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MONDAY COMMUNITY CORRECTIONAL INSTITUTION

RSAT PROCESS EVALUATION

Final Report

Submitted to the
National Institute of Justice

May 2001

by

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ACKNOWLEDGEMENTS

The University of Cincinnati recognizes that this and other research reports would not be possible without the cooperation and support of program staff. Special thanks and acknowledgements go to Marthina Greer, Jackson Nsilulu, Jule Wright, and Maria Strasser-Brady for collecting the data on RSAT clients and to Tim DePew and Mike Flannery for their leadership and ongoing support throughout this project. We also have to thank Robert Swisher, Don Petit, and Richard Mukisa at the Ohio Office of Criminal Justice Services for their help and support.

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EXECUTIVE SUMMARY

The MonDay Community Correctional Institution (MonDay), located in Dayton, Ohio, is a state-funded, community-based facility for both male and female felony offenders. Offenders are sentenced to MonDay in lieu of prison for a period not to exceed six months. In October 1997, MonDay was awarded a federal grant for the purpose of implementing a Residential Substance Abuse Treatment Program (RSAT) within the facility. Thirty beds (20 male and 10 female) were designated as RSAT beds for offenders identified as needing long-term residential treatment. In conjunction with the RSAT grant, MonDay developed a Therapeutic Community (TC) which was fully implemented by January 1, 1998. This report presents the results of a process evaluation that was conducted by the University of Cincinnati from January 1998 to August 30, 1999.

A one-group post-test design was used to conduct the process evaluation. The specific research questions that were addressed include: 1) What is the profile of offenders being served? 2) What is the nature of the services being delivered? 3) What are the intermediate outcomes of the program? 4) How are offenders performing under post-release supervision? 5) What factors are associated with post-release success? The sample consists of 90 cases (64 males and 26 females). The study period extended from the date of first admission (January 1, 1998) through April 30, 1999. Additionally, follow-up data was collected on terminated cases from their date of release until August 30, 1999. Site personnel were responsible for collecting intake, treatment, and termination data on their respective program clients using standardized forms developed by the University of Cincinnati. Offenders' readiness for change and level of social and psychological functioning were measured at intake, 90 days, and termination. The site

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also provided risk assessment and substance abuse assessment information on each offender. In addition to quantitative data for measuring program process, the Correctional Program Assessment Inventory (CPAI, Gendreau and Bonta, 1994) and the TC Monitoring tool (Fine, 1999) were used as measures of program integrity. Descriptive statistics were used to describe the profile of program participants, program activities, termination, and follow-up data. Paired sample t-tests were used to examine the differences between offender motivation and psychological functioning scales at intake and 90 days. Chi-square analyses were conducted to identify factors associated with post-release success.

Some of the primary findings include the following:

- The participants possessed many risk factors including a lack of education and employment, significant criminal histories, and serious substance abuse problems.
- The MonDay program scored in the very satisfactory range of the CPAI (74.2 percent). This indicates that the program has incorporated many of the principles of effective correctional intervention.
- The MonDay program scored 112 out of 156 possible points (71.8 percent) on the TC Monitoring tool suggesting that they have implemented most of the primary elements of the TC model.
- The average length of stay was 172.66 days.
- Based on the limited data available on the frequency and dosage of services provided (n=24), all residents received substance abuse education and relapse prevention services throughout their stay in RSAT. Other common services that were provided included educational programming and cognitive therapy.

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- Paired sample t-tests revealed statistically significant differences in many social and psychological factors measured at intake and 90 days. Testing revealed a decrease in the levels of anxiety and risk-taking from time 1 to time 2 and an increase in decision-making, self-efficacy, and self-esteem.
- Only 3 out of 68 drug tests conducted (4.4 percent) were positive.
- Of the 90 cases, 29 (32 percent) were still active in the program 55 (61 percent) had been successfully discharged, and 6 (6.7 percent) had been unsuccessfully terminated.
- Of the 31 cases for which follow-up information on post-release performance was available, only 18 (58.1 percent) participated in follow-up drug/alcohol treatment. Participation in other types of services was also minimal.
- Of these 31 cases, six (19.4 percent) of the offenders either reported or were detected using alcohol, and 11 (35.5 percent) either reported or were detected using drugs.
- Of these 31 cases, 7 (22.6 percent) were arrested for a new offense.
- Of these 31 cases, 16 (51.6 percent) were still on active probation, 6 (19.4 percent) had been successfully terminated, 4 (12.9 percent) had been revoked for a new arrest, 3 (9.7 percent) had been revoked for a technical violation, and 2 (6.5 percent) had absconded from supervision.
- Females had lower rates of reported or detected drug/alcohol use, supervision failures, and new arrests as compared to males. When compared to whites, blacks had similar rates of drug/alcohol use, higher rates of supervision failures, and lower rates of new arrests.
- Based on all three indicators or success, offenders with higher ASUS and LSI scores performed better on post-release supervision.

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- Offenders who received follow-up drug/alcohol treatment were less likely to fail probation supervision, less likely to get arrested for a new offense, and more likely to have reported or have been detected using drugs/alcohol.

The findings of the process evaluation are limited by the small number of cases, the extent of missing data on some variables, the lack of a comparison group, and small number of cases for which termination and follow-up data are available. The conclusions that can be drawn are primarily descriptive in nature and are not intended to speak to the effectiveness of the program.

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MONDAY COMMUNITY CORRECTIONAL INSTITUTION

RSAT PROCESS EVALUATION

The MonDay Community Correctional Institution (MonDay) is a community-based facility for felony offenders. MonDay is located in Dayton, Ohio and has been in operation for 20 years. It is funded by the State of Ohio and governed by local judicial boards. The total capacity of the facility is 124 and there are approximately 60 employees. Both male and female offenders are sentenced to MonDay in lieu of prison for a period not to exceed six months.

In October 1997, MonDay was awarded a federal grant for the purpose of implementing a Residential Substance Abuse Treatment Program (RSAT) within the facility. Thirty beds (20 male and 10 female) were designated as RSAT beds. Offenders identified as needing long-term residential treatment are now assigned to RSAT for a period of six months. In conjunction with the RSAT grant, MonDay developed a Therapeutic Community (TC) which was fully implemented by January 1, 1998.

The MonDay RSAT program participated in a process evaluation that was funded by the National Institute of Justice and conducted by the University of Cincinnati. This report represents the culmination of this process evaluation that took place from January 1998 to April 30, 1999.

STATEMENT OF THE PROBLEM

The "war on drugs" has created numerous problems for the criminal justice system: courts are backlogged with drug offenders and prisons are strained with their increasing rate of imprisonment. It is estimated that, within the criminal justice system,

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seven out of every 10 men and eight out of every 10 women are drug users (Lipton, 1998). Recognizing the link between continued drug use and recidivism, state and local agencies are searching for the most effective way of treating this challenging correctional population. The Residential Substance Abuse Treatment programs funded by Subtitle U of the Violent Crime Control and Law Enforcement Act of 1994 offer a promising avenue for treating drug offenders.

Residential substance abuse treatment has its roots in the therapeutic community movement of the 1950's. Synanon, the first therapeutic community, was established by Dederich in 1958 and emerged out of the self-help movement (Brook and Whitehead, 1980). It is estimated that nearly one-third of all therapeutic communities (TCs) today are based upon the traditional Synanon programs (DeLeon, 1990a). These traditional programs are highly structured and organized, and treatment lasts from one to three years (Sandhu, 1981). Because drug use is seen as a symptom of a larger personality disorder, traditional TCs are designed to restructure the personality of the offender through encounter group therapy and a focus on occupational improvements. The "community" of drug offenders is seen as the primary agent of change (DeLeon and Ziegenfuss, 1986). Recently, modified versions of the traditional TC have emerged which combined the self-help approach and cognitive-behavioral approaches (e.g., relapse prevention) commonly used by mental health professionals.

Research consistently reveals positive results for both community-based and prison-based TCs. Several studies of community-based TCs have demonstrated a reduction in criminal behavior and substance abuse and an improvement in employment and other prosocial behaviors (Wexler, 1995). An evaluation of New York's prison-based Stayin' Out Program found parole revocation rates of 29 percent for males and 17 percent

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for females. These rates were significantly lower than the rates of revocation for comparison groups in milieu therapy, counseling, and no treatment (Wexler, Falkin, and Lipton, 1988). An evaluation of Oregon's Cornerstone program revealed similar results (Field, 1989). More recently, an 18-month follow-up study of a multi-stage therapeutic community treatment system in Delaware found that offenders who participated in a two- or three- phase program (i.e., work release and aftercare or prison, work release, and aftercare) had significantly lower rates of substance abuse relapse and subsequent criminal behavior as compared to a no-treatment group and a group of offenders who participated only in the prison-based TC (Inciardi, Martin, Butzin, Hooper, and Harrison, 1997). Overall, the research on therapeutic communities suggests that program completion and length of stay in treatment are the most significant factors in predicting success (usually measured as no involvement in criminal activity and abstinence from drugs) (Simpson, 1984; DeLeon and Rosenthal, 1979; Faupel, 1981; DeLeon, 1990b).

Despite the growing body of research on the effectiveness of TCs, more research is needed to explore the "black box" of treatment in order to identify those factors that are most associated with success and to facilitate the replication of effective residential substance abuse treatment programs. The process evaluation described herein uses both qualitative and quantitative measures to describe the target population, the nature and quality of the services provided, and preliminary outcomes of the MonDay RSAT program.

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METHODOLOGY

Research Design

A one-group post-test design was used to conduct the process evaluation. The specific research questions that were addressed include:

- What is the profile of offenders being served?
- What is the nature of the services being delivered?
- What are the intermediate outcomes of the program?
- How are offenders performing under post-release supervision in terms of relapse and recidivism?
- What factors are associated with post-release success?

Sample

The sample consists of 90 cases including 64 males and 26 females.

Study Period

The study period extended from the date of their first admission to the TC (January 1, 1998) through April 30, 1999. Follow-up data were collected on terminated cases from their date of release until August 30, 1999.

Data Collection

Site personnel were responsible for collecting intake, treatment, and termination data on their clients using standardized forms developed by the University of Cincinnati (see Appendix A). The site also provided agency-specific assessment information on each offender (e.g., Level of Supervision Inventory, ASUS). Data forms were checked

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periodically to ensure the quality and completeness of the data. Follow-up data were collected by UC staff through written surveys of probation and parole officers. An automated database was developed to maintain the data using Visual FoxPro.

Monitoring Program Quality

In addition to quantitative data for measuring program processes, the Correctional Program Assessment Inventory (CPAI, Gendreau and Andrews, 1994) was used as a measure of program integrity. The CPAI provides a standardized, objective way for assessing the quality of correctional programs against empirically based standards. The CPAI is designed to ascertain the extent to which correctional programs have incorporated certain principles of effective intervention. There are six primary sections of the CPAI:

1) Program implementation - this section focuses on the qualifications and involvement of the program director, the extent to which the treatment literature was considered in the program design, and whether or not the program is consistent with existing values in the community, meets a local need, and is perceived to be cost-effective.

2) Client pre-service assessment - this section examines the program's offender selection and assessment processes to ascertain the extent to which clients are appropriate for the services provided. It also addresses the methods for assessing risk, need, and responsivity factors.

3) Characteristics of the program - this section examines whether or not the program is targeting criminogenic attitudes and behaviors, the specific treatment modalities employed, the use of rewards and punishments, and the methods used to prepare the offender for release from the program.

4) Characteristics and practices of the staff - this section concerns the qualifications, experience, stability, training, and involvement of the program staff.

5) Evaluation - this section centers on the types of feedback, assessment, and evaluations used to monitor how well the program is functioning.

6) Miscellaneous - this final section of the CPAI includes miscellaneous items pertaining to the program such as ethical guidelines and levels of funding and community support.

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Each section of the CPAI consists of 6 to 26 items for a total of 77 items that are designed to operationalize the principles of effective intervention. The number of items in each section represents the weight given to that particular section relative to the other sections of the instrument. Each of these items is scored as "1" or "0." To receive a "1" programs must demonstrate that they meet the specified criteria (e.g., the director is involved in some aspect of direct service delivery to clients; client risk of recidivism is assessed through a standardized, quantifiable measure). Based on the number of points earned, each section is scored as either "very satisfactory" (70% to 100%); "satisfactory" (60% to 69%); "satisfactory, but needs improvement" (50% to 59%); or "unsatisfactory" (less than 50%). The scores from all six areas are totaled and the same scale is used for the overall assessment score. Some items may be considered "not applicable," in which case they are not included in the scoring. Data for the CPAI are gathered through structured interviews with program staff at each of the sites. Other sources of information include the examination of program documentation, the review of representative case files, and some observation of program activities. Upon conclusion of the assessment, a report that outlines the programs' strengths and areas needing improvement for each of the six sections of the CPAI.

A TC Monitoring Tool, developed by Bob Fine of the Ohio Department of Alcohol and Drug Addiction Services, was used to ascertain the extent to which key elements of the TC concept had been implemented. The tool covers 10 major components including:

1. individual counseling;
2. morning meetings;
3. group therapy;
4. encounter groups;
5. seminars and didactics;
6. closing meetings;

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7. job functions;
8. behavioral management;
9. TC environment; and
10. clinical records review.

Each section of the tool includes a checklist of items that must be present to support the TC concept. Based on the observation of the therapeutic community activities and the milieu, interviews with staff and clients, and a review of randomly selected case files, each item on the checklist is rated as 0 = no compliance, 1 = some compliance, or 2 = significant compliance. Upon conclusion of the site visit, a report is prepared which outlines strengths and areas needing improvement in each of the ten sections. Additionally, the number of points earned per section are recorded. The program then gets an overall score reflecting the percentage of points earned. This information can then be used as a baseline for future program improvements.

Process Variables Examined

There were four main categories of process variables examined including offender characteristics, program activities, termination data, and post-release treatment and supervision.

Offender characteristics. The standardized intake form (see Appendix A) was used to collect basic demographic information on each offender including age, sex, race, years of education, and employment/school status at arrest. Additional background information was also collected including type and frequency of substance use, prior treatment experiences, and criminal history.

Supplemental information that was collected on offender characteristics includes the offenders' readiness for change as measured by the Personal Drug Use Questionnaire (PDUQ, Miller, 1994; see Appendix A), level of psychological and social functioning as

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measured by the Client Self-Rating Form (Simpson and Knight, 1998; see Appendix A), risk of recidivism as measured by the Level of Services Inventory-Revised (Andrews and Bonta, 1995), and severity of substance abuse problem as measured by the Adult Substance Use Survey (ASUS; Wanberg, 1994).

Program activities. Information on participation in therapeutic activities (e.g., group therapy, individual therapy, family therapy) was collected as an indicator of treatment type and dosage. RSAT personnel tracked this data through the standardized service tracking form developed by UC (see Appendix A).

Termination data. The information collected regarding the offenders' termination from the program included type of termination (successful or unsuccessful) and criminal justice placement and residency upon termination (see Appendix A).

Post-release treatment and supervision. A data collection instrument was developed (see Appendix A) to gather general information from probation and parole officers regarding each offenders' treatment and supervision activities during the period of supervision after release from the program.

Outcome Variables Examined

Intermediate outcomes that were examined included changes in offender motivation for treatment as measured by the re-administration of the Personal Drug Use Questionnaire at 90 days and termination, changes on several psychological and social functioning scales as measured by the re-administration of the Client Self-Rating Form at 90 days and termination, and completion of treatment. Longer-term outcomes that were examined included several measures of substance abuse relapse and recidivism. Relapse was measured as any new substance use (yes or no), and as the type and frequency of use throughout the follow-up period. Recidivism was defined as any new arrest (yes or no);

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any new conviction (yes or no); the number of new arrests and convictions; the type of new offense (property, personal, drug, other); revocation (yes or no); and time to first new arrest. Information regarding the case status at the end of the follow-up period and status in employment/school was also collected.

Analysis

Descriptive statistics were used to describe the profile of program participants, program activities, termination, and follow-up data. Paired sample t-tests were used to examine the differences between offender motivation and psychological functioning scales at intake, 90 days, and termination. Chi-square analyses were conducted to identify factors associated with post-release success.

Five specific research questions will be answered below. Complete descriptive statistics on MonDay's RSAT program can be found in Appendix B. Summary statistics will be provided below in text and graphic formats.

RESULTS

What is the profile of offenders being served by the MonDay RSAT program?

Demographics. RSAT participants are predominately white males (Figure 1) with a mean age of 31.72. The mean number of years' education is 10.93; 55.6 percent do not have a high school education (Figure 2). The majority of program participants (60%) were unemployed prior to arrest. Eighty-three (83) percent of the participants were single with an average of 1.47 dependants (Figure 3).

Criminal History. The majority of RSAT participants have a significant criminal history (see Appendix B2 & B3). The age at first arrest ranges from 9 to 46 with a mean of 20.61. Of the 69 cases for which past convictions are reported, all have at least one

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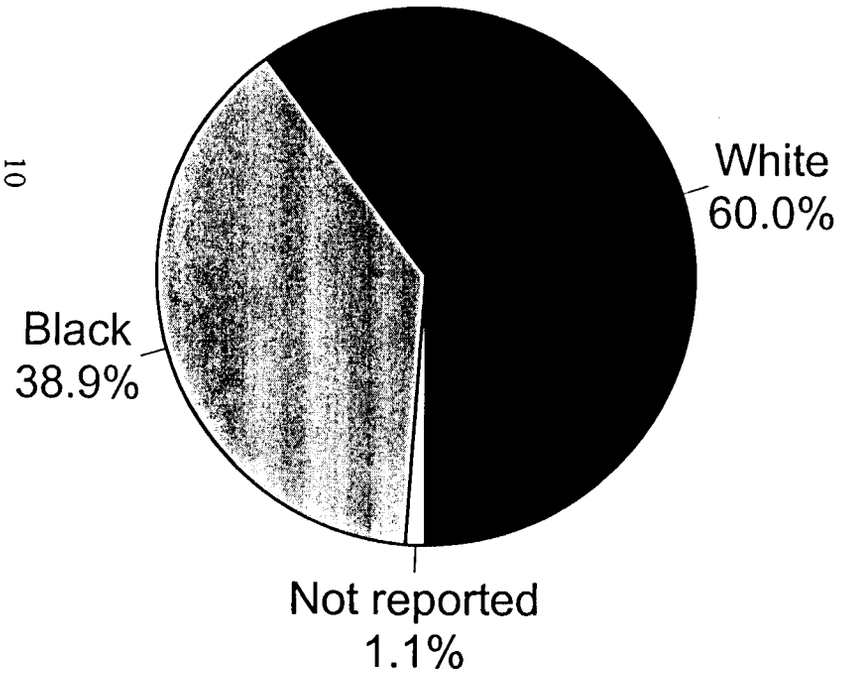
Figure 1
Offender Demographics

Race



Sex

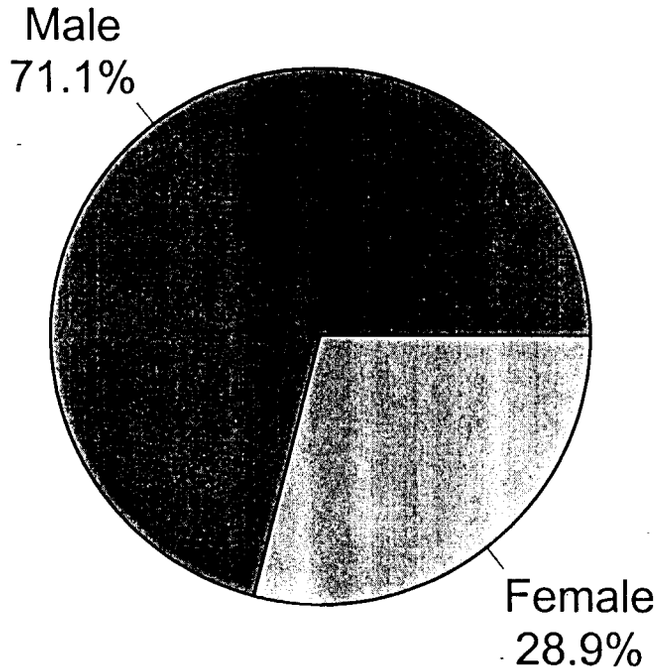


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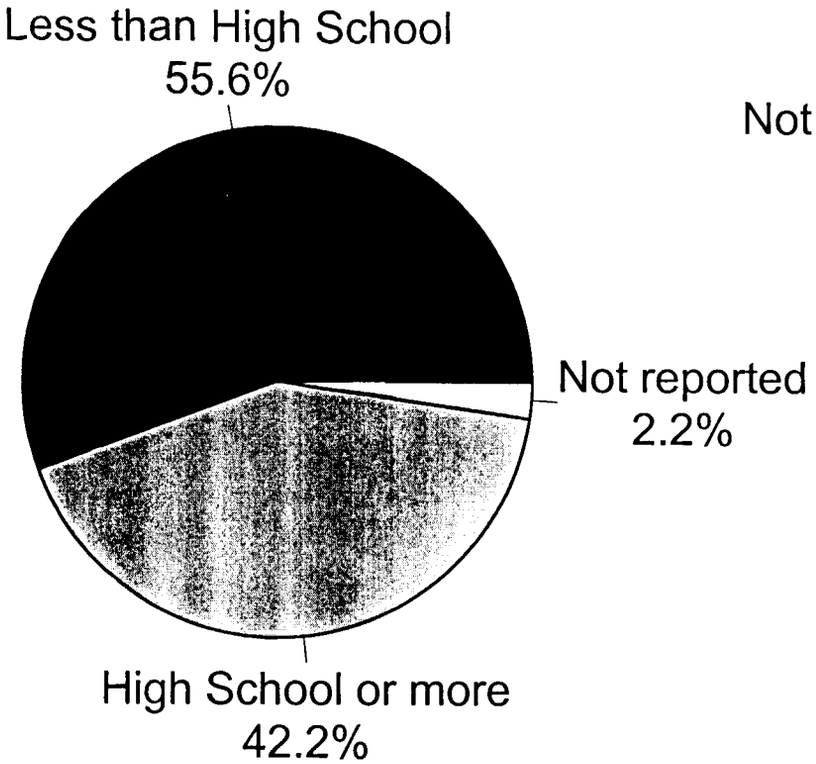
Figure 2
Offender Demographics

Education



Employment

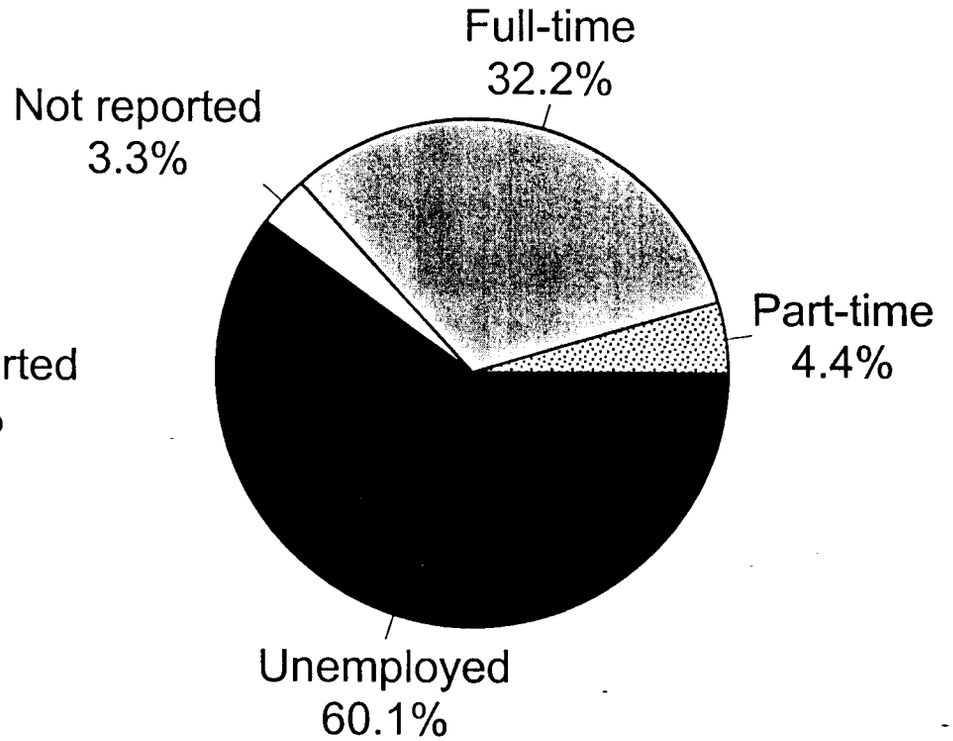


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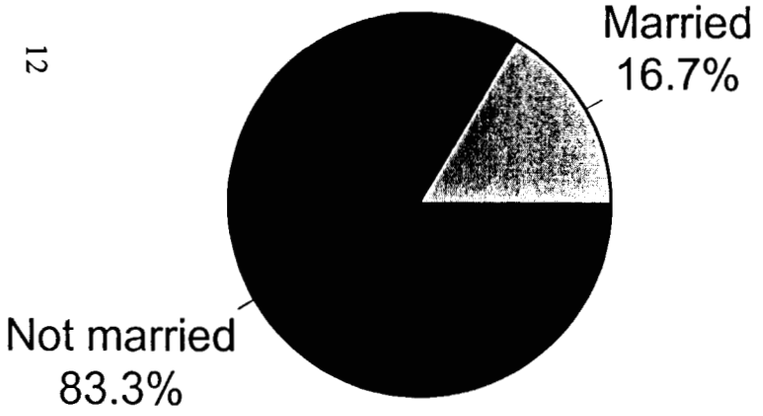
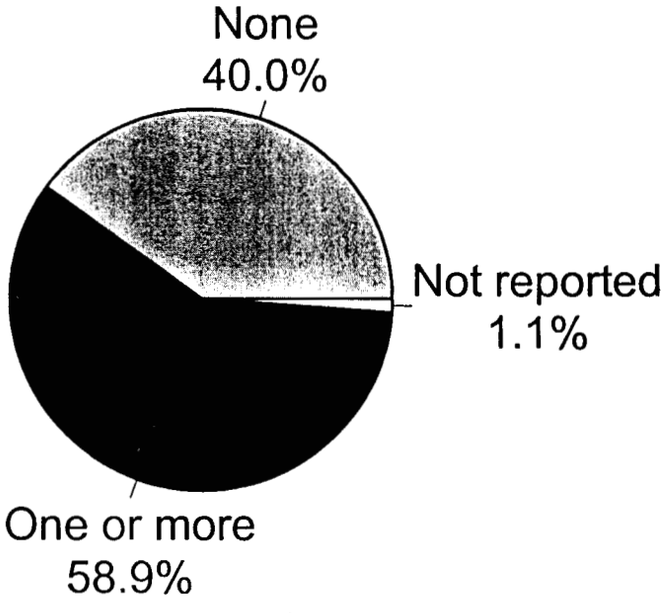
Figure 3
Offender Demographics

Marital Status



Dependents



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prior felony conviction. The mean number of prior felony convictions for the RSAT population is 2.68. Seventy-nine percent of all participants have been arrested on a prior drug charge. Sixty-two percent of RSAT participants have one or more prior sentences to a secure facility, 63 percent have one or more prior sentences to community supervision, and 47 percent have been unsuccessfully terminated from community supervision on one or more occasions. Most RSAT participants were sentenced to MonDay as the result of a conviction for property (36.9%) or drug (45.8%) offenses (Figure 4). The majority of cases are either felonies of the fourth (27.8%) or fifth (44.4%) degree (Figure 5).

