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OHIO RSAT PROCESS EVALUATION

SUMMARY REPORT

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FINAL REPORT

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EXECUTIVE SUMMARY

The Office of Criminal Justice Services (OCJS) and the University of Cincinnati (UC) have formed a partnership for the development and evaluation of residential substance abuse treatment programs (RSAT) in Ohio. OCJS is the administrative agency for the RSAT programs and is responsible for program funding, development, and general oversight. UC is the state's premier academic criminal justice program and is responsible for program evaluation. Three programs participated in a process evaluation that was funded by the National Institute of Justice. These programs include MonDay Correctional Institution, a locally operated community-based correctional facility for adult males and females; Mohican Youth Center, a state operated, institutional-based TC for juvenile males; and Noble Choices, a state operated program for adult males within Noble Correctional Institution. This report represents the culmination of this process evaluation that took place from January 1998 to April 30, 1999.

A one-group post-test design was used to conduct the process evaluation. The specific research questions that were addressed include: 1) What is the profile of offenders being served? 2) What is the nature of the services being delivered? 3) What are the intermediate outcomes of the program? 4) How are offenders performing under post-release supervision? 5) What factors are associated with post-release success? The study period extended from the date of first admission (January 1, 1998) through April 30, 1999. Additionally, follow-up data was collected on terminated cases from their date of release until August 30, 1999. Site personnel were responsible for collecting intake, treatment, and termination data on their respective program clients using standardized forms developed by the University of Cincinnati. Offenders' readiness for change and

level of social and psychological functioning were measured at intake, 90 days, and termination. The site also provided risk assessment and substance abuse assessment information on each offender. In addition to quantitative data for measuring program process, the Correctional Program Assessment Inventory (CPAI, Gendreau and Bonta, 1994) and the TC Monitoring tool (Fine, 1999) were used as measures of program integrity. Descriptive statistics were used to describe the profile of program participants, program activities, termination, and follow-up data. Paired sample t-tests were used to examine the differences between offender motivation and psychological functioning scales at intake and 90 days. Chi-square analyses and t-tests were conducted to identify factors associated with program and post-release success.

Some of the primary findings include the following:

- The RSAT populations appear to be appropriate for the intensive treatment provided by all three program models. The RSAT populations at all three program sites consisted of offenders with significant criminal histories, severe drug and alcohol problems, and a broad range of other treatment needs.
- The MonDay program scored in the very satisfactory range of the CPAI (74.2 percent). MYC and Noble Choices scored in the satisfactory range of the CPAI (62.3 percent and 69.1 percent, respectively). These scores indicate that the programs have successfully incorporated many of the principles of effective correctional intervention.
- The MonDay program scored 112 out of 156 possible points (71.8 percent) and Noble Choices scored 116 out of 160 possible points (72.5 percent) on the TC Monitoring

tool suggesting that they have successfully implemented most of the primary elements of the TC model.

- Paired sample t-tests conducted on the MonDay data revealed statistically significant differences in many social and psychological factors measured at intake and 90 days. Testing revealed a decrease in the levels of anxiety and risk-taking from time 1 to time 2 and an increase in decision-making, self-efficacy, and self-esteem.
- Paired sample t-tests conducted on the MYC data revealed a statistically significant increase in a youth's determination to make positive changes in his drug/alcohol use from time 1 to time 2.
- Of the 466 RSAT cases 128 (27.5 percent) were still active, 322 (69.1 percent) had been successfully discharged, 14 (3 percent) had been unsuccessfully terminated, and 2 (.4 percent) could no longer participate due to institutional reclassification or release.
- Of the 115 cases for which follow-up information on post-release performance was available, 73 (63.5 percent) participated in follow-up drug/alcohol treatment. Participation in other types of services was minimal.
- Of these 115 cases, 18 (15.7 percent) of the offenders either reported or were detected using alcohol, and 26 (22.6 percent) either reported or were detected using drugs.
- Of these 115 cases, 35 (30.4 percent) were arrested for a new offense.
- Of these 115 cases, 28 (24.3 percent) were still on active probation, 41 (35.7 percent) had been successfully terminated, and 41 (35.7 percent) unsuccessfully terminated. Case status information was not available on 5 of the MYC cases.

- Significantly higher levels of personal distress and poor stress coping abilities were found among offenders who were unsuccessfully terminated from Noble Choices.
- Chi-square analysis on the MonDay population revealed that females had significantly lower rates of new arrests as compared to males, and that when compared to whites, blacks had significantly lower arrest rates. The data also revealed that offenders with higher ASUS scores (indicating more severe substance abuse problems) and higher LSI scores (indicating a higher risk of recidivism) were significantly more likely to be successful on probation supervision.
- Chi-square analysis on the MYC group revealed that offenders who received follow-up drug/alcohol treatment were significantly less likely to fail parole supervision as compared to offenders who did not receive follow-up drug/alcohol services.

The findings of the process evaluation are limited by the small number of cases, the extent of missing data on some variables, the lack of a comparison group, and small number of cases for which termination and follow-up data are available. The conclusions that can be drawn are primarily descriptive in nature and are not intended to speak to the effectiveness of the program.

OHIO RSAT PROCESS EVALUATION

INTRODUCTION

The Office of Criminal Justice Services (OCJS) and the University of Cincinnati (UC) have formed a partnership for the development and evaluation of residential substance abuse treatment programs (RSAT) in Ohio. OCJS is the administrative agency for the RSAT programs and is responsible for program funding, development, and general oversight. UC is the state's premier academic criminal justice program and is responsible for program evaluation. Three programs participated in a process evaluation that was funded by the National Institute of Justice. These programs include MonDay Correctional Institution, a locally operated community-based correctional facility for adult males and females; Mohican Youth Center (MYC), a state operated, institutional-based TC for juvenile males; and Noble Choices, a state operated program for adult males within Noble Correctional Institution. This report represents the culmination of this process evaluation that took place from January 1998 to April 30, 1999.

STATEMENT OF THE PROBLEM

The prevalence of drug and alcohol use among adult and juvenile offenders creates many challenges for already overburdened juvenile and criminal justice systems. It is estimated that, within the adult criminal justice system, seven out of every 10 men and eight out of every 10 women are drug users (Lipton, 1998). The intricate link between substance abuse and delinquent behavior also is well documented. Drug testing conducted in twelve cities during 1997 revealed that 42 to 66 percent of male youths tested positive for at least one drug at the time of arrest (National Institute of Justice, 1998). Additionally, juvenile arrests for drug abuse violations increased 86 percent over the past decade (Snyder, 1999). Recognizing the link between continued drug use and recidivism, state and local agencies are searching for the most effective

way of treating this challenging correctional population. The research that is available suggests that therapeutic communities, cognitive-behavioral approaches, and family-centered therapy hold the most promise (National Council on Crime and Delinquency, 1999). Two of the residential programs examined as part of this process evaluation implemented therapeutic community models, and the third implemented a combination of the 12-step model and a cognitive behavioral approach. Thus a brief overview of relevant literature on each of these treatment modalities follows.

Therapeutic Communities

Residential substance abuse treatment has its roots in the therapeutic community movement of the 1950's. Synanon, the first therapeutic community, was established by Dederich in 1958 and emerged out of the self-help movement (Brook and Whitehead, 1980). It is estimated that nearly one-third of all therapeutic communities (TCs) today are based upon the traditional Synanon programs (DeLeon, 1990a). These traditional programs are highly structured and organized, and treatment lasts from one to three years (Sandhu, 1981). Because drug use is seen as a symptom of a larger personality disorder, traditional TCs are designed to restructure the personality of the offender through encounter group therapy and a focus on occupational improvements. The "community" of drug offenders is seen as the primary agent of change (DeLeon and Ziegenfuss, 1986). Recently, modified versions of the traditional TC have emerged which combined the self-help approach and cognitive-behavioral approaches (e.g., relapse prevention) commonly used by mental health professionals.

Research consistently reveals positive results for both community-based and prison-based TCs. Several studies of community-based TCs have demonstrated a reduction in criminal behavior and substance abuse and an improvement in employment and other prosocial behaviors

(Wexler, 1995). An evaluation of New York's prison-based Stayin' Out Program found parole revocation rates of 29 percent for males and 17 percent for females. These rates were significantly lower than the rates of revocation for comparison groups in milieu therapy, counseling, and no treatment (Wexler, Falkin, and Lipton, 1988). An evaluation of Oregon's Cornerstone program revealed similar results (Field, 1989). More recently, an 18-month follow-up study of a multi-stage therapeutic community treatment system in Delaware found that offenders who participated in a two- or three- phase program (i.e., work release and aftercare or prison, work release, and aftercare) had significantly lower rates of substance abuse relapse and subsequent criminal behavior as compared a no-treatment group and a group of offenders who participated only in the prison-based TC (Inciardi, Martin, Butzin, Hooper, and Harrison, 1997). Overall, the research on therapeutic communities suggests that program completion and length of stay in treatment are the most significant factors in predicting success (usually measured as no involvement in criminal activity and abstinence from drugs) (Simpson, 1984; DeLeon and Rosenthal, 1979; Faupel, 1981; DeLeon, 1990b).

Despite the growing body of research on the effectiveness of TCs, more research is needed to explore the "black box" of treatment in order to identify those factors that are most associated with success and to facilitate the replication of effective residential substance abuse treatment programs. Furthermore, although the effectiveness of TCs with adult populations has been well-documented the model has only recently been applied to adolescents.

12-step Model

For decades, the 12-step model has been the most prevalent model of substance abuse treatment for adolescents (Bukstein, 1994; Winters, 1999). The 12-step model was originated by the founders of Alcoholics Anonymous (AA) and is used by AA and other self-help groups that

view alcoholism and other addictions as physical, mental, and spiritual diseases (Van Voorhis and Hurst, 2000). The 12 steps include:

1. We admitted we were powerless over alcohol—that our lives had become unmanageable.
2. We came to believe that a Power greater than ourselves could restore us to sanity.
3. We made a decision to turn our will and our lives over the the care of God as we understood Him.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. We were entirely ready to have God remove all these defects of character.
7. We humbly asked Him to remove our shortcomings.
8. We made a list of all persons we had harmed and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take a personal inventory and when we were wrong promptly admitted it.
11. We sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs (AA, 1976).

Although AA does not view itself as a professional model of therapy (Laundergan, 1982; McCrady and Irving, 1989), their 12-steps are considered a staple in many professionally-run

substance abuse treatment programs (Winters, 1999). The Minnesota model, a renowned model of substance abuse treatment, rests heavily on the 12-steps and the AA orientation. Over the years, the 12-step model has been modified for use with adolescents (Winters and Schiks, 1989). Most of these modifications involve the simplification of some of the more abstract concepts.

Due to the importance of preserving the anonymity of AA and other self-help group members there is a dearth of research on 12-step programs; the research that is available suffers from serious methodological weaknesses (Winters, 1999). Studies of the Minnesota model report abstinence rates of 42-60 percent one year after treatment (Keskinen, 1986; Alford, Hoehler, and Leonard, 1991; Richter, Brown, and Mott, 1991). A study that compared the outcomes of AA participants with the outcomes of a "no treatment" comparison group revealed more improvement in drinking and legal problems among the AA participants (Brandsma, Maultsby, and Welsh, 1980). According to Winters (1999), until more controlled studies are conducted, all that can be said about the effectiveness of the 12-step model is that it yields outcomes that appear to be better than no treatment at all.

Cognitive-Behavioral Approaches

Cognitive-behavioral models of substance abuse treatment are quickly becoming the preferred model of treatment for drug-involved offenders (Van Voorhis and Hurst, 2000). These programs seek to reduce alcohol and drug abuse in two ways: 1) by altering thinking that supports substance abuse; and 2) by manipulating the stimuli and consequences that prompt and maintain behavior.

Cognitive interventions are popular intervention strategies for both juvenile and adult offenders. They are based on research indicating that offenders are characterized by cognitve skills deficits (e.g., problem-solving, critical reasoning) and internalized antisocial values (Ross

and Fabiano, 1985). According to Lester and Van Voorhis (2000), there are two basic types of cognitive interventions. Cognitive restructuring interventions are designed to challenge and modify the content of the offender's thinking. That is, they focus on changing the attitudes, values, and beliefs of offenders that excuse, support, and reinforce criminal behavior (Lester and Van Voorhis, 2000). Cognitive skills training is designed to enhance cognitive deficiencies by changing the form and process of thinking (Lester and Van Voorhis, 2000). These programs were developed to address several cognitive deficiencies common to offenders including impulsivity, poor reasoning skills, conceptual rigidity, and egocentricity (Ross and Fabiano, 1985). Most cognitive interventions blend these two models.

There is a significant amount of empirical support for cognitive-based programming. Using an experimental design, a study of a cognitive intervention program in Colorado found that drug offenders participating in an ISP that incorporated a cognitive component had significantly lower rates of recidivism and drug use than participants in an ISP without the cognitive component (Johnson and Hunter, 1992). Similarly, a quasi-experimental evaluation of the cognitive-based EQUIP program revealed significantly lower rates of recidivism for participants as compared to a matched comparison group that received no specialized treatment (Gibbs, Potter, and Goldstein, 1995).

Behavioral therapies attempt to increase or decrease target behaviors by manipulating the events that surround the behavior. Most common behavioral techniques in programs for offenders are operant conditioning techniques that attempt to modify behavior through the use of rewards and punishments (Lester, Braswell, and Van Voorhis, 2000). Many residential treatment programs use token economies to encourage the development of prosocial skills and behaviors (Agee, 1995; Phillips, Phillips, Fixen, and Wolf, 1973). In token economies, offenders are rewarded for exhibiting desired target behaviors by earning tokens or points that can later be

exchanged for more tangible rewards. Token economies are often imbedded in phase or level systems. In these systems, programs are comprised of distinct phases that are associated with a different set of responsibilities and privileges. Depending on his/her performance, an offender can move up or down a phase, earning or loosing the associated privileges. Behavioral contracting is another example of an operant conditioning technique that is designed to accelerate a specific target behavior (Spiegler and Guevremont 1993). A written contract states the specific behavior to be performed and specifies the reinforcers that will be administered for performing the behavior. Several meta-analyses have identified behavioral programming as characteristic of effective programs capable of reducing antisocial behavior (Andrews, Zinger, Hoge, Bonta, Gendereau, and Cullen, 1990; Lipsey and Wilson, 1997).

Given the positive results of cognitive and behavioral therapies, programs that combine these two approaches offer a promising avenue for reducing substance abusing behavior. The Residential Substance Abuse Treatment programs funded by Subtitle U of the Violent Crime Control and Law Enforcement Act of 1994 offer a unique opportunity for further exploration of the issues associated with the effective treatment of drug-involved offenders. The process evaluation described herein was funded under this federal initiative. The evaluation uses both qualitative and quantitative measures to describe the target populations, the nature and quality of the services provided, and preliminary outcomes of three RSAT programs in Ohio.

PROJECT BACKGROUND

Four RSAT programs were funded in Ohio in 1997. Program operations for the Youth Development Center in Cleveland, Ohio were suspended due to administrative and staffing problems. This process evaluation, therefore, focuses on MonDay Community Correctional

Institution, Mohican Youth Center, and Noble Choices. A brief description of these programs is provided in Table 1.

One of the most unique aspects of this evaluation is that each of the three programs involved in this evaluation is the responsibility of a different parent agency. The Mohican Youth Center is operated by the Ohio Department of Youth Services, a statewide agency responsible for the operation of 13 secure facilities and parole services, and the care and supervision of approximately 4300 youth (2330 in facilities and 1979 on parole). DYS employs approximately 2300 staff. Noble Choices is operated by the Ohio Department of Rehabilitation and Corrections (DRC), a statewide agency responsible for the operation of 34 prisons and statewide parole services, and the care and supervision of approximately 75,500 adult offenders (45,500 incarcerated offenders and 30,000 parolees). DRC also works with local criminal justice officials and agencies on the implementation of meaningful community sanctions for adult offenders. DRC employs approximately 16,250 staff. The MonDay Community Correctional Institution, although funded by the Ohio Department of Rehabilitation and Corrections functions fairly independently of this statewide agency. MonDay, instead, answers to a community corrections board comprised of local judiciary. Their responsibilities are limited to the care and supervision of the 124 inmates within their facility. There are 60 employees of MonDay. The varying organizational missions, size, and responsibilities of each of these parent agencies, naturally, affects the operation and effectiveness of the residential substance abuse programs and will be a focus of discussion later in this report.

Table 1. Site Descriptions

Program Characteristics	Mohican Youth Center	MonDay Community Correctional Institution	Noble Choices
Population Setting	Juvenile males Medium security facility	Adult males and females Community-based correctional facility	Adult males Medium security facility
Parent organization	Department of Youth Services		Department of Rehabilitation and Corrections
Program approach	A combination of 12-step and cognitive behavioral approaches	TC with cognitive behavioral	TC with cognitive behavioral
Length of stay	6 months	6 months	6-9 months
Number of beds	160	30	120
Date of first admission	March 30, 1998	January 1, 1998	October 19, 1998
Sample size	343	90 (64 males; 26 females)	33
CPAI scores:			
Implementation	81.8	90.9	78.6
Assessment	81.8	72.7	63.6
Treatment	40.1	59.0	62.5
Staff	75.0	62.5	70.0
Evaluation	33.0	100.0	66.7
Other	66.6	100.0	83.3
Overall	62.3	74.2	69.1
Therapeutic site observation scores (percent of points earned)	NA	71.8%	72.5%
Case status at end of study period:			
Active	76 (22.2%)	29 (33.2%)	23 (69.7%)
Successful	267 (77.8%)	55 (90.3%)	0
Unsuccessful	0	6 (9.8%)	10 (30.3%)

METHODOLOGY

Research design

A one-group post-test design was used to conduct the process evaluation. Each program was studied as a separate entity. The specific research questions that were addressed include:

- What is the profile of offenders being served by the Ohio RSAT programs?
- What is the nature of the services being delivered by the Ohio RSAT programs?
- What are the intermediate outcomes of Ohio RSAT programs?
- How are offenders performing under post-release supervision in terms of relapse and recidivism?
- What factors are associated with successful program completion and post-release recidivism and relapse?

Sample

The sample consists of 466 cases. Table 2 provides a breakdown of the sample by program, gender, and age group.

Table 2. Treatment Sample Broken Down by Gender and Age Group

Program	Treatment Group			
	Males	Females	Adults	Juveniles
MYC	343	0	0	343
MonDay	64	26	90	0
Noble Choices*	33	0	33	0
Total	440	26	123	343

*Data is only available on 33 cases from Noble Choices. This does not accurately reflect the number of admissions during the study period.

Study Period

The study period for each program was from the date of their first admission (see Table 1) through March 31, 1999 for Mohican Youth Center and Noble Choices and through April 30, 1999 for MonDay Community Correctional Institution.

Data Collection

Site personnel were responsible for collecting intake, treatment, and termination data on their respective program clients using standardized forms developed by the University of Cincinnati (see Appendix A). The sites also provided agency-specific assessment information on each offender (e.g., Level of Supervision Inventory, PII). Data forms were checked periodically to ensure the quality and completeness of the data. Follow-up data were collected by UC staff through written surveys of probation and parole officers. An automated database was developed to maintain the data using Visual FoxPro.

Monitoring Program Quality

In addition to quantitative data for measuring program processes, Correctional Program Assessment Inventories (CPAI, Gendreau and Andrews, 1994) were conducted on each program as a measure of program integrity. The CPAI provides a standardized, objective way for assessing the quality of correctional programs against empirically based standards (see Appendix B). The CPAI is designed to ascertain the extent to which correctional programs have incorporated certain principles of effective intervention. There are six primary sections of the CPAI:

1) Program implementation - this section focuses on the qualifications and involvement of the program director, the extent to which the treatment literature was considered in the program design, and whether or not the program is consistent with existing values in the community, meets a local need, and is perceived to be cost-effective.

2) Client pre-service assessment - this section examines the program's offender selection and assessment processes to ascertain the extent to which clients are appropriate for the services provided. It also addresses the methods for assessing risk, need, and responsivity factors.

3) Characteristics of the program - this section examines whether or not the program is targeting criminogenic attitudes and behaviors, the specific treatment modalities employed, the use of rewards and punishments, and the methods used to prepare to the offender for release from the program.

4) Characteristics and practices of the staff - this section concerns the qualifications, experience, stability, training, and involvement of the program staff.

5) Evaluation - this section centers on the types of feedback, assessment, and evaluations used to monitor how well the program is functioning.

6) Miscellaneous – this final section of the CPAI includes miscellaneous items pertaining to the program such as ethical guidelines and levels of funding and community support.

Each section of the CPAI consists of 6 to 26 items for a total of 77 items that are designed to operationalize the principles of effective intervention. The number of items in each section represents the weight given to that particular section relative to the other sections of the instrument. Each of these items is scored as "1" or "0." To receive a "1" programs must demonstrate that they meet the specified criteria (e.g., the director is involved in some aspect of direct service delivery to clients, client risk of recidivism is assessed through a standardized, quantifiable measure). Based on the number of points earned, each section is scored as either "very satisfactory" (70% to 100%); "satisfactory" (60% to 69%); "satisfactory, but needs improvement" (50% to 59%); or "unsatisfactory" (less than 50%). The scores from all six areas are totaled and the same scale is used for the overall assessment score. Some items may be considered "not applicable," in which case they are not included in the scoring. Data for the CPAI are gathered through structured interviews with program staff at each of the sites. Other sources of information include the examination of program documentation, the review of representative case files, and some observation of program activities. Upon conclusion of the

assessment, a report was prepared for each program. The reports outline the programs' strengths and areas needing improvement for each of the six sections of the CPAI.

A TC Monitoring Tool, developed by Bob Fine of the Ohio Department of Alcohol and Drug Addiction Services, was used to ascertain the extent to which key elements of the TC concept had been implemented. The tool covers 10 major components including:

1. individual counseling;
2. morning meetings;
3. group therapy;
4. encounter groups;
5. seminars and didactics;
6. closing meetings;
7. job functions;
8. behavioral management;
9. TC environment; and
10. clinical records review.

Each section of the tool includes a checklist of items that must be present to support the TC concept (see Appendix C). Based on the observation of the therapeutic community activities and the milieu, interviews with staff and clients, and a review of randomly selected case files, each item on the checklist is rated as 0 = no compliance, 1 = some compliance, or 2 = significant compliance. Upon conclusion of the site visit, a report is prepared which outlines strengths and areas needing improvement in each of the ten sections. Additionally, the number of points earned per section are recorded. The program then gets an overall score reflecting the percentage of points earned. This information can then be used as a baseline for future program improvements.

Process Variables Examined

There were five main categories of process variables examined including offender

characteristics, program activities, program performance, termination data, and post-release treatment and supervision.[1]

Offender characteristics. The standardized intake form (see Appendix A) was used to collect basic demographic information on each offender including age, sex, race, years education, and employment/school status at arrest. Additional background information was also collected including type and frequency of substance use, prior treatment experiences, and criminal history.

Supplemental information that was collected on offender characteristics includes the offenders' level of motivation for treatment as measured by the Personal Drug Use Questionnaire (see Appendix A) , the level of psychological and social functioning as measured by the Client Self-Rating Form (see Appendix A), and any risk/need and substance abuse assessment forms completed at intake.

Program activities. Information on participation in therapeutic activities (e.g., group therapy, individual therapy, family therapy) was collected as an indicator of treatment type and dosage. RSAT personnel tracked this data through the standardized service tracking form developed by UC (see Appendix A).

Program performance. Indicators of offenders' program performance included progress in treatment, movement through program phases, the number and type of disciplinary reports filed per month, number of positive urinalyses, and program level at discharge. This information was collected by program personnel through the use of the service tracking form (see Appendix A).

[1] Due to problems with the implementation of the data collection instruments at MYC and Noble Choices quantitative information on program activities is not available. Additionally, because of the late implementation date for Noble Choices, no offenders had successfully completed the program by the end of the study period. Thus, information on post-release treatment and supervision is not available.

Termination data. The information collected regarding the offenders' termination from their respective programs included type of termination (successful or unsuccessful) and criminal justice placement and residency upon termination (see Appendix A).

Post release treatment and supervision. A data collection instrument was developed to gather general information from probation and parole officers regarding each offenders' treatment and supervision activities during the period of supervision after release from the program.

Outcome Variables Examined

Intermediate outcomes that were examined included changes in offender motivation for treatment as measured by the re-administration of the Personal Drug Use Questionnaire at 90 days and termination, changes on several psychological and social functioning scales as measured by the re-administration of the Client Self-Rating Form at 90 days and termination, and completion of treatment.[2] Longer-term outcomes that were examined for the MonDay and Mohican participants included several measures of substance abuse relapse and recidivism. Relapse was measured as any new substance use (yes or no), and as the type and frequency of use throughout the follow-up period. Recidivism was defined as any new arrest (yes or no); any new conviction (yes or no); the number of new arrests and convictions; the type of new offense (property, personal, drug, other); revocation (yes or no); and time to first new arrest. Information regarding the case status at the end of the follow-up period and status in employment/school was also collected.

[2] These intermediate outcomes were not examined for the Noble Choices sample due to problems with the implementation of the Client Self-Rating Form and the Personal Drug Use Questionnaire.

Analysis

Descriptive statistics were used to describe the profile of program participants, program activities, termination, and follow-up data. Paired sample t-tests were used to examine the differences between offender motivation and psychological functioning scales at intake, 90 days, and termination. Chi-square and t-tests were used to examine factors associated with relapse and recidivism upon release.

RESULTS

The five specific research questions will be answered below based on highlights of the findings from each of the program sites. For more detailed research findings, please refer to the supplemental site-specific reports.

What is the profile of offenders being served by the Ohio RSAT programs?

The available data on offender characteristics suggest that the Ohio RSAT programs are targeting an appropriate population for the type of intensive treatment being provided. In all three sites, RSAT participants have substantial criminal and substance abuse histories. Additionally, participants possess many other risk factors.

Criminal history. Participants at all three program sites have extensive criminal histories that include prior felony and misdemeanor convictions (Figure 1)[3]. A majority of RSAT participants had previously been sentenced to a secure facility (54.9%) and to community supervision (71%) on one or more occasions and had failed community supervision (76.6%) on one or more occasions (Figure 2).

[3] The reliability of information provided on the criminal history of RSAT participants is questionable due to unclear definitions (e.g., # of charges or # of arrest incidences) and missing data.

