

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

**Helena Indian Alliance Anger Management**

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## Introduction

On June 5, 2019 as part of a certification, the above listed team assessed the Helena Indian Alliance Anger Management group. 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 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 Helena Indian Alliance 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 Helena Indian Alliance Anger Management group 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 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.

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

The Evidence Based Correctional Program Checklist (CPC) is a tool designed to assess correctional intervention programs.<sup>1</sup> 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.<sup>2</sup> 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. This tool was designed to more closely examine core correctional practices within a group context. Hence, this tool

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<sup>1</sup> 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.

<sup>2</sup> 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](http://www.uc.edu/criminaljustice)). A large part of this research involved the identification of program characteristics that were correlated with outcome.

can be used for correctional agencies or contractors 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*. The treatment area 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**

Helena Indian Alliance (referred to throughout this report as HIA) is a Federal Qualified Health Center located in Helena, Montana and offers a variety of behavioral and physical health services. HIA primarily serves residents in Lewis and Clark County and surrounding counties. Participants in the Anger Management group are referred to the program by their Probation Officer, courts and/or Department of Family Services Social Worker. It should be noted that participants in this Anger Management group are not solely referred by criminal justice agencies and that Helena Indian Alliance has no contract with the Department of Corrections to provide an Anger Management group.

Helena Indian Alliance has offered Anger Management groups since October of 2017. Anger Management group is offered twice a week for one hour and twenty minutes in duration. A typical group size is between 8-10 participants. Currently HIA has one staff trained in the Anger Management curriculum.

### **Assessment Process**

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. Interviews took place on June 5, 2019. Relevant program materials were also collected and reviewed. 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:***

James Dempsey was identified as the Program Coordinator for the purposes of this report. He was recently hired by the HIA and has been employed with them for a short period of time. He provides supervision for programming facilitated at HIA.

The Program Coordinator is directly involved in the hiring and approval of group facilitators for HIA. He starts the process by approving candidates who meet all requirements for the position. He also works with HIA Human Resource Department who completes a background check.

Additionally, the Program Coordinator provides supervision for his group facilitators. Mr. Dempsey also provides file reviews and reviews case plans and assessments.

The group facilitator has relevant and sufficient education and experience. The facilitator who provides direct Anger Management programming at HIA is a Licensed Addiction Counselor (LAC and SSW), and has a bachelor's degree, and has well over two years' experience working with correctional clients.

The program has ethical guidelines in place. The HIA has organization-wide ethical guidelines that are part of the employee handbook, which includes an acknowledgement form which employees are required to sign. Further, HIA has and follows the counselor code of ethics.

#### ***Program Leadership and Development Areas in Need of Improvement and Recommendations:***

Group facilitators should be selected based upon skills and values including strong support for offender treatment and changes, empathy, fairness, life experiences, non-confrontational but firm, problem solving, and prior training or licensure.

- ***Recommendation:*** The Program Coordinator should select/hire group facilitators based on the criteria above. While it was indicated that group facilitators are selected based on education, certificates, and experience, there was no indication that their values were taken into consideration. When selecting/hiring group facilitators questions pertaining to their values should be included.

At the time of the assessment, regular and consistent staff meetings for the purpose of discussing new intakes or other clinical issues were not occurring at bi-weekly. Additionally, sources of information

like interview responses, posted schedules, copies of agendas, or direct observation were not seen/provided.

- **Recommendation:** Although HIA holds regular staff meetings with all treatment staff, the Program Coordinator should also have mandatory staff meetings that follow an agenda to directly address Anger Management Groups and how each participant in the group is doing. The Program Coordinator and the Anger Management facilitator should formally meet one additional time each month to review each individual participant in the group and ensure the facilitator has support in working with these participants during the group process.

While the group facilitator did receive over 40 hours of initial training, the group facilitator does not receive a sufficient number of hours of ongoing training. Staff should be receiving a minimum of 40 hours per year of formal training (e.g., workshops, courses, in-service, or conferences) relevant to the program and service delivery. Examples include training in effective interventions, assessment instruments, and Core Correctional Practices.

- **Recommendation:** Research has shown that programs which ensure staff receive a minimum of 40 hours of ongoing training per year in areas related to service delivery see greater reductions in recidivism among offenders. Staff training should relate to program or service delivery topics, which will assist staff to work effectively with offenders. Staff training should also include a review of the principles of effective interventions, behavioral strategies, application of reinforcement (both negative and positive), group facilitation, treatment planning, risk and need factors related to criminal conduct, and the use and interpretation of assessment instruments.

