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NOBLE CHOICES

RSAT PROCESS EVALUATION

Final Report

Submitted to the
National Institute of Justice

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by

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EXECUTIVE SUMMARY

In 1997, the Ohio Department of Rehabilitation and Corrections (ODRC) was awarded a federal grant for the development of a residential substance abuse treatment program. The resulting program is a therapeutic community (TC) called Noble Choices that operates within Noble Correctional Institution (NCI), a medium security prison in Caldwell, Ohio. The program was fully implemented in October 1998. The program is designed to serve 120 inmates with identified drug and alcohol abuse problems. Noble Choices participated in a process evaluation that was funded by the National Institute of Justice and conducted by the University of Cincinnati. This report represents the culmination of this process evaluation.

The process evaluation involved a descriptive analysis of a sample of program participants and a qualitative analysis of the nature of services provided. The sample consisted of 33 cases. The study period extended from the date of first admission (October 18, 1998) through March 31, 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. The site also provided assessment information on each offender. The Correctional Program Assessment Inventory (CPAI, Gendreau and Andrews, 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 and termination data. Chi-square and t-test analyses were used to examine the relationship between several offender characteristics and program success.

Some of the primary findings include the following:

- The participants possessed many risk factors including poor decision making skills, significant criminal histories, and serious substance abuse problems.
- The Noble Choices program scored in the satisfactory range of the CPAI (69.1 percent). This indicates that the program has incorporated many of the principles of effective correctional intervention.
- The Noble Choices program scored 116 out of 160 possible points (72.5 percent) on the TC Monitoring tool suggesting that it has implemented most of the primary elements of the TC model.
- Of the 33 cases, 23 (69.7 percent) were still active in the program, 3 (9.1 percent) had been unsuccessfully terminated, and 5 (15.2 percent) had voluntarily withdrawn from the program.
- Offenders who were unsuccessfully discharged from the program had significantly higher scores on the distress and stress coping scales of the Prison Inmate Inventory as compared to offenders who were still active in the program.

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 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.

NOBLE CHOICES - RSAT PROCESS EVALUATION

INTRODUCTION

In 1997, the Ohio Department of Rehabilitation and Corrections (ODRC) was awarded a federal grant for the development of a residential substance abuse treatment program. The resulting program is a therapeutic community (TC) called Noble Choices that operates within Noble Correctional Institution (NCI), a medium security prison in Caldwell, Ohio. The program was fully implemented in October 1998. The program is designed to serve 120 inmates with identified drug and alcohol abuse problems.

Noble Choices participated in a process evaluation that was funded by the National Institute of Justice and conducted by the University of Cincinnati. This report represents the culmination of this process evaluation.

STATEMENT OF THE PROBLEM

The "war on drugs" has created numerous problems for the criminal justice system: courts are backlogged with drug offenders and prisons are strained with their increasing rate of imprisonment. It is estimated that, within the criminal justice system, seven out of every 10 men and eight out of every 10 women are drug users (Lipton, 1998). 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 Residential Substance Abuse Treatment programs funded by Subtitle U of the Violent Crime Control and Law Enforcement Act of 1994 offer a promising avenue for treating drug offenders.

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 to 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. The process evaluation described herein uses both qualitative and quantitative measures to describe the target population and the nature and quality of the services provided by Noble Choices, an RSAT program operating within the Noble Correctional Institution in Ohio.

METHODOLOGY

Research design

The process evaluation involved a descriptive analysis of a sample of program participants and a qualitative analysis of the nature of services provided. It should be noted that the original research design included the examination of additional research questions regarding intermediate outcomes, post-release performance, and factors associated with success. However, because of the late date of program implementation, these questions were not fully explored for Noble Choices.

Sample

As noted, the program capacity is 120 inmates. As of March 31, 1999, 115 inmates had been placed in the RSAT program. Due to problems with the implementation of the data collection instruments, however, data is only available for 33 cases.

Study Period

The study period was from the date of the first admission (October 18, 1998) through March 31, 1999.

Data Collection

Site personnel were responsible for collecting intake, treatment, and termination data on program clients using standardized forms developed by the University of Cincinnati (see Appendix A). The site also provided agency-specific assessment information on each offender (e.g., Prison Inmate Inventory). An automated database was developed to maintain the data using Visual FoxPro.

Monitoring Program Quality

A Correctional Program Assessment Inventory (CPAI, Gendreau and Andrews, 1994) was conducted on Noble Choices as a measure of program integrity. The CPAI provides a standardized, objective way for assessing the quality of correctional programs against empirically based standards. 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. 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.

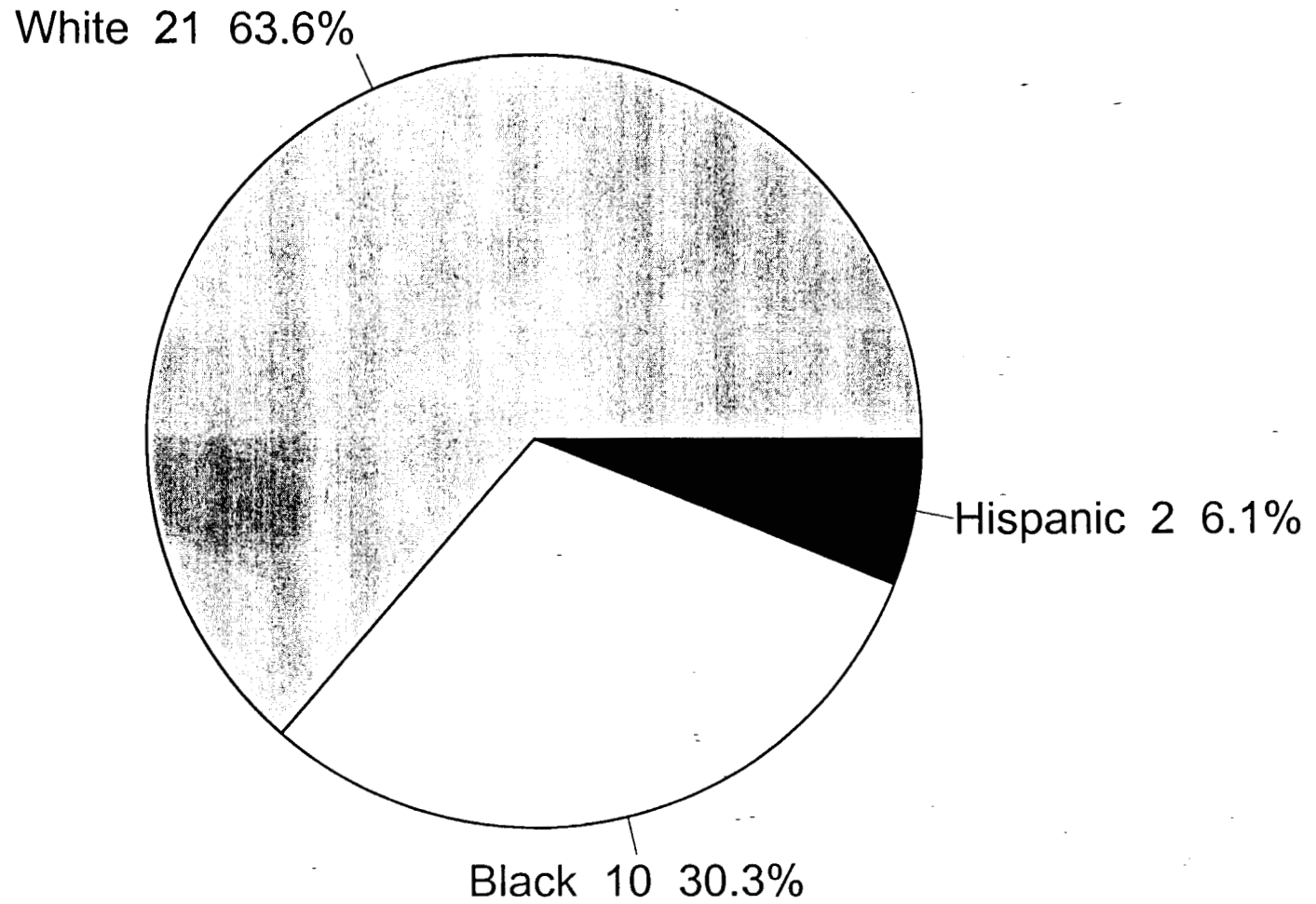
RESULTS

What is the profile of offenders being served by the Noble Choices RSAT Program?

