Building Evidenced based practices in a corrections treatment environments-

Utilization of the Texas Christian University Assessment Survey's Through Internal Evaluation Protocol

Duane Cummins PH.D., CCJP, SQP

Lindsey Quinn, MA, CRADC

What will be covered today

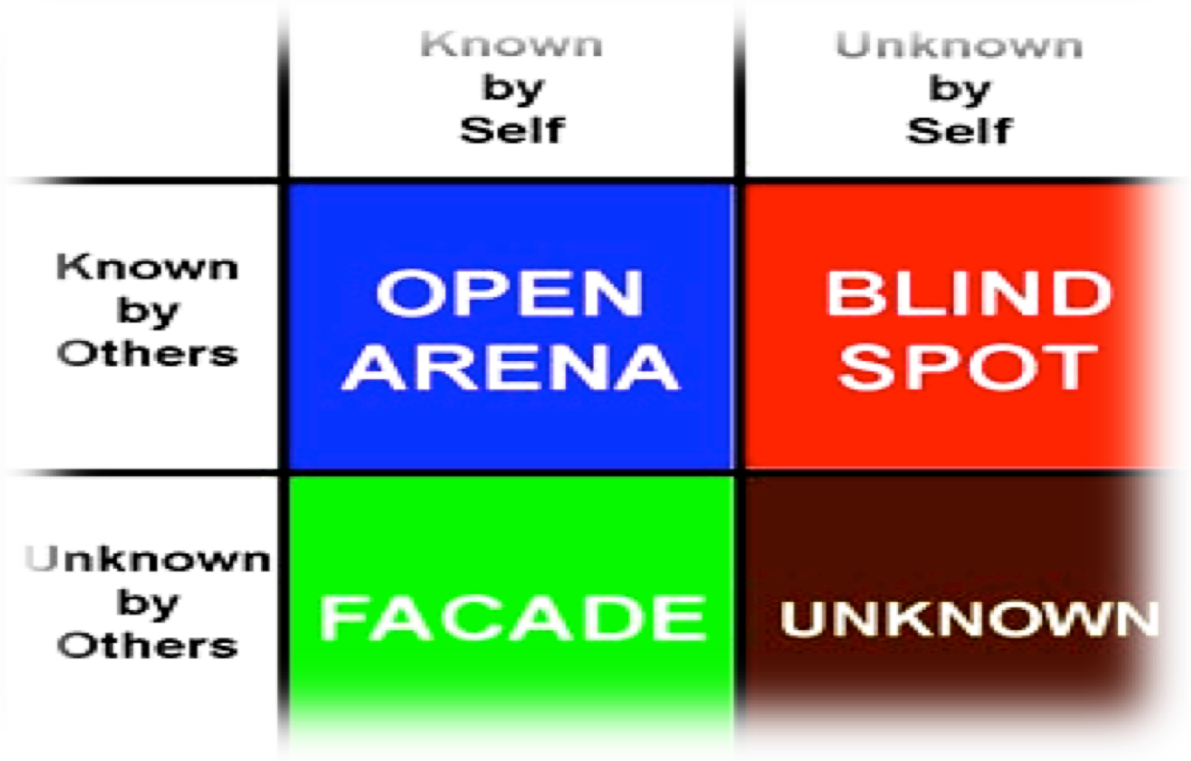
- Introduction of the TCU assessment process
- Utilization of the TCU assessment process in creating individualized treatment plans
- Utilization the TCU assessment data in measuring the effectiveness of program components
- Utilization the TCU assessment data in empirically measuring program effectiveness
- Utilization the TCU assessment data in formulation of an evidence base for development of pilot practices