Finally, the criteria for the CPC-GA states that support from criminal justice and community stakeholders should be indicated through regular referrals, consistently high ratings by staff on the questionnaire or survey, and no evidence of dissatisfaction with program or services. The Program Coordinator indicated that they receive low to average support from their criminal justice stakeholders/partners, as indicated when he provided an overall score of 5 on a scale of 1 to 10. The Program Coordinator further stated that he simply receives a referral from the Courts or Probation and Parole that a specific individual needs Anger Management, but that he does not receive any additional information (i.e. MORRA Assessment).

- **Recommendation:** HIA should continue to build and work with their criminal justice stakeholders for a continuous referral stream to their program/ group.

## **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 Areas in Need of Improvement and Recommendations:***

It is important that there are exclusionary criteria for offenders being referred to the Anger Management group. HIA does not have a written policy entailing when and why a participant should

be excluded from the group. By having criteria in place, HIA will be able to determine what participants are not appropriate for the group.

- **Recommendation:** HIA should develop a written exclusionary criteria policy and share with all facilitators or staff, so that they are aware of the policy and can help ensure the policy is adhered to. Exclusionary criteria for DOC-referred offenders could be that a participant scored Low in the Criminal Attitudes and Behavioral Patterns section of the MORRA.

It is important to have the risk of each participant assessed before they enter the anger management program. Identifying risk helps programs predict future criminal behavior and helps match interventions and supervision to the risk level of the offender. High risk offenders should receive the most intensive interventions. If low risk offenders receive intensive programs and supervision, they often do worse. The assessment would need to include risk assessment to measure actuarial risk for reoffending and to prioritize treatment targets. Both risk for recidivism and criminogenic needs are categorized as low, medium, or high

- **Recommendation:** HIA can get this risk and need assessment on DOC-referred offenders by either partnering with current community members, such as Probation and Parole, who refer them to the program and provide this assessment. HIA would have to get a staff member trained to read these assessments from Probation & Parole. HIA should separate low risk from high/moderate risk offenders in the Anger Management groups.

Once the program institutes a risk and needs assessment, that assessment should be used to determine domain specific needs for each participant. These are targeted areas at which the program will work with the participant to correct.

- **Recommendation:** Once HIA receives the risk and needs assessment from Probation and Parole the results can be used to develop targeted services to address the domain specific needs for each Anger Management participant.

Responsivity tools assess the needs of an offender that might impede the participant's success in the program, such as mental health, motivation, reading level, or personality factors. Having knowledge of each participant's responsivity factors can help facilitators tailor the program to the needs of the participant. Currently there is no tool in place to assess responsivity issues. The CPC-GA requires offenders to be assessed regarding a minimum of two responsivity characteristics to ensure that individual-level factors that can interfere with interventions are addressed.

- **Recommendation:** HIA should measure two or more responsivity factors (e.g., motivation, readiness to change, intelligence, maturity, reading level, mental health, depression, etc.) for all offenders in the program. Anger Management group should consider adopting assessments to assist in identifying key responsivity factors that may affect a participant's ability to interact in the group specifically. Examples of such instruments include the Adult Reading History Questionnaire (ARHQ) to identify reading deficiencies and the University of Rhode Island Change Assessment (URICA) to assess an offender's readiness for change. Once incorporated, this information can be used to determine who might need some motivation engagement prior to group placement or those who need work arounds for comprehension deficits.

Anger Management groups should be reserved for moderate and high-risk offenders. Upon review of participant's files, it was determined that participants do not have a risk assessment completed on them.

- **Recommendation:** HIA should obtain risk assessment results for all participants to review risk levels and separate treatment or make alternative recommendations for low risk offenders. Offenders with low risk for recidivism should be separated from their moderate to high risk counterparts.

Further, group interventions and curriculum should target offenders with higher domain-specific needs. For example, for a Anger Management group, offenders should have a moderate to high level of need in the area of anger/antisocial temperament, as determined through an actuarial assessment.

- **Recommendation:** Review of the validated risk such as the TCU assessments will allow HIA to accept referrals who have higher needs that are anger specific. 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 there is an exception to this rule.

### **Treatment Characteristics**

This domain of the CPC-GA is 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 behavior 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 positive reinforcement and punishment as well as structured skill building and cognitive restructuring to change participant behavior. Finally, the use of relapse prevention strategies designed to assist the participant in anticipating and coping with problem situations should be incorporated.

