

## Characteristics of reviewed studies: Settings

### Comparisons Included in this Clinical Question

Residential versus day treatment
ALTERMAN1993 GREENWOOD2001 SCHNEIDER1996

### Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
<p><b>ALTERMAN1993</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Gellerman series randomisation</p> <p>Type of Analysis: Completers</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 28</p> <p>Setting: COUNTRY: US Day hospital vs inpatient</p> <p>Info on Screening Process: 94 men seeking treatment for cocaine abuse and dependence at a medical centre included in study</p>	<p>n= 94</p> <p>Age: Mean 34</p> <p>Sex: all males</p> <p>Diagnosis: 100% cocaine dependence by DSM-III</p> <p>Exclusions: - Older than 59 years - Not willing to accept either inpatient or day hospital rehab treatment for approx 1month - Unstable residence/unable to be contacted at follow-up - History of psychotic disorder - Indication of dementia - Possibility of medical problems requiring inpatient treatment - Not meeting current DMS-III diagnosis of cocaine misuse - No current substance misuse problems - Female</p> <p>Notes: ETHNICITY: 96.8% Black</p> <p>Baseline: (Day hospital/Inpatient) Years of cocaine use: 2.7 (2.4) / 3.2 (2.9) Years of marijuana use: 9.2 (7.7) / 7.5 (17.1)</p>	<p><b>Data Used</b></p> <p>Abstinence: from alcohol</p> <p>Cocaine use: times in past month</p> <p>Treatment completion</p> <p>ASI (Addiction Severity Index)</p>	<p><b>Group 1 N= 48</b></p> <p>Day Hospital - Group meetings focus on overcoming denial &amp; helping ppts to cope with everyday problems/stresses. Individual counselling &amp; ancillary psychotropic med on as-needed basis. Education re: effects of addiction. Recreational therapy &amp; self help groups encouraged.</p> <p>- Ppts paid \$15 for completing baseline assessment and \$10 for providing urine samples and completing each follow-up interview and given tokens for daily weekend travel to programme plus lunch coupons.</p> <p><b>Group 2 N= 46</b></p> <p>Inpatient treatment - Participants received exactly the same intervention as those in the day treatment condition, the only difference is setting. More medical care is usually provided in the inpatient program.</p>	<p>Study Quality 1+</p>
<p><b>GREENWOOD2001</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Residential clients housed whereas day clients returned home at the end of day</p> <p>Blindness: Open</p> <p>Duration (days): Mean 180</p> <p>Followup: 6, 12 and 18 months</p> <p>Setting: US</p> <p>Notes: RANDOMISATION: method not reported; baseline taken at 2 weeks post-randomisation</p> <p>Info on Screening Process: Total of 534 participants randomly assigned</p>	<p>n= 215</p> <p>Age: Mean 33</p> <p>Sex: 183 males 78 females</p> <p>Diagnosis: 13% opioid dependence</p> <p>10% alcohol dependence</p> <p>67% stimulant dependence</p> <p>Notes: Crack cocaine (stimulant dependence)</p> <p>Baseline: Crack use = 67%, heroin use = 13%, alcohol = 10%</p>	<p><b>Data Used</b></p> <p>Abstinence at 6 months</p> <p>Completion rate</p> <p>Urinalysis: positive for any drug</p> <p>Notes: DROPOUTS: Residential TC = 42%, community TC = 55%</p>	<p><b>Group 1 N= 115</b></p> <p>TC (therapeutic community) with residential rehabilitation - Four phases: orientation (education about TC rules), treatment (focus on drug misuse problems), re-entry (focus shifted to setting up employment) and aftercare (outpatient follow-up)</p> <p><b>Group 2 N= 101</b></p> <p>TC (therapeutic community) with outpatient - Four phases: orientation (education about TC rules), treatment (focus on drug misuse problems), re-entry (focus shifted to setting up employment) and aftercare (outpatient follow up)</p>	<p>All participants seeking treatment 58% African, 24% Caucasian, 18% other backgrounds Study quality: 1+</p>
<p><b>SCHNEIDER1996</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Blinding of research assistant at intake assessment and of treatment providers</p>	<p>n= 74</p> <p>Age: Mean 34</p> <p>Sex: 54 males 20 females</p> <p>Diagnosis: 100% cocaine dependence by DSM-III-R</p>	<p><b>Data Used</b></p> <p>Abstinence: no use for 3 consecutive weeks at end</p> <p>ASI (Addiction Severity Index)</p>	<p><b>Group 1 N= 32</b></p> <p>Day treatment (&gt;20hr/wk) with outpatient 5 hours/day for 5 days/wk over 2 wks. Focused primarily on group work: psychoeducation groups, discussion groups to address denial and feelings, CBT (RP) groups, family meetings,</p>	