Figure 1

Mean Number of Prior Convictions

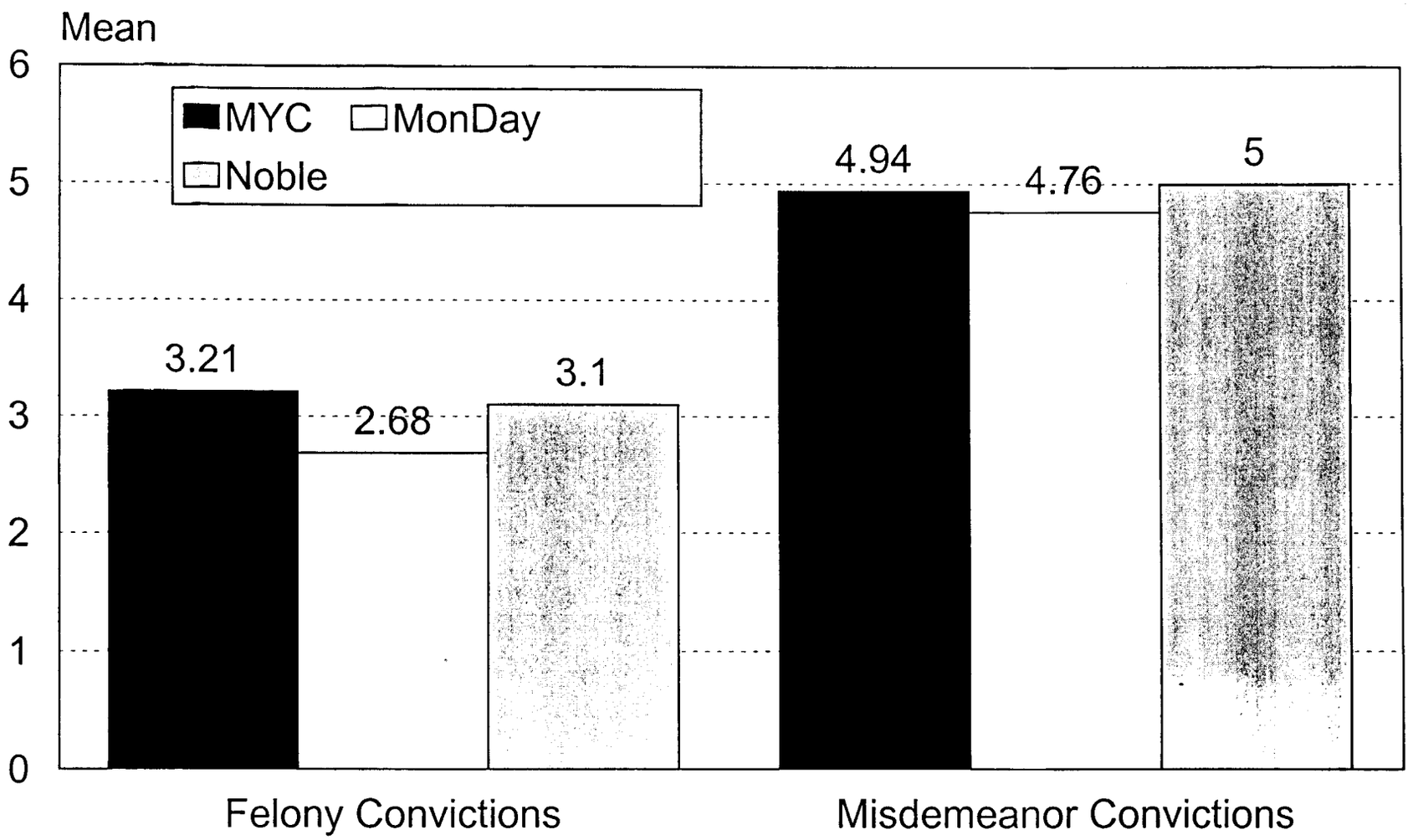
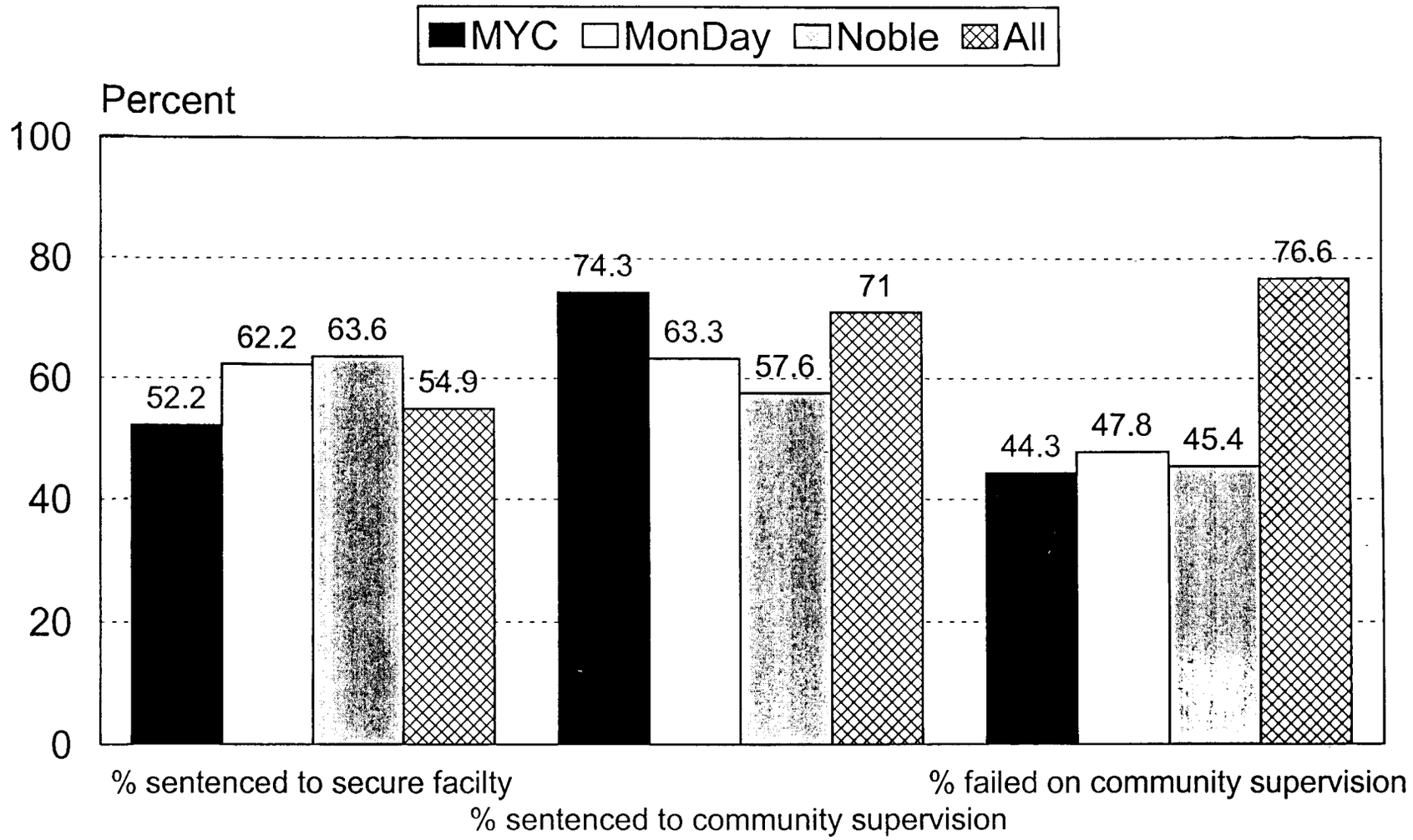


Figure 2

Prior Criminal Justice Experience



Most RSAT participants were sentenced to their respective institutions as the result of convictions for property (45.2%) or person (29.8%) offenses (Figure 3) Although admittance decisions are made on a case-by-case basis, MonDay's selection criteria generally excludes offenders convicted of a violent offense. Thus, only 7.1% of offenders in MonDay's RSAT had committed a person offense as compared to 35.2% for MYC and 33.3% for Noble Choices. Additionally, the MonDay RSAT population was comprised of a significantly higher number of drug offenders (48.8%) as compared to MYC (12.4%) and Noble Choices (19.2%).

Substance abuse history. RSAT participants began using drugs and alcohol at an early age (Figure 4). Seventy-seven percent of RSAT participants report using drugs or alcohol on a daily basis (Figure 5). Fifty-eight percent of RSAT participants report a history of prior treatment (figure 6). The predominant drugs of choice were marijuana and alcohol for the MYC and Noble Choices participants and crack and marijuana for MonDay participants.

The results of substance abuse assessments at each site confirm the severity of substance abuse among this population. The Department of Youth Services conducts the Juvenile Automated Substance Abuse Evaluation (JASAE; ADE Incorporated, 1997) on all youth upon intake. JASAE scores for the MYC group ranged from 17 to 74 with a mean of 48.02; a score of 21 or above indicates the need for intensive treatment. MonDay conducts the Adult Substance Abuse Survey (ASUS; Wanberg, 1994) upon intake. This instrument provides a global measure of disruption and risk associated with substance abuse. Scores in the upper quartile range (56 or higher) indicate a severe degree of overall disruption of life-functioning. Approximately 86.4 percent of the MonDay participants fell into the upper quartile. Noble Choices uses the Prison Inmate Inventory to measure the severity of several risk factors including drug and alcohol use.

Figure 3

Offense Types

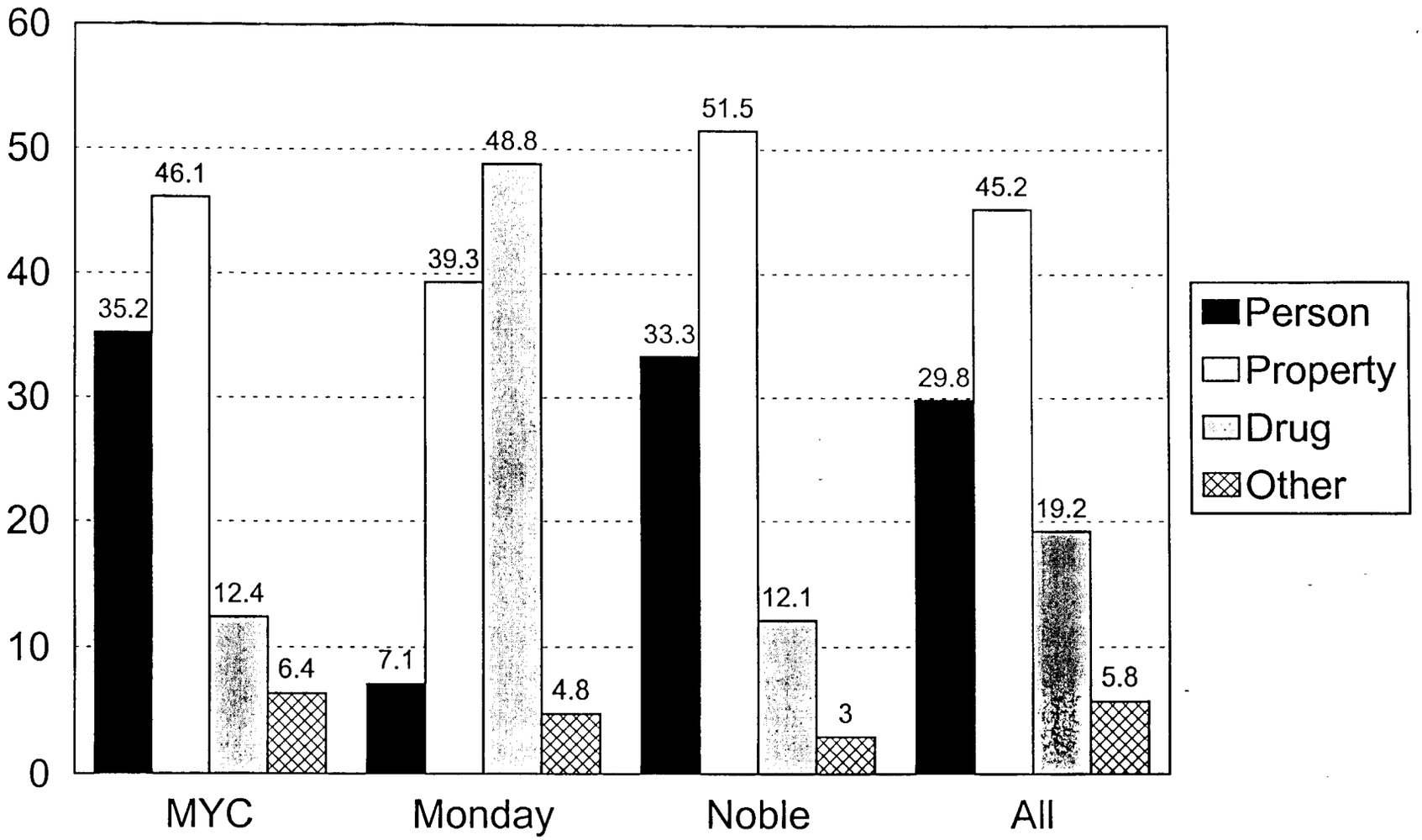


Figure 4

Age at First Drug and Alcohol Use

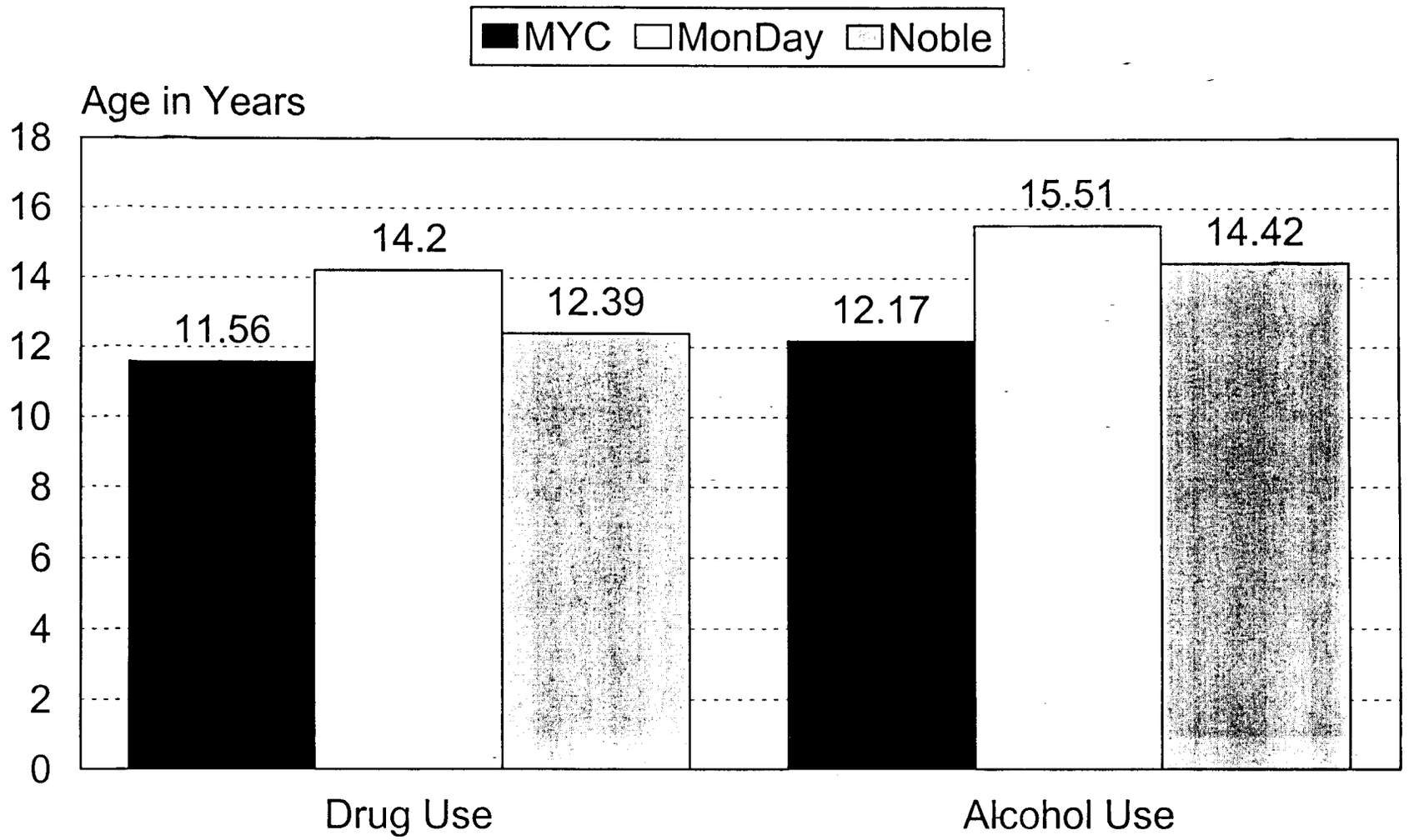


Figure 5

Percent Using Daily

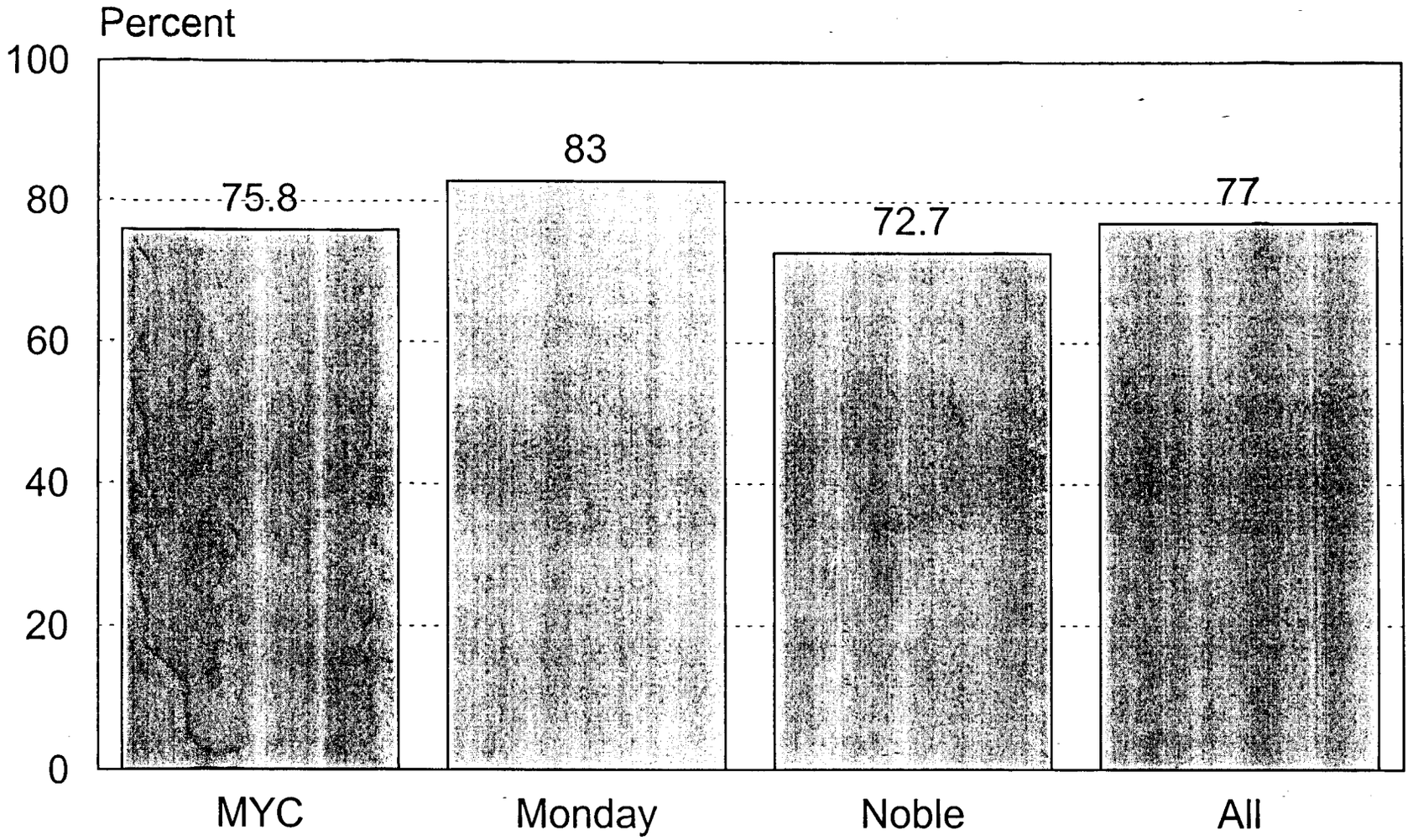
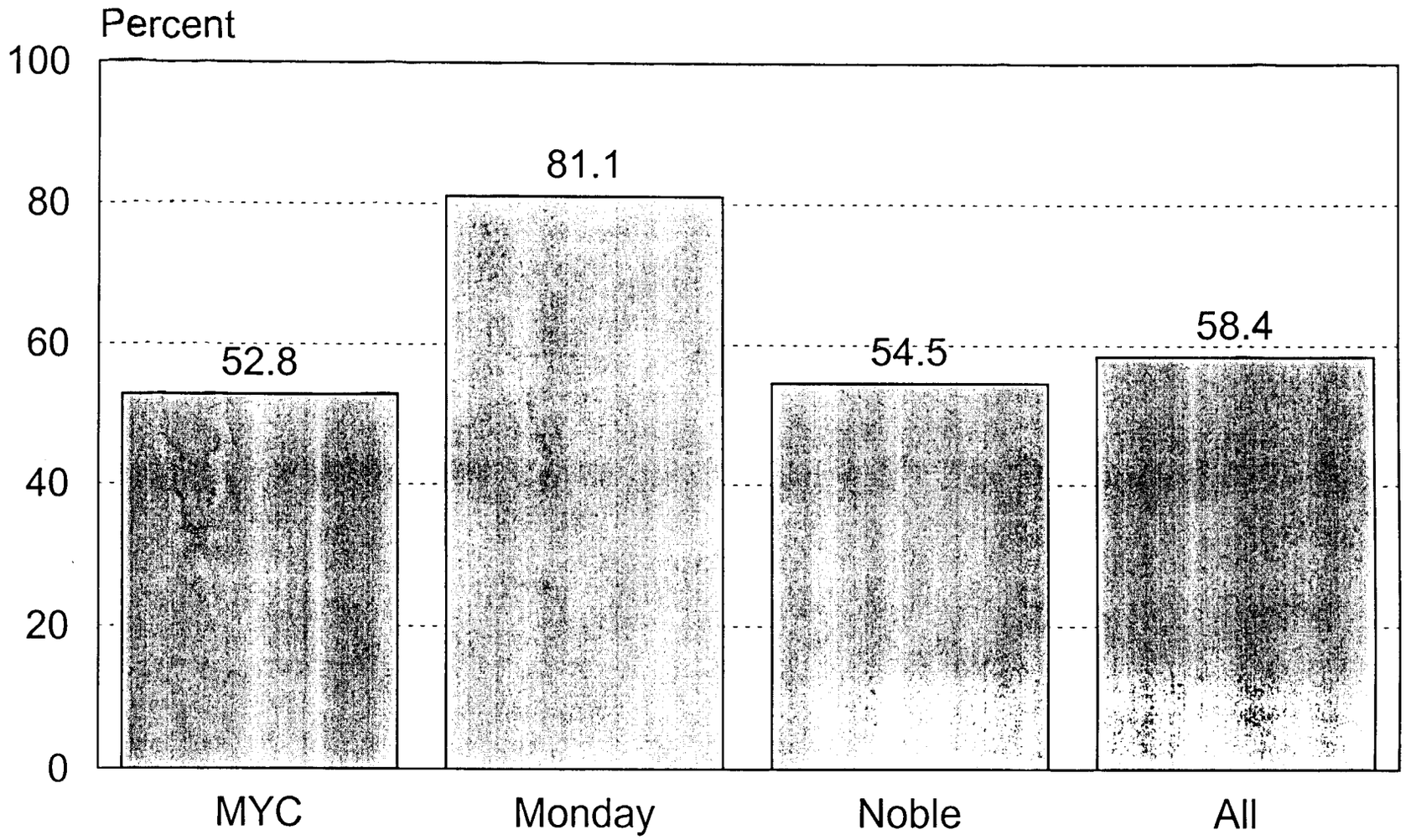


Figure 6

History of Prior Treatment



These scales revealed that for 65.2 percent of the sample, drug abuse was a high or maximum risk factor, and for 56.5 percent of the sample, alcohol abuse was a high or maximum risk factor.

Risk level. MYC uses the Youthful Level of Services Inventory (YO-LSI) which is an objective, quantitative assessment instrument to measure offenders' risk of recidivism. Due to its recent implementation, risk scores were only available on 72 cases. Sixty-five percent of MYC participants fell into the high risk category, and 29 percent fell into the moderate risk category. MonDay uses an adult version of the same instrument, the Level of Services Inventory-Revised (LSI-R; Andrews and Bonta, 1995). All MonDay participants scored in the high risk category.

Prevalent risk factors. Intake and assessment data collected at each program site revealed several risk factors for the RSAT population in addition to drug and alcohol abuse. Over half (52.8%) of the adult RSAT population (n=123) was unemployed prior to arrest and fifty percent did not have a high school education. The mean number of years' education completed for the MYC population was 8.76. There was a high prevalence of school problems among MYC participants with 71.4% reporting a history of truancy, 61.8% reporting low achievement, 62.1% reporting a history of disruptive behavior in school, and 77.8% reporting a history of suspensions/expulsions.

Based on the YO-LSI and the LSI, peer and leisure time also were identified as prevalent risk factors for the MYC and MonDay populations. Results of the Prison Inmate Inventory suggest that for the Noble Choices sample, poor judgement, personal distress, and stress coping abilities were prevalent risk factors.

In sum, the RSAT populations at all three program sites consist of offenders with severe drug and alcohol problems and a broad range of other treatment needs. The next section of this

report will describe the nature of the services being delivered to meet the needs of this high risk population.

What is the nature of the services being delivered by the Ohio RSAT programs?

General services provided. MonDay and Noble Choices are modified TCs. As in traditional TC models, the "community" of drug offenders is seen as the primary agent of change. Encounter group therapy, process groups, and job functions are used as a means to promote accountability and restructure the personality. However, MonDay and Noble Choices have integrated specific therapy and educational groups (e.g., substance abuse education, relapse prevention, criminal thinking errors, rational emotive therapy, anger management) within the TC. These groups use a cognitive-behavioral approach more similar to that used by professional therapists. The treatment model at MYC was a combination of the 12-step model and a cognitive-behavioral approach. They also used a positive peer culture in which residents were responsible for modeling good behavior and for holding each other accountable, to facilitate prosocial changes. All three programs consisted of several phases with each phase having higher expectations and granting more privileges.

CPAI Results. As indicated in the first section of this report, the CPAI is a tool designed to ascertain how well a program is meeting certain principles of effective intervention. Programs receive an overall score and a score for each of the six sections of the CPAI with less than 50 percent considered "unsatisfactory," 50 to 59 percent considered "satisfactory but needs improvement," 60 to 69 percent considered "satisfactory," and 70 to 100 percent considered "very satisfactory." The average overall CPAI score for 110 programs across the United States is 54.4; MonDay's RSAT program scored 74.2 percent, MYC's RSAT program scored 62.3

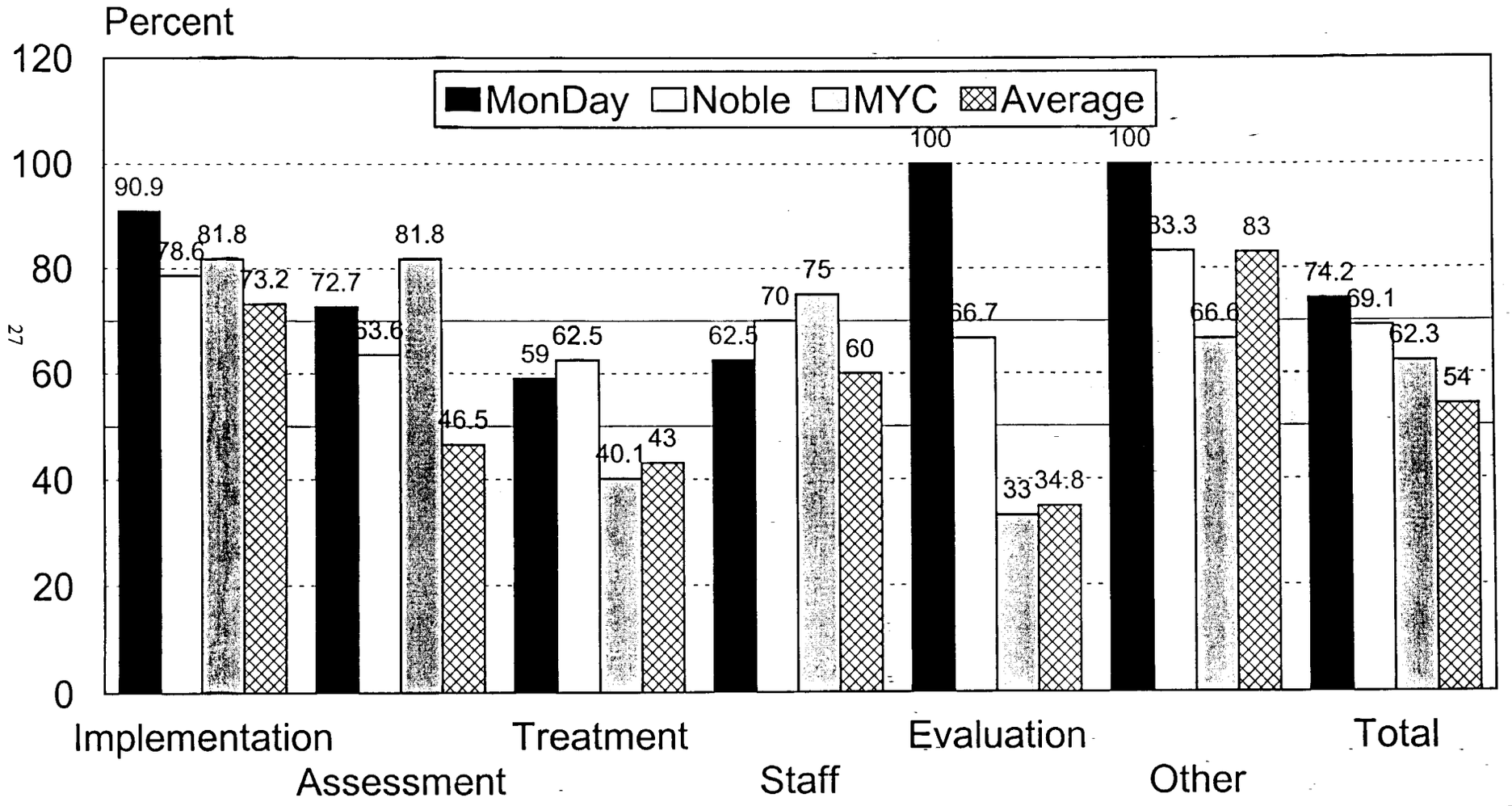
percent, and Noble Choices scored 69.1 percent (Figure 7). Common program strengths included:

- Comprehensive assessment processes – all three programs successfully implemented a comprehensive screening and assessment process that facilitated the selection of appropriate offenders for participation and identified important risk and need factors for use in treatment planning.
- Theoretically based programming – all three program models were rooted in a social learning approach that provides opportunities for modeling and behavioral rehearsal techniques that engender self-efficacy. The treatment groups provided within each program incorporate a cognitive behavioral approach that aims to challenge antisocial attitudes and develop self-control procedures.
- Highly structured program – program participants are involved in formalized therapeutic activities for six (Noble Choices) to 13 hours (MYC) a day. Additionally, the therapeutic milieu is in force at all times at MonDay and Noble Choices.
- Well qualified staff – the RSAT staff in all programs were well-qualified with appropriate educational backgrounds and liscensures. Staff appeared committed to the program's philosophy and goals and were involved in program development and modifications. There was low staff turnover within all three programs.

Common areas needing improvement included:

- Treatment matching – the literature on effective correctional programming suggests 1) that the level of services provided should vary according to offenders' risk of recidivism (i.e., the risk principle), 2) that treatment plans should be individualized and target offenders' specific criminogenic needs (i.e., the needs principle), and 3). that offenders should be assigned to treatment components and staff that match up best with their interests, style of learning and

Figure 7
CPAI Scores



Average scores are baed on 150 CPAI results across a wide range of programs. Unsatisfactory < 50%; Satisfactory, needs improvement 50-59%; Satisfactory 60-69%; Very Satisfactory 70-100%

personality characteristics (i.e., the responsivity principle). The MonDay program individualized treatment for RSAT participants based on risk and need. The other two programs used more of a one-size-fits-all approach. None of the programs matched clients to staff and treatment components based on important responsivity factors.

