

Evidence-Based Correctional Program Checklist-Group
Assessment (CPC-GA)

Montana State Prison: Anger Management
400 Conley Lake Rd, Deer Lodge, MT 59722

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INTRODUCTION

On June 05, 2019, as part of a certification, the above listed team assessed the Anger Management group at Montana State Prison (MSP). The assessment was conducted using the Evidence-based Correctional Program Checklist-Group Assessment (CPC-GA). The objective of this assessment is to conduct a detailed review of the Anger Management group and to compare the delivery of this intervention with the research literature on best practices in corrections. The following report provides a summary of the program, procedures used to assess the program, and CPC-GA findings with recommendations aimed at increasing the effectiveness of the Anger Management group.

This assessment is part of a statewide initiative to evaluate the effectiveness of correctional intervention programs/groups offered in our facilities and in the community to ascertain how closely groups meet known principles of effective intervention. In the course of this assessment, staff conducted a review of the Anger Management program and compared its practices with current research findings on best practices in corrections. The following report will provide a summary of the program, procedures used to assess the program, and CPC-GA findings with recommendations aimed at increasing the effectiveness of the service.

This report is not an outcome evaluation or a contract compliance review. The CPC-GA looks at specific program characteristics and examines the way a program operates to see if it uses evidence-based practices. These are approaches that have been shown by research to reduce the likelihood of new criminal behavior by those who go through the program. The CPC-GA is based on the premise that the operations within the program provide a safe and secure environment for the clients.

Description of the Evidence-Based Correctional Program Checklist-Group Assessment (CPC-GA)

The CPC-GA is very similar to the Evidence-Based Correctional Program Checklist (CPC). The CPC is a tool designed to assess correctional intervention programs.¹ It is used to ascertain how closely correctional programs meet known principles of effective intervention. Several recent studies conducted by the University of Cincinnati on both adult and juvenile programs were used to develop and validate the indicators on the CPC.² These studies yielded strong correlations with outcome between overall scores, domain areas, and individual items, (Holsinger, 1999; Lowenkamp & Latessa, 2003, Lowenkamp, 2003; Lowenkamp & Latessa, 2005a; Lowenkamp & Latessa, 2005b).

The CPC-GA is a program evaluation tool adapted from the CPC to more closely examine the extent to which correctional group interventions meet the principles of effective intervention.

¹ The CPC is modeled after the Correctional Program Assessment Inventory developed by Gendreau and Andrews; however, the CPC includes a number of items not contained in the CPAI. In addition, items that were not found to be positively correlated with recidivism were deleted.

² These studies involved over 40,000 offenders (both adult and juvenile), and over 400 correctional programs, ranging from institutional to community-based. All of the studies are available on our web site (www.uc.edu/criminaljustice). A large part of this research involved the identification of program characteristics that were correlated with outcome.

The same data used to develop and validate the CPC was used to develop and validate the CPC-GA. The CPC-GA tool was designed to more closely examine core correctional practices within a group context. Hence, this tool can be used for agencies that provide a free-standing group to examine the quality of that intervention.

The CPC-GA is divided into two basic areas: Capacity and Content. The Capacity area is designed to measure whether or not a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are two domains in this area: 1) *Program Staff and Support* and 2) *Quality Assurance*.

The Content area focuses on the substantive aspect of the group and also includes two domains: 1) *Offender Assessment*, and 2) *Treatment Characteristics*. The Treatment Characteristics domain is designed to measure mostly core correctional practices and is divided into seven components: 1) Group Target and Process; 2) Effective Reinforcement; 3) Effective Disapproval; 4) Structured Skill Building; 5) Relationship Skills; 6) Cognitive Restructuring; and 7) Relapse Prevention.

The CPC-GA tool includes 54 indicators, worth 56 total points. Each area and all domains are scored and rated as either Very High Adherence to EBP (65% to 100%); High Adherence to EBP (55% to 64%); Moderate Adherence to EBP (45% to 54%); or Low Adherence to EBP (less than 45%).

The scores in all domains are then totaled and the same scale is used for the overall assessment score. It should be noted that not all of the domains are given equal weight, and some items may be considered not applicable in which case they are not included in the scoring.

Program Description

Montana State Prison (MSP) is an institutional correctional facility for adult males, located in Deer Lodge, Montana. MSP's current facility was constructed between 1974 and 1979 and primarily serves the incarcerated male population of Montana. MSP has capacity for up to 1600 male inmates. The prison is divided into three compounds: low side, high side and locked housing. Within those custody levels are different types of supervision. Inmates range from general and special management populations to those with serious mental illness and inmates housed for pre-hearing confinement, detention, or those in locked housing due to ongoing or serious behavior management problems.