<p>Blindness: Single blind</p> <p>Duration (days): Mean 14</p> <p>Followup: 3 and 6 months</p> <p>Setting: Recruitment from two private hospitals in the US</p> <p>Notes: Randomisation not described</p> <p>Info on Screening Process: 364 eligible and admitted for detoxification; 290 refused consent (had specific aftercare preference or wanted no aftercare); 22 left detoxification early or previously participated in study; 74 enrolled</p>	<p>Exclusions: - intravenous heroin use - medically unstable - coexisting Axis I disorder</p> <p>Notes: PRIMARY DIAGNOSIS: Undergoing detoxification from cocaine at intake</p> <p>Baseline: (Residential / day treatment) Years' cocaine use: 6.5 / 7.2 Freebase use: 73% / 81% Previous inpatient treatment: 48% / 50%</p>	<p>Notes: DROPOUTS (defined as those who missed first appointment or dropped out after 1 day): residential 5%, day treatment 53%</p>	<p>individual support for other issues and aftercare plans. NA/AA encouraged.</p> <p><b>Group 2 N= 42</b></p> <p>Residential rehabilitation 6 hours/day of treatment in a private, inpatient non-hospital facility. Content of treatment similar to day treatment group. At discharge, referred to another appropriate treatment programme (e.g. halfway house) or back to primary mental health provider.</p>
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### Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
<b>CZUCHRY2003</b>	No drug-use outcomes
<b>DRAKE1998A</b>	Dual diagnosis
<b>FISHER1996A</b>	Sample sizes not reported (appear to be <10 in each group)
<b>HAWKINS1986</b>	No drug-use outcomes
<b>KASKUTAS2005</b>	'Hospital' setting was not residential
<b>NUTTBROCK1998</b>	High proportion were psychotic
<b>SACKS2003</b>	Dual diagnosis
<b>ZULE2000</b>	No intervention

### References of Included Studies

**ALTERMAN1993** (Published Data Only)

Alterman, A. I., O'Brien, C. P. & Droba, M. (1993) Day hospital vs. inpatient rehabilitation of cocaine abusers: an interim report. NIDA Research Monograph, 135, 150-162.

**GREENWOOD2001** (Published Data Only)

Guydish, J., Bucardo, J., Clark, G., et al. (1998) Evaluating needle exchange: a description of client characteristics, health status, program utilization, and HIV risk behavior. Substance Use and Misuse, 33, 1173-1196.

\*Greenwood, G.L., Woods, W.J., Guydish, J., et al. (2001) Relapse outcomes in a randomized trial of residential and day drug abuse treatment. Journal of Substance Abuse Treatment, 20, 15-23.

**SCHNEIDER1996** (Published Data Only)

Schneider, R., Mittelmeier, C. & Gadish, D. (1996) Day versus inpatient treatment for cocaine dependence: an experimental comparison. Journal of Mental Health Administration, 23, 234-245.

### References of Excluded Studies

**CZUCHRY2003**

Czuchry, M. & Dansereau, D.F. (2003) Cognitive skills training: impact on drug abuse counseling and readiness for treatment. American Journal of Drug and Alcohol Abuse, 29, 1-18.

**DRAKE1998A**

Drake, R.E., McHugo, G.J., Clark, R.E., et al. (1998) Assertive community treatment for patients with co-occurring severe mental illness and substance use disorder: a clinical trial. American Journal of Orthopsychiatry, 68, 201-215.

**FISHER1996A** (Published Data Only)

Fisher, M.S.S. & Bentley, K.J. (1996) Two group therapy models for clients with a dual diagnosis of substance abuse and personality disorder. Psychiatric Services, 47, 1244-1250.