- Behavioral management systems – all three programs had a behavioral management system in place that involved the use of rewards and punishments to encourage participation and compliance. None of the programs, however, met the recommended ratio of 4 rewards to 1 punishment. That is, staff and clients believed that punishment was used more frequently. Additionally, all three behavioral management systems suffered from inconsistencies in the application of rewards and punishments.
- Release criteria – although all three programs had established specific criteria to ensure that terminations were based on the acquisition and demonstration of prosocial skills and behaviors, decisions regarding program terminations were constrained by mandated length of stay policies (MonDay) and institutional or parole decisions (Noble and MYC). This resulted in many offenders being released prior to the achievement of important treatment goals.
- Involvement of family/significant others – none of the programs systematically involved family members or significant others in the offenders' treatment.
- Aftercare planning – although all three programs attempted to make provisions for aftercare services through the supervising probation or parole agency, there were no standardized follow-up services available. Because of the number of probation and parole agencies responsible for post-release supervision, there was inconsistency in the extent to which aftercare and/or booster sessions were provided.

Important differences between programs were found in the implementation and other area of the CPAI. MonDay's implementation process reflected sound organizational development practices. It was led by the director of the program who has extensive experience in offender treatment programs, and was intricately involved with all aspects of program development including the selection (or decision to keep) and training of program staff. The implementation process included a needs assessment that identified many offenders in need of long-term residential treatment, an extensive literature and program review, a formal pilot period which resulted in important program revisions, and the solicitation of support from internal and external stakeholders. As such, the implementation process was fairly smooth; no serious impediments were identified.

MYC's implementation process was led by a transition committee, comprised of various DYS staff, including the person later appointed as MYC's clinical director. This committee was responsible for overseeing MYC's transition from a generalized medium security facility to a substance abuse treatment facility. As in the case of the MonDay RSAT program, the program was developed to address the need for long-term residential drug and alcohol treatment, and the implementation process involved a review of pertinent treatment literature. The implementation process differed in two important ways. First, there was no formal pilot period that allowed for the sorting out of program content and logistics. Second, the newly appointed director of the RSAT program had limited control over staff changes. While involved in the hiring of new staff, she had the daunting task of bringing the existing facility staff on board with the new program philosophy and mission. Although the majority of staff appeared to be supportive of the shift in focus, the transition was difficult for many of the custodial staff. This, and constant changes in DYS, policies jeopardized the smooth functioning of the program. MYC staff struggled to incorporate these changes and keep up with day-to-day service delivery. The

constant change led to inconsistencies in program practices and staff shortages due to turnover and participation in training. At one point, several social workers were carrying an extra workload without the benefit of active supervision.

Noble Choices also suffered from several implementation problems. First, a new program director was brought on board in September 1999, two years into the development process and a full year after the first program admission. As such, she was not involved in the development of the major program components and the core treatment curriculum and had not had the benefit of hiring and training program staff. Her control over staff selection was further constrained by unionization. Second, another problem concerned the construction of the program facilities within the prison. Roadblocks in construction contributed to delays in the program's start date. Ongoing problems with the construction of group space for the TC created problems in scheduling and limited the number of groups that could be offered. Third, as with MYC, there was no pilot formal period prior to the formal implementation of the program.

Although the differences in scores among the three programs are not great, the identified differences are important as they carry over into program operations. These differences seem to stem from the organizational context in which each of the three programs operate and the degree of program stability. The MonDay Community Correctional Institution is a small, 26-year old, program with a history of innovation, strong leadership, and community support. It operates fairly autonomously, with ideas for programmatic and policy changes originating from within the program. Neither staff nor administration reported any major impediments to program development or operations. In contrast, MYC and Noble Choices suffered from a lack of program stability and rapid organizational change. Staff were so busy dealing with policy mandates and problems that emanated from beyond the confines of the program itself (i.e., from their parent organizations), that their ability to provide consistent and quality services suffered.

Therapeutic Site Observations: As indicated, the Therapeutic Site Observation Monitoring Instrument (Fine, 1998) is a tool designed to monitor how well programs have implemented the key elements of the TC model. Programs earn 0 points for "no compliance" with an item, 1 point for "some compliance" with an item, and 2 points for "substantial compliance" with an item. These points are then summed within each of the 10 sections for a score that reflects the total points earned out of total points possible. An overall score is then calculated in a similar fashion. The TC Monitoring Instrument was only conducted on MonDay and Noble Choices since MYC had not yet implemented the TC model.

MonDay scored 112 out of 156 possible points (71.8%) and Noble Choices scored 116 out of 160 (72.5%) possible points (Table 3). The following common strengths were identified:

- Morning meetings – the morning meeting is designed to be motivational and to create "good feelings" to start off the day. Key elements include the reading of the program philosohpy, songs, skits, image breakers, a daily theme, and announcements. The morning meetings in both programs were well organized, upbeat, and promoted good feelings and enthusiasm.
- Closing meetings – the closing meeting is designed to end the day's activities on a positive note. In both programs, residents led the meeting in an organized fashion, positive strokes (praise for positive behavior) and pull ups (consequences for negative behavior) were appropriately used, and the day ended on a motivational and inspirational note.
- Job functions – each resident in a TC is assigned to a specific job function. As clients learn more responsibility they advance in the job hierarchy. Residents were assigned to jobs that addressed skill deficits. Residents participated in weekly crew meetings and showed pride in their work.

The common area needing improvement was individual counseling. A review of case files suggested that residents were not getting bimonthly individual counseling as designed.

Furthermore, case notes did not reflect redirection to the peer-community process as designed. Other program specific strengths and weakness are reflected in Table 3.

Table 3: Scores for the Therapeutic Site Observation Monitoring Instrument

Program Component	Points Earned	Points Possible	Percent Earned
Individual counseling			
MonDay	2	6	33.3
Noble Choices	1	8	13.0
Morning meeting			
MonDay	20	22	90.9
Noble Choices	22	22	100.0
Group therapy			
MonDay	6	12	50.0
Noble Choices**	NA	NA	NA
Encounter groups			
MonDay	17	24	70.8
Noble Choices	12	24	50.0
Seminars/didactics			
MonDay*	NA	NA	NA
Noble Choices	10	12	83.0
Closing meeting			
MonDay	16	16	100.0
Noble Choices	15	16	94.0
Job functions			
MonDay	8	10	80.0
Noble Choices	8	10	80.0
Behavioral management			
MonDay	18	26	69.2
Noble Choices	19	24	79.0
Environment			
MonDay	21	26	80.8
Noble Choices	20	30	67.0
Clinical records			
MonDay	4	14	28.6
Noble Choices	9	14	64.0
Total			
MonDay	112	156	71.8
Noble Choices	116	160	72.5

*Seminars and/or didactics were not observed and, therefore, were not scored.
**Group therapy was not observed and, therefore, was not scored.

Quantitative Measures of Service Delivery. The Service Tracking Form was designed to track the type and amount of discrete services provided to RSAT participants to meet their individualized needs (e.g., anger management groups, cognitive therapy). Unfortunately, the MonDay program was the only program that collected data on the type and amount of services provided, and this data was only available on 24 cases. The data reveal that all 24 residents received substance abuse education and relapse prevention services throughout most of their stay in the RSAT program. Other common services that were provided included educational programming and cognitive therapy.

The remaining sections of this report discuss preliminary outcomes of the Ohio RSAT programs.

What are the intermediate outcomes of Ohio RSAT programs?

As indicated, this process evaluation was designed to examine several intermediate outcomes including changes in offender motivation for treatment as measured by the re-administration of the Personal Drug Use Questionnaire at 90 days and termination, changes on several psychological and social functioning scales as measured by the re-administration of the Client Self-Rating Form at 90 days and termination, and completion of treatment.

Psychological and Social Functioning: Psychological factors such as depression, anxiety, self-esteem, self-efficacy, and decision-making confidence and social factors such as hostility, antisocial values, and risk-taking are associated with substance abusing behaviors and with longevity and success in treatment. These areas are, therefore, all potential targets for treatment. Theoretically, therapy should reduce individuals' levels of anxiety, depression, risk-taking, hostility, and antisocial values, and increase their self-esteem, decision-making, and self-efficacy.

Due to problems with the implementation of the client-self rating form, information regarding changes in the social and psychological functioning is only available on 22 to 24 cases in the MonDay program. A comparison of means between time 1 and time 2 scores on the client self-rating form reveal changes in the desired direction on all but one scale (Figure 8). The mean score for the Hostility scale increased rather than decreased. Paired sample t-tests revealed that these differences in means were statistically significant at the .05 level for the anxiety scale, at the .01 level for the decision-making, risk-taking, and self-efficacy scales, and at the .001 level for the self-esteem scale.

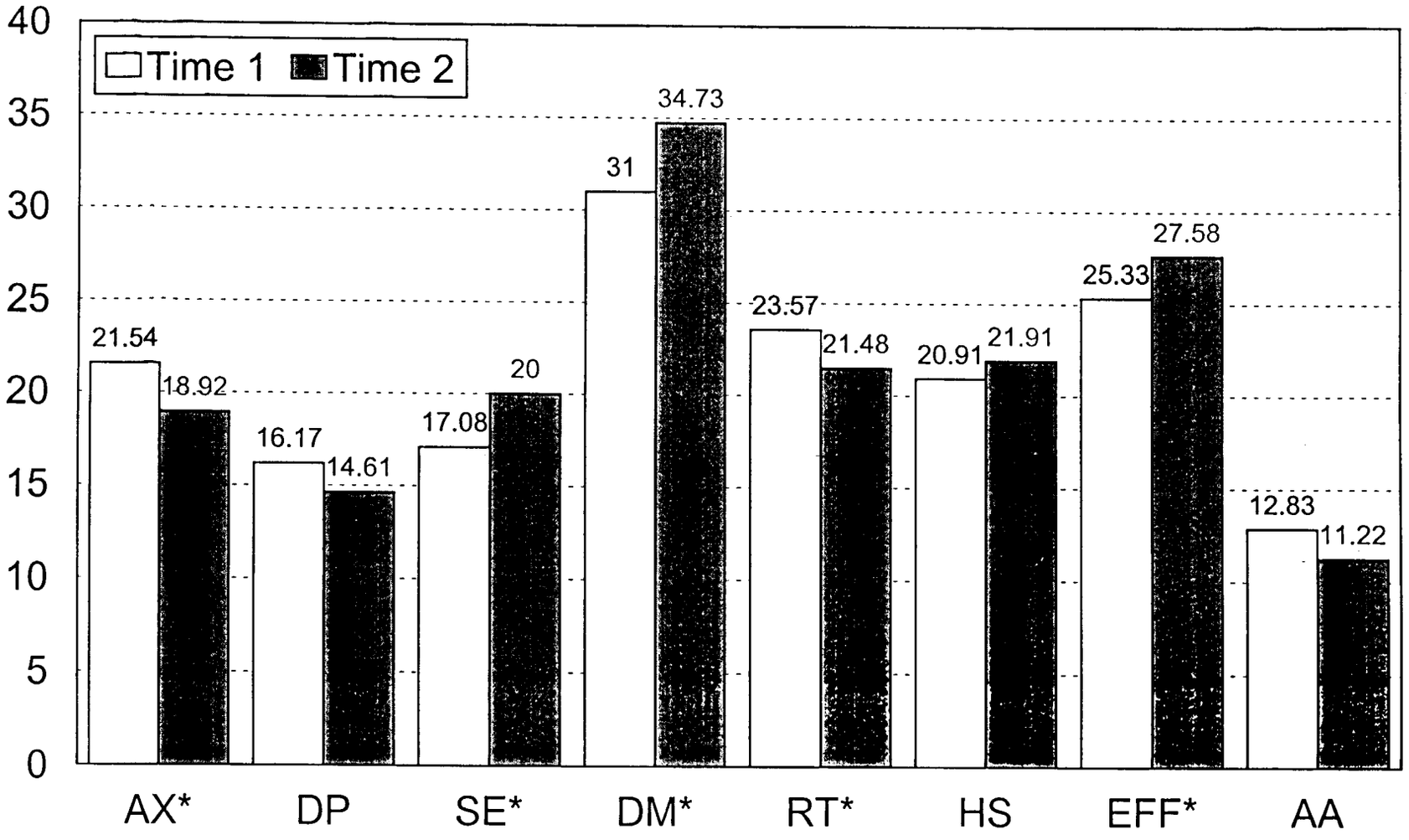
Readiness for Change: As above, because of problems with the administration of the Personal Drug Use Questionnaire, information regarding changes in treatment readiness are only available on 31 cases from MonDay and 89 cases from MYC.

According to Miller (1994), higher scores on the precontemplation and contemplation scales suggest uncertainty and ambivalence about the need for change, higher scores on the determination and action scales suggest a commitment to change, and higher scores on the maintenance scale suggest that an individual has accomplished initial change and is seeking to maintain it. It is hoped, then, that participation in therapy would, over time, result in lower scores on the precontemplation and contemplation scales and higher scores on the determination, action, and maintenance scales.

A comparison of means between time 1 and time 2 scores on the Personal Drug Use Questionnaire for the 31 MonDay cases revealed small changes in the desired direction on all but the determination scale which changed in the direction opposite that anticipated. Paired sample t-tests revealed, however, that none of these differences in means were statistically significant.

A comparison of means between time 1 and time 2 scores on the Personal Drug Use Questionnaire for the 89 MYC cases reveals almost no changes in the precontemplation, action,

Figure 8
Client Self-Rating Form
Difference in Means - Time 1 and Time 2



Includes all cases with at least 30 days between Time 1 and Time 2. * < .05

and maintenance scales (Table 3). A slight change occurred between time 1 and time 2 scores on the contemplation scale but in the opposite direction anticipated. At face value, this could suggest that youths' uncertainty and ambivalence about the need for change increased during their stay in treatment. Since the difference in mean scores from time 1 to time 2 is not statistically significant, however, it is likely that this slight fluctuation in scores occurred by chance and that it does not reflect increased uncertainty and ambivalence about the need for change. The change in time 1 and time 2 scores on the determination scale is, however, statistically significant and suggests that youth's determination to make positive changes in his drug/alcohol use increased with participation in treatment.

Table 4: Paired Sample t-tests on Personal Drug Use Questionnaire, Time 1 - Time 2

Scale	No. of pairs	Time 1 Mean	Time 2 Mean	t-value	Sig
Precontemplation (range 4-20)	89	8.53	8.13	-.98	.328
Contemplation (range 4-20)	89	12.55	13.25	1.70	.093
Determination (range 4-20)	89	14.71	16.00	2.57	.012
Action (range 4-20)	89	16.91	16.89	-.05	.959
Maintenance (range 4-20)	89	16.53	16.37	-.39	.694

Number and type of Program Discharges. Of the 466 RSAT cases 128 (27.5%) were still active, 322 (69.1%) had been successfully discharged, 14 (3%) had been unsuccessfully terminated, and 2 (.4%) could no longer participate due to institutional reclassification or release

(Figure 9). The MYC data reveal that no youth were unsuccessfully terminated from the program. Only 7 percent of the MonDay participants were unsuccessfully terminated from the program. In contrast, 24.3 percent of the Noble Choices sample was unsuccessfully terminated from the program.

How are offenders performing under post-release supervision?

Follow-up questionnaires were sent to the supervising probation and parole officers of the offenders who were successfully released from MonDay and MYC. Thirty-one responses were received for MonDay cases and 84 responses were received for MYC cases.

Supervision activities. Seventy-three (63.5%) of the offenders participated in follow-up drug/alcohol treatment. Types of treatment participation varied from residential treatment to support groups, with standard outpatient treatment being the most common type of treatment. Participation in other types of follow-up services was minimal (Figure 10).

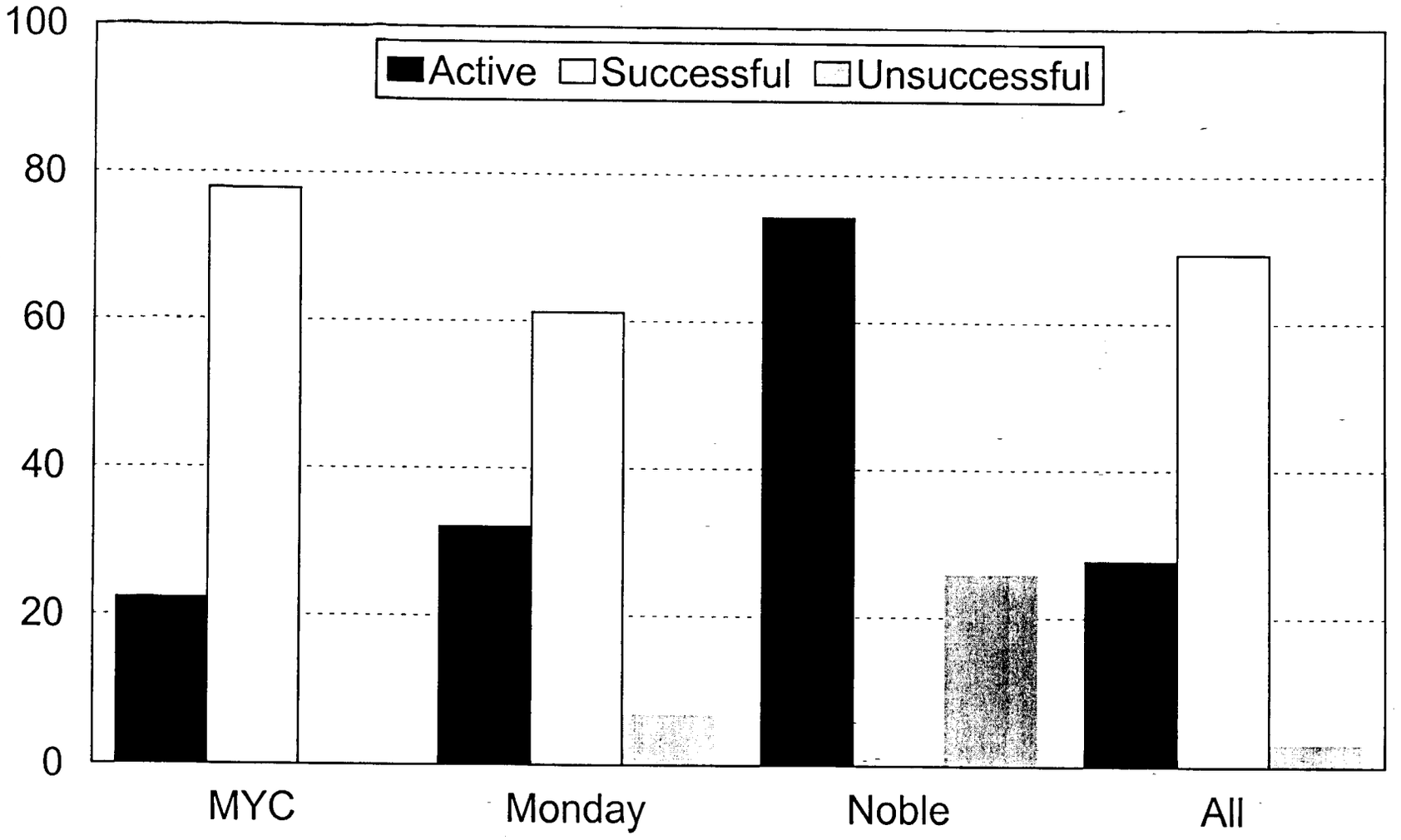
Information on offenders' reporting status indicated that 39 (46.4%) of the MYC cases and 4 (12.9%) of the MonDay cases were receiving intensive levels of follow-up supervision with requirements to report at least once a week. The remaining cases reported to their officer twice a month or less.

Performance on supervision. Based on officers' reports of reported or detected alcohol or drug use, the majority of offenders were able to abstain from alcohol or drug use throughout their post-release supervision. Fourteen percent of MYC cases and 19 percent of MonDay cases either reported or were detected using alcohol. Eighteen percent of MYC cases and 35 percent of MonDay cases wither reported or were detected using alcohol (Figure 11).

Twenty-eight (33.3%) of the MYC youth were arrested for a new offense (Figure 12). Thirteen of these arrests had resulted in convictions and 10 were still pending at the end of the

Figure 9

Case Status



Data is basedon 464 cases. Cases removed from Noble Choices for administrative reasons were ommitted from analysis.

Figure 10

Follow-up Services

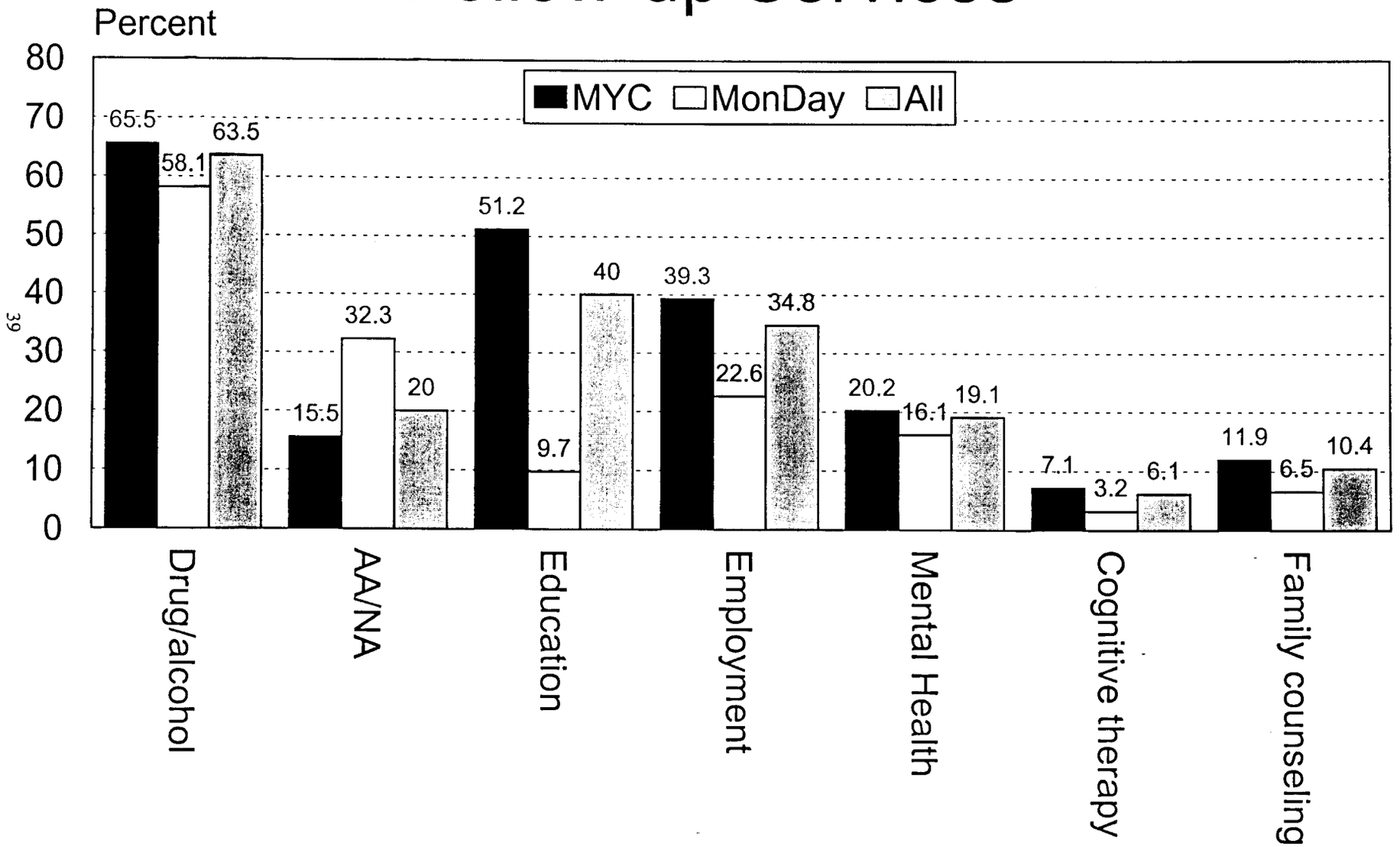


Figure 11

Drug/Alcohol Use

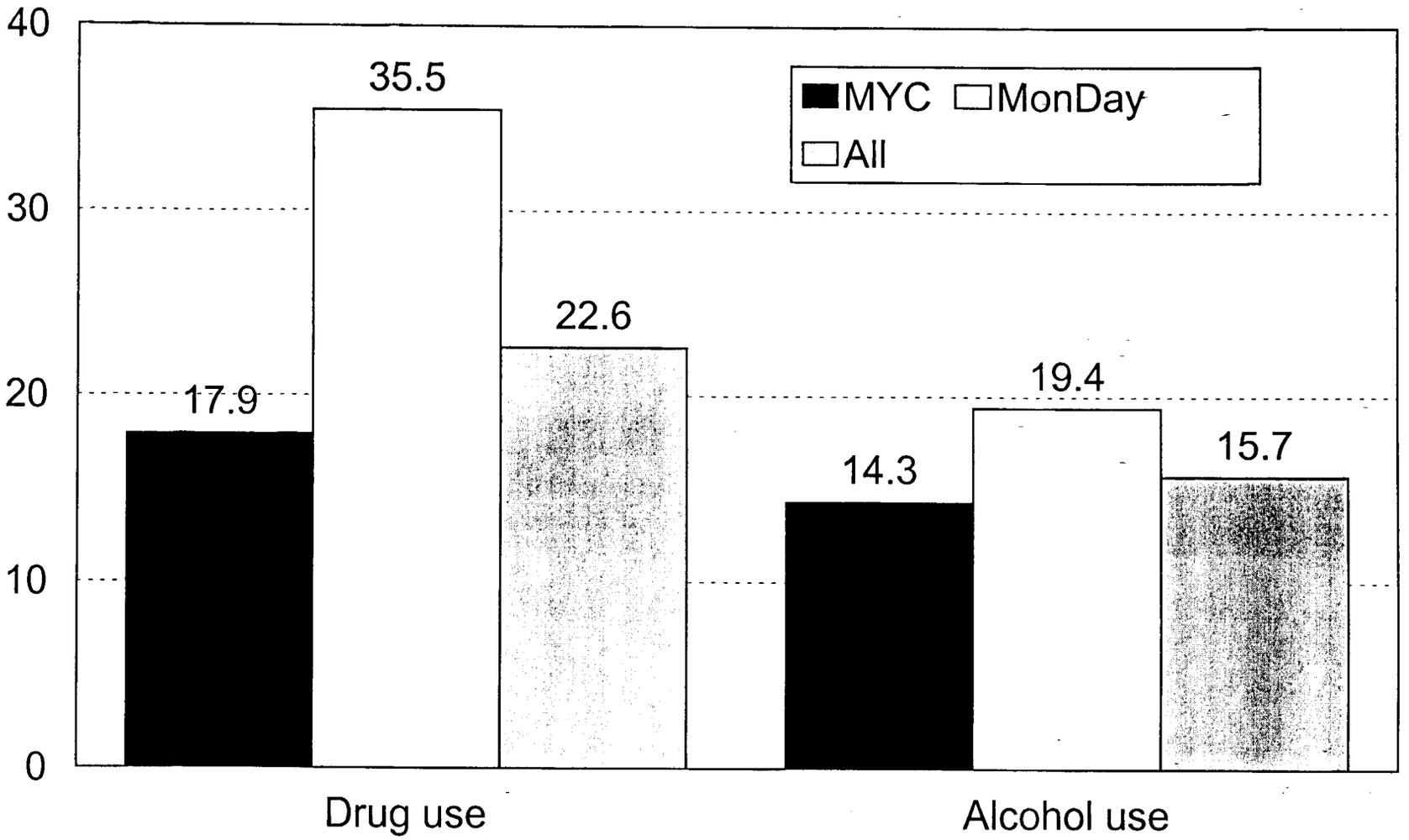
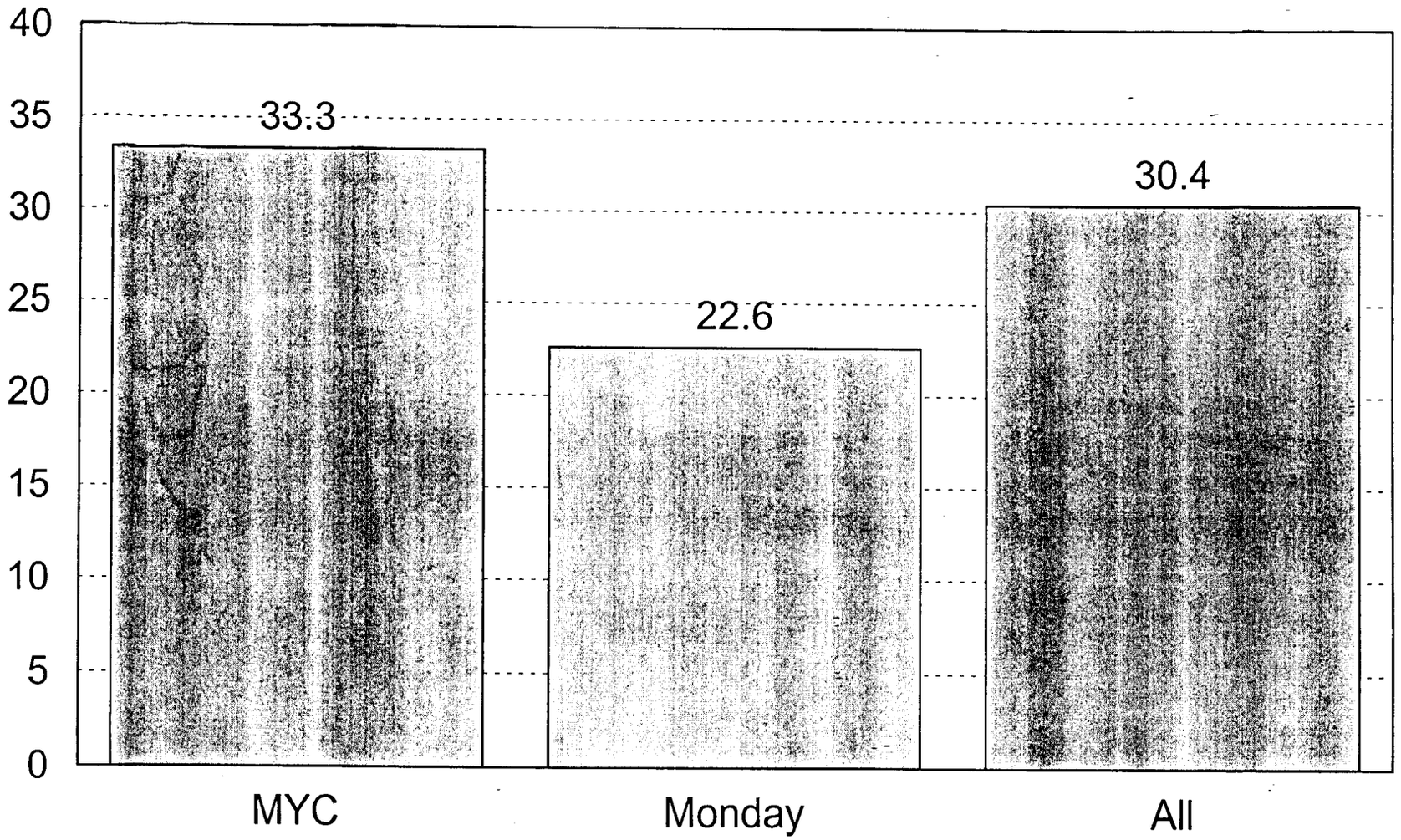


Figure 12

Percent of New Arrests



study period. Charges ranged from underage drinking to aggravated robbery. Seven (22.6%) of the MonDay group were arrested for a new offense. Six of these arrests resulted in a conviction and the seventh was still pending at the time of the report. Charges ranged from fictitious plates to burglary.