Substance Abuse History. Participants reported having used multiple types of substances prior to their arrest at high rates of frequency (see Appendix B6). The most prevalent types of prior drug use among RSAT participants were for alcohol, marijuana, and cocaine. Daily use of substances was common among this population with 83 percent reporting daily use of at least one substance. The predominate drugs of choice were crack (24.4%) and marijuana (20%) (Figure 6).

Seventy-five percent of RSAT participants reported a family history of substance abuse. The mean age of first alcohol use was 14.2 and the mean age of first drug use was 15.51. A majority of RSAT participants (81%) have a history of prior treatment. Of those with a history of prior treatment, 45.2 percent participated in long-term residential treatment, 49.3 percent participated in short-term inpatient treatment, and 53.4 percent participated in outpatient treatment on at least one prior occasion (Figure 7). Results of the Adult Substance Use Survey (ASUS; Wanberg, 1994) administered to participants during the program screening process confirm the severity of substance abuse among this

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Figure 4
Crime Type

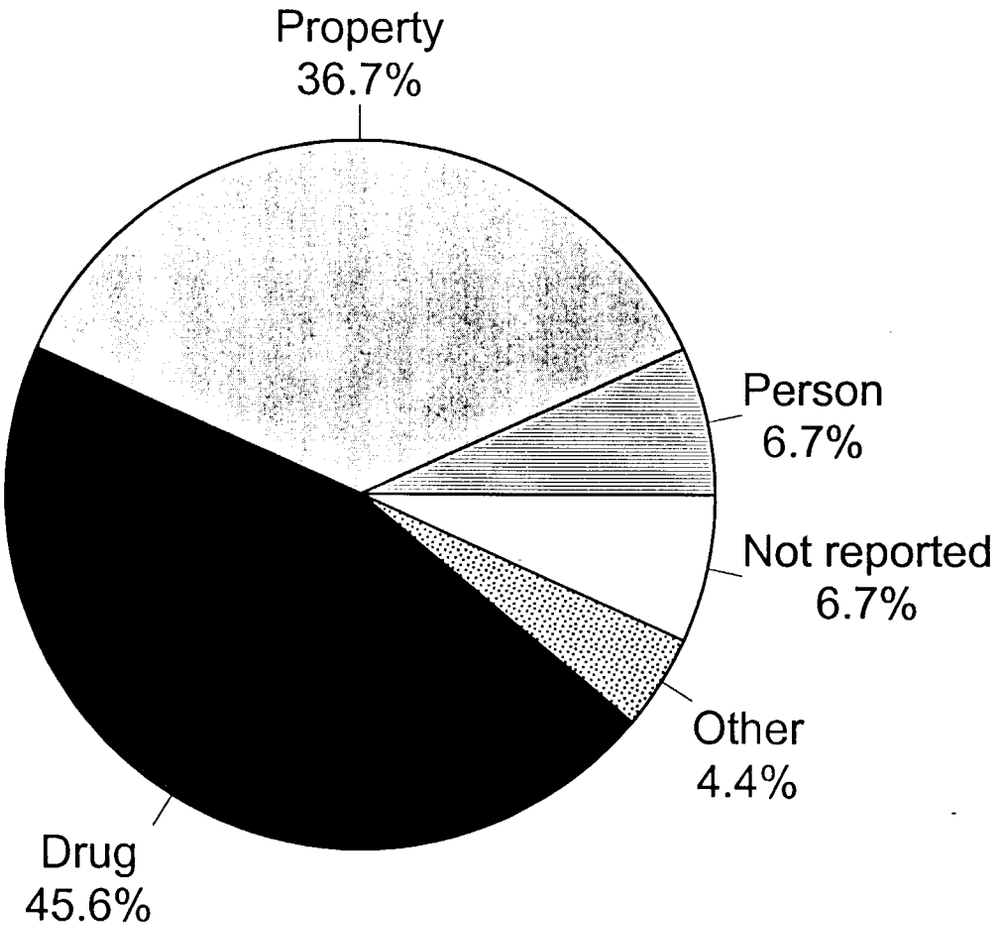

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Figure 5
Level of Conviction Offense

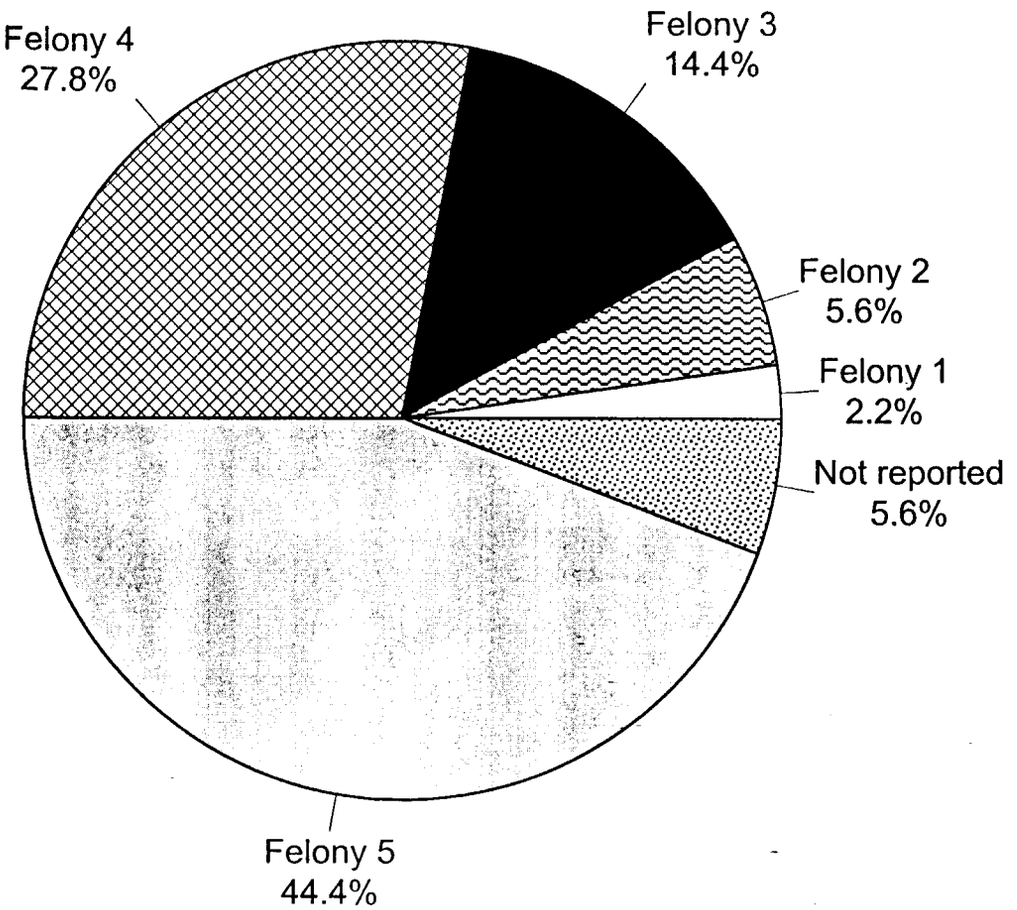

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Figure 6
First Drug of Choice

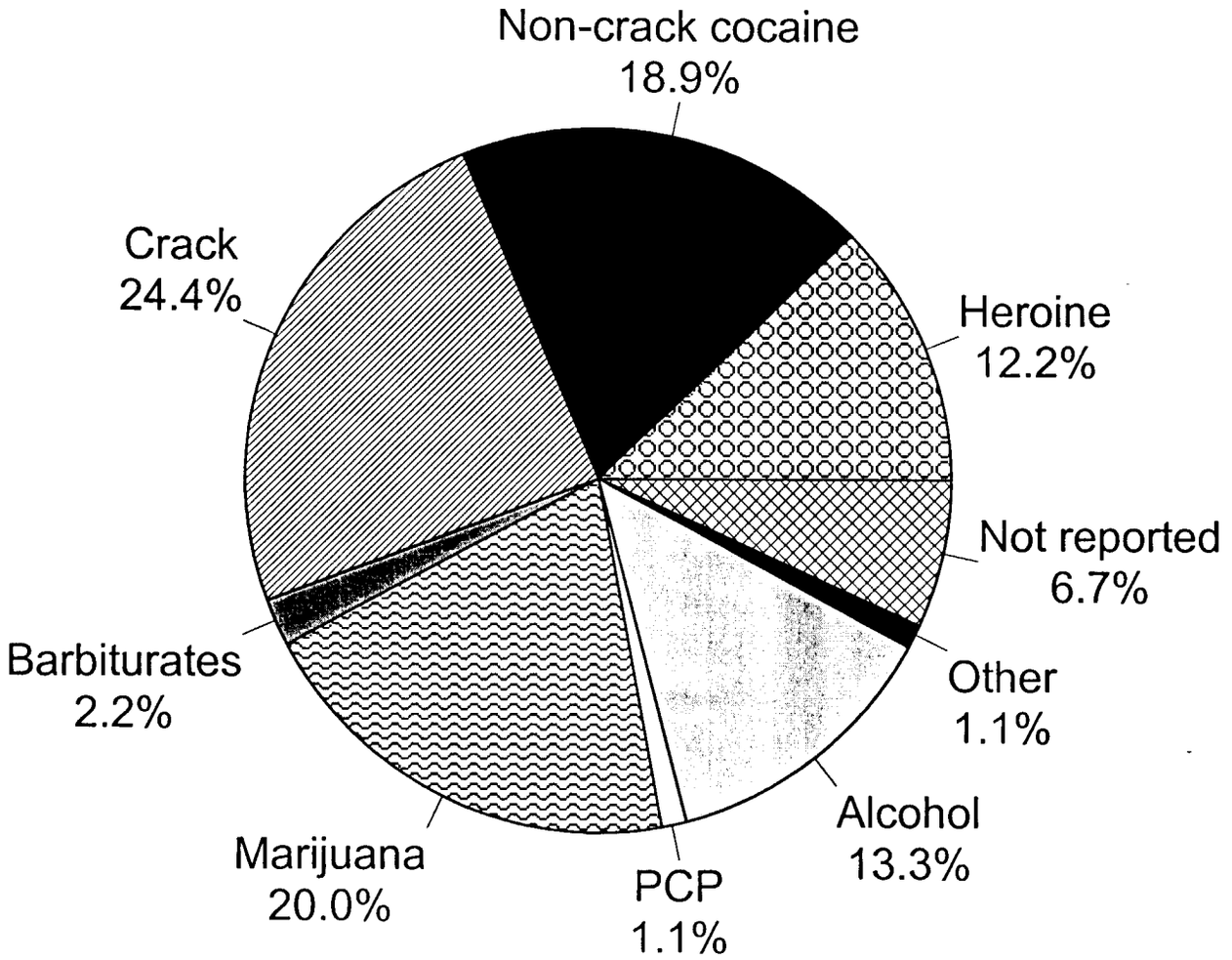

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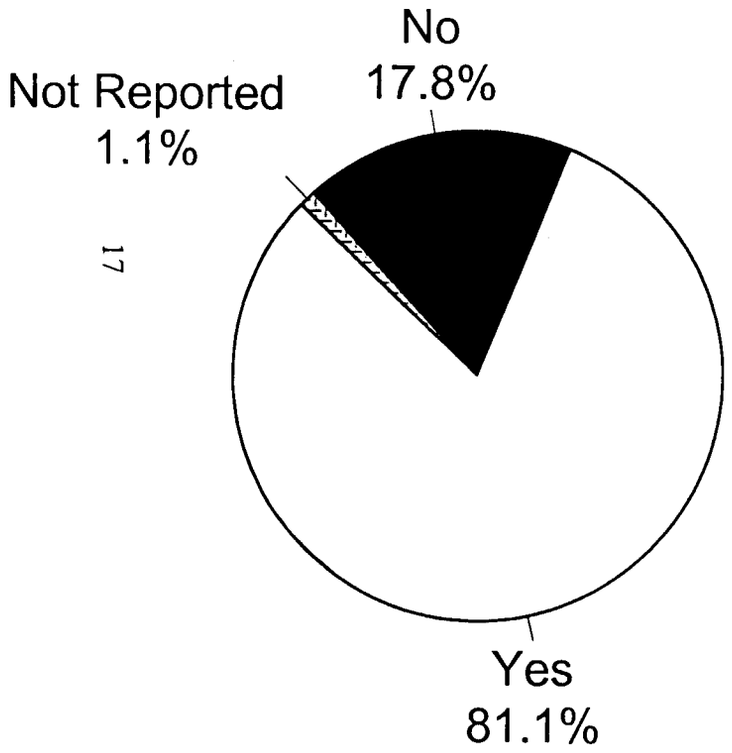
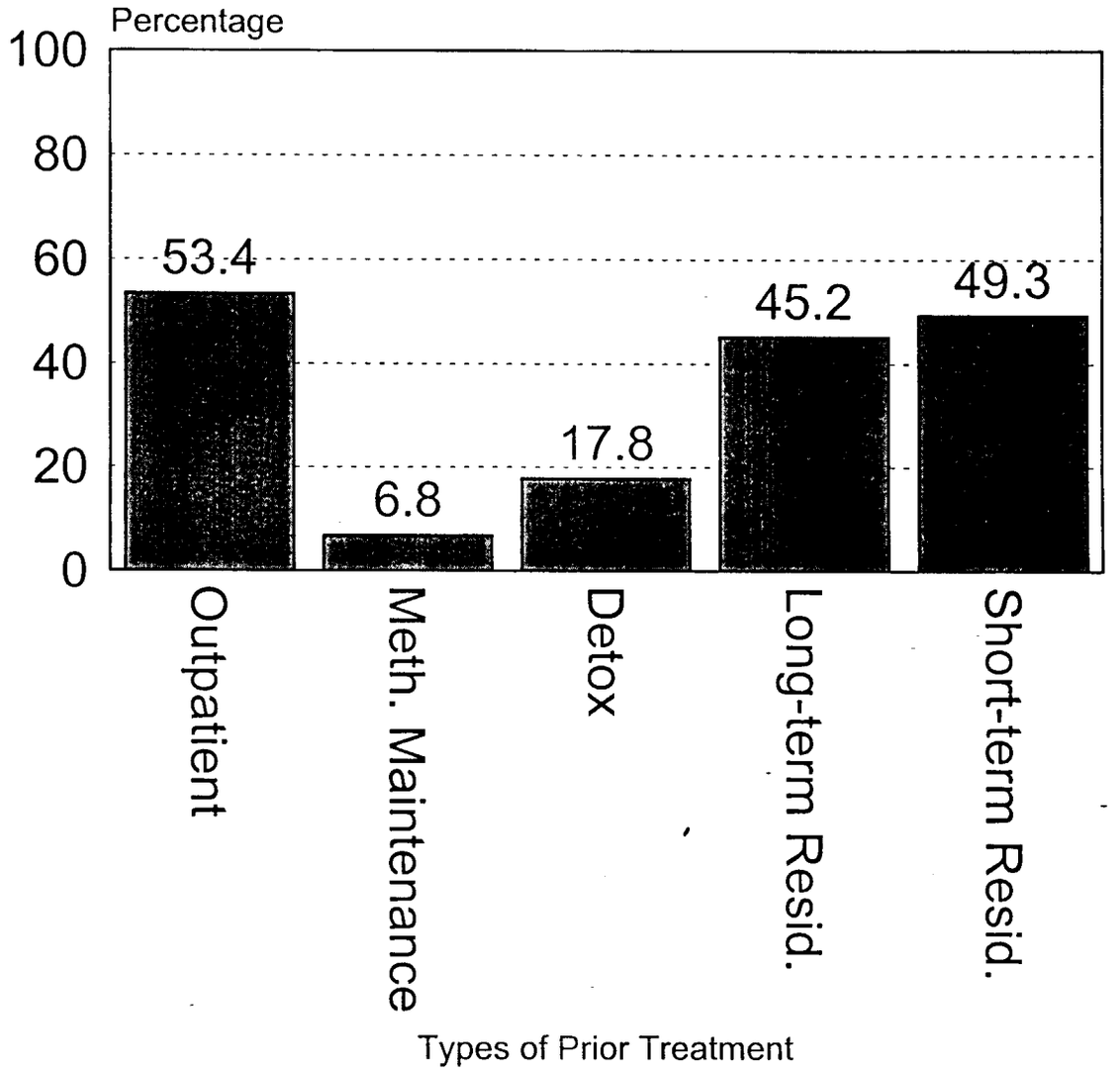
Figure 7
History of Prior Treatment





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population. ASUS provides a global measure of disruption in life-functioning that is attributable to drug/alcohol use and several subscales that measure lifetime involvement in drugs, problems and consequences of drug use, antisocial behavior and attitudes, psychological and emotional disruption, and defensiveness. The scales are normed against adult criminal justice samples ranging in size from 602 to 645 offenders. Cronbach's alpha for the global scale and each of the subscales range from .75 to .95. Following are more detailed descriptions of each of the scales along with the ASUS results for MonDay's RSAT population.

- Involvement – This scale measures lifetime involvement in drugs from ten different drug categories. It also measures the type and frequency of drug use during the three-month period prior to incarceration. Scores for this scale can range from 0 to 40. Scores of 7 or above put an offender in the 6^{th} – 10^{th} decile indicating an extensive history of drug use and possibly a pattern of polydrug use. RSAT participants scored from 0 to 35 on this scale with a mean score of 17.52 (n=89). Eighty-six percent of the participants fell into the 6^{th} – 10^{th} deciles, with 41.6 percent falling into the 10^{th} decile (Figure 8).

  Disruption – This scale measures the negative consequences of drug use including loss of control over behavior, psychological and physiological dysfunction, and problems at home, work, and school. Scores for this scale can range from 0 to 76. Again, scores of 7 or above put an offender in the 6^{th} – 10^{th} decile indicating that the individual has suffered severe disruptive consequences due to drug use. RSAT participants scored from 0 to 71 on this scale with a mean score of 37.62 (n=89). Ninety-one percent of the participants fell into the 6^{th} – 10^{th} deciles, with 39.3 percent falling into the 10^{th} decile (Figure 9).

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Figure 8
Scale 1: Involvement

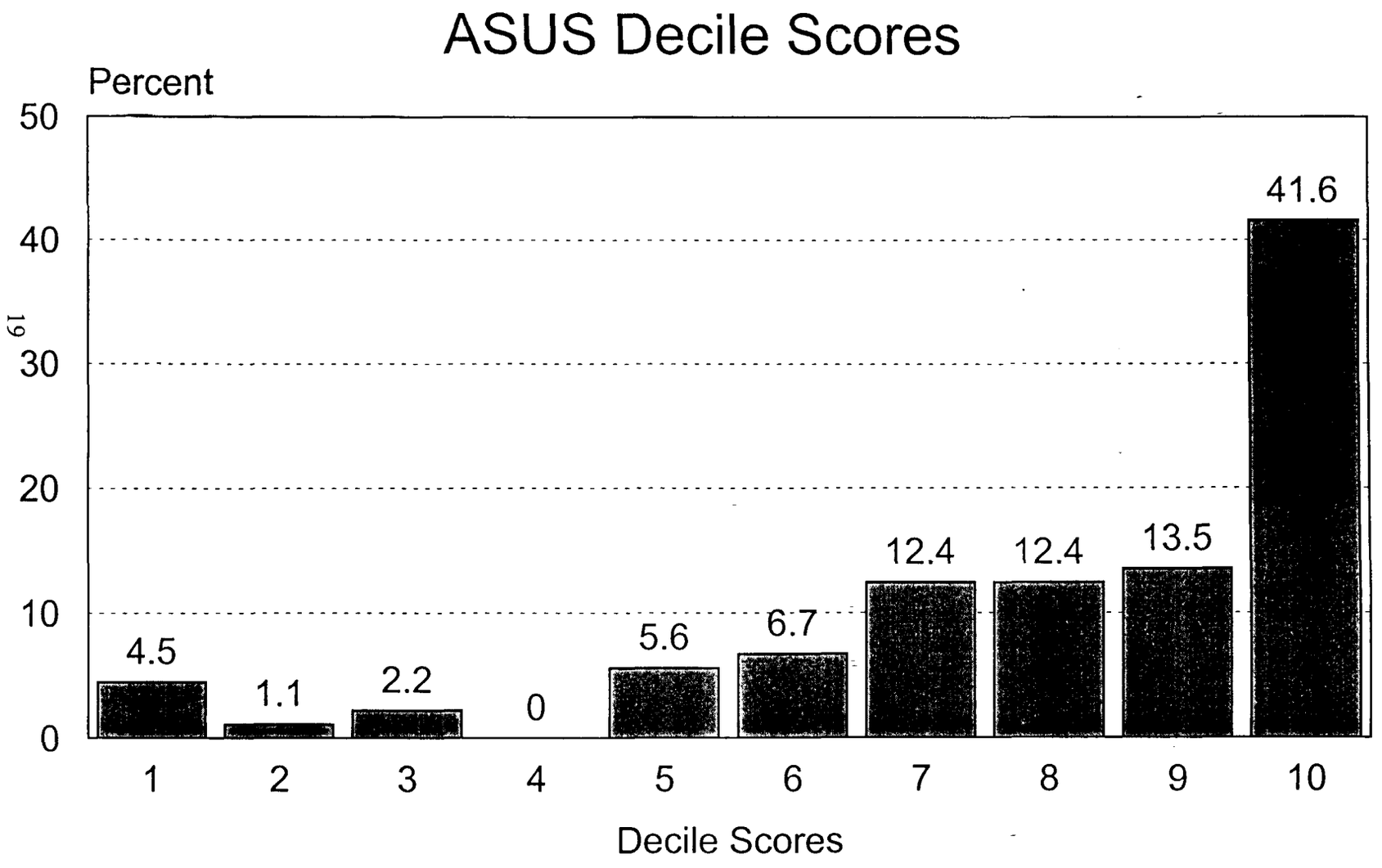

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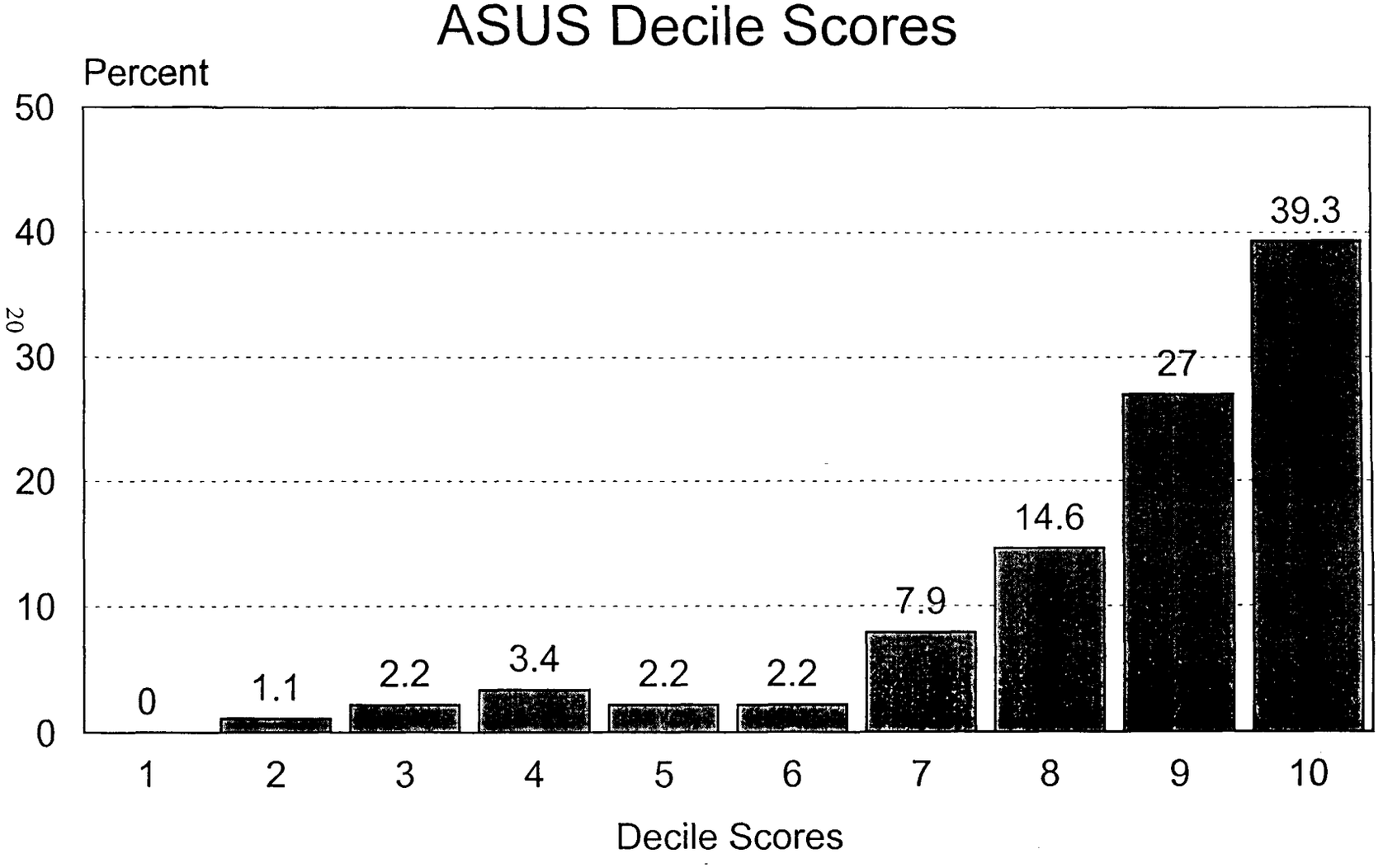
Figure 9
Scale 2: Disruption



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- Social – This scale measures past and present antisocial behaviors and attitudes including illegal behavior, acting out behavior in adolescence, aggressive behavior, and rebellious attitudes. Scores for this scale can range from 0 to 32. Scores of 10 or above put an offender in the 6^{th} – 10^{th} deciles suggesting that the individual possesses behaviors and attitudes indicative of character disorder problems that may interfere with treatment. High scores on this scale, however, also indicate that the offender is self-disclosing and may suggest a willingness to engage in treatment. RSAT participants scored from 6 to 24 on this scale with a mean score of 14.56 (n=89). Eighty-seven percent of the participants fell into the 6^{th} – 10^{th} deciles, with 21.3 percent falling into the 10^{th} decile (Figure 10).
- Mood – This scale measures a single dimension of psychological and emotional disruption. Scores for this scale can range from 0 to 27. Scores of 7 or above put an offender in the 6^{th} – 10^{th} deciles reflecting problems with depression, worry, anxiety, irritability, anger, feelings of not wanting to live, and being unable to control emotions. According to Wanberg (1994), such factors are important predictors of drug use for some adults. RSAT participants scored from 6 to 26 on this scale with a mean score of 12.66 (n=89). Eighty-seven percent of the participants fell into the 6^{th} – 10^{th} deciles, with 36 percent falling into the 10^{th} decile (Figure 11).
- Defensive – This scale provides a measure of the individual's ability to self-disclose sensitive information. Scores for this scale can range from 0 to 15. Scores of 6 or above put an offender in the 6^{th} – 10^{th} deciles indicating defensiveness and an unwillingness to disclose information. A high score on the Defensive scale and a low score on the Social scale often are indicative of resistance to treatment. RSAT participants scored from 0 to 14 on this scale with a mean score of 4.72 (n=89).

