

# DRAFT REPORT

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

### **HANCOCK COUNTY ADULT PROBATION-- MORAL RECONATION THERAPY GROUP**

Findlay, Ohio

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## **CONTEXT AND SCOPE OF THE EVALUATION**

Research in the field of corrections suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism, whereas more “traditional approaches” (e.g., incarceration, boot camps, 12-step programs) are not (Gendreau, 1996; Smith, Goggin and Gendreau, 2002). Within this context, Hancock County Adult Probation contracted with the University of Cincinnati to evaluate the Moral Reconciliation Therapy treatment group. The assessment is being conducted using the Evidence-based Correctional Program Checklist-Group Assessment (CPC-GA). The objective of this assessment is to conduct a detailed review of the Moral Reconciliation Therapy (MRT) group and to compare the delivery of this intervention with the research literature on best practices in corrections. The following report will provide a summary of the program, procedures used to assess the program, and CPC-GA findings with recommendations aimed at increasing the effectiveness of the Moral Reconciliation Therapy group.

### **SUMMARY OF THE PROGRAM**

Hancock County Adult Probation was established by the Hancock County Common Pleas Court, and is located in Findlay, Ohio. Hancock County Adult Probation provides probationers with a spectrum of supervision and treatment services, including Moral Reconciliation Therapy (MRT) groups. Hancock County Adult Probation contracts with Century Health, a local behavioral health agency, to assist in providing this intervention. Hancock County requires offenders placed on Intensive Supervision Probation (ISP) to attend MRT. The county offers a separate male and female MRT group. A clinician from Century Health serves as the primary facilitator for the MRT groups. Adult probation officers serve as co-facilitators for the male MRT sessions.

Hancock County has offered MRT since 2005. In Hancock County, felony probationers are sentenced to a minimum of 2 years probation, and up to 5 years probation. Probationers attend MRT twice per week for 1.5 hours; it takes 4-6 months for most to complete the curriculum. Hancock County is currently exploring ways to augment MRT with more skills-based interventions, but was interested in receiving a full assessment of MRT to determine the best course of action for providing correctional treatment to the probationers.

### **PROCEDURES**

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

The Evidence Based Correctional Program Checklist (CPC) is a tool designed to assess correctional intervention programs.<sup>1</sup> It is used to ascertain how closely correctional programs meet known principles of effective intervention. Several recent studies conducted by the University of Cincinnati on both adult and juvenile programs were used to develop and validate

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

the indicators on the CPC.<sup>2</sup> These studies yielded strong correlations with outcome between overall scores, domain areas, and individual items, (Holsinger, 1999; Lowenkamp & Latessa, 2003, Lowenkamp, 2003; Lowenkamp & Latessa, 2005a; Lowenkamp & Latessa, 2005b).

The CPC-GA is a program evaluation tool adapted from the CPC to more closely examine the extent to which correctional group interventions meet the principles of effective intervention. This tool was designed to more closely examine core correctional practices within a group context. Hence, this tool can be used for correctional agencies or contractors that provide a free-standing group to examine the quality of that intervention.

The CPC-GA is divided into two basic areas: 1) CAPACITY and 2) CONTENT. The CAPACITY area is designed to measure whether or not a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are two sub-components in this area: 1) *Program Staff and Support* and 2) *Quality Assurance*. The CONTENT area focuses on the substantive aspect of the group and also includes two areas: 1) *Offender Assessment*, and 2) *Treatment*. The treatment area is designed to measure core correctional practices and is divided into seven components; 1) *Group Target and Process*, 2) *Effective Reinforcement*, 3) *Effective Disapproval*, 4) *Structured Skill Building*, 5) *Relationship Skills*, 6) *Cognitive Restructuring*, and 7) *Relapse Prevention*.

The CPC-GA tool includes 54 indicators, worth 56 total points. Each area and all domains are scored and rated as either "HIGHLY EFFECTIVE" (65% to 100%); "EFFECTIVE" (55% to 64%); "NEEDS IMPROVMENT" (45% to 54%); or "INEFFECTIVE" (less than 45%). The scores in all domains are then totaled and the same scale is used for the overall assessment score. It should be noted that not all of the domains are given equal weight, and some items may be considered NOT APPLICABLE in which case they are not included in the scoring.

