

The Recovery Model in Criminal Justice System

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What Works?

- Integrated Treatment Model (Mueser, K., and Fox,L. ; Linehan, M.)
- “the same clinicians in the same setting effectively treating substance abuse and mental health issues”

What Works?

- Cognitive Behavioral Programming focusing on:

Risk-----Need-----Responsivity

Andrews and Bonta

What Works?

- ***Target Criminogenic Needs***

Criminal Attitudes and Behaviors

Family and Social Supports

Peer Associations

Substance Abuse

Neighborhood Problems

Education/Employment/Financial Situation

What Works?

- Skillstreaming (Goldstein and McGinnis)
- Role Playing
- Owning Criminal Thinking

What Does Not Work?

- Expecting “Mere Prison Time” will teach an offender the skills necessary to stay out of prison.
- Punishment without any rehabilitation efforts
- Fear Motivation does not impact recidivism-angers clients

Treatment Impact: Opioids

Research Supports:

Methadone Maintenance Therapy(MMT) needs to be an option in prisons. Currently only 9% of prisons nationally offer any program, however 80% of prisons address psychiatric needs

Treatment Impact: Opioids

- We need more *planning, resources and dialogue* in the re-entry process to have well thought out re-entry plans for Opioid users to lessen the risk of Relapse and/or provide MMT.
- Re-entry planning should start from the first day a client enters the Criminal Justice System.

Treatment Impact: Opioids

- More money needs to be budgeted for treatment and policy and procedures developed to help deal with those addicted to opioids, ie. Riker Prison, NY
- Must train prison staff to better identify and deal with addiction in clients

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