FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST
GROUP ASSESSMENT 2.0 (CPC-GA)

Alpha House
A Program of Alternatives
3109 1st Ave N, Billings, MT 59101

Moral Reconation Therapy (MRT)

By

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INTRODUCTION

Research in the field of corrections suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism, whereas more "traditional approaches" (e.g., incarceration, boot camps, 12-step programs) are not (Gendreau, 1996; Smith, Goggin and Gendreau, 2002). The MRT groups offered at Alpha House were assessed using the Evidence-Based Correctional Program Checklist-Group Assessment (CPC-GA). The objective of this assessment was to conduct a detailed review of the MRT groups at this location and to compare them to best practices within the criminal justice and correctional treatment literature. 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 MRT groups.

This CPC-GA was conducted as part of a training initiative in which two Montana Department of Corrections staff conducted this assessment with the assistance of a University of Cincinnati Corrections Institute (UCCI) certified CPC-GA trainers. As such, this assessment is one that was conducted in a training context.

CPC-GA BACKGROUND

The Evidence-Based Correctional Program Checklist – Group Assessment (CPC-GA) is a program evaluation tool developed by the University of Cincinnati Corrections Institute (UCCI)[i] for assessing limited scope treatment programs and stand-alone treatment groups offered to justice involved participants. Examples of programs and groups appropriate for CPC-GA assessment include an outpatient service targeting one need area (e.g., outpatient substance abuse treatment), a program that only offers case management or individual services, a single service at an agency or facility that offers a variety services, or a stand-alone group like Cognitive Behavioral Interventions – Substance Use (CBI-SU).[ii]

The CPC-GA is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective interventions. Data from three studies[iii] conducted by UCCI on both adult and youth programs were used to develop and validate the CPC-GA indicators. These studies produced strong correlations between outcome (i.e., recidivism) and CPC-GA scores. One independent study[iv] has confirmed that CPC-GA scores are correlated with recidivism and a body of research exists that supports the indicators on the CPC-GA.[v] To continue to align with updates in the field of offender rehabilitation, the CPC-GA was revised in 2020. Throughout this document, all references to the CPC-GA are a direct reference to the revised CPC-GA 2.0 version of the assessment tool.

The CPC-GA is divided into two basic areas: content and capacity. Capacity measures whether a program has the capability to deliver evidence-based interventions for justice involved participants. There are two domains in the capacity area: Program Staff and Support and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains. This area focuses on the extent to which the program meets certain elements of the principles of effective interventions and the Treatment Characteristics domain specifically

measures the program's use of core correctional practices. The CPC-GA is comprised of 49 indicators, worth up to 54 possible points. Each domain, each area, and the overall score are summed and rated as either **Very High Adherence to EBP (65% to 100%); High Adherence to EBP (55% to 64%); Moderate Adherence to EBP (46% to 54%); or Low Adherence to EBP (45% or less)**. It should be noted that not all of the domains are given equal weight, and some items may be considered "not applicable" in the evaluation process.

The CPC-GA assessment process requires a site visit to collect various program traces. These include but are not limited to: interviews with executive staff (e.g., program coordinator), direct service delivery staff (e.g., group facilitators, case managers), and participants; observation of direct services; and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook). Once the information is gathered and reviewed, the scores are calculated. When the program has met a CPC-GA indicator, it is considered a strength of the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

There are several limitations to the CPC-GA that should be noted. First, the instrument is based upon an "ideal" program; that is, the criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on "what works" in reducing recidivism. As such, it is highly unlikely than a program will score 100% on the CPC-GA. Second, as with any interpretive review process, reliability may be an issue. Although steps are taken to ensure that the information gathered is reliable and accurate, given the nature of the process, decisions about the information and data gathered are made by the assessors. Third, the process is time- specific. Changes or modifications may be planned for the future or may be under consideration; however, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all of the "system" issues that can affect the integrity of the program. Finally, the process does not address the reasons why certain practices do or do not take place. Rather, the process is designed to determine the overall integrity of the program.

Despite these limitations, there are a number of advantages to this process. First, it is applicable to a wide range of programs and groups. Second, the indicators included in the CPC-GA have been found to be correlated with reductions in recidivism. Third, the process provides a measure of program integrity and quality; it provides insight into the "black box" of a program, something an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly; usually the site visit process takes a day and a report is generated within two to three months. Fifth, it identifies the strengths and areas for improvement for a program, as well as specific recommendations that will bring the program closer in adherence to EBPs. Finally, it allows for benchmarking. Comparisons with other programs that have been assessed using the same criteria are provided. Since program integrity and quality can change over time, it also allows a program to reassess its adherence to EBPs.

