

Summary of the Program

Glory House is a residential community correctional program located in Sioux Falls, South Dakota. The program is considered an aftercare facility and serves adult and female male offenders, and has been in operation for over 30 years. Offenders are under a variety of correctional dispositions including parole (both state and Federal), work release, probation, Federal Pre-release, and court services. The program offers a number of programs and services including employment, substance abuse, anger management, cognitive restructuring, and life skills. The facility has a capacity of 45, and there were 39 offenders being served at the time of this review, of which 12 were females. The program has approximately 33 staff, of which seven could be considered counselors or clinical staff. Glory House has an operating budget of approximately \$844,0000, and funding come from a variety of sources including contracts, grants, and gifts.

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 program stability.

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.

There are several limitations to the CPAI that should be noted. First, the instrument is based on an "ideal" type. 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 offender recidivism. Second, as with any evaluation process, objectivity and reliability are always an issue. Although steps are taken to insure that the information is accurate and reliable, given the nature of the process, the assessor invariably makes decisions about the information and data gathered. Third, the process is time specific. That is, the assessment is based on the program at the time of the assessment. Changes or modifications may be under development, however, 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 effect program integrity. Finally, the process does not address "why" a problem exists within a program.

Despite these limitations, there are a number of advantages to this process. First, the criteria are based on empirically derived principles of effective programs. Second, the process provides a measure of program integrity and quality; it provides insight into the “black box” of a program, something that an outcome study alone does not provide. Third, the results can be obtained relatively quickly. Fourth, it identifies both the strengths and weaknesses of a program; it provides the program with an idea of what it is doing that is consistent with the research on effective interventions, as well as those areas that need improvement. Fifth, it provides some recommendations for program improvement. Finally, it allows for benchmarking. Comparisons with other programs that have been assessed using the same criteria are provided, and since program integrity and quality can change, it allows a program to reassess its progress over time.

Data were collected through structured interviews with selected program staff on May 8, 2001. Other sources of information included the examination of several representative case files, and other selected program materials.

Norm Information

Researchers at the University of Cincinnati have assessed over 196 programs nationwide using the CPAI. Approximately 8 percent of the programs assessed have been classified as “very satisfactory” 23 percent “satisfactory”, 38 percent “satisfactory but needs improvement”, and 31 percent “unsatisfactory”. The average scores in each of the six areas are contained in the figure contained at the end of the report.

Program Implementation

The first section examines how much influence the current program director had in designing and implementing the program, her qualifications and experience, her current involvement with the staff and the program participants, 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 treatment components of the program. Linda Atkinson is responsible for the treatment services offered at Glory House, and was identified as the “program director” for the purposes of the assessment.

Linda Atkinson has work for Glory House for over eight years, and she has been in her current position for one year. Her previous positions including supervisor and counselor. Ms. Atkinson is actively involved in all aspects of the program; she participates in hiring and selecting staff, she provides clinical supervision, and she provides direct services to offenders in the program in the form of conducting groups (transition, and intensive corrective thinking).

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; interventions and program components are piloted before full implementation; the values and goals of the program should be consistent with existing values in the community or the institution; the program meets a need; and the program is perceived to be cost-effective.

The program was developed to address the treatment needs of offenders from the State of South Dakota and the Federal Bureau of Prisons. It also appears that the program is based on empirical research and literature. There is evidence that the program has consulted the “what works” literature and the program draws primarily upon cognitive behavioral interventions. There appears to be strong support for the program from the local, state, and Federal correctional and court officials, as well as the community at-large. Finally, funding for the program appears to be adequate and sustainable.

Areas that Need Improvement

Although the current program director is actively involved in all aspects of the program, she was not instrumental in designing the program, or in selecting the majority of interventions currently being used in the program.

The current program director is certified as a CCDC II counselor, however, she does not meet our criteria for education (baccalaureate degree).

The program has introduced several new groups; however, it does not appear that any of the new treatment components have been tested during a definitive pilot phase prior to full implementation.