#### ***Treatment Characteristics Strengths:***

The Anger Management program effectively works towards targeting criminogenic needs. During the group session that was observed, participants worked on changing their attitudes towards reducing anger/hostility levels, replacing aggression with prosocial alternatives, increasing self-control and increasing problem-solving skills.

Group norms were established and followed. Participants are clear in the group's expectations and group participation. The participants are aware that each of them must show respect and maintain confidentiality.

The length of the treatment was found to be sufficient to affect target behaviors. The group meets regularly two times a week for a one hour and twenty-minute session. Furthermore, the observed group size was nine participants. Group size is appropriate for a single facilitator and easily managed. Groups are always conducted by staff. The facilitator does not get into arguments with the participants and uses appropriate techniques to roll with resistance, such as redirection or timeouts. This was confirmed by the facilitator and participant interviews.

### ***Treatment Characteristics Areas in Need of Improvement and Recommendations:***

The treatment modality used by the group should be effective in changing behavior. The curriculum used by the Anger Management program was observed and treatment manuals reviewed. In addition, staff and participants were interviewed. All sources indicate the treatment modality is a process or educational group. Strategies that have been demonstrated to be effective/promising at reducing recidivism are Structured Social Learning and Cognitive Behavioral modalities.

- ***Recommendation:*** The Anger Management group uses a curriculum that could be supplemented by adding emphasis on connecting thinking to behavior. Specific techniques such as a Behavior Chain could be added to help guide participants step by step through their thought process and options to change their thinking.

The Anger Management group is a co-ed group, meaning both men and women attend group together. Evidence shows single-sex groups have better outcomes in reducing recidivism.

- ***Recommendation:*** HIA should offer single-sex groups.

The Anger Management group reports to begin at 5:00pm and last until 6:30pm. The group meets regularly two times a week for the one-and-a-half-hour session. However, common practice is to delay start time until 5:10pm thereby making the sessions one hour and twenty minutes in length.

- ***Recommendation:*** Begin group time at the reported start-time of 5:00pm. Another option is to begin group at 5:10pm and end the group at 6:40pm.

The Anger Management group facilitator was confident with the material and has been facilitating the group since October of 2017 when the group was first offered. However, observation and interviews indicated some material was not clearly defined and delivered.

- ***Recommendation:*** Ongoing training in the specific curriculum used can help increase the facilitator's mastery of the content.

The Anger Management group facilitator should ensure all participants are actively participating in group. Observations and interviews indicated not every group member participated and was given the opportunity to practice skills.

- ***Recommendation:*** One of the two groups offered each week could be structured to allow all group members to participate in role play exercises that center on skill building (see recommendations on skill building below).

The Anger Management group offers optional homework at the end of class. If participants turn in their homework at the next class, 15 minutes of group time is credited to the participant. Interviews indicated that homework is not routinely reviewed.

- ***Recommendation:*** Anger Management group assign homework, review completed assignments and provide structured constructive feedback.

The Anger Management group utilizes a detailed curriculum manual that provides details about the goals and content of each group, activities and homework assignments. Observations and interviews indicated the manual was not consistently followed.



The SAMHSA instructions for the facilitator states, “Most of this session is spent presenting conceptual information and verifying that the group members understand it. Then the leader takes the group members through an introductory exercise and a presentation of the anger meter.” The facilitator did not completely cover the information from Session 1 (such as the example of an immediate anger management strategy -Timeout). There was no clear explanation of the Anger Meter technique nor the benefit of its use. The facilitator did not verify group members understood the information presented. The facilitator mentioned using the Conflict Resolution Model but did not explain what that is (this model is presented in Sessions 7 and 8). The facilitator did not explain the homework nor was it required to be done. Participants could attend whatever group they wished and could achieve a completion certificate based on the number of groups attended instead of ensuring all groups of the curriculum were attended. Interviews with participants indicated participants wanted consistent attendance.

The SAMHSA manual indicates the Participant Workbook should be used in conjunction with the manual to enable the participants to better learn, practice, and integrate the treatment strategies presented in the group sessions.

- **Recommendation:** Give each participant a SAMHSA Participant Workbook.
- **Recommendation:** Follow the Group Leader Instructions of the SAMHSA manual.
- **Recommendation:** The agency and group facilitator should ensure all participants in the Anger Management group attend each of the groups offered throughout the course before the participant receives a certificate.