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Figure 10
Scale 3: Social Scale

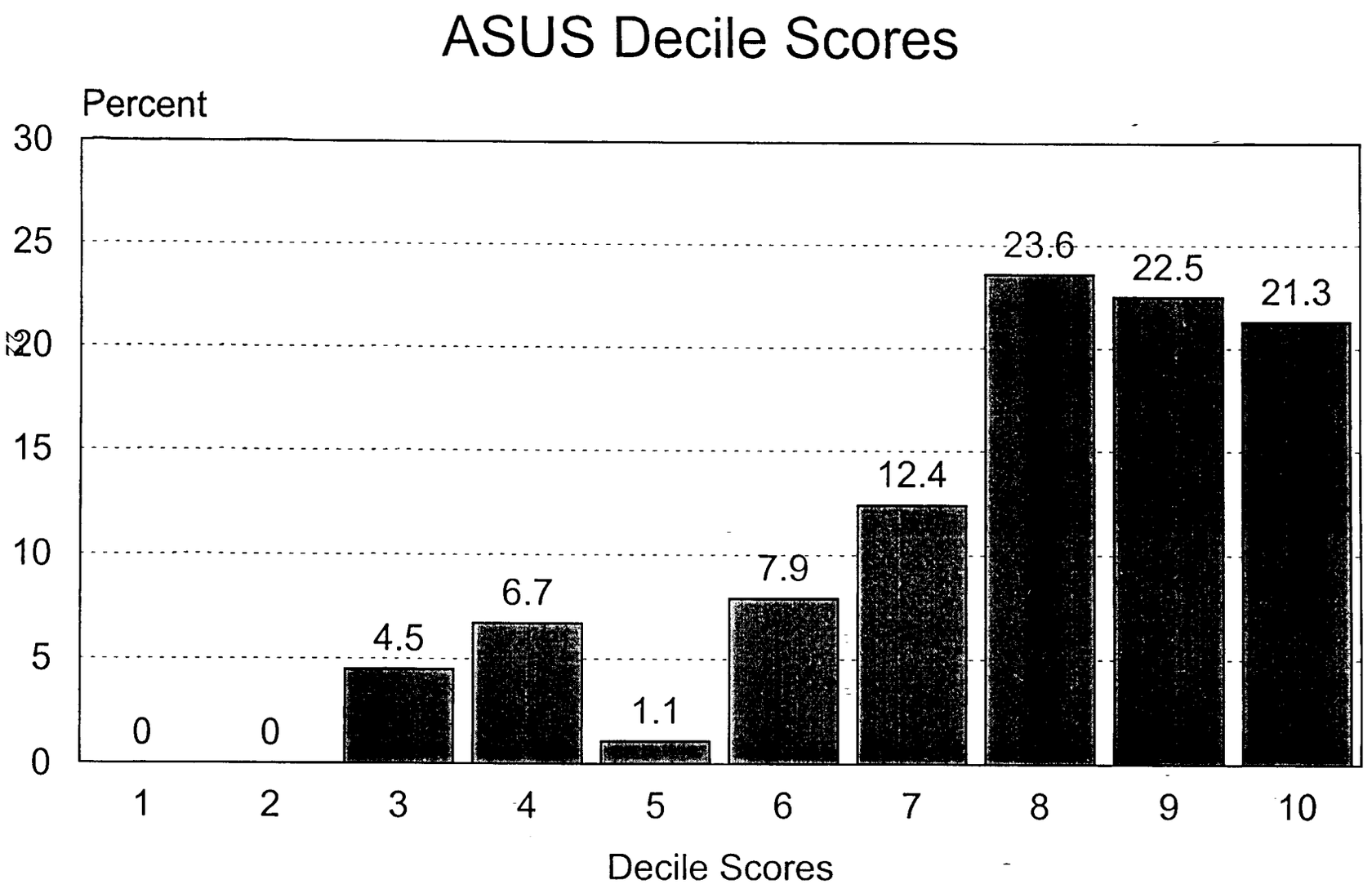

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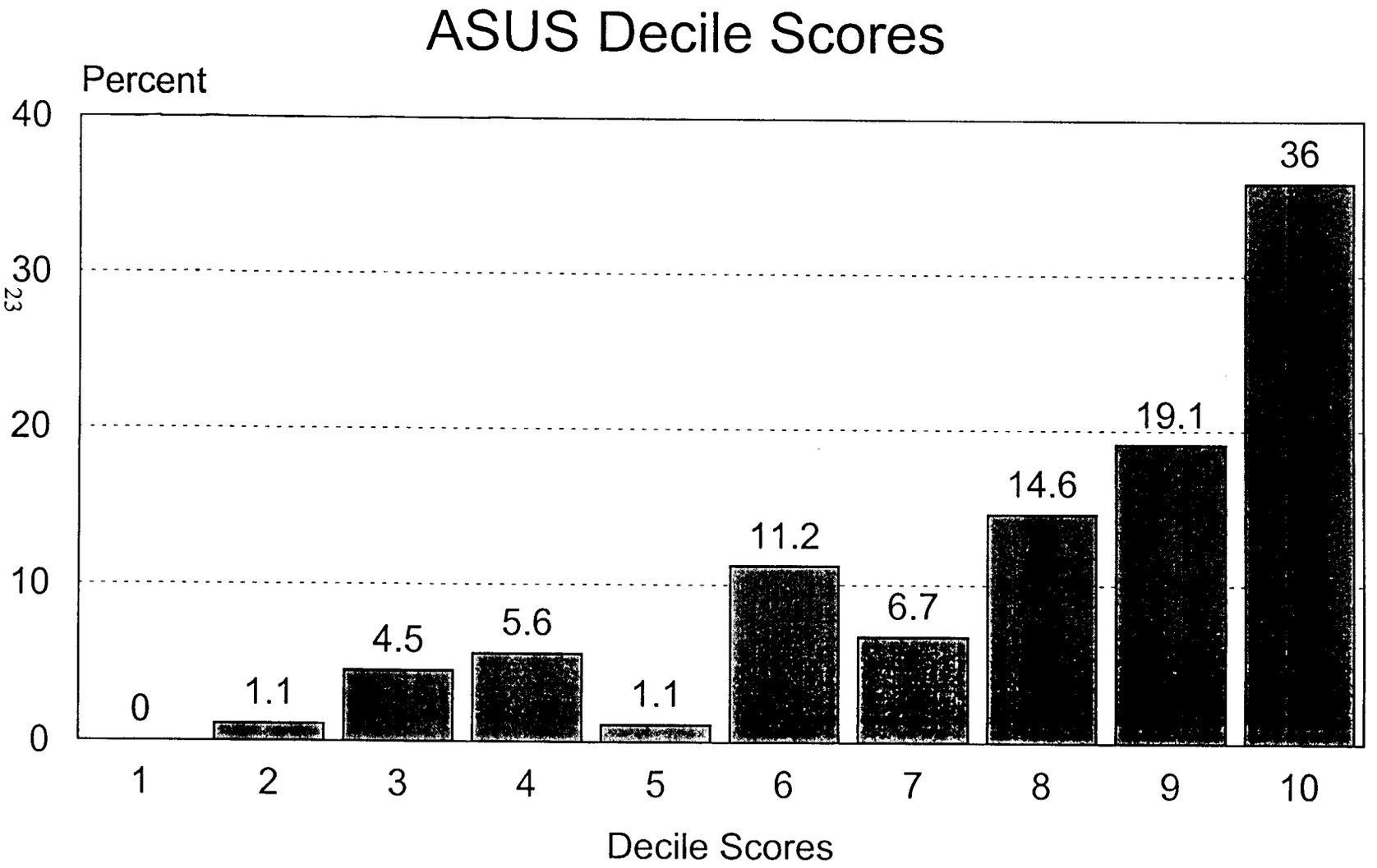
Figure 11
Scale 4: Mood



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Thirty-six percent of the participants fell into the 6th – 10th deciles, with only 4.5 percent falling into the 10th decile (Figure 12).

- Global – The Involvement, Disruption, Social, and Mood scales are summed to provide a global measure of disruption and risk associated with substance abuse. Scores for this scale can range from 0 to 163. Scores in the upper quartile range (56 or higher) indicate a severe degree of overall disruption of life-functioning. RSAT participants scored from 11 to 135 on this scale with a mean score of 82.49 (n=89). Approximately 86.4 percent of the participants fell into upper quartile, with 47.2 percent falling into the 10th decile (Figure 13). MonDay uses a global score of 75 or above on the ASUS as a guideline for placement in RSAT. Offenders who score below 75 are considered for RSAT on a case-by-case basis. Figure 14 reveals that 66.3 percent of the participants had a global score of 75 or above.

Risk Level. The risk level of RSAT participants is assessed during the program screening process with the Level of Services Inventory-Revised (LSI-R) (Andrews and Bonta, 1995). The LSI-R is an objective and quantifiable assessment instrument that examines both static and dynamic risk factors including criminal history, employment/educational achievements, financial status, family/marital relationships, residential status, use of leisure time, peer associations, alcohol/drug problems, emotional/personal problems, and antisocial attitudes. The LSI-R has been shown to be highly predictive of recidivism. Past reliability studies on the LSI-R have revealed alpha coefficients ranging from .64 to .90.

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Figure 12
Scale 5: Defensive

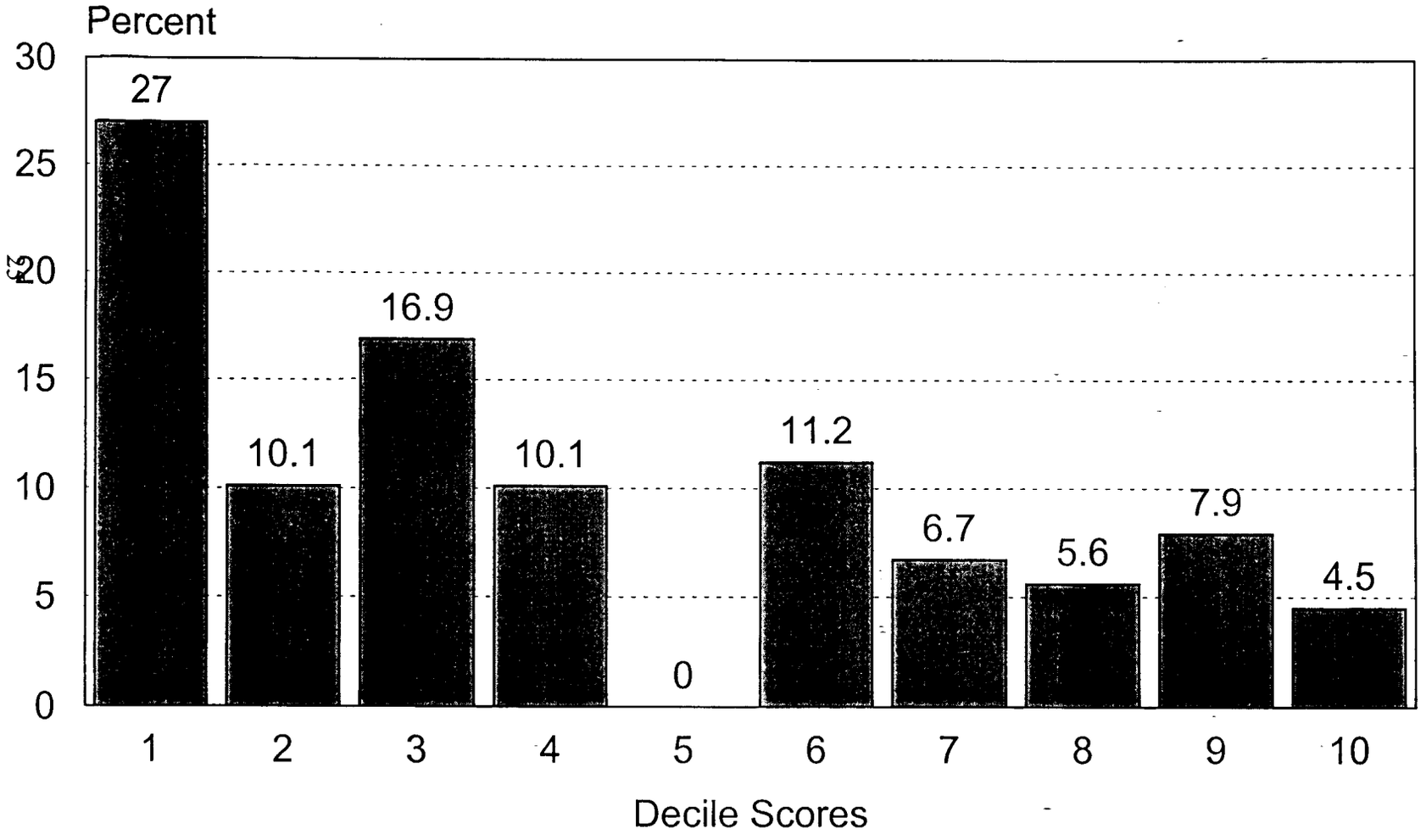

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Figure 13
Scale 6: Global

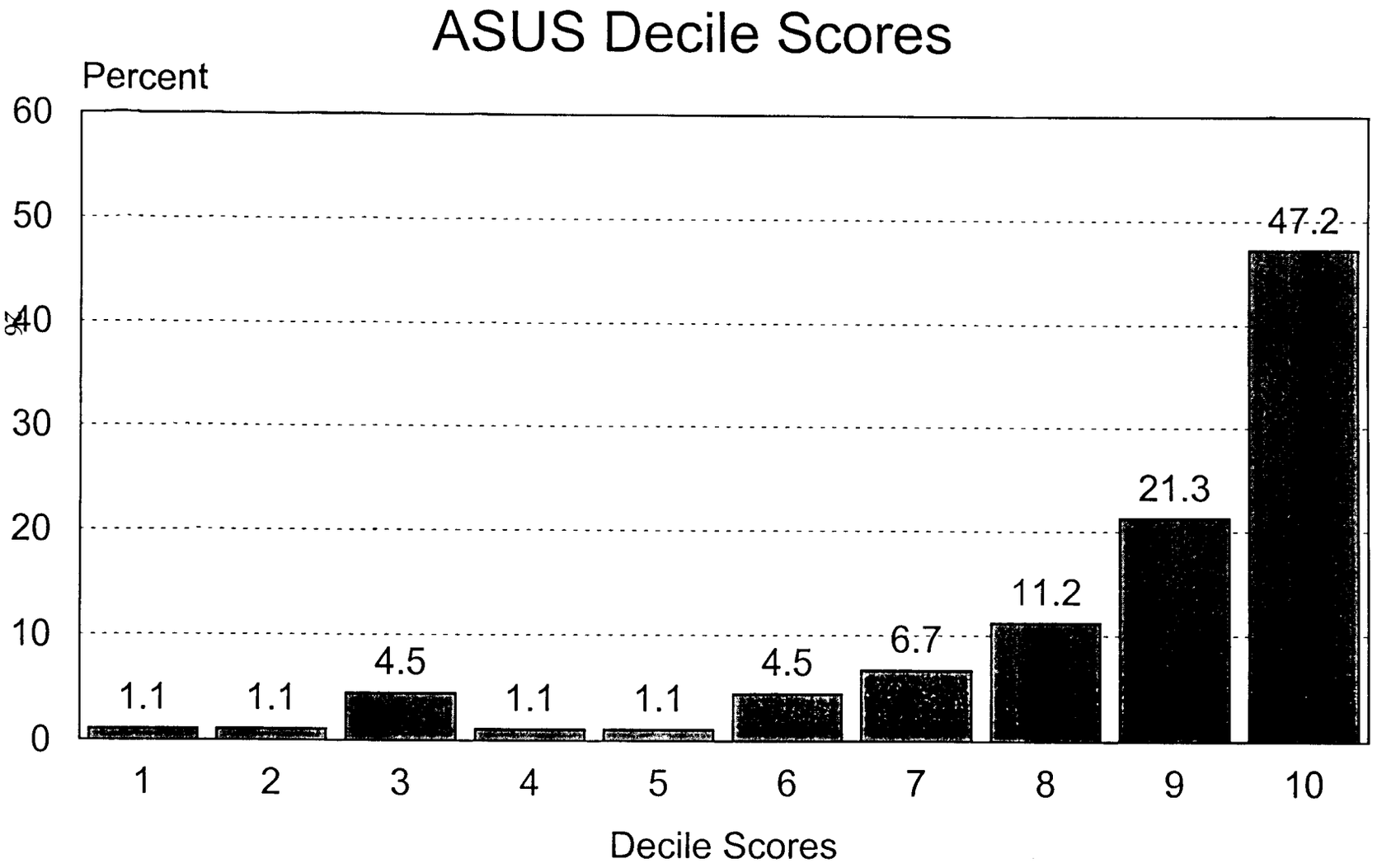

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Figure 14
ASUS Category

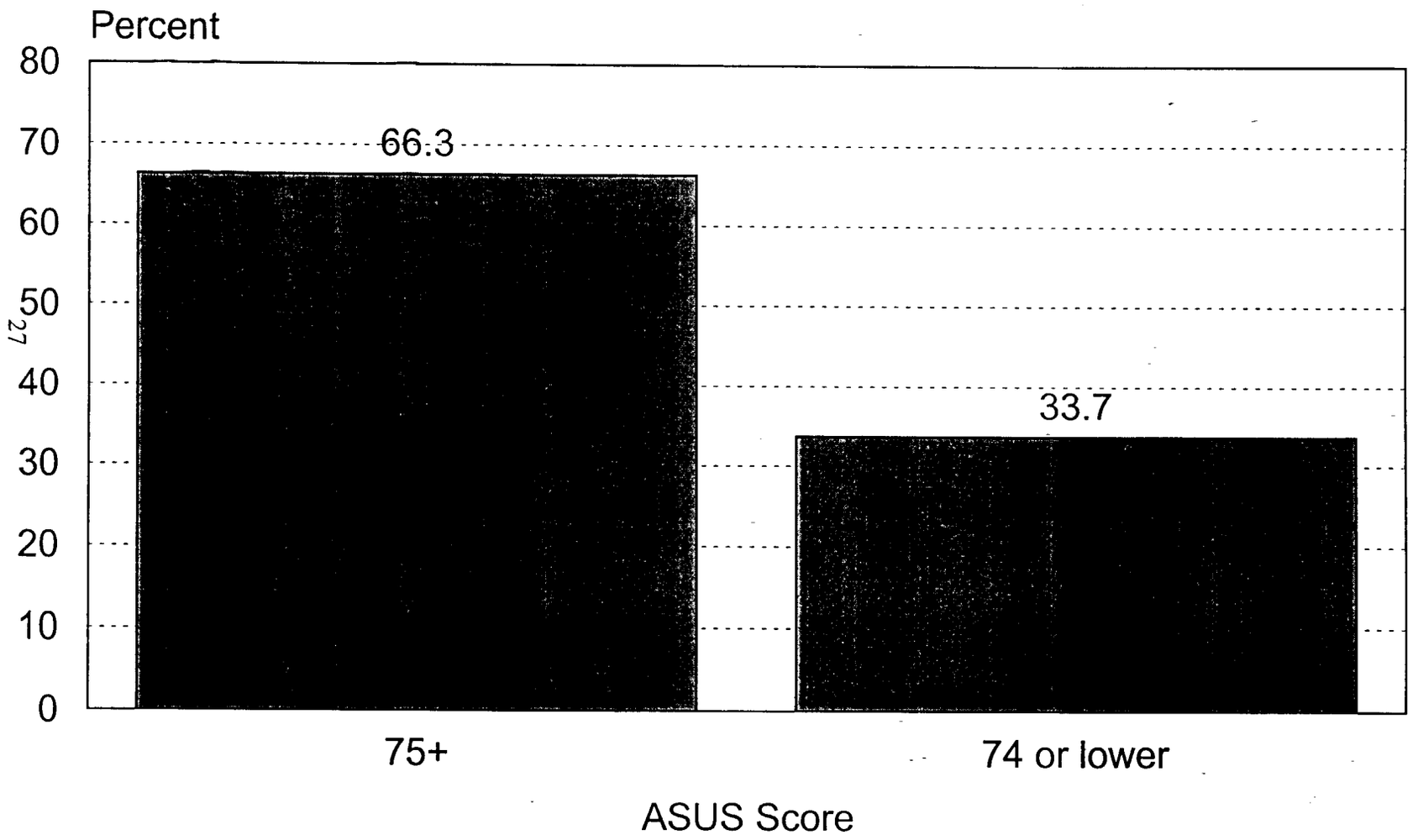

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Table 1: Level of Services Inventory-Revised (LSI-R)

LSI Scale	Minimum	Maximum	Mean	Median	SD
Criminal History (range 0-10)	.00	8.00	4.95	5.00	1.77
Employment/Education (range 0-10)	1.00	10.00	7.00	7.00	1.84
Financial (range 0-2)	1.00	2.00	1.43	1.00	.50
Family/Marital (range 0-4)	.00	4.00	3.01	3.00	1.13
Accomodation (range 0-3)	.00	3.00	2.00	2.00	1.02
Leisure/Recreation (range 0-2)	2.00	2.00	2.00	2.00	.00
Companions (range 0-5)	2.00	3.00	2.03	2.00	.180
Alcohol/Drug (range 0-9)	3.00	8.00	6.33	7.00	1.00
Emotional/Personal (range 0-5)	.00	4.00	.32	.00	.70
Attitudes/Orientation (range 0-4)	.00	4.00	2.26	3.00	1.83
Total (range 0-54)	18.00	42.00	31.17	32.00	5.20

Table 1 reports the descriptive statistics of the LSI-R scores for the RSAT population. The higher the score for a subcomponent, the more of a risk factor it is for the individual. Total scores of 16 or above are considered high risk for recidivism; scores

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of 8-15 are considered medium risk of recidivism; and scores of 0-7 are considered minimum risk of recidivism. As can be seen, all RSAT participants scored in the high risk category with scores ranging from 18 to 42 and a mean of 31.17.

What is the nature of the services being delivered?

Both qualitative and quantitative measures were used to examine the nature of services being delivered at MonDay. This section of the report will provide a summary of the CPAI and the Therapeutic Site Observations and then report on the quantitative measures of service delivery including time between screening and placement, frequency and dosage of specific types of treatment provided, and average length of stay.

CPAI Results. As indicated in the first section of this report, the CPAI is a tool designed to ascertain how well a program is meeting certain principles of effective intervention. Programs receive an overall score and a score for each of the six sections of the CPAI with less than 50 percent considered "unsatisfactory," 50 to 59 percent considered "satisfactory but needs improvement," 60 to 69 percent considered "satisfactory," and 70 to 100 percent considered "very satisfactory." The average overall CPAI score for 150 programs across the United States is 54.4; MonDay's RSAT program scored 74.2 percent (Figure 15). Following is a summary of MonDay's program strengths and areas needing improvement. For a complete copy of the report, please see Appendix C.