The results reported are based on the 33 cases for which data were available. Although they provide a general indication of the characteristics of the Noble Choices participants, they are not necessarily representative of the entire treatment population.

Demographics. The RSAT sample included 21 (63.6%) white, 10 (30.3%) black, and 2 (6.1%) Hispanic males (Figure 1). The ages of participants ranged from 21.27 to 43.88 years with a mean of 29.56. The majority of program participants (60.6%) were employed full-time prior to arrest. The mean number of years' education completed at intake was 11.12. Only 7 (21.2%) of the participants were married, and 22 (66.7%) had one or more dependents.

Figure 1 Race



Criminal History. The reliability of the information provided on the criminal history of RSAT participants is questionable due to missing data. The information provided, however, suggests that the majority of the RSAT sample had a significant criminal history. Fifty-eight percent of the cases reported having at least one prior felony conviction; information pertaining to prior felony convictions was not available on the remaining 42.4% of the cases. The mean number of prior felony convictions reported was 3.10. Thirty-nine percent of the cases reported having at least one prior misdemeanor conviction; information pertaining to prior misdemeanor convictions was not available on the remaining 60.6% of the cases. The mean number of prior misdemeanor convictions reported was 5. Thirty-nine percent of all cases had been arrested on a prior drug charge. Sixty-three percent of the RSAT sample had one or more prior sentences to a secure facility, 58 percent had one or more prior sentences to community supervision, and 46 percent had been unsuccessfully terminated from community supervision on one or more occasions. Most of the RSAT cases were sentenced to ODRC as the result of a conviction for property (51.5%) or person (33.3%) offenses (Figure 2). The majority of cases (60.7%) were felonies of the first, second, or third degrees (Figure 3).

Substance Abuse History. The sample participants reported having used multiple types of substances prior to their arrest at high rates of frequency. The most prevalent type of prior drug use among RSAT participants was for alcohol (87.9%) and marijuana (87.9%), followed by hallucinogens (54.5%) and cocaine (48.5%). Daily use of substances was common among this population with 72.7 percent reporting daily use of at least one substance. The predominate drugs of choice were alcohol (33.3%) and marijuana (24.2%) (Figure 4).

Fifty-four percent of the RSAT sample reported a family history of substance abuse. The mean age of first alcohol use was 12.39 and the mean age of first drug use was 14.42. A majority of the RSAT sample (54.5%) have a history of prior treatment, with 27.2 percent having