Interviews and observation indicated the Anger Management facilitator does not assess responsibility factors in participants. It is important to assess then address different learning styles or barriers to learning.

- **Recommendation:** The agency should assess responsibility in participants then use that information to help tailor the curriculum to the participant. The facilitator should work to break down concepts for all group members so that participants can easily understand them.

Observation, materials review and interviews indicate additional appropriate rewards should be implemented. The facilitator used positive verbal reinforcement well during the observed group, which is a strength; however, behavioral change occurs more readily when a variety of reinforcers are used. Additional appropriate rewards should also be added to the program.

- **Recommendation:** The facilitator should use a variety of reinforcers to support pro-social or positive behavior. Group participants could earn tangible and social rewards such as points or tokens or graduation ceremonies with probation officer, judges and family members included.

In addition to appropriate rewards, a good behavior management system has a range of punishers available to promote behavioral change. Appropriate punishers should be used to extinguish antisocial expressions and to promote behavioral change in the future by showing the participants that behavior has consequences. Appropriate punishers include verbal disapproval, response cost – loss of privileges, points, levels, or extra homework.

The facilitator indicated he does not use any punishers. Participant interviews confirmed no punishers are used.

- **Recommendation:** Have procedures for administering punishers to include: recognition of antisocial expression, consistency, explanation of why the punisher is being administered, maximum intensity, termination after punisher is administered, facilitator responding appropriately to non-compliance, and recognizing and dealing appropriately with negative effects.
- **Recommendation:** After the punisher has been administered, the participant is taught an alternative to the inappropriate behavior. For example, the facilitator might demonstrate an appropriate coping response to a problem or issue.

If the desired result is to increase participant engagement in prosocial behavior, participants have to be taught skills in how to do so. This includes new thinking skills and new behaviors.

- **Recommendation:** Structured skill building should be routinely incorporated throughout all group sessions. Staff should be trained to follow the basic approach to teaching skills which includes: 1) defining skill to be learned; 2) staff selling the skill/increasing participant motivation for the skill; 3) staff modeling the skill for the participants; 4) participant rehearsal of the skill (applying that skill to their specific life circumstances or high risk situations or role-playing; every participant should practice that skill); 5) staff providing constructive feedback; and 6) participant practicing the skill in increasingly difficult situations and being given staff feedback/generalizing the use of the skill to other situations. The identification of high-risk situations and subsequent skill training to avoid or manage such situations should be a routine part of programming. Staff members should use these steps consistently and provide constructive feedback to the participant.

There is clearly established rapport between facilitator and group participants evidenced by good natured joking and participants willing to share personal experiences. However, during the observation, the facilitator told a personal story about calling a company and referred to the phone representative as a “Stupid B.”

- **Recommendation:** The facilitator should refrain from using antisocial expressions as a means of bonding with participants.

Sessions should include a focus on helping the participants identify underlying attitudes, values, and beliefs. Techniques include use of thinking reports, functional analysis, cost benefit analysis or other appropriate techniques to help participants recognize distorted/antisocial thinking. The facilitator described the process he used was to discuss thinking errors, red flags and childhood triggers. Participants said they talk about underlying thoughts and values when they do the Anger Meter technique each session. Multiple opportunities were missed during the observation where the facilitator could have focused participants to identify underlying attitudes, values, and beliefs. For example, one participant talked about how an older alcoholic man was “dealt a shitty hand” and was being harassed by younger people so the participant “verbally attacked” the group. The facilitator did not focus on any antisocial thinking; however, he did thank him for sharing the story.

- **Recommendation:** Identify opportunities with participants to help them recognize distorted/antisocial thinking and teach how to replace it with appropriate prosocial thoughts. Participants should be taught how to replace antisocial thinking with appropriate prosocial thoughts. Techniques include Cost Benefit Analysis, Functional Analysis, Rule Tools, and Thinking Reports. Facilitators should also discuss more prosocial interpretations of participants’ antisocial thinking.

Some of the group sessions should be devoted to developing risk or relapse prevention plans and participants should routinely be given an opportunity to plan and rehearse risk plans and relapse prevention techniques. Plans should be individualized and should include strategies and scripts for responding to risky situations, people, and places.

- **Recommendation:** Devote time throughout the program to allow participants to develop risk or relapse prevention plans. This could also be a homework assignment with the rehearsal portion conducted in class.

