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

Seeking Safety – Montana Women's Prison

Final Report

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Assessment Conducted: **2/20/2020 – 2/21/2020**
Draft Report Submitted: **12/30/2020**
Final Report Submitted: **2/17/2021**

Introduction

On February 20 and 21, 2020**,** the above listed team assessed the Seeking Safety group at the Montana Women's Prison (MWP). 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 Seeking Safety 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 Seeking Safety 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 Seeking Safety 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 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.[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).

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[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 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 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: *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

MWP is a secure correctional facility for adult females located in Billings, Montana. It is the only female prison setting operated by the Montana Department of Corrections (MDOC). MWP has been in its current location since approximately 1994 and primarily serves convicted felony female offenders from across the state. MWP has capacity for up to 240, with a population of 232 residents at the time of the assessment. Residents are sentenced to the facility or placed there by the Department of Corrections and must be convicted of a Felony offense. MWP houses females of all custody levels, all risk levels, serious mental illness, and with substance use disorders.

MWP has offered Seeking Safety groups for approximately 2 years. As part of the 2017 Justice Reinvestment Package, MWP chose this curriculum to fulfill the requirement to use evidence-based programs with their substance use disordered inmates as well as reaching those with trauma, simultaneously. Each Seeking Safety group runs for 13 weeks, meeting two times per week for a reported duration of two hours to complete a total of 25 sessions. A typical group size is between 10-12 residents starting larger with anticipated attrition. Currently MWP has one staff trained in the Seeking Safety curriculum.

Assessment Process

The assessment process consisted of a series of structured interviews with staff members involved with delivery of the Seeking Safety group, as well as interviews with program participants. Interviews took place at the facility on February 21, 2020 and at central office on March 10, 2020. Relevant program materials were also collected and reviewed. In addition, assessors observed two Seeking Safety group sessions, one of low risk and the other of moderate to high risk participants. 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:

Steffani Turner is the acting Program Coordinator at MWP while that position is currently vacant. She is the Behavioral Health Bureau Chief (BHBC) who will supervise that position from Montana Department of Corrections (MDOC) central office once it is filled. The Program Coordinator typically oversees the Seeking Safety group facilitators as part of their supervision duties. There have been significant changes to the overall structure in MDOC the past couple years. In the past, this position, and all direct service providers were under the supervision and guidance of the Warden. However, with the birth of a Clinical Services Division (CSD) those positions have shifted to be under the centralized supervision of the BHBC. There have been learning experiences as it is difficult to have staff operate programs with a facilities' specific philosophical approach under the supervision of an employee located in central office. With that said, Ms. Turner did participate in the selection of staff and this will be a clear expectation of this position.

The facilitator of Seeking Safety comes to MWP with an impressive educational background to include a bachelor's degree in addiction studies and a master's degree in addiction and co-occurring disorders. Further she maintains licensure as a Licensed Addictions Counselor (LAC), Nationally Certified Addictions Counselor (NCAC), and is also certified to conduct Women's Risk/Needs Assessments (WRNA). The Seeking Safety facilitator also exceeds expectations. In the 18 years of experience, she has not only facilitated groups, but 11 in Seeking Safety specifically. This program has been offered at MWP by this facilitator for one

and a half years. This facilitator gained this experience while working with other offender treatment programs and did so in excess of the two-year minimum. In addition to the educational background and years of experience working with offender populations, this facilitator was hired for her strong belief in the ability for people to change as well as other desirable values. Programs whose facilitators possess these characteristics are found to be more effective as they can both build rapport with participants and deliver the curricula with proficiency.

Ethical guidelines are outlined both in MDOC policy as well as a component of licensure.

Programs that have strong stakeholder support are found to be more effective when working to reduce recidivism. Consistent above average scores were attributed to the relationships with the parole board, other staff in the facility and administration.

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

Although the duties of the Program Director have shifted to the individual with supervisory responsibilities of the position (BHBC), there is nobody specifically designated to this position onsite. The acting program coordinator is responsible for oversight of all behavioral health services across the state and therefore it is not feasible for her to fulfill the duties and responsibilities for which this position should be responsible. As such, the BHBC is also not able to provide direct supervision to the group facilitator which is necessary for maintaining fidelity to the curricula as well as further developing the skills and proficiency of the facilitator.