Figure 2 Offense Types

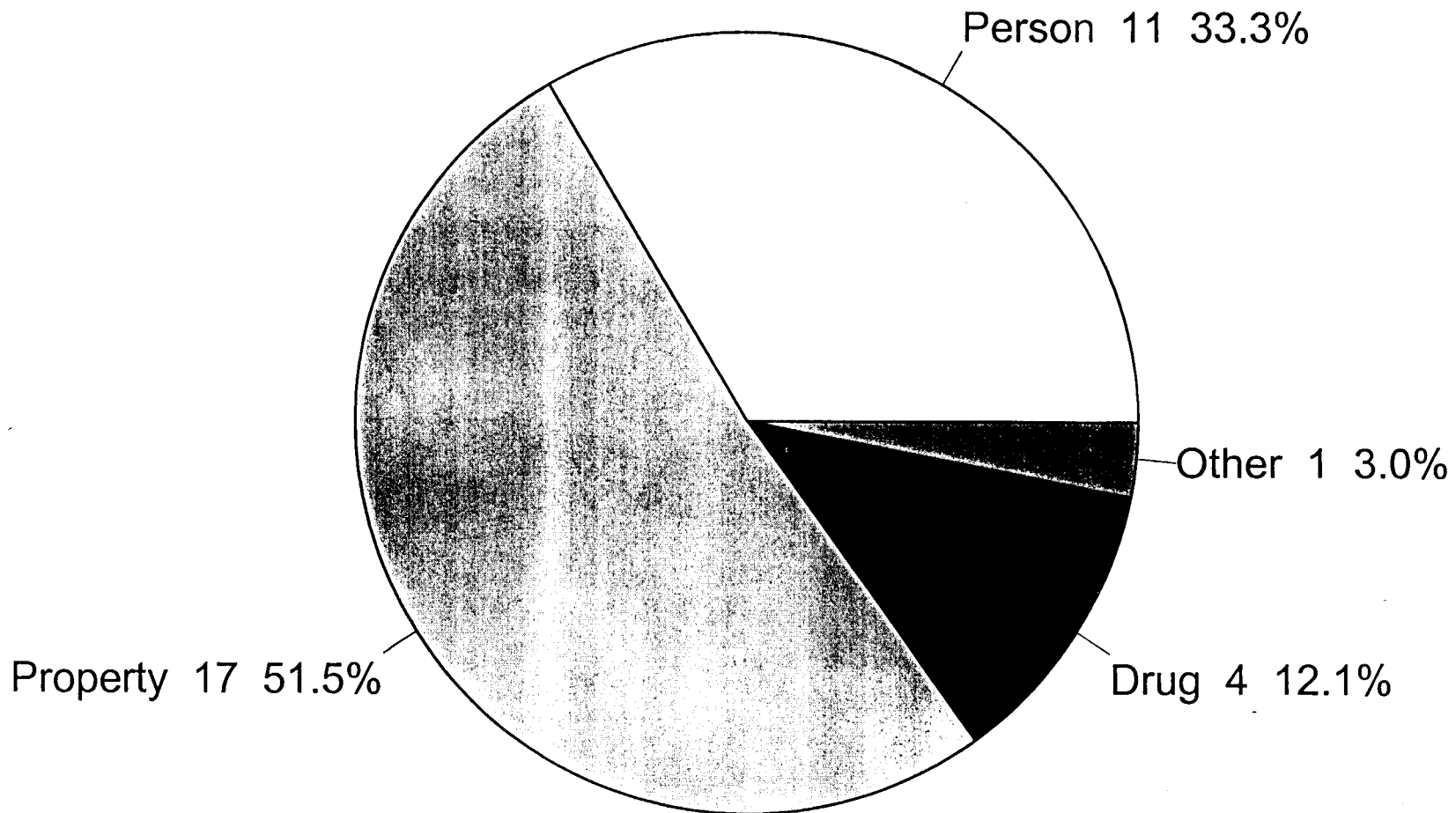
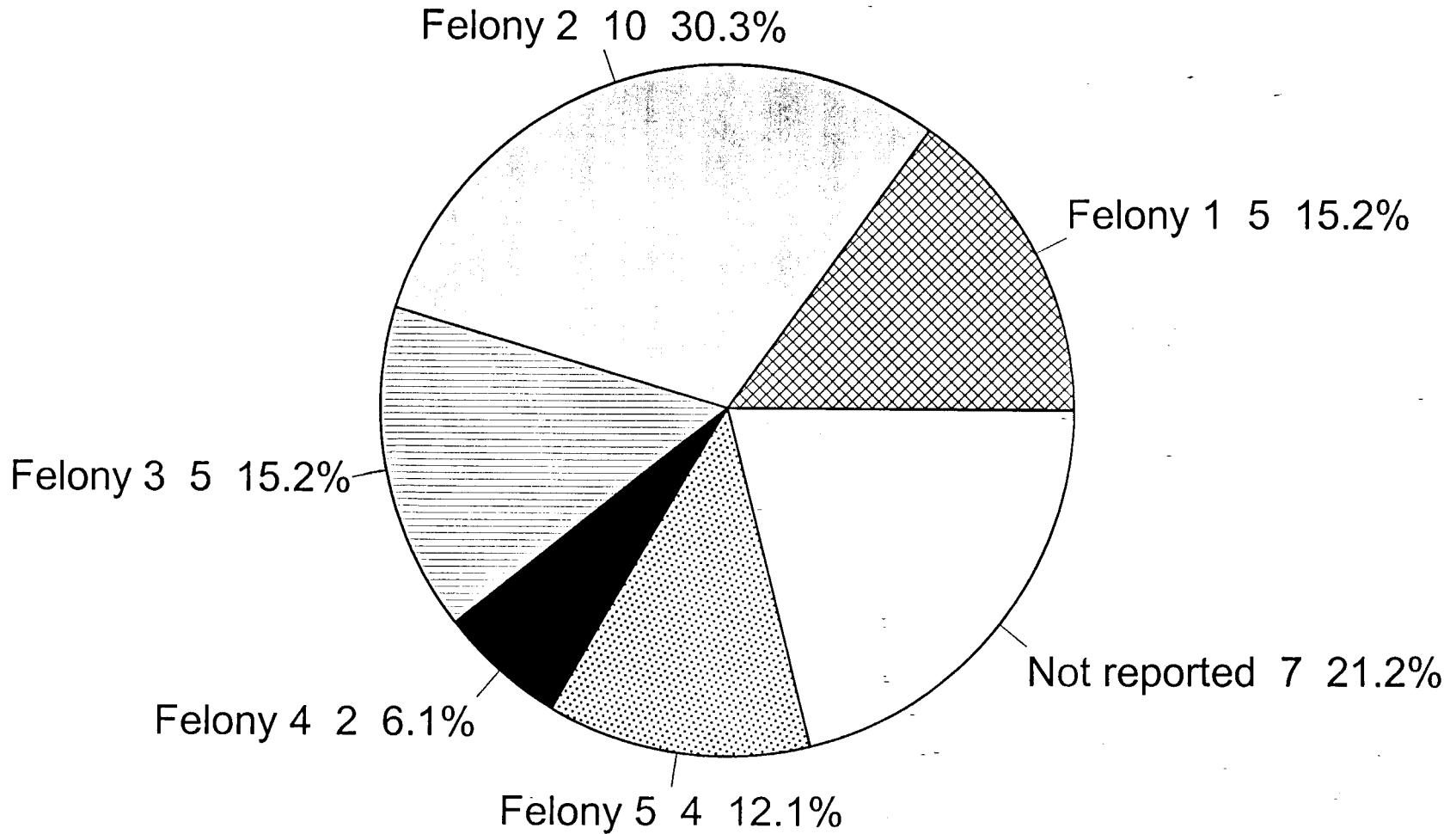
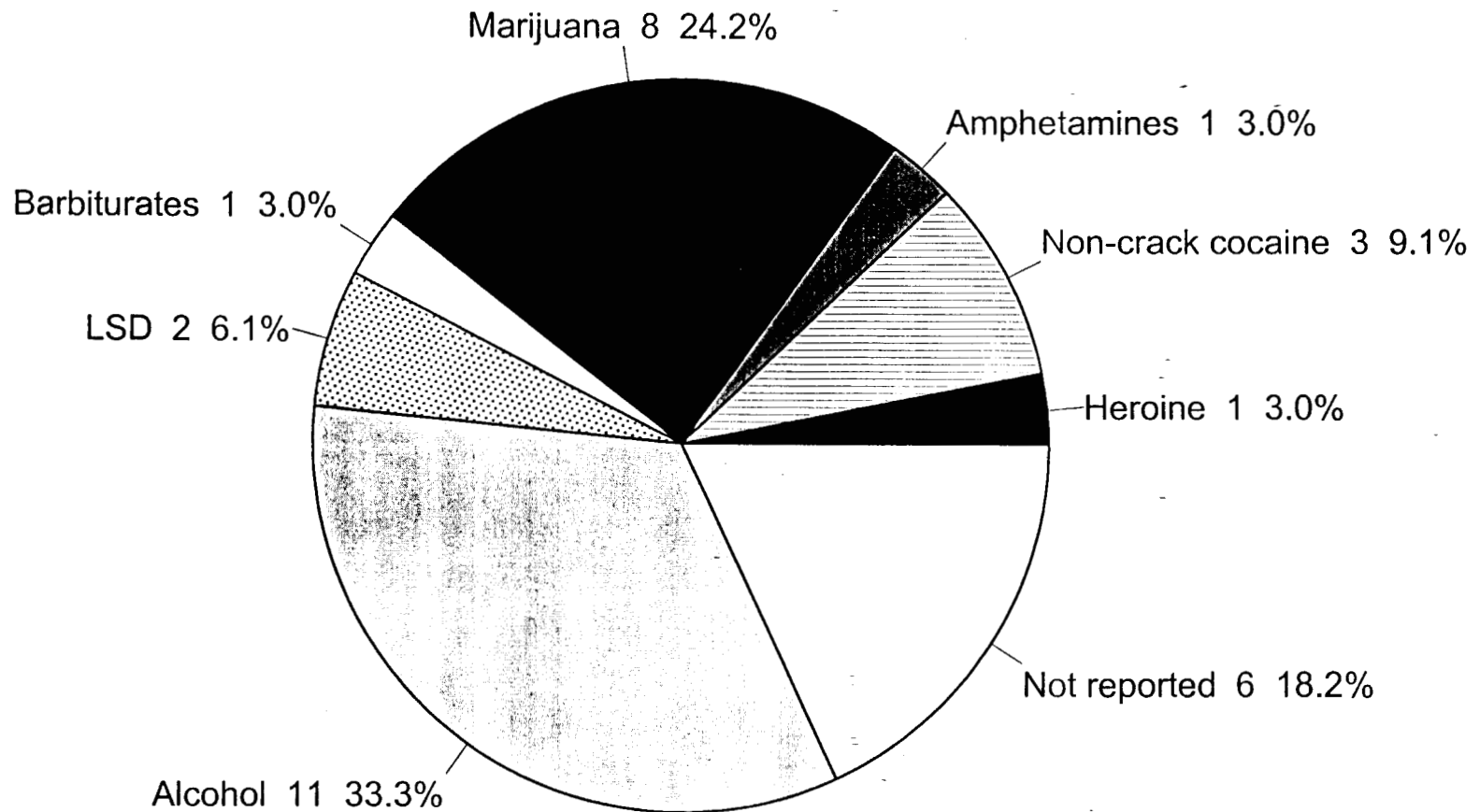


Figure 3 Felony Level



10

Figure 4 Drugs of Choice



participated in long-term residential treatment, 21.2 percent having participated in short-term inpatient treatment, and 24.2 percent having participated in outpatient treatment (Figure 5).

Prison Inmate Inventory. The Prison Inmate Inventory (PII; Behavior Data Systems, Ltd., 1998) is a standardized, quantifiable instrument that measures several important risk factors including truthfulness, personal adjustment, judgement, alcohol use, drug use, antisocial attitudes and behavior, violence, distress, self-esteem, and stress coping. Inmates receive a percentile score on each scale which indicates the level of risk presented by that factor. The higher the score, the higher the risk. Noble Choices administers this instrument upon intake into the program. Data is available on 26 cases (Table 1).