MSP offers the SAMHSA Anger Management curriculum to its' offenders. This program has been offered in this facility for approximately 6 months. There are currently three facilitators who are qualified to conduct Anger Management group, they are Stephanie Hotchkiss, Ben Shupert, and Joel Scheet. Two of these individuals were interviewed during the evaluation process and one Anger Management group was directly observed by the evaluators. Each Anger Management group runs between 6 and 12 weeks, meeting one to two times per week for one-hour duration. A typical group size is between 8-10 inmates. Currently MSP has three staff trained in the Anger Management curriculum, with plans to train additional staff in the Anger Management curriculum in June 2019.

Assessment Process

The site visit took place on June 05, 2019. Four DOC staff and 1 UCCI trainer conducted the visit. The assessment process consisted of a series of structured interviews with staff members involved with delivery of the Anger Management group, as well as interviews with program participants. Relevant program materials were also collected and reviewed—this included participant case files, the curriculum, and MSP policies and procedures. In addition, assessors observed an Anger Management group session. Data from the various sources were used to determine a consensus CPC-GA score and to provide the feedback contained in this report.

FINDINGS

Program Leadership and Development

The first sub-component of this section examines staff qualifications and training, as well as involvement of the program coordinator (i.e. the individual from the host agency responsible for overseeing implementation of the program). Effective programs have adequate oversight by the program coordinator, including selection of staff based on skills and values consistent with offender rehabilitation and use of staff meetings or some other means of direct supervision of the program. Facilitators should be qualified, have adequate training and follow guidelines for ethical program delivery. Finally, the program should be supported by stakeholders.

Program Leadership and Development Strengths:

Mr. Roey Pfisterer is the Chief of Case Management at Montana State Prison. He was identified as the program coordinator for the purpose of this report. He possesses a degree in Criminal Justice and has been working in corrections for 11 years. Mr. Pfisterer has worked in community corrections, the prison setting, and has conducted groups for four years. He oversees the Anger Management group as part of his supervision duties of the case managers. He also assists in screening referrals to make sure they meet criteria for admission. Only offenders who are moderate or high risk on the Montana Offender Reentry and Risk Assessment (MORRA) are accepted into the group and Mr. Pfisterer ensures participants meet this criterion.

As part of Anger Management, Mr. Pfisterer is directly involved in hiring staff, including facilitators for Anger Management program. Staff are selected based on skill, motivation to facilitate groups, personality type, and a behavioral based interview is conducted to ensure staff will be a good fit as a case manager.

Mr. Pfisterer supervises the case managers for Anger Management. He also oversees the MORRA process done by the case managers. Mr. Pfisterer is also involved in the training process on hire as part of his supervision.

The DOC has ethical guidelines that staff are expected to abide by. Further, the Anger Management program receives support from stakeholders such as the Board of Pardons and

Parole (BOPP), DOC (Department of Corrections) central office, and the community probation and parole officers. The BOPP shows that they value them because the participants parole on completion of this program. The DOC is open minded to change in modern corrections and understands the need for groups such as this.

Program Leadership Areas in Need of Improvement and Recommendations:

Staff selected to facilitate the Anger Management groups did not meet the minimum educational requirements. All staff who facilitate groups should hold an associate degree or higher in a helping profession. Most staff are actively working on their continuing education and are on track to obtain the level of education, in a helping profession, found to be most effective when trying to effectuate the most positive behavior change.

- ***Recommendation:*** When new staff are being hired to provide services in the program, preference should be given to staff with at least an associate degree in a helping profession. In addition to providing preferences to these candidates, Mr. Pfisterer may wish to explore recruiting candidates from local colleges and universities that have obtained a degree in a helping field.

All staff who facilitate groups should have at least two years of experience providing interventions to this population. Only 25% of the group facilitators had the minimum of two years of experience working in treatment programs with offenders. Facilitators who have worked in treatment programs for at least two years are found to be more effective in their communication and modeling of material and skills.

- ***Recommendation:*** When new staff are being hired to provide services in the program, preference should be given to staff who have at least two years of working with offender populations.

At the time of the assessment, regular and consistent staff meetings for the purpose of discussing clients and clinical issues was not occurring for the Anger Management group.

- ***Recommendation:*** Although Mr. Pfisterer holds regular staff meetings with all of the group facilitators, the content of the meetings was lacking. Part of this meeting should include case reviews for all clients on a rotating basis including problems, progress, and terminations.