> ➢ ***Recommendation:*** A cooperative effort between MWP and CSD should ensure this position is filled with a person capable of managing the groups being offered, amongst other duties. Preference should be given to candidates who possess the ability and credentials to provide clinical oversight and effectively manage staff.

> ➢ ***Recommendation:*** The new Program Coordinator should ensure appropriate direct supervision is provided to the group facilitator. Suggested activities to effectuate this supervision include but are not limited to holding regular staff meetings, regularly observing group facilitators, and providing feedback to maximize effectiveness and/or provide clinical supervision to staff.

Given there is not a program coordinator in the position, and it is their responsibility to ensuring regular, structured staff meetings occur it is understandable that these meetings are currently not occurring. Credit to staff to for attempting to organize these meetings in a program coordinators' absence, however, without supervisory authority, decisions or changes are not able to be made effectively.

> ➢ ***Recommendation:*** The Program Coordinator should require all facilitators and co-facilitators of cognitive behavioral programming within the facility attend scheduled, and documented staff meetings. Agenda items may include new intakes, case reviews, problems, progress reports and terminations.

The facilitator of Seeking Safety has numerous years of experience delivering this specific curriculum. Although her knowledge is vast, facilitators of any groups should receive at least 40 hours of on-going training on a yearly basis. This training should be directly tied to the curriculum, cognitive behavioral skills, core correctional practices, group facilitation or other clinically relevant topics. Trainings in regard to facility practices and safety procedures such as PREA, CPR, restraint safety, etc., do not qualify under this category.

> *Recommendation:* CSD should require staff 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.

> *Recommendation:* CSD and MWP cooperatively should consider requiring all staff to complete Core Correctional Practices training. Core Correctional Practices 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. The training is relevant to treatment staff, direct care staff and security staff.

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 offenders targeted for the intervention as well as the assessment of risk, need, and personal characteristics of the participants.

Offender Assessment Strengths:

Inmates are assessed with the Women's Risk and Needs Assessment (WRNA) and those with scores of moderate to high risk to reoffend are placed in the group designated as such. As noted above, there is strong support by the administration of the facility for this program so resources have been allocated so this curriculum can be offered to low risk inmates as well. Significant effort is put forth to ensure these two populations are kept separate as there can be unintended consequences should they be mixed. In addition to assessing overall risk to reoffend, the WRNA also captured domain specific information, specifically substance use, in its look at an individual's areas of need. Only inmates that scored with a need for substance use interventions are placed into the group. Although this curriculum also addresses trauma and that is not a consideration as to placement in or excluded from, studies have suggested it is not harmful for participants who have not experienced trauma to participate in this program. Research also tells us a significant portion of people incarcerated have been negatively impacted by trauma, reported or not.

Offender Assessment Areas in Need of Improvement and Recommendations:

The program does not have formal exclusionary criteria established or documented. There is no clear understanding as to who will be accepted or prioritized.

> ➢ ***Recommendation:*** There should be clearly established, written criteria which determines if an offender is appropriate for group participation. There should be consideration given to the specific need areas this curriculum is designed to address and only those offenders that meet that criteria be assigned to a group. Responsivity factors should also be taken into consideration and only those manageable by the facilitator be approved for participation.

Because we all have individual characteristics that can either enhance or impeded in our ability to get maximum benefit from programming, it is important to assess participants to ensure we are appropriately addressing issues as early and systematic as possible. There are no areas of responsivity currently being assessed. If at some point of an inmate's intake process some areas of responsivity are indeed assessed, this information is not shared with this staff and therefore not used in group assignment.

> ➢ ***Recommendation:*** CSD and MWP should cooperatively assess at least two responsivity factors of participants on a regular and systematic basis and maintain the results of these assessments in the file for the most effective case planning. Examples of areas that could be assessed are motivation or readiness to change, intelligence, maturity, personality, mental disorders, reading levels, depression, trauma, etc. Examples of standardized assessment tools include Texas Christian University (TCU) Client Self-Rating scale, Beck's Depression, and the Testing of Adult Basic Education (TABE).