SUMMARY OF THE PROGRAM

Alpha House is a program of Alternatives that is located at 3109 1st Ave N, Billings, MT. It is a residential non-profit that has been providing services to adult male offenders involved in the criminal justice population since 1980. It is identified as a pre-release center where adult male offenders reside up to six months. Alpha House offers an array of programing to its residents that include.

Alpha House implemented MRT roughly four years ago and is offered to male offenders who are referred by the Montana Department of Corrections (MDOC). Residents are referred to the MRT group based off their judgement requiring the completion of cognitive based programing; have an overall high-risk score based off the MORRA; having scored high in criminal attitudes and beliefs. Alpha House provides MRT group services where the residents meet for one 90-minute session per week for a minimum of 12 weeks. If additional weeks are needed to complete the MRT steps, they are not to exceed 16 weeks. At the time of the evaluation, Alpha House had three separate MRT groups running with 12-residents per group. All the MRT groups are an open- ended format.

CPC-GA ASSESSMENT PROCESS

The assessment process consisted of a series of structured interviews with staff members involved with delivery of the MRT groups, as well as interviews with offenders. Relevant program materials were also collected and reviewed. These included open and closed participant files, policies and procedures, and the MRT curriculum. Evaluators observed one male MRT group on the day of the site visit. Data from the various sources were used to determine a consensus CPC-GA score and provide the recommendations that follow. 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.

This report is not a program 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 participants.

FINDINGS

Program Staff and Support

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. MRT facilitators

should be qualified, have adequate training, and follow guidelines for ethical program delivery. Finally, the program should be supported by stakeholders.

Program Staff and Support: Strengths

Ms. Bobbi Jo Walla was identified as the program coordinator for the purposes of this report. She has been employed by Alternatives for 10 years and has been in her current position for two years. She provides direct supervision to all Case Managers during weekly individual supervision and through bi-weekly Case Manager meetings, where Case Managers participate in role-playing activities, training, staffing cases, and looking at different tools to utilize with residents. Ms. Walla possesses a master's degree in criminal justice and far surpasses the CPC-GA requirement of working with offender treatment for three years.

Ms. Walla is directly involved in the hiring and approval of group facilitators for the MRT program. Ms. Walla receives the candidate's application that was moved forward in the hiring process from Human Resources. She facilitates an interview with the candidate with other supervisors of the agency that is scored. Ms. Walla makes the final hiring decision. Through the interview process, it was indicated that when hiring staff, candidates need to be open to feedback, have appropriate professional boundaries, and believe that people can change.

All staff facilitating MRT group, have worked in treatment programs with justice-involved offenders for at least two years. Program traces indicate that Case Managers must complete Motivational Interviewing training as well as the 40-hour MRT training in order to become a MRT group facilitator. It was indicated through staff interviews that this is a requirement for Case Managers to complete. All staff participate in 40-hours of annual training which include but not limited to Problem Solving/Case Planning; Behaviorism/Behavior Chain/Social Learning Theory; Motivational Interviewing with Criminal Justice Population; Behavioral Strategies (modeling/ roleplay)/Structured Skill Building.

Program traces also indicated that staff members participate in bi-weekly staff meetings where an agenda is followed. The case management staff meetings review and discuss CPC articles, mental health concerns of residents, job development of residents, new business, and staffing of clients. Alpha House is supported and valued by many criminal justice stakeholders including MDOC, law enforcement, and the judicial system. This is evidenced by a continuous referral stream.

Program Staff and Support: Areas in Need of Improvement and Recommendations

Staff selected to facilitate the MRT groups did not consistently meet the minimum educational requirements. All staff who facilitate groups should hold an associate's degree or higher in a helping profession.

> ➢ *Recommendation:* It is recommended through the CPC-GA that all professional staff who provide direct services should have an associate's degree or higher in a helping profession (e.g., counseling, criminal justice, psychology, social work, education, or specialized fields like addiction). Staff members are actively working towards their educational goals and should be supported in their endeavors. With regards to future hires, priority should be

given to those applicants who already have a minimum of an associate's degree in a helping profession.

Alpha House staff receive an annual performance evaluation relative to their position. While these evaluations do cover many areas, the evaluations do not include specific direct service delivery skills for groups that are being offered.

> ➤ ***Recommendation:*** Each staff member facilitating MRT should receive an annual evaluation that includes a summary of direct service delivery skills from the MRT group. The current evaluation forms should be supplemented to incorporate service delivery skills such as knowledge of the treatment intervention model and effective interventions, assessment skills and interpretation of assessment results, modeling of new behaviors, behavioral reinforcements and sanctions, group facilitation skills, and the ability to build positive working relationships with the participants.

