



**Saskatchewan
Ministry of
Corrections, Public
Safety and Policing**

Dedicated Substance Abuse Treatment Unit Regina Provincial Correctional Centre

Presenter

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- The Dedicated Substance Abuse Treatment Unit (DSATU) is a specialized unit at the Regina Provincial Correctional Centre (RPCC) dedicated to providing a comprehensive inpatient addictions treatment program to male sentenced offenders. The program is mandated to provide services that will reduce substance abuse related criminogenic behaviour within the correctional population.
- The Program began receiving inmates in April 2008



- Plans to develop DSATU began in 2005, when the members of the Community Justice Sub-Committee of the Regina Drug Strategy recognized the need for an intensive addictions treatment program to augment existing programming for those adult offenders within the provincial correctional intuitions. The demonstrated need for this type of intensive treatment was extensive.
 - In 2005-06 RPCC admitted just over 700 sentenced inmates. 625 inmates were assessed and of those 94% (587) had serious problems resulting from substance use.
- Following the work of the Drug Strategy, a proposal was developed and provincial funds were dedicated, and a smaller working committee comprised of CPSP, RQHR and the Ministry of Health worked together to develop this program.



- The creation of the Dedicated Substance Abuse Treatment Unit has been possible through the commitment and partnership between the Ministry of CPSP, the RQHR and the Ministry of Health. This partnership is outlined through a number of key responsibilities that have been mutually defined.
 - A governance committee was created to maintain program integrity and philosophy.
 - Managerial responsibility rests with the Deputy Director of Programs at the RPCC and the Manager of Addiction Services with communication and consultation with the Manager of Corrections Offender Programs for CPSP.
 - On site clinical supervision is the responsibility of the program's Clinical Supervisor at RPCC with consultation from the Senior Clinical liaison from Addiction Services.
 - Program delivery is the responsibility of Addiction Counselors from RPCC and those hired for the DSATU on a contractual basis through the RQHR.
 - The Ministry of Health reviewed literature and provided feedback on the treatment model and is actively involved through monitoring of the program and the development of a evaluation framework.



- The program is a dedicated inpatient unit that is 5 weeks in duration with structured programming running daily (M-F) for 20 inmates per cycle.
- This evidence based program is informed by best practices methodologies outlined by Health Canada, Correctional Services Canada Research and CCSA, and approved by the Ministries of Health and CPSP. The conceptual models used were Cognitive Behavioral Therapy¹, Motivational Interviewing², the Transtheoretical Model of Behavioral Change³ and Criminal Lifestyles Training⁴.

¹Marlatt, G. A. (2005) Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors. Guilford Publications

²Miller, W. Rollnick, S. (2002) Motivational Interviewing, 2nd ED. Preparing People for Change. Guilford Press.

³Diclemente. C. & Prochaska, J. (1978) Toward a Comprehensive Transtheoretical Model of Change: Stages of Change and Addictive Behaviors in, Miller, W. & Heather, N (EDS) Treating Addictive Behaviors, 2nd Edition, Plenum Press, New York.

⁴Armstrong, Barbara C. Psych. Lifestyles CTP Program, 1996.



Programming consists of:

- Standardized and validated assessment tools for the evaluation of treatment suitability and motivation.
- Pre-Post evaluation tools to test the integrity of the programming (BASA, CBI, CBQ, DASES).
- A criminogenic needs/risk analysis.
- Treatment modules incorporate Cognitive Behavioural Therapy and include: Relapse Prevention, Problem-Solving Skill Development, Behaviour Sequencing, Self Management Skill Development and Goal Setting exercises.
- Aftercare and post-treatment support.
- Cultural and Life Skills programming.



Treatment is presented in a dynamic non-didactic manner through the use of:

- Individual counselling
- Workshops specifically designed to increase factual knowledge in the area of substance use and in identification of cognitive distortions that lead to anti-social behaviours
- Interactive process groups to facilitate self reflection



- The concepts of Motivational interviewing evolved from the work of two Psychologists, William R. Miller and Stephan Rollnick who developed a set of principles to enhance client motivation. Six key principles are utilized:
 - Motivation to change is elicited from the client and not imposed from without.
 - It is the client's task not the counsellor's to articulate and resolve his or her ambivalence.
 - Direct persuasion is not an effective method for resolving ambivalence.
 - The counsellor is directive in helping the client to examine and resolve ambivalence.
 - Readiness to change is not a client trait but a fluctuating product of interpersonal intervention.
 - The therapeutic relationship is more like a partnership or companionship than expert/recipient roles.



- Prochaska and DiClemente's Transtheoretical Model of Behavioral Change describes the change process through 5 stages in which individuals move from being uninterested, unaware or unwilling to change to creating change. These stages are:
 - Precontemplation (not yet acknowledging that there is a problem)
 - Contemplation (acknowledgement that something is wrong but not fully acknowledging responsibility or method of change)
 - Preparation (accepting responsibility and drawing in information to change)
 - Action (creating change)
 - Maintenance (following through on activities to maintaining change)



- The Criminal Lifestyles Training Program is based upon the work of Dr. Barb Armstrong former Acting Deputy Superintendent of Programs for the Redeau Correctional and Treatment Centre and as Chief Psychologist, St Lawrence Valley Correctional and Treatment Centre. The program is based upon Cognitive Behavioral Theory where Cognitive Restructuring is used to change criminogenic and addictive thinking patterns to minimize anti-social behavior. Common techniques include behaviour sequencing, neutralizing denied responsibilities and categorizing thoughts and feelings.



Addictions Specific Modules include:

- Addictive Behaviour
- Recognizing and Countering Addictive Thinking
- Post Acute Withdrawal
- Working a Program
- Denial
- Cravings
- The Relapse Process
- Relapse Prevention



The Criminogenic Lifestyles training includes:

- Feedback
- Colours
- Behaviour Sequencing
- Slowdown/Relaxation Skills
- Time Outs
- Thought Stopping/Interrupting
- Counter Criminal Thinking Tapes



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Adjunctive Modules:

- Stress Management
- Grief and Loss
- Problem Gambling
- Healthy Relationships
- Life Skills and Recreation
- Health and Nutrition
- Spirituality
- Anger Management



The objectives of the DSATU program are to:

- Improve access to substance abuse treatment for high- risk high-need offenders sentenced to custody
- Provide effective evidence-based treatment for offenders with significant substance abuse treatment issues
- Reduce criminogenic behaviour
- Develop and maintain an effective partnership between the Ministry of CPSP, the RQHR and the Ministry of Health



- The Dedicated Substance Abuse Treatment Unit began its first program on April 2, 2008. Seven groups completed the program this fiscal year with 147 inmates entering the program and 133 of these successfully completing. 14 inmates were terminated by staff for reasons that were disruptive to the therapeutic environment.
- An evaluation framework for the DSATU is under development. The objective of the evaluation is to determine to what extent the unit reduces substance abuse related criminogenic behaviour.
- The evaluation will include both process (implementation) and outcome (program efficacy) components which relate to the achievement of the program's objectives.

Very early preliminary research indicates:

- 76% of completed inmates demonstrated an overall improvement across the four pre-post test.
- Due to satisfactory completion of the program by addressing their primary criminogenic needs, 68 out of 144 inmates received an early release or were accepted to a community based facility (52 to CTR).



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