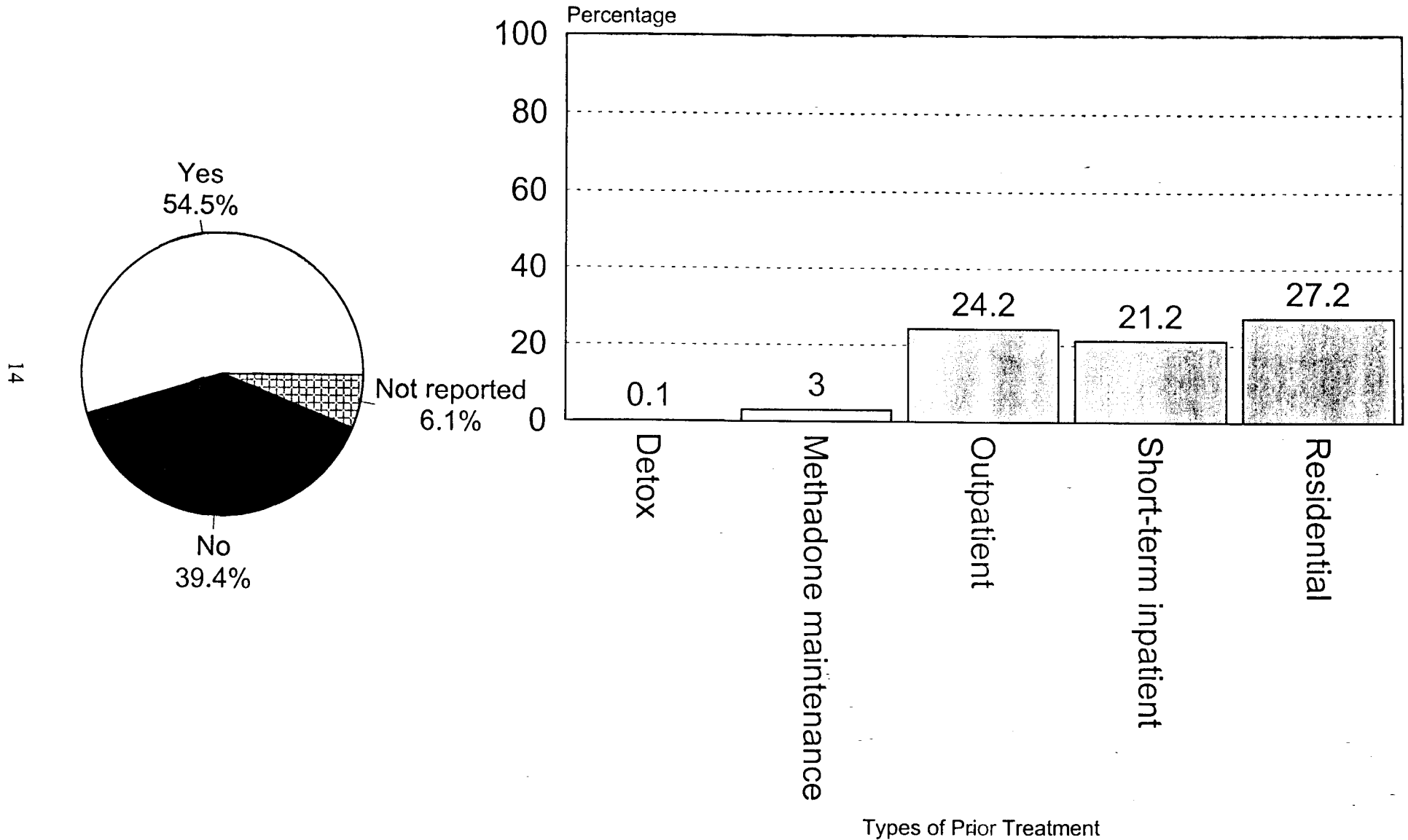
The results of the PII confirm the severity of substance abuse among this sample. The two scales on the PII that are designed to assess the severity of substance abuse problems revealed that for 65.2% of the sample, drug abuse was a high or maximum risk factor, and for 56.5% of the sample, alcohol abuse was a high or maximum risk factor.

Other scales on the PII suggest that judgement, distress, and stress coping are prevalent risk factors for the RSAT sample. The judgement scale measures an inmate's understanding and comprehension and their ability to understand right from wrong. Sixty percent of the RSAT sample fell into the high or maximum risk categories on this scale. The distress scale measures an inmate's level of anxiety and depression. Sixty-one percent of the RSAT sample fell into the high or maximum risk categories on this scale. The stress coping scale measures an inmate's ability to cope with anxiety, tension, and pressure. Fifty-six percent of the RSAT sample fell into the high or maximum risk categories on this scale.

Table 1: Prison Inmate Inventory Scales: Risk Categories (n=26)

PII Scale	Frequency	Percentage
<u>Truthfulness (\bar{x}=50.91)</u>		
Low	13	56.5
Medium	4	17.4
High	6	26.1
Maximum	0	0
<u>Adjustment (\bar{x}=59.00)</u>		
Low	7	30.4
Medium	7	30.4
High	8	34.8
Maximum	1	4.3
<u>Judgement (\bar{x}=70.48)</u>		
Low	4	17.4
Medium	5	21.7
High	9	39.1
Maximum	5	21.7
<u>Alcohol (\bar{x}=64.68)</u>		
Low	6	26.1
Medium	4	17.4
High	10	43.5
Maximum	3	13.0
<u>Drug (\bar{x}=72.78)</u>		
Low	4	17.4
Medium	4	17.4
High	13	56.5
Maximum	2	8.7
<u>Antisocial (\bar{x}=48.39)</u>		
Low	11	47.8
Medium	9	39.1
High	2	8.7
Maximum	1	4.3
<u>Violence (\bar{x}=53.17)</u>		
Low	8	34.8
Medium	9	39.1
High	5	21.7
Maximum	1	4.3
<u>Distress (\bar{x}=70.35)</u>		
Low	7	30.4
Medium	2	8.7
High	4	17.4
Maximum	10	43.5
<u>Self-esteem (\bar{x}=44.61)</u>		
Low	9	39.1
Medium	6	26.1
High	7	30.4
Maximum	1	4.3
<u>Stress coping (\bar{x}=65.96)</u>		
Low	4	17.4
Medium	6	26.1
High	7	30.4
Maximum	6	26.1

Figure 5 Prior Treatment History



What is the nature of the services being delivered?

General Services Provided. Noble Choices is a 6-9 month therapeutic community consisting of three phases. During Phase I, or the induction phase, new residents learn about the structure of the program and what is expected of them as members of a therapeutic community. Inmates also are provided with basic drug and alcohol education during this phase. Phases II and III focus on primary treatment and continuing care planning. During phases II and III, inmates participate in the following educational groups:

- Rational Emotive Therapy – focuses on replacing unhealthy thought patterns with healthy thought patterns that support prosocial behaviors.
- Free Your Mind – focuses on the choices and consequences associated with substance abuse and strategies for change.
- Commitment to Change – identifies thinking errors (Samenow) and strategies for overcoming them.
- Manifesting Excellence – focuses on cultural diversity.
- Relapse Prevention – focuses on the cycle of addiction and on providing clients with the skills necessary for maintaining sobriety.

In addition to the above groups, clients also participate in ongoing TC activities including a weekly TC caseload group that focuses on feelings and problem-solving, TC family meetings, encounter groups, crew meetings, seminars and didactics, and individual sessions with their TC counselor. The quality of these various components is discussed below.

CPAI Results. As indicated in the methodology section of this report, the CPAI was used to examine the quality of services being delivered by Noble Choices. This section of the report will provide a summary of the CPAI results which reflect the strengths and weaknesses of the program.