**HAWKINS1986**

Hawkins, J.D., Catalano, R.F.J. & Wells, E.A. (1986) Measuring effects of a skills training intervention for drug abusers. Journal of Consulting and Clinical Psychology, 54, 661-664.

**KASKUTAS2005** (Published Data Only)

Kaskutas, L.A., Zhang, L., French, M.T., et al. (2005) Women's programs versus mixed-gender day treatment: results from a randomized study. Addiction, 100, 60-69.

**NUTTBROCK1998** (Published Data Only)

Nuttbrock, L.A., Rahav, M., Rivera, J.J., et al. (1998) Outcomes of homeless mentally ill chemical abusers in community residences and a therapeutic community. Psychiatric Services, 49, 68-76.

**SACKS2003** (Published Data Only)

Sacks, S., De Leon, G., Sacks, J. Y., et al. (2003) TC-oriented supported housing for homeless MICAs. *Journal of Psychoactive Drugs*, 35, 355-366.

**ZULE2000**

Zule, W.A. & Desmond, D.P. (2000) Factors predicting entry of injecting drug users into substance abuse treatment. *American Journal of Drug and Alcohol Abuse*, 26, 247-261.

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## Characteristics of reviewed studies: Therapeutic Communities (TCs)

### Comparisons Included in this Clinical Question

**Standard inpatient programme versus abbreviated inpatient programme**  
NEMES1999

**TC plus aftercare versus control**

NIELSEN1996  
SACKS2004  
WEXLER1999

**TC versus relapse prevention**

FINNEY1998

### Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
<p><b>FINNEY1998</b></p> <p>Study Type: Cohort</p> <p>Blindness: Open</p> <p>Duration (days): Range 21-28</p> <p>Setting: 15 inpatient substance misuse programmes from 13 VA (Veteran Affairs) treatment centres in US</p> <p>Info on Screening Process: 4659 screened, 4193 eligible, 494 refused consent; of 3699 intake sample 3278 completed intake evaluation</p>	<p>n= 3228</p> <p>Age:</p> <p>Sex: all males</p> <p>Diagnosis: 100% substance misuse (drug or alcohol) by ICD-10</p> <p>Exclusions: - not in a standard VA treatment programme - female - had not completed detoxification</p> <p>Notes: PRIMARY DIAGNOSIS: 36% alcohol misuse/dependence only; 51% alcohol and drug misuse, 13% drug misuse only ETHNICITY: 48% Black, 46% White</p> <p>Baseline: 76% unemployed Past month drug use: 48% cocaine/crack, 39% cannabis, 13% opioids</p>		<p><b>Group 1 N= 970</b> 12-step with inpatient</p> <p><b>Group 2 N= 106</b> 12-step with inpatient CBT with inpatient</p> <p><b>Group 3 N= 119</b> CBT with inpatient</p>	<p>Content of interventions not reported - in secondary study? Study quality: 2+</p>
<p><b>NEMES1999</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Cluster randomised</p> <p>Blindness: No mention</p> <p>Duration (days): Not given</p> <p>Setting: US</p> <p>Notes: Randomisation procedure not described</p> <p>Info on Screening Process: 470 screened, 9 found to be ineligible, 412 randomly assigned</p>	<p>n= 412</p> <p>Age: Mean 30</p> <p>Sex: 295 males 117 females</p> <p>Diagnosis: substance misuse (drug or alcohol)</p> <p>Exclusions: None described</p> <p>Notes: Crack most serious problem among sample, followed by alcohol; fewer than half reported heroin use</p> <p>Baseline: Approx half had received previous treatment for alcohol or drug problems</p>	<p><b>Data Used</b></p> <p>Employment at follow-up</p> <p>Urinalysis: positive for any illicit drug</p>	<p><b>Group 1 N= 218</b> TC (therapeutic community) with inpatient - Abbreviated inpatient programme offered for 6 months followed by 6 months of outpatient services. More clinical staff per client and more female beds at this site.</p> <p><b>Group 2 N= 194</b> TC (therapeutic community) with inpatient - Standard inpatient care programme: 10 months of inpatient care followed by 2 months of outpatient services.</p>	<p>Study quality: 1+</p>
<p><b>NIELSEN1996</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Per protocol - those lost to follow-up excluded</p> <p>Blindness: Open</p> <p>Duration (days): Mean 180</p> <p>Followup: 12 months</p> <p>Setting: Wilmington, Delaware, US</p> <p>Info on Screening Process: 1002 inmates eligible for work release or parole; 689 enrolled</p>	<p>n= 689</p> <p>Age: Not given</p> <p>Sex: 545 males 144 females</p> <p>Diagnosis: 92% substance misuse (drug or alcohol) by self-report</p> <p>Exclusions: - not in prison or eligible for release - no history of drug use</p> <p>Notes: PRIMARY DIAGNOSIS: 8% none, 13% alcohol, 11% cannabis, 11% crack, 40% cocaine, 13% heroin, 4%</p>	<p><b>Data Used</b></p> <p>Drug use</p> <p>Rates of incarceration</p>	<p><b>Group 1 N= 248</b> TC (therapeutic community) with outpatient - CREST: 1-month orientation to peer-based TC; 2 months treatment involving individual/group counselling, group activities, holding duties in the house; 3 months work-release with opportunity to seek work upon progress in treatment, continual group meetings.</p>	<p>Study quality: 1+</p>