The following areas were identified as program strengths:

- Both the Program Director and the Clinical Director have extensive experience working with offender populations and the requisite educational background. Both have been intricately involved in all aspects of program development. The program

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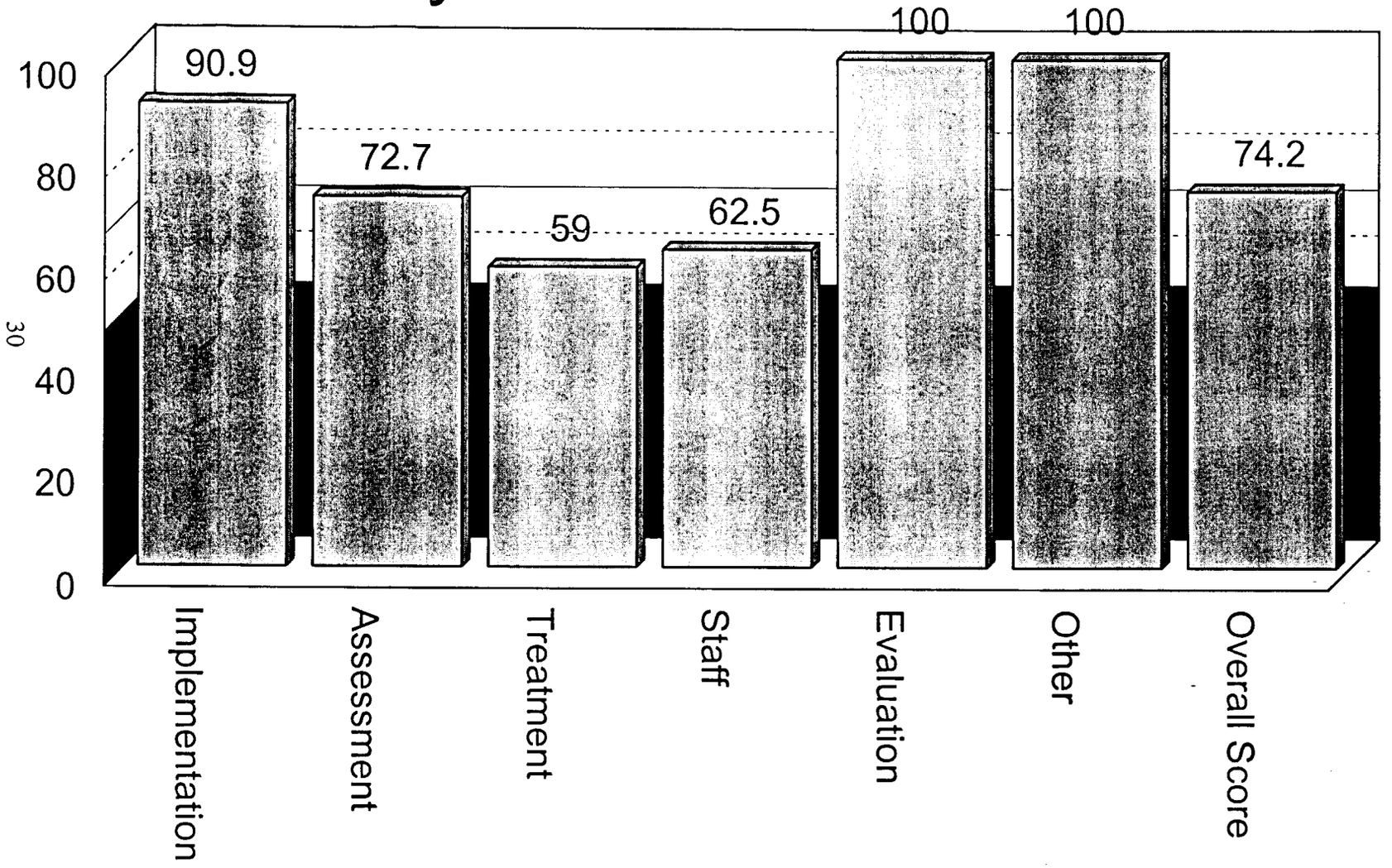
Figure 15
CPAI Results
MonDay Correctional Institution



Unsatisfactory < 50%; Satisfactory; but needs improvement 59-59%; Satisfactory 60-69%; Very Satisfactory 70+%

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development process was extremely thorough and included a comprehensive literature review, a formal pilot period, and a needs assessment that identified many offenders in need of long-term residential treatment.

- The identification of appropriate clients for the RSAT program is facilitated by a comprehensive screening and assessment process which includes the LSI-R, the ASUS, and a social history interview. Combined, these instruments provide MonDay with a quantifiable measure of client risk and need and a detailed assessment of the offender's substance abuse history.
- The treatment and services offered by MonDay's RSAT program are designed to target criminogenic needs.
- The program is theoretically based: the TC model is rooted in a social learning approach that provides opportunities for modeling and behavioral rehearsal techniques that engender self-efficacy; and the specific treatment groups provided within the TC (e.g., chemical dependency education, relapse prevention, criminal thinking errors, anger management, problem-solving) incorporate a cognitive-behavioral approach that aims to challenge antisocial attitudes and develop self-control procedures.
- Program integrity is maintained by close offender monitoring and detailed treatment manuals that contribute to the consistency in services.
- Treatment is individualized for the RSAT participants with the duration, intensity, and nature of treatment varying according to the level of client risk and need.
- The RSAT staff are well-qualified with appropriate educational backgrounds and liscensures. Turnover is low and staff are involved in program development and modifications.

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- MonDay has several mechanisms in place to monitor how well the program is functioning. First, ongoing quality assurance mechanisms include file reviews, group observation, and client satisfaction surveys. Second, client progress in treatment is monitored during treatment team meetings and through a reassessment of client risk using the LSI-R. Third, following the completion of the current process evaluation, MonDay will be participating in an outcome evaluation of RSAT which will incorporate a quasi-experimental design.

The following areas were identified as needing improvement:

- The clinical director is not systematically involved in the delivery of direct services to offenders (e.g., conducting groups, assessing offenders, individual counseling). This is recommended as a means of staying abreast of the challenges faced by staff and clients and the skill level and resources necessary for the effective delivery of services.
- Information regarding responsivity factors, or personal characteristics that may interfere with treatment, were not available to treatment staff for consideration in treatment planning. Assessing and disseminating this type of information facilitates improved treatment matching (e.g., between client and program; between client and staff).
- The MonDay program utilized both rewards and punishments in response to client behavior. These rewards and punishments, however, could be used more systematically to ensure achievement of the recommended ratio of at least 4 rewards to 1 punishment and to promote consistency and immediacy in the administration of punishment.

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- MonDay has developed specific program completion criteria to guide successful terminations that are based on the acquisition and demonstration of prosocial attitudes, skills, and behaviors. The program, however, is restricted by the 180 day maximum stay that is mandated by the state and negates their ability to keep clients who could benefit from a longer stay.
- MonDay does not systematically involve family members or significant others in the offender's treatment.
- Because of the number of probation departments responsible for post-release supervision, there is inconsistency in the extent to which aftercare and/or booster sessions are provided to MonDay clients.
- Staff training is accomplished primarily through a 40-hour on-the-job orientation. It is recommended that program staff receive three to six months of formal training in theory and practice of interventions employed by the program.
- Although the clinical staff receives group supervision, it is recommended that individualized clinical supervision be provided on a routine basis for the purpose of discussing problem cases and enhancing clinical skills.

Therapeutic Site Observations. As indicated in the first section of this report, the Therapeutic Site Observation Monitoring Instrument (Fine, 1998) is a tool designed to monitor how well programs have implemented the key elements of the TC model. Programs earn 0 points for "no compliance" with an item, 1 point for "some compliance" with an item, and 2 points for "substantial compliance" with an item. These points are then summed within each of the 10 sections for a score that reflects the total points earned out of total points possible. An overall score is then calculated in a similar fashion. MonDay scored 112 out of 156 possible points (71.8%; Table 2). It should be

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noted that this was the first time for using the Therapeutic Site Observation Monitoring Instrument in its entirety. There is, therefore, no basis for comparing MonDay with other TC programs. Following is a summary of MonDay's strengths and areas needing improvement based on the TC monitoring tool. For a complete copy of the report, please see Appendix D.

Table 2: MonDay's Scores for the Therapeutic Site Observation Monitoring Instrument

Program Component	Total Points Earned	Total Points Possible	Percent Earned
Individual counseling	2	6	33.3
Morning meeting	20	22	90.9
Group therapy	6	12	50.0
Encounter groups	17	24	70.8
Seminars/didactics*	NA	NA	NA
Closing meeting	16	16	100.0
Job functions	8	10	80.0
Behavioral management	18	26	69.2
Environment	21	26	80.8
Clinical records	4	14	28.6
Total	112	156	71.8

*Seminars/didactics were not observed and, therefore, were not scored.

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

- The morning meeting, which is planned and presided over by residents, is designed to be motivational and to create "good feelings" to start off the day. Key elements include the reading of the program philosophy, songs, skits, image breakers, a daily theme, and announcements. MonDay earned 91 percent of the points possible in this section. Their morning meetings are well-organized, upbeat, and promote a lot of laughter and enthusiasm.
- The encounter group is considered the cornerstone of the TC. The primary purposes of the encounter groups are to provide a forum for dealing with conflict between members that allows free expression of feelings and thoughts and to establish accountability of one member to other members for their actions. Ideally, they consist of four phases: The confrontation phase focuses on confronting an individual for his/her negative behavior; the conversation phase provides an opportunity for the individual being encountered to respond; the closure phase focuses on conflict resolution and "patch-up;" and the commitment phase focuses on gaining the individual's commitment to change. MonDay earned 71 percent of the total points possible in this section. One male and one female encounter group were observed. In both groups, individuals were confronted for their negative behavior by other group members using various encounter tools including hostility, empathy, imitation, and sarcasm. The groups moved through each phase of the encounter group as appropriate; in some cases, the individual was not willing to explore his/her behavior or its consequences and, therefore, the encounter remained stuck in the confrontation stage. Staff's role in encounter groups is one of facilitation. They are to make

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comments on the process and act as "rational authority" rather than dominating the meeting. Staff fulfilled this role by participating where appropriate, redirecting group members, and leaving most of the work to the program participants.

- The closing meeting is designed to end the day's activities on a positive note. It is led by the residents based on a preset agenda. MonDay earned 100 percent of the points possible in this section. Residents led the meeting in an organized fashion, positive strokes (praise for positive behavior) and pull ups (consequences for negative behavior) were appropriately used, and the day ended on a motivational and inspirational note.
- Each resident in a TC is assigned to a specific job function. As clients learn more responsibility they advance in the job hierarchy. The jobs are designed to serve as an adjunct to therapy and to teach responsibility, self-sufficiency, and discipline. MonDay earned 80 percent of the points possible in this section. A job hierarchy board was posted in a common area and included job labels that were positive and motivational. The residents participated in weekly crew meetings and showed pride in their work.
- TCs use a behavior management system in an attempt to replace anti-social behaviors with prosocial behaviors. Both rewards and sanctions are integral parts of such a system and are to be administered by both staff and residents. MonDay earned 69 percent of the points possible in this section. Both staff and residents readily distributed rewards and sanctions in response to positive and negative behavior. Sanctions appeared to be related to the observed behavior and to support the TC philosophy by including a public demonstration of sanctions (signs, assignments). Residents appeared to understand and respect the behavior management system and

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indicated that it had helped them in their recovery by holding them accountable for their behavior. The use of rewards was less consistent with more focus placed on responses to negative behavior.

- The program environment is an integral part of the TC concept. The therapeutic process is continuous in a TC and not restricted to therapy sessions. The TC concept is reflected in cleanliness, art work, daily schedules, and ongoing interaction between residents and staff. MonDay scored 81 percent of the points possible in this section. Residents were constantly active and appeared to understand their roles. The facility was extremely clean and orderly, and TC slogans and artwork appeared throughout the facility.

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

- The major focus of individual counseling in the TC is active listening, personal sharing, and redirecting members to the peer-community process. MonDay earned 33 percent of the points possible in this section. Since no individual counseling sessions were observed during this site visit many of the items in this section were not scored. The observers did attempt to gain information regarding individual counseling from a review of randomly selected case files. This review revealed that not all residents were receiving individual counseling twice a month as designed (or it could be that the sessions were merely not documented in the case files) and that residents were not always referred back to the TC community for treatment.
- Group counseling in a TC is designed to provide residents with an opportunity to express feelings and gain insight into their behavior from other residents. Staff is to assume the role of a facilitator only and avoid solving problems for the residents.

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MonDay earned 50 percent of the points possible in this section based on the observation of one female session and one male session. The female group followed the TC format. Residents were very expressive and provided each other with constructive comments and suggestions for resolving problems. The facilitator fulfilled her role as a group facilitator and did not engage in one-to-one therapy. The male group did not comply with the TC format; there were too many lengthy one-to-one interactions between staff and family members, and the overall involvement of residents was low.

- Clinical records are intended to document treatment plans and progress notes. TC records are to reflect a focus on TC interventions and the peer group process versus one-to-one interactions between staff and residents. MonDay earned 29 percent of the points possible in this section. Of the four records reviewed to score this section, only one was really well done. The other three records had much room for improvement. Most of the treatment plans included TC interventions such as didactics, share in TC group, and assignments. The records, however, did not provide a sense of a client's overall progress or of specific behavior or attitudes. Many of the entries were canned entries rather than an individualized account of progress.

Quantitative Measures of Service Delivery. The average number of days between screening and placement in MonDay was 38.49 days (n=61). The average length of stay was 172.66 (n=56) days. In addition to the common elements of therapy provided by the TC environment, RSAT participants received discrete services designed to meet their individualized needs (e.g., anger management groups, cognitive therapy). Unfortunately, information regarding the frequency and dosage of services provided was only available for 24 cases. As can be seen in Table 3, all 24 residents received substance abuse

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education and relapse prevention services throughout most of their stay in the RSAT program. Other common services that were provided included educational programming and cognitive therapy. Additionally, 75 percent of these residents were engaged in outside employment during their stay in MonDay.

What are the intermediate outcomes of Ohio RSAT programs?

Psychological and Social Functioning. As indicated, the client self-rating form (Simpson and Knight, 1998) was to be completed on program participants at intake, 90 days, and discharge. Although the instrument was administered at least one time on 65

Table 3: Frequency and Dosage of Treatment Provided (n=24)

Type of treatment	No. receiving	Percent receiving	Mean dosage*
Education	16	67.00	125.79
Anger management	12	50.00	52.17
Cognitive therapy	17	71.00	68.33
Employment	18	75.00	86.88
Family therapy	1	4.00	Not reported
Problem solving skills	11	46.00	39.55
Rational-emotive therapy	4	17.00	75.25
Relapse prevention	24	100.00	138.42
Substance abuse education	24	100.00	165.67
Vocational skills training	13	54.00	93.54

* Measured as number of days from beginning date of service to end date of service.

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cases, the administration of the instrument at times 2 and 3 was inconsistent. Time 2 measures were only available on 37 cases and time 3 measures were only available on 11 cases. Additionally, in many cases, the number of days between time 1 and time 2 administration provided an insufficient amount of time for a reliable measure of change. Thus, information regarding changes in the social and psychological scales measured by the client self-rating form are only available on 22 to 24 cases (2 cases has missing data on one or more scales) that had at least 30 days between the time 1 and time 2 administration of the instrument.

Psychological factors such as depression, anxiety, self-esteem, self-efficacy, and decision-making confidence and social factors such as hostility, antisocial values, and risk-taking are associated with substance abusing behaviors and with longevity and success in treatment. These areas, therefore, are all potential targets for treatment. Theoretically, therapy should reduce individuals' levels of anxiety, depression, risk-taking, hostility, and antisocial values, and increase their self-esteem, decision-making, and self-efficacy. A comparison of means between time 1 and time 2 scores on the client self-rating form reveal changes in the desired direction on all but one scale (Figure 16). The mean score for the Hostility scale increased rather than decreased. Paired sample t-tests revealed that these differences in means were statistically significant at the .05 level for the anxiety scale, at the .01 level for the decision-making, risk-taking, and self-efficacy scales, and at the .001 level for the self-esteem scale.

Readiness for Change. As above, the Personal Drug Use Questionnaire, designed to measure readiness for change, was to be administered at intake, 90 days, and discharge. Similar problems were experienced with the administration of this instrument.

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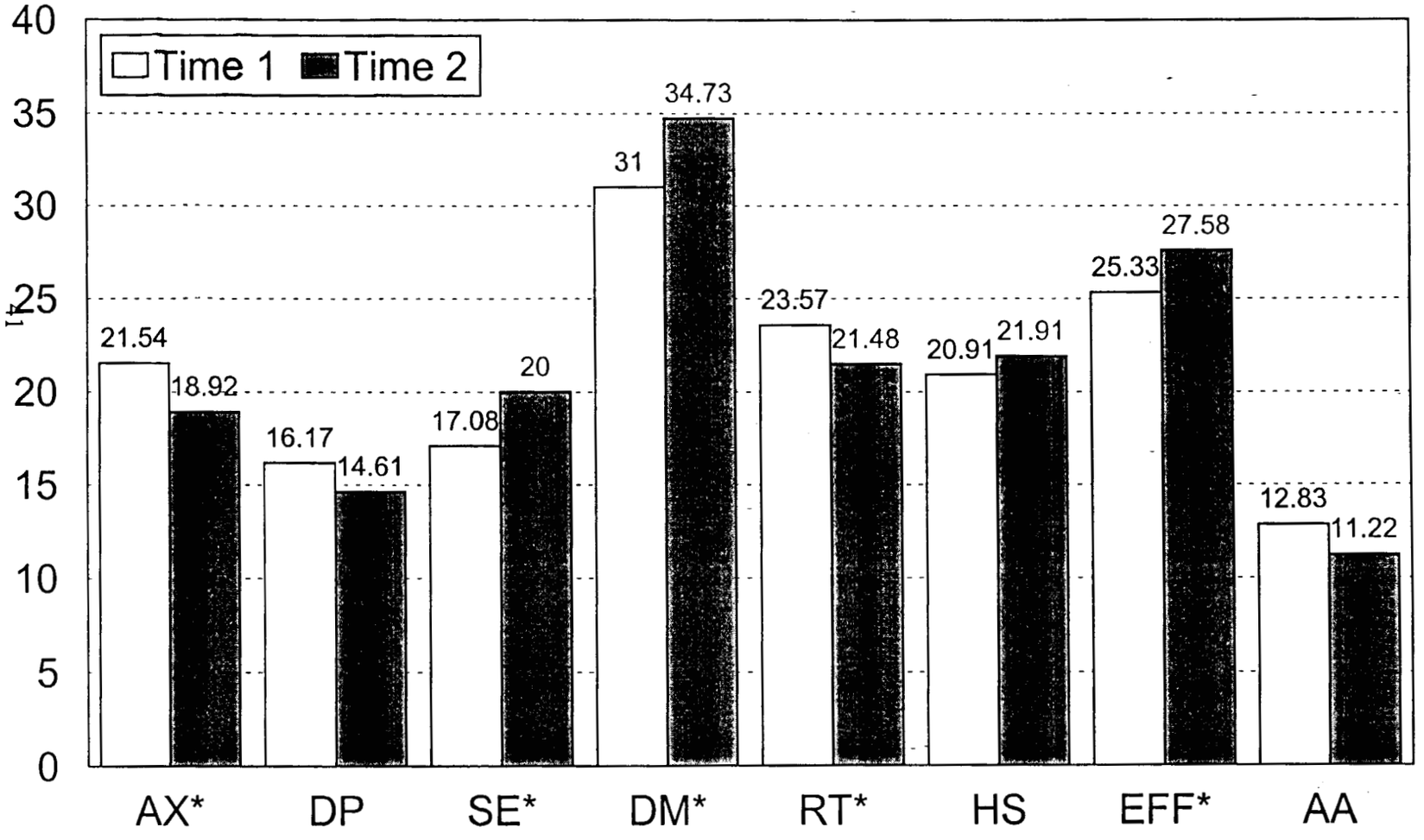
Figure 16
Client Self-Rating Form
Difference in Means - Time 1 and Time 2



Includes all cases with at least 30 days between Time 1 and Time 2. * < .05

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Although the instrument was administered at least one time on 64 cases, time 2 measures were only available on 31 cases and time 3 measures were only available on 3 cases. Thus, information regarding changes in treatment readiness as measured by the Personal Drug Use Questionnaire are only available on 31 cases.

According to Miller (1994), higher scores on the precontemplation and contemplation scales suggest uncertainty and ambivalence about the need for change, higher scores on the determination and action scales suggest a commitment to change, and higher scores on the maintenance scale suggest that an individual has accomplished initial change and is seeking to maintain it. It is hoped, then, that participation in therapy would, over time, result in lower scores on the precontemplation and contemplation scales and higher scores on the determination, action, and maintenance scales. A comparison of means between time 1 and time 2 scores on the Personal Drug Use Questionnaire reveals small changes in the desired direction on all but the determination scale (Table 4). Paired sample t-tests revealed, however, that none of these differences in means were statistically significant.

Table 4: Paired Sample t-tests on Personal Drug Use Questionnaire, Time 1 - Time 2

Scale	No. of pairs	Time 1 Mean	Time 2 Mean	t-value	Sig
Precontemplation	31	6.23	5.87	-.85	.401
Contemplation	30	13.30	11.70	-1.91	.066
Determination	31	18.52	18.00	-1.14	.265
Action	30	18.23	18.73	1.15	.258
Maintenance	31	18.16	18.23	.14	.886

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Urinalysis. Many MonDay residents leave the facility for employment and community service. It is, therefore, important to conduct drug testing to detect and possibly deter use. During the study period, 68 drug tests were conducted. Only 3 (4.4%) were positive.

Movement through Program Phases. The MonDay program is comprised of four programmatic phases. Offenders must complete specific tasks and responsibilities to move to the next phase. With each new phase, residents are given additional privileges. Rule violations can result in phase regression. Information regarding phase movement was only available for 21 cases. Of these 21 cases, the three cases that were unsuccessfully terminated from the MonDay program had only reached the orientation phase or phase 2. Of those cases successfully discharged from MonDay, 6 (28.6%) had reached phase 3 and 9 (42.9%) had reached phase 4.

Number and Type of Program Discharges. Of the 90 clients who participated in MonDay between January 1, 1998 and April 30, 1999, 29 (32%) were still active in the program, 55 (61%) had been successfully discharged from the program, and 6 (6.7%) had been unsuccessfully terminated by program staff, voluntarily withdrawn from the program, or escaped (Figure 17). The average length of stay for successful cases was 178.55 days. The average length of stay for unsuccessful cases was 97.50.

How are offenders performing under post-release supervision?

Fifty-five offenders were placed under probation supervision upon their discharge from MonDay. Continued drug/alcohol treatment had been arranged for 45 (80.3%) of those offenders. The majority of these offenders (69.1%) were planning to reside with a family member or relative upon their release.

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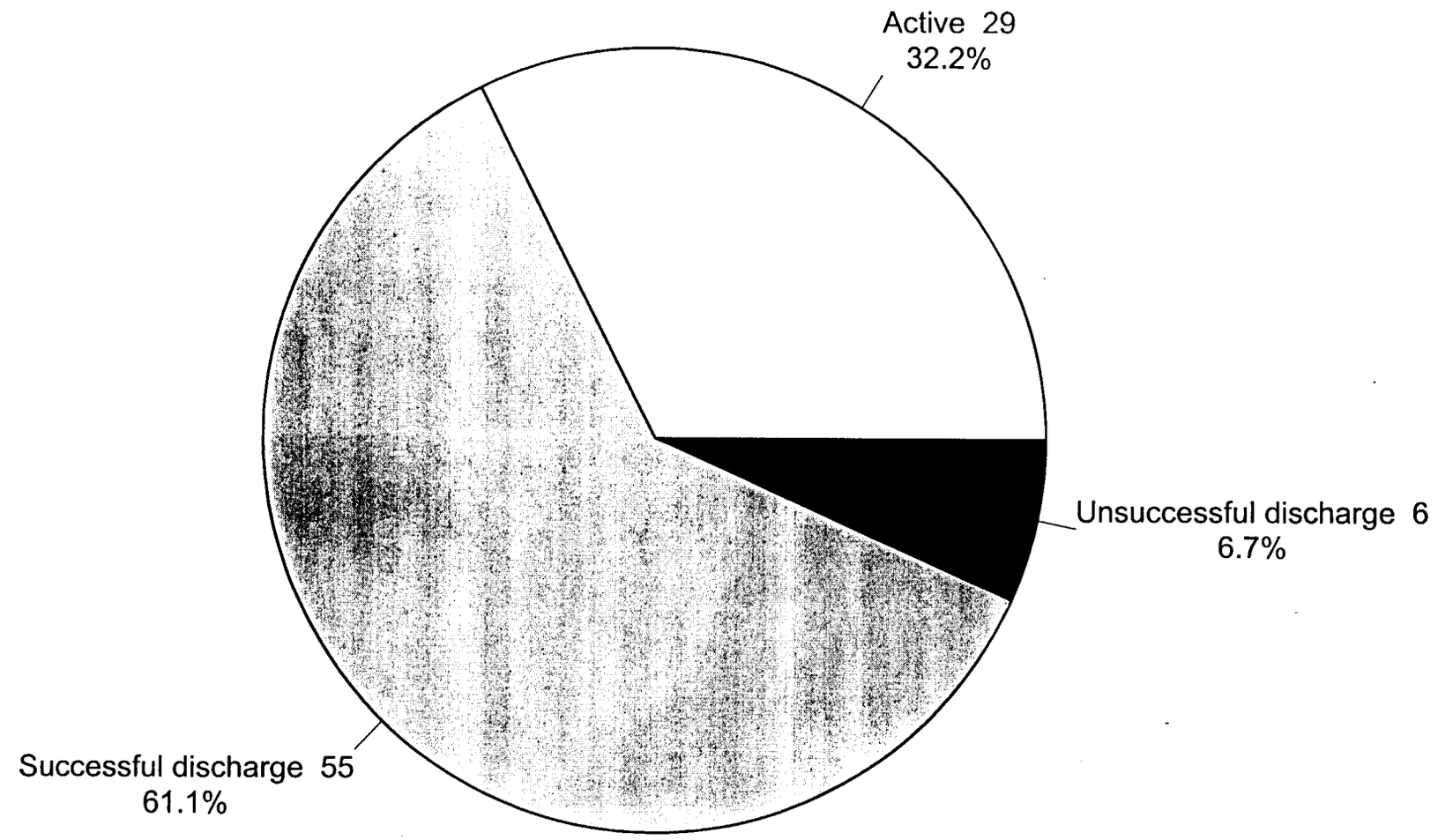
Figure 17
Case Status



Case status as of 4/30/99

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Follow-up questionnaires were sent to the supervising officers of these 55 offenders to inquire about the offender's supervision activities and performance on probation. Thirty-one (55.4%) responses were received. The time under probation supervision ranged from 25 to 279 days at the time of the report.

Supervision Activities. Eighteen (58.1%) of the offenders participated in drug/alcohol treatment while under probation supervision (Table 5). Types of treatment participation varied from residential treatment to support groups. Only 6 (33.3%) of these offenders were still actively participating in drug/alcohol treatment. Eight had been successfully terminated from treatment and 3 had been unsuccessfully terminated.

Table 5: Participation in Drug and Alcohol Services During Post-Release Supervision

Variable	N	Percentage
Follow-up Drug/Alcohol Services Received (n=31)		
Yes	18	58.1
No	13	41.9
Type of Service Received (n=18)		
Residential	3	16.7
Intensive Outpatient	4	22.2
Standard Outpatient	6	33.3
Other	5	27.8
Treatment Status (n=18)		
Active	6	33.3
Inactive	11	61.1
Type of Termination from Treatment (n=11)		
Successful	8	72.7
Unsuccessful	3	27.3

Participation in other types of services was minimal (Table 6). Only 10 (32.3%) were participating in AA/NA on a regular basis, 3 (9.7%) had received

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educational/vocational services, 7 (22.6%) had received employment services, 5 (16.1%) had received mental health services, 1 (3.2%) had received cognitive therapy, and 2 (6.5%) had received family/marital counseling.