There are several limitations to the CPC-GA that should be discussed. First, the instrument is based on an "ideal" program. The criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on "what works" in reducing recidivism. Hence, achievement of meeting all indicators on the assessment is unlikely. Second, as with all applied research, objectivity and reliability are important considerations. Although steps are taken to ensure that the information that is gathered is accurate and reliable, decisions about the information and data gathered are invariably made by the assessor given the nature of the process. Third, the process is time-specific; that is, the results describe the program at the time of the assessment. Changes or modifications may be under development, but only those activities and processes that are present at the time of the review are scored. Fourth, the process does not take into account all system issues that can affect the integrity of the program. Lastly, the process does not address why a problem exists within a program.

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

Despite these limitations, there are a number of advantages to this process. First, the criteria are based on empirically-derived principles of effective intervention. Second, the process provides a measure of program integrity and quality; in other words, it provides insight into the “black box” of the program, and this is something that an outcome study alone does not provide. Third, the results can be ascertained relatively quickly. Fourth, it identifies both the strengths and weaknesses of the intervention. It provides the program with feedback regarding what it is doing that is consistent with the research on effective interventions, as well as those areas that need improvement. Finally, it generates some useful recommendations for program improvement. Since program integrity and quality can change over time, it allows a program to reassess its progress at a later date.

### **Assessment Process**

The assessment process consisted of a series of structured interviews with staff members involved with delivery of the MRT group, as well as interviews with program participants. Interviews took place on June 6, 2011. Relevant program materials were also collected and reviewed. University of Cincinnati evaluators also observed a men’s and women’s MRT group session. Data from the various sources were used to determine a consensus CPC-GA score and provide the recommendations to follow.

## **PROGRAM STAFF AND SUPPORT**

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

### **Strengths:**

Kimberly Switzer is the Director of Court Services and Chief Probation Officer for Hancock County Adult Probation. She serves as the MRT program coordinator, and oversees delivery of the MRT group. Ms. Switzer plays an active role in selecting the staff that facilitates the MRT group. She requires that all Hancock County adult probation officers take a part in conducting these sessions, and she approved the Century Health MRT facilitator.

Ms. Wagner, an employee of Century Health Outpatient Services, is the sole facilitator of women’s MRT group and the lead facilitator of the men’s MRT group. Hancock County adult probation officers rotate as co-facilitators for the men’s MRT group. Ms. Wagner has been a MRT facilitator for Hancock County Adult Probation for the past 5 years. Ms. Wagner has a Bachelor’s degree in Social Work, and is a Licensed Social Worker. Probation officers with Hancock County Probation have either a Bachelor’s or Master’s degree. All staff that conduct MRT have been trained on delivery of this curriculum. Thus, Ms. Wagner and officer co-

facilitators have appropriate degrees and certifications to provide treatment groups to adults in the correctional system.

The probation officers appear to have been selected by Hancock County Probation Department to work with the adult probation population based upon skills and values aimed at changing offender behavior. The most recent hire to adult probation was an officer with experience in delivering evidence-based correctional programming. Hence, probation officers are sought that support offender rehabilitation.

Ethical guidelines are in place for the program. These outline appropriate staff/probationer boundaries, appropriate interaction with probationers, contact with probationers outside of treatment, probationer/facilitator relationships, etc. The program also appears to be supported and valued by criminal justice stakeholders, including judge(s), administrators, and other Hancock County Probation Department members.

### **Areas that Need Improvement:**

Regular supervision of the MRT sessions by the program coordinator is limited. While Ms. Switzer does supervise the officers that co-facilitate MRT sessions, she does not provide regular supervision for Ms. Wagner (the lead MRT facilitator) with regard to MRT group delivery. Bi-monthly staff meetings are regularly scheduled, and MRT may be a topic of discussion during these meetings; however, staff reported that these are not held consistently, and Ms. Wagner is not regularly involved in these meetings.

A clear strength of Hancock County is the time and resources they have invested to ensure that staff that deliver MRT are appropriately trained to do so. MRT group facilitators initially receive 40 hours of training in the MRT curriculum. While officers may observe the groups, they may not begin co-facilitating until they have undergone formal MRT training. After this training, group facilitators are certified as MRT facilitators. Officers are also required to attend 24 hours of ongoing training in topics designed for “changing offender behavior”. Topics for ongoing training sessions include risk assessment boosters, working with clients that have mental health diagnoses, EPICS, and motivational interviewing. While the initial training staff receive before conducting the intervention is appropriate, the ongoing training hours are not sufficient to meet the CPC-GA criteria.