As of August 31, 1999 28 (24.3) of the RSAT participants for whom follow-up data were available were still active on parole/probation, 41 (35.7%) had been successfully terminated, 41 (35.7%) had been unsuccessfully terminated (e.g., revoked, bound over to adult court, absconded) (Figure 13). No information was available on 5 of the MYC cases.

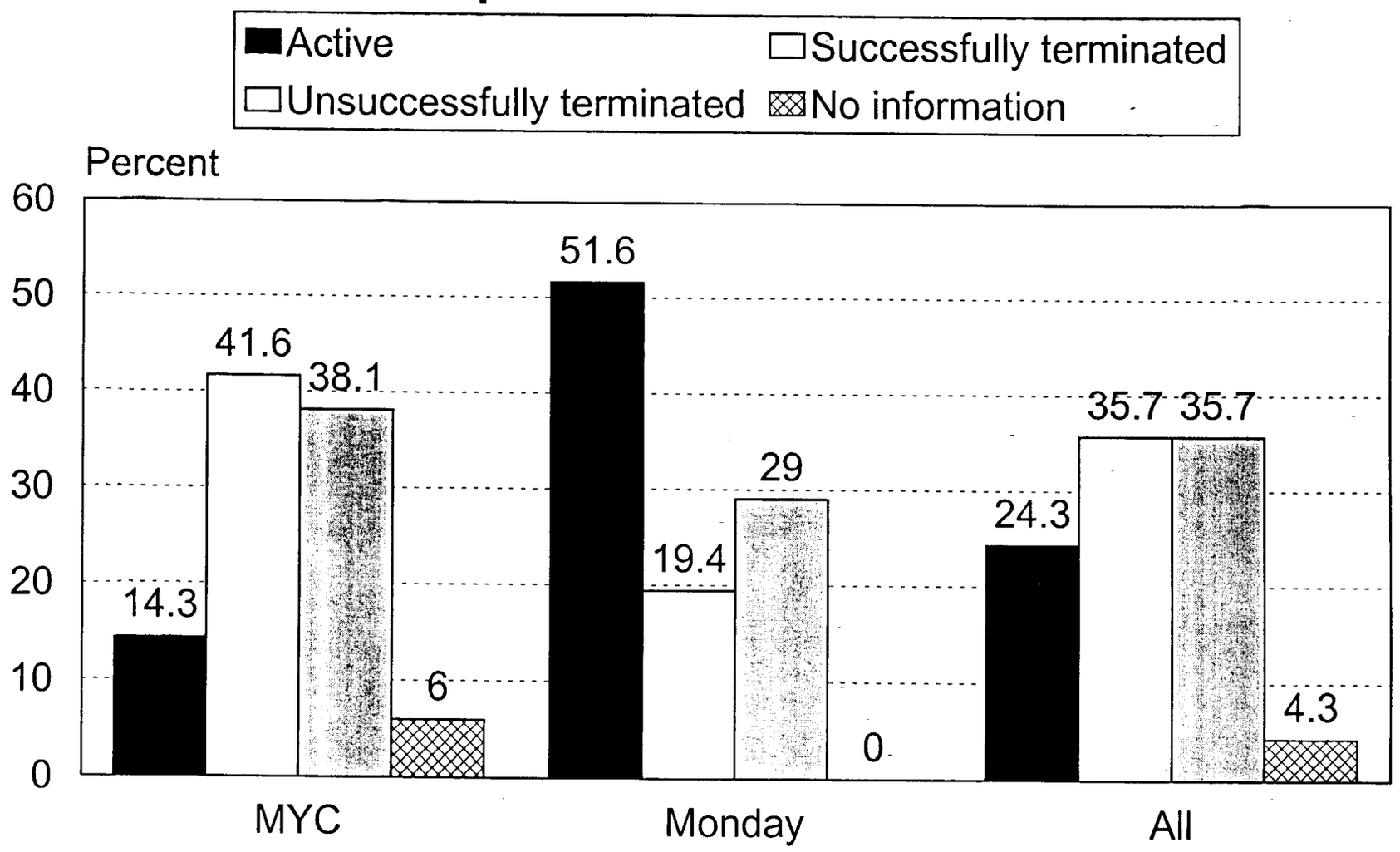
What factors are associated with post-release recidivism and relapse?

Ordinarily, multivariate analysis would be conducted to identify factors that are associated with program success and post-release performance. Multivariate analysis has the advantage of being able to control for the influence of other factors while examining the variables of interest. This type of analysis was not possible, however, because of the limited number of cases for which follow-up data is available. Instead, chi-square analyses and t-tests were conducted to examine associations between various factors and program success and post-release performance. Because of the small sample sizes used for these analyses, the results should be reviewed with caution.

An exploratory analysis of factors associated with program success was conducted on the Noble Choices sample. Program success was defined as those cases who were still active or unable to participate due to reclassification (n=25). Failure was defined as those cases (n=8) that were unsuccessfully terminated or that voluntarily withdrew from the program. No statistically significant relationships were found between program success and the race of an offender, whether or not an offender had prior treatment experience, the age of an offender, or the mean

Figure 13

Supervision Status



time served prior to placement in RSAT. T-tests revealed, however, that the mean scores of the distress (anxiety and depression) and stress coping scales of the PII were significantly lower for the group of successful offenders as compared to the unsuccessful group of offenders. This result suggests that a high level of anxiety or depression and poor coping abilities may interfere with an offender's adjustment to treatment.

For the MonDay sample, chi-square analysis was conducted to examine the relationship between several factors and offenders' post-release drug/alcohol use, arrest, and failure on supervision. These analyses revealed that females had significantly lower rates of new arrests as compared to males, and that when compared to whites, blacks had significantly lower arrest rates. The data also revealed that offenders with higher ASUS scores (indicating more severe substance abuse problems) and higher LSI scores were significantly more likely to be successful on probation supervision.

Similar analyses were conducted on the MYC sample. The only significant relationship was between follow-up drug/alcohol treatment and success on supervision. When compared with offenders who did not receive follow-up drug/alcohol treatment, offenders who did receive follow-up drug/alcohol treatment were significantly less likely to fail parole supervision.

DISCUSSION

Limitations of study

The conclusions of this process evaluation are limited by the small number of cases at each program site and the extent of missing data on some variables. Furthermore, the lack of a comparison group and the small number of cases for which termination and follow-up data are available, suggest that any findings regarding intermediate (i.e., changes in readiness for change, changes in social and psychological factors, completion of treatment) and ultimate (i.e., relapse,

recidivism) outcomes should be viewed with caution. The conclusions that can be drawn are primarily descriptive in nature and are not intended to speak to the effectiveness of the program. A quasi-experimental outcome study is needed to examine the program's effect on the subsequent substance abusing and criminal behavior of Ohio's RSAT participants.

General conclusions

The available data on the characteristics of the RSAT population suggest that Ohio's RSAT programs are targeting appropriate populations for the type of intensive treatment provided. The majority of RSAT participants have substantial criminal and substance abuse histories, are experiencing severe negative consequences as the result of substance abuse, and are at high risk of recidivism. It is precisely these types of offenders for which the treatment models are designed. The identification of the appropriate target populations is facilitated by each program's comprehensive screening and assessment process.

Two findings report to the importance of risk and responsivity principles (Andrew, Bonta, and Hoge, 1990). According to the risk principle, the intensity and duration of treatment should be matched to the offenders' level of risk. The application of intensive services and controls to low risk offenders can actually be harmful; it interferes with the, generally, prosocial lifestyles of these offenders and, in some cases, increases their risk of recidivism (Andrews, Bonta, and hoge, 1990; Clear and Hardyman, 1990). Support for the risk principle can be found in the data on post-release performance of the MonDay participants. Offenders in the higher ASUS (75 or higher) and LSI (over 31) categories performed better on post-release supervision as compared to offenders in the lower ASUS and LSI categories.

According to the responsivity principle offenders should be matched to treatment based on their interests, learning styles, and personality characteristics (Andrews, Bonta, and Hoge,

1990). Research has shown that offenders with high levels of anxiety do not do well in highly confrontational treatment environments (Warren, 1983). T-test analysis supported this research by revealing that offenders who were unsuccessfully terminated from the Noble Choices program had significantly higher scores on the distress (anxiety and depression) and stress coping scales of the PII as compared to the group of offenders who were still active. It may be that offenders scoring high on the distress and stress coping scales are not suitable for placement in a TC environment that tends to be highly confrontational. The consequences of inappropriate placements are three-fold: 1) they waste valuable treatment resources; 2) they drive up program failure rates; and 3) they interfere with an offender's chances of getting appropriate treatment.

The results of the CPAI and TC Monitoring Tool suggest that Ohio's RSAT programs are of high integrity. The results of the TC Monitoring Tool reveal that, although some improvements are needed, both MonDay and Noble Choices have successfully incorporated most of the key elements of the TC model. Furthermore, the results of the CPAI suggest that all three programs have successfully incorporated many of the principles of effective intervention (Gendreau, 1996).

Both the CPAI and the TC monitoring tool pointed out the need for more rewards and for more consistency in the application of punishment. Both of these elements are essential to the effectiveness of behavioral models of treatment. There is a conflict between the CPAI and the TC monitoring tool in the types of punishments that should be applied to program participants. According to the TC model, there should be a public demonstration of sanctions. Thus, it is common for offenders in a TC to wear signs and hats, carry objects, and sing songs or recite poems that signify the nature of their infraction. It is believed that this public demonstration of the sanction will promote behavioral change by increasing offenders' awareness of their behaviors and by holding them accountable to themselves and their peers. The research upon

which the CPAI is based suggests that response costs (e.g., loss of privileges) and time outs are the most effective forms of punishment (Spiegler and Geuvremont, 1998). As part of the programs' behavioral management systems, offenders do lose privileges as the result of an infraction. They also, however, engage in the type of sanctions mentioned above which are in direct conflict with the intent of a time out. The intent of a time out is to eliminate all stimuli, positive or negative, that may be supporting the antisocial behavior. The public demonstration of sanctions does just the opposite, it calls attention to the offender and the antisocial behavior. Given this, it seems reasonable to argue that these types of punishments may be counterproductive. Whether or not the types of punishments used by the TC are effective is a question requiring further study. It should be noted that the offenders interviewed as part of the TC monitoring tool indicated that they understood and respected the rationale behind the public demonstration of sanctions and believed that it helped them to change their behavior.

Only a limited amount of quantitative data was available on the nature of the services delivered. Although the program is designed to address the individualized needs of offenders, it is difficult to ascertain the degree to which this is actually done without quantitative data that reveals what types of treatments were delivered to what types of offenders. For example, given the program design, it is expected that offenders scoring high on the employment/education component of the LSI would be getting a high dosage of education and employment services. Likewise, offenders scoring high on the attitudes/orientation component of the LSI and the Social scale of the ASUS should be getting a high dosage of cognitive therapy. Quantitative data on treatment type and dosage would make it possible to confirm that individualized services were being delivered as designed and to test the "needs principle" which states that treatment services must target each offender's specific criminogenic needs. Additionally, such data would

permit us to look into the "black box" of treatment and to begin disentangling the relative effects of different program components.

Despite the limited data on the intermediate outcomes of treatment, some interesting results were revealed. First, differences between the time 1 and time 2 scores on the client self-rating form suggest that participation in MonDay's RSAT program contributed to statistically significant reductions in offenders' level of anxiety and risk-taking behavior, and to increases in decision-making abilities, self-efficacy, and self-esteem. In theory, positive changes in these psychological and social factors should be associated with reductions in substance abusing and other antisocial behaviors (Knight and Simpson 1998). More data is needed to explore this assumption and to determine which program components are associated with these positive changes.

Second, it was hypothesized that involvement in treatment would increase offenders' readiness for change as measured by the Personal Drug Use Questionnaire (Miller, 1994) and that this increased readiness for change would, in turn, lead to reductions in relapse and recidivism. Although small changes were revealed between the time 1 and time 2 scores among the MonDay population, none of these were statistically significant. Similarly, a comparison of time 1 and time 2 scores for the MYC group revealed no changes in the precontemplation, action, and maintenance scales. There was, however, a statistically significant increase on the determination scale, suggesting that, on average, youths' determination to make positive changes in their drug/aclohol use increased with participation in treatment.

The Personal Drug Use Questionnaire may not be a good measure of fluctuations in the readiness for change on an incarcerated population. Many of the RSAT participants are incarcerated prior to their placement in RSAT. By virtue of their incapacitated status, these offenders have already made changes in their drug/alcohol use. These behavioral changes were

reflected in high scores on the action and maintenance scales at intake leaving little room for improvement. Although offenders may have changed their substance abusing behavior prior to entering RSAT, they may still have had attitudes that support drug/alcohol abuse. The determination scale taps in to these attitudes and may be a better indicator of changes in these offenders' readiness for change.

Third, the differences in the rate of unsuccessful terminations across programs (Figure 9) is more a reflection of program design and institutional policies than of program effectiveness and points to important considerations regarding the program context and design. The fact that MYC reported no unsuccessful terminations is the result of two design issues. First, MYC participants are not voluntary participants and they cannot, therefore, choose to withdraw from the program as they can in MonDay and Noble. MonDay residents who voluntarily withdraw would, in most cases, be found in violation of their probation and be sent to prison, and Noble residents who voluntarily withdraw would return to the general population. Second, in contrast to Noble Choices where RSAT is a small component of the prison facility, the entire MYC facility is designated as RSAT. DYS policies do not encourage the transfer of youth from institution to institution for behavioral infractions or lack of participation; instead, infractions are handled in-house and youth remain in the program. MonDay's low rate of unsuccessful terminations is most likely attributable to the fact that offenders know that the alternative is prison, and most likely a longer period of incarceration. Noble residents, on the other hand, view participation in the TC as hard time compared to time in the general population where there are fewer rules and lower behavioral expectations, and thus, they have less incentive to stay in the program.

Although the proportion of cases that had reported or been detected using drugs or alcohol was quite high (14, or 45% for the MonDay population), it is lower than expected.

Studies have shown that 54 percent of all alcohol and drug abuse patients can be expected to relapse (Simpson, Joe, Lehman, and Sells, 1986). Whether or not the singular use reflected in the data reported here turned into a full-blown relapse is unknown. The early detection of a return to use through drug testing and treatment may deflect a full relapse. Chi-square analyses revealed that although MonDay and MYC participants who received follow-up drug/alcohol treatment were more likely to have reported or have been detected using drugs or alcohol, they were less likely to have been arrested for a new offense or to fail probation supervision. These latter two measures may be better indicators of ongoing substance abusing and antisocial patterns of behavior that necessitate formal action. Additional follow-up data is needed to further explore this issue. For now, however, it is safe to argue that the high likelihood of relapse points to the imperative nature of aftercare services for offenders released from RSAT.

Recommendations

More specific recommendations are offered in each of the program specific reports. Here, three primary recommendations are offered based on the findings of this process evaluation.

1) Improve treatment matching based on the risk, need, and responsivity principles.
2) Train staff on behavioral theory and the effective use of a behavioral model of treatment, including the distribution of rewards and punishments.
3) Work with local probation, parole, and treatment agencies to develop appropriate aftercare services for RSAT graduates.

In addition to the above recommendations for program modifications/additions, it is recommended that future evaluation activities include:

1) a larger number of cases;

2) data on the discrete services provided by the program to allow for a more complete assessment of how well the "needs principle" is being implemented and to facilitate the exploration of the "black box" of treatment;

3) data on the types of punishments used and their effect on behavior;

4) multivariate analyses designed to identify offender characteristics and program components that are associated with post-release success; and

5) an experimental or quasi-experimental design to examine the effectiveness of the program in reducing substance abuse and criminal behavior.

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APPENDIX A

DATA COLLECTION INSTRUMENTS

OHIO'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS
Standardized Intake Form

1) _____ Name of individual completing form

2) _____ Program code
1= Cuyahoga County Youth Development Center
2= Mohican Youth Center
3= MonDay
4 = Noble Correctional Institute

IDENTIFYING INFORMATION

3) _____ Case #

4) _____ Name
Last First Middle Initial

5) _____ SSN

6)_____/_____/_____ Date of birth

OFFENDER CHARACTERISTICS

7) _____ Race: 1=White 2=Black 3=Hispanic 4=Native American 5=Asian 6=Other

8) _____ Sex: 1=Male 2=Female

9) _____ Marital status: 1= Married 2=Not married

10)_____ Number of dependents (under 18 years of age)

11)_____ Highest grade completed: 1-12 =Grades 1-12; 13 =Some college; 14 =Bachelors or higher

12) _____ If completed less than 12 grades, did the offender earn a GED? 1=Yes; 2=No

13) _____ Employment status prior to arrest
1=Employed full-time (35 hours or more/week) 2=Employed part-time (less than 35 hours/week) 3=Unemployed

Youth only:

14) _____ Was the youth enrolled in school prior to arrest? 1=Yes 2=No

15) School problems experienced by youth: 1=Yes 2=No
_____ truancy
_____ low achievement
_____ disruptive behavior
_____ suspensions/expulsions

16) _____ Where was the youth living when arrested for this offense?
1=Parent(s)'/guardian(s)' home 2=Foster care 3=Group home 4=Secure placement

17) _____ Does the youth have a record of running away from home? 1=Yes 2=No

CURRENT OFFENSE

18) _____ Most serious charge

19) _____ Level of conviction offense:
1=F1 2=F2 3=F3 4=F4 5= F5 6=M1 7=M2 8=M3 9=M4 10=Status offense

20) _____ Length of sentence in months

21) _____/_____/_____ Date incarcerated/placed in facility (i.e., date sentenced to DYS or DRC or date placed in general population of MonDay or YDC)

22) _____/_____/_____ Date screened for RSAT

23) _____/_____/_____ Date placed in RSAT program

CRIMINAL HISTORY

24) _____/_____/_____ Date of first arrest
(if exact date is unknown, please indicate age of first arrest _____)

25)

Number of prior arrests (adult and juvenile)	Number of prior convictions (adult and juvenile)
_____ Felony	_____ Felony
_____ Misdemeanor	_____ Misdemeanor
_____ Status offense	_____ Status offense

26) _____ Has the offender ever been arrested on a drug charge? 1=Yes 2=No

27) _____ Number of prior sentences to a secure facility

28) _____ Number of prior sentences to community supervision

29) _____ Number of unsuccessful terminations from community supervision

SUBSTANCE USE HISTORY

30) _____ Offender's diagnosis upon intake (DSM-IV criteria)

31) Substance used 1=Yes 2=No	Frequency of use 1=Daily 2=Once a week or more 3=Less than once a week	Drug(s) of choice (Rate the top 1 to 3 drugs of choice from favorite (1) to least favorite (3)
_____ Heroin	_____	_____
_____ Non-crack cocaine	_____	_____
_____ Crack	_____	_____
_____ Amphetamines	_____	_____
_____ Barbiturates/Tranquilizers	_____	_____
_____ Marijuana	_____	_____
_____ LSD	_____	_____
_____ PCP	_____	_____
_____ Inhalants	_____	_____
_____ Over the counter drugs	_____	_____
_____ Alcohol	_____	_____
_____ Other	_____	_____

32) _____ Age of first alcohol use

33) _____ Age of first drug use

34) _____ Do any immediate family members have a substance abuse problem? 1=Yes 2=No

35) _____ Has the offender received previous drug/alcohol treatment? 1=Yes 2=No

36) If yes, indicate the number of times the offender has experienced each of the following types of treatment:

_____ Detoxification
_____ Methadone maintenance
_____ Outpatient
_____ Short-term inpatient (30 days or less)
_____ Residential

37) _____ Is the offender dual diagnosed with mental illness and substance abuse? 1=Yes 2=No

MYC only:

38) _____ Record the JASAE summary score

YDC only:

39) _____ Record the ADAS summary score

Please attach the following completed instruments OR a summary of results/scores:
Noble - PII
Mohican - YO-LSI
MonDay - LSI and MAPP
Youth Development Center - SASSI

OHIO'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS

Client Self-rating Form

(Adapted from TCU DCJTC Client Evaluation of Self and Treatment)

Today's date: _____/_____/_____

Full name: _____

Birthdate: _____/_____/_____

Directions: Each of the statements below describes a way that you might or might not feel about yourself. There are no right or wrong answers, we just want to know what you think. Please use the following scale to tell us whether you agree or disagree with each of the statements listed below. Just circle the one number closest to your opinion (to the right of each statement).

1	2	3	4	5
Strongly Disagree	Disagree	Undecided/ Unsure	Agree	Strongly Agree

	Circle One				
1. You like to take chances	1	2	3	4	5
2. You feel sad or depressed	1	2	3	4	5
3. Sometimes you feel that you are being pushed around in your life	1	2	3	4	5
4. You consider how your actions will affect others	1	2	3	4	5
5. Sometimes a person has to break the law in order to get ahead	1	2	3	4	5
6. You have much to be proud of	1	2	3	4	5
7. In general, you are satisfied with yourself	1	2	3	4	5
8. You like the "fast" life	1	2	3	4	5
9. You feel mistreated by other people	1	2	3	4	5
10. You have thoughts of committing suicide	1	2	3	4	5
11. You have trouble sitting still for long	1	2	3	4	5
12. You don't have much in common with people who never break the law	1	2	3	4	5
13. You plan ahead	1	2	3	4	5
14. You like others to feel afraid of you	1	2	3	4	5

1	2	3	4	5
Strongly Disagree	Disagree	Undecided/ Unsure	Agree	Strongly Agree

	Circle One				
15. You have trouble following rules and laws	1	2	3	4	5
16. You feel lonely	1	2	3	4	5
17. You like friends who are wild	1	2	3	4	5
18. You like to do things that are strange or exciting	1	2	3	4	5
19. Most people would commit crime if they knew they wouldn't get caught	1	2	3	4	5
20. You feel like a failure	1	2	3	4	5
21. There is never a good reason for breaking the law	1	2	3	4	5
22. You have trouble sleeping	1	2	3	4	5
23. You feel interested in life	1	2	3	4	5
24. You sometimes want to fight or hurt others	1	2	3	4	5
25. You think about the possible results of your actions	1	2	3	4	5
26. You stay away from anything dangerous	1	2	3	4	5
27. You feel you are basically no good	1	2	3	4	5
28. You have a hot temper	1	2	3	4	5
29. You have trouble making decisions	1	2	3	4	5
30. You think of several different ways to solve a problem	1	2	3	4	5
31. You feel nervous	1	2	3	4	5
32. There is really no way you can solve some of the problems you have	1	2	3	4	5
33. You analyze problems by looking at all the choices	1	2	3	4	5

1	2	3	4	5
Strongly Disagree	Disagree	Undecided/ Unsure	Agree	Strongly Agree

	Circle One				
34. Your temper gets you into fights or other trouble.....	1	2	3	4	5
35. You make decisions without thinking about consequences.....	1	2	3	4	5
36. You have trouble concentrating or remembering things.....	1	2	3	4	5
37. There is little you can do to change many of the important things in your life.....	1	2	3	4	5
38. You feel extra tired or run down.....	1	2	3	4	5
39. You make good decisions.....	1	2	3	4	5
40. You feel afraid of certain things, like crowds or going out alone.	1	2	3	4	5
41. You only do things that feel safe.....	1	2	3	4	5
42. You get mad at other people easily.....	1	2	3	4	5
43. You wish you had more respect for yourself.....	1	2	3	4	5
44. You have little control over the things that happen to you.....	1	2	3	4	5
45. You worry or brood a lot.....	1	2	3	4	5
46. You often feel helpless in dealing with the problems of life.....	1	2	3	4	5
47. You have carried weapons, like knives or guns.....	1	2	3	4	5
48. You feel tense or keyed-up.....	1	2	3	4	5
49.You are always very careful.....	1	2	3	4	5
50. You think about what causes your current problems.....	1	2	3	4	5
51. You can do just about anything you really set your mind to do..	1	2	3	4	5
52. You feel a lot of anger inside you.....	1	2	3	4	5
53. You feel tightness or tension in your muscles.....	1	2	3	4	5
54. What happens to you in the future mostly depends on you.....	1	2	3	4	5

Personal Drug Use Questionnaire

Today's Date: _____/_____/_____

Name:_____

Birthdate: _____/_____/_____

This information will be kept confidential. Your answers will not affect your status in the program.

Directions: Each of the statements below describes a way that you might or might not feel about your drug use. There are no right or wrong answers, we just want to know your opinion. Please use the following scale to tell us whether you agree or disagree with each of the statements listed below. Just circle the one number closest to your opinion (to the right of each statement).

1	2	3	4	5
Strongly Disagree	Disagree	Undecided/ Unsure	Agree	Strongly Agree

		Circle One				
1.	I really want to make changes in my use of drugs.....	1	2	3	4	5
2.	Sometimes I wonder if I am an addict.....	1	2	3	4	5
3.	If I don't change my drug use soon, my problems are going to get worse.....	1	2	3	4	5
4.	I have already started making some changes in my use of drugs.....	1	2	3	4	5
5.	I was using drugs too much at one time, but I've managed to change that.....	1	2	3	4	5
6.	The only reason that I am here is that somebody made me come.....	1	2	3	4	5
7.	Sometime I wonder if my drug use is hurting other people.....	1	2	3	4	5
8.	I have a drug problem.....	1	2	3	4	5

1	2	3	4	5
Strongly Disagree	Disagree	Undecided/ Unsure	Agree	Strongly Agree

	Circle				
9. I'm not just thinking about changing my drug use, I'm already doing something about it.....	1	2	3	4	5
10. I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.....	1	2	3	4	5
11. I have serious problems with drugs.....	1	2	3	4	5
12. Sometimes I wonder if I am in control of my drug use.....	1	2	3	4	5
13. My drug use is causing a lot of harm.....	1	2	3	4	5
14. I am actively doing things now to cut down or stop my use of drugs.....	1	2	3	4	5
15. I want help to keep from going back to the drug problems that I had before.....	1	2	3	4	5
16. I know that I have a drug problem.....	1	2	3	4	5
17. There are times when I wonder if I use drugs too much.....	1	2	3	4	5
18. I am a drug addict.....	1	2	3	4	5
19. I am working hard to change my drug use.....	1	2	3	4	5
20. I have made some changes in my drug use, and I want some help to keep going.....	1	2	3	4	5

OHIO'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS

Service Tracking Form

Client Name: _____ _____ **Case No:** _____

Program code:_____ 1 = YDC; 2 = Mohican; 3 = MonDay; 4 = Noble

1. Specialized Services Provided

Using the codes provided below, please maintain a log of services provided to the offender including the type of service, date started, date ended, and progress in treatment.

Type of Service*	Date Started	Date Ended	Please check the box which describes the offender's progress in treatment		
			Achieved Objectives	Some progress	No progress

***Service Codes (if a code is not listed, please write name of service in column 1 of table)**

1 = Adult Basic Education/ GED/other schooling
2 = Anger management
3 = Art therapy
4 = Assertiveness training
5 = Cognitive therapy
6 = Employment
7 = Family therapy
8 = Individual counseling
9 = Life skills training
10 = Peer encounter groups
11 = Problem solving skills training
12 = Rational-emotive therapy
13 = Relapse prevention
14 = Relaxation training
15 = Self-instructional training
16 = Social skills training
17 = Substance abuse education
18 = Vocational skills training

2. Treatment Phases

If your program uses a phase or level system, please indicate the client's start and end dates for each phase. If a client regresses or repeats a phase, please indicate the reason for the regression in column four. Otherwise, leave column four blank.