At the time of the assessment, program traces indicated a lack of ethical guidelines outlined and reinforced within Alpha House.

> ➤ ***Recommendation:*** Although Alpha House holds yearly all-staff meetings to review the standards of the agency, it is recommended that there are written ethical guidelines that spell out staff boundaries and interactions with offenders.

Offender Assessment

The extent to which offenders are appropriate for the services provided and the use of proven assessment methods are 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 three areas regarding assessment: selection of offenders; the assessment of risk, need, and personal characteristics of the offender; and the manner in which these characteristics are assessed.

Offender Assessment Strengths

The Alpha House utilizes the Montana Offender Reentry and Risk Assessment (MORRA). This tool is a valid, standardized, and objective instrument that produces a risk level and provides a survey of dynamic criminogenic needs. The program does receive the MORRA results from probation and parole referrals; however, this is not always consistent as not all referral packets contain the MORRA information. MORRA provides information about the dynamic needs of offenders related to general criminal recidivism. The MORRA also helps guide which group a resident may be placed in as higher risk offenders may be referred to a different group. Based off file review, over 70% of participants who participate in MRT are moderate or high-risk offenders.

Assessment: Areas in Need of Improvement and Recommendations

It is important that there are exclusionary criteria for offenders being referred to the MRT program. Alpha House does not have written policy entailing when and why an offender should be excluded from the program. By having criteria in place, Alpha House will be able to determine which offenders are not appropriate for the program.

> *Recommendation:* Alpha House should develop a written exclusionary criteria policy for what type of offenders are not appropriate for MRT. Staff should know and consistently follow these criteria to ensure offenders in the MRT program are appropriate for the treatment.

The program should have a domain specific assessment instrument that summarizes the level of need through an actual score or objective criteria. Alpha house does utilize the MORRA that gives an overall risk/need but there is not an assessment instrument that is domain specific that targets need only.

> *Recommendation:* We would recommend utilizing a domain specific assessment instrument to determine specific need through an actual score or objective criteria. Different examples that could be utilize are TCU-Drug Screen 5 for substance abuse, ASI for substance abuse, and GAIN-SS for Mental Health.

The program should measure two or more responsivity factors (e.g., motivation, intelligence, maturity, reading level, mental health and/or depression) for all residents in the program. Alpha House utilizes the URICA (University of Rhode Island Change Assessment Scale) to determine readiness for change. While on site, we became aware of reading deficiencies with some group participants that staff were not aware of until after they had started MRT group and were struggling to complete the homework.

> *Recommendation*: We would recommend utilizing Adult Reading History Questionnaire (ARHQ) and/or Test for Adult Basic Education (TABE). Another assessment tool to utilize to assess responsivity factors is the Texas Christian University - Client Evaluation of Self Treatment (TCU-CEST). Within this assessment, there is the psychological functioning which measures depression, anxiety, self-esteem, decision making, and expectancy treatment needs and motivation. These measure problem reacquisition desire for help, treatment readiness, treatment needs index and pressure for treatment index.

Further, group interventions and curriculum should target offenders with higher domain-specific needs. For example, for a MRT group, offenders should have a moderate to high level of need in the area of criminal attitudes and behavioral patterns.

> *Recommendation*: Review of the domain specific needs will allow MRT facilitators to accept referrals who have higher needs for the MRT intervention. Furthermore, offenders without a high need for this service should be excluded from services and this area can be included on the exclusionary policy recommended above. If exceptions are made, there

should be written documentation identifying when and why there is an exception to this rule.

Offender Assessment Rating: Moderate Adherence to EBP

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Treatment Characteristics

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This domain of the CPC-GA is the most extensive. It measures core correctional practices, 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, effective interventions provide structured treatment using effective group practice techniques, including use of good relationship skills. Successful programs also effectively use positive reinforcement and punishment as well as structured skill building and cognitive restructuring to change offender behavior.

Treatment Characteristics: Strengths

MRT group consistently begins on time and ends on time. This ensures that the length of time in each group session is sufficient to affect the target behavior of improving the cognitive patterns of the group participants.

Homework is a routine component of MRT group. Group participants should be completing their step work outside of class time. The completed homework that is related to step presentations is given to and/or reported to the facilitators at the beginning of the group. In this way, the facilitators are able to review it and provide feedback prior to step presentations. If the homework does not involve a step presentation, the group participant is then asked to share his homework with the facilitator after class step presentations and the facilitator decides if that individual should pass a step that does not require a class presentation. Also, facilitators review homework that's completed in the participant manual and provide written feedback.

MRT norms and group norms are established and regularly followed. Group participants review and sign the group rules upon intake, and the facilitators review the group of rules at the beginning of the group. These rules are posted in the group room. Furthermore, the facilitators consistently enforce the group rules.