Although probation officers are qualified by way of education to conduct the MRT groups, some lack experience working in a correctional treatment setting. While many have worked in the field for a number of years, not all officers have at least two years of experience working in correctional programs.

**Rating: EFFECTIVE**

### **Recommendations:**

- The program coordinator should provide regular direct supervision to probation officers regarding, among other duties, their role as MRT co-facilitators. This supervision can

occur during staff meetings, but meetings should be held at least twice per month. Furthermore, while Ms. Wagner is employed by Century Health and receives direct supervision from her employer, Hancock County Probation should play a more active role in supervising her in her role as a group facilitator. This might include her regular involvement staff meetings or designing other meetings/supervision sessions specific to MRT facilitation. This will help ensure that the coordinator is knowledgeable about the quality of the intervention, and can help address any barriers to conducting the group effectively.

- Although the attention by Hancock County of the initial training needs for MRT facilitators is commendable, ongoing training requirements should be increased. While officers are required to attend 24 hours of training per year in topics relevant to “changing offender behavior”, a minimum of 40 hours per year should be required. Examples of training topics include clinical topics such as group facilitation skills, addressing anger/aggression, substance abuse or mental health issues, a review of the principles of effective intervention, behavioral strategies such as modeling and practicing skills, application of reinforcers and punishers, as well as risk and need factors related to criminal conduct.

## **OFFENDER ASSESSMENT**

The extent to which offenders are appropriate for the services provided and the use of proven assessment methods is critical to effective treatment programs. Effective programs assess the risk, need, and responsivity of offenders, and then provide services and treatment accordingly. The Offender Assessment domain examines the participant selection process and type of offenders targeted for the intervention as well as the assessment of risk, need, and personal characteristics of the participants.

### **Strengths:**

Only those offenders that are classified as needing Intensive Supervision Probation (ISP) are referred by Hancock County Adult Probation for the MRT group. The lead group facilitator as well as co-facilitators reported very low instances of inappropriate clients referred and admitted to the MRT groups.

Hancock County Probation has adopted the Ohio Risk Assessment System (ORAS), which classifies probationers by risk level, and provides information about the dynamic needs of participants related to general criminal recidivism. This is a validated instrument that has been developed based on a population of offenders in Ohio. This is an effective tool for determining placement into MRT, since this intervention was designed to target general offender needs, addressing their criminal lifestyle and behavior.

Probationers classified as high or very high risk on the ORAS are referred to ISP, and thereby receive MRT programming. Lower risk probationers are excluded from MRT programming.

### **Areas that Need Improvement:**

Although the Hancock County Probation Department does a good job at assessing risk with an appropriate risk assessment and referring only appropriate clients to the MRT group, they do not assess for a range of responsivity factors. Responsivity tools assess client needs that might impede their success in the program, such as motivation, reading level, IQ, mental disorders or personality factors.

**Rating: HIGHLY EFFECTIVE**

**Recommendations:**

Hancock County Adult Probation should consider adopting additional assessments to assist in identifying other key responsivity factors that may affect a client's amenability to treatment. Examples of such instruments include an intelligence test such as the *Culture Fair IQ Test*, measures of motivation such as the *Desire for Help, Treatment Readiness*, or *University of Rhode Island Change Assessment (URICA)*, and the *Beck Depression Inventory* for depression issues. Texas Christian University's Institute of Behavioral Research has also developed a number of non-proprietary assessment tools in this regard, including several that address readiness to change and other responsivity factors. These are available from their web site: [www.ibr.tcu.edu](http://www.ibr.tcu.edu).

**TREATMENT**

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

**Strengths:**

The MRT group does not mix male and female participants; rather Hancock County provides separate sessions for men and women probationers.

In terms of the group process, two MRT groups are regularly conducted by Adult Probation, one for men and one for women. Each of these groups is scheduled for 90 minutes twice per week, so that the county provides two sessions per week for men, and two sessions per week for women. The county used to require just weekly MRT group attendance, but increased this to bi-weekly within the past year.

Groups regularly begin and end on time. Groups are always conducted by staff and the facilitators appeared knowledgeable about the material being covered. Furthermore, the lead facilitator was skillful at encouraging participation from all group members. This was evidenced by both her facilitation style as well as the expectation that participants present their assignment or discuss the step they are working on.