Quick Review :The Assessment is Vital

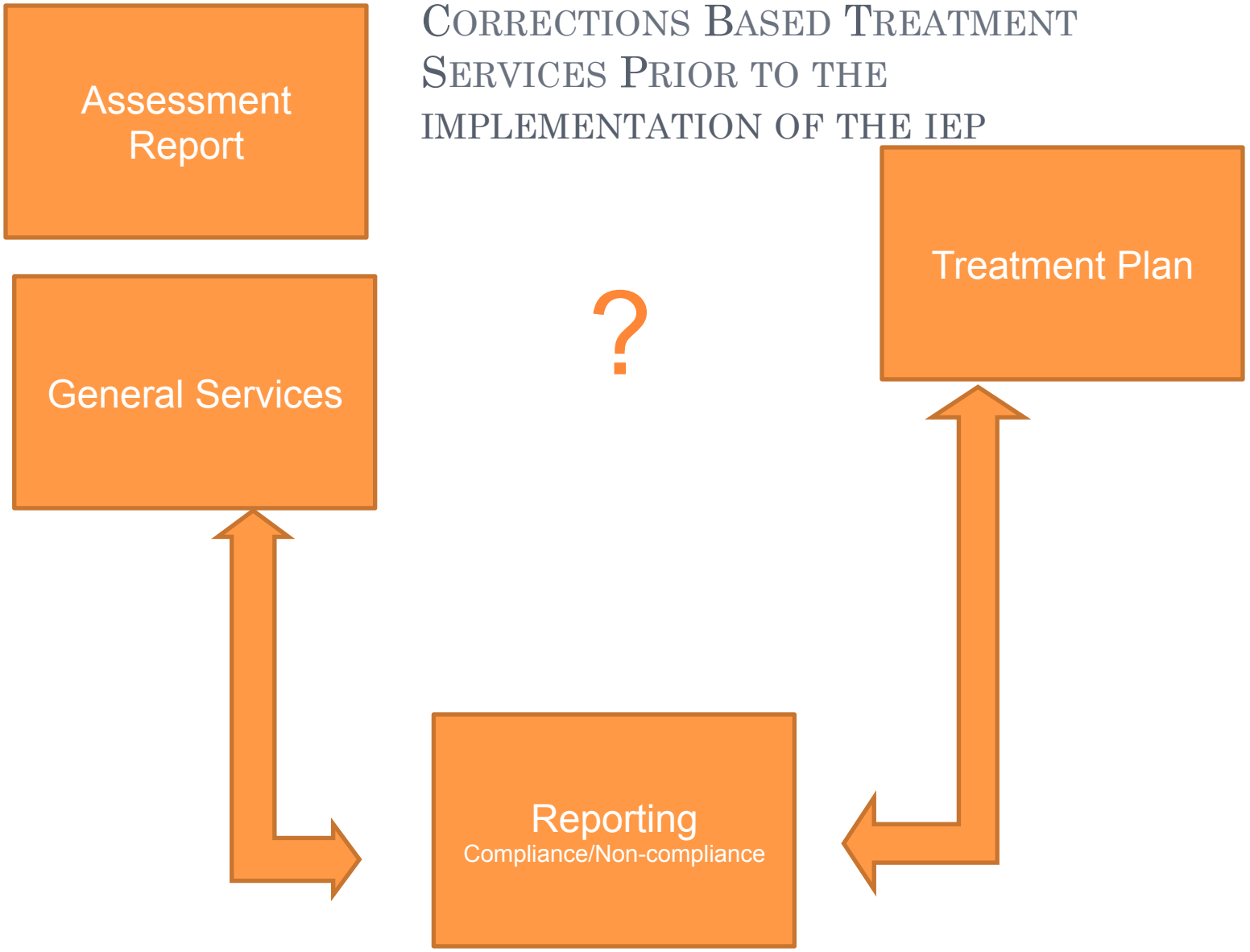
- The assessment should provide the foundation for the treatment planning process and the treatment plan provides a road map to individualized treatment services.