	<p>other ETHNICITY: 29% White, 67% Black, 4% Other</p> <p>Baseline: (CREST / standard work release) Previous treatment attempt: 79.0% / 73.5%</p>		<p><b>Group 2 N= 441</b></p> <p>Control: standard care with outpatient - Delaware's conventional work release programme. No details given.</p>	
<p><b>SACKS2004</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: ITT (intention to treat)</p> <p>Blindness: No mention</p> <p>Duration (days): Not given</p> <p>Setting: US prison</p> <p>Notes: Randomisation: not described.</p> <p>Info on Screening Process: 236 male inmates randomly assigned to either modified therapeutic group (MTC: 142 participants) or mental health treatment (control group = 94 participants). 51 crossover cases excluded from analysis. Total sample size = 185.</p>	<p>n= 139</p> <p>Age: Mean 34</p> <p>Sex: all males</p> <p>Diagnosis: 100% drug misuse (non-alcohol)</p> <p>Exclusions: - not an inmate with a dual diagnosis (mental illness and substance misuse) - inmates who represented a clear danger to themselves or others</p> <p>Notes: PRIMARY DIAGNOSIS: Mental illness with co-occurring chemical misuse. Alcohol was primary substance for 32%. Ethnicity: Caucasian 49%, African American/Black = 30%, Hispanic = 16.5%, Other = 4%</p> <p>Baseline: 37% had antisocial personality disorder, 90% had a substance misuse disorder Lifetime primary substance: 32% alcohol, 34.5% cannabis, 21% crack cocaine</p>	<p><b>Data Used</b></p> <p>Rates of incarceration Crime: engaging in criminal activities</p>	<p><b>Group 1 N= 93</b></p> <p>Control: standard care with prison - Intensified psychiatric services with medication, weekly individual therapy and counselling. Substance misuse services: 72 hours of CBT.</p> <p>Aftercare with inpatient and outpatient - Psychiatric assessment, medication, crisis intervention and individual counselling. Case management directed towards employment and housing. Attendance: twice a week for total of 4 hours.</p> <p><b>Group 2 N= 92</b></p> <p>TC (therapeutic community) with prison - Programme includes: psychoeducational classes, cognitive behavioural protocols, medication and therapeutic interventions. Programme duration: 12 months, 5 days per week for 4-5 hours per day.</p> <p>Aftercare with residential rehabilitation - Mastering community living and integration and gaining employment. Formal programme activities attended 3-7 days per week for 3-5 hours per day over 6 months; supervision bi-weekly with community correction officer.</p>	<p>Study quality: 1+</p>
<p><b>Notes on this paper:</b></p> <p>The modified therapeutic community (MTC) group showed significantly lower rates of reincarceration compared with the mental health group. Moreover, the MTC + aftercare group showed significantly better outcomes across both rates of reincarceration and criminal activity and other measures. There were significant reductions in recidivism and reductions were larger and sustained for longer periods when institutional care was integrated with aftercare programmes. The longer an offender remained in treatment, the greater the improvement reported at 12 months post-prison.</p>				
<p><b>WEXLER1999</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: ITT for 12-month outcomes only</p> <p>Blindness: No mention</p> <p>Duration (days): Not given</p> <p>Followup: 12 and 24 months</p> <p>Setting: US prison</p> <p>Info on Screening Process: 715 male inmate volunteers.</p>	<p>n= 715</p> <p>Age: Mean 31 Range 30-31</p> <p>Sex: all males</p> <p>Diagnosis: 95% stimulant dependence by DSM-III-R</p> <p>Exclusions: Inmates convicted of arson or sexual crimes involving minors</p> <p>Notes: Cocaine, methamphetamine, crack (stimulant dependence)</p> <p>Baseline: Drug-use behaviours: 60% engaged in intravenous drug use, 25% shared needles with strangers Psychiatric disorders: 51.5% antisocial personality disorder, 33% adult attention-deficit hyperactivity disorder</p>	<p><b>Data Used</b></p> <p>Reincarceration rates</p>	<p><b>Group 1 N= 290</b></p> <p>Control: waitlist with prison - Participants remained on waitlist until bed space became available. Participants removed from waitlist when they had less than 9 months to serve.</p> <p><b>Group 2 N= 425</b></p> <p>TC (therapeutic community) with prison - 3-phase treatment programme: Initial phase (2-3 months): orientation, planning and treatment goals. Second phase: (5-6 months) counselling sessions, increased responsibility Third phase: (1-3 months) spent strengthening plan for return to community.</p> <p>Aftercare with TC (therapeutic community) - Residents continued to work and maintain programme curriculum initiated in prison under staff supervision. Aftercare TC also provided services for wives and children of residents.</p>	<p>Study quality: 1+</p> <p>Ethnicity: African American = 22.4%, White = 37.8%, Hispanic = 30.1%, other= 9.7%</p>