Homework is regularly assigned and reviewed as part of the MRT group. In order to progress in the program, participants must complete a series of assignments: pyramid of life, shield and life mask, life wheel, worries wants and needs, program rules acceptance, things in life, major life categories, circle of relationships, best of times/worst of times, important relationships, 10 hours of helping others, trading places, one year to live, five years to live, ten years to live, master goal plan, one year action plan, moral assessment, my 5 biggest problem areas, trading places, circle of relationships, summary of things learned in steps, and testimony. One advantage of MRT is that the group is designed for open enrollment, which tends to be more easily facilitated by agencies. As such, participants are working on different assignments depending on where they are in the program. Each group, select participants must review their assignment and feedback is given by the group facilitators and members.

Group norms were established and followed. Participants must sign a group contract that clearly specifies expectations of the program and of group participation. The average length of MRT is 4-6 months. Although for high risk offenders, other interventions based on additional need areas should be offered (e.g., substance abuse treatment, anger management etc.), for this intervention, the time frame appears appropriate to meet the needs of the clients served.

There was evidence that the group facilitators consistently followed the MRT curriculum. The manual includes exercises, activities and homework assignments. The facilitators appeared very knowledgeable about the manual.

The group size is typically 7 or 8 participants. The women's group that was observed had 4 participants, and the men's group that was observed had 7 participants. The largest group has been 11 participants and the smallest 3 or 4 participants. Currently, the lead facilitator from Century Health and a probation officer co-facilitate the men's group. Hence, group size is appropriate as it does not regularly exceed 10 participants per facilitator.

The facilitators appeared effective at addressing different learning styles or barriers of the participants being served. Individual sessions with probation officers are used to assist participants in meeting the program assignment expectations. The facilitators were also skilled in breaking concepts down so that the participants could understand them.

The MRT facilitators used appropriate punishers to extinguish antisocial expressions and promote behavioral change in the future by showing the participants that behavior has consequences. Punishers used range from verbal disapproval to being removed from group. There was no evidence that the facilitators used punishers such as shaming techniques meant to humiliate or demean participants.

The lead facilitator and the co-facilitator observed seemed to have rapport with the participants in the groups. Also, boundaries appeared to be established and the facilitators did not engage in arguments or other negative interactions with participants, instead rolling with resistance. Little participant resistance was noted during the group, which attests to the rapport facilitators appear to have with MRT participants.

### **Areas that Need Improvement:**

In order to reduce the likelihood that offenders will recidivate, those characteristics associated with recidivism, i.e., criminogenic needs, must be targeted. While the MRT group does target criminogenic need areas such as antisocial peers and attitudes, it also spends an excess amount of time exploring past experiences of offenders, addressing trust-building, making amends for past behaviors, developing awareness and acceptance, and setting future goals. While some of these areas are appropriate (e.g. goal setting), not enough group time is allocated toward directly targeting factors linked to offender recidivism.

While MRT does incorporate some cognitive-behavioral concepts, there are core tenants of the theory that are lacking in this curriculum. MRT model is based, in part, on Kohlberg's stages of moral development. It is designed to enhance social and moral judgment. There are limited cognitive restructuring activities designed to teach offenders alternative thoughts associated with high risk situations. The program also lacks behavioral strategies related to practicing alternative ways to manage risky situations. Groups are also fairly process oriented, which is not consistent with the structure of typical cognitive-behavioral interventions.

While the men's groups are facilitated by both the contract provider and probation officer, the probation officer plays a limited role in conducting the group.

Although the program does use verbal praise by group facilitators and a county judge issues a certificate of completion with praise, the types of reinforcers used to encourage group participation and compliance is limited. There needs to be a range of tangible and social rewards given by the group facilitators. Furthermore, reinforcers did not appear to outweigh punishers/sanctions by a ratio of at least 4 to 1.

Although the facilitators for the MRT groups used appropriate types of punishers, the process by which punishers were applied could also be improved. Participant non-compliance issues seemed to be passed to the supervising probation officers during subsequent supervision sessions. There were also limitations in the facilitators' ability to recognize and follow up with negative effects of punishers. Furthermore, prosocial alternatives to negative or antisocial behaviors were not regularly taught after administering a punisher.

