

An Employment Intervention for Drug-Abusing Offenders

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EMPLOYMENT IS an important part of drug and alcohol treatment as well as a measure of treatment outcome (Institute of Medicine, 1990). Studies have consistently reported that employment contributes to drug and alcohol treatment success (Platt, 1995; Wolkstein and Spiller, 1998). These studies also suggest that daily structure, including employment and cognitive approaches like relapse prevention models (Gorski, 1990; Marlatt and Gordon, 1985), are important for treatment success. Not only does employment establish a source of steady income, but it has also been found to minimize relapse and reduce involvement in criminal activity for the recovering drug addict (Inciardi, et al., 2002; Platt, 1995; Vaillant, 1988).

Other studies focused on pre- and post-treatment employment have consistently shown that employment predicts improved and successful treatment. For example, stable employment has a protective role in drug and alcohol treatment retention (see Platt, 1995 and McLellan, 1983 for literature reviews). Employment also is associated with reduced drug and alcohol use (Hammer et al., 1985; Vaillant, 1988; Zanis et al., 1994); with decreased severity of relapse (Vaillant, 1988); with increased post-treatment outcomes (Comerford, 1999); and with community reintegration (Comerford, 1999; Platt, 1995; Room, 1998). In a longitudinal study of heroin and alcohol patients, Vaillant (1988) concluded that unstable employment was a better predictor of relapse than addiction severity.

Stable employment conditions are related to other variables that contribute to treatment outcomes. Employed clients are more likely to report healthier social and professional networks, which are related to improved self-esteem, self-worth,

and a sense of independence that contribute to reduced drug and alcohol use (Brewington et al., 1987; Comerford, 1999; Room, 1998). In addition, stable employment is associated with lowered depression scores (Zanis et al., 1994). Overall, the more stable employment, the more likely it is that clients in recovery will have positive treatment outcomes.

Since many drug abusers are unemployed when they seek treatment, employment-focused services should complement drug and alcohol treatment (Comerford, 1999; French et al., 1992; Hubbard et al., 1984; Walker and Leukefeld, 2002). Employment services include vocational rehabilitation, which can incorporate case management, job placement, job skills training, education, and vocational training. Each of these approaches focuses on helping clients obtain, maintain, and upgrade employment (Walker and Leukefeld, 2002). Employment services, which are frequently not emphasized, are often reported by clients as desirable since employment is a personal goal (Staton, et al., 2002; Zanis et al., 1994).

For criminally-involved drug and alcohol abusers, getting a job and keeping a job can be challenging, especially when there are few community-level employment and vocational rehabilitation services available (Walker and Leukefeld, 2002; Platt, 1995). Nevertheless, in a recent study, probation officers reported that helping probationers maintain employment was a key contribution to successful community re-entry (Seiter, 2002). With the emergence of Drug Courts, the criminal justice system is targeting employment as an important part of successful drug abuse treatment.

The cornerstones of Drug Court programs include the use of treatment services with justice

system processing, the use of frequent drug testing to monitor abstinence, mandatory employment, and ongoing judicial interaction with Drug Court participants. The Drug Court model was designed to decrease drug use and to divert nonviolent drug abusers from incarceration. In Kentucky, Drug Court judges were interested in providing employment services to Drug Court clients, since full-time employment is a Drug Court requirement. Judges indicated that stable employment would not only provide a foundation for enhancing job skills, but also would contribute to getting a better job.

In this article, the authors will: 1) describe an employment project and the project's intervention, used in Kentucky Drug Courts, which is grounded in established job readiness and social skills training approaches; and 2) profile project participants by employment history, drug use, criminal involvement, and health service utilization.

Purpose and Design

The overall purpose of the Drug Court employment trial, which is supported by the National Institute on Drug Abuse (Grant DA#RO1 13076), is to enhance existing services in two Kentucky Drug Courts by implementing and examining an enhanced intervention focused on obtaining, maintaining, and upgrading employment. The overall project goals are:

- 1) To implement and test the effectiveness of an enhanced employment intervention that focuses on obtaining, maintaining, and upgrading employment among Drug Court participants by randomly assigning study participants to an enhanced intervention or a

- control condition — Drug Court as usual — and to follow-up study participants who graduate and terminate in order to examine outcomes;
- 2) To examine a causal model in which the enhanced employment intervention increases problem recognition and motivation to change problem behaviors, and decreases employment barriers, consequently decreasing drug use and criminal behavior; and,
 - 3) To evaluate the cost of the interventions and the cost-effectiveness of the enhanced intervention relative to Drug Court as usual.