Phase Name	Start date	End date	If moved back to earlier phase, please indicate reason

3. Drug Testing

Date of Test	Result (1=positive; 2=negative)	If positive, for what drug(s)?*

***Substance Codes**

1=Cocaine 2=Amphetamine 3=THC 4 = Benzodiazapime 5 = PCP 6= Opiate 7 = Alcohol

4. Program Violations

Please record violations committed by the client throughout his/her participation in the residential phase of the therapeutic community.

Date of Violations	Type of Violations (check all types that apply for the date specified. If the offender committed multiple violations of one type, record the number of violations committed instead of a checkmark)				
	Written pull-up	House	Cardinal	Major	Institutional Infractions

OHIO'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS

Standardized Termination Form

Please indicate the circumstances surrounding the client's discharge from the program including the date of discharge, type of discharge, and plan for aftercare.

1) Client Name: _____

2) Social Security No:_____

3) Program code:_____ 2 = Mohican; 3 = MonDay; 4 = Noble

4) Date of discharge _____/_____/_____

5) Type of discharge _____

1=Successful completion (achieved treatment goals)
2=Successful completion (completed required time but did not achieve treatment goals)
3=Unsuccessful termination (disciplinary, lack of participation/progress)
4=Voluntary withdrawal from program
5=Escape/Absconsion
6=Unable to participate due to reclassification, medical, out to court
7=Other (specify: _____)

6) Living arrangements upon discharge_____

1=With family/relatives
2=With friends
3=By him/her self in apartment/house
4=Group home
5=Halfway house
6=Foster care
7=Other (specify: _____)

7) Has continued drug/alcohol treatment been arranged for the client? _____ 1=Yes; 2=No

8) Criminal Justice Placement _____

1=Probation supervision
2=Parole supervision
3=Jail
4=Prison
5=DYS institution
6=Other (specify:_____)

9) To facilitate the collection of follow-up data, please provide the following information on the agency responsible for the offender's supervision/custody upon discharge from RSAT.

Agency (probation, parole, institution)_____

Probation/Parole Officer's name_____

Address_____

City, State, Zip_____

Phone Number _____

10) Please provide reassessment information by attaching the following items Or a summary of results/scores.

Monday - LSI reassessment
Noble - PII reassessment

RSAT FOLLOW-UP DATA

Please 1) Write legibly. 2) Use an "X" to mark the box(es) next to the appropriate answers. 3) Leave the question blank if the information is unknown or not available.

1. Offender's name: _____

2. Offender's SSN: _____

3. Has the offender received any follow-up drug/alcohol services since his/her release from MonDay?

☐ yes ☐ no - skip to question 4

A. If yes, which types of treatment? ("X" all that apply.)

☐ residential

☐ intensive outpatient treatment

☐ standard outpatient treatment

☐ other (please specify: _____)

B. Is the offender still active in drug/alcohol treatment?

☐ yes - skip to question 4 ☐ no

C. If no, was the offender successfully or unsuccessfully terminated from treatment?

☐ successfully ☐ unsuccessfully

4. Does the offender attend AA/NA meetings at least once per week?

☐ yes ☐ no

5. What other services has the offender received since his/her release from MonDay? ("X" all that apply.)

☐ educational/vocational

☐ employment services

☐ mental health counseling (group or individual)

☐ cognitive skills training

☐ domestic violence treatment

☐ family/marital counseling

6. Place an "X" in the box that best describes the offender's current employment status.

☐ unemployed

☐ retired

☐ student

☐ disabled

☐ employed part-time (< 35 hrs./week)

☐ employed full-time (35 + hrs./week)

7. Place an "X" in the box that best describes the offender's reporting status?

☐ once a week or more ☐ once a month

☐ twice a month ☐ less than once a month

8. Has the offender reported alcohol use or tested positive for alcohol use since released from MonDay?

☐ yes ☐ no - skip to question 9

A. If yes, number of times: _____

B. Date of first reported/detected alcohol use since released: _____/_____/_____

9. Has the offender reported drug use or tested positive for drug use since released from MonDay?

☐ yes ☐ no - skip to question 10

A. If yes, number of times: _____

B. For which drugs? ("X" all that apply.)

☐ marijuana ☐ barbiturates

☐ cocaine ☐ hallucinogens

☐ opiates

C. Date of first reported/detected drug use since released: _____/_____/_____

10. Has the offender had any new arrests since released from MonDay?

☐ yes ☐ no - skip to question 11

If yes, please indicate the date(s) of any new arrest(s), the offense(s) leading to the arrest(s), and whether or not the offender was convicted of the offense(s).

Date?	Offense?	Conviction?
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending

11. Please place an "X" in the box that best describes the offender's probation status and record the date where appropriate:

- ☐ active
- ☐ successfully terminated (date of termination: _____/_____/_____)
- ☐ revocation pending
- ☐ revoked for new arrest/conviction (date of revocation: _____/_____/_____)
- ☐ absconder (date of absconsion _____/_____/_____)
- ☐ other (please specify: _____)

THANK YOU FOR YOUR HELP!

RSAT FOLLOW-UP DATA

Please 1) Write legibly. 2) Use an "X" to mark the box(es) next to the appropriate answers. 3) Leave the question blank if the information is unknown or not available.

1. Offender's name: _____

2. Offender's SSN: _____

3. Has the offender received any follow-up drug/alcohol services since his/her release from Mohican?

☐ yes ☐ no - skip to question 4

A. If yes, which types of treatment? ("X" all that apply.)

☐ residential

☐ intensive outpatient treatment

☐ standard outpatient treatment

☐ other (please specify: _____)

B. Is the offender still active in drug/alcohol treatment?

☐ yes - skip to question 4 ☐ no

C. If no, was the offender successfully or unsuccessfully terminated from treatment?

☐ successfully ☐ unsuccessfully

4. Does the offender attend AA/NA meetings at least once per week?

☐ yes ☐ no

5. What other services has the offender received since his/her release from Mohican? ("X" all that apply.)

☐ educational/vocational

☐ employment services

☐ mental health counseling (group or individual)

☐ cognitive skills training

☐ domestic violence treatment

☐ family/marital counseling

6. Place an "X" in the box that best describes the offender's current employment status.

☐ unemployed

☐ retired

☐ student

☐ disabled

☐ employed part-time (< 35 hrs./week)

☐ employed full-time (35 + hrs./week)

7. Place an "X" in the box that best describes the offender's reporting status?

☐ once a week or more ☐ once a month

☐ twice a month ☐ less than once a month

8. Has the offender reported alcohol use or tested positive for alcohol use since released from Mohican?

☐ yes ☐ no - skip to question 9

A. If yes, number of times: _____

B. Date of first reported/detected alcohol use since released: _____/_____/_____

9. Has the offender reported drug use or tested positive for drug use since released from Mohican?

☐ yes ☐ no - skip to question 10

A. If yes, number of times: _____

B. For which drugs? ("X" all that apply.)

☐ marijuana ☐ barbiturates

☐ cocaine ☐ hallucinogens

☐ opiates

C. Date of first reported/detected drug use since released: _____/_____/_____

10. Has the offender had any new arrests since released from Mohican?

☐ yes ☐ no - skip to question 11

If yes, please indicate the date(s) of any new arrest(s), the offense(s) leading to the arrest(s), and whether or not the offender was convicted of the offense(s).

Date?	Offense?	Conviction?
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending

11. Please place an "X" in the box that best describes the offender's probation status and record the date where appropriate:

- ☐ active
- ☐ successfully terminated (date of termination: _____/_____/_____)
- ☐ revocation pending
- ☐ revoked for new arrest/conviction (date of revocation: _____/_____/_____)
- ☐ absconder (date of absconsion _____/_____/_____)
- ☐ other (please specify: _____)

THANK YOU FOR YOUR HELP!

RSAT FOLLOW-UP DATA

Please 1) Write legibly. 2) Use an "X" to mark the box(es) next to the appropriate answers. 3) Leave the question blank if the information is unknown or not available.

1. Offender's name: _____

2. Offender's SSN: _____

3. Has the offender received any follow-up drug/alcohol services since his/her release from Noble?

☐ yes ☐ no - skip to question 4

A. If yes, which types of treatment? ("X" all that apply.)

☐ residential

☐ intensive outpatient treatment

☐ standard outpatient treatment

☐ other (please specify: _____)

B. Is the offender still active in drug/alcohol treatment?

☐ yes - skip to question 4 ☐ no

C. If no, was the offender successfully or unsuccessfully terminated from treatment?

☐ successfully ☐ unsuccessfully

4. Does the offender attend AA/NA meetings at least once per week?

☐ yes ☐ no

5. What other services has the offender received since his/her release from Noble? ("X" all that apply.)

☐ educational/vocational

☐ employment services

☐ mental health counseling (group or individual)

☐ cognitive skills training

☐ domestic violence treatment

☐ family/marital counseling

6. Place an "X" in the box that best describes the offender's current employment status.

☐ unemployed

☐ retired

☐ student

☐ disabled

☐ employed part-time (< 35 hrs./week)

☐ employed full-time (35 + hrs./week)

7. Place an "X" in the box that best describes the offender's reporting status?

☐ once a week or more ☐ once a month

☐ twice a month ☐ less than once a month

8. Has the offender reported alcohol use or tested positive for alcohol use since released from Noble?

☐ yes ☐ no - skip to question 9

A. If yes, number of times: _____

B. Date of first reported/detected alcohol use since released: _____/_____/_____

9. Has the offender reported drug use or tested positive for drug use since released from Noble?

☐ yes ☐ no - skip to question 10

A. If yes, number of times: _____

B. For which drugs? ("X" all that apply.)

☐ marijuana ☐ barbiturates

☐ cocaine ☐ hallucinogens

☐ opiates

C. Date of first reported/detected drug use since released: _____/_____/_____

10. Has the offender had any new arrests since released from Noble?

☐ yes ☐ no - skip to question 11

If yes, please indicate the date(s) of any new arrest(s), the offense(s) leading to the arrest(s), and whether or not the offender was convicted of the offense(s).

Date?	Offense?	Conviction?
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending

11. Please place an "X" in the box that best describes the offender's probation status and record the date where appropriate:

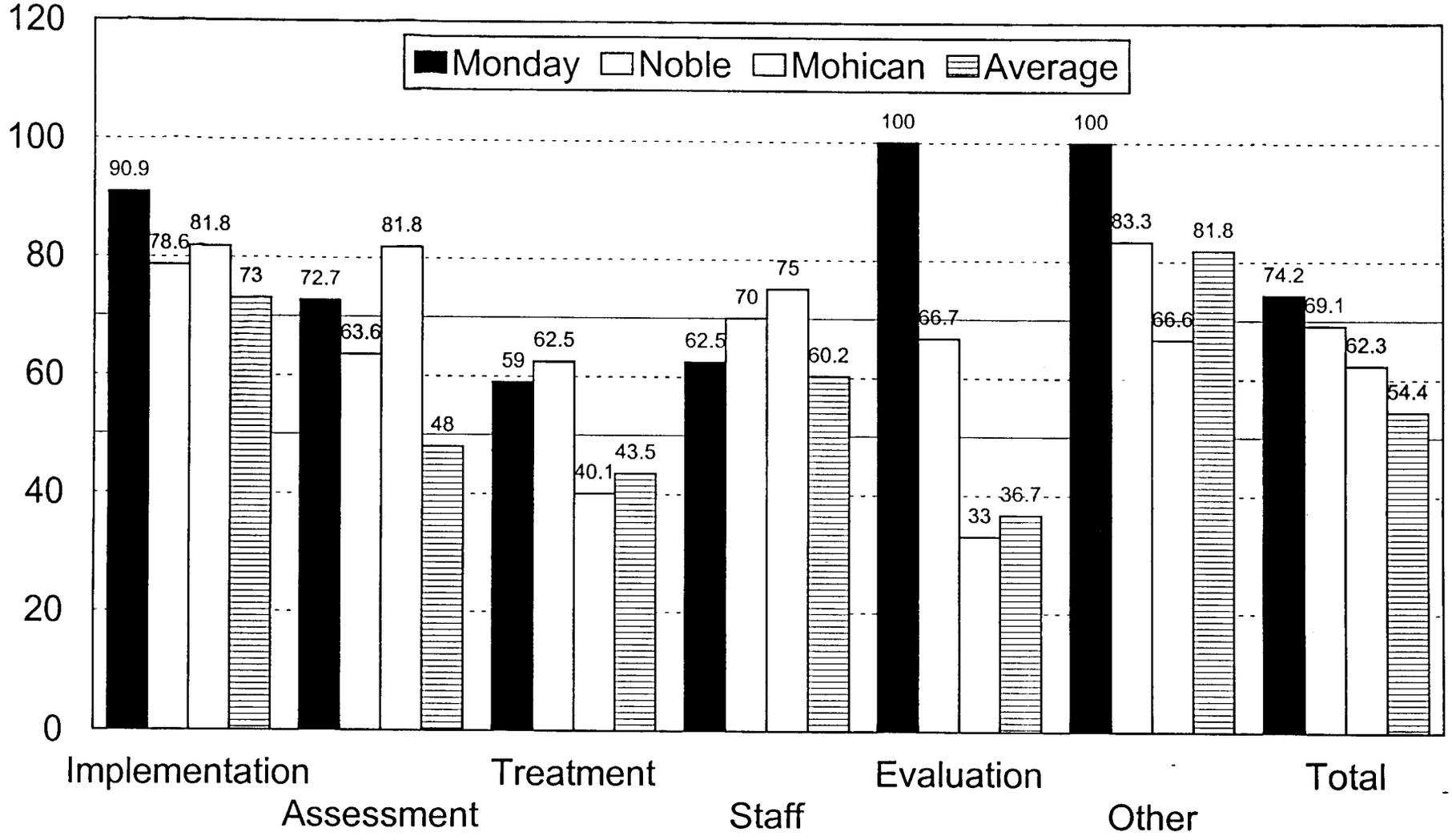
- ☐ active
- ☐ successfully terminated (date of termination: _____/_____/_____)
- ☐ revocation pending
- ☐ revoked for new arrest/conviction (date of revocation: _____/_____/_____)
- ☐ absconder (date of absconsion _____/_____/_____)
- ☐ other (please specify: _____)

THANK YOU FOR YOUR HELP!

APPENDIX B

CPAI RESULTS

CPAI Score - Ohio's RSAT Programs



Average scores are based on 110 CPAI results across a wide range of programs.
Unsatisfactory <50%; Satisfactory 50-59%; Satisfactory, needs improvement 60-69%,
Very Satisfactory 70+

Correctional Program Assessment Inventory©

Conducted on the RSAT Program
MonDay Community Correctional Institution
Dayton, Ohio

By

Betsy Fulton, M.S.
Division of Criminal Justice
University of Cincinnati
Cincinnati, OH 45221-0389

October, 1998

Summary of the Program

MonDay Community Correctional Institution is a community-based facility for felony offenders. MonDay is located in Dayton, Ohio and has been in operation for 20 years. It is funded by the State of Ohio and governed by local judicial boards. The total capacity of the facility is 124 and there are approximately 60 employees. Both male and female offenders are sentenced to MonDay in lieu of prison for a period not to exceed six months. The average length of stay has been four months.

In October 1997, MonDay was awarded a federal grant for the purpose of implementing a Residential Substance Abuse Treatment Program (RSAT) within the facility. Thirty beds (20 male and 10 female) were designated as RSAT beds. Offenders identified as needing long-term residential treatment are now assigned to RSAT for a period of six months. In conjunction with the RSAT grant, MonDay developed a Therapeutic Community (TC) which was fully implemented by January 1, 1998. Although the entire facility has shifted to a TC approach, the focus of this assessment is on RSAT.

Procedures

The Correctional Program Assessment Inventory (CPAI, Gendreau and Andrews, 1992) is used to ascertain how closely a correctional treatment program meets known principles of effective correctional treatment. There are six primary sections of the CPAI: 1) program implementation and the qualifications of the program director; 2) client pre-service assessment; 3) characteristics of the program; 4) characteristics and practices of the staff; 5) quality assurance and evaluation; and 6) miscellaneous items such as ethical guidelines and levels of community support.

Each section is scored as either "very satisfactory" (70% to 100%); "satisfactory" (60% to 69%); "satisfactory, but needs improvement" (50% to 59%); or "unsatisfactory" (less than 50%). The scores from all six areas are totaled and the same scale is used for the overall assessment score. It should be noted that not all of the six areas are given equal weight, and some items may be considered "not applicable," in which case they are not included in the scoring.

Data were collected through structured interviews with selected program staff on October 1 and 2, 1998. Other sources of information included the observation of group sessions and the examination of several representative case files and other selected program materials.

Program Implementation

The first section examines how much influence the current program director had in designing and implementing the program, his/her qualifications and experience, his/her current involvement with the staff and the clients, and the overall implementation of the program.

Strengths:

The first area concerns the qualifications and involvement of the program director, or the person responsible for overseeing the daily operations of the program. The current clinical director for RSAT has a Bachelor's degree in Criminal Justice and a Master's degree in Education. He also holds several licensures and certifications including a LPC, LSW, and CCDCIII. He has 15 years of experience in counseling including 7 years experience in offender treatment programs. He worked at MonDay from 1984 to 1988 and returned to MonDay in 1996 as a Primary Therapist. He assumed the position of Clinical Manager in March 1998. He has been intricately involved with all aspects of program development including the hiring, training, and direct supervision of the clinical staff.

The second area of focus is the creation of the program itself. Effective intervention programs have several dimensions: they are designed to be consistent with the treatment literature on effective programs; the values and goals of the program should be consistent with existing values in the community or the institution; the program meet a local need; and the program is perceived to be cost-effective.

Relevant program materials were identified through a literature review and by networking with staff from established TCs. The literature review focused on TCs but also included materials on drug treatment in general. Specifically, program staff reviewed federal publications and numerous articles from professional journals.

A formal pilot period was conducted in December 1997. Several changes were made as the result of the pilot experience including the development of a phase system and privileges and the implementation of treatment staff meetings.

The need for the RSAT program was identified through client assessments that indicated that many offenders were in need of long-term residential treatment. The RSAT grant was seen as an opportunity to differentiate the treatment needs of clients and to keep the high-need clients in the program for a longer period of time.

The values and goals of MonDay appear to be congruent with the existing values in the community. MonDay receives strong support from local courts, probation departments, and law enforcement agencies. There has been favorable media coverage of the program and no apparent community resistance. The shift from a more generalized treatment and correctional facility to a TC has also been well-received. Key stakeholders, including the correctional staff within the institution, are particularly supportive of the increased program structure and offender accountability.

Staff and administration perceive the program as being cost-effective and sustainable. Clients receive a range of services at a much lower cost than prison.

Areas that Need Improvement:

The clinical director is not systematically involved in the delivery of direct services to offenders.

Evaluation: Very Satisfactory

Recommendations:

- The clinical director should be systematically involved in direct service delivery (e.g., conducting groups, assessing offenders, individual counseling) as a means of staying abreast of the challenges faced by staff and clients and the skill level and resources necessary for the effective delivery of services.

Client Pre-Service Assessment

The extent to which clients are appropriate for the service provided, and the use of proven assessment methods is critical to effective treatment programs. Effective programs assess the risk, need and responsivity of offenders, and then provide services and treatment accordingly. The section on Client Pre-Service Assessment examines three areas regarding pre-service assessment: selection of clients, the assessment of risk, need, and personal characteristics of the client; and the manner in which these characteristics are assessed.

Strengths:

Clients referred to MonDay have multiple areas of need in addition to substance abuse including educational and social skill deficits, unemployment, medical problems, residential instability, and family dysfunction. Rational exclusionary criteria have been established for the facility as a whole. These criteria include a conviction of a violent crime, a history of escape and a history of repeated or serious violence. MonDay uses a score of 75 on the Adult Substance Use Survey (ASUS) as a guideline for placement in the RSAT track. Offenders who score below 75 are considered for RSAT on a case-by-case basis. The majority of clients placed in RSAT are appropriate for the services provided. Some concern was expressed about a recent increase in the number of clients with a dual-diagnosis as there is no psychiatrist of staff to adequately meet their needs.

Need and risk factors are assessed through a social history interview, the Level of Service Inventory (LSI), and the ASUS. The social history examines the clients' drug use, treatment, medical, employment, educational, and legal history through a structured interview format. The LSI is an objective and quantifiable assessment instrument that examines both static and dynamic risk factors including criminal history, employment/ educational achievements, financial status, family/marital relationships, residential status, use of leisure time, peer associations, alcohol/drug problems, emotional/personal problems, and antisocial attitudes. The ASUS includes an overall measure of disruption in life-functioning that is attributable to drug/alcohol use and 8 subscales that measure lifetime involvement in drugs, problems and consequences of drug use, antisocial

behavior and attitudes, psychological and emotional disruption, and defensiveness. Both the LSI and the ASUS provide summary scores for use in treatment classification and treatment planning.

Areas that Need Improvement:

At the time of this program assessment, responsivity factors, or personal characteristics that may interfere with treatment, were not available for consideration in treatment planning. Although the Multidimensional Addictions and Personality Profile (MAPP) is conducted on all RSAT clients, the results have not been available to the treatment staff because of a problem in the instrument's computer programming function developed by the vendor. The MAPP consists of three primary scales including a substance abuse scale, a personal adjustment scale, and an inconsistency and defensiveness scale. The latter two scales tap into several responsivity characteristics including the client's level of defensiveness, and problems with frustration, interpersonal communication and relationships, and self-image. Additionally, although educational testing is conducted to determine clients' level of intellectual functioning, it is not routinely shared with treatment staff.

Rating: Very Satisfactory

Recommendations:

- Mechanisms should be developed for making information regarding responsivity factors available to treatment staff on a consistent basis and in a manner that facilitates treatment planning.

Program Characteristics

This section examines whether or not the program targets criminogenic behaviors and attitudes, the types of treatment used to target these behaviors and attitudes, specific treatment procedures, the use of positive reinforcement and punishment, and methods used to prepare clients for return to the community. Other important elements of effective intervention include the ratio of rewards to punishment; matching the client's risk, needs, and personal characteristics with the appropriate treatment programs, treatment intensity, and staff; and relapse prevention strategies designed to assist the client in anticipating and coping with problem situations.

Strengths:

The treatment and services offered by MonDay's RSAT program are designed to target criminogenic needs and behaviors associated with recidivism including:

- changing attitudes, orientations, and values favorable to law violations and anti-criminal role models;
- reducing problems associated with alcohol/drug abuse;
- reducing anger/hostility level;

- replacing the skills of lying, stealing, and aggression with prosocial alternatives;
- encouraging constructive use of leisure time;
- improving skills in interpersonal conflict resolution;
- promote more positive attitudes/increase performance regarding school work;
- relapse prevention;; and
- alleviating the personal and circumstantial barriers to service (client motivation, denial).

The TC model that is operated by MonDay is rooted in a social learning approach that provides opportunities for modeling and behavioral rehearsal techniques that engender self-efficacy. The treatment groups provided within the TC incorporate a cognitive behavioral approach that aims to challenge antisocial attitudes and develop self-control procedures. The educational or therapy groups available to RSAT participants include:

- chemical dependency education;
- chemical dependency process;
- relapse prevention;
- criminal thinking errors;
- anger management;
- problem-solving;
- building positive identify;
- codependency;
- cultural awareness; and
- parenting groups.

Education and employment services also are provided.

Between TC family meetings, encounter groups, school/work, educational or therapy groups, and individual sessions with their case manager, program participants are involved in therapeutic activities for at least 75 percent of their time, which far exceeds the 40 percent recommended in the treatment literature.

Effective programs closely monitor offenders' whereabouts to break up the criminal network. The structured schedule facilitates this monitoring. Additionally, client behavior in the living units is closely supervised by correctional officers and by TC family members who hold each other accountable for their behaviors. Although the male RSAT clients are assigned to one living unit, the female clients are intermingled with other MonDay clients.

Detailed treatment manuals contribute to consistency in services and increase program integrity. There are detailed treatment curricula for the educational/therapy groups provided at MonDay. Additionally, TC meetings and groups follow a specific structure and rules that are outlined in the resident handbook and the program policy and procedures manual.

Effective correctional treatment programs vary the level of services according to the level of client risk and need. At MonDay, the duration of treatment varies according to the clients' level and nature of risk and need as determined through the assessment process. Clients with the most severe risks and needs are placed in the 6-month program and others are placed in the 4-month program. The intensity of treatment also varies within these two programs. LSI results are used to identify client-specific areas of need and the extent of these needs. Individualized case plans are then developed and offenders are placed in the treatment groups that address their identified needs.

Staff are assigned to conduct groups based on their personal preferences, knowledge, experience, and ability to model the specific skill being taught.

Several mechanisms are in place that provide program participants with input into the structure or rules of the program including suggestion boxes and a grievance procedure. Additionally, clients can make suggestions to staff through the lines of communication that exist within the TC hierarchy.

Effective correctional intervention programs train clients to monitor problem situations and rehearse alternative, prosocial responses to these situations. A portion of many of the treatment groups focuses on helping offenders identify triggers and events leading to drug/alcohol use and other antisocial behavior. Offenders also practice alternative prosocial behaviors through various exercises, role plays, and homework assignments. The Relapse Prevention Group focuses more extensively on practicing the skills needed for abstinence and on developing relapse prevention plans. Additionally, offenders are given the opportunity to practice newly acquired skills in increasingly difficult situations during furloughs for work, community service, or other appointments and as they face new challenges and additional responsibilities as they move up the TC hierarchy.

MonDay staff attempt to use punishment, or consequences, as a means to extinguish antisocial behaviors and replace them with more prosocial alternatives. As seen in the next section, inconsistencies in the administration of these consequences limit their effectiveness.

Effective intervention programs routinely refer clients to other services and agencies that help address their remaining needs. Upon discharge from MonDay, clients are under probation supervision. The treatment staff at MonDay prepare a discharge plan to be completed by the client during this term of probation supervision. They also schedule each clients' first appointment with a local treatment agency to establish aftercare services.

Areas that Need Improvement:

Although treatment curricula are available for most treatment groups, observation of the Chemical Dependency Process Groups revealed that the three RSAT counselors do not follow the same curricula or format. This is not to imply that the groups were not well-structured; each counselor appropriately guided the group's interaction, confronted inappropriate attitudes and behaviors, and encouraged input from all group members.

Only one of the counselors, however, had a written curriculum. Given that this group is designed to allow clients to process feelings associated with their treatment experience and to reinforce what is learned in the educational groups, this less structured format may be appropriate. It can, however, lead to inconsistencies in service delivery and to problems in the case of staff illness or turnover.

Effective programs assign clients to treatment programs and treatment staff that match up best with their interests, style of learning, and personality characteristics. Without access to information regarding clients' responsivity factors, this treatment matching cannot be systematically achieved. MonDay does, however, conduct case coordinators' meetings during which staff take the clients' personality factors and the case coordinators' strengths into account when making case assignments. Non-RSAT clients at MonDay are assigned to pods based on availability. RSAT clients are assigned to the male or female pod that is designated for RSAT.

Rewards used to promote program compliance include push-ups (e.g., verbal praise, public acknowledgement of accomplishments) and additional privileges such as phone calls, visitation, relaxed dress code, and furloughs. Privileges are built into a system of phases that clients move through as they progress through treatment. Punishers, or consequences, consist of verbal or written pull-ups, learning experiences, phase reductions, and behavioral contracts. Most of the staff that were interviewed believed that punishments were used more often than rewards.

Although some of the punishing stimuli used are appropriate (e.g., loss of privileges, learning experiences that teach a prosocial alternative) others are not considered in the psychological literature to be effective punishing stimuli (e.g., wearing signs). Furthermore, there appears to be some inconsistencies in the administration of consequences with some staff being more lenient than others and some failure to follow through on assigned consequences. The general perception is that the administration of punishment has improved with the movement to the TC model with more immediate consequences and better follow-through.

MonDay has developed specific program completion criteria that guide successful terminations from the program including the completion of Phase III and the completion of individual treatment objectives. Release from the program, however, is restricted by the 180 day maximum stay that is mandated by the state. Staff indicated that many clients could benefit from a longer stay. Clients are reevaluated periodically and those clients who are not making efforts toward the achievement of their treatment goals are removed from the program unsuccessfully.

There is currently no formal treatment component that systematically involves families in the offender's treatment.

Although MonDay staff work hard to set up aftercare services for clients, they have no control over whether these services are actually received. Each referring probation department is responsible for following through with aftercare services and there is inconsistency in the extent to which this occurs. Clients who are supervised by the

Montgomery County Adult Probation Department do participate in monthly groups upon their release.

Evaluation: Satisfactory-Needs Improvement

Recommendations:

- A treatment manual that details the content and nature of the chemical dependency process groups should be developed. This will facilitate staff training and the consistent delivery of services.

- Offenders should be matched to groups and case coordinators based on responsivity factors such as level of cognitive functioning, learning styles, level of anxiety, and communication styles. For example, low functioning offenders will have difficulty with a group facilitator or case manager that uses a highly verbal approach to treatment and high anxiety offenders will not respond well to a highly confrontational group or case manager.