The use of structured skill building is not regularly incorporated into the program. Prosocial skills are not consistently modeled by both facilitators, including an explanation the benefits of using such skills. The program also lacks rehearsal of skills (e.g. role play) with corrective feedback to shape new prosocial behaviors among participants. Finally, participants are not expected to engage in graduated practice of prosocial skills with corrective feedback. This

would entail advanced practice of skills (with more realistic scenarios, less cooperative co-actors, or practice in real-life situations). Skill building is not a component of the MRT program.

While the MRT curriculum does incorporate a relapse prevention component, participants are not required to develop a comprehensive relapse prevention plan aimed at targeting the risk factors related to their individual criminal behavior, and then rehearse the prosocial strategies that are incorporated into that risk plan.

### **Rating: NEEDS IMPROVEMENT**

#### **Recommendations:**

- While some criminogenic needs are targeted in MRT (particularly offender values and relationships with antisocial peers), more time within the group sessions should be spent targeting a range of criminogenic needs. Much of the group time seems to focus on establishing trust, acceptance, and assessing participant progress on completing each of the 12 steps, only some of which are directly tied to criminogenic need areas.
- MRT does borrow from cognitive-behavioral theory; however, MRT also combines elements from other psychological theories, including Erikson and Loevinger's ego development, Maslow's hierarchy of needs, Kohlberg and Piaget's moral development theories, as well as work from Carl Jung (Little & Robinson, 1988). The primary goal of MRT is to increase the moral development of participants. MRT does not focus on specific cognitive or interpersonal skill development as part of the curriculum. Antisocial cognitions are targeted via increasing moral maturity rather than teaching participants how to recognize and restructure antisocial thoughts and belief systems. Given the clear support for cognitive-behavioral interventions in corrections, more of these CBT-based strategies should be incorporated into the group.
- The probation officers should play a more active role in facilitating the groups. While it is understandable that as a clinician, the lead MRT facilitator takes a more active role in facilitating the group. There should be more of a balance between the lead facilitator and the co-facilitator. Probation officers' experience, training and relationship with the participants should be capitalized on to assist in teaching participants prosocial ways of managing their environment. Additionally, the rationale for using co-facilitators for the male groups, but not the female groups was unclear. Regardless, the current group size does not require that co-facilitators be used to deliver the sessions, so long as enrollment does not exceed 10 participants per group. If it does, then co-facilitators should be used, regardless of the group's gender.
- The frequency with which reinforcement is used should be increased. This can be done though including a range of tangible and social rewards. Examples of these are: verbal praise, earning privileges, acknowledgement, points/tokens, gift certificates etc. The use of positive reinforcement should be applied consistently for appropriate behavior. Reinforcement should also occur immediately following the wanted behavior. The facilitator should always explain *why* the reward or verbal praise was received, i.e., be specific when praising or issuing a reinforcer so that the participant is aware of the

behavior being targeted. The facilitator should also explain how the reinforced behavior can transfer to prosocial behavior in the community, discussing the long and short term benefits of continuing that behavior.

- Like with effective reinforcement, the process by which offenders are punished/sanctioned could be improved. Elements of effective punishment include the following:
  - Facilitators must recognize inappropriate responses, cues, suggestions, and behaviors;
  - Facilitators must then consistently extinguish the behavior by purposefully ignoring it, issuing a warning, or applying a punisher;
  - Like with reinforcers, punishers must clearly be linked to the inappropriate behavior—participants should be told “why” the punisher is being issued;
  - Punishers should match the severity of the behavior (so that it is aversive enough to extinguish the behavior but not so severe as to elevate negative effects from punishers);
  - Where possible, the facilitator should note the short and long term consequences of continuing the negative behavior;
  - Finally, after the punishment is administered, the facilitator should let the issue drop and not continue to show disapproval for the behavior.
- After a punisher is administered, the client should be taught an alternative to the inappropriate behavior. For example, the facilitator or a probation officer might demonstrate an appropriate coping response to a problem or issue, and then have the probationer practice how that behavior may have been handled differently. Staff should also receive training on dealing with possible negative effects of punishers. Examples of negative effects include anger, isolation, elevation of target behavior, or response substitution (where an antisocial behavior is simply replaced with another antisocial behavior). Communication with probation officers should also be increased so that staff can follow-up on possible negative effects of punishers.
- The program should incorporate prosocial skill training with corrective feedback. Participants should regularly practice alternative prosocial responses to high risk situations, and structured corrective feedback should be given by other participants and facilitators. The basic approach to teaching skills includes:
  - 1) Facilitator defines and models the skill to be learned
  - 2) Participant rehearses (or role plays) correct use of the skill
  - 3) Facilitators and participants provide corrective feedback
  - 4) Participant practices the skill in increasingly difficult situations