The overall design includes the recruitment, intervention, and follow-up of 500 Drug Court participants using a pre-test/post-test experimental design with random assignment to Drug Court as usual and to an enhanced employment intervention. Follow-ups are included to examine the Drug Court employment intervention. The two Drug Court sites selected for the project are Fayette County Drug Court (Lexington, KY) and Warren County Drug Court (Bowling Green, KY). Drug Court clients are recruited into the study within 30 days after entering Drug Court. After a client consents, a face-to-face baseline interview is administered. The baseline interview includes measures of employment, drug and alcohol use, criminal justice involvement, health and mental health, and HIV risk behavior. During the informed consent process, participants are told that study participation includes random assignment to the enhanced employment intervention or to “treatment as usual.” Participants are paid for completing baseline interviews and follow-up interviews. After completing a baseline interview, participants are randomized. Participants randomized into the enhanced intervention receive the enhanced employment intervention in addition to standard Drug Court treatment. Data

are collected from participants in the intervention group and the comparison group again at 12-, 18-, and 24-month follow-ups.

The Intervention

The employment intervention, which is grounded in established job readiness and life skill training approaches, was developed by the project team. Three established interventions were modified and are incorporated into the employment intervention and manual: the Ex-Inmates Guide to Successful Employment (Sull, 1998), Job Readiness Activity (State of Kentucky, 1995), and Offender Employment Specialist Manual (NIC, 1997). In addition, established clinical approaches used with substance abuse clients are incorporated. These approaches include job skill training, social skills training (Leukefeld, et al., 2000), strengths-based case management (Siegal et al., 1996), thought mapping (Leukefeld et al., 2000), structured stories (Leukefeld et al., 2000), and motivational interviewing (Miller and Rollnick, 1991).

The employment intervention was developed through the use of focus groups. These focus groups were composed of Drug Court participants who were asked to identify critical factors related to obtaining, maintaining, and upgrading employment skills (see Staton et al., 2002). A salient focus group finding was that participants indicated that Drug Court clients had difficulty balancing stable employment with the rigorous and strict Drug Court treatment regimen, especially clients with familial responsibilities. References were made to the need for Drug Court client requirements to make regular court appearances, participate in weekly group sessions and Alcoholics Anonymous/Narcotics Anonymous meetings, and be available to give random urine screens while maintaining steady, fulltime employ-

ment. Since these requirements often conflict with 9:00 to 5:00 jobs, focus group participants noted that it was critical to find a job that had flexible hours, an understanding supervisor, and/or a night shift.

Focus group participants also expressed their desire for job readiness training, job placement, and job networking opportunities. Participants were concerned with preparing effective resumes and wanted tips on how to conduct themselves in job interviews, particularly when “tough” questions were asked about their “past.” Participants noted that oftentimes, when a potential employer found out about their criminal record, they were no longer considered a viable job applicant. Thus, overcoming a criminal record was cited as a major barrier to employment.

In total, three focus groups were conducted before the employment intervention was implemented in the urban (Lexington, KY) and the rural (Bowling Green, KY) Drug Courts. Focus group participants provided key insights and feedback regarding service needs that strengthened the overall content as well as the delivery of the employment intervention.

Grounded in the focus group findings, employment manuals, and established clinical approaches, the enhanced Drug Court employment intervention was implemented by trained clinicians who had prior experience in employment and substance abuse counseling. The employment intervention services were provided in the afternoons and evenings at Drug Court facilities and at the project site, with the approval of Drug Court staff. The intervention includes three phases designed to coincide with Drug Court—obtaining employment, maintaining employment, and upgrading employment (See Table 1).