All staff facilitating Anger Management groups should be trained in the curriculum and in group facilitation skills. This will help to ensure fidelity to the program model and that key behavior management practices are taking place. Research indicates that positive outcomes for participants directly correlate with whether the curriculum was adhered to or not. The CPC-GA also requires that group facilitators receive at least 40 hours of on-going annual training directly tied to the curriculum, cognitive behavioral skills, core correctional practices (CCP), group facilitation or other clinically relevant topics. Trainings in regard to facility practices and safety procedures such as PREA, CPR, etc., do not qualify under this category.

- ***Recommendation:*** Mr. Pfisterer and facility administration should require staff to complete a minimum of 40 hours training per year directly related to the curriculum

or other relevant topics. This can include other cognitive skills trainings, group facilitation training or trainings that focus on behavior change. A key element of running effective groups is the use of CCP and group facilitation staff should be required to complete CCP training. CCP training focuses on the core skills needed to support cognitive behavioral programming. Topics discussed include principles of effective interventions, effective use of reinforcers, disapproval and authority, pro-social modeling and cognitive restructuring.

Offender Assessment

The extent to which offenders are appropriate for the services 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 Offender Assessment domain examines the participant selection process and type of participants targeted for the intervention as well as the assessment of risk, need, and personal characteristics of the participants.

Offender Assessment Strengths:

The MSP Anger Management group follows exclusionary criteria to ensure appropriate offenders are selected for the Anger Management group. The treatment request form includes a menu of treatments offered at the facility. The offender identifies that the programs they are interested in and sends the form to administration. MSP staff then reviews MORRA risk scores in combination with discharge dates and prioritizes. The program utilizes the MORRA, a validated, standardized, and objective risk assessment for criminal justice system involved individuals, and its supplemental tools are used to assess potential participants. The MORRA produces a level of risk through an actual score and flags relevant need areas. MSP staff have access to the tool and utilize the instrument and its associated scores. These scores were used to refer offenders with a moderate or high-risk overall score and a moderate or high need score in the Criminal Attitudes and Behavior Patterns domain of the MORRA, to the Anger Management group. Lastly, low risk offenders are excluded from the Anger Management group.

Offender Assessment Areas in Need of Improvement and Recommendations:

While MSP staff have established a good process to ensure that only appropriate offenders are referred to the Anger Management group, the facility staff do not assess for common responsivity factors. URICA (University of Rhode Island Assessment Scale) and TABE (Tests of Adult Education) assessments are found in offender files, however they are not used to assess motivation and educational components for the Anger Management Group participants.

- ***Recommendation:*** MSP staff should administer and utilize the URICA & TABE assessments as part of the group referral and acceptance process. Group facilitators

should have access to and review assessment results prior to group implementation so they are aware of and able to address possible responsibility issues with group members.

Treatment Characteristics

This domain of the CPC-GA is the most extensive. It measures CCP, including the following areas: Group Target and Process, Effective Reinforcement, Effective Disapproval, Structured Skill Building, Relationship Skills, Cognitive Restructuring and Relapse Prevention. Effective correctional interventions use a cognitive behavioral approach to target criminogenic behaviors. Furthermore, they provide structured treatment using effective group practice techniques, including use of good relationship skills. Successful programs also effectively use reinforcement and punishment as well as structured skill building and cognitive restructuring to change offender behavior. Finally, the use of relapse prevention strategies designed to assist the offender in anticipating and coping with problem situations should be incorporated.

Treatment Characteristics Strengths

The primary focus of the Anger Management group is to reduce anger/hostility levels and increase self-control, self-management, problem-solving skills, and interpersonal conflict resolution. The curriculum was designed to target core criminogenic need areas related to anger management. The curriculum and group process target the criminogenic needs almost 100% of the time, which is well above the required 75% on the CPC-GA.

Group norms are established and regularly followed. Group norms are posted on an easel during each session and facilitators review the rules at the beginning of group.

The sessions are always conducted by a staff member. The required range for groups on the CPC-GA is 8 to 10 participants. The anger management groups meet this criterion as ten participants is the maximum allowed to start a group at one time.

The facilitators use incentives and rewards to encourage program participation and compliance. For example, verbal praise is regularly used, and participants receive a certification of completion.

The program has appropriate punishers available to extinguish antisocial expressions and promote behavioral change. Punishers available range from verbal disapproval in group, verbal disapproval after group, being removed from group, and loss of treatment points. There was no evidence that the program uses punishers such as shaming techniques meant to humiliate or demean participants.

The facilitators have good rapport with the group participants. Staff exhibit a comfortable demeanor in delivering the material and have established boundaries with the participants.