It is recommended that approximately half of the time in CBT group sessions be allocated to teaching participants specific cognitive and social skills for better managing their high risk situations, with practice related to such skills. Furthermore, *all* participants should be required to practice the core communication and coping skills being taught. This ensures that all participants are becoming more proficient in use of the skills. Rehearsal should also include graduated practice of skills in increasingly difficult situations so that

participants' practice is as "real-life" as possible. Graduated practice could happen within the structure of the group, but may require increasing the length of each session so that all group members can engage in this practice. Homework should also involve graduated practice of the skills being taught, with the expectation that participants will report back progress the following week.

- Comprehensive relapse prevention plans should be developed by the end of the treatment group. This helps to ensure that participants are able to recognize high risk situations that lead to law-breaking and have a concrete plan that incorporates the skills taught throughout the program to deal with these situations. Participants should have an opportunity to rehearse these relapse prevention plans, i.e., engage in additional practice of the strategies that they have identified to best manage their own risky situations.

## **QUALITY ASSURANCE**

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

### **Strengths:**

Group participants are given the Defining Issues Test (DIT) as a pre/post test of target behaviors. This is issued at the beginning and end of MRT group.

### **Areas that Need Improvement:**

The Assistant Chief of Hancock County Adult Probation takes part in periodically co-facilitating the MRT groups. She is incorporated into the probation officer MRT rotation schedule on a quarterly basis. This affords her to opportunity to observe the facilitation style of the lead facilitator from Century Health. However, since she takes the place of a probation officer, she is unable to observe the officers that co-facilitate the male sessions. A quality assurance form is completed, and feedback is provided to the lead facilitator following the sessions. However, as co-facilitator, she impacts the group process, and therefore does not have the ability to observe it objectively.

As part of the state audit, satisfaction surveys are required for the ISP program. However, the satisfaction survey is not specific to MRT, and therefore has limited utility in assisting Hancock county to make adjustments to the MRT program based on survey results.

For program completion, participants are required to present each of the 12 steps in MRT as well as all homework assignments. The completion criteria, however lacks behaviorally defined performance measures. Finally, while there is a discharge summary for completion of ISP, these

do not specify performance in MRT and separate discharge summaries that offer recommendations for continued treatment needs are not formulated.

**Rating: INEFFECTIVE**

**Recommendations:**

- Hancock County Adult Probation should refine the group observation/quality assurance process. It is recommended that the chief probation officer continue to provide at least quarterly observations of sessions; but that probation officers co-facilitate these sessions so that feedback can be provided to probation staff as well, and so that the Chief probation officer's role is then limited to quality assurance for those observed sessions. She may choose to continue to include herself in the rotation for co-facilitation of the groups, as this would help assure that her skills are honed in facilitating the groups; but quality assurance observation should be reserved for that activity. Furthermore, the quality assurance form should be adapted to include additional core correctional practices, such as the facilitators' relationship skills, effective reinforcement and disapproval strategies, cognitive restructuring, and structured skill building.
- Participants should be surveyed or interviewed as to satisfaction with the MRT groups. This can include surveys, interviews, or phone calls. It is particularly helpful if the surveys are not limited to being administered at program completion. This provides the program the opportunity to institute changes based on suggestions while the participants making them are still involved in the program.
- When determining program completion criteria there should be objective indicators of what is needed to earn a certificate of completion. These indicators should include some performance measures, such as change in attitudes, acquisition of new knowledge or insight, and demonstration of new skills and behaviors. This might be accomplished with a facilitator-driven rating that participants get for each group based upon participation and behavior. Improvement on pre-post testing might also be as way to measure adequate behavioral and attitudinal change. Successful completion of the intervention should also be determined by the facilitators based upon knowledge and skills learned, not other participants.
- Formal discharge summaries should be constructed on each participant completing the group. These should include such things as progress in meeting target behaviors/goals, recommendations for continued areas of need, pre-post test results, and number of sessions completed.