As noted above the program utilizes an assessment tool which looks at domain specific need areas. These scores are gathered but not utilized for prioritization of inmates participating in the program.

> ➢ ***Recommendation:*** Group participation should be prioritized towards those inmates who have a moderate to high need for substance use intervention as indicated in their WRNA score. Should an inmate be initially scored as low but demonstrate behaviors which would indicate substance use or abuse potential, they should be admitted to the group and the specific reasons for admission documented in the case files. Further, these criteria should be included in the exclusionary criteria addressed above.

Treatment Characteristics

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 behavior approach to target criminogenic behaviors. Furthermore, they provide structured treatment using

effective group practice techniques, including use of good relationship skills between the facilitator and participants. Successful programs also effectively use positive reinforcement and punishment as well as structured skill building and cognitive restructuring to effectively 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 Seeking Safety program effectively works towards targeting criminogenic needs. This is important because research suggests that the biggest reductions in recidivism come from programs that address these areas specifically. During the group sessions that were observed, participants worked on increasing self-control, self-management, and problem-solving skills. The facilitator sought input and pressed each participant on the specific areas in which they were working while consistently meeting them where they are at in their treatment progress. The group structure is set to discuss, identify and examine other criminogenic needs through other topics and material within the Seeking Safety curriculum such as risky situations, associations with antisocial peers, and family members to name a few.

The Seeking Safety program uses a treatment modality that has been determined effective in changing participant's behavior. Cognitive-behavioral therapy assists participants with not only a deeper appreciation and understanding of substance abuse and trauma but also positive behavior change. The curriculum maintains a psychoeducational approach which makes it beneficial to participants who may not find they have both substance use disorder and trauma.

Groups are always conducted by staff. The trained facilitator is very knowledgeable about the material covered and brings a cohesiveness to the group setting. She was skillful at encouraging all the group members to participate throughout the group process. The facilitator accomplished this by casually eliciting participation from those not offering it naturally. She also validated regular participants without allowing them to overwhelm the group time.

Part of the Seeking Safety curriculum includes a 'check in' at the beginning. At this time, participants are expected to provide information regarding their use of the skills in their daily activities. Written homework is also regularly assigned and personally checked as part of the Seeking Safety group. Additionally, the group is structured so that participants work on the same assignments so they can assist each other if they are struggling to complete their homework thereby using social learning.

Group norms were established and followed. Participants are clear in the group's expectations and group participation and can refer to the list written out at the back of the classroom. The participants are aware that each of them must contribute during the course of the group and develop role plays to practice the new skill learned.

The group facilitator consistently followed the Seeking Safety curriculum. The manual includes handouts, exercises, activities and homework assignments, which were used throughout the course of the group session. The facilitator appeared very knowledgeable of the material as she referred back to sessions when similar discussions applied.

Although the group size of 11 exceeds the recommended ratio of 8-10 participants per facilitator, because the curriculum specifically states there is not recommended ratio, this meets the standard. The facilitators knowledge and experience with the curriculum, coupled with established rapport with group participants assisted in making this group a smooth operation.

It was apparent that the group facilitator has deep rapport with each of the participants and has established strong, professional relationships with each member. There was friendly banter, good natured humor, and genuine interest between the facilitator and the participants. The group facilitator also has a nice mix of facilitation skills, i.e., high degree of interest and energy for the topic material, ability to manage and stay on task, ability to think on her feet, etc.

The group facilitator demonstrated authority with the group, commanding respect in a non-authoritarian way. She did a nice job with directing or guiding the group to stay on task when disruptions took place. She did not engage in any arguments with participants and rolled with resistance.

Sessions were focused on helping participants identify underlying attitudes, values and beliefs and helping participants replace antisocial thinking with prosocial thoughts. There were several tools used during the group sessions to assist the participants with identifying their underlying attitudes, values and beliefs. With the weekly commitment, each participant talked about their learned social skill and how it was used since last group. The use of the cost/benefit analysis was also an effective tool used to address these concepts.