## 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.

### *Quality Assurance Areas in Need of Improvement and Recommendations:*

The program coordinator should play a more active role in developing and refining the skills of staff in their roles as group facilitators. HIA should develop a guide to evaluate staff as they deliver groups materials to participants.

- **Recommendation:** The program coordinator should observe staff during treatment and provide feedback and coaching to staff that will improve service delivery. Each facilitator should be observed once per group cycle or quarterly if group has no defined cycle. Observations should rotate as well as between different days to ensure that all groups are eventually observed. Additional and more frequent coaching and practice will develop facilitator skills and ability to manage and conduct groups, as well as ensure the fidelity with which they apply curricula and evidence-based models.

HIA should develop participant satisfaction surveys and should have participants complete the surveys at the midpoint and endpoint of their programming.

- **Recommendation:** The participant surveys should be completed by all participants, and the results should be reviewed and discussed with facilitator. The results can serve to reinforce the positives from the group and to educate on areas needing improvement. Participant 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.

HIA will need to develop/or use a Pre/Post test such as to help determine progress of their participants in the program. This will help assess participants' needs to be address.

- **Recommendation:** Use Pre/Post test such as content tests based on curriculum or results of an anger needs assessment to assist the participants' progress in the program. This data should be look at by the facilitators to address the needs of the participants as well program's needs.

HIA should develop Completion Criteria beyond having the participants complete 12 session. The current criteria do not call for progress by participants rather just attendance for 12 session. The completion requirement should have to progress base to it.

- **Recommendation:** Develop a completion criterion that is defined by progress in acquiring pro-social behaviors, attitudes, and beliefs while in the program. These criteria should include performance measures that include change in attitudes, acquisition of new of new knowledge and insight, and demonstration of new skills.

HIA should work on implanting a discharge summary for participants and also providing the summary to its stakeholder.