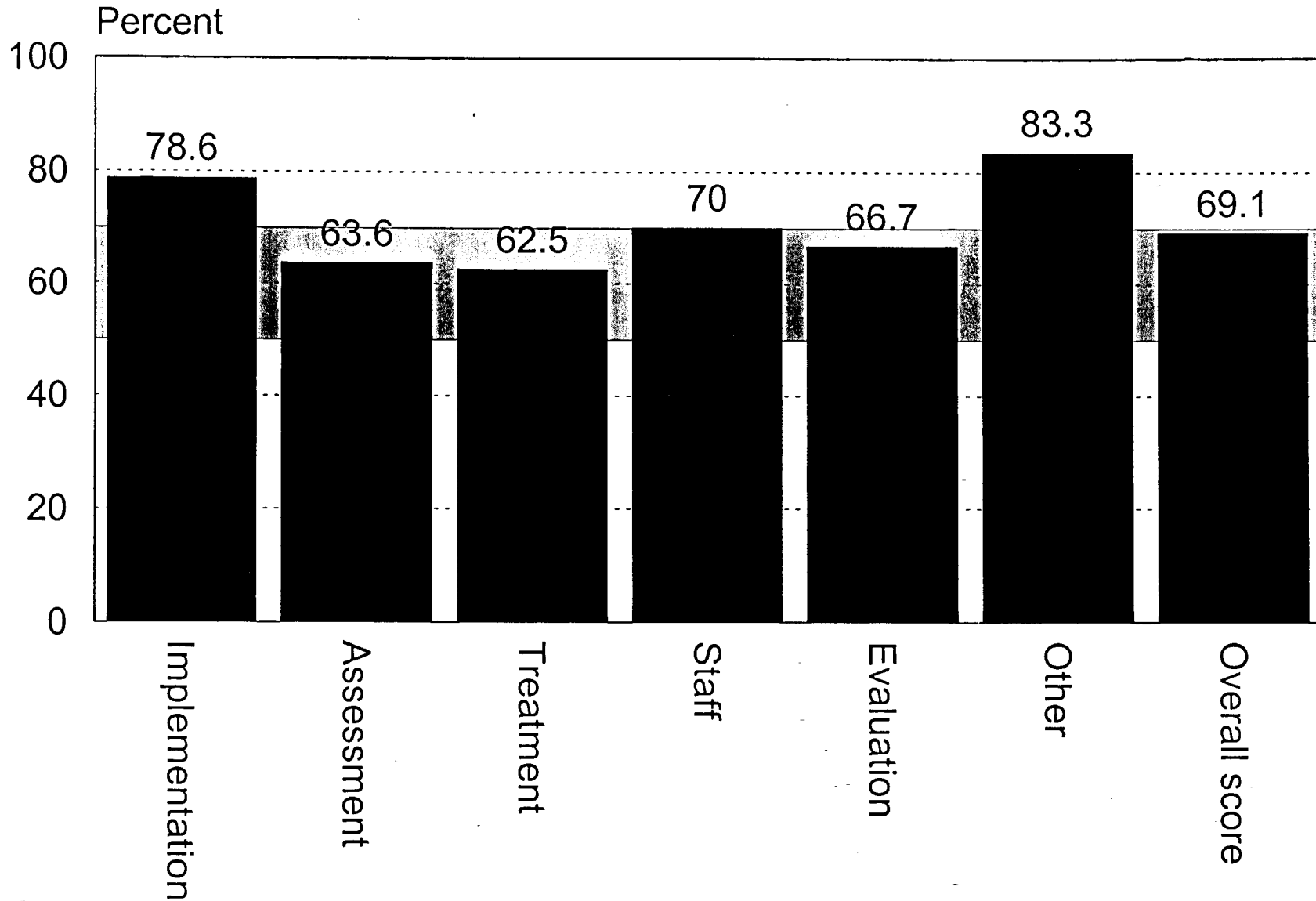
As indicated in the first section of this report, the CPAI is a tool designed to ascertain how well a program is meeting certain principles of effective intervention. Programs receive an

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 150 programs across the United States is 54.4; Noble Choices scored 69.1 percent (Figure 6). Following is a summary of the program strengths and areas needing improvement. For a complete copy of the report, please see Appendix C.

The following areas were identified as program strengths:

- Client assessment – Noble Choices has a comprehensive assessment process which includes both a bio-psychosocial assessment and an objective, quantifiable assessment of important risk, need, and responsivity factors.
- Theoretical basis – 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.
- Program structure – 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 structured schedule facilitates close monitoring of the participants helping to break up the criminal network.
- Behavioral management system – Noble Choices uses incentives and rewards to promote participation and compliance. Progressive discipline is used to increase individual awareness of negative behavior and to encourage growth and commitment to positive change.

Figure 6 CPAI Results



Conducted March 12, 1999. Unsatisfactory < 50; Satisfactory, but needs improvement 50-59%; Satisfactory 60-69%; Very Satisfactory 70-100%

- Program staff – All treatment staff possess a baccalaureate degree in a helping profession and prior experience in offender treatment programs. They are intricately involved in program development and modifications.
- Quality assurance measures – Current quality assurance processes include file reviews, group observation, and quantitative methods for measuring progress in treatment.

The following areas were identified as areas needing improvement:

- Leadership – turnover in two key positions (onsite program director and central office administrator) created some instability in the program. The new program director had very little input into program design or the hiring of program staff.
- Assessment – no overall measure of risk of recidivism was conducted for use in treatment planning or case classification within the treatment program.
- Treatment matching – Noble Choices does not systematically vary the intensity and duration of the program according to offenders' risk of recidivism, nor do they assign clients to treatment components and staff that match up best with their interests, style of learning and personality characteristics.
- Use of punishment (or progressive discipline) – three problems were identified in the use of punishment: 1) The program did not achieve the recommended ratio of 4 rewards to 1 punishment. Although there were clear rewards built into the program design, staff and inmates that were interviewed believed that progressive discipline was used more often than rewards; 2) Some forms of discipline (e.g., wearing signs, washing a block for an hour) are generally not effective in changing behavior; they may lead to embarrassment and frustration that impedes the learning process. Furthermore, this type of discipline might teach offenders what not to do but it does not effectively teach offenders the skills needed to perform

alternative prosocial behaviors; 3) It did not appear that staff monitored the potential negative effects of progressive discipline such as escalation of behavior, aggression, or avoidance.

- Program termination criteria – although Noble Choices has specified that program completion will be based on progress in treatment, movement through the phase system, and the acquisition and demonstration of prosocial attitudes and behaviors, decisions regarding termination from treatment are constrained by parole release decisions. That is, offenders may be released regardless of whether or not they have achieved their treatment goals or they may be retained in the program upon denial of parole despite considerable progress in treatment.
- Program Disruptions – ongoing construction of the group space for the TC created problems in scheduling and limited the number of groups that could be offered. Although this problem has now been rectified due to the completion of the construction, it disrupted the provision of services during the period for which the process evaluation was conducted.

Therapeutic Site Observations: As indicated in the first section of this report, 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. Noble Choices scored 116 out of 160 possible points (72.5%; Table 2). Following is a summary of Noble Choices’ strengths and areas needing improvement based on the TC monitoring tool. For a complete copy of the report, please see Appendix D.

Table 2: Noble Choices' Scores for the Therapeutic Site Observation Monitoring Instrument

<u>Program Component</u>	<u>Total Points Earned</u>	<u>Total Points Possible</u>	<u>Percent Earned</u>
Individual counseling	1	8	13.0
Morning meeting	22	22	100.0
Group therapy	NA	NA	NA
Encounter groups	12	24	50.0
Seminars/didactics*	10	12	83.0
Closing meeting	15	16	94.0
Job functions	8	10	80.0
Behavioral management	19	24	79.0
Environment	20	30	67.0
Clinical records	9	14	64.0
Total	116	160	72.5

*Group therapy was not observed and, therefore, was not scored.

Based on the Therapeutic Site Observation Monitoring Instrument, the following areas were identified as program strengths:

- Morning meetings – morning meetings are designed to be positive and uplifting. They should be run according to a predetermined agenda and include the reading of the philosophy, songs, skits, image breakers, daily theme, and announcements. Noble Choices earned 100 percent of the points possible in this section. The observation of two morning meetings revealed that Noble Choices had successfully implemented all of the key elements of the morning meeting. There was full participation from staff and inmates and the meetings created good feelings.

- **Seminars/didactics** – Seminars and didactics are designed to enhance self confidence and communication skills by providing an opportunity for clients to learn about a topic and present the information to other family members. Noble Choices earned 83 percent of the points possible in this section. During the observation, two offenders presented information on TC relevant topics. Both were prepared and enthusiastic. Although the audience members were attentive, there was very little interaction.
- **Closing meeting** -- The closing meeting is designed to end the day's activities on a positive note. It is led by the residents based on a preset agenda. Noble Choices earned 94 percent of the points possible in this section. 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. The jobs are designed to serve as an adjunct to therapy and to teach responsibility, self-sufficiency, and discipline. Noble Choices earned 80 percent of the points possible in this section. A job hierarchy board was posted in a common area. Job assignments were based on skill deficiencies that the family member needed to work on or as rewards for responsible behavior. Crew meetings were held weekly to discuss job functions and performance, and the residents showed pride in their work.
- **Behavior Management** - TCs use a behavior management system in an attempt to replace anti-social behaviors with prosocial behaviors. Both rewards and sanctions are integral parts of such a system and are to be administered by both staff and residents. Noble Choices earned 79 percent of the points possible in this section. Both staff and residents were observed giving "push ups" for positive behavior and "pull ups" for negative behavior.