Alpha House has multiple program manuals that ensure the MRT group operates successfully. Further, site visit evidence demonstrated that the facilitators consistently utilize and follow the MRT manual. The manual consists of readings, homework activities, and guidelines for sharing work with the other residents or the facilitator. The groups were structured with fidelity to the curriculum, and the residents were familiar with the structure of each session.

The sessions are always conducted by the group facilitator from the beginning of the group to the end. Group size never exceeds 12 participants. If Alpha House receives referrals while a class is full, the residents are placed on a waitlist and integrated into groups as soon as they are able.

Treatment Characteristics: Areas in Need of Improvement

The primary focus of the MRT program is to reduce anti-social thoughts and improve pro-social thinking, values, and actions. The curriculum was designed to target the main criminogenic need areas. As a result, the curriculum and group process target the criminogenic needs a minimum of 80% of the time.

➢ *Recommendation:* Based on observations, and staff and group participant interviews, there did not appear to be a consistent understanding of what MRT was focused on addressing. The tool recommends that facilitators of MRT group consistently address anti-social thinking and behaviors displayed in the group setting. It recommends that MRT group facilitators promote pro-social thinking attitudes and behaviors.

Multiple research studies have shown that MRT is an effective evidence-based program for reducing recidivism. The group exercises and homework are structured with interventions to assist with change in the group participants' attitudes, values, and beliefs.

➢ *Recommendation:* Completing homework alone is not sufficient for behavior change. It is recommended that group exercises involve teaching behavioral responses which includes when to use new skills and practicing skill steps in group.

Effective interventions have staff that are trained, knowledgeable, and able to explain the material in clear terms.

➢ *Recommendation:* All Alpha House facilitators have been trained in the delivery of MRT. However, based on observations, and staff and group participant interviews, there appeared to be some inconsistencies in staff knowledge. Some staff demonstrated a clear understanding of the content and utilized the monthly MRT skills to improve their knowledge. There appeared to be limitations in explaining the material in a way that the residents could understand. Based on the group participant interviews, they reported that they did not understand the content and/or purpose of the MRT group.

Participation during group is important to gauge each resident's understanding of the material and their progress. Participation is ingrained in the MRT curriculum when giving step presentations, sharing their homework, and providing feedback to the other residents.

➢ *Recommendation:* During MRT group, not all group participants participated. There were attempts to engage and encourage participation by asking open-ended questions of the group or asking established group members to give advice to the new members. Most group participants did not complete their assignment and most participants did not work on their materials/homework during the individual group time, and this was not addressed. The tool recommends addressing the group participants' thoughts, attitudes, and/or behaviors that led them to not completing their homework and not working on it during group time, and replacing any anti-social thoughts, attitudes, and/or behaviors with pro-social alternatives.

Length of time in a program must be sufficient to affect the target behavior of improving the cognitive patterns of the participants. This includes the number of sessions required, time spent in a group, and time spent completing homework.

> ➤ ***Recommendation:*** The CPC recommends that time spent in a group should be focused on actively addressing anti-social cognitions of the participants. When most of the group time is spent in silence or completing homework, this is not a sufficient amount of time to affect the target behavior. Effective programs attempt to address different learning styles, comprehension levels, motivation, mental health, and other barriers to learning material presented in the group. In order to be able to best address responsivity factors, all participants must be assessed utilizing a validated, standardized, and objective instrument. Alpha House is utilizing the URICA (University of Rhode Island Change Assessment Scale) and the SOGS (South Oaks Gambling Screen), however, the SOGS (South Oaks Gambling Screen) is not a relevant responsivity tool for MRT.

> ➤ ***Recommendation:*** It is recommended that the TABE (Test for Adult Basic Education) be utilized prior to any resident starting MRT group. Having processes in place to identify needs prior to a resident starting group will allow time for individualized interventions to be created and implemented. Early intervention can assist the individual's ability to learn the material and address behavior change. It is recommended that Alpha House continues to utilize the URICA (University of Rhode Island Change Assessment Scale).

Effective program facilitators develop a professional rapport with the program residents. They are friendly when connecting with the participants and use appropriate humor to engage them. Yet, they have established clear and professional boundaries. They also make a point of remembering and connecting to past discussions by the group participants.

> ➤ ***Recommendation:*** During group observations, there appeared to be tension between the facilitator and the group members. It is noted that this is not the normal facilitator for this group of participants. There were difficulties executing the appropriate techniques to roll with resistance, such as using redirection and extinction instead of engaging in any arguments with participants. The CPC recommends utilizing motivational interviewing techniques or Core Correctional Practice skills when engaging with residents. It recommends establishing rapport with residents by displaying a comfortable demeanor and engaging in good natured humor.