- Appropriate behavior and participation in treatment should be consistently rewarded. The ratio of rewards should be at least 4:1, and all staff should be well versed in the application of rewards.

- In order for punishers to be effective in extinguishing behavior the following conditions must be met: escape impossible, maximum intensity, earliest point in the deviant response, after every occurrence or deviant behavior, immediate, not spread out, and alternative prosocial behaviors provided after punishment is administered. Staff should also be trained to look for negative responses to punishers (e.g. emotional reactions, increase use of punishers, withdrawal, etc.).

- Successful program completion should be based on the acquisition and demonstration of prosocial attitudes, skills, and behaviors. MonDay should continue working with the State to build flexibility into the release of RSAT clients or to build in a formal aftercare component. Many clients could benefit from a longer stay in order to fulfill all of their treatment objectives.

- Family members and significant others should be trained in how to provide help and support to the offenders during problem situations.

- Aftercare services or booster sessions should be implemented to reinforce attitudes and behaviors learned in the core treatment phase.

Staff Characteristics

This section concerns the qualifications, experience, stability, training, and involvement of the program staff. The qualifications of 34 staff were examined for the purpose of this assessment. The scoring, however, was based on the qualifications of the 16 treatment staff.

Strengths:

The treatment staff are well qualified with 94 percent possessing a baccalaureate degree in a helping profession and 31 percent with a masters degree. All of the treatment staff have either a certification in chemical dependency counseling or a license in counseling or social work. In addition to experience and education, staff are hired based on personal qualities such as leadership, empathy, good listener, confidence, centered, and willingness to make unpopular decisions. Fifty percent of the treatment staff has been with MonDay for at least two years. Staff are assessed yearly on their skills related to service delivery. Staff input is encouraged and several modifications to the program structure have been made based on this input.

Areas that Need Improvement:

Only 25 percent of the treatment staff and 11 percent of the custodial staff have prior experience with offender treatment programs.

Training for new staff is limited to an on-the-job orientation. All new staff participate in a 40-hour orientation period during which they meet with various staff members and familiarize themselves with all aspects of the institution. Several staff members have participated in the TC Immersion Training offered by the Ohio Department of Alcohol and Drug Services. RSAT staff have received some formal training on the models of intervention (i.e., TCs, cognitive-behavioral) used at MonDay.

Although weekly treatment staff meetings are held to discuss cases, there is no individual clinical supervision being provided at this time.

Evaluation: Satisfactory

Recommendations:

- New staff should receive three to six months of formal training in theory and practice of interventions employed by the program.

- When new staff are selected, every attempt should be made to select staff with prior experience in offender treatment programs.

- Individualized clinical supervision should be provided to treatment staff on a routine basis for the purpose of discussing problem cases and enhancing clinical skills.

Evaluation

This section centers on the types of feedback, assessments, and evaluations used to monitor how well the program is functioning.

Strengths:

MonDay has some quality assurance processes in place including file reviews and group observation. Additionally, client satisfaction surveys are conducted annually and reconviction data is gathered on clients 6 months or more after leaving the program.

Progress in treatment is monitored during treatment team meetings by examining the clients' advancement through the program phases and achievement of treatment goals. Additionally, a reassessment of client risk is conducted with the LSI.

In 1997, MonDay had a formal evaluation conducted that included a comparison group. Such an evaluation, however, had not been completed on the RSAT program.

Areas that Need Improvement:

None noted.

Not Scored:

As part of the federal grant for RSAT a process evaluation is currently underway as are plans for an outcome evaluation which will involve a comparison group.

Evaluation: Very satisfactory

Recommendations:

None.

Other

The final section in the CPAI includes miscellaneous items pertaining to the program such as disruptive changes in the program, funding, or community support, ethical guidelines and the comprehensiveness of the clients' files.

Strengths:

MonDay has a written statement on the ethics of intervention. Client records are kept in a confidential file and include social history, individual service plan, progress notes, and discharge plans. There have been no changes in program funding or in community support over the past two years that have jeopardized the program. There was some concern expressed about the turnover in clinical managers and the recent loss of a clinical coordinator, however, the staff interviewed did not feel that this turnover jeopardized the delivery of services to clients. There is a community advisory board that provides program oversight.

Areas that Need Improvement:

None.

Evaluation: Very satisfactory

Recommendations:

None.

OVERALL PROGRAM RATING:

The RSAT program within the MonDay Community Correctional Institution received an overall score of 74.2 percent on the CPAI. This score is in the "Very Satisfactory" range of the scale.

Correctional Program Assessment Inventory©

Conducted on Noble Choices
Noble Correctional Institution
Caldwell, Ohio

By

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March 1999

Summary of the Program

In 1997, the Ohio Department of Rehabilitation and Corrections (ODRC) was awarded a grant for the development of a residential substance abuse treatment program. The resulting program is a therapeutic community called Noble Choices that operates within Noble Correctional Institution, a medium security prison in Caldwell, Ohio. The program was fully implemented in October 1998. The program is designed to serve 120 inmates with an identified drug and alcohol abuse problem. It is staffed by six clinical staff, 1 secretary, and 7 correctional officers. Its annual operating budget is 405,311 which includes the grant from the Ohio Office of Criminal Justice Services and a match from ODRC.

Procedures

The Correctional Program Assessment Inventory (CPAI, Gendreau and Andrews, 1992) is used to ascertain how closely a correctional treatment program meets known principles of effective correctional treatment. There are six primary sections of the CPAI: 1) program implementation and the qualifications of the program director; 2) client pre-service assessment; 3) characteristics of the program; 4) characteristics and practices of the staff; 5) quality assurance and evaluation; and 6) miscellaneous items such as ethical guidelines and levels of community support.

Each section is scored as either "very satisfactory" (70% to 100%); "satisfactory" (60% to 69%); "satisfactory, but needs improvement" (50% to 59%); or "unsatisfactory" (less than 50%). The scores from all six areas are totaled and the same scale is used for the overall assessment score. It should be noted that not all of the six areas are given equal weight, and some items may be considered "not applicable," in which case they are not included in the scoring.

Data were collected through structured interviews with selected program staff on March 12, 1998. Other sources of information included the examination of several representative case files and other selected program materials.

Program Implementation

The first section examines how much influence the current program director had in designing and implementing the program, his/her qualifications and experience, his/her current involvement with the staff and the clients, and the overall implementation of the program.

Strengths:

The first area concerns the qualifications and involvement of the program director, or the person responsible for overseeing the daily operations of the program. The current program director has a Masters degree in corrections and is a Certified Chemical Dependency Counselor III. She has over 20 years of experience in a residential treatment

program for juvenile offenders. She is directly involved in training and supervising program staff.

The second area of focus is the creation of the program itself. Effective intervention programs have several dimensions: they are designed to be consistent with the treatment literature on effective programs; the values and goals of the program should be consistent with existing values in the community or the institution; the program meet a local need; and the program is perceived to be cost-effective.

During the development phase, staff reviewed available literature on therapeutic communities (TCs), cognitive behavioral therapy, and drug and alcohol treatment.

The values and goals of the TC appear to be congruent with the existing values in the community. According to the program director, community members have visited the program and expressed interest in developing a community-based TC. Despite initial resistance from prison administrators and correctional officers, the program is now viewed as a positive resource for the institution. Many correctional officers have visited the TC unit and have provided positive feedback on the program.

The need for the TC was based on inmate screening data indicating that 70 percent of new inmates were in need of drug and alcohol treatment. Given the wide range of services provided to offenders and the potential impact on recidivism, staff and administration perceive the program as being cost-effective and sustainable.

Areas that Need Improvement:

The current program director has only been with the program since September. By that time, the major program components and core treatment curriculum had already been developed. The program director will eventually be involved in the hiring of program staff, but because staff were already on board, she has not yet had this experience. The program director is not involved in the delivery of direct services to offenders. There was no pilot period prior to the formal implementation of the program.

Evaluation: Very Satisfactory

Recommendations:

- The program director should be directly involved in further program development and modifications.

- The program director should be directly involved in the hiring, training, and supervision of all program staff.

- The program director should be systematically involved in direct service delivery (e.g., conducting groups, assessing offenders, individual counseling) as a means of staying

abreast of the challenges faced by staff and clients and the skill level and resources necessary for the effective delivery of services.

- Before any new program component is formally implemented, a pilot period of at least one month should be conducted to sort out the content and logistics of the program.

Client Pre-Service Assessment

The extent to which clients are appropriate for the service provided, and the use of proven assessment methods is critical to effective treatment programs. Effective programs assess the risk, need and responsivity of offenders, and then provide services and treatment accordingly. The section on Client Pre-Service Assessment examines three areas regarding pre-service assessment: selection of clients, the assessment of risk, need, and personal characteristics of the client; and the manner in which these characteristics are assessed.

Strengths:

The most common problem areas of program participants include drug/alcohol abuse, social skill deficiencies, anger, impulsiveness, and antisocial lifestyles. There is a rational basis for the exclusion of certain types of clients from the program; clients who are under the age of 21, unwilling to change, have less than six months to release, and are not subject to post-release supervision are automatically excluded from the program.

When clients first enter the program, risk, need, and responsivity factors are assessed through the use of the Prison Inmate Inventory (PII). The PII is a standardized, quantifiable instrument that measures truthfulness, adjustment, judgement, alcohol use, drug use, antisocial attitudes and behavior, violence, distress, self-esteem, and stress coping. The last three factors are important responsivity factors (i.e., factors that may interfere with treatment effectiveness). A bio-psychosocial assessment also is conducted to assess common risk and need factors associated with recidivism. Noble Choices also uses the Personal Drug Use Questionnaire to measure client motivation for treatment and the Client Self Rating Survey to measure various personality characteristics. These latter two tools, however, are primarily used as research tools.

Areas that Need Improvement:

Several staff indicated that although most program participants were appropriate for the services provided, many had mental health issues that were difficult to manage within the program. Many of these clients are emotionally unstable and cannot deal effectively with the pressures of the therapeutic community.

Although important risk factors are assessed for use in treatment planning, they are not assessed with a standardized instrument designed to predict the likelihood of clients' recidivism. Furthermore, the current assessment instruments do not provide summary scores that can be used in case classification (i.e., as high, medium or low risk cases).

Not Scored: Since the program has only been in operation for five months and a standardized, quantifiable risk instrument is not currently in use, the requirement regarding the validation of the risk/need instrument was deemed not applicable.

Rating: Satisfactory – Needs Improvement

Recommendations:

- Attempts should be made to screen out clients with mental health problems that may interfere with treatment.

- Noble Choices may benefit from the use of a standardized risk assessment instrument such as the Level of Services Inventory or the Wisconsin Risk Assessment Instrument. Each of these instruments include risk and need factors that are known correlates of crime. They provide summary scores that predict the offenders likelihood of recidivism and that can be used in case classification. The latter instrument is fairly brief and can be completed based on information collected through current assessment procedures. It may be that the institution already uses such an instrument for case classification purposes. If so, Noble Choices could simply include this in their assessment package for consideration in treatment planning. It must, however, predict recidivism in addition to institutional misconduct.

Program Characteristics

This section examines whether or not the program targets criminogenic behaviors and attitudes, the types of treatment used to target these behaviors and attitudes, specific treatment procedures, the use of positive reinforcement and punishment, and methods used to prepare clients for return to the community. Other important elements of effective intervention include the ratio of rewards to punishment; matching the client's risk, needs, and personal characteristics with the appropriate treatment programs, treatment intensity, and staff; and relapse prevention strategies designed to assist the client in anticipating and coping with problem situations.

Strengths:

The treatment and services offered by Noble Choices are designed to target criminogenic needs and behaviors associated with recidivism including:

- changing attitudes, orientations, and values favorable to law violations and anti-criminal role models;
- reducing problems associated with alcohol/drug abuse;
- reducing anger/hostility level;
- increase self-control, self-management, and problem solving skills;
- promote more positive attitudes/increase performance regarding school work;
- relapse prevention;; and

- alleviating the personal and circumstantial barriers to service (client motivation, denial).

The TC model that is operated by Noble Choices is rooted in a social learning approach that provides opportunities for modeling and behavioral rehearsal techniques that engender self-efficacy. The treatment groups provided within the TC incorporate a cognitive behavioral approach that aims to challenge antisocial attitudes and develop self-control procedures. The psycho-educational groups currently available to program participants include:

- Induction Group;
- Rational Emotive Therapy;
- Free Your Mind;
- Commitment to Change; and
- Manifesting Excellence; and
- Relapse Prevention.

The Induction Group focuses on introducing the client to the therapeutic milieu and on providing drug and alcohol education. The next three groups target thinking errors and antisocial attitudes. Manifesting Excellence focuses on cultural diversity, and Relapse Prevention focuses on the cycle of addiction and on providing clients with the skills necessary for maintaining sobriety. Treatment curriculum and client workbooks are available for each of the groups. Detailed treatment manuals such as these contribute to consistency in services and increase program integrity.

Each client also participates in a TC caseload group that is more therapeutic in nature and focuses on feelings and problem-solving.

Between TC family meetings, encounter groups, crew meeting, seminars and didactics, educational or therapy groups, and individual sessions with their case manager, program participants are involved in formalized therapeutic activities for at least six hours per day Monday through Friday. Additionally, the therapeutic milieu is in force at all times. The program is designed to last from six to twelve months.

Effective programs closely monitor offenders' whereabouts to break up the criminal network. The structured schedule facilitates this monitoring. Additionally, client behavior in the living units is closely monitored by TC family members who hold each other accountable for their behaviors.

Clients are asked to write proposals for changes they would like to see in the rules and structure of the program. Additionally, clients can make suggestions to staff through the lines of communication that exist within the TC hierarchy. Examples of changes that have been made based on client input include the process for giving and responding to verbal pull-ups and the establishment of a relating table to work out differences.

Incentives and rewards for program participation and compliance are an integral part of the TC. Common rewards include verbal push-ups, job advancement, phase advancement, certificates of completion, and public recognition of accomplishments. Movement through the TC hierarchy gives clients a sense of accomplishment and pride.

Disincentives and punishments are used to increase individual awareness of negative behavior and of the impacts that such behavior has on others. Punishments are used to encourage growth and commitment to positive change.

Effective correctional intervention programs train clients to monitor problem situations and rehearse alternative, prosocial responses to these situations. A portion of many of the treatment groups focuses on helping offenders identify triggers and events leading to drug/alcohol use and other antisocial behavior. Offenders also practice alternative prosocial behaviors through various exercises, role plays, and homework assignments. The Relapse Prevention Group will focus more extensively on practicing the skills needed for abstinence and on developing relapse prevention plans. Additionally, offenders are given the opportunity to practice newly acquired skills in increasingly difficult situations as they face new challenges and additional responsibilities as they move up the TC hierarchy.

Effective intervention programs routinely refer clients to other services and agencies that help address their remaining needs. Although Noble Choices has not yet successfully discharged anyone, they have mechanisms in place for referring clients to services in the community. Upon discharge from the program, clients will be under parole supervision. The treatment staff at Noble Choices make recommendations for follow-up treatment. A Community Liaison Crew also has been established recently. The goal of this crew is to identify services (e.g., halfway houses, outpatient treatment) that are available to clients upon their release.

Areas that Need Improvement:

Effective programs vary the intensity and duration of programs based on clients' risk of recidivism. Currently, there is no variation in the number or types of groups that clients participate in; all groups are mandatory. Furthermore, the length of the program is based on the clients' progress and parole release date rather than on the clients' risk level.

Effective programs also assign clients to treatment programs and treatment staff that match up best with their interests, style of learning, and personality characteristics. Although Noble Choices assesses some important responsivity factors with the Prison Inmate Inventory, this information is not used to match clients with treatment environments or treatment providers. For example, high anxiety offenders or offenders with a low tolerance for stress may not be suitable for the highly confrontational nature of a TC. Additionally, clients are assigned to case managers based on caseload sizes rather than on matching the client's needs and personality characteristics with the case manager who has the professional skills and personality styles that would most benefit the client.

Lastly, effective programs match the personal and professional skills of staff with the type of treatment that they provide. Currently, all staff are conducting all groups; no consideration has been given to how staff's specific interests, knowledge, or skills might be best suited for particular groups.

The treatment literature states that to promote prosocial behavior rewards should be used at a ratio of at least 4 rewards to 1 punishment. Although there are clear rewards built into the program design, staff that were interviewed believed that punishments were used more often than rewards. They also stated, however, that as the community matures, they are seeing rewards being used more often than punishments.

Although some of the punishing stimuli used are appropriate (e.g., loss of privileges, learning experiences that teach a prosocial alternative) others are seen as demeaning (e.g., wearing signs, washing a block). Furthermore, written pull-ups are only reviewed one time each week. At that time, the punishment, or learning experience, is decided and administered. This delay in the administration of the punishment decreases the effectiveness of punishment. Within the TC model, there is only one way to respond to punishments and that is to "act as if." Given this, it does not appear that staff are attuned to or monitor the potential negative effects of punishment such as escalation of behavior, aggression, or avoidance.

Although Noble Choices has specified that program completion will be based on progress in treatment and movement through the phase system, their ability to terminate people from treatment is constrained by parole release decisions. Some clients have been released on parole before the treatment staff deemed them to be ready. Staff are also anticipating that some clients whom they feel have successfully met the completion criteria will be "flopped" by the parole board and have to remain in the program. Because they do not want to return clients to the general prison population, they plan to develop a Cadre within the TC and keep them in until their release.

There is currently no formal treatment component that systematically involves families in the offender's treatment.

There are no formal "booster sessions" offered to clients to reinforce what they learned through the core treatment phase. Although Noble Choices staff will make recommendations for aftercare services for clients, they will have no control over whether these services are actually received.

Evaluation: Satisfactory-Needs Improvement

Recommendations:

- The intensity and duration of the program should vary according to the client's level of risk. Intensive services should be reserved for the highest risk offenders, perhaps by requiring them to participate in more psycho-educational groups that address the individual needs.

- Offenders should be matched to groups and case managers based on responsivity factors such as level of cognitive functioning, learning styles, level of anxiety, and communication styles. For example, low functioning offenders will have difficulty with a group facilitator or case manager that uses a highly verbal approach to treatment and high anxiety offenders will not respond well to a highly confrontational group or case manager.

- If may be beneficial for staff to develop expertise in the delivery of a specific group. This can be based on staff interests, knowledge base, or past experience.

- Appropriate behavior and participation in treatment should be consistently rewarded. The ratio of rewards should be at least 4:1, and all staff and family members should be well versed in the application of rewards.

- In order for punishers to be effective in extinguishing behavior the following conditions must be met: escape impossible, maximum intensity, earliest point in the deviant response, after every occurrence or deviant behavior, immediate, not spread out, and alternative prosocial behaviors provided after punishment is administered. Staff should also be trained to look for negative responses to punishers (e.g. emotional reactions, increase use of punishers, withdrawal, etc.).

- Successful program completion should be based on the acquisition and demonstration of prosocial attitudes, skills, and behaviors. Noble Choices should continue working with the parole board to establish program integrity and confidence in staff recommendations.

- Family members and significant others should be trained in how to provide help and support to the offenders during problem situations.

- Aftercare services or booster sessions should be implemented to reinforce attitudes and behaviors learned in the core treatment phase. Noble Choices should continue with the efforts of the Community Liaison Crew toward establishing a network of available treatment resources for clients upon their release.

Staff Characteristics

This section concerns the qualifications, experience, stability, training, and involvement of the program staff. The qualifications of 34 staff were examined for the purpose of this assessment. The scoring, however, was based on the qualifications of the 16 treatment staff.

Strengths:

The treatment staff are well qualified with 100 percent possessing a baccalaureate degree in a helping profession. In addition to experience and education, staff are hired based on personal qualities such as flexibility, commitment, willingness to change, consistency,

dedication, honesty, and integrity. Staff participate in on-going training seminars related to the TC concept and the enhancement of service delivery skills. They are intrinsically involved in program development and modifications and appear to be supportive of the program's treatment goals.

Areas that Need Improvement:

Only 50 percent of the treatment staff have prior experience with offender treatment programs. Initial staff training is limited to one week of TC immersion training and on-the-job training. Although staff will receive annual evaluations, the focus of these evaluations is more on administrative concerns (e.g., timeliness, quantity and quality of work, cooperation) than service delivery skills (e.g., counseling skills, group facilitation skills, assessment skills). Furthermore, staff are not currently receiving formal clinical supervision.

Not scored: Because of the abbreviate program duration, the item on staff stability was not scored. It should be noted, however, that all staff have been with the program since its inception.

Evaluation: Satisfactory

Recommendations:

- When new staff are selected, every attempt should be made to select staff with prior experience in offender treatment programs.

- New staff should receive three to six months of formal training in theory and practice of interventions employed by the program. In addition to the TC immersion training, staff should be trained on cognitive-behavioral theory, social learning theory, and group therapy. They should also be trained on the use of the specific treatment curriculums that have been implemented.

- Annual staff evaluations conducted for ODRC should be supplemented with evaluation criteria that specifically assess staff's service delivery skills within the Therapeutic Community.

- Individualized clinical supervision should be provided to treatment staff on a routine basis for the purpose of discussing problem cases and enhancing clinical skills.

Evaluation

This section centers on the types of feedback, assessments, and evaluations used to monitor how well the program is functioning.

Strengths:

Noble Choices has some quality assurance processes in place including file reviews and group observation.

Progress in treatment is monitored in several ways. In order to graduate from the orientation phase, clients must pass a TC test to demonstrate their understanding of the TC components, purposes, and processes. Work evaluations forms which include likert scales are used to rate the client's work performance. Treatment plans are reviewed every 90 days. During this review, problem areas and related objectives are rated as no progress, some progress, and achieved.

In addition to these methods for monitoring treatment progress, Noble Choices is administering the Personal Drug Use Questionnaire, the Client Self-Rating Form, and the Prison Inmate Inventory. While the re-administration of these tools is being done for research purposes, they also provide good measures of client progress.

Areas that Need Improvement:

No client satisfaction surveys are being conducted.

Not Scored: As part of the federal grant for RSAT a process evaluation is currently underway as are plans for an outcome evaluation which will involve a comparison group.

Evaluation: Satisfactory

Recommendations:

- Noble Choices would benefit from a client satisfaction survey. It could be conducted upon a client's departure or annually with a random sample of program participants.

Other

The final section in the CPAI includes miscellaneous items pertaining to the program such as disruptive changes in the program, funding, or community support, ethical guidelines and the comprehensiveness of the clients' files.

Strengths:

Client records are maintained in confidential files and include assessment information, treatment plans, and detailed progress notes. There is a documented code of ethics for ODRC which guides staff interaction with clients and work behavior. There have been no changes in the level of program funding or community support that have jeopardized the smooth functioning of the program.

Areas that Need Improvement:

Ongoing construction of the group space for the TC has created problems in scheduling and limited the number of groups that can be offered. Some groups have had to be cancelled due to scheduling conflicts. The group space had just become available to Noble Choices on the day of this assessment; this should alleviate the problems in scheduling.

Noble Choices does not have an advisory board that oversees or advises the program.

Evaluation: Satisfactory

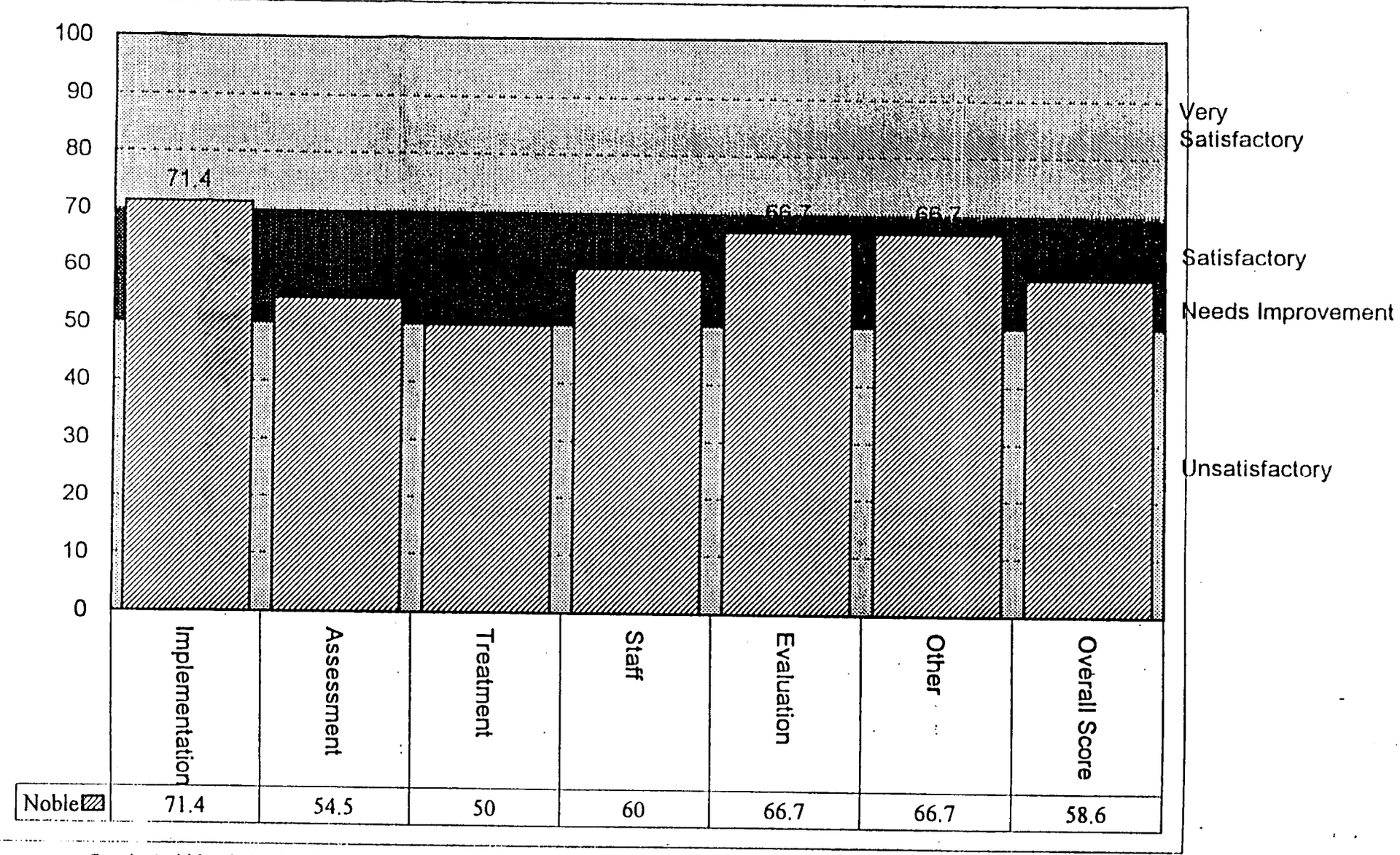
Recommendations:

- Noble Choices may benefit from the establishment of an advisory board consisting of community members and custody and treatment personnel within the prison. This board can advise the program and serve as an advocate for program needs.

OVERALL PROGRAM RATING:

Noble Choices within the Noble Correctional Institution received an overall score of 58.6 percent on the CPAI. This score is in the "Satisfactory-Needs Improvement" range of the scale.

CPAI Scores for Noble Choices
Ohio Department of Rehabilitation and Corrections



Conducted March 1999. Very Satisfactory=70% or higher; Satisfactory=60-69%; Needs Improvement=50-59%; Unsatisfactory=less than 50%.

Correctional Program Assessment Inventory©

Conducted on the Mohican Youth Center
Ohio Department of Youth Services
Loudenville, Ohio

By

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October 1998

Summary of the Program

Mohican Youth Center (MYC) is a 160-bed secure facility operated by the Ohio Department of Youth Services (DYS). In 1998, MYC was designated as a substance abuse treatment facility for drug-involved youth sentenced to DYS as the result of a felony adjudication. Youth assessed as needing long-term residential treatment are sent to MYC for the last six months of their sentence. MYC is funded by a federal grant and matching funds from DYS. The grant is renewable for four years after which time DYS will fund the program in its entirety. MYC employs approximately 175 people including 13 clinical staff.

Procedures

The Correctional Program Assessment Inventory (CPAI, Gendreau and Andrews, 1992) is used to ascertain how closely a correctional treatment program meets known principles of effective correctional treatment. There are six primary sections of the CPAI: 1) program implementation and the qualifications of the program director; 2) client pre-service assessment; 3) characteristics of the program; 4) characteristics and practices of the staff; 5) quality assurance and evaluation; and 6) miscellaneous items such as ethical guidelines and levels of community support.

Each section is scored as either "very satisfactory" (70% to 100%); "satisfactory" (60% to 69%); "satisfactory, but needs improvement" (50% to 59%); or "unsatisfactory" (less than 50%). The scores from all six areas are totaled and the same scale is used for the overall assessment score. It should be noted that not all of the six areas are given equal weight, and some items may be considered "not applicable," in which case they are not included in the scoring.

Data were collected through structured interviews with selected program staff on October 20 and 21, 1998. Other sources of information included the observation of group sessions and the examination of several representative case files and other selected program materials.

Program Implementation

The first section examines how much influence the current program director had in designing and implementing the program, his/her qualifications and experience, his/her current involvement with the staff and the clients, and the overall implementation of the program.

Strengths:

The first area concerns the qualifications and involvement of the program director, or the person responsible for overseeing the daily operations of the program. The current clinical director has a master's degree in alcohol and drug abuse ministry and has earned her CCDCIII. With the exception of a three-year departure, she has been with DYS since

1989. During her tenure at Riverview, another DYS facility, she was appointed to the transition committee that was responsible for overseeing Mohican's transition from a generalized medium security facility to a substance abuse treatment facility. She has been intricately involved with all aspects of program development including the hiring, training, and direct supervision of the clinical staff.