Residents indicated that the sanctions used fit with the philosophy of the program, that the sanctions were helpful, and that the sanctions were related to their behavior.

Based on the Therapeutic Site Observation Monitoring Instrument, the following areas were identified as needing improvement:

- Individual counseling - The major focus of individual counseling in the TC is active listening, personal sharing, and redirecting members to the peer-community process. Noble Choices earned 13 percent of the points possible in this section. Since no individual counseling sessions were observed during this site visit many of the items in this section were not scored. The observers did attempt to gain information regarding individual counseling from a review of randomly selected case files. This review revealed that not all residents were receiving individual counseling twice a month as designed (or it could be that the sessions were merely not documented in the case files) and that residents were not always referred back to the TC community for treatment.
- 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 that allows free expression of feelings and thoughts and that establishes accountability among family members. Noble Choices earned 50 percent of the points possible in this section. Observations of several encounter groups revealed several common concerns. First, there was limited time given by staff to pre- and post-encounter meetings. Second, there was too much staff involvement in the actual confrontation; the more appropriate role for staff is to guide the process and encourage appropriate participation from family members. Third, the conversation, closure and commitment phases of the encounters seemed to be rushed.

In sum, the results of the CPAI and the TC Observation Tool suggest that Noble Choices has satisfactorily applied the major principles of effective intervention and successfully

implemented most of the key elements of a therapeutic community. Many of the areas identified as needing improvement will work themselves out as the program matures and gains some stability.

What are the intermediate outcomes of Noble Choices?

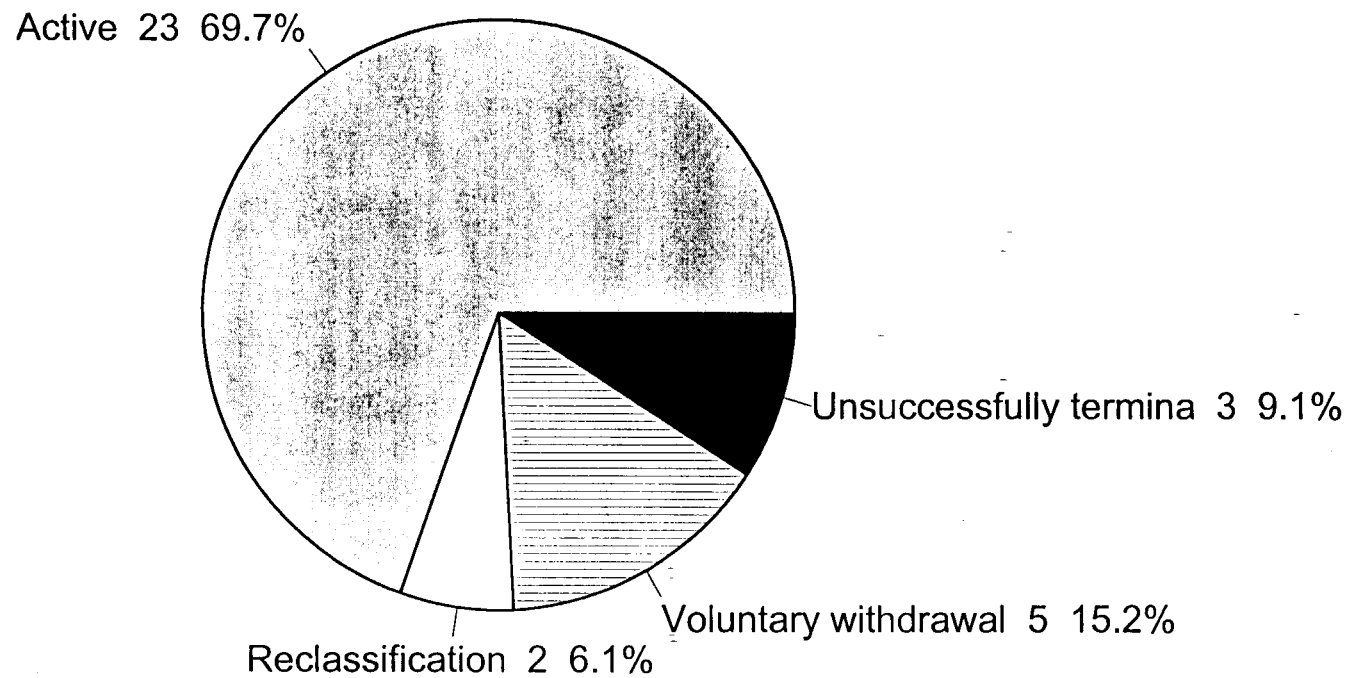
Due to the brief period of program implementation, intermediate outcomes of the Noble Choices program could not be fully explored. Although the number of participants reached 115, information regarding the case status at the end of the evaluation period is only available on 33 cases. Of these 33 cases, 23 (69.7%) were still active, 2 (6%) were unable to participate due to being reclassified, out to court, or released on shock probation, 3 (9.1%) were unsuccessfully terminated from the program due to disciplinary problems or lack of participation and progress, and 5 (15.2%) voluntarily withdrew from the program (Figure 7).

What factors are associated with success?

Two factors limited the researchers' ability to explore factors associated with success. First, due to the brief period of program implementation, no RSAT participants had successfully completed the program by the end of the study period. Second, multivariate analysis would ordinarily be conducted to identify factors that are associated with success. Multivariate analysis has the advantage of being able to control for the influence of other factors while examining the variables of interest. Because this type of analysis requires a large number of cases, however, it was not possible.

Given these limitations, an exploratory analysis of factors associated with success was conducted. Chi-square analyses and t-tests were conducted to examine associations between participant characteristics and success. Here, success was defined as those cases who were still

Figure 7 Case Status



active or unable to participate due to reclassification (n=25). Failure was defined as those cases that were unsuccessfully terminated or that voluntarily withdrew from the program (n=8). Because of the small sample size used for these analyses, the results should be reviewed with caution.

Chi-square analysis was conducted to examine if the race of the offender was related to program success (Table 3). The results reveal virtually no differences in the success rates of whites and non-whites. Chi-square analysis also was conducted to examine if having had any type of previous treatment was related to program success. The results show that offenders who had prior treatment experience were more likely to be successful. This relationship, however, was not statistically significant

Table 3: Chi-Square Analyses – Offender Characteristics and Success

Characteristic	Percentage successful
<u>Race</u>	
White	76.2
Non-white	75.0
χ^2	.006
p	.938
<u>Previous treatment</u>	
Yes	83.3
No	69.2
χ^2	.859
p	.354

T-tests were conducted to examine the relationships between program success and an offenders' age and length of imprisonment prior to placement in RSAT (Table 4). The mean ages of successful and unsuccessful offender were similar indicating that there is no relationship between age and success. Although the average length of imprisonment was longer for successful offenders (29.82 months) as compared to unsuccessful offenders (18.92 months) the difference was not statistically significant.

Table 4. T-tests: Offender Characteristics and Success

Characteristic	Number of cases	Mean	SD	t value	p
<u>Age</u>					
Successful	25	28.57	6.26	.78	.44
Unsuccessful	7	30.83	8.73		
<u>Length of Imprisonment (in Months)</u>					
Successful	19	29.82	27.96	.98	.34
Unsuccessful	7	18.92	13.38		

As indicated, the Prison Inmate Inventory measures important risk, need, and responsivity factors that may affect an offender's likelihood of success. Higher scores on each scale are associated with higher risk. T-tests were conducted to explore the relationship between these factors and program success (Table 5). With one exception, the differences in mean scores were as expected: successful offenders had lower mean scores on the adjustment, judgement, alcohol, drug, antisocial, violence, distress, self-esteem, and stress coping scales. The mean scores for the truthfulness scale, however, were higher for the successful group of offenders as compared to the unsuccessful group of offenders. Only the differences in mean scores for the distress and stress coping scales were statistically significant.