As stated above, in order to build rapport with the resident and avoid arguments the facilitators should be skilled in responding appropriately to resistance.

> ➤ ***Recommendation:*** The tool recommends utilizing appropriate techniques to roll with resistance, such as planned ignoring, reminders, redirection, or extinction. Refresher trainings in motivational interviewing can be helpful to hone these skills, especially with particularly difficult residents.

Effective programs have a wide range of rewards for prosocial behavior in group, which facilitators know about and utilize. These rewards include verbal praise, group applause, earning tokens, presenting a certificate of completion in front of the group, or the removal of a punisher.

> ➢ ***Recommendation:*** Based on observations, and staff and group participant interviews, not everyone is aware of the range of rewards and how the rewards are used. The most common form of reward appeared to be verbal or written praise. These are acceptable forms of reinforcement; however, there should be more available options to ensure that reinforcers can be varied to maintain their appeal and remain a method to increase desirable behaviors. The CPC recommends that you create and frequently use a range of rewards to facilitate prosocial behavior change.

Effective procedures for administering rewards states that rewards must outnumber punishers 4:1, rewards occur immediately after the desired behavior, the facilitator explains why the reward is being administered, and the reward is clearly tied to the behavior. All four of these components must be present for effective reinforcement.

> ➢ ***Recommendation:*** The most frequent form of praise observed during MRT group was verbal praise, however it was rarely explained why the participant was being praised. Both participants and facilitators identified giving or receiving written praise on homework. This form of reward fails to meet the immediacy requirement, and it rarely explained why the reward was being administered. It is recommended that facilitators utilize a variety of rewards and when rewarding a resident, the facilitator needs to ensure that they are meeting all four requirements for administering rewards. Additionally, facilitators and residents should be aware of the different types of rewards that can be earned and what behaviors are required to earn those rewards.

Punishers are used to extinguish antisocial behavior and promote behavioral change in the future by showing the offenders that behavior has consequences. Appropriate punishers include verbal warnings, verbal disapproval, extra work or duties, and response cost such as loss of points/tokens.

> ➢ ***Recommendation:*** Based on staff and group participant interviews, the main punisher that was reported is going back and repeating Step 3 which is built in to the MRT curriculum. The tool recommends that appropriate punishers address all antisocial behavior such as coming to group late or being disruptive. During the MRT group observation, one group member arrived twenty minutes late and this was not addressed in the group. Additionally, the tool recommends that facilitators have a variety of punishers available to use and the participants are aware of potential punishers.

Effective procedures for administering punishers include recognition of anti-social expressions, consistency in applying punishers, providing explanations of why the punishers are being administered, facilitator responding appropriately to noncompliance, and recognizing and dealing appropriately with negative effects of punishment.

> ➢ ***Recommendation:*** The tool recommends staff are trained in identifying the behavior to be punished, the application of punishers, explaining why they were punished, and how to monitor participants to ensure they do not display any negative effects from

the punisher. The tool recommends that when a punisher is given the amount of punishment is sufficient to extinguish the inappropriate behavior, and once staff corrects the inappropriate behavior, they let the issue drop. It recommends that there is a written policy covering all aspects on how punishments are administered and monitored.

Simply administering punishments is not sufficient for behavior change. To reduce anti-social thoughts and behaviors, it's important to provide pro-social alternatives and multiple opportunities to practice pro-social behavior.

> ➤ *Recommendation:* Prosocial alternatives should be offered after a negative consequence 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 primary goal of MRT is to increase the moral development of offenders. MRT does not focus on specific cognitive restructuring or interpersonal skill development as part of the curriculum. Antisocial cognitions are targeted via increasing moral maturity rather than teaching offenders how to recognize and restructure antisocial thoughts and belief systems. While the MRT curriculum discusses thoughts and values in general, participants do not regularly identify their own personal thoughts and values. Consequently, the curriculum is not robust in teaching participants to replace antisocial thinking with appropriate prosocial thoughts. While the facilitators naturally do this independently on occasion, the frequency and consistency could be improved. Similarly, the curriculum does not incorporate any skill building.

Given the clear support for cognitive-behavioral interventions in corrections, more of these CBT- based strategies should be incorporated into the group itself, or in additional sessions that would complement the MRT steps. The treatment 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.

> ➤ *Recommendation:* The tool recommends that residents learn to identify risky thinking and the underlying attitudes, values, and beliefs that support such risky thinking. Techniques include the use of cost-benefit analysis, behavior-chain analysis, and thinking reports. The facilitator could consistently work with each resident to identify and address antisocial thoughts and values during group and in their homework. Additionally, the residents could be taught how to replace antisocial thinking with appropriate prosocial thoughts.