Treatment Characteristics Areas in Need of Improvement and Recommendations:

Groups do not regularly begin on time and there are interruptions and breaks that do not allow the group to run for the full two hours indicated on the schedule. Successful programs meet regularly and for adequate duration to effectively focus on criminogenic targets. The Seeking Safety group is scheduled to regularly meet two times a week for a two-hour session. However, due to facility count times and staff meetings in some housing units, not all participants are released to come to group on time. In addition, security staff will sometimes interrupt group for security functions and a break of 10 – 15 minutes must be taken during facility count times for participants to return to their unit for count. All these exterior factors are negatively affecting the facilitator's ability to maintain fidelity to the curriculum.

> ➤ ***Recommendation:*** MWP should work with the facilitator and security staff to better coordinate offender movements to group at start time and to limit interruptions to the group.

> ➤ ***Recommendation:*** If changes were made to address the group starting and ending on time with no interruptions, the Seeking Safety group would meet for a sufficient length to provide enough dosage hours, which is dependent upon the participants' risk level, to focus on criminogenic target behaviors. Without those changes being made, the

group does not provide the opportunity to reach the full dosage hours designated for this curriculum.

The Seeking Safety facilitator does not address responsivity factors in group sessions because there is no formal assessment(s) for responsivity factors. Successful programs will assess all participants for potential responsivity issues and the facilitator will use that information to tailor the approach to the curriculum and participants as needed. It should be noted that the facilitator was observed responding to some responsivity issues, but the lack of formal assessment indicates this is "catch as catch can".

➢ *Recommendation:* As was previously recommended, the program should implement at least two responsivity assessments which are reviewed by the facilitator so the curriculum can be tailored to individual participant(s) needs.

As noted previously, the structure of the Seeking Safety program is set up to begin with a 'check in' with each of the participants. Once the participant answers the specific questions, they are given their choice of a piece of candy. All participants in the group did contribute, however the depth of some responses could have been delved into deeper for more specific content. Despite the degree of depth, all participants consistently received a reward. Further, the facilitator used verbal praise to reinforce and support pro-social or positive behavior but did not tie the behavior back to an appreciation as to why this behavior will benefit them in the future if they choose to use it again.

➢ *Recommendation:* MWP should develop a system of wide range of incentives and rewards to positively reinforce participants to use positive, prosocial behaviors and actions. Some possible systems' MWP could establish are points systems, token systems, or even early termination of a sanction. The identified system could be posted in the treatment room to remind participants of the structure.

➢ *Recommendation:* It is important to administer a reward as close to the time of the behavior as possible and tie the demonstrated and rewarded behavior to an appreciation as to how exhibiting this behavior in the future will positively affect their well-being and encourage positive choices. Staff should not provide rewards to an entire group when only a single or a few participants deserved the reward as it may diminish the impact of making a prosocial decision when everybody is rewarded for an individuals' choice. Further, staff do not maintain and ensure the use of four rewards for every one punisher provided. Last, this process is not formally documented in any policy or procedure.

➢ *Recommendation:* Seeking Safety facilitator did not incorporate the appropriate use of punishers into the facilitation of the curriculum. Like positive reinforcers, facilitators need a formalized range of punishers to use to target and attempt to eliminate anti-social thinking and behavior to appropriately respond to participants behavior that is antisocial or criminal in expression. The use of the punisher needs to stop the undesired behavior and demonstrate to the participant why the thought or action is inappropriate, facilitator must also ensure the participant understands that

inappropriate behaviors will have consequences. After the use of a punisher the program facilitator must teach and demonstrate an appropriate behavior the participant should use to avoid falling back on antisocial thoughts.

➤ ***Recommendation:*** MWP and CSD staff need to cooperatively create a system of effective punishers, such as, the loss of rewards, free time or loss of other incentives that can demonstrate to a participant consequence of antisocial or criminal expressions and extinguish such behaviors and thoughts.

➤ ***Recommendation:*** Seeking Safety facilitator must first recognize anti-social statements or attitudes. They must then immediately and consistently use the range of punishers to eliminate the behavior and ensure the punisher is clearly matched to the demonstrated negative behavior. The facilitator must explain and use examples of why the participant's behavior is being punished and corrected. The facilitator must match the intensity of the punisher with the intensity of the anti-social thought or behavior. Finally, Seeking Safety facilitator should follow up with the participant by explaining both the short and long-term consequences of continuing with the negative behavior. Staff should drop the issue once the punishment has been implemented, explained, and the desired outcome gained.