Treatment Characteristics Areas in Need of Improvement and Recommendations

Effective programs utilize curriculum that are evidence-based for reducing recidivism. Evidence-based means they include strategies that teach participants new thinking and new behaviors to help them manage their high-risk situations related to anger management. The SAMHSA Anger Management curriculum does not include these key elements, nor is there any research to indicate that is effective in reducing recidivism.

- **Recommendations:** Although the SAMHSA Anger Management curriculum is not evidence-based for reducing recidivism, the course does target criminogenic areas and does possess some base cognitive restructuring principals. An option to enhance the quality of this curriculum would be to supplement the course with relevant materials from other evidence-based courses, two of which are already being provided at MSP (CCP skills and Thinking for a Change). These materials can be added on to additional weeks of class once the Anger Management curriculum has been completed, as to not interfere with the fidelity of the curriculum. MSP staff may wish to create supplemental sessions that ensure new thinking and new behaviors (i.e., coping skills, social skills, emotional regulation skills) that would assist participants in managing risky situations are taught to participants and that participants practice these skills and concepts.

Program effectiveness is highly related to curriculum fidelity. In order for a group to be considered evidence-based, strict adherence to the curriculum is essential. According to the SAMHSA Anger Management curriculum manual, the group is intended to be held in 90-minute sessions for a period of 12 weeks. It was noted that the Anger Management group at MSP is scheduled for 60-minute sessions for between 6 and 12 weeks. The group that was observed during this assessment was only held for 40-minutes, indicating some inconsistency in how group is delivered. Further, not all facilitators are adhering to the curriculum as laid out in the facilitator workbook.

- **Recommendation:** All staff should closely follow the curriculum manual. Staff should be regularly monitored to ensure all elements in the manual are consistently used by all Anger Management facilitators.
- **Recommendation:** Length of time in the program is insufficient to affect the target behavior of decreasing anger/hostility. The facilitators of the Anger Management group at MSP should hold group for the time and duration intended by the SAMSHA Anger Management manual.

Consistency in service delivery is an essential factor in the efficacy of a group. It is noted that there seemed to be some inconsistencies in facilitator knowledge, experience, and ability to skillfully deliver the lesson format and content of the Anger Management curriculum. There was evidence to suggest inconsistencies in teaching the material, encouraging group participation, and inconsistencies with homework completion and review being required (although homework did appear to be assigned consistently during each session).

- **Recommendation:** Concerning facilitator knowledge, three elements are offered:

1. Anger Management facilitators at MSP can benefit from initial and ongoing, formal training on group facilitation, the Anger Management Curriculum and CBT principles.
 2. It may also be beneficial, as part of a formal training process, that less experienced facilitators shadow and observe more seasoned facilitators in group before taking on groups of their own.
 3. Additionally, a training exercise consisting of a mock group session which facilitators could take turns in leading would provide an opportunity for practice, troubleshooting and constructive feedback for each staff.
- **Recommendation:** In order to encourage consistent participation, all staff should call directly on group members who are not active in the session. Asking direct questions related to the material or asking for feedback regarding other group members comments and ideas can be used to accomplish this. Assigning role play exercises for each group member would also ensure consistent participation.
 - **Recommendation:** All staff should have each participant present their homework assigned from the previous week during the session. The facilitators should ensure the homework was completed correctly. Feedback for improvement should be provided when it was not completed correctly. This will help to verify that all group members are completing their homework and have a grasp of the material that they are learning.

As earlier indicated, the program effectively administers two different responsivity screeners, however, they do not incorporate the results into the facilitation of Anger Management groups. Effective programs attempt to address different learning styles, comprehension levels, motivation, mental health, and other barriers to learning material presented in group.

- **Recommendations:** Since the facility uses the URICA and the TABE, facilitators should access this information prior to the start of a group cycle so they can identify participant's with motivation and/or educational barriers. Proactive strategies can then be incorporated into groups as needed (e.g., use of tutors, verbal homework versus written homework, etc.). Further, participants who struggle with different learning styles or barriers need to be given time to clearly explain themselves and work through the skills being taught in group. The facilitator should ensure that the other group members understand these barriers and that it is important to work as a group to learn skills together.

With regard to reinforcers and punishers, the program can increase its adherence to the evidence by improving the use and process of administration of positive and negative consequences. Programs that maintain appropriate systems within groups that facilitators may choose from to reward and reinforce positive offender behavior, have better program outcomes.

Group facilitators used verbal and tangible rewards immediately following the appropriate behavior but did not appropriately explain why the behavior was being rewarded or how the behavior being rewarded would be useful in the participant's future.

