Characteristics Table for The Clinical Question: Are therapeutic communities (TCs) more effective than control in the treatment of antisocial personality disorder?

Comparisons Included in this Clinical Question

Therapeutic communities versus control

NIELSEN1996 SACKS2004 WEXLER2004

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
NIELSEN1996				
Study Type: RCT	n= 689	Data Used	Group 1 N= 248	
Type of Analysis: Did not included LTF	Age:	incarceration	Therapeutic Communities - CREST 1 month orientation; 2 months treatment	
Blindness: Open	Sex: 544 males 144 females		(individual and group counselling); 3	
Duration (days): Mean 180	Diagnosis: 92% Substance Abuse		months work release. Continual group meetings.	
Followup: 12 months	32 /0 Substance Abuse		Group 2 N= 441	
Setting: US Institution (Prison)	Exclusions: - not in prison or eligible for release - no history of drug use		Control - Standard care with outpatient conventional work release programme	

Data Used

incarceration

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Adequately addressed
- 1.3 Not reported adequately
- 1.4 Not addressed
- 1.5 Not addressed
- 1.6 Adequately addressed
- 1.7 Adequately addressed
- 1.8 Not reported
- 1.9 Adequately addressed
- 1.10 Not applicable

Study Quality: +

SACKS2004 Study Type: RCT

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Type of Analysis: ITT Blindness: No mention

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Duration (days):

Setting: US Institution (Prison)

Notes: Details on randomisation not reported.

Info on Screening Process: 236 male inmates randomly assigned to modified TC or mental health treatment; 51 crossover cases excluded from analysis.

n= 139

Age: Mean 34

Sex:

Diagnosis:

100% Substance misuse by DSM-III-R

37% ASPD

Exclusions: - Not an inmate with a dual diagnosis - Inmates who presented a clear danger to themselves or

others

Notes: non-alcohol substance misuse

Results from this paper:

- 1.1 Adequately addressed
- 1.2 Adequately addressed
- 1.3 Not reported adequately

Group 1 N= 92

Therapeutic Communities - psychoeducation, cognitive behavioural, medication. 12 months, 5 days per week, 4-5 hours per day. Plus aftercare: 3-7 days per week, 305 hours per day over 6months. Bi-weekly supervision.

Group 2 N= 93

Control - Standard care: medication, individual therapy and counselling, substance misuse services.

1.5 Not addressed 1.5 Not addressed 1.6 Adequately addressed 1.7 Adequately addressed 1.8 Not reported 1.9 Adequately addressed 1.10 Not applicable Study Quality: +				
WEXLER2004				
Study Type: RCT	n= 715	Data Used	Group 1 N= 425	
Type of Analysis: ITT Blindness: No mention	Age: Mean 31 Range 30-31 Sex: all males	Incarceration, any (12 months)	Therapeutic Communities - 3-phases: 1. orientation, planning, treatment goals; 2. counselling; 3. strengthening plan for	
Duration (days):	Diagnosis:		return to community. Plus after-care +	
Followup: 12 months	95% Substance Abuse by DSM-IIIR		provided services for wives and children. Group 2 N= 290	
Setting: US Institution (Prison)	52% ASPD by DSM-IIIR		Control - Waitlist	
Info on Screening Process: 715 male inmate volunteers	Exclusions: Inmates convicted of arson or sexual crimes involving minors			
Results from this paper:				
1.1 Adequately addressed				
1.2 Adequately addressed				
1.3 Not reported adequately 1.4 Not addressed				
1.5 Not addressed				
1.6 Adequately addressed				
1.7 Adequately addressed				
1.8 Not reported				
1.9 Adequately addressed				

Characteristics of Excluded Studies

1.10 Not applicable
Study Quality: +

1.4 Not addressed

Reference ID Reason for Exclusion

GRANT2003 Design: non-RCT

LAMB1974 Design: non-RCT (participants given choice after randomisation)

MARCUS2001 Design: non-RCT; comparison: not relevant

MARSHALL1997 Design: non-RCT
MARTIN1999 Design: non-RCT
ORTMAN2000 Design: non-RCT

RICE1992 Design: non-RCT; Participants: includes schizophrenia

References of Included Studies

NIELSEN1996 (Published Data Only)

Nielsen, A.L., Scarpitti, F.R. & Inciardi, J.A. (1996) Integrating the therapeutic community and work release for drug-involved offenders: the CREST program. Journal of Substance Abuse Treatment, 13, 349-358.

SACKS2004 (Published Data Only)

Sacks, S., Sacks, J.Y., McKendrik, K. et al. (2004) Modified TC for MICA offenders: crime outcomes. Behavioural Science Law, 22, 477-501.

WEXLER2004 (Published Data Only)

Wexler, H., DeLeon, G., Thomas, G., et al. (2004) The Amity prison TC evaluation: reincarceration outcomes. Criminal Justice and Behaviour, 26, 147-167.

References of Excluded Studies

GRANT2003 (Unpublished and Published Data)

Grant, B.A., Kunic, D., MacPherson, P., et al. (2003) The high intensity substance abuse program (HISAP): Results from the Pilot Programs.

LAMB1974

Lamb, R.H. & Goentzel, V. (1974) Elsworth house: a community alternative to jail. American Journal of Psychiatry, 131, 64-68.

MARCUS2001

Marcus, M.T., Fine, M. & Kouzekanani, K. (2001) Mindfulness-based meditation in a therapeutic community. Journal of Substance Misuse, 5, 305-311.

MARSHALL1997

Marshall, P. (1997) A Reconviction Study of HMP Grendon Therapeutic Community. Home Office Research Findings number 53. London: Home Office.

MARTIN1999

Martin, S.S., Butzin, C. & Saum, C.A. (1999) Three-year outcomes of therapeutic community treatment for drug involved offenders in Delaware: from prison to work release. The Prison Journal, 79, 294-320.

ORTMAN2000

Ortman, R. (2000) The effectiveness of social therapy in prison: a randomized experiment. Crime and Delinquency, 46, 214-232.

RICE1992

Rice, M.E., Harris, G.T. & Cormier, C.A. (1992) An evaluation of a maximum security therapeutic community for psychopaths and other mentally disordered offenders. Law and Human Behavior, 16, 399-412.

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