**Characteristics of Excluded Studies**

Reference ID	Reason for Exclusion
CONDELLI2000	No extractable outcomes
MCCUSKER1995	No extractable outcomes

**References of Included Studies**

- FINNEY1998** (Published Data Only)  
 Finney, J.W., Noyes, C.A., Coutts, A. I., et al. (1998) Evaluating substance abuse treatment process models: I. Changes on proximal outcome variables during 12-step and cognitive-behavioral treatment. *Journal of Studies on Alcohol*, 59, 371-380.
- NEMES1999** (Published Data Only)  
 Nemes, S., Wish, E.D. & Messina, N. (1999) Comparing the impact of standard and abbreviated treatment in a therapeutic community. Findings from the district of Columbia treatment initiative experiment. *Journal of Substance Abuse Treatment*, 17, 339-347.
- 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., McKendrick, K., et al. (2004) Modified TC for MICA offenders: crime outcomes. *Behavioral Sciences and the Law*, 22, 477-501.
- WEXLER1999** (Published Data Only)  
 Wexler, H. K., Melnick, G., Lowe, L. & Peters, J. (1999). Three-year reincarceration outcomes for Amity In-Prison Therapeutic Community and after care in California. *The Prison Journal*, 79, 321-326.  
 \*Wexler, H.K., DeLeon, G., Thomas, G., et al. (1999) The Amity prison TC evaluation. *Criminal Justice and Behavior*, 26, 147-167.

**References of Excluded Studies**

- CONDELLI2000** (Published Data Only)  
 Condelli, W.S., Koch, M.A. & Fletcher, B. (2000) Treatment refusal/attrition among adults randomly assigned to programs at a drug treatment campus: The New Jersey Substance Abuse Treatment Campus, Seacaucus, NJ. *Journal of Substance Abuse Treatment*, 18, 395-407.
- MCCUSKER1995** (Published Data Only)  
 \*McCusker, J., Vickers-Lahti, M., Stoddard, A., et al. (1995) The effectiveness of alternative planned durations of residential drug abuse treatment. *American Journal of Public Health*, 85, 1426-1429.

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