- The assessment helps us as providers:
  - Identify areas of risk and special needs
  - Report client progress with integrity
  - Identify the efficacy of service delivery
  - Identify outcomes for our programs as a whole
  - Indicate the level of care needed beyond release

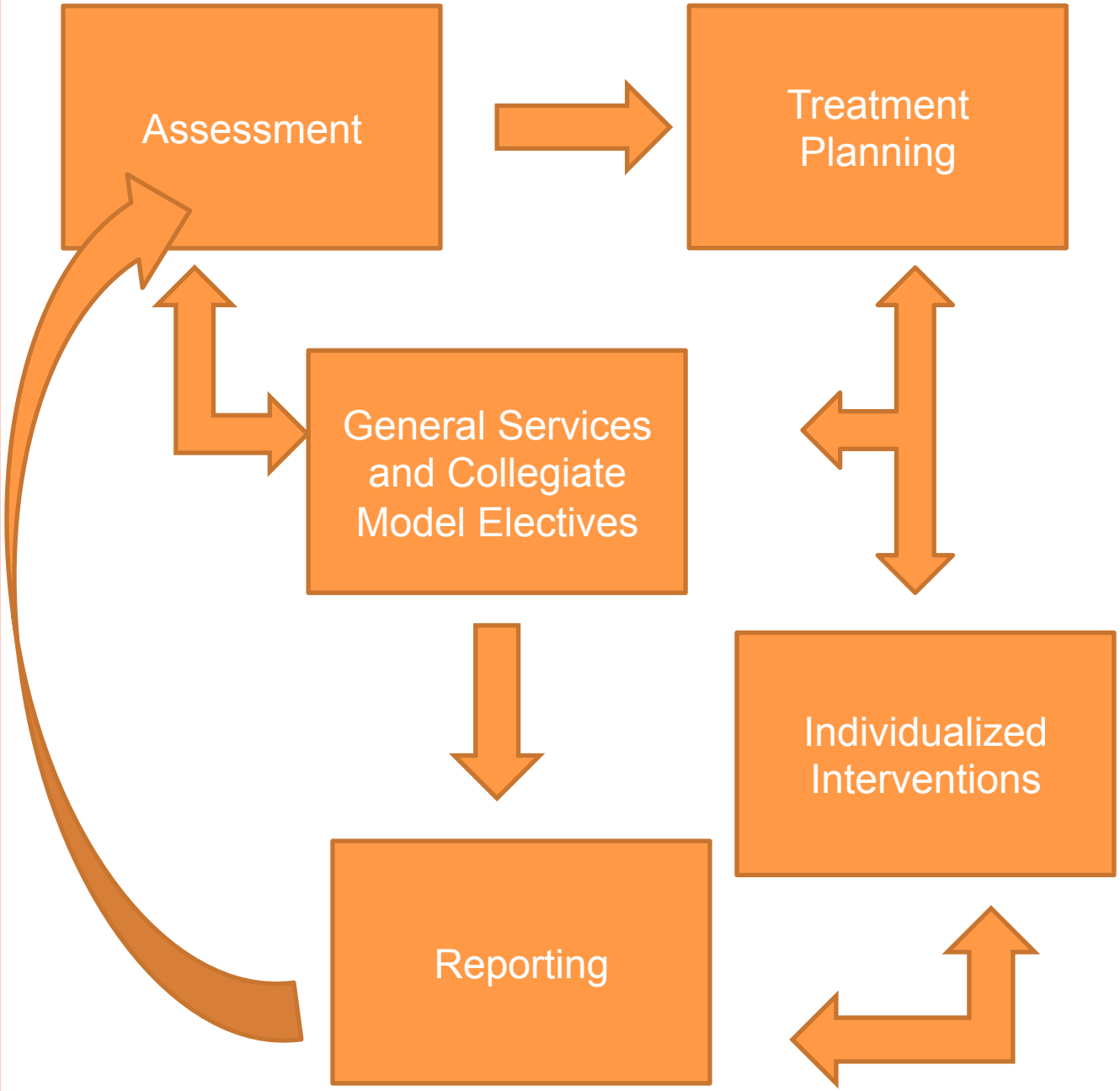
How the Assessment works



Corrections Based Treatment Services Prior to the implementation of the IEP



After IEP (Realizing the Potential)



What is the TCU?