The second area of focus is the creation of the program itself. Effective intervention programs have several dimensions: they are designed to be consistent with the treatment literature on effective programs; the values and goals of the program should be consistent with existing values in the community or the institution; the program meet a local need; and the program is perceived to be cost-effective.

The transition committee was responsible for reviewing pertinent treatment literature and for ensuring that the literature on effective programs was incorporated into the program design. The committee was aided by research conducted by the employees at the central office of DYS. A primary focus of the research has been on therapeutic communities.

The values and goals of Mohican are consistent with the overall mission of DYS. The central office has been supportive of the facility and its staff throughout the transition period. Although the transition to a substance abuse facility has been difficult for many of the custodial staff, the majority are supportive of the shift in focus. Furthermore, many of the custodial staff conduct group sessions as needed and participate on the treatment teams for youth assigned to their unit.

The program was developed to address the prevalence of youth who demonstrated serious drug and alcohol problems. The program is perceived as being cost-effective and sustainable.

Areas that Need Improvement:

Although some of the program materials were piloted at Circleville there was no formal pilot period at Mohican that allowed for the sorting out of program content and logistics.

The clinical director is not systematically involved in the delivery of direct services to youth.

Evaluation: Very Satisfactory

Recommendations:

- Before any changes are made to the program, a pilot phase should be undertaken to sort out program logistics and content. The pilot should last a minimum of one month.

- The clinical director should be systematically involved in direct service delivery (e.g., conducting groups, assessing youth, individual counseling) as a means of staying

abreast of the challenges faced by staff and youth and the skill level and resources required for the effective delivery of services.

Client Pre-Service Assessment

The extent to which clients are appropriate for the service provided, and the use of proven assessment methods is critical to effective treatment programs. Effective programs assess the risk, need and responsivity of offenders, and then provide services and treatment accordingly. The section on Client Pre-Service Assessment examines three areas regarding pre-service assessment: selection of clients, the assessment of risk, need, and personal characteristics of the client; and the manner in which these characteristics are assessed.

Strengths:

Youth referred to MYC have multiple areas of need in addition to substance abuse including educational, psychological, and social skill deficits. Rational exclusionary criteria have been established. These criteria include insufficient time to complete the program and offenders' whose primary treatment needs (e.g., mental health, sexual deviance) can be better served by placement in another DYS facility.

All youth undergo a battery of assessments upon intake to the DYS reception center in Circleville, Ohio including a social history, medical examination, educational history, gang assessment, substance abuse assessment, the Youthful Level of Service Inventory, the Brief Symptom Inventory, and a suicide risk assessment. These completed assessments are included in the youth's file upon transfer to MYC.

Two of the assessments used by DYS are quantifiable, objective measures of risk and need that provide a summary score that can be used in treatment classification. The Juvenile Automated Substance Abuse Evaluation (JASAE) is used to assess the severity of youths' substance abuse problem; it provides a summary score indicating the level of care required. Youth scoring 21 or above on the JASAE are referred to MYC. A JASAE is available on all youth participating in MYC. In July 1998, DYS instituted the Youthful Level of Services Inventory (YO-LSI). The YO-LSI uses multiple items to measure eight areas of risk and need that are associated with recidivism including criminal history, family circumstances and parenting, education/employment, peer relations, substance abuse, leisure/recreation, personality and behavior, and attitudes/orientation. YO-LSIs are only available on the youth most recently admitted to MYC.

DYS measures several responsivity factors, or personal characteristics, that may interfere with treatment. Youths' intellectual abilities are measured through the California Achievement Test (CAT) and psychological patterns including interpersonal sensitivity, anxiety, depression, and hostility are measured through the Brief Symptom Inventory (BSI). Both are quantifiable, objective instruments.

Areas that Need Improvement:

Although the majority of offenders referred to MYC appear to be appropriate for the services provided, many offenders have mental health needs or behavioral problems that are best served by another DYS institution. Additionally, many youth have been transferred to MYC too late in their sentence and, therefore, do not have a sufficient amount of time to complete the program.

The CAT and BSI instruments that are used to measure intellectual functioning and anxiety/depression do not provide overall summary scores for use in treatment classification.

Two major concerns regarding the assessment process should be noted. First, the assessment information for many of the youth referred to MYC appears to be outdated by the time they are transferred to MYC. Many of the youth receive some type of treatment at other DYS institutions prior to being transferred to MYC. Any changes in knowledge and attitudes as the result of this treatment or their incarceration is not captured in the current assessment information, nor are changes in youths' mental health status.

Rating: Very Satisfactory

Recommendations:

- It may be beneficial for MYC to consider the implementation of an abbreviated assessment process that captures current information regarding youths' knowledge and attitudes about substance abuse, their readiness for treatment, and their current mental health status.

- Quality assurance mechanisms should be instituted to insure that assessment findings are reflected in youths' treatment plans.

Program Characteristics

This section examines whether or not the program targets criminogenic behaviors and attitudes, the types of treatment used to target these behaviors and attitudes, specific treatment procedures, the use of positive reinforcement and punishment, and methods used to prepare clients for return to the community. Other important elements of effective intervention include the ratio of rewards to punishment; matching the client's risk, needs, and personal characteristics with the appropriate treatment programs, treatment intensity, and staff; and relapse prevention strategies designed to assist the client in anticipating and coping with problem situations.

Strengths:

The treatment and services offered by MYC are designed to target criminogenic needs and behaviors associated with recidivism including:

- changing attitudes, orientations, and values favorable to law violations and anti-criminal role models;
- promote more positive attitudes/increase performance regarding school work;
- relapse prevention;
- focusing on harm done to the victim; and
- alleviating the personal and circumstantial barriers to service (client motivation, denial).

MYC is in the process of establishing a therapeutic community in which the therapeutic milieu will serve as the primary agent of change. Some of the terminology and procedures common to therapeutic communities have recently been implemented (push-ups, pull-ups, learning experiences). Currently, the treatment services provided by MYC combine the 12-step model, a social learning approach that provides opportunities for modeling and behavioral rehearsal techniques that engender self-efficacy, and a cognitive behavioral approach that aims to challenge antisocial attitudes, increase victim empathy, and develop self-control procedures. Social learning and cognitive-behavioral approaches have proven effective in reducing recidivism. Specifically, MYC provides individual counseling and several educational and therapy groups including the following:

- Normative Culture Groups – these groups designed to help the youth identify and resolve problems behaviors and thinking errors, develop competencies, and encourage and support each other. They are conducted four times each week for 1.5 hours throughout the period of treatment.

- Criminality Groups – these 1.5 hour psycho-educational groups are conducted two times per week throughout the six-week orientation phase of the program. A curriculum by Hazelden is used to challenge criminal thinking patterns and assist offenders in identifying the link between their criminal behavior and substance abuse.

- Substance Abuse Education Groups – these groups are conducted throughout the youths' treatment with the intensity increasing as the youth progress through treatment (i.e., 3 hours per week during the orientation phase to 12 hours per week during the relapse prevention phase). The focus of these groups is on basic education about drug and alcohol use and its consequences and relapse prevention skills.

- Pathways – these groups focus on the disease model of drug addiction and introduce youth to the 12-step process of recovery.

- Young Men's Work – this ten session group is provided during the youths' core treatment phase for 1.5 hours each week. A Hazelden curriculum is used to assist the youth in developing problem-solving and conflict resolution skills that stop the need for violence.

MYC offers a very structured program. In addition to individual and group counseling, youth attend school and participate in therapeutic recreation and meditation. Thus,

program participants are involved in therapeutic activities for at least 40 percent of their time as recommended in the treatment literature. Additionally, their whereabouts and peer associations are closely monitored in the living units.

Youth have input in the rules and structure of the program through "house meetings" that are held on a weekly basis. The youth are responsible for setting the meeting agenda and are responsible for running the meeting. The purpose of the meetings is to raise and resolve concerns about the program.

Effective correctional intervention programs train clients to monitor problem situations and rehearse alternative, prosocial responses to these situations. A significant portion of group time is focused on helping offenders identify triggers and events leading to drug/alcohol abuse and other antisocial behavior. Offenders practice alternative prosocial behaviors through various exercises and role plays. Offenders also identify people whom they can call for support when faced with a difficult situation.

Effective intervention programs routinely refer clients to other services and agencies that help address their remaining needs. All youth are placed on parole upon their release from DYS and their remaining treatment goals are addressed. An aftercare specialist or parole officer meets with the youth prior to their release. Specific aftercare services are available in several regions. Youth in other regions are simply referred to the local substance abuse service for continued treatment.

Areas that Need Improvement:

The most effective correctional intervention programs have detailed treatment manuals that describe the instructional or therapeutic methods to be used when delivering a specific service. These manuals are then used by all treatment staff to insure the consistent and appropriate delivery of services. Although various treatment manuals (e.g., Hazelden curricula) are available to social workers for conducting the aforementioned educational and therapy groups, there was little consistency across treatment staff in the content or nature of the services provided. Each social worker prepares his/her own lesson plans based on materials available to them through MYC or personal resources. The observation of several groups and interviews with treatment staff suggest that the groups are targeting appropriate criminogenic needs, are highly structured and well-facilitated by staff, and that they encourage youth interaction and involvement. The problem lies, not so much in what is being done within each group, but with the lack of consistency across groups and social workers. It is very difficult to determine if youth are receiving the intended continuum of services (i.e., basic education, skill building, and relapse prevention). Furthermore, there appears to be some overlap and duplication between the substance abuse education and pathways groups. While some repetition is needed, too much can lead to boredom and frustration among the youth and hinder their motivation for positive change.

Effective correctional treatment programs vary the level of services according to the level of client risk. Because the risk level of participating offenders has only recently been

measured with the YO-LSI, it is difficult to determine if the intensity and duration of treatment is appropriately matched to the offender's level of risk. Essentially, all offenders receive the same level of supervision and treatment. Some offenders may receive more individual counseling than others but this is not systematically built into the treatment plan based on the youth's risk level.

Effective programs assign clients to treatment programs and treatment staff that match up best with their interests, style of learning, and personality characteristics. Currently, the primary determination for assigning youth to living units and, thus, to treatment staff is bed availability. A "dorm placement committee" has been established to examine factors to be considered in dorm assignment.

Effective programs also match treatment staff with programs or services that tap their expertise and interests. The treatment staff at MYC are involved in all programmatic aspects rather than specializing in areas that match their skills and interests.

MYC has a behavioral management system that includes six levels. As youth progress through levels, youth receive additional privileges. This behavioral management system is currently being modified. In the old system, youth earned "bad points" for rule violations. The juvenile correctional officer or treatment staff would write up youth for rule violations, awarding them 1 point for minor violations and 2-5 points for repeat or major violations. If a youth earned 36 or more points during a four week period the youth would lose a level and, hence, lose privileges. At that time the accumulation of points started over. Four primary problems existed with this system: 1) it focused, by design, on negative behaviors; 2) in many cases, youth would earn points but no other consequences; 3) there was often no interaction between the person who awarded the points and the youth; and 4) loss of levels and privileges was delayed by several weeks. Furthermore, if a youth earned too many points a hearing would be held and extra time could be added to his sentence. Because too much extra time was being given, this option was eliminated. This system violates the principles of effective intervention that suggest that the ratio of rewards to punishers should be at least 4:1 and that punishers be imposed immediately, at the earliest point in the deviant response, after every occurrence of deviant behavior, and that alternative prosocial behaviors are provided after punishment is administered.

The new system shifts the focus to rewarding positive behavior. Youth must meet certain criteria (e.g., consistent compliance with rules, progress in treatment, positive school performance) and petition the treatment team for a level change. Additionally, "learning experiences" are now given to youth as consequences for rule violation. Learning experiences are tools used in therapeutic communities to address antisocial behavior. They are consequences for behavior that are directly related to the infraction. For example, a youth might be required to write a letter of apology for swearing at someone, write an essay about the importance of good hygiene for an unkempt appearance, or perform extra cleaning duty for leaving a mess.

The system now in place is a hybrid of the old and new systems described above. The period of transition is leading to inconsistency among staff in the use of rewards and punishments and many negative behaviors are going unattended.

Because of the current lack of consistency in the delivery of treatment services, it is unlikely that youth are systematically exposed to increasingly difficult scenarios that encourage the practice of newly acquired skills and behaviors.

Release from the program is currently time-based. That is, when offenders complete their sentence, they are automatically released regardless of progress in treatment or the extent to which they demonstrate prosocial attitudes and behaviors. For youth sentenced after July 1, 1998 release decisions will be made on a case-by-case basis by the recently implemented DYS Release Authority. Program completion criteria are currently being developed by MYC. The decision regarding a youth's release from MYC or transfer to another institution will be up to the Release Authority based on information provided by the MYC treatment staff.

Community/family contact and support are essential to successful reintegration, and becomes even more important once a client is discharged from the treatment program. There is no evidence that the program routinely works with or trains family members on how to assist the offenders once they return home.

Evaluation: Unsatisfactory

Recommendations:

- A treatment manual that details the nature of the group treatment should be developed. This will facilitate staff training and the consistent delivery of services.

- Treatment intensity, or "dosage," should be clearly matched to the offender's level of risk as measured by a valid risk instrument. Higher risk offenders should receive more intense levels of treatment.

- Offenders should be matched to groups and treatment staff based on responsivity factors such as level of cognitive functioning, learning styles, level of anxiety, and communication styles. For example, low functioning offenders will have difficulty with a group facilitator highly verbal approach to treatment and high anxiety offenders will not respond well to a highly confrontational group or treatment staff.

- It may be beneficial for MYC to assign social workers to groups that best match their interest and expertise. This would give staff an opportunity to hone their skills in a particular area. It may also increase the consistency and the quality of the educational and therapy groups.

- Appropriate behavior and participation in treatment should be consistently rewarded. The ratio of rewards should be at least 4:1, and all staff should be well versed in the application of rewards and punishers.

- In order for punishers to be effective in extinguishing behavior the following conditions must be met: escape impossible, maximum intensity, earliest point in the deviant response, after every occurrence or deviant behavior, immediate, not spread out, and alternative prosocial behaviors provided after punishment is administered. Staff should also be trained to look for negative responses to punishers (e.g. emotional reactions, increase use of punishers, withdrawal, etc.).

- Opportunities should be developed (role plays, scenarios, additional privileges and responsibilities) to allow youth to practice newly acquired prosocial behaviors. This problem may be addressed with the full implementation of the therapeutic community where youth will encounter more responsibility and more difficult situations as they move through the hierarchy.

- Family members and significant others should be trained in how to provide help and support to the offenders during problem situations..

Staff Characteristics

This section concerns the qualifications, experience, stability, training, and involvement of the program staff. This scoring for this section was based on ten treatment staff.

Strengths:

The treatment staff at MYC are well qualified with 100 percent possessing a baccalaureate degree (80 percent in a helping profession) and 10 percent with a masters degree. Seventy percent of the treatment staff have been with MYC for at least two years, and 80 percent of the staff have prior experience with an offender treatment program. In addition to education and experience, staff appear to be hired based on personal qualities such as compassion for youth, optimism, integrity, and directness. Program staff are assessed yearly on skills related to service delivery and their input is encouraged through the weekly team meetings and participation on committees.

Areas that Need Improvement:

New staff training includes three weeks of pre-service training through DYS, a local orientation to MYC, and on-the-job training, none of which involves intensive training on cognitive or behavioral theories being used. During the transition to a substance abuse treatment program, all staff (including Correctional Officers) received 40 hours of substance abuse training. Since that time, however, new staff have not routinely received this training. Several staff have participated in Therapeutic Community Immersion Training provided by the Ohio Department of Alcohol and Drug Abuse Services although many more are in need of this training.

Although treatment teams meet once a week, no individual clinical supervision is currently being provided.

Evaluation: Very Satisfactory

Recommendations:

- New staff should receive three to six months of formal training in theory and practice of interventions employed by the program.

- The Social Workers should receive regular clinical supervision that is designed to review cases, address problematic issues, and enhance service delivery skills.

- As Juvenile Correctional Officers (JCOs) become more involved in treatment, their qualifications become more important. Effective treatment programs have well-qualified staff (i.e., 75% with a bachelors degree, 10% with a masters degree, and 75% with at least one year prior experience in an offender treatment program). MYC should evaluate the qualifications of the JCOs to ensure that the staff, as a whole, meets these criteria. It should be noted that in the case of staff shortages, JCOs are being asked to conduct groups. It is unlikely that they have the proper training to conduct these groups effectively, particularly without a detailed treatment manual.

Evaluation

This section centers on the types of feedback, assessments, and evaluations used to monitor how well the program is functioning.

Strengths:

Objective criteria regarding a youth's participation, performance, and attitudes are considered and rated as a means to monitor offender progress during weekly team meetings.

Areas that Need Improvement:

There are minimal quality assurance mechanisms in place. As stated previously, social workers are not receiving individualized clinical supervision. They are also given a lot of leeway in the content and nature of their groups. File reviews are not being conducted on a regular basis, nor are client satisfaction surveys being conducted. A survey has been developed and will be implemented in the near future.

Not scored:

There is an evaluation component to the federal grant that has been awarded to MYC. As part of this evaluation piece, offenders will be tracked with regard to recidivism.

Furthermore, plans are currently being made to conduct a formal outcome evaluation on the program that will involve the use of a comparison group.

Evaluation: Unsatisfactory

Recommendations:

- Client satisfaction surveys should be conducted annually.
- Other quality assurance mechanisms also should be implemented including individualized clinical supervision, random review of case files, and periodic observation of educational and therapy groups.
- In addition to the treatment team review as a means of monitoring progress in treatment, pre-post measures that capture changes in knowledge and attitudes related to specific treatment components may be beneficial. These should be developed once the treatment curricula has been developed and implemented.

Other

The final section in the CPAI includes miscellaneous items pertaining to the program such as disruptive changes in the program, funding, or community support, ethical guidelines and the comprehensiveness of the clients' files.

Strengths:

DYS has a written statement on the ethics of intervention. There have been no changes in program funding or in community support over the past two years that have jeopardized the program. There is a community advisory board that provides program oversight.

Areas that Need Improvement:

Although the client records are kept in confidential files, the information is not maintained in one comprehensive file that is accessible to JCOs and Social Workers for the purpose of monitoring and documenting progress.

Constant change in programming and DYS policies since MYC opened as a treatment facility is jeopardizing the smooth functioning of the program. Although the changes appear to consist of improvements, MYC staff are struggling to keep up with the policy changes and day-to-day service delivery. Additionally, the constant change is leading to inconsistencies among program staff. A Casework Supervisor position had been vacant for approximately one month at the time of the program assessment. This vacancy left several Social Workers without active supervision, and by required all Social Workers to conduct additional groups while also providing individual counseling and case management for 20 youth.

Evaluation: Satisfactory

Recommendations:

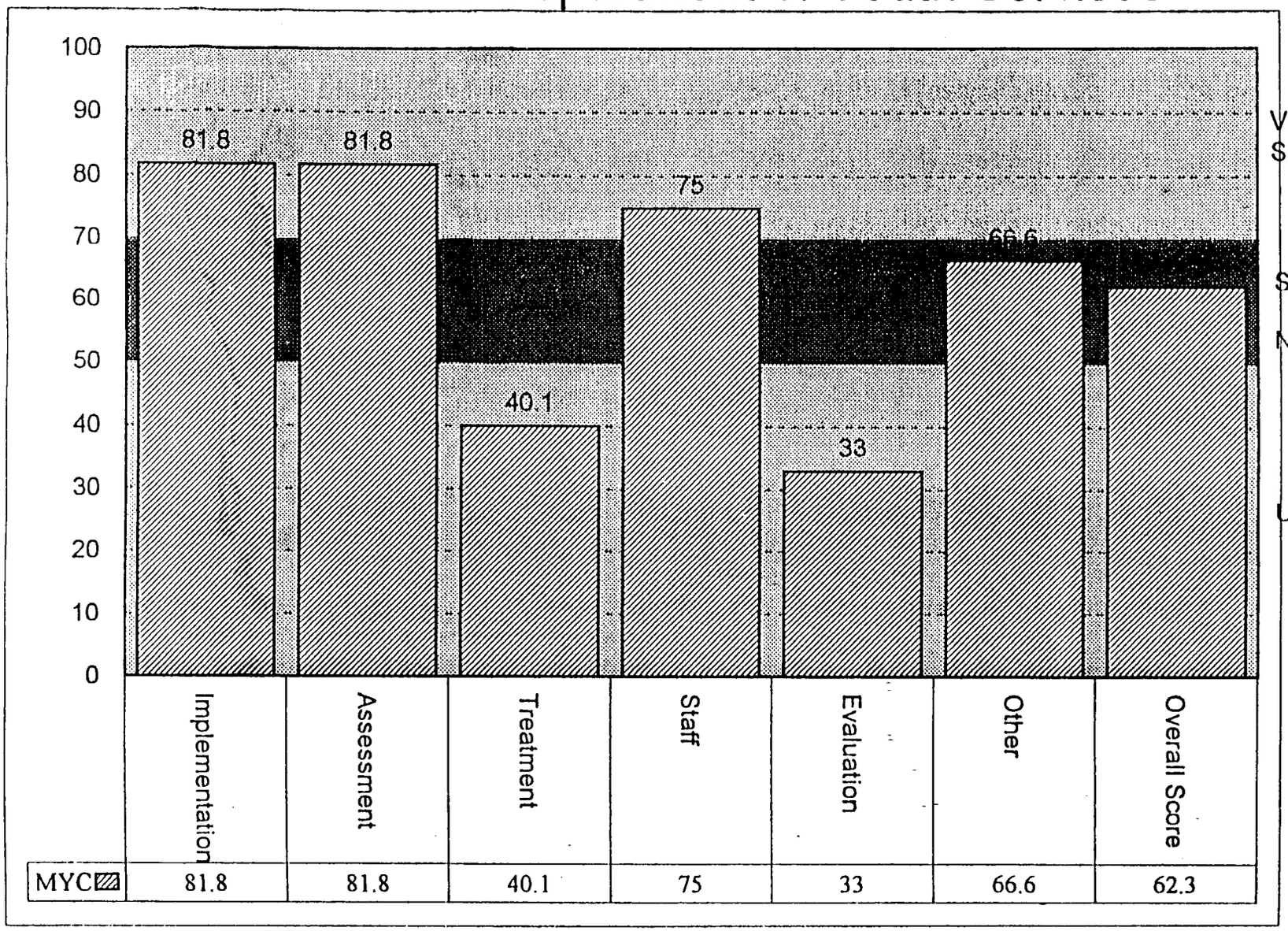
- Case files should be comprehensive and confidential. They should include social history, individual service plan, progress notes, and discharge plans.

- To maintain the integrity of services to youth, it may be beneficial for MYC to decelerate the change process by working with DYS to establish priorities. Stability is an essential ingredient for the provision of effective intervention.

OVERALL PROGRAM RATING:

The Mohican Youth Center received an overall score of 62.3 percent on the CPAI. This score is in the "satisfactory" range of the scale.

CPAI Scores for Mohican Youth Center
Ohio Department of Youth Services



Conducted October 1998. Very Satisfactory=70% or higher; Satisfactory=60-69%; Needs Improvement=50-59%; Unsatisfactory=less than 50%.

APPENDIX C

THERAPEUTIC SITE OBSERVATION MONITORING INSTRUMENT REPORTS

Ohio Department of Alcohol and Drug Addiction Services

Therapeutic Site Observation Monitoring Instrument

George Voinovich, Governor

Luceille Fleming, Director

Written by

Robert Fine

Consultants

Reform Group Inc.

Revised by Robert Stewart

May 13, 1999

THERAPEUTIC SITE OBSERVATION MONITORING

Monday Correctional Institution

The Therapeutic Site Observation Monitoring Instrument was developed by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) as a means of monitoring a therapeutic community's activities and milieu. The sections of the monitoring instrument include:

- Individual counseling
- Morning meeting
- Group therapy
- Encounter groups
- Seminars and/or didactics
- Closing meeting
- Job functions
- Behavioral management
- Environment
- Clinical records

Throughout the monitoring process, the major program components were observed, interviews were conducted with program staff and clients, and a random selection of case files were reviewed. The following rating scale is used to indicate the extent to which the key elements of a therapeutic community have been implemented: 0 = No compliance; 1 = Some compliance; 2 = Substantial compliance. If a particular item does not apply to the program, the item is not scored.

Observers from ODADAS and the University of Cincinnati visited Monday Community Correctional Institution on February 23 and 24, 1999 to monitor the key components of the program. The findings are reported below.

Individual Counseling

The major focus of individual counseling in the therapeutic community is active listening, personal sharing, and redirecting members to the peer-community process. The community is the counselor.

Item	Rating
Meets twice a month with community member.	1
Refers community member to the peer-community process.	1
Allows the "Hats Off" process with community members.	0
Self-discloses appropriately with the community members.	--
Positive feedback is provided more frequently than negative feedback.	--
Individual sessions last approximately 30 minutes.	--
Total possible points = 6 **Total points=**	**2**

Comments:

During this site visit, no individual counseling sessions were observed. There was an attempt to gain information from the client's charts regarding the 1 to 1 sessions. It was not possible, however, to gain all the needed information to adequately score this information. Therefore, the last three items were not scored.

Based on a review of randomly selected RSAT records, it was noted that

- one of the four records had documented meeting twice a month with the family member; and
- some of the treatment plans did refer the client back to the TC community process for treatment while others focused more on individual interventions.

Conversations with Monday staff indicated that they have not yet adopted the "hats off" process with community members due to a conflict in philosophy among staff.

Opportunities for growth:

- Clinical staff meet twice a month for individual sessions with family members assigned to their caseloads for approximately 15-30 minutes.
- Document the length of the session in case files.
- Continue discussions concerning the "hats off" process and steps for its implementation.
- Refer the family member back to the TC community consistently to work out issues, reinforcing the "community as method" approach.

Morning Meetings

Morning meetings are designed to create "good feelings." They should motivate clients by being positive and uplifting. They should be "fun" and provide a common experience for all. Morning meetings are planned in advance by the residents, according to a predetermined agenda. Certain key elements are reading the philosophy, songs, skits, image breakers, daily theme and announcements.

Item	Rating
Agenda - Predetermined	2
Elements - philosophy, songs/skits/image breakers, daily theme, announcements	2
Positive and uplifting tone	2
All residents are present unless excused	2
One or more staff present	2
Any inappropriate behavior is "pulled up"	1
No ridicule of songs/skits/image breakers	2
Audience response - laughter/applause universal/enthused	1
Audience participation - many different members - appropriate to topic	2

Item		Rating
Was this enjoyable? Did it create good feelings?		2
Did opening and close follow TC format		2
Total possible points = 22	**Total points =**	**20**

Comments:

The morning meeting started on time and appeared to follow a predetermined agenda. The meeting began with announcements and continued in an orderly fashion with each member of the hierarchy fulfilling their respective responsibilities. The Monday philosophy was enthusiastically recited by all family members. Other key elements of the meeting included the "electric slide," cheers, and a skit. All family members were present unless excused. Several staff members were present, dispersed throughout the family members, and actively involved in the meeting. There did not appear to be any ridicule of the songs, skits, or image breakers. Audience members participated in various aspects of the meeting including skits, sharing the daily theme, and giving other family members push-ups throughout the meeting for specific achievements, attitudes, or behaviors. In general, the meeting created good feelings. There was a lot of laughter and enthusiasm. Several family members commented that the morning meeting was a good, upbeat way to start the day.

Several pull-ups were observed that appeared to be valid and to follow the appropriate format. Other inappropriate behavior, however, was not addressed (i.e., several of the male family members were slouched down, uninvolved, and inattentive). The female family members were especially upbeat; the male family members appeared to be less enthusiastic largely because of the lack of involvement from the members sitting in the back of the room.

Based upon a prior observation of the morning meeting by Rob Stewart and Bob Fine, the feedback to the staff was to eliminate learning experiences and pull ups from the morning meeting because they were not conducive to creating the necessary positive energy. As a result, L.E.'s are now being done in the closure meeting. The reason that is was suggested that the pull ups not be done in the morning meeting was due to the style of the pull ups at the Monday program. During this last observation of the morning meeting, however, there were clearly some members who needed to be pulled up due to their behavior or lack of participation.

Opportunities for growth:

- Develop a milder pull up of develop a different mechanism to address members' behavior during the morning meetings.

Group Therapy

This should be explorative, supportive, and insight oriented. Clients are encouraged to express feelings and disclose personal issues. The leader should encourage openness, trust, and support. Counselors have a facilitator role, using the group to support the individual, providing an opportunity for change. Staff members should stress the group process and must comment on the process to facilitate it. Staff must avoid being a therapist and solving the issues for the family member as in "one to one" counseling.

Item	Rating
One on one interactions between staff and individuals are brief with process returned back to group	1
Quantity and quality of self-disclosure by family members	1
Quantity and quality of emotional display of family members	1
Overall involvement of members	1
Staff member makes process comments to increase group involvement	1
Family members provide meaningful feedback to individual, supportive, insightful	1
Total points possible = 12 **Total points =**	**6**

Comments:

Two process groups were observed, one by each observer. A comparison of notes and observations revealed differences in the format of the process groups. Observations are noted separately for each group.