As noted previously, MWP does not have a range of tools to use to punish or correct negative behavior. MWP is also lacking and should include that after the use of the punisher, the facilitator must provide participants with an example, and preferably a demonstration, of a prosocial behavior to used instead of the antisocial behavior that was demonstrated.

➤ ***Recommendation:*** After staff uses a punisher from their range of available punishers, Seeking Safety facilitator should explain and demonstrate appropriate responses to the situation that led to the use of the punisher. Finally, the facilitator should receive training allowing them to detect negative consequences or unintended negative effects in participant behavior as a result of the punisher.

The Seeking Safety curriculum does not have structured role modeling and role play activities that are built into lessons. Facilitator should present the steps needed to execute the skill, demonstrate new skills to participants, followed by participant role play of the skill. Further, the facilitator could provide more discussion concerning situations to use the skill or the benefits that would come from the skill. The facilitator does assign homework to practice any new skills between groups to provide graduated practice to all participants.

During the groups observed, participants presented a role play with minimal feedback, even when the participants were not using the skill being taught in a pro-social manner. Most feedback observed centered around thanking them for contributing which is a start but because this facilitator has a particularly good rapport established with the participants, her constructive feedback will likely be well received and incorporated into behavior change.

> ***Recommendation:*** Facilitators' models should include information to explain the benefits to all participants. Facilitator should "sell" new skills being taught by explaining the advantages of learning the new skill or behavior. This should include benefits that will be derived from using the new skills. Facilitator should also offer corrective feedback to participants concerning homework, skills training, and graduated practice. It may be beneficial if facilitators had a specific booster session focusing on responding to a variety of situations, they may encounter during role plays including participants using antisocial comments, using inappropriate situations that are unrelated to the skill being taught, or when participants are not understanding the skill.

Participants did not develop risk or relapse prevention plans. These plans could include additional areas that they may need to address, including aftercare programming. They also help to ensure that participants are able to recognize high-risk situations that lead to law-breaking behavior and allows them to have a concrete plan that incorporates the skills taught throughout the program to deal with these situations.

> ***Recommendation:*** Some of the group sessions should be devoted to developing risk or relapse prevention plans, and participants should routinely rehearse the plans and relapse prevention techniques. Plans should be individualized and should include strategies and scripts for responding to risky situations, people, and places. The Seeking Safety program should build in post testing where participants are asked to put together homework to model the skills learned.

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:
Group observation by a program coordinator, with feedback to facilitators, in regard to service delivery skills, is an important component in quality assurance. Service delivery skills include communication skills, modeling of new behaviors, use of redirection techniques and behavioral reinforcements, group facilitation and knowledge of curriculum. Group observation is important in that it ensures fidelity, provides support to group facilitators and can be incorporated into annual reviews/evaluations.

> ***Recommendation***: CSD should adopt a clear group observation/ quality assurance process. It is recommended that the Mental Health Manager provide constructive feedback at minimum once every group cycle to observe and evaluate group facilitators with regard to service delivery skills. Constructive feedback should also include core correctional practices, such as facilitators' relationship skills, effective

reinforcement and disapproval strategies, cognitive restructuring, and structured skill building.

Feedback from the participants and staff involved in the groups should be interviewed or provided post program follow up to elicit information that can be used to enhance the delivery or content of the program in the future.

➢ ***Recommendation***: A process should be developed to provide an opportunity to offer information as to their satisfaction with the program by means of exit surveys/interviews, post program/release surveys or phone contact with released inmates. Their feedback should be documented and considered in future offerings.

In order to demonstrate the program has been effective in modifying participant cognition and behavior, a pre/post test is used to objectively assess target behaviors.

➢ ***Recommendation***: Formal pre and post testing of target behaviors should be completed to reflect the acquisition of characteristics taught and learned via curriculum.

For program completion, it was verbalized that participants are required to attend a minimum number of groups and complete homework assignments, as well as show they 'got something out of the program' on a subjective level.

