Table E8. Key Question 2: additional treatment characteristics

| Study | Treatment Group (N) | Treatment Creator | Provider Education | Fidelity Rating |
| --- | --- | --- | --- | --- |
| Johnson and Zlotnick, 201235 | Interpersonal therapy (19) | Wilfrey et al. 2000 with the Weissman et al. 2000 modification  | PhD level psychologist with training and experience in applying IPT from a previous research study. | An independent IPT doctoral level psychologist rated adherence and competence for 18% of the group sessions using scales adapted from the National Institute of Mental Health Treatment of Depression Collaborative Research Program. Interrater reliability was 0.99 for adherence and 0.84 for competence. |
| Psychoeducation (19) | NR | PhD level psychologist with one year of post-PhD experience and a bachelor level substance abuse counselor with 5 years’ experience in treating prisoners with substance abuse issues. | NR |

| Table E8. Key Question 2: additional treatment characteristics (continued) |
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| **Study** | **Treatment Group (N)** | **Treatment Creator** | **Provider Education** | **Fidelity Rating** |
| Wenzlow et al., 201179 | Medicaid enrolled (77) | Oklahoma Stakeholder agencies (including corrections, MH, Medicaid, human services, disability determination, and Social Security) | NR | Authors report that discharge managers had addressed many program implementation issues and the program’s effectiveness seemed to be increasing. |
| Medicaid eligible (195) | NA | NA | NA |
| Other Oklahoma correctional facilities (130) | NA | NA | NA |
| Other Oklahoma correctional facilities (284) | NA | NA | NA |
| Theurer and Lovell, 200878 | Mentally Ill Offender Community transition Program (MIOCTP) | Interagency MH/DOC collaboration | Variable, including: BA/BS, nursing, and MD. | Authors note that program outcomes are more impressive if first-year participants are excluded from analysis and that the first year of implementation was one of institutional and clinical adaptation. |
| Residential MH program residency while in prison; TAU upon release | NR | NR | NR |
| Coid et al., 200780 | Forensic specialist psychiatric services (409) | NR | NR | NA |
| General adult psychiatric services (652) | NR | NR | NA |
| Chandler and Spicer, 200681 | Jail followed by high-fidelity IDDT (103) | New Hampshire Psychiatric Institute | All team members had experience in substance abuse or dual diagnosis programs | Mean SAMHSA “Fidelity Scale” Rating 4.1 and 4.0 (two raters) |
| Jail followed by TAU (79) | NA | NR |
| Van Stelle and Moberg, 200482 | MICA therapeutic community in prison and in community following release from prison | NR | NR | NR |
| TAU | NR | NR | NR |
| Solomon and Draine, 199583 | ACT | Model based on the Program of Assertive Community Treatment (PACT) implemented in Madison, Wisconsin. | Treatment team led by a psychiatrist. | Author notes there were implementation problems resulting in a lack of fidelity to the experimental model. |
| Forensic intensive case management | NR | NR | NR |
| TAU | NR | NR | NR |

ACT=Assertive community treatment; DOC=Department of Corrections; IDDT=integrated dual diagnosis treatment; MH=mental health; MICA=mentally ill chemical abuser (treatment); N=number; NA=not applicable; NR=not reported; SAMHSA=Substance Abuse and Mental Health Services Administration; TAU=treatment as usual