Motivational interviewing, structured stories, and thought-mapping are used in weekly group sessions (see Leukefeld, et al., 2000). Individual sessions incorporate motivational

TABLE 1
Employment Intervention Phases

Phase	Length of time	No. of individual sessions	No. of group sessions	Content
I. Obtaining Employment	4-5 weeks	5	5	Obtaining immediate employment, employment behavioral contracting, and job readiness assessment
II. Maintaining Employment	13-15 weeks	5	13	Resolving conflicts at work, setting goals and problem solving, and life skills development
III. Upgrading Employment	6 weeks	1	6	Identifying possible employers, job development, and job placement

interviewing, behavioral contracting, and strengths-based case management to focus on problem-solving, job searches, filling out job applications, resume writing, and job interviewing. Individual sessions also help direct participants who are struggling with particular issues that impede their employment success (e.g., continued use of drugs and alcohol, co-workers who use drugs on the job, conflict with co-workers, and criminal thinking).

Findings

This analysis includes 500 drug court clients at baseline interview who consented to participate in the project, of which 65 percent are male and 35 percent are female. The majority of participants are white (62 percent), the average age is 31 years, the average number of years of education is 11.8, and about 18 percent are married.

Table 2 presents baseline characteristics which were reported at Drug Court entry for employment history, drug/alcohol use, criminal involvement, and health/health service utilization. When Table 2 is examined, we find less than half (44 percent) of the participants were working full-time before entering Drug Court. Participants averaged 3.7 jobs in the five years before entering Drug Court; the longest period of time participants held a full-time job in their lifetime averaged 4.3 years. Participants reported they were paid for 80.4 days at a legal job in the six months before entering Drug Court and 48.1 days at an illegal job. Most of the participants reported their last or usual occupation was a service worker or non-farm laborer. Forty-one percent (41 percent) reported employment problems in the six months before Drug Court and about one-fourth (28 percent) indicated that these employment problems "bothered them." Transportation, job placement, and job training were cited as the primary types of help needed to get and keep a job.

Alcohol, marijuana, and crack/cocaine were the major drugs used among this population. In fact, participants averaged an estimated seven years of regular lifetime use of alcohol and marijuana, six years of regular use of multiple substances, and about five years of regular crack/cocaine use. In the 30 days before entering Drug Court, participants used marijuana for an average of almost nine days, alcohol for about eight days, and crack/cocaine for about eight days. Participants also averaged ten days of multiple drug use during this same period. Despite the majority who reported regular use of alcohol, marijuana, and crack/cocaine, only one-third (33 percent) reported receiving any treatment for their drug use and 4 percent reported receiving any alcohol treatment.

Although the average age of first adult incarceration was almost 23, almost one-third (32

percent) of participants reported being incarcerated before the age of 18. In addition, participants reported they had been incarcerated an average of 4 times after a conviction.

Participants indicated that they experienced health problems. Specifically, participants reported an average of over three weeks (24 days) of medical problems in the six months before entering Drug Court. However, only a little more than one-fourth (28 percent) indicated they were covered by health insurance. Participants also reported a number of hospital visits (12 visits on average) and a number of visits to the emergency room (27 visits on average).

Participants identified a number of mental health problems. Specific mental health problems included lifetime depression at 44 percent, anxiety at 38 percent, cognitive problems at 27 percent, and problems with violent behavior at 26 percent. In addition, 26 percent indicated that they had been prescribed a medication for a mental health problem, while only 11 percent reported being treated as an outpatient for a psychological or emotional problem.

Discussion

Being employed is an important part of treatment, which includes Drug Court treatment. Drug Court clients as well as Drug Court judges identified employment as a critical part of treatment. In fact, stable employment is a requirement for Drug Court clients. Specific interventions have been developed to help drug abusers and others get a job and keep a job (Sull, 1998 and NIC, 1997). However, few employment interventions incorporate skills sessions that target getting a better job or upgrading employment, which is the focus of this employment project.

An examination of 500 participants at Drug Court entry who consented to participate in the Kentucky project revealed that less than one-half worked full-time before entering Drug Court; participants averaged 3.7 jobs in the five years before entering Drug Court; and the longest full-time job held averaged 4.3 years with 80.4 days of employment at a legal job in the six months before entering Drug Court. As expected, a majority of participants reported their last or usual occupation as a service worker or as a laborer. Transportation, job placement and job training were identified as the types of employment help most needed, which reinforced the finding that almost half (41 percent) reported employment problems in the six months before entering Drug Court.