➢ ***Recommendation:*** There should be clearly outlined completion criteria, including objective indicators of what is needed to earn a certificate of completion. These indicators should include some behaviorally defined performance measures, such as change in attitudes, acquisition of new knowledge or insight, and demonstration of new skills and behaviors. This might be accomplished with a facilitator-driven rating that participants get for each group based upon participation and behavior. Successful completion of the intervention should always be determined by the facilitators based upon knowledge and skills learned.

Upon completion of the Seeking Safety curriculum, there is no formal summary given to the participant capturing the length of participation, progress of the participant or ongoing needs.

➢ ***Recommendation:*** Formal discharge summaries should be constructed on each participant completing the group. These should include such things as progress in meeting target behaviors/goals, recommendations for continued areas of need, pre-post test results, and number of sessions completed.
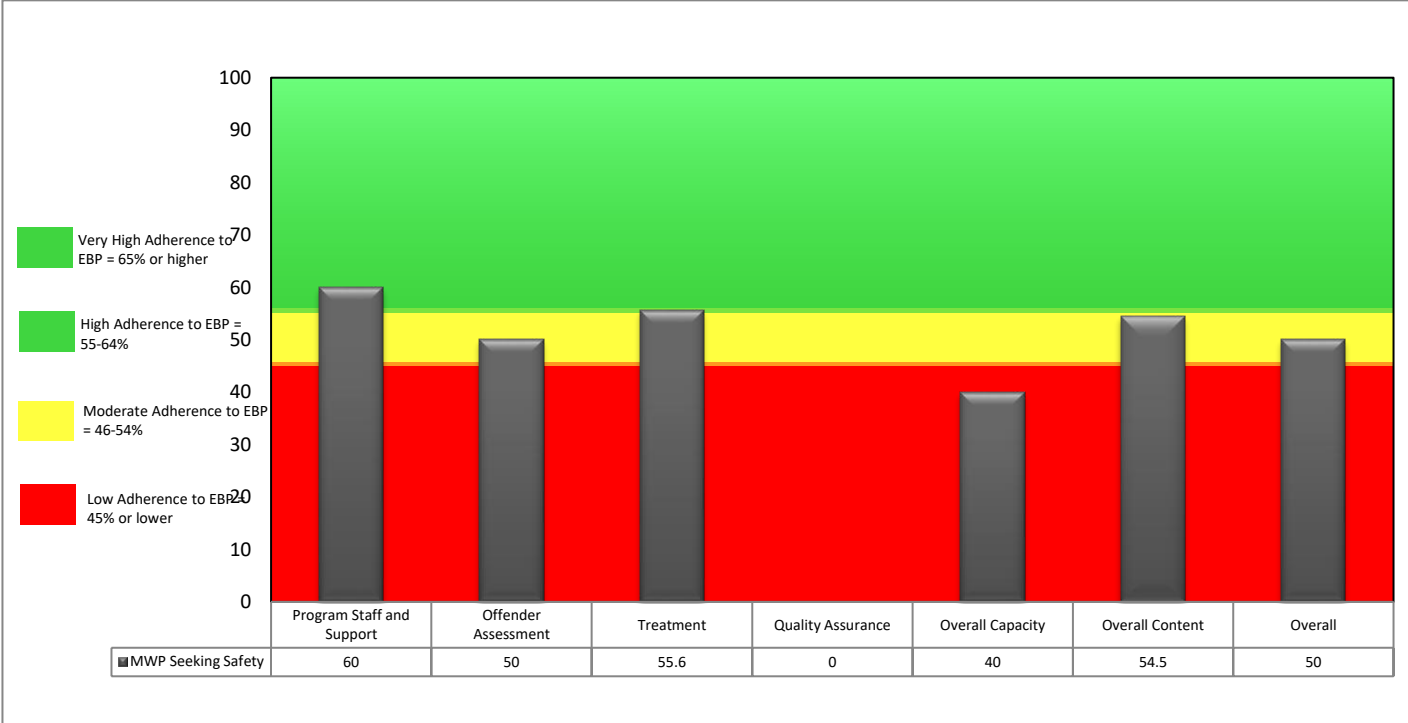
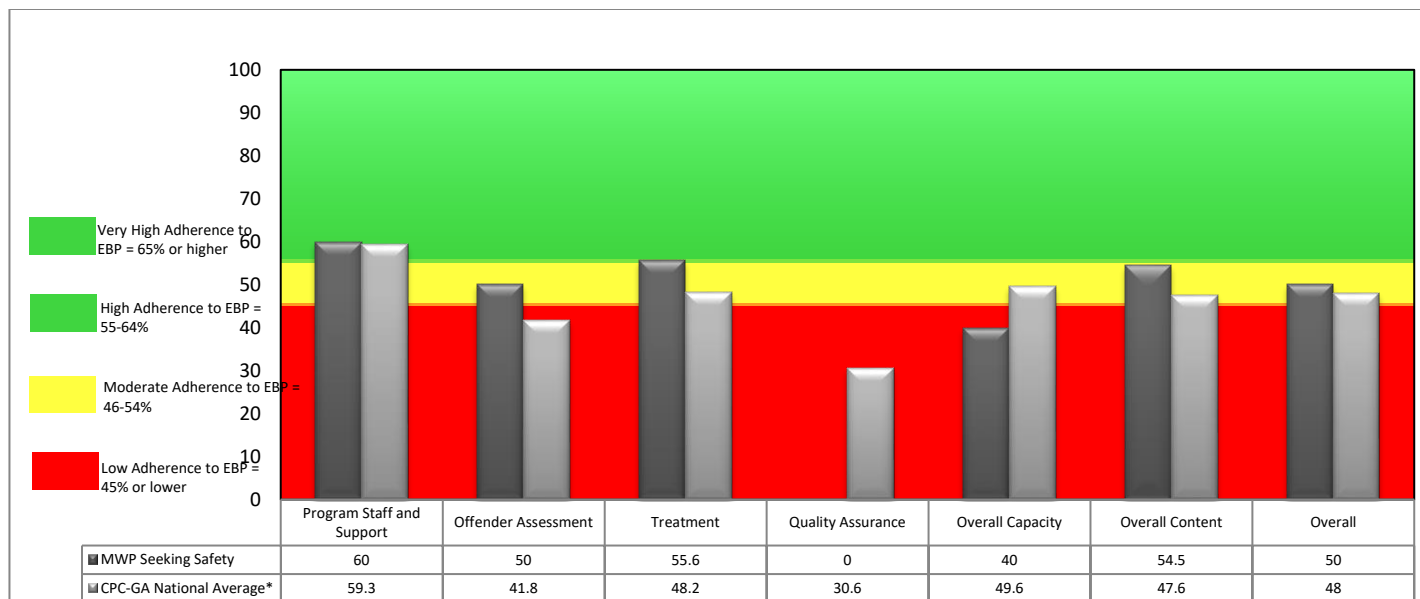## OVERALL PROGRAM RATING AND RECOMMENDATIONS