- The Texas Christian University (TCU) Battery of Assessments are an established evidenced based set of assessment tools utilized throughout criminal justice treatment environments.
- The Internal Evaluation Protocol (IEP) is a construct of Gateway Foundation, in collaboration with Texas Christian University.
  - Developed to enhance treatment services.
  - A way to establish evidenced based practices in corrections treatment.
  - The use of the IEP has changed and continues to change the way we provide services at the individual and programmatic level.

What has the IEP Provided to us?

- Provides a progressive clinical assessment that evaluates clients risks and needs at intake and throughout the treatment episode.
- Provides Counselors with an additional tool by which to identify treatment goals and objectives that relate to individual client needs.
- Provides treatment agencies with an evidence-based method to empirically evaluate the impact of services delivered.
- Provides objective assessment information for reporting offender progress in a variety of area's.
- Provides an evidence based measurement of recidivism risk with implications for after-care needs (high/medium/ low).

TCU Administrations

Administrations

- Long Term clients (365 Days) and Intermediate clients (6 months) are given 4 administrations
  - First, second, third and fourth
    - Admit (within 7 days)
    - After phase up approximately 3-4 weeks into treatment
    - Approximately 22 weeks into treatment
    - Discharge
- Short Term clients (84 days) are given 2 administrations
  - First and fourth
    - Admit and Discharge

First Administration

- Adult Risk Form
  - Demographics of global risk assessment
- Drug Screen II
  - Identifies individuals who meet the criteria for substance use disorder/dependency based on DSM and NIMH diagnostic interview schedule
- Criminal History Form
  - Focuses on previous arrest, convictions and incarcerations

First Administration Cont

- Client Evaluation of Self & Treatment Forms
  - Treatment Needs and Motivation (Problem Recognition, Desire for Help, Treatment Readiness, Treatment Needs and External Pressures)
  - Psychological Functioning (Depression, Anxiety, Self-Esteem, Decision Making, and Expectancy)
  - Social Functioning (Hostility, Risk-Taking, Social Support and Social Desirability)
- Criminal Thinking Scale
  - Entitlement, Justification, Power Orientation, Cold Heartedness, Criminal Rationalization and Personal Irresponsibility

First Administration Cont

- Health Form
  - Review of physical health in the past year
  - Review of psychological stress in the last 30 days
- Trauma Form
  - Mental trauma and PTSD Screening
    - Breaks results down into 3 subcategories
      - Re-Experiencing Symptoms
      - Avoidance Symptoms
      - Hyperarousal Symptoms
- This first administration provides us with a substantial amount of information to use in initial treatment planning as well as how to interact with individual clients and cohorts of clients

Second And Third Administration

- Second: Provided at “Phase Up” from I to II
  - ST: N/A
  - IN: 4 weeks
  - LT: 4 weeks
- Third: Provided before Case Evaluation/Court Report time
  - ST: N/A
  - IN: 4th Month
  - LT: 9th month

Added Form on Second, third & Fourth administration

- Treatment Engagement Form
  - Treatment Participation
    - Involvement and participation in treatment and feels about treatment
  - Treatment Satisfaction
    - Satisfaction with treatment services and convenience
  - Counselor Rapport
    - Having a therapeutic trusting relationship with counselor and other staff
  - Peer Support
    - Having supportive relationships with other peers in the program
- Helps us asses if "general services" are effecting therapeutic gain
- Also allows the opportunity to provide targeted services for individual clients (i.e. TCU Brief Intervention groups & Trauma Curriculum)