**OVERALL PROGRAM RATING AND RECOMMENDATIONS**

MRT received an overall score of **52** percent on the CPC-GA. This falls into the **NEEDS IMPROVEMENT** range on the CPC-GA. The overall Capacity score designed to measure whether the program has the *capability* to deliver evidence based interventions and services for offenders is 47 percent, which falls into the **NEEDS IMPROVEMENT** category. The overall

Content score, which focuses on the *substantive* domains of assessment and treatment, is 54 percent, which falls into the NEEDS IMPROVEMENT category.

Among the capacity domains, quality assurance was the area of greatest deficiency. However, many of the current practices of Hancock County Adult Probation can be modified slightly to drastically improve the score in this domain. Assessment is a strong area in general the county. Based on how items were scored in the treatment section of the CPC-GA, the group did well in examining most group process items as well as facilitator relationship skills. This suggests that the curriculum is being delivered well. Aside from the structure for reinforcing and sanctioning group-related behaviors, where there were primary deficiencies was in the MRT model itself. Many of the recommendations given in the treatment section, particularly around the treatment targets, use of cognitive restructuring, and incorporation of structured skill building, would require moving away from delivering MRT as it was designed, or that MRT be augmented to include sessions that incorporate key components of CBT, such as cognitive restructuring and cognitive and social skill development.

Prior to the MRT evaluation, Hancock County Adult Probation was already discussing methods for incorporating elements from the Thinking for a Change (T4C) Curriculum, including the teaching of social skills and the cognitive self change component. The preliminary plan involved increasing the session length to 2 hours, and spending the first hour conducting MRT, and the second hour conducting components of T4C. The concern the county has with implementation of the full T4C curriculum is operating the group as a closed-ended program, which is how this curriculum was designed (as opposed to MRT, which was designed for open enrollment). The concern posed was that a waiting list would require ISP participants to wait before receiving treatment.

There are several options for how to provide treatment to ISP offenders:

- 1) Continue to conduct MRT groups, recognizing there are deficiencies to this curriculum.
- 2) Move forward with the plan to extend the length of the MRT sessions, and incorporate additional CBT-based strategies from T4C.

Note, however, that even if the full T4C curriculum is not used, some components, such as cognitive-self change, still build on previous sessions (i.e. participants are taught how to recognize risk thoughts before they replace these thoughts with new thinking). Hence, participants will likely still require some orientation or pre-treatment sessions before beginning the full group. This may be a separate pre-treatment group that introduces the cognitive-self change strategies, along with beginning social skills, and then participants continue to work on these strategies via thinking reports and role play in ongoing sessions. Pre-treatment could also occur during probation officer supervision sessions, so long as these were structured sessions where these concepts are clearly reviewed and documented.

Also of note is that the research that supports T4C as an evidence-based intervention involves the implementation of that curriculum as designed, rather than offering just some components, or breaking the components up. On the other hand, a recent study found that non-brand name curricula could be as effective as brand-named curricula (such as T4C), so long as an evidence-based theoretical model was used (Lipsey, 2009). This would suggest that one could implement components of a curriculum, so long as what was implemented was based upon sound cognitive-behavioral theory.

- 3) Fully replace MRT with T4C or an alternative CBT-based curriculum, such as CounterPoint, Aggression Replacement Training, or Reasoning and Rehabilitation.

Most of the CBT curricula, however, are facilitated with the highest fidelity when conducted as closed-ended groups. Given that ISP offenders are typically under supervision for 2-5 years, pre-treatment sessions could be offered that begin to introduce core CBT skills to offenders, and probation officers could work on these skills during supervision sessions until the offenders could receive the core curriculum.