Evaluation: Very Satisfactory

Recommendations:

- As changes are made to the program, it is important that the program director play an instrumental role in the redesign of the program.
- Any time a new program component is instituted, a pilot period of at least one month should be conducted to sort out the content and logistics of the program/component. Once fully implemented it often becomes more difficult to change or modify groups or interventions.

Client Pre-Service Assessment

The extent to which offenders 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 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:

Offenders entering the Glory House have a number of problems when they first enter the program. Substance abuse, resistance to change, domestic violence, sexual behavior, lack of sober leisure activities, employment, and antisocial attitudes and values were areas identified by the staff.

It appears that the vast majority of the offenders in the program are deemed appropriate by the staff. Among those excluded from program participation include those with a history of persistent violence, and the severely mentally ill.

Offender assessment of risk and need factors is thorough and complete. The program utilizes a number of tools to assess and classify offenders. The Level of Service Inventory is the primary instrument used to assess risk and need factors associated with recidivism. The program also assesses substance abuse in more detail using a range of instruments including: MAST, SASSI, Adult Substance Use Survey, and ADS.

It also appears that when warranted, the program will assess some responsivity factors including depression and intelligence.

Areas that Need Improvement

The program does not assess a wide range of personal characteristics of the offenders, which may affect their ability to learn or engage in treatment.

Although Glory House uses a number of standardized and quantitative risk/need assessment instruments there is no evidence that they have validated the instruments on the program's specific offender population.

Rating: Very Satisfactory

Recommendations:

- Additional responsivity factors that may affect treatment, such as level of motivation, coping or stress levels, or levels of anxiety, should be assessed upon intake using standardized and objective instruments that distinguish levels.

- In order to ensure the reliability and validity of the assessment tools used by the program it is recommended that a validity study be conducted every five years.
- The staff does not need four instruments to assess substance abuse. It is recommended that the program consider reducing the number of instruments it uses to assess this risk factor.

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 punishers; 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 offender in anticipating and coping with problem situations.

Strengths:

The majority of the interventions offered by the Glory House are designed to target criminogenic needs and behaviors associated with recidivism including:

- reducing problems associated with drug and alcohol abuse
- relapse prevention
- changing attitudes, orientations, and values favorable to law violations
- resolving deviant sexual behavior
- promoting family communication
- reducing anger levels
- promoting more positive attitudes and performance regarding work and education

The most effective programs are based on family-based, cognitive-behavioral, and social learning theories. It appears that the model driving the treatment offered at Glory House is based on a cognitive behavioral approach. Most of the offenders are required to complete cognitive restructuring groups.

Offenders are engaged in structured activities (treatment and work) for at least forty percent of their time, with program participants spending several hours per day in therapeutic activities. In addition, offender whereabouts is closely monitored when they are not in the program. Offenders are required to sign in and out, phone checks are made, and passes are controlled.

Written treatment manuals are essential to improve the consistency of service delivery models within programs. The program has developed detailed manuals that outlines groups, activities, and learning objectives.

It appears that offenders are matched to treatment groups based on need, and for the most part, the personal and professional skills of the staff are systematically matched to the treatment groups that they provide.

The program has some rewards and punishers to encourage program participation and compliance. The rewards include:

- Verbal praise
- Privileges such as passes
- Recreational activities
- Advancement in levels

The punishers include:

- Verbal warnings
- Loss of privileges and restrictions
- Increased treatment
- Loss of level
- Written assignments
- Cuts in allowance

Effective correctional intervention programs train clients to monitor problem situations and rehearse alternative, prosocial responses to these situations. The program appears to routinely train the offenders to monitor and anticipate problem behaviors.

Glory House has several mechanisms in place that allows program participants to provide input into the structure of the program including a client council and participation in treatment planning.

The program attempts to meet other needs of the residents by formally referring them to other agencies and services. A formal discharge plan is also developed for each resident.

Finally, booster sessions and aftercare is offered residents once they leave the facility.

Areas that Need Improvement:

There are a number of areas that can be improved.

It is important that the program stay focused on criminogenic needs. Life skills, grief and loss groups, and spirituality may meet other needs of the offenders, but they are not appropriate targets for reducing criminal behavior.