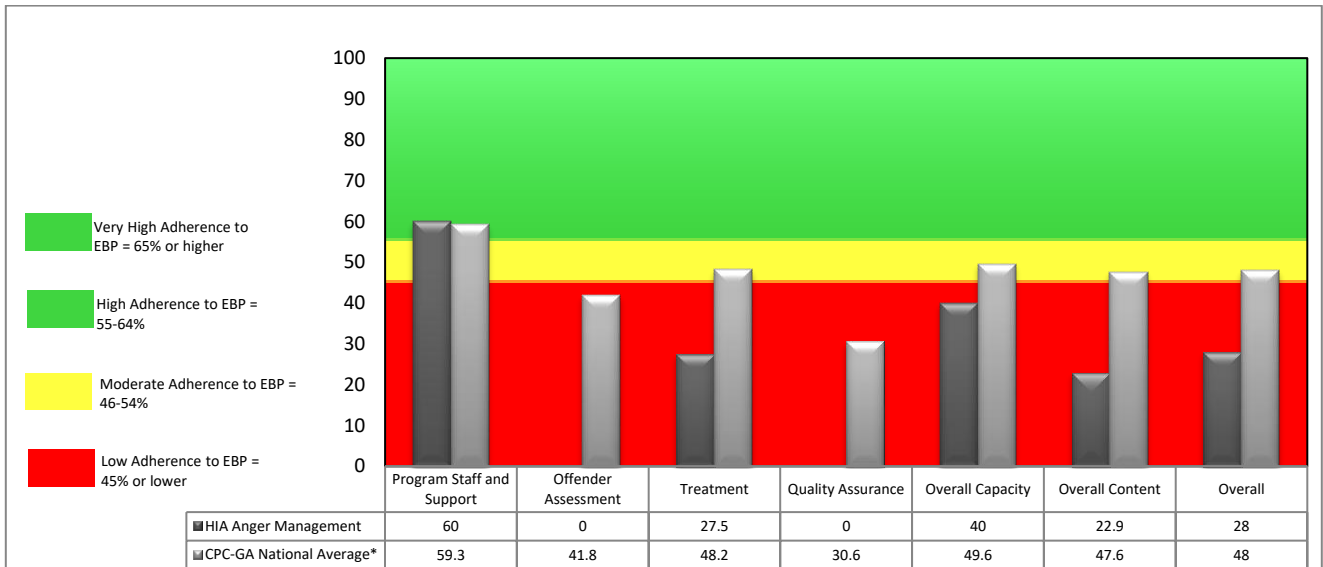
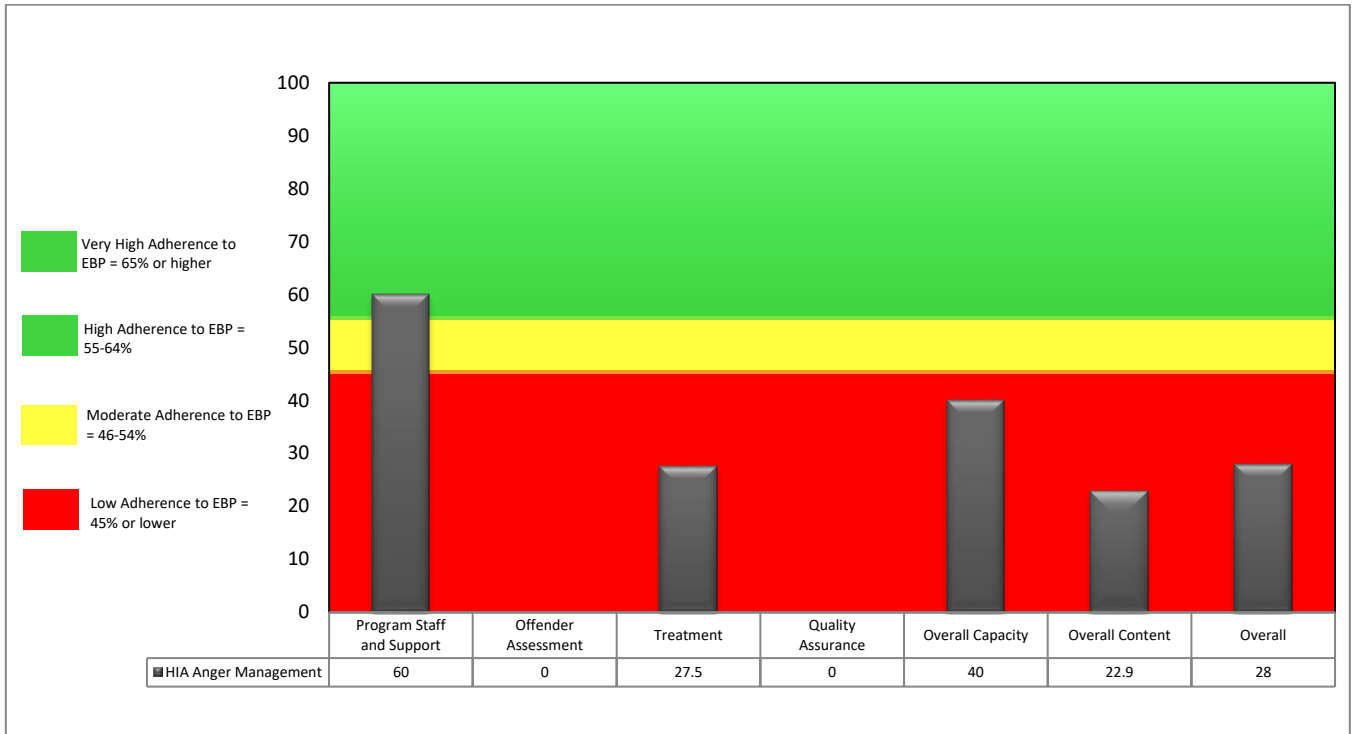
- **Recommendation:** Develop a discharge summary for each participant upon the completion of group. This summary should include Pre/Post test scores, target behaviors, and goals. The discharge summary should also include areas that need improvement or continued work.

## **OVERALL PROGRAM RATING AND RECOMMENDATIONS**

HIA Anger Management group received an overall score of **28** percent on the CPC-GA. This falls into the **Low Adherence to EBP** range 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 criminal-justice referred participants is **40** percent, which falls into the **Low Adherence** category. The overall Content score, which focuses on the *substantive* domains of assessment and treatment, is **22.9** percent, which falls into the **Low Adherence** category.

### **Conclusion**

HIA Anger Management group received a score which is typical of a group that had never previously been assessed by the CPC-GA. There are numerous recommendations for areas that could be improved. These recommendations should assist HIA in making future changes to increase program effectiveness for a criminal justice population. 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.



## 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. (20045). *Correctional treatment: Accomplishments and Realities*. In P. Van Voorhis, M. Braswell & D. Lester (Eds.), *Correctional Counseling and Rehabilitation* (Fifth edition). Cincinnati, OH: Anderson Publishing.