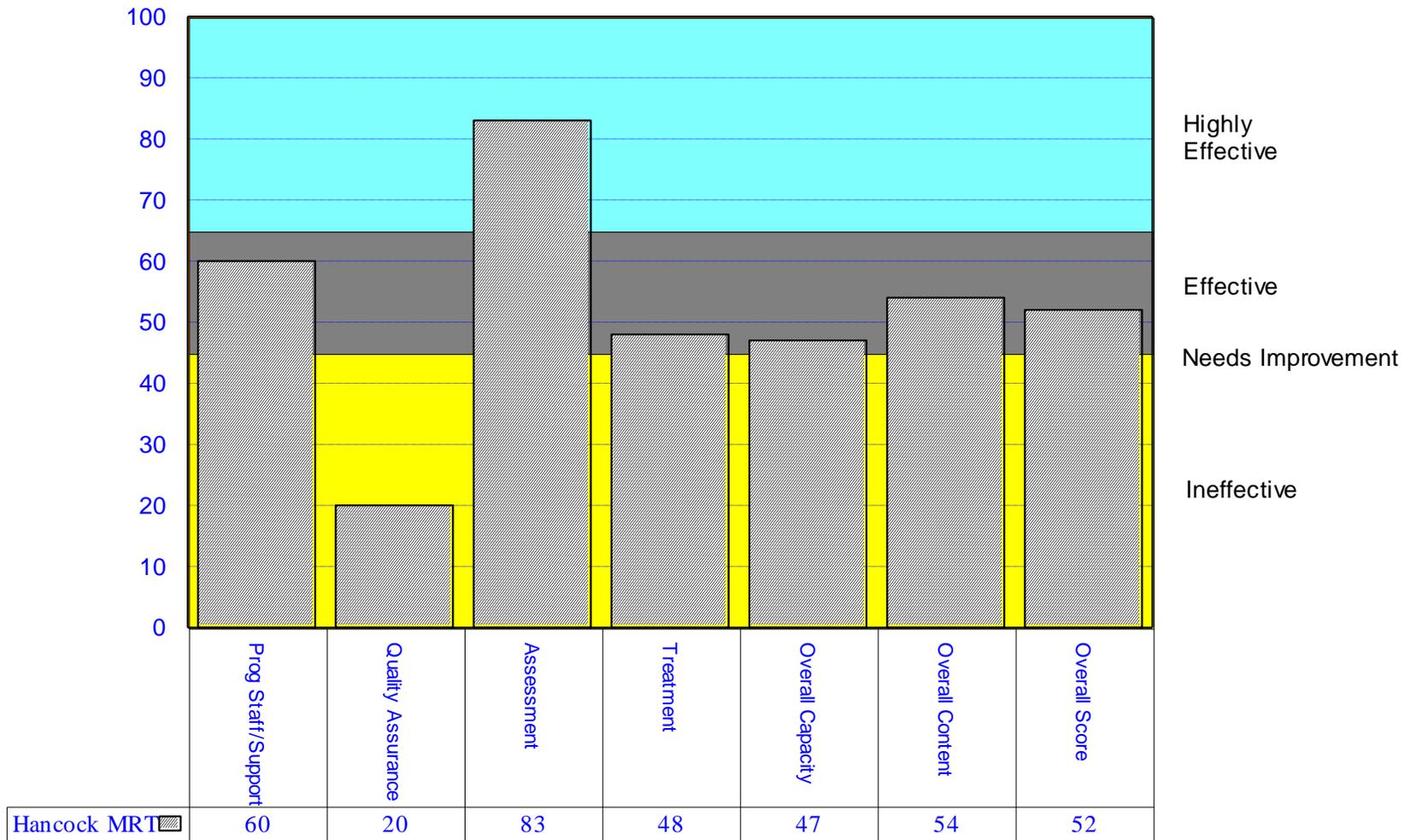
Some of these curricula can also be modified so that they are conducted as partially open groups (identifying appropriate entry points where new concepts are being introduced, e.g. at the beginning of a problem solving component). This may also require brief pre-treatment sessions, where an overview of the curriculum or some of the basic skills taught in the curriculum are reviewed. Yet, like with point one, creating entrance points so that the wait time for enrollment is decreased still moves away from delivering the curriculum as designed.

The purpose of the CPC-GA is to assess how well the delivery of the group in question (MRT in this case) meets the principles of effective correctional intervention, as well as the core correctional practices. Hopefully, the recommendations provided in this report can be used to help guide decision making and areas to consider when developing programming. Ultimately, it is up to Hancock County Adult Probation to decide what treatment options are best for their county.

### **Conclusion**

Recommendations have been made in each of the four CPC-GA domains. These recommendations should assist the group and or agency in making necessary changes to increase program effectiveness. Certainly, care should be taken not to attempt to address all “areas needing improvement” at once. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systematically address such needs. Once the program has had sufficient time to implement changes, it is often helpful to have the program re-assessed to determine whether the program has been successful at implementing the recommended changes.

# Figure 1: Hancock County MRT CPC-GA Domain Scores



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