Table 6: Number and Percent Participating in Other Types of Services (n=31)

Service	N	Percentage
AA/NA	10	32.3
Education/Vocational	3	9.7
Employment	7	22.6
Mental Health	5	16.1
Cognitive Therapy	1	3.2
Domestic Violence	0	0
Family/Marital Counseling	2	6.5

Information on offenders' reporting status indicate that only 4 (12.9%) were receiving intensive levels of supervision with requirements to report at least once a week. The remaining cases reported to their officer twice a month or less (Figure 18).

Performance on Probation: Seventeen (54.8%) of the offenders for whom post-release data is available are employed full-time (35 hours or more per week). Seven (22.6%) are unemployed (Figure 19).

Based on officers' reports of reported or detected alcohol or drug use, the majority of offenders were able to abstain from alcohol or drug use throughout their post-release supervision (Table 7). Six (19.4%) of the offenders either reported or were detected using alcohol. Of these six offenders, 4 offenders were reported using alcohol on only

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Figure 18
Reporting Status

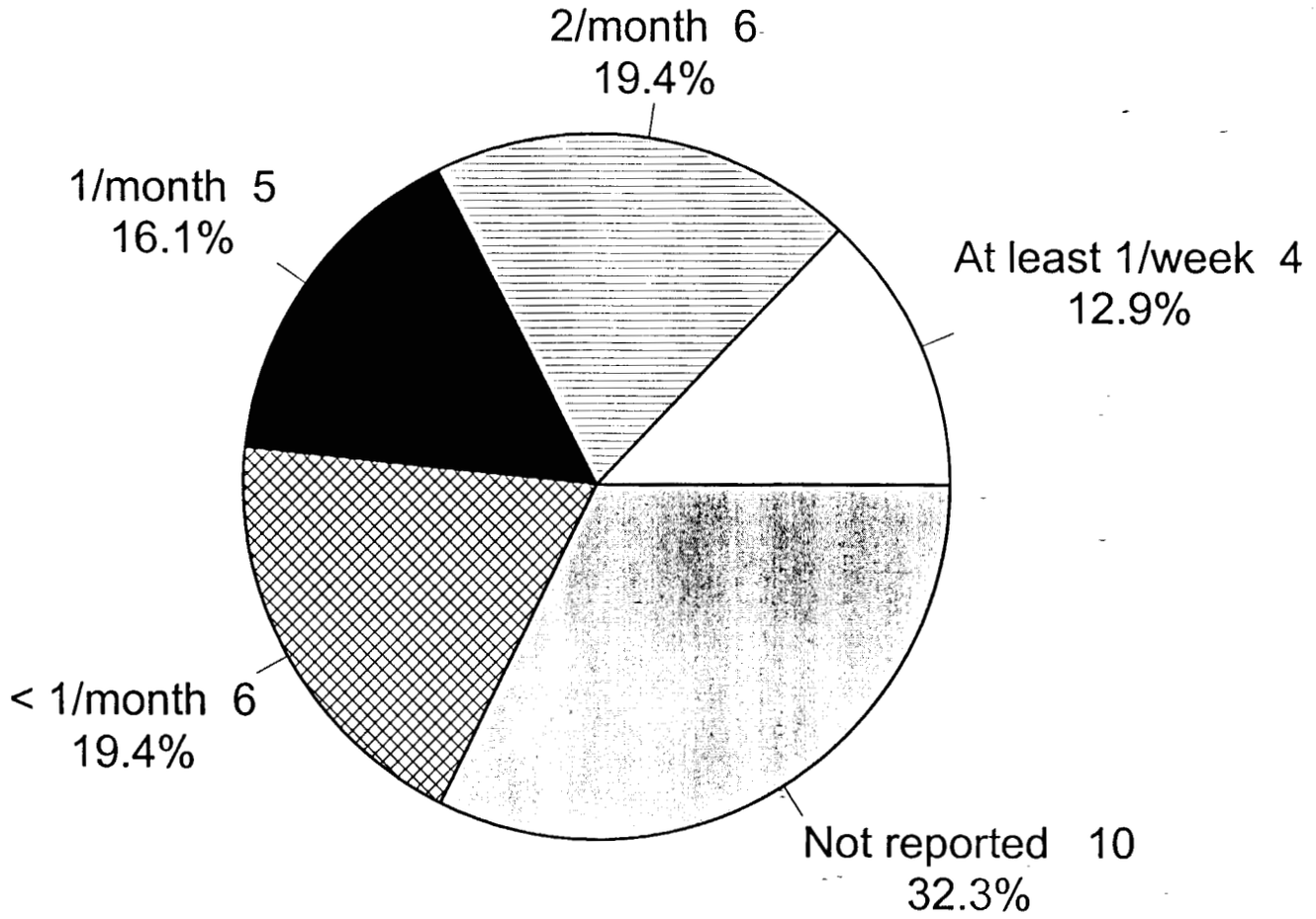

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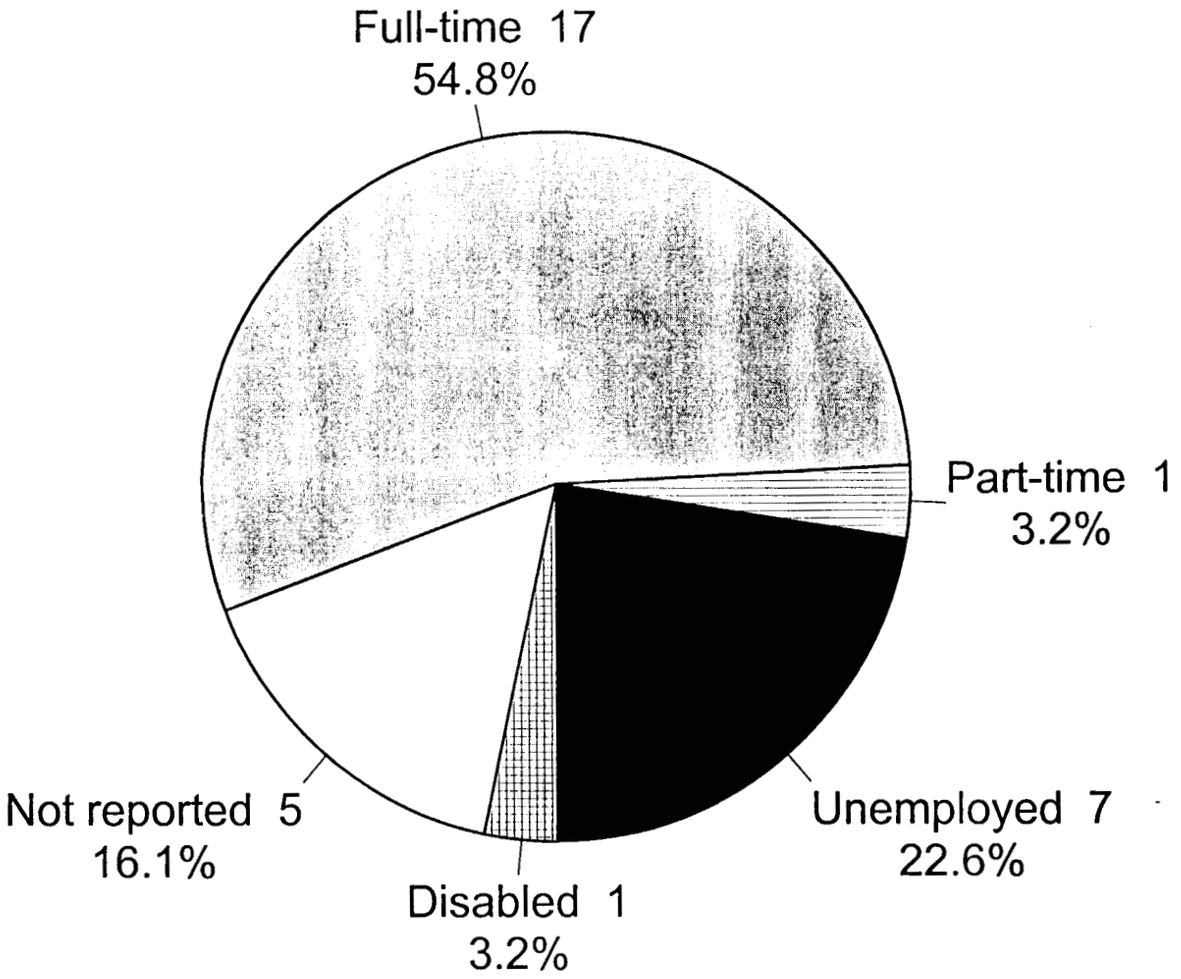
Figure 19
Employment Status



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one occasion. The number of days between release from MonDay and the first reported or detected alcohol use ranged from 31 to 417 with an average of 159.5 days.

Table 7: Drug and Alcohol Use

Variable	N	Percentage
Reported of Deteceted Alcohol Use (n=31)		
Yes	6	19.4
No	22	71.0
Not reported	3	9.7
Number of Times Use Alcohol (n=6)		
1	4	66.7
2	1	16.7
3	1	16.7
Reported or Detected Drug Use (n=31)		
Yes	11	35.5
No	19	61.3
Not reported	1	3.2
Number of Times Use Drugs (n=11)		
1	3	27.3
2	5	45.5
3	0	0
Type of Drug Used (n=11)		
Marijuana	5	45.5
Cocaine	6	54.5
Opiates	2	18.2
Barbiturates	0	0
Hallucinogens	0	0

Eleven (35.5%) offenders either reported or were detected using drugs. Of these 11 offenders, 3 offenders were reported using drugs on only 1 occasion, and 5 were reported using drugs on two separate occasions. The most frequently used drugs included marijuana and cocaine. The number of days between release from MonDay and

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the first reported or detected drug use ranged from 12 to 162 days with an average of 58.3 days.

Seven (22.6%) of the 31 offenders were arrested for a new offense (Table 8). Six of these arrests resulted in a conviction and the seventh was still pending at the time of the report. Charges included fictitious plates, driving under the influence, unauthorized used of a motor vehicle, receiving stolen property, and burglary. The number of days between release from MonDay and the first new arrest ranged from 25 to 297 days with an average of 153 days.

Table 8: Number and Percent with a New Arrest and Conviction

Variable	N	Percentage
Any New Arrest (n=31)		
Yes	7	22.6
No	24	77.4
Number of New Arrests (n=7)		
1	5	71.4
2	1	14.3
4	1	14.3
Any Convictions (n=7)		
Yes	6	85.7
No	0	0
Pending	1	14.3
Number of Convictions (n=6)		
1	4	66.7
4	1	16.7
Not reported	1	16.7

Probation Status. As of August 31, 1999, 16 (51.6%) of the 31 offenders for whom follow-up data is available were still on active probation and 6 (19.4%) had been successfully terminated (Figure 20). Four (12.9%) offenders had been revoked for a new arrest, 3 (9.7%) had been revoked for a technical violation, and 2 (6.5%) had absconded

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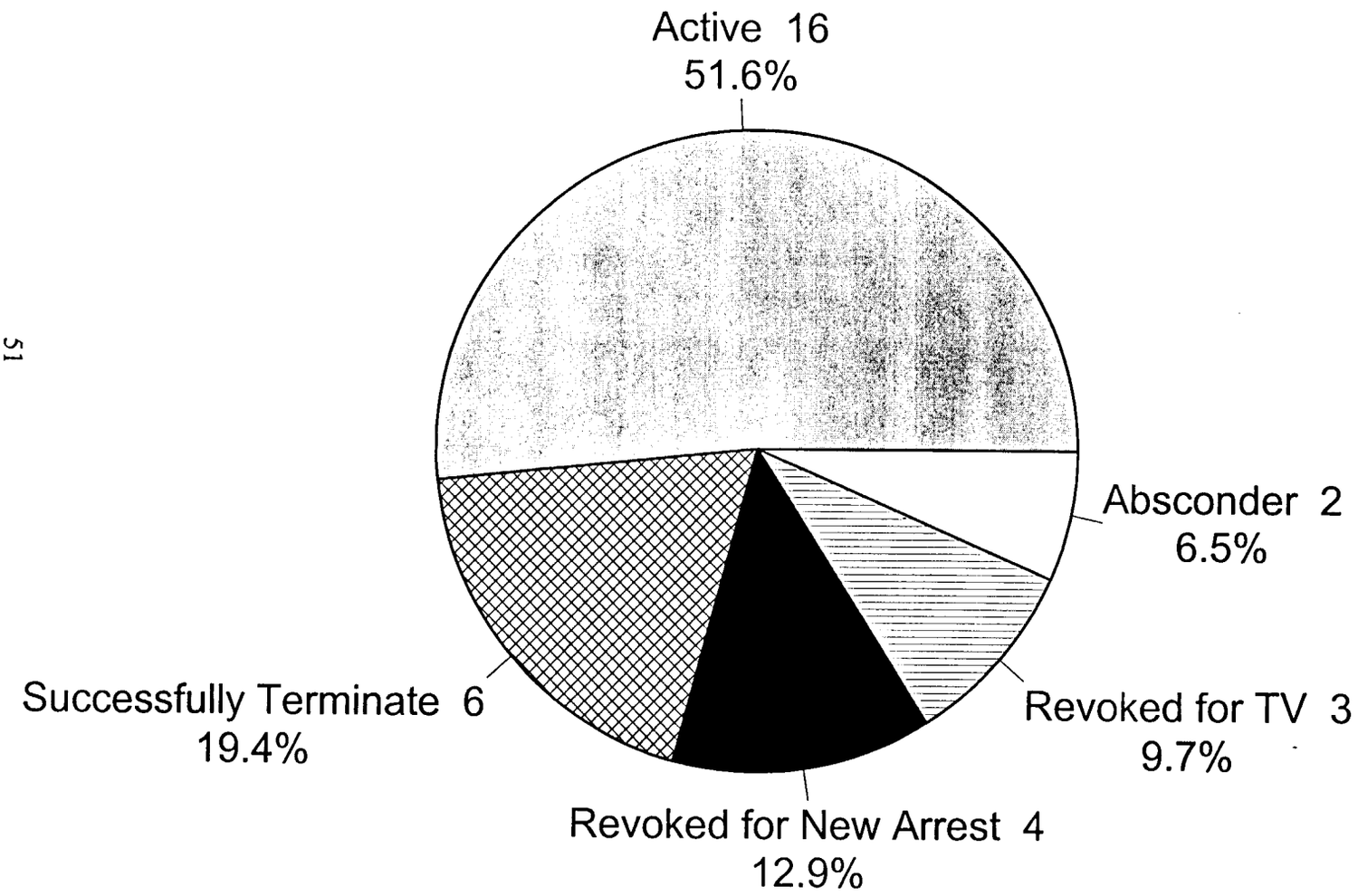
Figure 20
Probation Status



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from supervision. The number of days under supervision ranged from 25 to 279 with an average of 146.36 days.

What factors are associated with post-release performance?

Ordinarily, multivariate analysis would be conducted to identify factors that are associated with post-release performance. Multivariate analysis has the advantage of being able to control for the influence of other factors while examining the variables of interest. This type of analysis was not possible, however, because of the limited number of cases for which follow-up data is available (n=31). Instead, chi-square analyses were conducted to examine associations between various factors and post-release performance. Because of the small sample size used for these analyses, the results should be reviewed with caution.

Chi-square analysis was conducted to examine the relationships between several characteristics of the offenders and their post-release drug/alcohol use, arrest, and failure on supervision (i.e., revoked or absconded) (Table 9). These analyses revealed that females had lower rates of reported or detected drug/alcohol use, supervision failures, and new arrests as compared to males, and that when compared to whites, blacks had similar rates of drug/alcohol use, higher rates of supervision failures, and lower rates of new arrests. The data also revealed that, based on all three indicators, offenders with higher ASUS and LSI scores performed better on post-release supervision.

Chi-square analysis also was conducted to examine the relationship between whether or not the offender received follow-up drug/alcohol treatment and post-release drug/alcohol use, arrest, and failure on supervision (i.e., revoked or absconded). The results are mixed (see Figure 21). When compared with offenders who did not receive

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follow-up drug/alcohol treatment, offenders who did receive follow-up drug/alcohol treatment were less likely to fail probation supervision (16.7% versus 46.2%; χ^2=3.19, p=.07) less likely to get arrested for a new offense (16.7% versus 30.8%; χ^2=.85, p=.35), and more likely to have reported or have been detected using drugs/alcohol (55.6% versus 30.8%; χ^2=1.83, p=.18). None of these relationships were statistically significant. The first two comparisons suggest that follow-up drug/alcohol treatment had a positive impact on post-release performance. The increased likelihood of reported or detected drug/alcohol use among offenders receiving follow-up treatment could be the result of increased drug testing as part of the treatment being delivered to this group.

Table 9: Chi-Square Analyses – Offender Characteristics and Post-Release Performance

	Percentages		
Characteristic	D/A use	Supervision Failure	New arrest
Sex			
Male (n=20)	60.0	33.3	33.3
Female (n=10)	20.0	20.0	00.0
χ^2	3.54	.584	4.31
p	.059	.445	.037
Race			
White (n=16)	46.7	25.0	37.5
Black (n=14)	46.2	35.7	7.1
χ^2	.000	.408	3.85
p	.978	.523	.049
ASUS Score			
74 or lower (n=19)	52.9	47.4	31.6
75 or higher (n=12)	41.7	0.00	8.3
χ^2	.358	8.09	.2.27
p	.549	.004	.131
LSI Score			
31 or lower (n=17)	58.8	42.1	26.3
32 or higher (n=12)	33.3	8.3	16.7
χ^2	1.83	4.07	.392
p	.176	.043	.531

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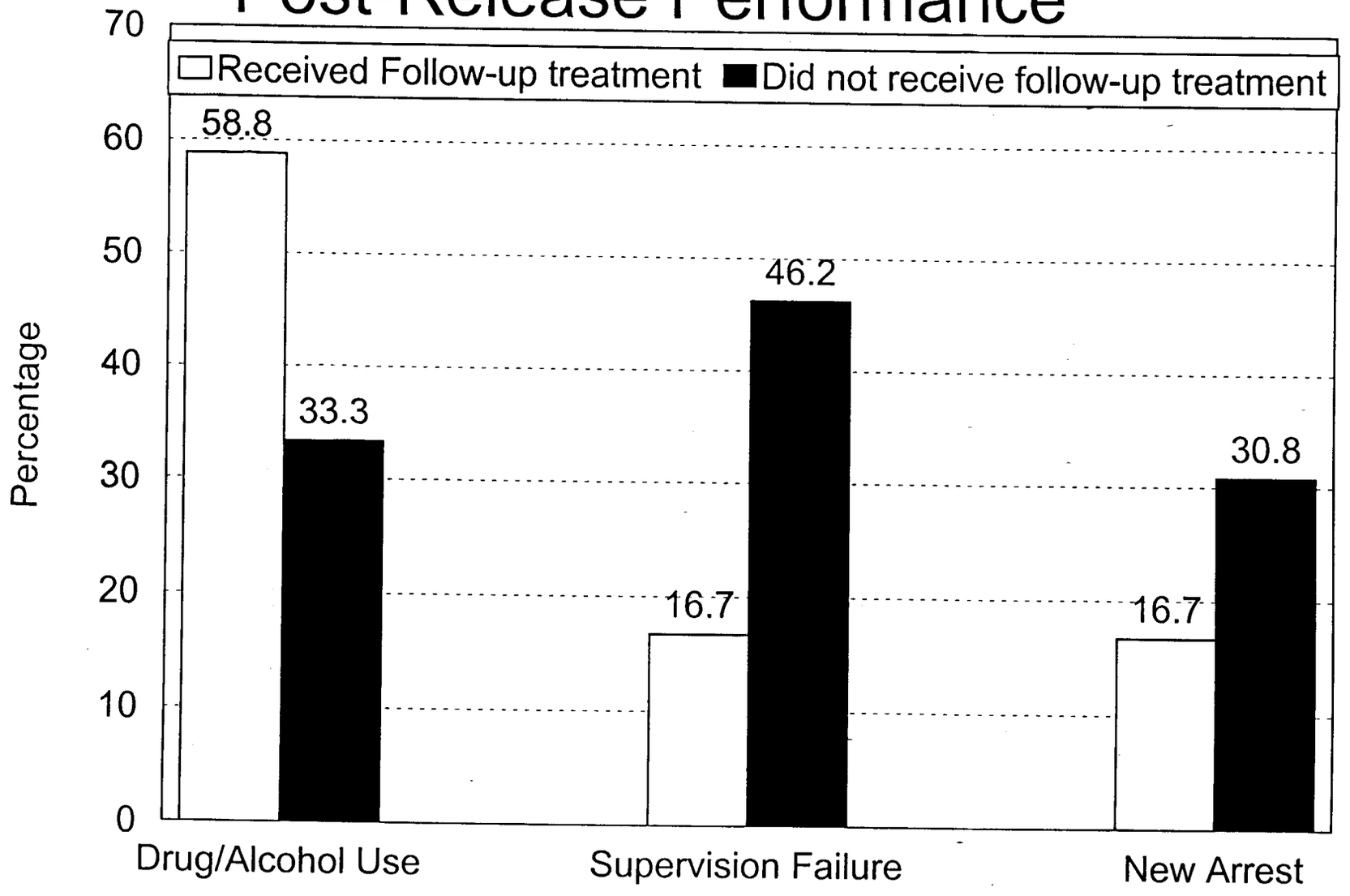
Figure 21
Follow-up Drug/Alcohol Treatment and Post-Release Performance



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DISCUSSION

Limitations of Study

The conclusions of this process evaluation are limited by the small number of cases (n=90) and the extent of missing data on some variables. Furthermore, the lack of a comparison group and the small number of cases for which termination (n=61) and follow-up (n=31) data are available, suggest that any findings regarding intermediate (i.e., changes in readiness for change, changes in social and psychological factors, completion of treatment) and ultimate (i.e., relapse, recidivism) outcomes should be viewed with caution. The conclusions that can be drawn are primarily descriptive in nature and are not intended to speak to the effectiveness of the program. A quasi-experimental outcome study is needed to examine the program's effect on the subsequent substance abusing and criminal behavior of MonDay's RSAT participants.

General conclusions

The available data on the characteristics of the RSAT population suggest that MonDay is targeting an appropriate population for the type of intensive treatment provided by RSAT. The majority of RSAT participants have substantial criminal and substance abuse histories, are experiencing severe negative consequences as the result of substance abuse, and are at high risk of recidivism. It is precisely these types of offenders for which the TC model is designed. The identification of the appropriate target population is facilitated by MonDay's comprehensive screening and assessment process that is conducted prior to an offender's program acceptance.

Further evidence of the appropriateness of this population for RSAT participation can be found in the data on post-release performance. Offenders in the higher ASUS (75

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or higher) and LSI (over 31) categories performed better on post-release supervision as compared to offenders in the lower ASUS and LSI categories. These results support the risk principle which suggests that offenders' risk levels should be matched to the intensity of the interventions provided (Andrews, Bonta, and Hoge, 1990). MonDay's RSAT program is a six-month residential program that provides intensive level of services through the TC format and through the provision of additional discrete services designed to meet the individualized needs of offenders.

The results of the CPAI and TC Monitoring Tool suggest that MonDay's RSAT program is of high integrity. The results of the TC Monitoring Tool reveal that, although some improvements are needed, MonDay has successfully incorporated most of the key elements of the TC model. Furthermore, the results of the CPAI suggest that the MonDay program has successfully incorporated many of the principles of effective intervention (Gendreau, 1996). The primary strengths of the program lie in its infrastructure. MonDay is a 26-year-old program with a history of innovation, strong leadership, and community support. The RSAT staff is extremely well qualified and there is a strong emphasis on quality assurance. Additionally, the program is rooted in social learning and cognitive-behavioral approaches that have been shown to be effective with offender populations (Lipsey and Wilson, 1998; Gendreau and Ross, 1987).

Both the CPAI and the TC monitoring tool pointed out the need for more rewards and for more immediacy in punishment. Both of these elements are essential to the effectiveness of behavioral models of treatment. There is a conflict between the CPAI and the TC monitoring tool in the types of punishments that should be applied to program participants. According to the TC model, there should be a public demonstration of sanctions. Thus, it is common for offenders in a TC to wear signs and hats, carry objects,

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and sing songs or recite poems that signify the nature of their infraction. It is believed that this public demonstration of the sanction will promote behavioral change by increasing offenders' awareness of their behaviors and by holding them accountable to themselves and their peers. The research upon which the CPAI is based suggests that response costs (e.g., loss of privileges) and time outs are the most effective forms of punishment (Spiegler and Geuvremont, 1998). As part of MonDay's behavioral management system, offenders do lose privileges as the result of an infraction. They also, however, engage in the type of sanctions mentioned above which are in direct conflict with the intent of a time out. The intent of a time out is to eliminate all stimuli, positive or negative, that may be supporting the antisocial behavior. The public demonstration of sanctions does just the opposite, it calls attention to the offender and the antisocial behavior. Given this, it seems reasonable to argue that these types of punishments may be counterproductive. Whether or not the types of punishments used by the TC are effective is a question requiring further study. It should be noted that the offenders interviewed as part of the TC monitoring tool indicated that they understood and respected the rationale behind the public demonstration of sanctions and believed that it helped them to change their behavior.

Only a limited amount of quantitative data was available on the nature of the services delivered. Although the program is designed to address the individualized needs of offenders, it is difficult to ascertain the degree to which this is actually done without quantitative data that reveals what types of treatments were delivered to what types of offenders. For example, given the program design, it is expected that offenders scoring high on the employment/education component of the LSI would be getting a high dosage of education and employment services. Likewise, offenders scoring high on the

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attitudes/orientation component of the LSI and the Social scale of the ASUS should be getting a high dosage of cognitive therapy. Quantitative data on treatment type and dosage would make it possible to confirm that individualized services were being delivered as designed and to test the "needs principle" which states that treatment services must target each offender's specific criminogenic needs. Additionally, such data would permit us to look into the "black box" of treatment and to begin disentangling the relative effects of different program components.

Despite the limited data on the intermediate outcomes of treatment, some interesting results were revealed. First, differences between the time 1 and time 2 scores on the client self-rating form suggest that participation in MonDay's RSAT program contributed to statistically significant reductions in offenders' level of anxiety and risk-taking behavior, and to increases in decision-making abilities, self-efficacy, and self-esteem. In theory, positive changes in these psychological and social factors should be associated with reductions in substance abusing and other antisocial behaviors (Simpson and Knight 1998). More data is needed to explore this assumption and to determine which program components are associated with these positive changes.