- **Recommendations:** The facilitator should always explain why the reward or verbal praise was received (i.e., be specific when praising or issuing a reinforcer so that they participant is aware of the behavior being targeted). The facilitator should also explain how the reinforced behavior could transfer to prosocial behavior in the community discussing the short- and long-term benefits of continuing that behavior.

Skill steps to effective reinforcement include:

- Identify the behavior to be reinforced.
- Immediately tell the person what behavior you liked and why you liked the behavior.
- Have the person articulate the short- and long-term benefits of the behavior.
- Consider pairing the approval with a tangible reinforcer in the case of targeting a significant positive behavior.
- The facilitator should use a ratio of 4 positive reinforcements and rewards to every 1 punisher used by utilizing a menu of options from a behavioral management system.

Similarly, while the program has identified appropriate punishers and sanctions, they are not effectively applied. For example, there were inconsistencies in the facilitators' ability to recognize antisocial behavior, consistently intervene by explaining why the punisher is being applied at an appropriate intensity to extinguish the behavior without over-punishing. Last, the punisher was not terminated immediately after the antisocial behavior ceased. Facilitators also failed to recognize and respond to unintended negative effects from the application of punishers and sanctions.

- **Recommendation:** The facilitators should consistently link the punisher to the inappropriate behavior; offenders should be told why the punisher is being issued and why the behavior is inappropriate. In addition, the facilitators should be able to recognize and address appropriately with potential negative effects of the punisher. These include whether the punishment produces emotional reactions, produces avoidance/aggression towards the punisher or program, leads to increased future use of the unwanted behavior by the offender, or produces response substitution. For consequences to achieve maximum effectiveness, they should be administered in the following manner:

- Identify the behavior to be punished.
- Immediately tell the person what behavior you disliked and why.
- Have the person articulate the short- and long-term consequences of the behavior.
- Discuss/model/practice an alternative prosocial behavior.
- Consider pairing the disapproval with a sanction.

Because group facilitators are currently not able to effectively intervene in antisocial behaviors being demonstrated, they are also not offering a prosocial alternative, modeling the alternative behavior.

- **Recommendations:** Prosocial alternatives should be offered after a punisher or sanction has been administered so that the offender is taught an alternative to the undesired behavior. To illustrate, the facilitator might demonstrate an appropriate coping response to a problem or issue, and then have the offender practice how that behavior may have been handled differently. This may be utilized with behavior exhibited in group or with behaviors discussed in the homework activities.

The CBT approach is one of the most effective strategies in helping participants change their behavior. Prosocial skills, that is, coping by thinking and coping by doing should be consistently taught, modeled by facilitator (including an explanation of the benefits of using such skills), and practiced by participants. The treatment of the offenders should incorporate both cognitive restructuring and prosocial skill training with corrective feedback. Offenders should regularly practice alternative thinking and behaviors to high risk situations and structured corrective feedback should be given by other participants and the facilitator. The program lacks consistent rehearsal of skills (e.g. role play), with corrective feedback, to shape new prosocial behaviors among offenders. Offenders should identify underlying attitudes, values, and beliefs. Techniques include the use of thinking reports, functional analysis, cost-benefit analysis, or other appropriate techniques to help offenders recognize distorted/antisocial thinking. The facilitator could consistently work with each offender to confront antisocial thoughts and values.

- **Recommendations:** The program staff have several options for incorporating these essential elements. These elements can either be added into each session, additional sessions can be added at the end of the formal curriculum, or they can be added to the treatment plan of the offenders; for example, offenders may be referred to a separate skills group such as Thinking for a Change once the anger management group is completed.
- **Recommendations:** Offenders should be consistently taught to observe and anticipate problem situations through cognitive restructuring and prosocial skill training with corrective feedback. This should include modeling and demonstrations by the facilitator. For each skill and concept taught, there should be a discussion that includes the facilitator “selling” the new skill by explaining the advantages of learning a new skill or behavior and the benefits that will be derived. Approximately 40% of allocated group time should be allocated to skill practice. Concerning new prosocial behaviors, the basic approach to teaching skills includes:
 - The facilitator defines and sells the skill or concept.
 - The facilitator models or demonstrates the skill or concept.
 - The offender practices or role plays the correct use of the skill or concept to a personal high-risk situation.
 - The facilitator and participants provide corrective feedback.
 - The offender practices the skill in increasingly difficult situations.

As noted above, skill practice is minimally worked into the SAMHSA Anger Management curriculum. As such, the use of graduated practice of skills in increasingly difficult situations so that offenders' practice is as "real-life" as possible is not occurring. Homework should include graduated practice of the skills being taught with the expectation that the offender will report back progress to the group.