> ➤ *Recommendation:* Residents are consistently taught to observe and anticipate risky thinking and problem situations through staff modeling. Modeling could be a part of every session. Concerning new skills and concepts, the basic approach to teaching

residents' new skills and concepts includes: the facilitator defines the skill/concept, the facilitator models the skill to be learned, the resident rehearses the correct use of the skill, corrective feedback is provided, and the resident practices the skill in increasingly difficult situations.

An important element of long-term behavioral change is the identification of high-risk situations, the residents' prosocial thinking and behaviors during those high-risk situations and practicing those new thinking and behaviors. The program does not include the development and practice of success plans, or relapse prevention plans.

> ➢ ***Recommendation:*** The tool recommends that group time is set aside to develop a success plan or relapse prevention plan and to give the residents opportunities to rehearse these plans. Plans should be individualized and include strategies and scripts for responding to risky situations, people, and places. Given that MRT is a set curriculum, we recommend adding these to the end of MRT, after someone has passed their steps.

Effective programs have clearly outlined the completion criteria for the group. Termination is defined by progress in acquiring prosocial behaviors, attitudes, and beliefs while in the program, acquisition of new knowledge and skills. Completion criteria cannot be based on time or attendance, or a subjective determination of progress.

> ➢ ***Recommendation:*** It's recommended that there is written criteria that defines what is required of successful completion on the MRT program. Indicators of completion may include attendance and participation levels, a behavioral assessment instrument, a checklist of behavioral/attitudinal criteria, and/or the acquisition of target behaviors taught in the program.

Based on staff and participant interviews, and case file review, there was no evidence that formal discharge plans are developed upon termination from the MRT program.

> ➢ ***Recommendation:*** The tool recommends that a formal discharge plan or summary is developed upon termination from the MRT program. The summary may include progress in meeting target behaviors, testing results, and notes on areas that need continued improvement.

Treatment Characteristics Rating: Low Adherence to EBP

Quality Assurance

This CPC-GA domain centers on the quality assurance and evaluation processes used to monitor how well the program is functioning. Effective programs should include regular group observation and feedback. Offender input should be solicited via satisfaction surveys, and pre/post testing should be used to measure offender change.

Quality Assurance: Strengths

Alpha House MRT group facilitators observe each other's groups on a quarterly basis and provide feedback to the group facilitator whose group is being observed. It was reported that this is a tool to observe fidelity of all MRT groups. Group participants are given feedback by the MRT group facilitator verbally and written. Group participants are offered the chance to meet with the group facilitator, their case manager and/or other group participants when struggling with their weekly assignments.

Quality Assurance: Areas in Need of Improvement and Recommendations

Residents at Alpha House are given a program survey that includes the entirety of their stay at Alpha House. The information from the program is not shared with other staff members to review and use to improve programing.

➢ ***Recommendation:*** The development and implementation of formal client surveys should be completed by all offenders who participate in the MRT group, and the results should be reviewed and discussed with facilitators. The results can serve to reinforce the positives from the group and to educate on areas needing improvement. Client surveys, even when confidential, can be a tool to identify the strengths and weaknesses of a provider to help plan future groups and positively influence facilitation practices.

Group participants in the MRT program are not given a pre/post-test to assess changes being made towards the target behaviors of the program.

➢ ***Recommendation:*** It is recommended that group participants are assessed both pre- and post-program on the target behaviors the program is trying to change. In MRT group, antisocial cognitions are targeted via increasing moral maturity rather than teaching offenders how to recognize and restructure antisocial thoughts and belief systems. TCU CTS 3 (Texas Christian University Criminal Thinking Scales 3 could help measure changes in criminal thinking if given as both a pre-test and a post-test.