Second, it was hypothesized that involvement in treatment would increase offenders' readiness for change as measured by the Personal Drug Use Questionnaire (Miller, 1994) and that this increased readiness for change would, in turn, lead to reductions in relapse and recidivism. Although small changes were revealed between the time 1 and time 2 scores, none of these were statistically significant. This result may be a reflection of the nature and timing of the measurement rather than a shortcoming of the program. The Personal Drug Use Questionnaire may not be a good measure of fluctuations in the readiness for change on an incarcerated population. Offenders are

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referred to MonDay by local courts at the time of sentencing and await decisions regarding their acceptance into the program in the local jail. They are well aware of their options – MonDay or prison. Given these options, upon their intake into MonDay, they are likely to be somewhat motivated for treatment. It is not surprising, then, that offenders' average scores at time 1 (within 30 days of intake) already suggest a commitment to change with little room for improvement. The fact that their readiness for change did not diminish with participation in treatment could be viewed as a favorable result.

Third, the rate of successful program completion is very high; as of April 30, 1999 only 6 (6.7%) of the program participants had been unsuccessfully terminated. This high rate of successful completion could be attributable to the fact that offenders know that the alternative is prison. Still, research has shown that when given the choice between a stringent intensive supervision probation program and prison, many offenders choose prison (Petersilia and Deschenes, 1994). The RSAT program is very intensive and challenging for offenders, and it is followed by up to 5 years of probation. The fact that such a high proportion of offenders chooses to stick with the program should be viewed favorably. It should be noted, too, that offenders aren't just biding time in RSAT; offenders who are not working the program or demonstrating improvement in their attitudes and behaviors, are removed from the program.

Follow-up data (n=31) regarding offenders' post-release activities suggest that despite the low level of supervision and support that offenders received upon discharge, they are performing quite well based on most indicators of success. At the time of the follow-up report, 17 (54.8%) of the offenders were employed full-time, only 7 (22%) had

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been arrested for a new offense, 16 (51.6%) were still on active probation, and 6 (19.4%) had been successfully terminated from probation.

Although the proportion of cases that had reported or been detected using drugs or alcohol was quite high (14, or 45%), it is lower than expected. Studies have shown that 54 percent of all alcohol and drug abuse patients can be expected to relapse (Simpson, Joe, Lehman, and Sells, 1986). Whether or not the singular use reflected in the data reported here turned into a full-blown relapse is unknown. The early detection of a return to use through drug testing and treatment may deflect a full relapse. Chi-square analyses revealed that although offenders who received follow-up drug/alcohol treatment were more likely to have reported or have been detected using drugs or alcohol, they were less likely to have been arrested for a new offense or to fail probation supervision. These latter two measures may be better indicators of ongoing substance abusing and antisocial patterns of behavior that necessitate formal action. Additional follow-up data is needed to further explore this issue. For now, however, it is safe to argue that the high likelihood of relapse points to the imperative nature of aftercare services for offenders released from RSAT.

Recommendations

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

1) Target offenders in the higher LSI and ASUS categories for participation in RSAT.
2) Incorporate a responsivity assessment instrument to facilitate better treatment matching.

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3) Train staff on behavioral theory and the effective use of a behavioral model of treatment, including the distribution of rewards and punishments.

4) Develop mechanisms for involving offenders' family members in treatment where appropriate.

5) Document the provision and nature of individual counseling sessions.

6) Educate probation officers/agencies on the nature of the TC.

7) Work with local probation and treatment agencies to develop appropriate aftercare services for graduates.

In addition to the above recommendations for program modifications/additions, it is recommended that future evaluation activities include:

1) a larger number of cases;

2) data on the discrete services provided by the program to allow for a more complete assessment of how well the "needs principle" is being implemented and to facilitate the exploration of the "black box" of treatment;

3) data on the types of punishments used and their effect on behavior;

4) multivariate analyses designed to identify offender characteristics and program components that are associated with post-release success; and

5) an experimental or quasi-experimental design to examine the effectiveness of the program in reducing substance abuse and criminal behavior.

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APPENDIX A

DATA COLLECTION INSTRUMENTS

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OHIO'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS
Standardized Intake Form

1) _____ Name of individual completing form

2) _____ Program code
1= Cuyahoga County Youth Development Center
2= Mohican Youth Center
3= MonDay
4 = Noble Correctional Institute

IDENTIFYING INFORMATION

3) _____ Case #

4) _____ Name
Last First Middle Initial

5) _____ SSN

6)_____/_____/_____ Date of birth

OFFENDER CHARACTERISTICS

7) _____ Race: 1=White 2=Black 3=Hispanic 4=Native American 5=Asian 6=Other

8) _____ Sex: 1=Male 2=Female

9) _____ Marital status: 1= Married 2=Not married

10)_____ Number of dependents (under 18 years of age)

11)_____ Highest grade completed: 1-12 =Grades 1-12; 13 =Some college; 14 =Bachelors or higher

12) _____ If completed less than 12 grades, did the offender earn a GED? 1=Yes; 2=No

13) _____ Employment status prior to arrest
1=Employed full-time (35 hours or more/week) 2=Employed part-time (less than 35 hours/week) 3=Unemployed

Youth only:

14) _____ Was the youth enrolled in school prior to arrest? 1=Yes 2=No

15) School problems experienced by youth: 1=Yes 2=No
_____ truancy
_____ low achievement
_____ disruptive behavior
_____ suspensions/expulsions

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16) _____ Where was the youth living when arrested for this offense?
1=Parent(s)'/guardian(s)' home 2=Foster care 3=Group home 4=Secure placement

17) _____ Does the youth have a record of running away from home? 1=Yes 2=No

CURRENT OFFENSE

18) _____ Most serious charge

19) _____ Level of conviction offense:
1=F1 2=F2 3=F3 4=F4 5= F5 6=M1 7=M2 8=M3 9=M4 10=Status offense

20) _____ Length of sentence in months

21) _____/_____/_____ Date incarcerated/placed in facility (i.e., date sentenced to DYS or DRC or date placed in general population of MonDay or YDC)

22) _____/_____/_____ Date screened for RSAT

23) _____/_____/_____ Date placed in RSAT program

CRIMINAL HISTORY

24) _____/_____/_____ Date of first arrest
(if exact date is unknown, please indicate age of first arrest _____)

25)

Number of prior arrests (adult and juvenile)	Number of prior convictions (adult and juvenile)
_____ Felony	_____ Felony
_____ Misdemeanor	_____ Misdemeanor
_____ Status offense	_____ Status offense

26) _____ Has the offender ever been arrested on a drug charge? 1=Yes 2=No

27) _____ Number of prior sentences to a secure facility

28) _____ Number of prior sentences to community supervision

29) _____ Number of unsuccessful terminations from community supervision

SUBSTANCE USE HISTORY

30) _____ Offender's diagnosis upon intake (DSM-IV criteria)

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31)	Substance used 1=Yes 2=No	Frequency of use 1=Daily 2=Once a week or more 3=Less than once a week	Drug(s) of choice (Rate the top 1 to 3 drugs of choice from favorite (1) to least favorite (3)
_____	Heroin	_____	_____
_____	Non-crack cocaine	_____	_____
_____	Crack	_____	_____
_____	Amphetamines	_____	_____
_____	Barbiturates/Tranquilizers	_____	_____
_____	Marijuana	_____	_____
_____	LSD	_____	_____
_____	PCP	_____	_____
_____	Inhalants	_____	_____
_____	Over the counter drugs	_____	_____
_____	Alcohol	_____	_____
_____	Other	_____	_____

32) _____ Age of first alcohol use

33) _____ Age of first drug use

34) _____ Do any immediate family members have a substance abuse problem? 1=Yes 2=No

35) _____ Has the offender received previous drug/alcohol treatment? 1=Yes 2=No

36) If yes, indicate the number of times the offender has experienced each of the following types of treatment:

_____ Detoxification
_____ Methadone maintenance
_____ Outpatient
_____ Short-term inpatient (30 days or less)
_____ Residential

37) _____ Is the offender dual diagnosed with mental illness and substance abuse? 1=Yes 2=No

MYC only:

38) _____ Record the JASAE summary score

YDC only:

39) _____ Record the ADAS summary score

Please attach the following completed instruments OR a summary of results/scores:
Noble - PII
Mohican - YO-LSI
MonDay - LSI and MAPP
Youth Development Center - SASSI

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Personal Drug Use Questionnaire

Today's Date: _____/_____/_____

Name:_____

Birthdate: _____/_____/_____

This information will be kept confidential. Your answers will not affect your status in the program.

Directions: Each of the statements below describes a way that you might or might not feel about your drug use. There are no right or wrong answers, we just want to know your opinion. Please use the following scale to tell us whether you agree or disagree with each of the statements listed below. Just circle the one number closest to your opinion (to the right of each statement).

1	2	3	4	5
Strongly Disagree	Disagree	Undecided/ Unsure	Agree	Strongly Agree

		Circle One				
1.	I really want to make changes in my use of drugs.....	1	2	3	4	5
2.	Sometimes I wonder if I am an addict.....	1	2	3	4	5
3.	If I don't change my drug use soon, my problems are going to get worse.....	1	2	3	4	5
4.	I have already started making some changes in my use of drugs.....	1	2	3	4	5
5.	I was using drugs too much at one time, but I've managed to change that.....	1	2	3	4	5
6.	The only reason that I am here is that somebody made me come.....	1	2	3	4	5
7.	Sometime I wonder if my drug use is hurting other people.....	1	2	3	4	5
8.	I have a drug problem.....	1	2	3	4	5

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1	2	3	4	5
Strongly Disagree	Disagree	Undecided/ Unsure	Agree	Strongly Agree

	Circle				
9. I'm not just thinking about changing my drug use, I'm already doing something about it.....	1	2	3	4	5
10. I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern.....	1	2	3	4	5
11. I have serious problems with drugs.....	1	2	3	4	5
12. Sometimes I wonder if I am in control of my drug use.....	1	2	3	4	5
13. My drug use is causing a lot of harm.....	1	2	3	4	5
14. I am actively doing things now to cut down or stop my use of drugs.....	1	2	3	4	5
15. I want help to keep from going back to the drug problems that I had before.....	1	2	3	4	5
16. I know that I have a drug problem.....	1	2	3	4	5
17. There are times when I wonder if I use drugs too much.....	1	2	3	4	5
18. I am a drug addict.....	1	2	3	4	5
19. I am working hard to change my drug use.....	1	2	3	4	5
20. I have made some changes in my drug use, and I want some help to keep going.....	1	2	3	4	5

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OHIO'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS
Client Self-rating Form
(Adapted from TCU DCJTC Client Evaluation of Self and Treatment)

Today's date: _____/_____/_____

Full name: _____

Birthdate: _____/_____/_____

Directions: Each of the statements below describes a way that you might or might not feel about yourself. There are no right or wrong answers, we just want to know what you think. Please use the following scale to tell us whether you agree or disagree with each of the statements listed below. Just circle the one number closest to your opinion (to the right of each statement).

1	2	3	4	5
Strongly Disagree	Disagree	Undecided/ Unsure	Agree	Strongly Agree

	Circle One				
1. You like to take chances	1	2	3	4	5
2. You feel sad or depressed	1	2	3	4	5
3. Sometimes you feel that you are being pushed around in your life	1	2	3	4	5
4. You consider how your actions will affect others	1	2	3	4	5
5. Sometimes a person has to break the law in order to get ahead	1	2	3	4	5
6. You have much to be proud of	1	2	3	4	5
7. In general, you are satisfied with yourself	1	2	3	4	5
8. You like the "fast" life	1	2	3	4	5
9. You feel mistreated by other people	1	2	3	4	5
10. You have thoughts of committing suicide	1	2	3	4	5
11. You have trouble sitting still for long	1	2	3	4	5
12. You don't have much in common with people who never break the law	1	2	3	4	5
13. You plan ahead	1	2	3	4	5
14. You like others to feel afraid of you	1	2	3	4	5

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1	2	3	4	5
Strongly Disagree	Disagree	Undecided/ Unsure	Agree	Strongly Agree

	Circle One				
15. You have trouble following rules and laws	1	2	3	4	5
16. You feel lonely	1	2	3	4	5
17. You like friends who are wild	1	2	3	4	5
18. You like to do things that are strange or exciting	1	2	3	4	5
19. Most people would commit crime if they knew they wouldn't get caught	1	2	3	4	5
20. You feel like a failure	1	2	3	4	5
21. There is never a good reason for breaking the law	1	2	3	4	5
22. You have trouble sleeping	1	2	3	4	5
23. You feel interested in life	1	2	3	4	5
24. You sometimes want to fight or hurt others	1	2	3	4	5
25. You think about the possible results of your actions	1	2	3	4	5
26. You stay away from anything dangerous	1	2	3	4	5
27. You feel you are basically no good	1	2	3	4	5
28. You have a hot temper	1	2	3	4	5
29. You have trouble making decisions	1	2	3	4	5
30. You think of several different ways to solve a problem	1	2	3	4	5
31. You feel nervous	1	2	3	4	5
32. There is really no way you can solve some of the problems you have	1	2	3	4	5
33. You analyze problems by looking at all the choices	1	2	3	4	5

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1	2	3	4	5
Strongly Disagree	Disagree	Undecided/ Unsure	Agree	Strongly Agree

	Circle One				
34. Your temper gets you into fights or other trouble.....	1	2	3	4	5
35. You make decisions without thinking about consequences.....	1	2	3	4	5
36. You have trouble concentrating or remembering things.....	1	2	3	4	5
37. There is little you can do to change many of the important things in your life.....	1	2	3	4	5
38. You feel extra tired or run down.....	1	2	3	4	5
39. You make good decisions.....	1	2	3	4	5
40. You feel afraid of certain things, like crowds or going out alone.	1	2	3	4	5
41. You only do things that feel safe.....	1	2	3	4	5
42. You get mad at other people easily.....	1	2	3	4	5
43. You wish you had more respect for yourself.....	1	2	3	4	5
44. You have little control over the things that happen to you.....	1	2	3	4	5
45. You worry or brood a lot.....	1	2	3	4	5
46. You often feel helpless in dealing with the problems of life.....	1	2	3	4	5
47. You have carried weapons, like knives or guns.....	1	2	3	4	5
48. You feel tense or keyed-up.....	1	2	3	4	5
49.You are always very careful.....	1	2	3	4	5
50. You think about what causes your current problems.....	1	2	3	4	5
51. You can do just about anything you really set your mind to do..	1	2	3	4	5
52. You feel a lot of anger inside you.....	1	2	3	4	5
53. You feel tightness or tension in your muscles.....	1	2	3	4	5
54. What happens to you in the future mostly depends on you.....	1	2	3	4	5

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OHIO'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS

Service Tracking Form

Client Name: _____ _____ **Case No:** _____

Program code:_____ 1 = YDC; 2 = Mohican; 3 = MonDay; 4 = Noble

1. Specialized Services Provided

Using the codes provided below, please maintain a log of services provided to the offender including the type of service, date started, date ended, and progress in treatment.

Type of Service*	Date Started	Date Ended	Please check the box which describes the offender's progress in treatment		
			Achieved Objectives	Some progress	No progress

***Service Codes (if a code is not listed, please write name of service in column 1 of table)**

1 = Adult Basic Education/ GED/other schooling
2 = Anger management
3 = Art therapy
4 = Assertiveness training
5 = Cognitive therapy
6 = Employment
7 = Family therapy
8 = Individual counseling
9 = Life skills training
10 = Peer encounter groups
11 = Problem solving skills training
12 = Rational-emotive therapy
13 = Relapse prevention
14 = Relaxation training
15 = Self-instructional training
16 = Social skills training
17 = Substance abuse education
18 = Vocational skills training

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2. Treatment Phases

If your program uses a phase or level system, please indicate the client's start and end dates for each phase. If a client regresses or repeats a phase, please indicate the reason for the regression in column four. Otherwise, leave column four blank.

Phase Name	Start date	End date	If moved back to earlier phase, please indicate reason

3. Drug Testing

Date of Test	Result (1=positive; 2=negative)	If positive, for what drug(s)?*

***Substance Codes**

1=Cocaine 2=Amphetamine 3=THC 4 = Benzodiazapime 5 = PCP 6= Opiate 7 = Alcohol

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4. Program Violations

Please record violations committed by the client throughout his/her participation in the residential phase of the therapeutic community.

Date of Violations	Type of Violations (check all types that apply for the date specified. If the offender committed multiple violations of one type, record the number of violations committed instead of a checkmark)				
	Written pull-up	House	Cardinal	Major	Institutional Infractions

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OHIO'S RESIDENTIAL SUBSTANCE ABUSE TREATMENT PROGRAMS

Standardized Termination Form

Please indicate the circumstances surrounding the client's discharge from the program including the date of discharge, type of discharge, and plan for aftercare.

1) Client Name: _____

2) Social Security No:_____

3) Program code:_____ 2 = Mohican; 3 = MonDay; 4 = Noble

4) Date of discharge _____/_____/_____

5) Type of discharge _____

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

6) Living arrangements upon discharge_____

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

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

8) Criminal Justice Placement _____

1=Probation supervision
2=Parole supervision
3=Jail
4=Prison
5=DYS institution
6=Other (specify:_____)

9) To facilitate the collection of follow-up data, please provide the following information on the agency responsible for the offender's supervision/custody upon discharge from RSAT.

Agency (probation, parole, institution)_____

Probation/Parole Officer's name_____

Address_____

City, State, Zip_____

Phone Number _____

10) Please provide reassessment information by attaching the following items Or a summary of results/scores.

Monday - LSI reassessment
Noble - PII reassessment

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RSAT FOLLOW-UP DATA

Please 1) Write legibly. 2) Use an "X" to mark the box(es) next to the appropriate answers. 3) Leave the question blank if the information is unknown or not available.

1. Offender's name: _____

2. Offender's SSN: _____

3. Has the offender received any follow-up drug/alcohol services since his/her release from MonDay?

☐ yes ☐ no - skip to question 4

A. If yes, which types of treatment? ("X" all that apply.)

☐ residential

☐ intensive outpatient treatment

☐ standard outpatient treatment

☐ other (please specify: _____)

B. Is the offender still active in drug/alcohol treatment?

☐ yes - skip to question 4 ☐ no

C. If no, was the offender successfully or unsuccessfully terminated from treatment?

☐ successfully ☐ unsuccessfully

4. Does the offender attend AA/NA meetings at least once per week?

☐ yes ☐ no

5. What other services has the offender received since his/her release from MonDay? ("X" all that apply.)

☐ educational/vocational

☐ employment services

☐ mental health counseling (group or individual)

☐ cognitive skills training

☐ domestic violence treatment

☐ family/marital counseling

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

☐ unemployed

☐ retired

☐ student

☐ disabled

☐ employed part-time (< 35 hrs./week)

☐ employed full-time (35 + hrs./week)

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

☐ once a week or more ☐ once a month

☐ twice a month ☐ less than once a month

8. Has the offender reported alcohol use or tested positive for alcohol use since released from MonDay?

☐ yes ☐ no - skip to question 9

A. If yes, number of times: _____

B. Date of first reported/detected alcohol use since released: _____/_____/_____

9. Has the offender reported drug use or tested positive for drug use since released from MonDay?

☐ yes ☐ no - skip to question 10

A. If yes, number of times: _____

B. For which drugs? ("X" all that apply.)

☐ marijuana ☐ barbiturates

☐ cocaine ☐ hallucinogens

☐ opiates

C. Date of first reported/detected drug use since released: _____/_____/_____

10. Has the offender had any new arrests since released from MonDay?

☐ yes ☐ no - skip to question 11

If yes, please indicate the date(s) of any new arrest(s), the offense(s) leading to the arrest(s), and whether or not the offender was convicted of the offense(s).

Date?	Offense?	Conviction?
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending
_____/_____/_____	_____	☐ yes ☐ no ☐ pending

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11. Please place an "X" in the box that best describes the offender's probation status and record the date where appropriate:

☐ active

☐ successfully terminated (date of termination: _____/_____/_____)

☐ revocation pending

☐ revoked for new arrest/conviction (date of revocation: _____/_____/_____)

☐ absconder (date of absconsion _____/_____/_____)

☐ other (please specify: _____)

THANK YOU FOR YOUR HELP!

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APPENDIX B

DESCRIPTIVE STATISTICS

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Appendix B1: Demographic Characteristics

Characteristic	Frequency (N=90)	Percent
Race		
White	54	60.00
Black	35	38.90
Not reported	1	1.10
Sex		
Male	64	71.10
Female	26	28.90
Highest grade completed (×=10.93)		
7th grade	1	1.10
8th grade	9	10.00
9th grade	5	5.60
10th grade	16	17.80
11th grade	19	21.10
12th grade	27	30.00
Some college	9	10.00
Bachelors or higher	2	2.20
Not reported	2	2.20
Employment Status Prior to Arrest		
Employed full-time	29	32.20
Employed part-time	4	4.40
Unemployed	54	60.00
Not reported	3	3.30
Marital Status		
Married	15	16.70
Not married	75	83.30

	Minimum	Maximum	Mean	Median	SD
Number of Dependents	.00	7.00	1.47	1.00	1.72
Age at Intake	18.81	51.59	31.72	32.22	8.52

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Appendix B2: Criminal History - Descriptive Statistics

Variable	Min.	Max.	Mean	Median	SD
Age at First Arrest (n=57)	9.00	46.00	20.61	18.00	7.30
No. of Prior Felony Arrests (n=76)	1.00	11.00	2.67	2.00	2.02
No. of Prior Felony Convictions (n=69)	1.00	11.00	2.68	2.00	2.10
No. of Prior Misdemeanor Arrests (n=55)	1.00	30.00	5.26	4.00	4.84
No. of Prior Misdemeanor Convictions (n=49)	1.00	20.00	4.76	3.50	4.16
No. of Prior Sentences to a Secure Facility (n=84)	.00	9.00	1.66	1.00	1.85
No. of Prior Sentences to Community Supervision (n=84)	.00	4.00	1.21	1.00	1.15
No. of Prior unsuccessful Terminations From Community Supervision (n=85)	.00	4.00	.79	1.00	1.03

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Appendix B3: Criminal History - Frequencies (n=90)

Variable	Frequencies	Percent
No. of Prior Felony Arrests		
One	25	27.80
Two	20	22.20
Three	15	16.70
Four or more	16	17.70
Not reported	14	15.60
No. of Prior Felony Convictions		
One	25	27.80
Two	15	16.70
Three	15	16.70
Four or more	14	15.40
Not reported	21	23.30
No. of Prior Misdemeanor Arrests		
One	3	3.30
Two	9	10.00
Three	11	12.20
Four or more	33	36.70
Not reported	34	37.80
No. of Prior Misdemeanor Convictions		
One	5	5.60
Two	8	8.90
Three	12	13.30
Four or more	25	27.60
Not reported	40	44.40
No. of Prior Sentences to a Secure Facility		
None	29	32.20
One	15	16.70
Two	22	24.40
Three	6	6.70
Four or more	13	14.40
Not reported	5	5.60
No. of Prior Sentences to Community Supervision		
None		
One	28	31.1
Two	25	27.8
Three	21	23.3
Four or more	5	5.6
Not reported	6	6.7
	5	5.6
No. of Prior Unsuccessful Terminations From Community Supervision		
None	42	46.7
One	28	31.1
Two	10	11.1
Three	1	1.1
Four or more	4	4.4
Not reported	5	5.6
Ever Arrested for a Prior Drug Charge?		
Yes	71	78.9
No	14	15.6
Not reported	5	5.6

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Appendix B4: Current Offense (n=90)

Variable	Frequency	Percent
Level of Conviction Offense		
Felony 1	2	2.20
Felony 2	5	5.60
Felony 3	13	14.40
Felony 4	25	27.80
Felony 5	40	44.40
Not reported	5	5.60
Most Serious Charge		
Aggravated Assault	1	1.10
Aggravated Burglary	1	1.10
Attempted Robbery	1	1.10
Attempt	1	1.10
Burglary	11	12.20
CCW	1	1.10
Corruption of a Minor	1	1.10
Deception to Obtain Dangerous Drug	1	1.10
Drug Abuse	3	3.30
Escape	1	1.10
Forgery	2	2.20
Misuse of a Credit Card	1	1.10
Possession of Drugs	27	30.00
Illegal Processing of a Drug Document	2	2.20
Robbery	2	2.20
RSP	6	6.70
Tampering	1	1.10
Theft	13	14.40
Trafficking	8	8.90
Not reported	6	6.70
Crime Type		
Person	6	6.70
Property	33	36.70
Drug	41	45.60
Other	4	4.40
Not reported	6	6.70

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Appendix B5: Type of Prior Drug Use (n=90)

Drug	Frequency	Percent
Prior Use of Alcohol		
Yes	85	94.4
No	5	5.6
Prior Use of Marijuana		
Yes	84	94.4
No	6	5.6
Prior Use of Cocaine		
Yes	55	61.1
No	35	38.9
Prior Use of Crack		
Yes	37	41.1
No	53	58.9
Prior Use of Narcotics		
Yes	36	40.0
No	54	60.0
Prior Use of Depressants		
Yes	47	52.2
No	43	47.8
Prior Use of Stimulants		
Yes	34	37.8
No	56	62.2
Prior Use of Hallucinogens		
Yes	36	40.0
No	54	60.0
Prior Use of Inhalants		
Yes	11	12.2
No	79	87.8
Prior Use of PCP		
Yes	6	6.7
No	84	93.3
Prior Use of Over the Counter		
Yes	6	6.7
No	84	93.3
Prior Use of Other Drugs		
Yes	9	10.0
No Drug	81	90.0

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Appendix B6: Frequency of Prior Drug Use

Drug	Frequency	Percent
Alcohol (n=85)		
Daily	47	55.3
Once a week or more	17	20.0
Less than once a week	45	17.6
Not reported	6	7.1
Marijuana (n=84)		
Daily	51	60.7
Once a week or more	9	10.7
Less than once a week	14	16.4
Not reported	10	11.9
Cocaine (n=55)		
Daily	18	32.7
Once a week or more	14	25.5
Less than once a week	14	25.5
Not reported	9	16.4
Crack (n=37)		
Daily	24	64.9
Once a week or more	5	13.5
Less than once a week	6	16.2
Not reported	2	5.4
Narcotics (n=36)		
Daily	17	47.2
Once a week or more	2	5.6
Less than once a week	7	19.4
Not reported	10	27.8
Depressants (n=47)		
Daily	15	31.9
Once a week or more	9	19.1
Less than once a week	10	21.3
Not reported	13	27.7
Stimulants (n=34)		
Daily	4	11.8
Once a week or more	4	11.8
Less than once a week	13	38.2
Not reported	13	38.2
Hallucinogens (n=36)		
Daily	3	8.3
Once a week or more	6	16.7
Less than once a week	13	36.1
Not reported	14	38.9
Inhalants (n=11)		
Daily	1	9.1
Once a week or more	1	9.1
Less than once a week	7	63.6
Not reported	2	18.2
PCP (n=6)		
Daily	0	0
Once a week or more	1	16.7
Less than once a week	4	66.7
Not reported	1	16.7
Over the Counter Drugs (n=6)		
Daily	1	16.7
Once a week or more	2	33.3
Less than once a week	3	50.0
Not reported	0	0
Other Drugs (n=9)		
Daily	1	22.2
Once a week or more	2	22.2
Less than once a week	0	0
Not reported	5	55.6

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Appendix B7: Drug History

Variable	Frequency	Percent
Age at First Alcohol Use ($\bar{x}$ =14.2)		
12 and under	25	27.70
13 to 16	48	53.20
17 and over	14	15.50
Not reported	3	3.3
Age at First Drug Use ($\bar{x}$ =15.51)		
12 and under	18	20.0
13 to 16	50	56.0
17 and over	20	22.0
Not reported	2	2.0
First Drug of Choice		
Heroine	11	12.2
Non-crack cocaine	17	18.9
Crack	22	24.4
Barbiturates/tranquilizers	2	2.2
Marijuana	18	20.0
PCP	1	1.1
Alcohol	12	13.3
Other	1	1.1
Not reported	6	6.7
Second Drug of Choice		
Heroine	2	2.2
Non-crack cocaine	6	6.7
Crack	6	6.7
Amphetamines	1	1.1
Barbiturates/tranquilizers	3	3.3
Marijuana	19	21.1
LSD	1	1.1
Alcohol	18	20.0
Not reported	34	37.8
Third Drug of Choice		
Non-crack cocaine	8	8.9
Amphetamines	3	3.3
Barbiturates/tranquilizers	5	5.6
Marijuana	13	14.4
Alcohol	14	15.6
Not reported	47	52.2
Dual Diagnosis		
Yes	5	5.6
No	81	90.0
Not reported	4	4.4
History of Family Substance Abuse		
Yes	68	75.6
No	18	20.0
Not reported	4	4.4
History of Prior Treatment		
Yes	73	81.1
No	16	17.8
Not reported	1	1.1
No. Participating in Following Types of Treatment (n=73)*		
Detoxification	13	17.8
Methadone Maintenance	5	6.8
Outpatient	39	53.4
Short-term inpatient	36	49.3
Long-term residential	33	45.2

*Frequencies and percentages exceed 73 and 100, respectively, due to offenders participating in multiple types of treatment.

