.

A Typical Day in PHASE II:

Once a participant graduated to Phase II, he or she will spend eight hours a day in the program, and will begin attending Relapse Prevention groups and Cognitive Skills Training classes every day. Individual counseling will be reduced to an average of two times each week. Continued attendance in special groups will be required, and Narcotics Anonymous meetings will be encouraged.

A possible schedule for a day will be:

1:00pm - 3:00pm Relapse Prevention Core Curriculum (30 days)

3:00pm - 3:30pm Break

3:30pm - 5:00pm Cognitive Skills Training (non-core)

5:00pm - 6:00pm Dinner

6:00pm - 7:00pm Individual Counseling or Educational Video

7:00pm - 9:00pm Recreation

No participant will progress to Phase III who has not completed the program requirements of Phase II.

Phase III -- Community Preparation (30 days)

The emphasis in Phase III will be upon acquiring the life skills and habits necessary for success in the job market, while maintaining and broadening the use of the skills acquired in Phase II. Participants will spent only six hours per day in the program (down from eleven), leaving them time to search for work.

To accomplish these objectives, the program will introduce Life Skills Workshops in this phase. Participants will learn about setting and achieving realistic goals for education, employment, place of residence and family relationships. They will learn parenting skills, including information about nutrition, hygiene, and grooming, and about meeting their children's emotional needs. They will learn skills related to a job search, such as preparing a resume, developing contacts, preparing for an interview, and making a favorable impression during an interview. They will also learn about money management and financial responsibility, such as budgeting and reviewing bills.

Drug testing will continue twice weekly for all participants, and more frequently for those who have slipped. Individual Counseling sessions will also be held at least twice a week.

The Relapse Prevention follow-up groups begun in Phase II will continue to meet three times a week. They will focus on maintaining relapse prevention skills and relating them to the events of daily life as participants spend less time in the program. Similarly, follow-up groups meeting once a week will be established to reinforce the lessons of the Phase II Cognitive Skills program.

A Day in Phase III:

During Phase III, participants will be required to attend structured program activities from 3:00pm to 9:00pm. It is expected that participants will look for employment and engage in other constructive community activities during the earlier hours of the day. Participants will attend Life Skills classes daily, and will no longer be required to attend Cognitive Skills Training classes or Core Relapse Prevention sessions. They will meet with their individual counselors twice weekly, will attend follow-up Relapse Prevention and Cognitive Skills groups five times each week. They will no longer attend educational classes, but will continue to attend special interest groups

watch educational videos. A possible day for a participant in Phase III will be:

3:00pm - 5:00pm Life Skills Class

5:00pm - 6:00pm Dinner

6:00pm - 7:30pm Follow-up Group (Relapse Prevention and Cognitive Skills Training)

7:30pm - 8:00pm Break

8:00pm - 9:00pm Special Interest Group

Acceptance in Phase IV will depend upon successful completion of Phase III, including securing employment. Those participants who cannot find jobs (or full-time job training) will remain in Phase III.

Phase IV -- Community Reintegration (3 months)

Phase IV focuses on the maintenance and expansion of the gains made during the earlier phases as the participant returns to life in the community. Participants will report three evenings a week and on one day of the weekend. They will be randomly tested for drugs about once a week, and more often if it appears necessary. Individual counseling will continue once a week and follow-up groups will meet twice weekly. Backsliding in Phase IV may be met by reassignment to Phase III.

A Typical Day in Phase IV:

Participants in Phase IV will be required to spend minimal amounts of time in structured program activities. They will meet with their individual counselor once each week and will attend a Follow-Up Group twice each week. A possible schedule for one of the three nights a Phase IV participant will be required to attend the program will be:

6:00pm - 7:30pm Follow-Up Group

7:30pm - 8:00pm Break

8:00pm - 9:00pm Individual Counseling (once each week)

Compliance Strategies

Given the level of behavioral compliance required in implementing cognitive-behavioral interventions, we will make three things very clear to participants in

order for treatment to effect behavioral change:

1. Satisfactory involvement in the program ought to result in a non-incarcerative sentence or probation, thereby providing a positive incentive to comply with the various "hoops" they will be expected to jump through.

Having a significant quid pro quo to encourage behavioral compliance is particularly important with a drug-involved population.

2. Program participation will result in other tangible and significant rewards as participants progress through the program.

The contents of the curricula described below are considered intrinsically rewarding and involving by their developers. Prior to making the decision to implement these curricula, Vera planners visited community-based and in-jail programs around the country (and Canada) which were using them, and took the opportunity to speak to numerous program participants. Our interviews verified that many program participants find that the techniques learned are useful to them in a variety of situations and that they are engaging and interesting.

Progression through phases of treatment will reward participants with less actual time required in-program, as participants prove themselves capable of handling it. They will also have the opportunity of accessing other rewarding activities (i.e., employment, vocational education or training, GED or college) as a direct consequence of their progress through the program.

An intrinsic part of program structure will be to build in cultural and recreational activities which will be used on a contingent basis to reward progress and satisfactory participation in the program. Material incentives may also be used from time to time in order to enhance the effectiveness of activities (e.g.; program hats and T-shirts; consumables; trips to movies and ball games; etc.)

3. Non-compliance will have immediate and significant effects.

Although not supervised under the statutory powers which accrue to the Bail Bond Agency, the Delta program participants should nonetheless feel themselves constrained by a tight programmatic "string" which can be pulled almost immediately when there is a lapse in compliance. Satisfactory involvement means that participants must successfully progress through the various phases of the program. Performance which is not satisfactory -- i.e., non-compliance or poor performance -- may result in return to earlier treatment phases which will include more intensive

supervision and accountability, or in referral to other service agencies (e.g.; detoxification or residential treatment facilities) either permanently or until clients are stabilized sufficiently to resume participation. Where these measures fail to secure progress in attaining clinical goals, staff will refer the case back to the court and request issuance of an arrest warrant.

Our observations of the Vera Institute's Bail Bond Agency experience and of that of CASES ATI programs suggest that the stick is as important as the carrot, if not more so. The degree of tolerance for non-compliance must appear to be minimal to program participants, though in reality we must try to curb, as much as possible, the usage of program dismissal (and eventual return to custody by the court) as a sanction. Accordingly, the program will rely primarily upon a range of intermediate responses short of program expulsion in order to enhance compliance. These could include "home detention" (verified via telephone and monitor contact); increases in frequency of urinalysis; decreased curfew on non-program days; exclusion from recreational and cultural activities; and increased frequency of monitoring in the community by program staff. Additionally, as noted above, positive reinforcements will be built into the program which will be contingent upon satisfactory performance by participants.

Court Advocacy

An important objective of the program is to save jail and prison beds by increasing its successful participants' chances for a non-incarcerative sentence.[3] To this end only participants eligible for such a sentence will be accepted. Before sentencing the program will provide the court with a written report describing the nature of the treatment services provided, the course of the participants' treatment, the participants' success at seeking and holding a job, and other relevant facts. The program may recommend the imposition of specific non-custodial sentence conditions as appropriate. A program staffer personally familiar with the client will attend all hearings at which his or her input might prove helpful to the court.

All advocacy activities will be carried out after due consultation with the client's counsel, and with due consideration given to issues of confidentiality.

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[3] It is possible that some participants may be sentenced before the completion of the six month program, although it is anticipated that the court will delay sentencing to permit participants to complete. "Successful" participants, in this context, therefore includes those who, at the time of their sentencing hearing, have not yet advanced through all the stages of the program but whose behavior is appropriate to the stage they have reached so far.