Quality Assurance Rating: Low Adherence to EBP
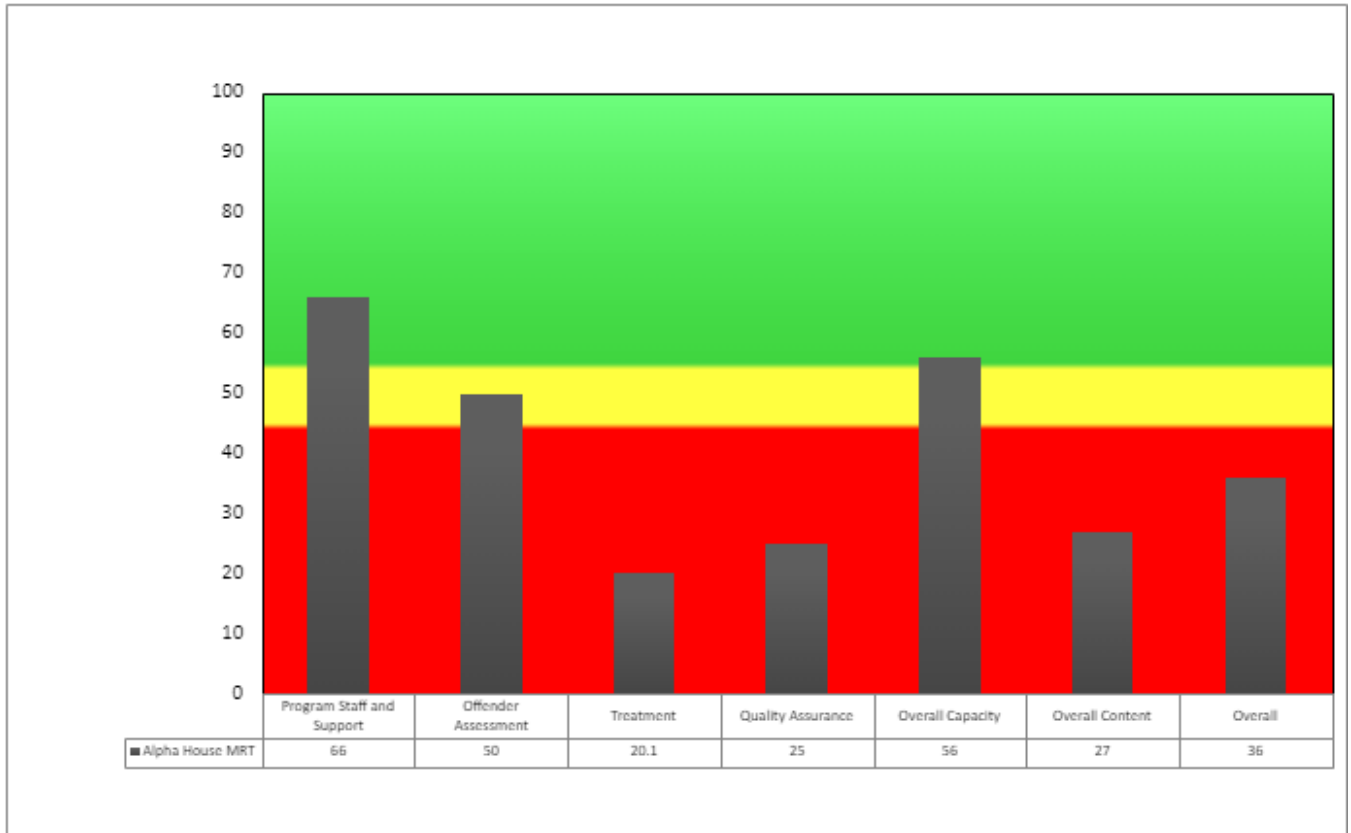
OVERALL PROGRAM RATINGS AND CONCLUSION

Alpha House's MRT group received an overall score of **37 percent** on the CPC-GA. This falls into the **Low Adherence to EBP** range, as shown in Figure 1 below. The overall Capacity score, designed to measure whether the program has the *capability* to deliver evidence-based interventions and services for offenders, is **62 percent**, which falls into the **High Adherence to EBP** category. The overall Content score, which focuses on the *substantive* domains of assessment and treatment, is **27.0 percent**, which falls into the **Low Adherence to EBP** category.