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Appendix B8: Adult Substance Use Survey (ASUS)(n=89)

ASUS Scale	Minimum	Maximum	Mean	Median	SD
Involvement 1(range 0-40)	.00	35.00	17.52	17.00	9.60
Disruption (range 0-76)	.00	71.00	37.62	41.00	18.30
Social (range 0-32)	6.00	24.00	14.56	14.00	4.64
Emotional (range 0-27)	2.00	26.00	12.66	13.00	5.49
Defensive (range 0-15)	.00	14.00	4.72	4.00	3.06
Global (range 0-163)	11.00	135.00	82.49	92.00	31.85

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Appendix B9: Descriptive Statistics for Client Self-Rating Form - Time 1

Scale	N	Minimum	Maximum	Mean	Median	SD
Anxiety (range 7-35)	65	10.00	34.00	21.80	22.00	5.98
Depression (range 6-30)	61	7.00	26.00	15.80	16.00	4.96
Self-esteem (range 5-25)	65	9.00	25.00	16.46	17.00	3.87
Decision-making (range 9-45)	63	20.00	42.00	31.05	32.00	5.38
Risk-taking (range 7-35)	62	12.00	33.00	22.87	23.00	4.55
Hostility (range 8-40)	65	8.00	38.00	20.40	20.00	6.09
Self-efficacy (range 7-35)	65	12.00	35.00	25.40	25.00	4.89
Antisocial attitudes (range 5-25)	63	5.00	12.00	12.51	12.00	3.27

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Appendix B10: Paired Sample t-tests on Client Self-Rating Form, Time 1 - Time 2.
Includes all cases with at least 30 days between Time 1 and Time 2.

Scale	No. of pairs	Time 1 Mean	Time 2 Mean	t-value	Sig
Anxiety	24	21.54	18.92	2.43	.023
Depression	23	16.17	14.61	1.78	.089
Self-esteem	24	17.08	20.00	-3.80	.001
Decision-making	22	31.00	34.73	-3.20	.004
Risk-taking	23	23.57	21.48	2.96	.007
Hostility	23	20.91	21.91	-.39	.703
Self Efficacy	24	25.33	27.58	-3.28	.003
Antisocial Attitudes	23	12.83	11.22	2.02	.055

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Appendix B11: Termination Information

Variable	Min.	Max.	Mean	Median	SD
Average length of stay	12.00	259.00	172.66	179.00	35.72
Successful (n=51)*	77.00	259.00	178.55	179.00	25.67
Unsuccessful (n=4)**	12.00	159.00	97.50	109.50	62.19

	Frequency	Percent
Total number discharged	61	67.8
Type of Discharge		
Successful - achieved goals	53	86.9
Successful - did not achieve goals	2	3.3
Unsuccessfully terminated by program staff	3	4.9
Voluntary withdrawal	2	3.3
Escape/Absconsion	1	1.6
Criminal Justice Placement Upon Discharge		
Probation supervision	55	90.1
Jail	4	6.5
Prison	1	1.6
Not reported	1	1.6
Continued Drug Treatment Been Arranged		
Yes	45	73.8
No	5	8.2
Not reported	11	18.0
Living Arrangements Upon Discharge		
With family/relative	38	62.3
With friends	1	1.6
By him/herself	3	4.9
Group home	1	1.6
Halfway house	3	4.9
Other	11	18.0
Not reported	4	6.6

* Successful terminations include offenders who were successfully terminated after achieving their treatment goals and offenders who were successfully terminated but failed to fully achieve treatment goals. No information regarding length of stay was available for four of these cases.

**Unsuccessful terminations include those offenders who were unsuccessfully terminated by program staff, withdrew from the program voluntarily, or escaped/absconded. No information regarding length of stay was available for two of these cases.

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APPENDIX C

CPAI RESULTS

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Correctional Program Assessment Inventory©

Conducted on the RSAT Program
MonDay Community Correctional Institution
Dayton, Ohio

By

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October, 1998

© Developed by Paul Gendreau and Don Andrews

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Summary of the Program

MonDay Community Correctional Institution is a community-based facility for felony offenders. MonDay is located in Dayton, Ohio and has been in operation for 20 years. It is funded by the State of Ohio and governed by local judicial boards. The total capacity of the facility is 124 and there are approximately 60 employees. Both male and female offenders are sentenced to MonDay in lieu of prison for a period not to exceed six months. The average length of stay has been four months.

In October 1997, MonDay was awarded a federal grant for the purpose of implementing a Residential Substance Abuse Treatment Program (RSAT) within the facility. Thirty beds (20 male and 10 female) were designated as RSAT beds. Offenders identified as needing long-term residential treatment are now assigned to RSAT for a period of six months. In conjunction with the RSAT grant, MonDay developed a Therapeutic Community (TC) which was fully implemented by January 1, 1998. Although the entire facility has shifted to a TC approach, the focus of this assessment is on RSAT.

Procedures

The Correctional Program Assessment Inventory (CPAI, Gendreau and Andrews, 1992) is used to ascertain how closely a correctional treatment program meets known principles of effective correctional treatment. There are six primary sections of the CPAI: 1) program implementation and the qualifications of the program director; 2) client pre-service assessment; 3) characteristics of the program; 4) characteristics and practices of the staff; 5) quality assurance and evaluation; and 6) miscellaneous items such as ethical guidelines and levels of community support.

Each section is scored as either "very satisfactory" (70% to 100%); "satisfactory" (60% to 69%); "satisfactory, but needs improvement" (50% to 59%); or "unsatisfactory" (less than 50%). The scores from all six areas are totaled and the same scale is used for the overall assessment score. It should be noted that not all of the six areas are given equal weight, and some items may be considered "not applicable," in which case they are not included in the scoring.

Data were collected through structured interviews with selected program staff on October 1 and 2, 1998. Other sources of information included the observation of group sessions and the examination of several representative case files and other selected program materials.

Program Implementation

The first section examines how much influence the current program director had in designing and implementing the program, his/her qualifications and experience, his/her current involvement with the staff and the clients, and the overall implementation of the program.

Strengths:

The first area concerns the qualifications and involvement of the program director, or the person responsible for overseeing the daily operations of the program. The current clinical director for RSAT has a Bachelor's degree in Criminal Justice and a Master's degree in Education. He also holds several licensures and certifications including a LPC, LSW, and CCDCIII. He has 15 years of experience in counseling including 7 years experience in offender treatment programs. He worked at MonDay from 1984 to 1988 and returned to MonDay in 1996 as a Primary Therapist. He assumed the position of Clinical Manager in March 1998. He has been intricately involved with all aspects of program development including the hiring, training, and direct supervision of the clinical staff.

The second area of focus is the creation of the program itself. Effective intervention programs have several dimensions: they are designed to be consistent with the treatment literature on effective programs; the values and goals of the program should be consistent with existing values in the community or the institution; the program meet a local need; and the program is perceived to be cost-effective.

Relevant program materials were identified through a literature review and by networking with staff from established TCs. The literature review focused on TCs but also included materials on drug treatment in general. Specifically, program staff reviewed federal publications and numerous articles from professional journals.

A formal pilot period was conducted in December 1997. Several changes were made as the result of the pilot experience including the development of a phase system and privileges and the implementation of treatment staff meetings.

The need for the RSAT program was identified through client assessments that indicated that many offenders were in need of long-term residential treatment. The RSAT grant was seen as an opportunity to differentiate the treatment needs of clients and to keep the high-need clients in the program for a longer period of time.

The values and goals of MonDay appear to be congruent with the existing values in the community. MonDay receives strong support from local courts, probation departments, and law enforcement agencies. There has been favorable media coverage of the program and no apparent community resistance. The shift from a more generalized treatment and correctional facility to a TC has also been well-received. Key stakeholders, including the correctional staff within the institution, are particularly supportive of the increased program structure and offender accountability.

Staff and administration perceive the program as being cost-effective and sustainable. Clients receive a range of services at a much lower cost than prison.

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Areas that Need Improvement:

The clinical director is not systematically involved in the delivery of direct services to offenders.

Evaluation: Very Satisfactory

Recommendations:

- The clinical director should be systematically involved in direct service delivery (e.g., conducting groups, assessing offenders, individual counseling) as a means of staying abreast of the challenges faced by staff and clients and the skill level and resources necessary for the effective delivery of services.

Client Pre-Service Assessment

The extent to which clients are appropriate for the service provided, and the use of proven assessment methods is critical to effective treatment programs. Effective programs assess the risk, need and responsivity of offenders, and then provide services and treatment accordingly. The section on Client Pre-Service Assessment examines three areas regarding pre-service assessment: selection of clients, the assessment of risk, need, and personal characteristics of the client; and the manner in which these characteristics are assessed.

Strengths:

Clients referred to MonDay have multiple areas of need in addition to substance abuse including educational and social skill deficits, unemployment, medical problems, residential instability, and family dysfunction. Rational exclusionary criteria have been established for the facility as a whole. These criteria include a conviction of a violent crime, a history of escape and a history of repeated or serious violence. MonDay uses a score of 75 on the Adult Substance Use Survey (ASUS) as a guideline for placement in the RSAT track. Offenders who score below 75 are considered for RSAT on a case-by-case basis. The majority of clients placed in RSAT are appropriate for the services provided. Some concern was expressed about a recent increase in the number of clients with a dual-diagnosis as there is no psychiatrist of staff to adequately meet their needs.

Need and risk factors are assessed through a social history interview, the Level of Service Inventory (LSI), and the ASUS. The social history examines the clients' drug use, treatment, medical, employment, educational, and legal history through a structured interview format. The LSI is an objective and quantifiable assessment instrument that examines both static and dynamic risk factors including criminal history, employment/ educational achievements, financial status, family/marital relationships, residential status, use of leisure time, peer associations, alcohol/drug problems, emotional/personal problems, and antisocial attitudes. The ASUS includes an overall measure of disruption in life-functioning that is attributable to drug/alcohol use and 8 subscales that measure lifetime involvement in drugs, problems and consequences of drug use, antisocial

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behavior and attitudes, psychological and emotional disruption, and defensiveness. Both the LSI and the ASUS provide summary scores for use in treatment classification and treatment planning.

Areas that Need Improvement:

At the time of this program assessment, responsivity factors, or personal characteristics that may interfere with treatment, were not available for consideration in treatment planning. Although the Multidimensional Addictions and Personality Profile (MAPP) is conducted on all RSAT clients, the results have not been available to the treatment staff because of a problem in the instrument's computer programming function developed by the vendor. The MAPP consists of three primary scales including a substance abuse scale, a personal adjustment scale, and an inconsistency and defensiveness scale. The latter two scales tap into several responsivity characteristics including the client's level of defensiveness, and problems with frustration, interpersonal communication and relationships, and self-image. Additionally, although educational testing is conducted to determine clients' level of intellectual functioning, it is not routinely shared with treatment staff.

Rating: Very Satisfactory

Recommendations:

- Mechanisms should be developed for making information regarding responsivity factors available to treatment staff on a consistent basis and in a manner that facilitates treatment planning.

Program Characteristics

This section examines whether or not the program targets criminogenic behaviors and attitudes, the types of treatment used to target these behaviors and attitudes, specific treatment procedures, the use of positive reinforcement and punishment, and methods used to prepare clients for return to the community. Other important elements of effective intervention include the ratio of rewards to punishment; matching the client's risk, needs, and personal characteristics with the appropriate treatment programs, treatment intensity, and staff; and relapse prevention strategies designed to assist the client in anticipating and coping with problem situations.

Strengths:

The treatment and services offered by MonDay's RSAT program are designed to target criminogenic needs and behaviors associated with recidivism including:

- changing attitudes, orientations, and values favorable to law violations and anti-criminal role models;
- reducing problems associated with alcohol/drug abuse;
- reducing anger/hostility level;

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- replacing the skills of lying, stealing, and aggression with prosocial alternatives;
- encouraging constructive use of leisure time;
- improving skills in interpersonal conflict resolution;
- promote more positive attitudes/increase performance regarding school work;
- relapse prevention;; and
- alleviating the personal and circumstantial barriers to service (client motivation, denial).

The TC model that is operated by MonDay is rooted in a social learning approach that provides opportunities for modeling and behavioral rehearsal techniques that engender self-efficacy. The treatment groups provided within the TC incorporate a cognitive behavioral approach that aims to challenge antisocial attitudes and develop self-control procedures. The educational or therapy groups available to RSAT participants include:

- chemical dependency education;
- chemical dependency process;
- relapse prevention;
- criminal thinking errors;
- anger management;
- problem-solving;
- building positive identify;
- codependency;
- cultural awareness; and
- parenting groups.

Education and employment services also are provided.

Between TC family meetings, encounter groups, school/work, educational or therapy groups, and individual sessions with their case manager, program participants are involved in therapeutic activities for at least 75 percent of their time, which far exceeds the 40 percent recommended in the treatment literature.

Effective programs closely monitor offenders' whereabouts to break up the criminal network. The structured schedule facilitates this monitoring. Additionally, client behavior in the living units is closely supervised by correctional officers and by TC family members who hold each other accountable for their behaviors. Although the male RSAT clients are assigned to one living unit, the female clients are intermingled with other MonDay clients.

Detailed treatment manuals contribute to consistency in services and increase program integrity. There are detailed treatment curricula for the educational/therapy groups provided at MonDay. Additionally, TC meetings and groups follow a specific structure and rules that are outlined in the resident handbook and the program policy and procedures manual.

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Effective correctional treatment programs vary the level of services according to the level of client risk and need. At MonDay, the duration of treatment varies according to the clients' level and nature of risk and need as determined through the assessment process. Clients with the most severe risks and needs are placed in the 6-month program and others are placed in the 4-month program. The intensity of treatment also varies within these two programs. LSI results are used to identify client-specific areas of need and the extent of these needs. Individualized case plans are then developed and offenders are placed in the treatment groups that address their identified needs.

Staff are assigned to conduct groups based on their personal preferences, knowledge, experience, and ability to model the specific skill being taught.

Several mechanisms are in place that provide program participants with input into the structure or rules of the program including suggestion boxes and a grievance procedure. Additionally, clients can make suggestions to staff through the lines of communication that exist within the TC hierarchy.

Effective correctional intervention programs train clients to monitor problem situations and rehearse alternative, prosocial responses to these situations. A portion of many of the treatment groups focuses on helping offenders identify triggers and events leading to drug/alcohol use and other antisocial behavior. Offenders also practice alternative prosocial behaviors through various exercises, role plays, and homework assignments. The Relapse Prevention Group focuses more extensively on practicing the skills needed for abstinence and on developing relapse prevention plans. Additionally, offenders are given the opportunity to practice newly acquired skills in increasingly difficult situations during furloughs for work, community service, or other appointments and as they face new challenges and additional responsibilities as they move up the TC hierarchy.

MonDay staff attempt to use punishment, or consequences, as a means to extinguish antisocial behaviors and replace them with more prosocial alternatives. As seen in the next section, inconsistencies in the administration of these consequences limit their effectiveness.

Effective intervention programs routinely refer clients to other services and agencies that help address their remaining needs. Upon discharge from MonDay, clients are under probation supervision. The treatment staff at MonDay prepare a discharge plan to be completed by the client during this term of probation supervision. They also schedule each clients' first appointment with a local treatment agency to establish aftercare services.

Areas that Need Improvement:

Although treatment curricula are available for most treatment groups, observation of the Chemical Dependency Process Groups revealed that the three RSAT counselors do not follow the same curricula or format. This is not to imply that the groups were not well-structured; each counselor appropriately guided the group's interaction, confronted inappropriate attitudes and behaviors, and encouraged input from all group members.

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Only one of the counselors, however, had a written curriculum. Given that this group is designed to allow clients to process feelings associated with their treatment experience and to reinforce what is learned in the educational groups, this less structured format may be appropriate. It can, however, lead to inconsistencies in service delivery and to problems in the case of staff illness or turnover.

Effective programs assign clients to treatment programs and treatment staff that match up best with their interests, style of learning, and personality characteristics. Without access to information regarding clients' responsivity factors, this treatment matching cannot be systematically achieved. MonDay does, however, conduct case coordinators' meetings during which staff take the clients' personality factors and the case coordinators' strengths into account when making case assignments. Non-RSAT clients at MonDay are assigned to pods based on availability. RSAT clients are assigned to the male or female pod that is designated for RSAT.

Rewards used to promote program compliance include push-ups (e.g., verbal praise, public acknowledgement of accomplishments) and additional privileges such as phone calls, visitation, relaxed dress code, and furloughs. Privileges are built into a system of phases that clients move through as they progress through treatment. Punishers, or consequences, consist of verbal or written pull-ups, learning experiences, phase reductions, and behavioral contracts. Most of the staff that were interviewed believed that punishments were used more often than rewards.

Although some of the punishing stimuli used are appropriate (e.g., loss of privileges, learning experiences that teach a prosocial alternative) others are not considered in the psychological literature to be effective punishing stimuli (e.g., wearing signs). Furthermore, there appears to be some inconsistencies in the administration of consequences with some staff being more lenient than others and some failure to follow through on assigned consequences. The general perception is that the administration of punishment has improved with the movement to the TC model with more immediate consequences and better follow-through.

MonDay has developed specific program completion criteria that guide successful terminations from the program including the completion of Phase III and the completion of individual treatment objectives. Release from the program, however, is restricted by the 180 day maximum stay that is mandated by the state. Staff indicated that many clients could benefit from a longer stay. Clients are reevaluated periodically and those clients who are not making efforts toward the achievement of their treatment goals are removed from the program unsuccessfully.

There is currently no formal treatment component that systematically involves families in the offender's treatment.

Although MonDay staff work hard to set up aftercare services for clients, they have no control over whether these services are actually received. Each referring probation department is responsible for following through with aftercare services and there is inconsistency in the extent to which this occurs. Clients who are supervised by the

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Montgomery County Adult Probation Department do participate in monthly groups upon their release.

Evaluation: Satisfactory-Needs Improvement

Recommendations:

- A treatment manual that details the content and nature of the chemical dependency process groups should be developed. This will facilitate staff training and the consistent delivery of services.

- Offenders should be matched to groups and case coordinators based on responsivity factors such as level of cognitive functioning, learning styles, level of anxiety, and communication styles. For example, low functioning offenders will have difficulty with a group facilitator or case manager that uses a highly verbal approach to treatment and high anxiety offenders will not respond well to a highly confrontational group or case manager.

- Appropriate behavior and participation in treatment should be consistently rewarded. The ratio of rewards should be at least 4:1, and all staff should be well versed in the application of rewards.

- In order for punishers to be effective in extinguishing behavior the following conditions must be met: escape impossible, maximum intensity, earliest point in the deviant response, after every occurrence or deviant behavior, immediate, not spread out, and alternative prosocial behaviors provided after punishment is administered. Staff should also be trained to look for negative responses to punishers (e.g. emotional reactions, increase use of punishers, withdrawal, etc.).

- Successful program completion should be based on the acquisition and demonstration of prosocial attitudes, skills, and behaviors. MonDay should continue working with the State to build flexibility into the release of RSAT clients or to build in a formal aftercare component. Many clients could benefit from a longer stay in order to fulfill all of their treatment objectives.

- Family members and significant others should be trained in how to provide help and support to the offenders during problem situations.

- Aftercare services or booster sessions should be implemented to reinforce attitudes and behaviors learned in the core treatment phase.

Staff Characteristics

This section concerns the qualifications, experience, stability, training, and involvement of the program staff. The qualifications of 34 staff were examined for the purpose of this assessment. The scoring, however, was based on the qualifications of the 16 treatment staff.

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Strengths:

The treatment staff are well qualified with 94 percent possessing a baccalaureate degree in a helping profession and 31 percent with a masters degree. All of the treatment staff have either a certification in chemical dependency counseling or a license in counseling or social work. In addition to experience and education, staff are hired based on personal qualities such as leadership, empathy, good listener, confidence, centered, and willingness to make unpopular decisions. Fifty percent of the treatment staff has been with MonDay for at least two years. Staff are assessed yearly on their skills related to service delivery. Staff input is encouraged and several modifications to the program structure have been made based on this input.

Areas that Need Improvement:

Only 25 percent of the treatment staff and 11 percent of the custodial staff have prior experience with offender treatment programs.

Training for new staff is limited to an on-the-job orientation. All new staff participate in a 40-hour orientation period during which they meet with various staff members and familiarize themselves with all aspects of the institution. Several staff members have participated in the TC Immersion Training offered by the Ohio Department of Alcohol and Drug Services. RSAT staff have received some formal training on the models of intervention (i.e., TCs, cognitive-behavioral) used at MonDay.

Although weekly treatment staff meetings are held to discuss cases, there is no individual clinical supervision being provided at this time.

Evaluation: Satisfactory

Recommendations:

- New staff should receive three to six months of formal training in theory and practice of interventions employed by the program.

- When new staff are selected, every attempt should be made to select staff with prior experience in offender treatment programs.

- Individualized clinical supervision should be provided to treatment staff on a routine basis for the purpose of discussing problem cases and enhancing clinical skills.

Evaluation

This section centers on the types of feedback, assessments, and evaluations used to monitor how well the program is functioning.

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Strengths:

MonDay has some quality assurance processes in place including file reviews and group observation. Additionally, client satisfaction surveys are conducted annually and reconviction data is gathered on clients 6 months or more after leaving the program.

Progress in treatment is monitored during treatment team meetings by examining the clients' advancement through the program phases and achievement of treatment goals. Additionally, a reassessment of client risk is conducted with the LSI.

In 1997, MonDay had a formal evaluation conducted that included a comparison group. Such an evaluation, however, had not been completed on the RSAT program.

Areas that Need Improvement:

None noted.

Not Scored:

As part of the federal grant for RSAT a process evaluation is currently underway as are plans for an outcome evaluation which will involve a comparison group.

Evaluation: Very satisfactory

Recommendations:

None.

Other

The final section in the CPAI includes miscellaneous items pertaining to the program such as disruptive changes in the program, funding, or community support, ethical guidelines and the comprehensiveness of the clients' files.

Strengths:

MonDay has a written statement on the ethics of intervention. Client records are kept in a confidential file and include social history, individual service plan, progress notes, and discharge plans. There have been no changes in program funding or in community support over the past two years that have jeopardized the program. There was some concern expressed about the turnover in clinical managers and the recent loss of a clinical coordinator, however, the staff interviewed did not feel that this turnover jeopardized the delivery of services to clients. There is a community advisory board that provides program oversight.

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Areas that Need Improvement:

None.

Evaluation: Very satisfactory

Recommendations:

None.

OVERALL PROGRAM RATING:

The RSAT program within the MonDay Community Correctional Institution received an overall score of 74.2 percent on the CPAI. This score is in the "Very Satisfactory" range of the scale.