It was beyond the scope of this assessment to examine the external providers utilized by Glory House, however, staff interviews indicated that the primary substance abuse treatment providers

rely on a drug education and a self-help approach that centers around a 12 Step model. This approach focuses more on educating participants about the disease, bibliotherapy, milieu therapy, encouraging spirituality, admitting powerlessness over drugs and alcohol, self-actualization, and self-help. There is little empirical evidence that these approaches will lead to long term reductions in recidivism.

The most effective treatment interventions last between three and nine months, and do not exceed twelve months. The length of the Glory House program varies, but it appears that a significant percentage of offenders are in the program for less than 90 days.

Effective correctional treatment programs vary the level of service according to the level of offender risk. Because the risk level of participating offenders is known when they enter the program, the intensity of treatment can be appropriately matched to the offender's level of risk and need. However, with some exception (i.e. intensive corrective thinking groups), it appears that treatment intensity or duration does not vary based on risk or need levels. The sentencing authority determines time, and the program completion is not necessarily based on the offender's completion of the treatment phases, but rather expiration of sentence.

The program needs to improve its used of behavioral strategies. While some rewards and punishers are used to promote program compliance, and to bring about change in behavior, it does not appear that an appropriate ratio of rewards and punishers is applied across all components or that all staff consistently and systematically apply punishers.

Community/family contact and support are essential to successful reintegration, and become even more important once an offender is discharged from the treatment program. There is no evidence that the program works with or trains family members to assist offenders when they are released from the facility.

There does not appear to be a systematic matching of offenders and staff based on responsivity characteristics. For the most part, offenders are assigned staff based on a caseload model.

Effective correctional intervention programs train clients to monitor problem situations and rehearse alternative, prosocial responses to these situations. Some of the interventions, e.g. relapse prevention, teach offenders alternatives to their antisocial behavior and routinely train offenders to monitor and anticipate problem behaviors, however, overall the groups and interventions in the facility are not utilizing these behavioral strategies consistently and systematically.

Evaluation: Satisfactory, but Needs Improvement

Recommendations:

- Since the duration of treatment is often beyond the control of the program, completion criteria need to be developed based on the acquisition of prosocial attitudes and behaviors.
- Attempts should also be made to increase the length of treatment to a minimum of 90 days. Anything less than that will likely be ineffective in changing offender behavior.
- The program will want to consider matching offenders to groups and counselors based on levels of cognitive functioning, motivation level, learning styles, levels of anxiety, and communication style. For example, low functioning offenders will have difficulty with a group facilitator or counselor that uses a highly verbal approach to treatment, and high anxiety offenders will not respond well to a highly confrontational group or counselor. The assessment information should be used to better match offenders to staff.
- Treatment intensity, or “dosage,” should be clearly matched to the offender’s level of risk as measured by standardized assessment instruments. Higher risk offenders should receive more intense levels of treatment. In addition to varying degrees of substance abuse problems, offenders will have varying degrees of other risk factors (e.g., antisocial peer associations) that also should be considered when determining the intensity and duration of the program.
- Appropriate behavior and participation in treatment should be consistently rewarded. As it now stands the staff appear to focus more on negative than positive behavior. Rewards should outnumber punishers by at least 4:1.
- The most effective punishers include response costs (i.e. losing privileges, work, etc.). For punishers to achieve maximum effectiveness they should be administered in the following manner: escape is impossible, maximum intensity, earliest point in the deviant response, after every occurrence, immediate, alternative prosocial behaviors provided after punishment administered, and variation in the punishers.
- Rewards and punishers should be closely linked to behavior, and *all* staff should be trained in the effective use of rewards and punishers and the role they play in a behavioral program.
- All staff should also be trained to look for negative consequences of punishment (emotional reactions, avoidance/aggression toward punishers, increased use of future punishment by offender, etc.), and on how to respond appropriately.
- The program should train family members to assist offenders when they are released from the program. The program needs to develop a family intervention program, or arrange for services through an existing family service agency. As with the other treatment components, a detailed manual should be developed which describes the intervention, objectives, performance measures, and activities of this treatment.