- **Recommendation:** Program should ensure offenders are practicing the prosocial behaviors they learn in increasingly difficult situations and given constructive feedback from the facilitator. Opportunities include where offenders in higher levels of practice model behavior for lower level offenders, form an advanced skills group, or require offenders to practice a skill outside group and report back. Assuring there is sufficient time allowed to practice skills in increasingly difficult situations is very important.

During the group process, the program facilitators engage in verbal disagreements and do not use appropriate techniques to roll with resistance, such as redirection or extinction.

Recommendations: When faced with resistance, facilitators should be able to direct and guide the group to stay on task, limit disruptions, and roll with resistance. Facilitators should be taught to use the following techniques: planned ignoring, physical proximity, eye contact, distraction, reminders, verbal warning, etc. to help manage participant behavior.

As part of the Anger Management group, participants do not develop risk or relapse prevention plans. These plans are key in mapping out the new thinking and new doing skills that will help participants make good decisions when they are angry.

- **Recommendation:** Risk/relapse prevention plans should be developed for each participant in the group. These can be developed at the end of the program or on an ongoing basis. They should specifically include with skills/concepts taught during the group sessions.

Quality Assurance

This CPC-GA domain centers on the quality assurance and evaluation process used to monitor how well the group is functioning. Effective programs should include regular group observation with feedback. Likewise, participant input should be solicited via satisfaction surveys and pre-post testing should be used to measure participant change. Finally, completion criteria should be behaviorally based, and discharge summaries developed to review program progress and unmet needs.

While the Program Director recognizes and plans for improvement and implementation of quality assurances, our review recommends the following components to improve this domain.

Quality Assurance Areas in Need of Improvement and Recommendations:

While MSP has a group observation form, group observation is not routinely taking place.

- **Recommendation:** The program coordinator or clinical supervisor should observe group and provide constructive feedback in areas such as communication skills, modeling of new behaviors, use of redirection techniques, behavior reinforcements, group facilitation and knowledge of curriculum a minimum of every group cycle or at least quarterly. MSP staff may wish to supplement the current observation form to include core correctional practices.

Participant satisfaction data is not collected, reviewed, or utilized as a quality assurance measure.

- **Recommendation:** The program coordinator or their designee should develop, track, review and utilize participant satisfaction feedback. Different mechanisms, such as satisfaction surveys, interviews, or focus groups can be used. Once implemented, the program should incorporate the feedback where and when applicable and appropriate.

Pre-test and post-testing on the participants' knowledge of the target behavior, anger management, is not completed or utilized as a quality assurance measure.

- **Recommendation:** MSP staff may wish to consult the authors of the curriculum to determine if a knowledge test exists. If so, this should be used pre-and post-program completion to measure knowledge acquisition. If a survey does not exist, program staff should search for or develop, implement, track, and review pre- and post-test results for participants. The program staff can use the gathered information to help assess the effectiveness of teaching the intended information and whether or not someone should successfully complete the group.

The Anger Management group completion criteria is based on attendance and subjective determination of completion.

- **Recommendation:** Completion should be defined in progress of acquiring pro-social behaviors, attitudes and beliefs. Ideally completion would include performance measures that include change in attitudes, acquisition of new knowledge and insight, and demonstration of new skills and behaviors. Indicators include: a behavioral assessment instrument, a checklist of behavioral/attitudinal criteria, completion of detailed treatment plans that include measurable objectives, and/or acquisition of new skills or behaviors while in the group (see pre- and post-testing directly above).

Discharge Summaries are not being completed for Anger Management group participants.

- **Recommendation:** A formal discharge summary should be developed for each participant upon completion of the group. These should include progress in meeting target behaviors and goals, recommendations regarding areas that need continued

work, testing results, etc. Discharge summaries should be written by the group facilitator and should be specific to the group being taught.

OVERALL PROGRAM RATING AND RECOMMENDATIONS

MSP Anger Management received an overall score of **41.7** percent on the CPC-GA. This falls into the **low adherence to EBP** on the CPC-GA. The overall Capacity score designed to measure whether the program has the *capability* to deliver evidence-based interventions and services for offenders is **40** percent, which falls into the **low adherence to EBP** category. The overall Content score, which focuses on the *substantive* domains of assessment and treatment, is **42.4** percent, which falls into the **low adherence to EBP** category. The program should be commended for the score in the Offender Assessment domain **83.3** percent which falls into the **very high adherence EBP** category.