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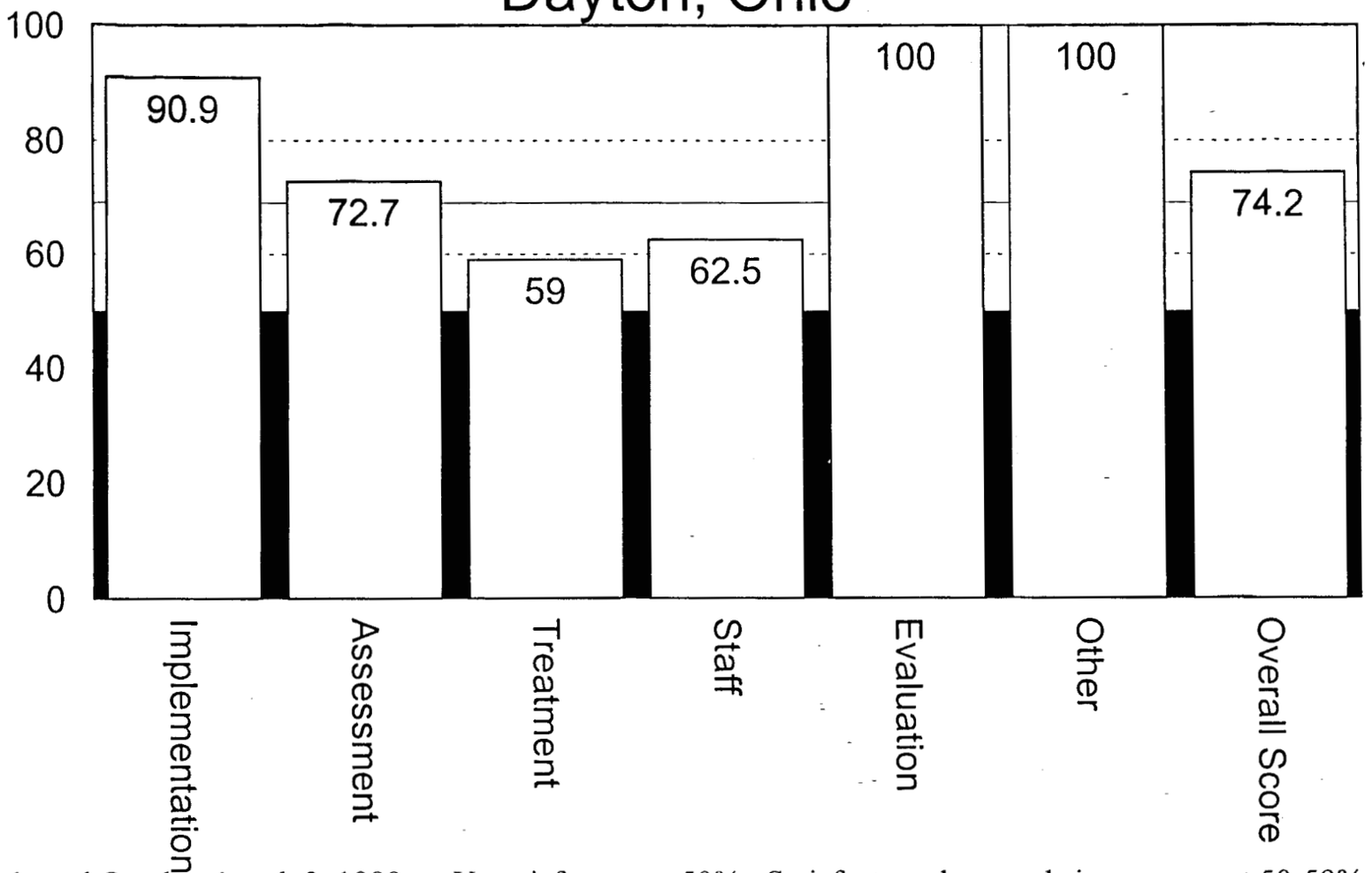
CPAI Results for MonDay Community Correctional Institution - RSAT Program

Dayton, Ohio



Conducted October 1 and 2, 1999; Unsatisfactory < 50%; Satisfactory, but needs improvement 50-59%; Satisfactory 50-69%; Very Satisfactory 70 +

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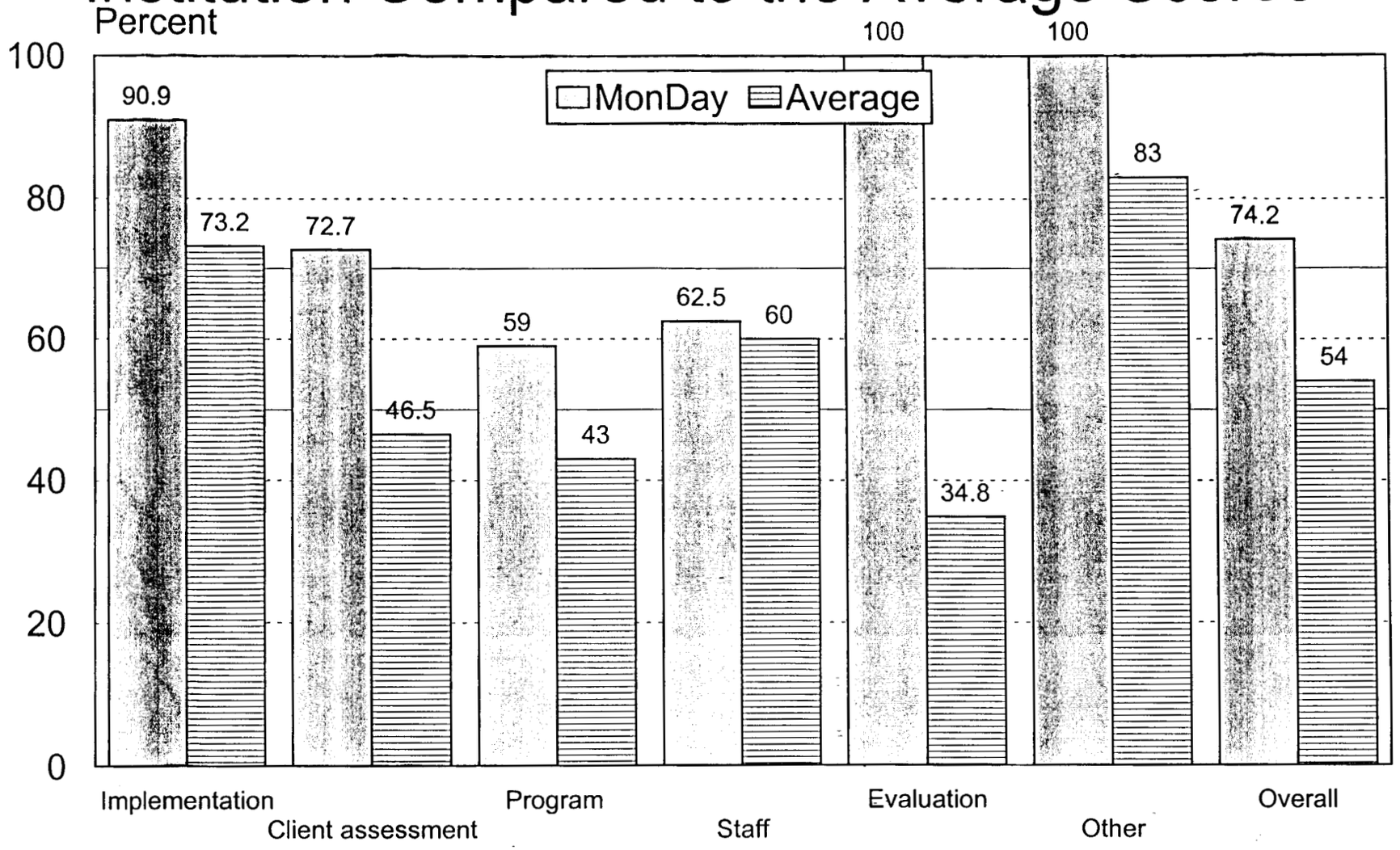
CPAI Results for MonDay Community Correctional Institution Compared to the Average Scores



Average scores are based on 150 CPAI results across a wide range of programs. Unsatisfactory < 50%; Satisfactory, but need improvement 50-59%; Satisfactory 60-69%; Very Satisfactory 70 +

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APPENDIX D

THERAPEUTIC SITE OBSERVATION MONITORING INSTRUMENT REPORT

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Ohio Department of Alcohol and Drug Addiction Services

Therapeutic Site Observation Monitoring Instrument

George Voinovich, Governor

Luceille Fleming, Director

Written by

Robert Fine

Consultants

Reform Group Inc.

Revised by Robert Stewart

May 13, 1999

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THERAPEUTIC SITE OBSERVATION MONITORING

Monday Correctional Institution

The Therapeutic Site Observation Monitoring Instrument was developed by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) as a means of monitoring a therapeutic community's activities and milieu. The sections of the monitoring instrument include:

- Individual counseling
- Morning meeting
- Group therapy
- Encounter groups
- Seminars and/or didactics
- Closing meeting
- Job functions
- Behavioral management
- Environment
- Clinical records

Throughout the monitoring process, the major program components were observed, interviews were conducted with program staff and clients, and a random selection of case files were reviewed. The following rating scale is used to indicate the extent to which the key elements of a therapeutic community have been implemented: 0 = No compliance; 1 = Some compliance; 2 = Substantial compliance. If a particular item does not apply to the program, the item is not scored.

Observers from ODADAS and the University of Cincinnati visited Monday Community Correctional Institution on February 23 and 24, 1999 to monitor the key components of the program. The findings are reported below.

Individual Counseling

The major focus of individual counseling in the therapeutic community is active listening, personal sharing, and redirecting members to the peer-community process. The community is the counselor.

Item	Rating
Meets twice a month with community member.	1
Refers community member to the peer-community process.	1
Allows the "Hats Off" process with community members.	0
Self-discloses appropriately with the community members.	--
Positive feedback is provided more frequently than negative feedback.	--
Individual sessions last approximately 30 minutes.	--
Total possible points = 6 **Total points=**	**2**

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Comments:

During this site visit, no individual counseling sessions were observed. There was an attempt to gain information from the client's charts regarding the 1 to 1 sessions. It was not possible, however, to gain all the needed information to adequately score this information. Therefore, the last three items were not scored.

Based on a review of randomly selected RSAT records, it was noted that

- one of the four records had documented meeting twice a month with the family member; and
- some of the treatment plans did refer the client back to the TC community process for treatment while others focused more on individual interventions.

Conversations with Monday staff indicated that they have not yet adopted the "hats off" process with community members due to a conflict in philosophy among staff.

Opportunities for growth:

- Clinical staff meet twice a month for individual sessions with family members assigned to their caseloads for approximately 15-30 minutes.
- Document the length of the session in case files.
- Continue discussions concerning the "hats off" process and steps for its implementation.
- Refer the family member back to the TC community consistently to work out issues, reinforcing the "community as method" approach.

Morning Meetings

Morning meetings are designed to create "good feelings." They should motivate clients by being positive and uplifting. They should be "fun" and provide a common experience for all. Morning meetings are planned in advance by the residents, according to a predetermined agenda. Certain key elements are reading the philosophy, songs, skits, image breakers, daily theme and announcements.

Item	Rating
Agenda - Predetermined	2
Elements - philosophy, songs/skits/image breakers, daily theme, announcements	2
Positive and uplifting tone	2
All residents are present unless excused	2
One or more staff present	2
Any inappropriate behavior is "pulled up"	1
No ridicule of songs/skits/image breakers	2
Audience response - laughter/applause universal/enthused	1
Audience participation - many different members - appropriate to topic	2

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Item	Rating
Was this enjoyable? Did it create good feelings?	2
Did opening and close follow TC format	2
Total possible points = 22 **Total points =**	**20**

Comments:

The morning meeting started on time and appeared to follow a predetermined agenda. The meeting began with announcements and continued in an orderly fashion with each member of the hierarchy fulfilling their respective responsibilities. The Monday philosophy was enthusiastically recited by all family members. Other key elements of the meeting included the "electric slide," cheers, and a skit. All family members were present unless excused. Several staff members were present, dispersed throughout the family members, and actively involved in the meeting. There did not appear to be any ridicule of the songs, skits, or image breakers. Audience members participated in various aspects of the meeting including skits, sharing the daily theme, and giving other family members push-ups throughout the meeting for specific achievements, attitudes, or behaviors. In general, the meeting created good feelings. There was a lot of laughter and enthusiasm. Several family members commented that the morning meeting was a good, upbeat way to start the day.

Several pull-ups were observed that appeared to be valid and to follow the appropriate format. Other inappropriate behavior, however, was not addressed (i.e., several of the male family members were slouched down, uninvolved, and inattentive). The female family members were especially upbeat; the male family members appeared to be less enthusiastic largely because of the lack of involvement from the members sitting in the back of the room.

Based upon a prior observation of the morning meeting by Rob Stewart and Bob Fine, the feedback to the staff was to eliminate learning experiences and pull ups from the morning meeting because they were not conducive to creating the necessary positive energy. As a result, L.E.'s are now being done in the closure meeting. The reason that is was suggested that the pull ups not be done in the morning meeting was due to the style of the pull ups at the Monday program. During this last observation of the morning meeting, however, there were clearly some members who needed to be pulled up due to their behavior or lack of participation.

Opportunities for growth:

- Develop a milder pull up of develop a different mechanism to address members' behavior during the morning meetings.

Group Therapy

This should be explorative, supportive, and insight oriented. Clients are encouraged to express feelings and disclose personal issues. The leader should encourage openness, trust, and support. Counselors have a facilitator role, using the group to support the individual, providing an opportunity for change. Staff members should stress the group process and must comment on the process to facilitate it. Staff must avoid being a therapist and solving the issues for the family member as in "one to one" counseling.

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Item	Rating
One on one interactions between staff and individuals are brief with process returned back to group	1
Quantity and quality of self-disclosure by family members	1
Quantity and quality of emotional display of family members	1
Overall involvement of members	1
Staff member makes process comments to increase group involvement	1
Family members provide meaningful feedback to individual, supportive, insightful	1
Total points possible = 12 **Total points =**	**6**

Comments:

Two process groups were observed, one by each observer. A comparison of notes and observations revealed differences in the format of the process groups. Observations are noted separately for each group.

Group 1 (female process group): All members of the group actively participated in the therapy session. The primary focus was on an issue that was left unresolved from the previous session concerning a breach of confidentiality and a lack of trust among group members. Several members of the group became quite emotional during the session, self-disclosing their feelings about the incident (e.g., embarrassment, mistrust, anger). Family members provided meaningful feedback to the two individuals who were the focus of the session, challenging some negative attitudes and behaviors, encouraging the individuals to take the next step in their personal growth, and offering support for observed improvements.

The staff member fulfilled her role as a group facilitator and did not engage in one-to-one therapy. The interaction between staff and individual members of the group were brief and for the purposes of redirecting, establishing rules, and tying up lose ends and lessons. When individuals did speak directly to her, she quickly encouraged them to speak to the group. The staff member prompted participation from quiet group members and quieted overly talkative members. She also encourage the use of "I" language and the expression of feelings.

Group 2 (male process group): The facilitator did an excellent job of confronting and working with three of the clients. The format, however, was not that of a process group. There were too many and too lengthy 1 to 1 interactions between staff and family members, and the overall involvement of family members was low.

Opportunities for growth:

- Clarify the purpose and format of TC process groups.
- Stay true to the "community as method" approach by referring comments and questions to the family members.
- Limit staff role to group process issues aimed at redirection, clarification, and prompts for participation.

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- Discuss the purpose of the process group with family member and provide them with the tools to be effective participants (e.g., listening and communication skills).

Encounter Groups

The encounter group is the cornerstone of the TC. The primary purposes of the encounter groups are to provide a forum for dealing with conflict between members that allow free expression of feelings and thoughts and establish accountability of one member to other members for their actions. Secondary purposes of the encounter group are to identify and label feelings, gain a deeper level of honesty, drop defenses and street images, learn to resolve conflict and to help members see themselves as others see them.

Item	Rating
Confrontation: Address the person, identify the behavior/attitude, describe the impact, recreate original reaction (emote), attack behavior not person, defenses displayed (always).	2
Conversation: Member responds to confrontation, challenge defenses, get to gut level (feelings), explore motivation, use group process.	1
Closure: Conflict resolution (ideal), clarify each person's part, patch-up/feedback, review group process, teaching points.	1
Commitment: Prerequisites include honesty, insight, clearly identify needed change. Engage motivation/desire/sincerity, request for help.	1
Atmosphere - serious/focused on encounter process, no flagging or vacation	1
Staff - comments on process, points out "self deceptions."	2
Staff - as "rational authority;" does not condemn, does not dominate.	2
Preparation - meet to "gear" encounter, include senior members, agenda.	1
Post-Group Processing - training exercise, review group process, identify alternate approaches, recap follow-up needs.	1
Encounter rules followed?	1
Encounter tools used?	2
Encounter guidelines followed?	2
Total possible points = 24 **Total points =**	**17**

Comments:

Two encounters were observed, one by each observer. A comparison of notes and observations revealed minor differences between the encounters. Observations are noted separately for each encounter.

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Male encounter group: The staff and the residents utilized a wide range of encounter tools. The encounter started with confrontation, began to move into the conversation section, but halted at this stage and never progressed. As appropriate, the encounter returned to confrontation--the family member being encountered was unwilling to work on himself. This situation is not unique and did not appear to be due to any fault of the facilitators.

The preparation and post-group processing meeting seemed to be well-organized. The preparation meeting consisted of a discussion pertaining to the person being encountered, what might be expected from this person, and what might be expected from the family. The possibility of utilizing a different type of encounter format was also discussed due to this person's behaviors that have been affecting the entire family.

The post-group process meeting was also good. The team discussed the tools that they used, expressed concerns about letting the encounter run too long and about letting too many people participate in the encounter, and talked about what effects that may have had.

Female encounter group: The encounter opened with a recitation of the encounter rules. Three family members were encountered during the observed session. In all three cases, the discussion began with confrontation. Some of the comments by family members were very vague until redirected by staff to provide more concrete examples of the behavior. Family members were able to do this effectively using various encounter tools including hostility, empathy, imitation, and sarcasm. Although the conversation, closure, and commitment phases occurred for the two first family members being encountered, they seemed rushed and somewhat superficial. The observer did not get a sense for any real exploration or insight into the identified behaviors or for any sincere commitment to change. As appropriate, these three phases did not occur for the third family member being encountered–she was unwilling to take a look at her behaviors and how they affected the family. The remainder of the encounter, therefore, focused on confrontation. Many different family members participated in the encounter process. Many others, however, appeared uninvolved and uninterested.

The staff did a good job of facilitating the encounter. They participated in the confrontation and conversation where appropriate but left most of the work to the family members. Staff reminded family members of the rules, directed family members to provide more specific examples of behavior, and pointed out reactions to comments that went unobserved by other family members.

The preparation and post-group processing meetings appeared unfocused and rushed. This could have been due to the observer's presence. The meetings also seemed to be affected by the cramped meeting space. The meeting was conducted in the control room. The noise and activity level within the room along with several interruptions from family members was extremely disruptive. The discussion in the preparation meeting focused on the recent progress of one of the family members being encountered. The post-group processing meeting focused on a discussion regarding how the encounter went with one large group and the appropriateness of specific family members' participation.

Opportunities for growth:

- The staff at Monday showed much improvement in their facilitation roles in the encounter group. Experience is the best teacher. As this team continues holding the pre and post meetings the encounter group will continually improve.

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Seminars and Didactics

Didactics educate residents and provide an opportunity for clients to present topics. Some programs have outside speakers or have staff present topics. However family presentations are a vital part of treatment. Not the frequency of presentations and the topics presented. Topics should relate to TC themes. Not the speakers preparedness, delivery, and audience reaction.

Item	Rating
Attendance of family members	
Audience reaction/attentive/ask questions/involved/respectful/focused	
Presenter - knows subject/prepared ease of delivery/answers questions	
Content - educational value of subject	
Content - relevance to TC programming	
Opening and close - did it follow TC procedure	

Comments:

We did not observe didactics. Therefore, these items were not scored.

Closure Meeting

The closing meeting should end the day's activities on a positive note. All residents and at least one staff member must attend. Family members lead this meeting following a pre-determined agenda. The content may vary and include community "pull-ups" announcements or motivational activities.

Item	Rating
Attendance - all family members	2
Staff - at least one member present	2
Led by family members	2
Preset agenda	2
Organization/stays on agenda/good use of time	2
Audience participation/reaction/any negative behavior is "pulled up"	2
Content valuable, relates to TC activities	2
TC procedures are followed	2
Total possible points = 16 **Total points =**	**16**

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Comments:

The closure meeting was excellent. The staff all gave positive strokes to different family members, family members led the meeting in an organized fashion, pull ups were appropriately used, and the day ended on a motivational and inspirational note.

Opportunities for growth:

- Keep up the good job!

Job Functions

Item	Rating
Job hierarchy posted in common area	2
Crew meetings held weekly	2
Family members show pride in work	2
Job "labels" are positive and motivate residents (attitudinal)	2
Evaluation and job change based on behavior and verifiable	0
Total Possible Points= 10 **Total points =**	**8**

Comments:

The hierarchy board was posted in a main activities room. It was artistic, professional, and clear. The TC hierarchy consists of the head of house, house coordinator, senior pod leader, pod leaders and members, the creative energy coordinator and crew, the information coordinator and crew, and the service coordinator and crew. Crew meetings are held weekly to discuss job functions and performance.

Family members in orientation are assigned to the service crew. Family members in Phase 4 of the program are not assigned to a TC job. They are generally working in the community and preparing for departure from the program. Other members are assigned to jobs based on their overall program performance and leadership ability. Additionally, family members are assigned to jobs that provide them with the opportunity to develop specific skills.

Job changes and performance were not noted in the case files that were reviewed as part of this assessment. It was, therefore, difficult to ascertain if job changes were based on behavior as designed.

Opportunities for growth:

- Note job changes and basis for changes in case files.

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Behavior Management

TCs replace anti-social behaviors with prosocial ones. There must be rewards for prosocial behavior (work, participation in treatment) and intermediate, graduated sanctions for antisocial behavior. There should be a concept of unity (brothers/sisters keepers) and not "jailing" (individualism). There should be a public demonstration of sanctions (signs, assignments, hierarchical change).

Item	Rating
Family members confront behaviors with staff supervision	2
Staff must document mechanism for confrontation	1
Staff must document sanctions including behavior	0
Sanctions must fit TC philosophy	2
Family members display understanding of sanctions	2
Family members displays respect for the system	2
Sanctions must be administered (except weekends/holidays) within 24 hours	2
Use of rewards	1
Sanctions are related to person's behavior	2
Graduated sanctions for repetitious behavior	1
Variety of sanctions with repetitious behavior	1
Variety of sanctions used by staff	1
Positive strokes (verbal praise by staff and residents)	1
Total possible points = 26 **Total points =**	**18**

Comments:

Interviews with six family members and observations were used to score this section. The behavioral management system seems to be well established. Family members were observed giving pull-ups to others throughout the two-day observation period. The recipients of the pull-ups appeared to respond appropriately. All of the family members interviewed reported that the behavior management system has helped with their recovery. All of them also stated that they have learned to be more responsible and accountable. When random family members were questioned on the floor about a sign or hat they were wearing as an LE, they were clear about why they were given the LE and what they needed to do differently. Most of the comments about the behavioral management system were positive. One family member stated that "some LEs are overboard," another stated that "some LEs are legit and others are not," and another stated that he would like to see more seminars be given out as LEs. The LEs appeared to be related to the person's behavior. Staff seemed to overuse the wearing of signs and hats as LEs.

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Sanctions or responses to sanctions were not consistently recorded in case records. Therefore, it was difficult to confirm that a variety of sanctions and graduated sanctions were used with repetitious behavior as is specified in the program design.

Although push ups were given, more pull ups than push ups were observed during the two-day observation period. Family members indicated that pull ups and LEs were more common than push ups and positive strokes. They did, however, indicate that the family receives extra privileges (movies, pizza parties) for consistent positive behavior. Additionally, family members receive additional privileges as they advance through the program phases. Observation of a phase level movement session revealed a lot of missed opportunities to give family members positive strokes.

Opportunities for growth:

- Include staff and family members in a brainstorming session to develop more of a variety of LEs.
- Include the behavior management system in the case records to help assist in assessing progress, responses to repetitious behavior, and outcomes of the system.
- Focus more on the delivery of push ups and positive strokes.

Environment

Item	Rating
Residents are active/not spending time in bunks.	2
Staff time on "floor" with clients	2
Staff client interactions/colleague/no dichotomy/democratic/avoids "we-they"	1
Inappropriate language/behavior/appearance immediately "pulled-up"	1
Residents understand their roles and activities	2
Unit cleanliness/orderly/quiet/beds made/floors/walls/bathrooms clean	2
Walls have TC art/pictures/slogans	2
Cardinal rules displayed	2
Weekly schedules posted	2
Offices/sufficient/confidential/conducive to treatment	2
Meeting spaces/sufficient/confidential/conducive to treatment	1
Records stored in confidence/safe/secure	2
Housing demonstrates hierarchy/"Top of Pop"/Cadre	0
Total possible points = 26 **Total points =**	**21**

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Comments:

Residents' schedules are very structured. They are constantly involved in therapeutic activities. Staff do not appear to isolate themselves in their offices. A large portion of their time is spent out on the floor with the residents. Family members indicated that staff treats them with respect. As previously indicated, there is no "hats off" process in place. Some negative behavior, primarily lack of participation, went unaddressed. Residents seemed clear on their job functions and activity schedule. The walls of the TC are filled with inspirational art, pictures, and slogans that were created by the residents. The cardinal rules were clearly displayed and the weekly schedules posted. Counselors offices seemed private and conducive to treatment. Meeting space (particularly in the female dorm) seemed limited and lacked privacy. Case records were stored in confidential files. There is no movement among units as residents advance in the hierarchy or program.

Opportunities for growth:

- If possible, make the sleeping arrangements for the different phases a little better from the first phase to the last (e.g., more space, more privacy).
- If possible, do more TC slogans or positive art work in the sleeping areas of the residents.
- If possible, do all pre and post encounter meetings in a quiet room away from distractions.

Clinical Records Review

Item	Rating
Treatment plan - note TC interventions	1
Progress notes include client behavior and attitude	1
TC job participation/changes	0
Behavioral interventions/haircuts/learning experiences	0
Encounter/group behavior	1
Peer group process versus 1:1	1
Notes comment on progress	0
Total possible points = 14 **Total points =**	**4**

Comments:

Four randomly selected records were reviewed from the RSAT residents files to score this section. Of the four records reviewed, one of the records was really well done. The other three records had much room for improvement.

Most of the treatment plans included TC interventions such as didactics, share in TC group, and assignments. The records did not provide a sense of a client's overall progress or of specific behavior or attitudes. Many of the entries were canned entries rather than an individualized account of progress. Information on job changes and behavioral interventions was limited. Some

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of the records included notes on participation in encounters and use of encounter tools. Case notes suggest that residents often are referred back to the community to address issues.

Case notes on participation in the criminal thinking groups were very comprehensive and informative.

Opportunities for growth:

- Provide more specific comments and concrete examples of residents' progress.
- Note specific TC interventions and outcomes in the case plans and progress notes.
- Record TC job changes and the reasons for the changes.
- Note the behavior management interventions and outcomes.
- Note the reactions or responses of the person being encountered.

Overall Score

Monday Community Correctional Institution scored 112 out of 156 possible points, or 71.8 percent.

Additional comments

This was the first attempt at using this monitoring tool to evaluate the different program components.

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