Employment sessions targeted transportation needs, which included interventionists schedul-

ing individual and group sessions around bus schedules, as well as around work hours. Since many of the participants wanted more job training and job placement help, particular attention was given throughout the intervention to resume development, vocational assessment, job interview training, and assisting clients in conducting job searches. Additional job placement help and vocational assessment were provided to participants with mental health and/or physical health limitations, since these limitations had prohibited employment and/or contributed to employment problems. In addition, interventionists provided appropriate referrals to health and mental health care professionals.

At baseline, many participants (41 percent) indicated that they had experienced employment problems in the past six months, some of whom noted that these problems "bothered" them significantly (28 percent). The intervention was designed to target particular employment problems. Specific sessions incorporated life skills training, such as anger management, on-the-job problem-solving, and assertiveness, which were incorporated into the intervention to target employment problems. Similar to the focus group findings, many participants had difficulty balancing their Drug Court requirements, their employment, and their family responsibilities. The intervention included sessions that focused on time management, budgeting, and stress management so that participants could learn how to cope with these realities.

Participants anecdotally reported an increase in self-confidence after preparing their resume and practicing identifying their personal employment strengths and talents. Participants also described a change in how they viewed work and employers in general. Some participants, who initially described work as a waste of time with low entry-level wages, viewed themselves as "investments for employers" and someone an employer can trust. Other participants realized that they could "overcome" problems associated with their criminal record and job history and were capable of finding successful employment and academic pursuits.

There are several limitations to the project, including the fact that Drug Court program eligibility determined study eligibility. In addition, participants are not a representative sample of drug abusers; the study only includes two drug courts; and self-reported behaviors are used, whose reliability can be limited by recall and truthfulness. In spite of these limitations, the expected project findings should increase the understanding of employment and help to better understand employment interventions which target drug

TABLE 2
Participant Characteristics Before Drug Court (N=500)

<i>Employment history before Drug Court (DC)</i>		
Percent working full-time prior to DC		44%
Mean number of different jobs in past 5 years		3.7
Mean length of longest full-time job (years)		4.3 years
No. of days paid for legal job in 6 months before DC	Mean:	80.4 days
	0 days:	32%
	1-90 days:	26%
	91-180 days:	41%
No. of days paid for illegal job in 6 months before DC	Mean:	48.1 days
	0 days:	62%
	1-90 days:	14%
	91-180 days:	24%
Percent reported employment problems in 6 mos. before DC		41%
Percent bothered by employment problems 6 mos. before DC		28%
Usual or last occupation		19% Service Worker
		15% Nonfarm labor
Major type of help needed to find or keep a job		34% Transportation
		21% Job placement help
		17% Job training
<i>Drug use before Drug Court (DC)</i>		
	Mean years of lifetime use	30 day use before DC
Alcohol	7.2	8.4
Marijuana	7.0	8.9
Crack/Cocaine	4.7	8.3
Multiple Substances	6.1	10
<i>Criminal involvement prior to Drug Court (DC)</i>		
Percent incarcerated before age 18		32%
Mean age of first adult incarceration		23.4
Mean number of times incarcerated after a conviction		4.3
<i>Health and health service utilization patterns before Drug Court (DC)</i>		
Percent reported ever receiving alcohol abuse treatment only		4%
Percent reported ever receiving drug abuse treatment only		33%
Mean number of days experienced medical problems in 6 mos. before DC		23.5
Percent currently covered by public or private health insurance		28%
Mean number of times seen in an emergency room in lifetime		27.1
Mean number of times admitted to a hospital in lifetime		12.1
Percent treated as outpatient for psychological/ emotional problems		11%
Percent reporting lifetime:		
Depression		44%
Anxiety		38%
Hallucinations		7%
Cognitive Problems		27%
Problems with violent behavior		26%
Thoughts of suicide		17%
Attempted suicide		13%
Prescribed psychological medications		26%

abusers involved in the criminal justice system.

The preliminary evidence suggests that Drug Court clients should participate in employment-related activities to enhance their employment. The employment intervention is innovative because of its emphasis on upgrading employment. Future project studies will examine differences in participants who are randomized into the enhanced employment intervention when compared with those who are randomized into Drug Court as usual. Participants involved in the enhanced intervention are expected, for example, to remain in Drug Court longer, to be more employed, and to upgrade their employment more often. In addition, the enhanced intervention manual could be useful for practitioners who are interested in increasing employment for drug abusers involved in the criminal justice system.

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