Table 5: T-Test Analysis: Prison Inmate Inventory Scales and Success

PII Scale	Mean	SD	t score	p
<u>Truthfulness</u>				
Successful	54.67	27.62	1.21	.24
Unsuccessful	43.88	15.13		
<u>Adjustment</u>				
Successful	54.20	22.77	1.50	.15
Unsuccessful	68.00	17.17		
<u>Judgement</u>				
Successful	67.47	24.19	.83	.42
Unsuccessful	76.13	23.04		
<u>Alcohol</u>				
Successful	64.67	32.31	.04	.97
Unsuccessful	64.12	28.74		
<u>Drug</u>				
Successful	67.87	23.17	1.85	.08
Unsuccessful	82.00	13.51		
<u>Antisocial</u>				
Successful	46.67	21.67	.52	.61
Unsuccessful	51.63	21.86		
<u>Violence</u>				
Successful	52.40	23.41	.20	.84
Unsuccessful	54.63	27.84		
<u>Distress</u>				
Successful	61.53	28.98	2.46	.02
Unsuccessful	86.88	19.97		
<u>Self-esteem</u>				
Successful	38.73	35.69	1.10	.28
Unsuccessful	55.63	33.60		
<u>Stress Coping</u>				
Successful	55.60	26.42	3.66	.001
Unsuccessful	85.38	12.59		

DISCUSSION

Limitations of Study

The conclusions of this process evaluation are limited by the small number of cases (n=33) 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 (n=10) data are available, suggest that any findings regarding intermediate outcomes (i.e., completion of treatment) 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 Noble Choices' RSAT participants.

General Conclusions

The available data on the characteristics of the RSAT population suggest that Noble Choices is targeting an appropriate population for the type of intensive treatment provided by RSAT. The majority of the RSAT sample had substantial criminal and substance abuse histories. Additionally, a high percentage of RSAT participants demonstrated a poor understanding of how their behavior affects others and a limited ability to feel guilt or remorse. These indicators of poor judgement are known correlates of crime. It is precisely these types of high risk offenders for which the TC model is designed. The identification of the appropriate target population is facilitated by Noble Choices comprehensive screening and assessment process that is conducted prior to an offender's program acceptance.

An area of concern regarding the target population is the prevalence of individuals with high levels of distress (anxiety and depression) and poor coping abilities. Research has shown that offenders with these characteristics 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 program had significantly higher scores on the distress and stress coping scales of the PII. These results support the responsivity principle which suggests that offenders' should be matched to treatment based on interests, learning styles, and personality characteristics (Andrews, Bonta, and Hoge, 1990). It may be that offenders scoring high on the distress and stress coping scales are not suitable for placement in Noble Choices. 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. Because of the small number of cases involved in this analysis, further examination of this relationship is required before policy decisions can be made.

The results of the CPAI and TC Monitoring Tool suggest that Noble Choices' RSAT program is of high integrity. The results of the TC Monitoring Tool reveal that, although some improvements are needed, Noble Choices has successfully incorporated most of the key elements of the TC model. Furthermore, the results of the CPAI suggest that the Noble Choices program has successfully incorporated many of the principles of effective intervention (Gendreau, 1996). The primary strength of the program lies in its theoretical basis: The program is rooted in social learning and cognitive-behavioral approaches that have been shown to be effective with offender populations (Lipsey and Wilson, 1999; Gendreau and Ross, 1987).

Both the CPAI and the TC monitoring tool pointed out the need for more rewards and for monitoring offenders after a punishment has been administered to identify any unintended reactions. 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 Noble Choices behavioral management system, 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.

No quantitative data were available on the nature of the services delivered. Although program staff indicated that the program is designed to address the individualized needs of offenders, it was difficult to ascertain the degree to which this was actually done without quantitative data that revealed what types of treatments were delivered to what types of offenders. 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.

The rate of voluntary withdrawal from the program (15.2%) is not too surprising. Surviving in a TC environment is much more arduous than living in the general prison population. Inmates’ time is more structured, there are more rules to follow, and there are higher behavioral expectations. The rate of unsuccessful terminations for disciplinary problems or lack of participation (9.1) also appear appropriate. It is important that inmates who are not working the program or demonstrating improvement in their attitudes and behaviors not be permitted to undermine the TC environment. Staff, as rational authority, must be willing to remove an inmate from the program.

Recommendations

The following recommendations are offered based on the findings of this process evaluation.

- 1) Implement an assessment tool that measures an offenders’ overall level of risk. Vary the level of treatment intensity according to the offenders’ level of risk.
- 2) Continue to assess offenders’ level of distress and stress coping and use the information to improve treatment matching decisions (e.g., matching offender to specific program components or to program staff).
- 3) Train staff on behavioral theory and the effective use of a behavioral model of treatment, including the distribution of rewards and punishments.
- 4) Work with the parole board to ensure that offenders’ progress in treatment is taken into consideration in parole release decisions.

- 5) Educate parole officers/agencies on the nature of the TC and continue working on developing standard aftercare services for Noble Choices 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) further exploration of the relationship between various responsivity factors and program success;
- 3) 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;
- 4) data on the types of punishments used and their effect on behavior;
- 5) multivariate analyses designed to identify offender characteristics and program components that are associated with post-release success; and
- 6) 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

- 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))
<input type="checkbox"/> Heroin	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Non-crack cocaine	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Crack	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Barbiturates/Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Marijuana	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LSD	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> PCP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inhalants	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Over the counter drugs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alcohol	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

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:

<input type="checkbox"/> Detoxification	<input type="checkbox"/> Short-term inpatient (30 days or less)
<input type="checkbox"/> Methadone maintenance	<input type="checkbox"/> Residential
<input type="checkbox"/> Outpatient	

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

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

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 |

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

6) Living arrangements upon discharge _____

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

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

8) Criminal Justice Placement _____

- | | |
|-------------------------|--------------------------|
| 1=Probation supervision | 4=Prison |
| 2=Parole supervision | 5=DYS institution |
| 3=Jail | 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 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 cognitive skills training
 employment services domestic violence treatment
 mental health counseling (group or individual) family/marital counseling

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

- unemployed employed full-time (35 + hrs./week)
 retired
 student
 disabled
 employed part-time (< 35 hrs./week)

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

- once a week or more
- twice a month

- once 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
- cocaine
- opiates

- barbiturates
- hallucinogens

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).

<u>Date?</u>	<u>Offense?</u>	<u>Conviction?</u>
____/____/____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending
____/____/____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending
____/____/____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending
____/____/____	_____	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> pending
____/____/____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> 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
DESCRIPTIVE STATISTICS

Table B1: Demographic Characteristics

Characteristic	Frequency (N=33)	Percent
<u>Race</u>		
White	21	63.6
Black	10	30.3
Hispanic	2	6.1
<u>Age at Intake</u> (\bar{x} =29.56; range=21.27-43.88)		
20-29	20	60.6
30-39	8	24.2
40-49	4	12.1
Not reported	1	3.0
<u>Marital Status</u>		
Married	7	21.2
Not married	26	78.8
<u>Number of Dependents</u>		
0	11	33.3
1	8	24.2
2	4	12.1
3	5	15.2
4	3	9.1
5	2	6.1
<u>Highest grade completed</u>		
8th grade	1	3.0
9th grade	2	6.1
10th grade	5	15.2
11th grade	3	9.1
12th grade	17	51.5
Some college	4	12.2
Not reported	1	3.0
<u>Employment Status Prior to Arrest</u>		
Employed full-time	20	60.6
Employed part-time	1	3.0
Unemployed	10	30.3
Not reported	2	6.1