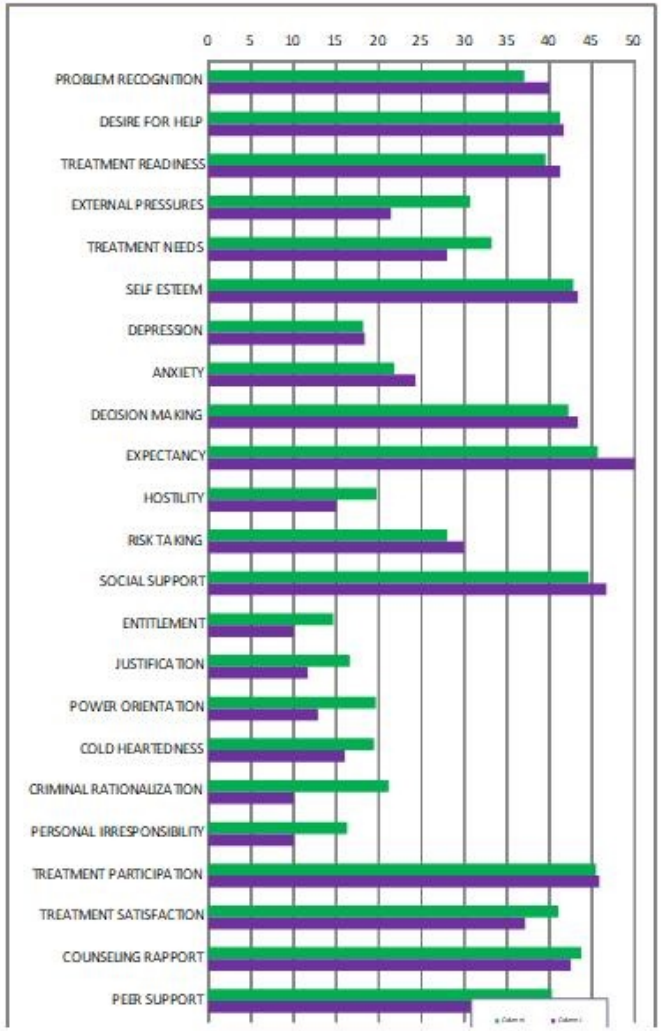
Third Administration

- An IPASS Risk Score is generated
  - Risk/Need score which helps provide information for after-care recommendations as well as for Probation and Parole
- This administration becomes the most significant for use by probation and parole, judges, and in determinations for the Program Review Committee
- Can be used in individual sessions to discuss individual progress in treatment and client response to treatment planning
  - i.e. anger treatment plan = decrease in hostility

Inmate pre-release Assessment (IPASS)

- The most reliable indicators of recidivism are
  - Criminal History
  - Substance Abuse History
  - Treatment Engagement
- The IPASS score is produced by using the CRHSFORM (at intake) and the ENGFORM from the third administration
- AN IPASS score ranges from -18 to 18 indicating low, medium or high risk of relapse and recidivism
- The IPASS score, in conjunction with behavioral infractions and counselor observations over time allow for a highly objective report for our "customers"