- The program needs to increase the involvement of offenders in cognitive behavioral groups; specifically those designed to target anti-social attitudes, values, and beliefs. Glory House should also ask the substance abuse providers to adapt a cognitive behavioral approach. Furthermore, all staff should be trained on the use and importance of effective treatment models across the entire program. All staff, including security and case managers should understand the importance of modeling and behavioral rehearsal techniques that engender self-efficacy, challenge of cognitive distortions, and to assist offenders in developing good problem solving and self-control skills. This will increase consistency of treatment, and will facilitate application of behavioral strategies throughout the program's treatment components. The current cognitive curriculum, *Corrective Thinking*, focuses on cognitive restructuring and thinking errors. The program should consider incorporating other cognitive curriculums that provide more skill building and competency exercises. Some suggested curriculums to consider include *Thinking for a Change* and *Strategies for Self-Improvement*. Given the experience, skills level and competency of the Glory House staff with the cognitive approach, they should be able to easily expand the current techniques to incorporate more skill building components.

Staff Characteristics

This section concerns the qualifications, experience, stability, training, and involvement of the program staff.

Strengths:

The professional staff of the Glory House are well qualified. All of the staff possessed at least a baccalaureate degree in a helping profession, 50 percent had a master's degree or higher, and 83 percent reported at least two years experience working with offenders. It also appears that staff are selected based on personal qualities such as empathy, flexibility, firmness, life experiences, etc. Staff are able to modify the program structure. Staff members are also regularly assessed with regard to service delivery, they regularly participate in on-going training, they receive clinical supervision, and it appears that the staff strongly support the goals and values of the program.

Areas that Need Improvement:

Only 50 percent of the staff have been with the program for at least two years.

Initial staff training is limited, and consists primarily of on-the-job training.

Evaluation: Very Satisfactory

Recommendations:

- Training for new staff should be increased to three to six months and should include formal training in theory and practice of interventions employed by the program. It is also important that all staff understand the application of behavioral strategies in order to ensure consistency across the entire program. Staff also need additional training in the use of the LSI.
- Staff stability is important for program integrity. Every effort should be made to retain treatment staff.

Evaluation

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

Strengths:

The Glory House has strong internal quality assurance processes in place that include file review, clinical supervision, weekly staff meetings, offender satisfaction surveys, and random observation of groups.

Offender are regularly reassessed with the LSI. This allows the program to determine how much progress is actually made with regard to reducing criminogenic needs and risk factors.

The program also attempts to track outcome at three month intervals for one year, although this appears to consist primarily of self-report.

Areas that Need Improvement:

The monitoring of outside contractors and service providers needs improvement.

There have not been any formal evaluations of the effectiveness of the program.

Evaluation: Satisfactory, but Needs Improvement

Recommendations:

- Quality assurance mechanism should be developed to more closely monitor outside service providers. This mechanism should be more formal and standardized than current practices, and can include regularly observing groups, and pre/post testing of offenders on targets behaviors.
- The program should routinely track offender outcome using official record checks on rearrests, convictions, or incarceration.

- The program should conduct a formal evaluation of the program that includes a comparison group. An outcome study should be conducted every five years.
- The program should also consider retaining an evaluator to assist with research.

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 offender's files. This area is essentially addressing program stability over a two year period in an attempt to determine if changes in the above have had an impact on program integrity.

Strengths:

The client records are kept in a confidential file and include assessment information, progress notes, and phase completion information.

There are ethical guidelines in place for staff to guide staff interaction with offenders and work behavior.

The program has an advisory board to assist and advise the program.

There have been no changes in community support, or funding over the last two years that have jeopardized the delivery of service and interventions.

Areas that Need Improvement:

The only area of concern centers on the change in administrators over the past two years. Although program integrity appears to have been protected, the turnover in leadership placed a significant strain on the staff. Glory House recently hired a permanent Director which should help alleviate the uncertainty and low morale that plagued the program over the past several years.

Evaluation: Very Satisfactory

Recommendations:

- It appears that the Glory House has obtained stable leadership, however, it is important that steps are taken to rebuild staff morale, and to maintain program integrity.

OVERALL PROGRAM RATING:

The Glory House received an overall score of 68.8 percent on the CPAI. This score is in the "satisfactory" range of the scale.