Conclusion

The MSP Anger Management group scored low adherence on the CPC-GA. The program has areas of strengths listed in this assessment. Recommendations for areas that could be improved have been made in each of the CPC-GA domains. These recommendations should assist Mr. Pfister in making future changes to increase program effectiveness. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systematically address such needs. Once the program has had sufficient time to implement changes, it is often helpful to have the program re-assessed to determine whether the program has been successful at either sustaining the great work currently being done or implementing recommended changes.

Figure 1: Anger Management CPC- GA Scores

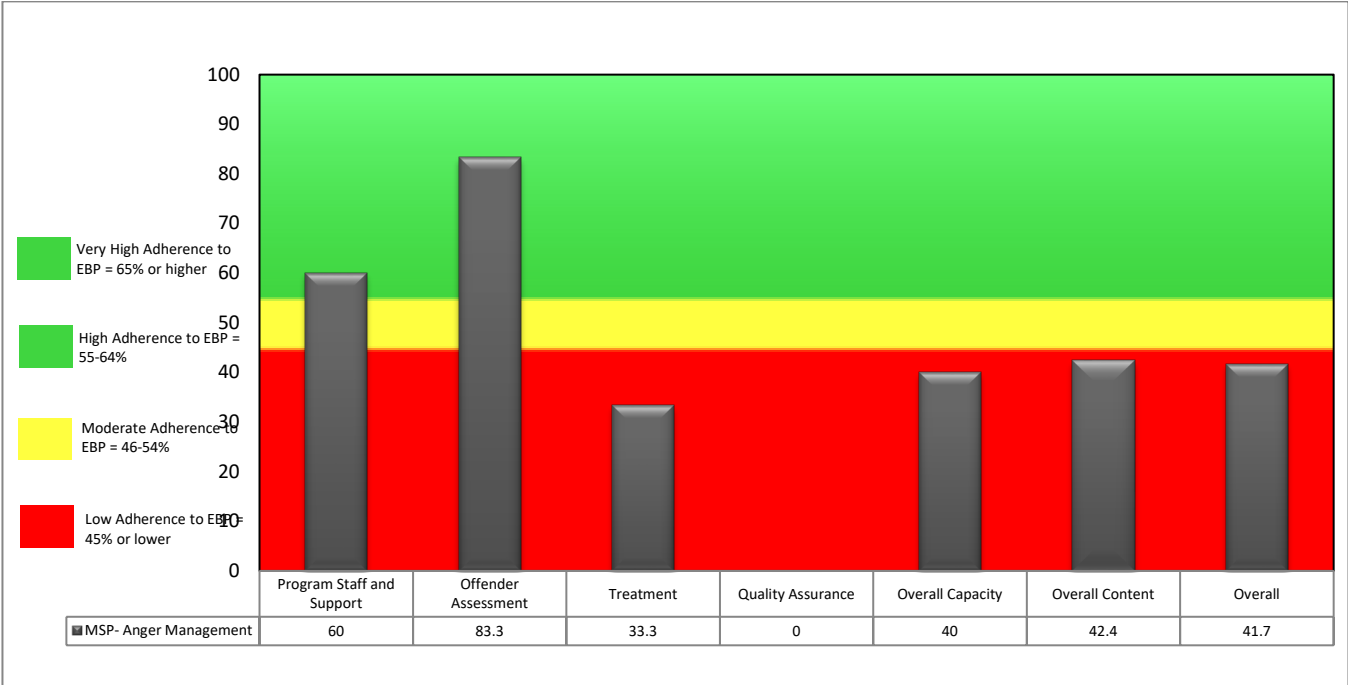
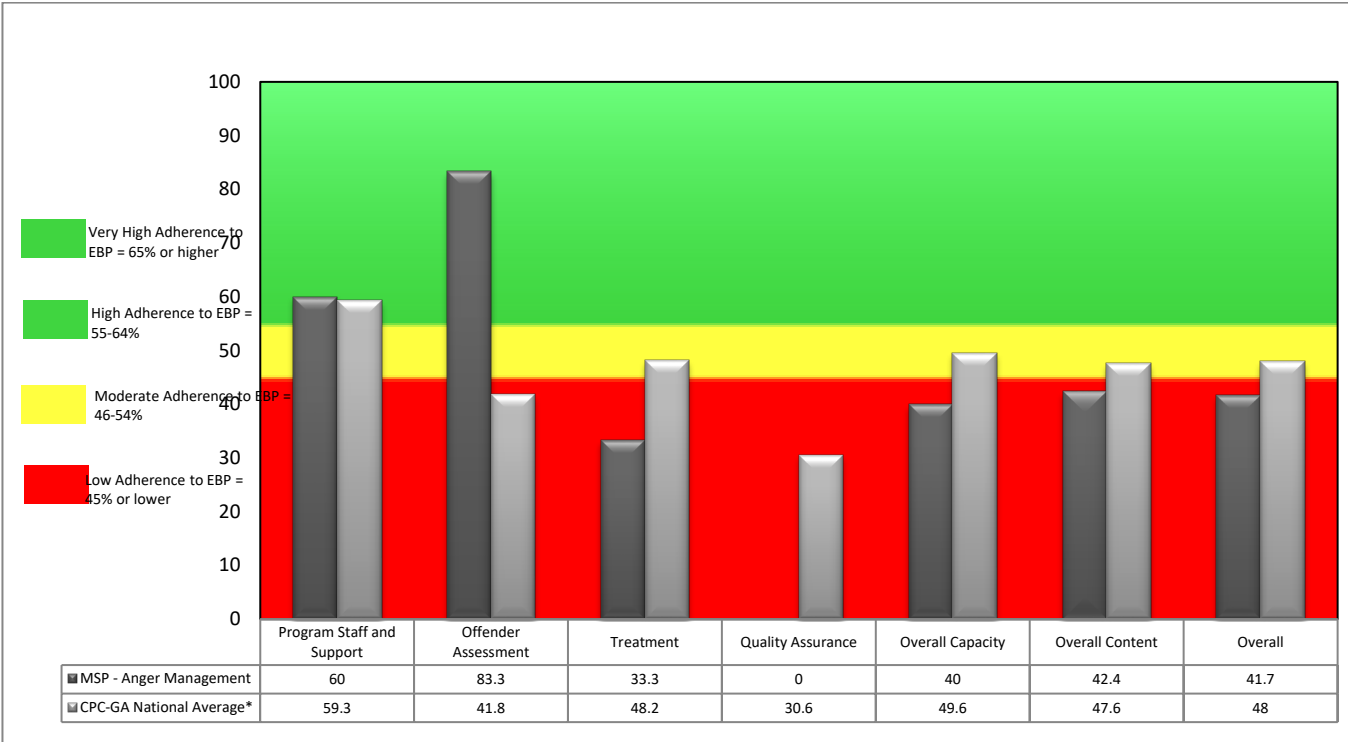