MWP Seeking Safety received an overall score of 50 percent on the CPC-GA. This falls into the Needs Improvement 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 offenders is 40 percent, which falls into the Ineffective Adherence category. The overall Content score, which focuses on the substantive domains of assessment and treatment, is 55.6 percent, which falls into the Effective Adherence category.

Conclusion

MWP's Seeking Safety CPC-GA was the first assessment provided on any curriculum at this facility. The program staff brings significant facilitation skills and expertise to the delivery of this curriculum as listed in this assessment. Recommendations for areas that could be improved have been made in several of CPC-GA domains. These recommendations should assist CSD and MWP in cooperatively 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.

Very High Adherence to EBP = 65% or higher

High Adherence to EBP = 55-64%

Moderate Adherence to EBP = 46-54%

Low Adherence to EBP = 45% or lower

	Program Staff and Support	Offender Assessment	Treatment	Quality Assurance	Overall Capacity	Overall Content	Overall
MWP Seeking Safety	60	50	55.6	0	40	54.5	50

	Program Staff and Support	Offender Assessment	Treatment	Quality Assurance	Overall Capacity	Overall Content	Overall
■ MWP Seeking Safety	60	50	55.6	0	40	54.5	50
■ CPC-GA National Average*	59.3	41.8	48.2	30.6	49.6	47.6	48

Legend:
- Very High Adherence to EBP = 65% or higher
- High Adherence to EBP = 55-64%
- Moderate Adherence to EBP = 46-54%
- Low Adherence to EBP = 45% or lower

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