Group 1 (female process group): All members of the group actively participated in the therapy session. The primary focus was on an issue that was left unresolved from the previous session concerning a breach of confidentiality and a lack of trust among group members. Several members of the group became quite emotional during the session, self-disclosing their feelings about the incident (e.g., embarrassment, mistrust, anger). Family members provided meaningful feedback to the two individuals who were the focus of the session, challenging some negative attitudes and behaviors, encouraging the individuals to take the next step in their personal growth, and offering support for observed improvements.

The staff member fulfilled her role as a group facilitator and did not engage in one-to-one therapy. The interaction between staff and individual members of the group were brief and for the purposes of redirecting, establishing rules, and tying up lose ends and lessons. When individuals did speak directly to her, she quickly encouraged them to speak to the group. The staff member prompted participation from quiet group members and quieted overly talkative members. She also encourage the use of "I" language and the expression of feelings.

Group 2 (male process group): The facilitator did an excellent job of confronting and working with three of the clients. The format, however, was not that of a process group. There were too many and too lengthy 1 to 1 interactions between staff and family members, and the overall involvement of family members was low.

Opportunities for growth:

- Clarify the purpose and format of TC process groups.
- Stay true to the "community as method" approach by referring comments and questions to the family members.
- Limit staff role to group process issues aimed at redirection, clarification, and prompts for participation.

- Discuss the purpose of the process group with family member and provide them with the tools to be effective participants (e.g., listening and communication skills).

Encounter Groups

The encounter group is the cornerstone of the TC. The primary purposes of the encounter groups are to provide a forum for dealing with conflict between members that allow free expression of feelings and thoughts and establish accountability of one member to other members for their actions. Secondary purposes of the encounter group are to identify and label feelings, gain a deeper level of honesty, drop defenses and street images, learn to resolve conflict and to help members see themselves as others see them.

Item	Rating
Confrontation: Address the person, identify the behavior/attitude, describe the impact, recreate original reaction (emote), attack behavior not person, defenses displayed (always).	2
Conversation: Member responds to confrontation, challenge defenses, get to gut level (feelings), explore motivation, use group process.	1
Closure: Conflict resolution (ideal), clarify each person's part, patch-up/feedback, review group process, teaching points.	1
Commitment: Prerequisites include honesty, insight, clearly identify needed change. Engage motivation/desire/sincerity, request for help.	1
Atmosphere - serious/focused on encounter process, no flagging or vacation	1
Staff - comments on process, points out "self deceptions."	2
Staff - as "rational authority;" does not condemn, does not dominate.	2
Preparation - meet to "gear" encounter, include senior members, agenda.	1
Post-Group Processing - training exercise, review group process, identify alternate approaches, recap follow-up needs.	1
Encounter rules followed?	1
Encounter tools used?	2
Encounter guidelines followed?	2
Total possible points = 24 **Total points =**	**17**

Comments:

Two encounters were observed, one by each observer. A comparison of notes and observations revealed minor differences between the encounters. Observations are noted separately for each encounter.

Male encounter group: The staff and the residents utilized a wide range of encounter tools. The encounter started with confrontation, began to move into the conversation section, but halted at this stage and never progressed. As appropriate, the encounter returned to confrontation--the family member being encountered was unwilling to work on himself. This situation is not unique and did not appear to be due to any fault of the facilitators.

The preparation and post-group processing meeting seemed to be well-organized. The preparation meeting consisted of a discussion pertaining to the person being encountered, what might be expected from this person, and what might be expected from the family. The possibility of utilizing a different type of encounter format was also discussed due to this person's behaviors that have been affecting the entire family.

The post-group process meeting was also good. The team discussed the tools that they used, expressed concerns about letting the encounter run too long and about letting too many people participate in the encounter, and talked about what effects that may have had.

Female encounter group: The encounter opened with a recitation of the encounter rules. Three family members were encountered during the observed session. In all three cases, the discussion began with confrontation. Some of the comments by family members were very vague until redirected by staff to provide more concrete examples of the behavior. Family members were able to do this effectively using various encounter tools including hostility, empathy, imitation, and sarcasm. Although the conversation, closure, and commitment phases occurred for the two first family members being encountered, they seemed rushed and somewhat superficial. The observer did not get a sense for any real exploration or insight into the identified behaviors or for any sincere commitment to change. As appropriate, these three phases did not occur for the third family member being encountered–she was unwilling to take a look at her behaviors and how they affected the family. The remainder of the encounter, therefore, focused on confrontation. Many different family members participated in the encounter process. Many others, however, appeared uninvolved and uninterested.

The staff did a good job of facilitating the encounter. They participated in the confrontation and conversation where appropriate but left most of the work to the family members. Staff reminded family members of the rules, directed family members to provide more specific examples of behavior, and pointed out reactions to comments that went unobserved by other family members.

The preparation and post-group processing meetings appeared unfocused and rushed. This could have been due to the observer's presence. The meetings also seemed to be affected by the cramped meeting space. The meeting was conducted in the control room. The noise and activity level within the room along with several interruptions from family members was extremely disruptive. The discussion in the preparation meeting focused on the recent progress of one of the family members being encountered. The post-group processing meeting focused on a discussion regarding how the encounter went with one large group and the appropriateness of specific family members' participation.

Opportunities for growth:

- The staff at Monday showed much improvement in their facilitation roles in the encounter group. Experience is the best teacher. As this team continues holding the pre and post meetings the encounter group will continually improve.

Seminars and Didactics

Didactics educate residents and provide an opportunity for clients to present topics. Some programs have outside speakers or have staff present topics. However family presentations are a vital part of treatment. Not the frequency of presentations and the topics presented. Topics should relate to TC themes. Not the speakers preparedness, delivery, and audience reaction.

Item	Rating
Attendance of family members	
Audience reaction/attentive/ask questions/involved/respectful/focused	
Presenter - knows subject/prepared ease of delivery/answers questions	
Content - educational value of subject	
Content - relevance to TC programming	
Opening and close - did it follow TC procedure	

Comments:

We did not observe didactics. Therefore, these items were not scored.

Closure Meeting

The closing meeting should end the day's activities on a positive note. All residents and at least one staff member must attend. Family members lead this meeting following a pre-determined agenda. The content may vary and include community "pull-ups" announcements or motivational activities.

Item	Rating
Attendance - all family members	2
Staff - at least one member present	2
Led by family members	2
Preset agenda	2
Organization/stays on agenda/good use of time	2
Audience participation/reaction/any negative behavior is "pulled up"	2
Content valuable, relates to TC activities	2
TC procedures are followed	2
Total possible points = 16 **Total points =**	**16**

Comments:

The closure meeting was excellent. The staff all gave positive strokes to different family members, family members led the meeting in an organized fashion, pull ups were appropriately used, and the day ended on a motivational and inspirational note.

Opportunities for growth:

- Keep up the good job!

Job Functions

Item	Rating
Job hierarchy posted in common area	2
Crew meetings held weekly	2
Family members show pride in work	2
Job "labels" are positive and motivate residents (attitudinal)	2
Evaluation and job change based on behavior and verifiable	0
Total Possible Points= 10 **Total points =**	**8**

Comments:

The hierarchy board was posted in a main activities room. It was artistic, professional, and clear. The TC hierarchy consists of the head of house, house coordinator, senior pod leader, pod leaders and members, the creative energy coordinator and crew, the information coordinator and crew, and the service coordinator and crew. Crew meetings are held weekly to discuss job functions and performance.

Family members in orientation are assigned to the service crew. Family members in Phase 4 of the program are not assigned to a TC job. They are generally working in the community and preparing for departure from the program. Other members are assigned to jobs based on their overall program performance and leadership ability. Additionally, family members are assigned to jobs that provide them with the opportunity to develop specific skills.

Job changes and performance were not noted in the case files that were reviewed as part of this assessment. It was, therefore, difficult to ascertain if job changes were based on behavior as designed.

Opportunities for growth:

- Note job changes and basis for changes in case files.

Behavior Management

TCs replace anti-social behaviors with prosocial ones. There must be rewards for prosocial behavior (work, participation in treatment) and intermediate, graduated sanctions for antisocial behavior. There should be a concept of unity (brothers/sisters keepers) and not "jailing" (individualism). There should be a public demonstration of sanctions (signs, assignments, hierarchical change).

Item	Rating
Family members confront behaviors with staff supervision	2
Staff must document mechanism for confrontation	1
Staff must document sanctions including behavior	0
Sanctions must fit TC philosophy	2
Family members display understanding of sanctions	2
Family members displays respect for the system	2
Sanctions must be administered (except weekends/holidays) within 24 hours	2
Use of rewards	1
Sanctions are related to person's behavior	2
Graduated sanctions for repetitious behavior	1
Variety of sanctions with repetitious behavior	1
Variety of sanctions used by staff	1
Positive strokes (verbal praise by staff and residents)	1
Total possible points = 26 **Total points =**	**18**

Comments:

Interviews with six family members and observations were used to score this section. The behavioral management system seems to be well established. Family members were observed giving pull-ups to others throughout the two-day observation period. The recipients of the pull-ups appeared to respond appropriately. All of the family members interviewed reported that the behavior management system has helped with their recovery. All of them also stated that they have learned to be more responsible and accountable. When random family members were questioned on the floor about a sign or hat they were wearing as an LE, they were clear about why they were given the LE and what they needed to do differently. Most of the comments about the behavioral management system were positive. One family member stated that "some LEs are overboard," another stated that "some LEs are legit and others are not," and another stated that he would like to see more seminars be given out as LEs. The LEs appeared to be related to the person's behavior. Staff seemed to overuse the wearing of signs and hats as LEs.

Sanctions or responses to sanctions were not consistently recorded in case records. Therefore, it was difficult to confirm that a variety of sanctions and graduated sanctions were used with repetitious behavior as is specified in the program design.

Although push ups were given, more pull ups than push ups were observed during the two-day observation period. Family members indicated that pull ups and LEs were more common than push ups and positive strokes. They did, however, indicate that the family receives extra privileges (movies, pizza parties) for consistent positive behavior. Additionally, family members receive additional privileges as they advance through the program phases. Observation of a phase level movement session revealed a lot of missed opportunities to give family members positive strokes.

Opportunities for growth:

- Include staff and family members in a brainstorming session to develop more of a variety of LEs.
- Include the behavior management system in the case records to help assist in assessing progress, responses to repetitious behavior, and outcomes of the system.
- Focus more on the delivery of push ups and positive strokes.

Environment

Item	Rating
Residents are active/not spending time in bunks.	2
Staff time on "floor" with clients	2
Staff client interactions/colleague/no dichotomy/democratic/avoids "we-they"	1
Inappropriate language/behavior/appearance immediately "pulled-up"	1
Residents understand their roles and activities	2
Unit cleanliness/orderly/quiet/beds made/floors/walls/bathrooms clean	2
Walls have TC art/pictures/slogans	2
Cardinal rules displayed	2
Weekly schedules posted	2
Offices/sufficient/confidential/conducive to treatment	2
Meeting spaces/sufficient/confidential/conducive to treatment	1
Records stored in confidence/safe/secure	2
Housing demonstrates hierarchy/"Top of Pop"/Cadre	0
Total possible points = 26 **Total points =**	**21**

Comments:

Residents' schedules are very structured. They are constantly involved in therapeutic activities. Staff do not appear to isolate themselves in their offices. A large portion of their time is spent out on the floor with the residents. Family members indicated that staff treats them with respect. As previously indicated, there is no "hats off" process in place. Some negative behavior, primarily lack of participation, went unaddressed. Residents seemed clear on their job functions and activity schedule. The walls of the TC are filled with inspirational art, pictures, and slogans that were created by the residents. The cardinal rules were clearly displayed and the weekly schedules posted. Counselors offices seemed private and conducive to treatment. Meeting space (particularly in the female dorm) seemed limited and lacked privacy. Case records were stored in confidential files. There is no movement among units as residents advance in the hierarchy or program.

Opportunities for growth:

- If possible, make the sleeping arrangements for the different phases a little better from the first phase to the last (e.g., more space, more privacy).
- If possible, do more TC slogans or positive art work in the sleeping areas of the residents.
- If possible, do all pre and post encounter meetings in a quiet room away from distractions.

Clinical Records Review

Item	Rating
Treatment plan - note TC interventions	1
Progress notes include client behavior and attitude	1
TC job participation/changes	0
Behavioral interventions/haircuts/learning experiences	0
Encounter/group behavior	1
Peer group process versus 1:1	1
Notes comment on progress	0
Total possible points = 14 **Total points =**	**4**

Comments:

Four randomly selected records were reviewed from the RSAT residents files to score this section. Of the four records reviewed, one of the records was really well done. The other three records had much room for improvement.

Most of the treatment plans included TC interventions such as didactics, share in TC group, and assignments. The records did not provide a sense of a client's overall progress or of specific behavior or attitudes. Many of the entries were canned entries rather than an individualized account of progress. Information on job changes and behavioral interventions was limited. Some

of the records included notes on participation in encounters and use of encounter tools. Case notes suggest that residents often are referred back to the community to address issues.

Case notes on participation in the criminal thinking groups were very comprehensive and informative.

Opportunities for growth:

- Provide more specific comments and concrete examples of residents' progress.
- Note specific TC interventions and outcomes in the case plans and progress notes.
- Record TC job changes and the reasons for the changes.
- Note the behavior management interventions and outcomes.
- Note the reactions or responses of the person being encountered.

Overall Score

Monday Community Correctional Institution scored 112 out of 156 possible points, or 71.8 percent.

Additional comments

This was the first attempt at using this monitoring tool to evaluate the different program components.

Ohio Department of Alcohol and Drug Addiction Services

Therapeutic Site Observation Monitoring Instrument

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September 23, 1999

THERAPEUTIC SITE OBSERVATION MONITORING

Noble Choices - Noble Correctional Institution

The Therapeutic Site Observation Monitoring Instrument was developed by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) as a means of monitoring a therapeutic community's activities and milieu. The sections of the monitoring instrument include:

- Individual counseling
- Morning meeting
- Group therapy
- Encounter groups
- Seminars and/or didactics
- Closing meeting
- Job functions
- Behavioral management
- Environment
- Clinical records

Throughout the monitoring process, the major program components were observed, interviews were conducted with program staff and clients, and a random selection of case files were reviewed. The following rating scale is used to indicate the extent to which the key elements of a therapeutic community have been implemented: 0 = No compliance; 1 = Some compliance; 2 = Full compliance. If a particular item does not apply to the program, the item is not scored.

Observers from ODADAS and the University of Cincinnati visited Monday Community Correctional Institution in June and August, 1999 to monitor the key components of the program. The findings are reported below.

Individual Counseling

The major focus of individual counseling in the therapeutic community is active listening, personal sharing, and redirecting members to the peer-community process. The community is the counselor.

Item	Rating
Meets twice a month with community member.	0
Refers community member to the peer-community process.	0
Allows the "Hats Off" process with community members.	0
Self-discloses appropriately with the community members.	NA
Positive feedback is provided more frequently than negative feedback.	NA
Individual sessions last approximately 15-30 minutes.	1
Total possible points = 8 **Total points =**	**1**

Comments: An actual individual session was not observed. Information was gained from a review of randomly selected cases. Each observer reviewed one case from each of the five counselors' case loads. There was no documentation pertaining to individual sessions in several of the charts. Based on the information that was documented, it did not appear that the individual sessions were being conducted according to the above listed criteria.

Opportunities for growth:

1. Clinical staff meet twice a month for individual sessions with family members assigned to their caseloads.
2. Continue discussions concerning the "hats off" process and steps for its implementation.
3. Refer the family member back to the TC community consistently to work on issues, reinforcing the "community as method" approach.

Morning Meetings

Morning meetings are designed to create "good feelings." They should motivate clients by being positive and uplifting. They should be "fun" and provide a common experience for all. Morning meetings are planned in advance by the residents, according to a predetermined agenda. Certain key elements are reading the philosophy, songs, skits, image breakers, daily theme and announcements.

Item	Rating
Agenda - Predetermined	2
Elements - philosophy, songs/skits/image breakers, daily theme, announcements	2
Positive and uplifting tone	2
All residents are present unless excused	2
One or more staff present	2
Any inappropriate behavior is "pulled up"	2
No ridicule of songs/skits/image breakers	2
Audience response - laughter/applause universal/enthused	2
Audience participation - many different members - appropriate to topic	2
Was this enjoyable? Did it create good feelings?	2
Did opening and close follow TC format?	2
Total possible points = 22 **Total points =**	**22**

Comments: Two separate morning meetings were observed. Both meetings started on time and appeared to follow a predetermined agenda. Both meetings were run by the morning meeting crew. They began with introductions, announcements, and meditations. The program philosophy

was recited by all family members. Other key elements of the meeting included the reading of current events, image busters, and push-ups for family members. All family members were present unless excused. Several staff members were present, dispersed throughout the family members, and actively involved in the meeting. There did not appear to be any ridicule of the songs, skits, or image breakers. Audience members participated in various aspects of the meeting. In general, the meetings created good feelings, were relaxed, and flowed well.

The only area of concern noted by either of the observers concerned the name of an activity more so than the activity itself. The name "Wheel of Embarrassment" does not support the positive philosophy of the morning meeting.

Opportunities for growth:

1. Consider changing the name of this activity from the "Wheel of embarrassment" to something more positive (e.g., "Wheel or enlightenment," "Wheel of courage," etc.).

Group Therapy

This should be explorative, supportive, and insight oriented. Clients are encouraged to express feelings and disclose personal issues. The leader should encourage openness, trust, and support. Counselors have a facilitator role, using the group to support the individual, providing an opportunity for change. Staff members should stress the group process and must comment on the process to facilitate it. Staff must avoid being a therapist and solving the issues for the family member as in "one to one" counseling.

Item	Rating
One on one interactions between staff and individuals are brief with process returned back to group	
Quantity and quality of self-disclosure by family members	
Quantity and quality of emotional display of family members	
Overall involvement of members	
Staff member makes process comments to increase group involvement	
Family members provide meaningful feedback to individual, supportive, insightful	
Total points possible = **Total points =**	

Comments: Neither observer had the opportunity to observe a caseload process group. One of the staff members attempted to conduct an unplanned group therapy session with his caseload but the attendance was low due to conflicts in the schedule. Therefore, this section of the instrument was not scored.

Encounter Groups

The encounter group is the cornerstone of the TC. The primary purposes of the encounter groups are to provide a forum for dealing with conflict between members that allow free expression of

feelings and thoughts and establish accountability of one member to other members for their actions. Secondary purposes of the encounter group are to identify and label feelings, gain a deeper level of honesty, drop defenses and street images, learn to resolve conflict and to help members see themselves as others see them.

Item	Rating
Confrontation: Address the person, identify the behavior/attitude, describe the impact, recreate original reaction (emote), attack behavior not person, defenses displayed (always).	2
Conversation: Member responds to confrontation, challenge defenses, get to gut level (feelings), explore motivation, use group process.	1
Closure: Conflict resolution (ideal), clarify each person's part, patch-up/feedback, review group process, teaching points.	1
Commitment: Prerequisites include honesty, insight, clearly identify needed change. Engage motivation/desire/sincerity, request for help.	1
Atmosphere - serious/focused on encounter process, no flagging or vacation	1
Staff - comments on process, points out "self deceptions."	1
Staff - as "rational authority;" does not condemn, does not dominate.	1
Preparation - meet to "gear" encounter, include senior members, agenda.	0
Post-Group Processing - training exercise, review group process, identify alternate approaches, recap follow-up needs.	1
Encounter rules followed?	1
Encounter tools used?	1
Encounter guidelines followed?	1
Total possible points = 24 **Total points =**	**12**

Comments: One encounter group was observed during the June visit and three encounter groups (two standard and one open) were observed during the August visit. Considering that this program was only in operation for six to eight months at the time of the observations, the encounter groups went very well. The staff appeared to know the structure of the encounter. There was a lot of group interaction from all the family members, particularly during the confrontation phase of the encounter. The family members also showed genuine concern about their peers who were being encountered.

Common concerns noted by both observers included limited time given to pre- and post-encounter meetings, minimal use of the range of encounter tools available, too much staff involvement in the actual confrontation, and not enough staff involvement in commenting on the process. Additionally, the conversation, closure and commitment phases of the encounters seemed to be

rushed. One observer noted that several family members broke encounter rules and guidelines and did not receive a "pull up."

Opportunities for growth:

1. Make time for a pre and post encounter group meetings to gear up for and debrief from the encounter.
2. Staff need remember not to dominate the confrontation and to leave most of the work to the family members.
3. Staff need to make more comments about the group process.
4. Family members could benefit from additional training on encounter tools in order to broaden the range of tools used beyond hostility and compassion.
5. If the resident encountered has responded appropriately to the confrontation, ensure that enough time is allotted to conversation, closure, and commitment.
6. When rules or guidelines are broken, "pull up" the group or the individual and address what is going on.
7. Either organize the group in a large circle or two circles instead of having residents staggered all over the room.

Seminars and Didactics

Didactics educate residents and provide an opportunity for clients to present topics. Some programs have outside speakers or have staff present topics. However family presentations are a vital part of treatment. Not the frequency of presentations and the topics presented. Topics should relate to TC themes. Not the speakers preparedness, delivery, and audience reaction.

Item	Rating
Attendance of family members	1
Audience reaction/attentive/ask questions/involved/respectful/focused	1
Presenter - knows subject/prepared ease of delivery/answers questions	2
Content - educational value of subject	2
Content - relevance to TC programming	2
Opening and close - did it follow TC procedure	2
Total possible points = 12 **Total points =**	**10**

Comments: Seminars were observed during the June site visit. Attendance of family members was low due to the store call that was taking place within the institution. Both presenters were very prepared and enthusiastic. One family member talked about the history of the TC and the other talked about the value of seminars to the TC environment. Although audience members were attentive, there was very little interaction and no questions were asked by the audience members.

Opportunities for growth:

1. In order to avoid having store call interrupt TC activities, continue working with prison officials on other arrangements for store call for TC participants.
2. Encourage more audience participation in seminars.

Closure Meeting

The closing meeting should end the day's activities on a positive note. All residents and at least one staff member must attend. Family members lead this meeting following a pre-determined agenda. The content may vary and include community "pull-ups" announcements or motivational activities.

Item	Rating
Attendance - all family members	2
Staff - at least one member present	2
Led by family members	2
Preset agenda	2
Organization/stays on agenda/good use of time	2
Audience participation/reaction/any negative behavior is "pulled up"	1
Content valuable, relates to TC activities	2
TC procedures are followed	2
Total possible points = 16 **Total points =**	**15**

Comments: The closure meeting was excellent. All family members were present and three staff members participated in the meeting. The meeting crew led the meeting according to a preset agenda. The meeting involved a reading of the philosophy, the distribution of written pull-ups, performance of learning experiences, image busters, and announcements. The staff and family members gave push ups throughout the meeting. Pull ups were used to address problems of noise and cigarette butts being left around the telephone area. There was extensive involvement from most family members. A group in the back, however, seemed totally uninvolved and did not receive any pull-ups.

Opportunities for growth:

1. Pull-up the behavior of those who are uninvolved and not paying attention to the meeting.

Job Functions

Item	Rating
Job hierarchy posted in common area	1
Crew meetings held weekly	2
Family members show pride in work	2
Job "labels" are positive and motivate residents (attitudinal)	1
Evaluation and job change based on behavior and verifiable	1
Total Possible Points= 10 **Total points =**	**8**

Comments: The hierarchy board was posted in the staff office and in the main activities room in the living unit. Although it was neat and clear, it lacked creativity and inspiration due to restrictions on artwork within the institution. Crew meetings are held weekly to discuss job functions and performance. During one of the site visits, the service crew had worked most of the night polishing the floors of the unit. They expressed a lot of pride in their work and received numerous push ups. Other family members commented on the importance of the job functions to the well-being of the community. Two of the senior residents described the hierarchy and indicated that job assignments were made based on skill deficiencies that the family member needed to work on or as rewards for responsible behavior. Inconsistencies were found in the extent to which job performance was evaluated based on behaviors and attitudes and on the extent to which job changes were based on these evaluations.

Opportunities for growth:

1. There needs to be more consistent documentation pertaining to job evaluation for the residents in order to give them feedback, sanctions for poor work performance, and rewards for good job performance.
2. Work evaluations need to clearly reflect associated behaviors and attitudes.

Behavior Management

TCs replace anti-social behaviors with prosocial ones. There must be rewards for prosocial behavior (work, participation in treatment) and intermediate, graduated sanctions for antisocial behavior. There should be a concept of unity (brothers/sisters keepers) and not "jailing" (individualism). There should be a public demonstration of sanctions (signs, assignments, hierarchical change).

Item	Rating
Family members confront behaviors with staff supervision	2
Staff must document mechanism for confrontation	1
Staff must document sanctions including behavior	0

Item	Rating
Sanctions must fit TC philosophy	2
Family members display understanding of sanctions	2
Family members displays respect for the system	2
Sanctions must be administered (except weekends/holidays) within 24 hours	1
Use of rewards	1
Sanctions are related to person's behavior	2
Graduated sanctions for repetitious behavior	2
Variety of sanctions with repetitious behavior	2
Variety of sanctions used by staff	2
Total possible points = 24 **Total points =**	**19**

Comments: Throughout the two observation periods, several residents were interviewed about the behavior management system including three senior members, one orientation member, and another member who had left the TC before and was now back in the program in the orientation phase. The scoring is directly related to observation and the information gathered from the residents.

Family members were observed confronting each other in the encounter group with staff supervision. The family members that were interviewed all seemed to agree that the sanctions used in this program fit with the philosophy of the program, that the sanctions were helpful, and that the sanctions were related to their behavior. It appeared that a variety of sanctions were used in response to repetitive behavior.

Three primary concerns were noted: 1) the use of rewards was infrequent; 2) sanctions were not always administered in a 24 hour period; and 3) there was little documentation in the case files regarding sanctions or the resident's reactions to sanctions.

Opportunities for growth:

1. Staff needs to document the sanctions that the residents receive and how they react to eh sanctions.
2. All sanctions need to be given within a 24 hour period.
3. Utilize a larger variety of rewards for the residents and use rewards on a more frequent basis.

Environment

The therapeutic process is continuous. Staff and clients are expected to conduct themselves in the "TC fashion" at all times, not just during meetings. Peers monitor behavior, constantly addressing behavior and attitudes. Observing clients and staff outside the formal group meetings will demonstrate TC functioning.

Item	Rating
Residents are active/not spending time in bunks	1
Peer interaction generally positive/harmonious not discordant	1
Lack of "jail"language/dress and posture/no gang or group designation	2
Staff time on "floor" with clients	1
Staff client interactions/colleague/no dichotomy/democratic/avoids "we-they"	1
Inappropriate language/behavior/appearance immediately "pulled-up"	1
Residents understand their roles and activities	2
Unit cleanliness/orderly/quiet/beds made/floors/walls/bathrooms clean	2
Walls have TC art/pictures/slogans	0
Cardinal rules displayed	2
Weekly schedules posted	2
Offices/sufficient/confidential/conducive to treatment	2
Meeting spaces/sufficient/confidential/conducive to treatment	1
Records stored in confidence/safe/secure	2
Housing demonstrates hierarchy/"Top of Pop"/Cadre	0
Total possible points = 30 **Total points =**	**20**

Comments: Observations and resident interviews during both site visits revealed the following positive aspects of the TC environment:

- a clean and orderly environment
- appropriate language and mannerisms among the residents
- a clear understanding of roles and TC activities
- a weekly schedule posted along with the hierarchy board
- confidential office space for meetings
- records stroed in a locked room in a locked filing cabinet.

The following concerns were noted:

- there were no TC slogans or artwork in the living unit or in the treatment unit
- several residents were observed lying or sitting in bunks and several others were observed just hanging out and not involved in any structured therapeutic programming with no pull ups
- staff time on floor with clients appeared to be limited due to the separation of the living and treatment units

- the TC residents shared both indoor and outdoor recreation space with inmates who were not involved in the TC. This did not appear to be conducive to treatment.

Opportunities for growth:

1. Ensure that all residents are participating in structured and therapeutic activities during programming time.
2. Continue working with the institutional administration to obtain permission to hang artwork and TC slogans throughout the living unit and treatment unit.
3. If possible, try to arrange the housing to demonstrate the hierarchy (i.e., cadre have something in or around their sleeping quarters that other residents do not have.

Clinical Records Review

Item	Rating
Treatment plan - note TC interventions	2
Progress notes include client behavior and attitude	1
TC job participation/changes	1
Behavioral interventions/haircuts/learning experiences	1
Encounter/group behavior	1
Peer group process versus 1:1	2
Notes comment on progress	1
Total possible points = 14 **Total points =**	9

Comments: The scoring is based on a review of randomly selected records by both observers during each of the site visits. Most of the treatment plans included TC interventions such as didactics, share in TC group, and assignments. Job moves were documented, but the rationale for the moves were not clearly identifiable. The progress notes tended to focus on attendance and not on client behaviors and attitudes. Case notes suggest that residents often are referred back to the community to address issues. The documentation regarding participation and reactions to various behavioral interventions was inconsistent.

Opportunities for growth:

1. Provide more specific comments and concrete examples of residents' progress.
2. Note specific behavioral interventions and outcomes in the progress notes.
3. Record the reasons for the job changes.
4. The case objectives need to be measurable and the methods used need to be consistent with the objective.
5. The length and type of sessions (group, individual(need to be documented in all charts.

Overall Score

Noble Choices scored 116 out of 160 possible points, or 72.5 percent.

Additional comments

This was only the second attempt at using this monitoring tool to evaluate the different program components.