Figure 2: Anger Management CPC-GA Scores compared to CPC-GA Average Scores



REFERENCES

- Andrews, D. & Bonta, J. (2003). *The Psychology of Criminal Conduct* (Third Edition). Cincinnati, OH: Anderson.
- Andrews, D., I. Zinger, R. Hoge, J. Bonta, P. Gendreau, and F. Cullen (1990). "Does Correctional Treatment Work? A Clinically Relevant and Psychologically Informed Meta-Analysis." *Criminology* 28(3): 369-404.
- Gendreau, P. (1996) The principles of effective intervention with offenders. In A. T. Harland (Ed.), *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply* (p. 117-130). Thousand Oaks: Sage.
- Gendreau, P., & Andrews, D.A. (1996). Correctional program assessment inventory (CPAI) (6th ed.) Saint John, NB: University of New Brunswick.
- Holsinger, A. M. (1999). *Opening the 'black box': Assessing the relationship between program integrity and recidivism*. Doctoral Dissertation. University of Cincinnati.
- Lipsey, M. W. and D. B. Wilson. (1998). "Effective Intervention for Serious Juvenile Offenders: A Synthesis of the Research." Pp. 313-366 in R. Loeber and D. P. Farrington (eds.), *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*. Thousand Oaks, CA: Sage Publications
- Lipsey, M. (2009). The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview. *Victims & Offenders*, 4(2): 124-147.
- Lowenkamp, C. T. (2003). *A Program Level Analysis of the Relationship between Correctional Program Integrity and Treatment Effectiveness*. Doctoral Dissertation. University of Cincinnati.
- Lowenkamp, C. T., & E. J. Latessa (2003). Evaluation of Ohio's Halfway Houses and Community Based Correctional Facilities. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.
- (2005a). *Evaluation of Ohio's CCA Programs*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.
- (2005b). *Evaluation of Ohio's Reclaim Funded Programs, Community Correctional Facilities, and DYS Facilities*. Center for Criminal Justice Research, University of Cincinnati, Cincinnati, OH.
- Smith, P., Gendreau, P., & Goggin, C. (2004). *Correctional treatment: Accomplishments and Realities*. In P. Van Voorhis, M. Braswell & D. Lester (Eds.), *Correctional Counseling and Rehabilitation* (Fifth edition). Cincinnati, OH: Anderson Publishing.