As mentioned above, the CPC-GA represents an ideal program. Based on the assessments conducted to date, programs typically score in the Low and Moderate Adherence to EBP categories (see Figure 2 below). Overall, 15% of the programs assessed with the CPC-GA have been classified as having Very High Adherence to EBP, 17.5% as having High Adherence to EBP,
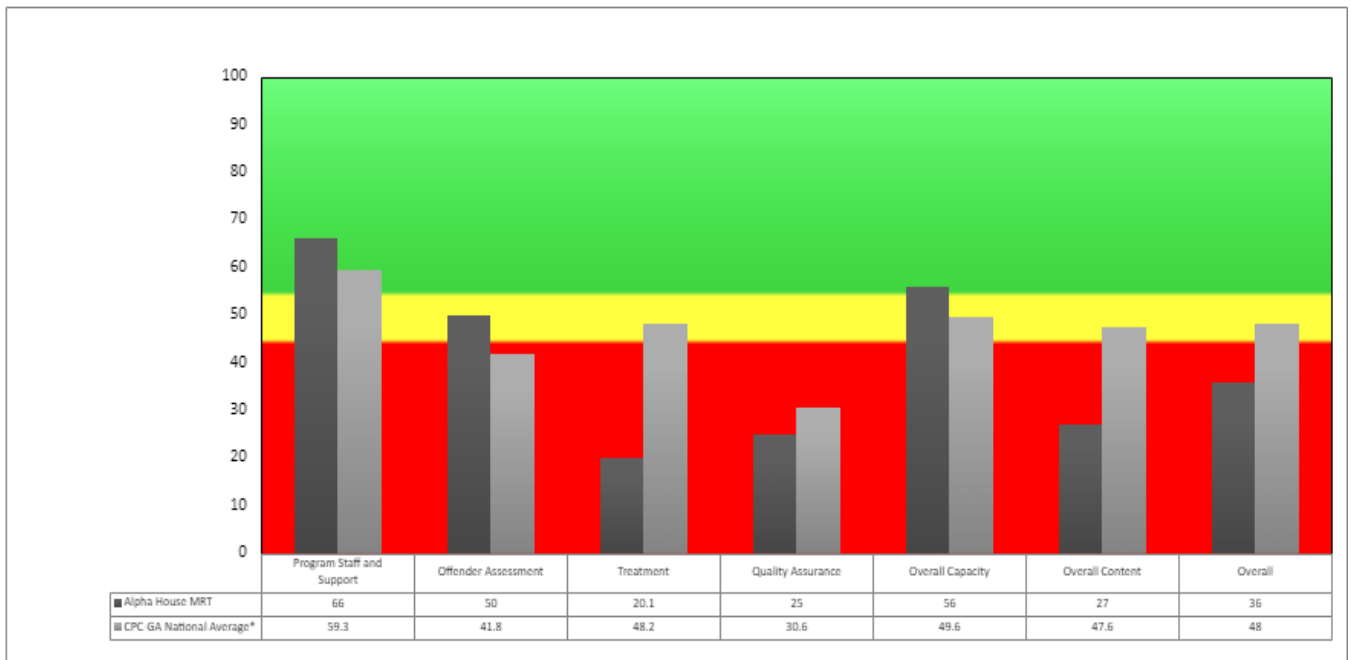
22.5% as having Moderate Adherence to EBP, and 45% as having Low Adherence to EBP. Research conducted by UCCI indicates that programs that score in the Very High and High Adherence categories look like programs that are able to reduce recidivism.

Recommendations have been made in each of the four CPC-GA domains. These recommendations should assist Alpha House with making necessary changes to increase program effectiveness. Certainly, care should be taken not to attempt to address all "areas needing improvement" at once. 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 implementing the recommended changes. MDOC is available to work closely with the program to assist with action planning and to provide technical assistance in these areas and all other areas, as needed. Evaluators note that program staff are open and willing to take steps toward increasing the use of evidence-based practices within the program. This motivation will no doubt help this program implement the changes necessary to bring it further into alignment with effective correctional programming.

Figure 1: Alpha House MRT CPC-GA Scores

	Program Staff and Support	Offender Assessment	Treatment	Quality Assurance	Overall Capacity	Overall Content	Overall
Alpha House MRT	66	50	20.1	25	56	27	36

Figure 2: Alpha House MRT CPC-GA Scores vs. National Average

	Program Staff and Support	Offender Assessment	Treatment	Quality Assurance	Overall Capacity	Overall Content	Overall
Alpha House MRT	66	50	20.1	25	56	27	36
CPC GA National Average*	59.3	41.8	48.2	30.6	49.6	47.6	48

REFERENCES

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.

Smith, P., Gendreau, P., & Goggin, C. (2006). Correctional treatment: Accomplishments and Realities. In P. Van Voorhis, M. Braswell & D. Lester (Eds.), Correctional Counseling and Rehabilitation (Fifth edition). Cincinnati, OH: Anderson Publishing.

END NOTES

i. In the past, UCCI has been referred to as the University of Cincinnati (UC), UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.

ii. Programs that do not fit this description should be assessed with the Evidence-Based Correctional Program Checklist (CPC).

iii. A large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. References include:
1. Lowenkamp, C. T., & Latessa, E. J. (2002). Evaluation of Ohio's community-based correctional facilities and halfway house programs: Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
2. Lowenkamp, C. T., & Latessa, E. J. (2005a). Evaluation of Ohio's CCA funded programs. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
3. Lowenkamp, C. T., & Latessa, E. J. (2005b). Evaluation of Ohio's RECLAIM funded programs, community corrections facilities, and DYS facilities. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.

iv. Husky & Associates. (2012). Recidivism Study of the Santa Clara County Department of Correction's Inmate Programs Final Report.

v. Upon request, UCCI can provide the CPC-GA 2.0 Item Reference List which outlines the UCCI and independent research that supports the indicators on the CPC-GA.