Table B2: Criminal History - Descriptive Statistics

Variable	Frequency (n=33) Percent	
<u>No. of Prior Felony Arrests</u> (\bar{x} =2.21; range = 1-21)		
1	7	21.2
2	2	6.1
3	2	6.1
4	2	6.1
5 or more	6	18.1
Not reported	14	42.4
<u>No. of Prior Felony Convictions</u> (\bar{x} =3.10; range = 1-8)		
1	7	21.2
2	4	12.1
3	2	6.1
4	2	6.1
5 or more	5	15.2
Not reported	13	39.4
<u>No. of Prior Misdemeanor Arrests</u> (\bar{x} =4.96; range=1-20)		
1	4	12.1
2	6	18.2
3	2	6.1
4	2	6.1
5 or more	9	27.3
Not reported	10	30.3
<u>No. of Prior Misdemeanor Convictions</u> (\bar{x} =5.00; range =1-20)		
1	3	9.1
2	4	12.1
3	1	3.0
4	1	3.0
5 or more	4	12.0
Not reported	20	60.6
<u>No. of Prior Sentences to a Secure Facility</u> (\bar{x} =2.26; range=1-20)		
1	8	24.2
2	4	12.1
3	4	12.1
4	2	6.1
5 or more	3	9.0
Not reported	12	36.4
<u>No. of Prior Sentences to Community Supervision</u> (\bar{x} =1.58; range=1-4)		
1	11	33.3
2	6	18.2
3	1	3.0
4	1	3.0
Not reported	14	42.4
<u>No. of Prior Unsuccessful Terminations From Community Supervision</u> (\bar{x} =1.6; range=1-4)		
1	9	27.3
2	4	12.1
3	1	3.0
4	1	3.0
Not reported	18	54.5
<u>Ever Arrested for a Prior Drug Charge?</u>		
Yes	13	39.4
No	18	54.5
Not reported	2	6.1

Table B3: Current Offense (n=33)

Variable	Frequency	Percent
<u>Level of Conviction Offense</u>		
Felony 1	5	15.2
Felony 2	10	30.3
Felony 3	5	15.2
Felony 4	2	6.1
Felony 5	4	12.1
Not reported	7	21.2
<u>Crime Type</u>		
Person	11	33.3
Property	17	51.5
Drug	4	12.1
Other	1	3.0
<u>Months Incarcerated Prior to Placement in RSAT</u> (n=28)		
Mean	26.89	
Median	23.72	
Minimum	.90	
Maximum	107.93	
Standard Deviation	25.10	

Table B4: Drug History (n=33)

Variable		
<u>Age at First Alcohol Use</u>		
Mean	12.39	
Median	12.00	
Minimum	5.00	
Maximum	27.00	
Standard deviation	4.40	
<u>Age at First Drug Use</u>		
Mean	14.42	
Median	14.00	
Minimum	7.00	
Maximum	28.00	
Standard deviation	4.48	
	<u>Frequency</u>	<u>Percentage</u>
<u>First Drug of Choice</u>		
Heroin	1	3.0
Non-crack cocaine	3	9.1
Amphetamines	1	3.0
Barbiturates/tranquilizers	1	3.0
Marijuana	8	24.2
LSD	2	6.1
Alcohol	11	33.3
Not reported	6	18.2
<u>Dual Diagnosis</u>		
Yes	1	3.0
No	26	78.8
Not reported	6	18.2
<u>History of Family Substance Abuse</u>		
Yes	18	54.5
No	13	39.4
Not reported	2	6.1
<u>History of Prior Treatment</u>		
Yes	18	54.5
No	13	39.4
Not reported	2	6.1
<u>No. Participating in Following Types of Treatment</u>		
*		
Detoxification	3	.1
Methadone Maintenance	1	3.0
Outpatient	8	24.2
Short-term inpatient	7	21.2
Long-term residential	9	27.2

*Frequencies and percentages exceed 90 and 100, respectively, due to offenders participating in multiple types of treatment.

Table B5. Termination Information

Variable	Frequency	Percent
<u>Case status (n=33)</u>		
Still active	23	69.7
Unable to Participate Due to Reclassification/out to court/medical/ shock probation	2	6.0
Unsuccessfully terminated (disciplinary, lack of participation/progress)	3	9.1
Voluntary withdrawal from program	5	15.2
<u>Continued Drug Treatment Been Arranged (n=10)</u>		
Yes	0	0
No	8	80.0
Not reported	2	20.0
<u>Criminal Justice Placement Upon Discharge (n=10)</u>		
Parole supervision	1	10.0
Prison	8	80.0
Not reported	1	10.0

APPENDIX C
CPAI RESULTS

Correctional Program Assessment Inventory

Conducted on Noble Choices
Noble Correctional Institution
Caldwell, Ohio

By

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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.
- It 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 abbreviated 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

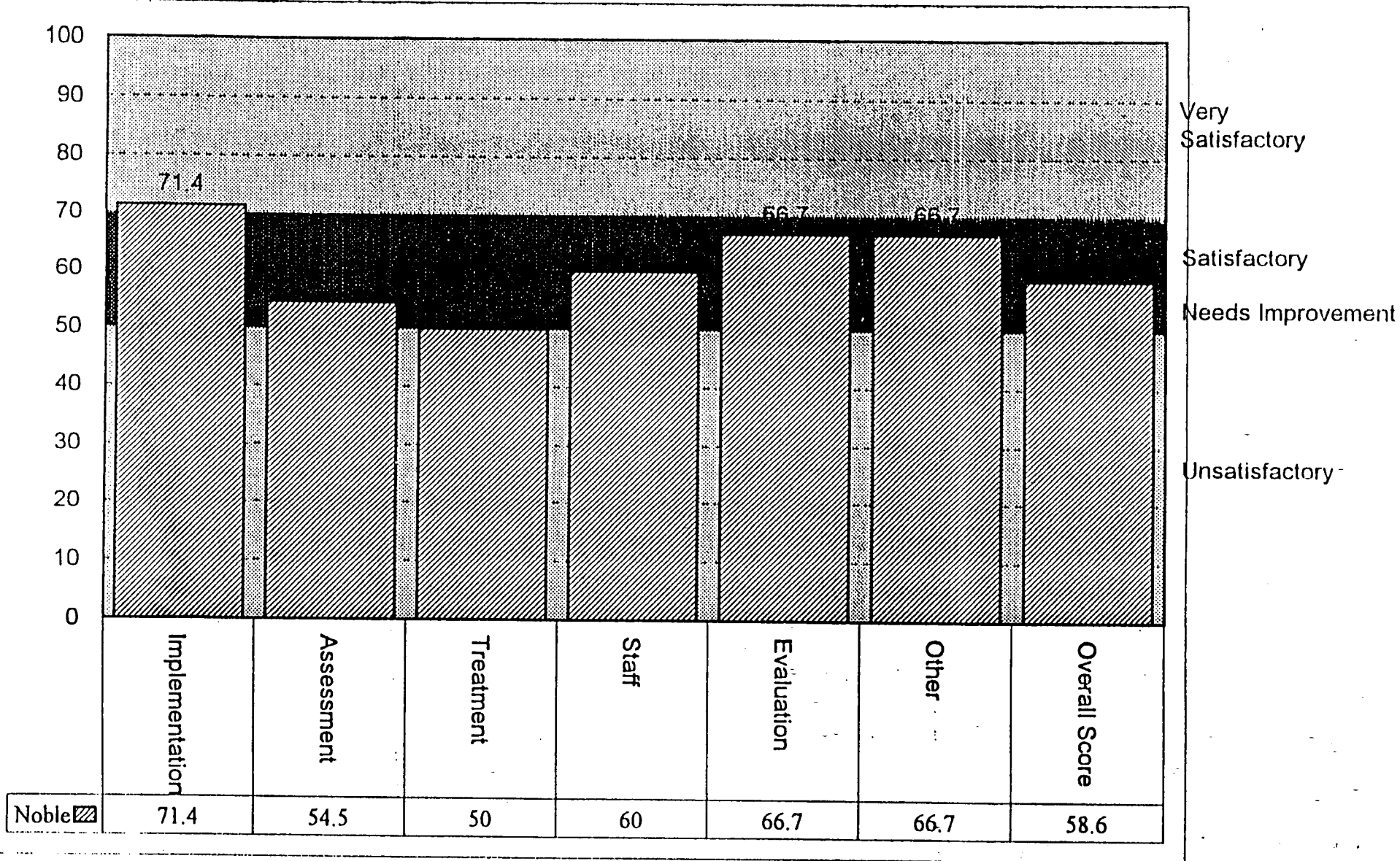
Recommendations:

- 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%.

APPENDIX D

THERAPEUTIC SITE OBSERVATION MONITORING INSTRUMENT REPORT

Ohio Department of Alcohol and Drug Addiction Services

Therapeutic Site Observation Monitoring Instrument

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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 of 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.

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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.