TCU Report3 Summary



Client ID# [redacted] Facility # [redacted]
Admin# 3 Date 113018

	Norms[1]	Facility Avg[2]	Individual[2]	Flags[3]	
PROBLEM RECOGNITION	NA	37.03	40.00	.	MOT
DESIRE FOR HELP	39.10	41.22	41.67	.	
TREATMENT READINESS	34.54	39.53	41.25	.	
EXTERNAL PRESSURES	NA	30.72	21.43	-9.29	
TREATMENT NEEDS	32.50	33.21	28.00	-5.21	
SELF ESTEEM	37.65	42.78	43.33	.	PSY
DEPRESSION	23.86	18.16	18.33	.	
ANXIETY	27.16	21.81	24.29	.	
DECISION MAKING	37.51	42.22	43.33	.	
EXPECTANCY	NA	45.66	50.00	.	
HOSTILITY	25.12	19.70	15.00	.	SOC
RISK TAKING	29.34	28.01	30.00	.	
SOCIAL SUPPORT	40.71	44.60	46.67	.	
ENTITLEMENT	19.70	14.64	10.00	.	CTS
JUSTIFICATION	21.30	16.58	11.67	.	
POWER ORIENTATION	25.80	19.63	12.86	-6.78	
COLD HEARTEDNESS	23.00	19.43	16.00	.	
CRIMINAL RATIONALIZATION	32.30	21.15	10.00	-11.15	
PERSONAL IRRESPONSIBILITY	21.90	16.27	10.00	-6.27	
TREATMENT PARTICIPATION	40.4	45.45	45.83	.	ENG
TREATMENT SATISFACTION	33.09	41.02	37.14	.	
COUNSELING RAPPORT	36.27	43.72	42.50	.	
PEER SUPPORT	33.91	40.27	38.00	.	
TCUDSII SEVERITY SCORE	1.90	6.53	8.00	Dependent	IPASS
CRIMINAL RISK	na	7.48	7.00		
COUNSELOR RAPPORT	36.27	43.72	42.50		
TREATMENT SATISFACTION	33.09	41.02	37.14		
IPASS Risk Score[4]	medium	3	5		

Interpretation Notes:

[1] "Norms" are mean scores (n = 3,244) from Garner et al. (2007, Criminal Justice & Behavior).

[2] "Facility" scores are averages of all clients in this program, and "Individual" scores represent client functioning on date of assessment.

[3] "Flags" show individual deviations from facility averages on each scale that deserve special attention.

Fourth Administration

- Same scales given on the fourth as on the third with added forms
  - Added:
    - Physical and Mental Health Status Screen
    - Trauma Form (also included on first administration)
      - Allows us to determine if the individual client has had a decrease in traumatic stress symptoms over the course of treatment and if clients who go through Beyond Trauma, Healing Trauma, or Helping Women Recover show a decrease in symptoms as well
  - TCU Discharge
    - Documents dates and reasons for leaving treatment
- Primary Value of Fourth Administration = Assesses "Are we doing what we intend to do?"

Understanding the Method

- The survey tool utilizes a Likert Scale organization with a range of: 1= Strongly Agree to 5= Strongly Disagree (3= uncertain)
- The range is re-scaled to produce final scores of 10-50 (for the majority of the scales)
- Some questions are rather straight forward, while other questions require reverse scoring, so:
- If the statement “This type of program is helpful to you” is scored as “1”, then the statement “This type of treatment program is not helpful to you” would be scored as “5” in the case of consistent response.
- Response accuracy checks are included within the statements, such as: “Mark this box, ‘uncertain’.” To indicate client attention to the questions.
- Flags are provided to indicate statistically relevant deviations from the facility norm

Application to the Counselor/client relationship & Service Delivery

Important questions to ask

- How does this compare to previous administrations?
- How does this score fit with other known factors?
- How do these scores compare to facility averages?
- How should this information inform treatment?

Individual Counselor Rapport Scores

- Each staff member is given a print out of all discharge clients from the months engagement scores
  - Helps counselors to asses their ability to develop rapport with clients and areas to work on professional development
  - Also used as a tool in supervision to generate discussion on areas of counselor improvement and techniques that can be developed to assist the individual counselor

Targeted Treatment Delivery Through Brief Interventions

Using Scores to Match Service Delivery

High Hostility Score

High Criminal Thinking Scale Scores

Low Motivation Scale Scores

Low Social Functioning Scale Scores

Program Design

- We know that treatment engagement decreases recidivism
- Our Internal Evaluation Protocol allows for understanding of client engagement
  - Treatment Participation, Treatment Satisfaction, Counselor Rapport and Peer Support
    - We can use targeted program wide interventions and strategies to impact trends in these scores
      - Example: Festivals, updating Peer Support Process, updating Morning Meeting ect…
- In the Women's program PTSD scores of 40 or higher on first administration result in a client being enrolled in Beyond Trauma (12 weeks), Healing Trauma (6 weeks) or Helping Women Recover (18 weeks)

Program Development:

- Through compilation of the individual data we have the information we need to develop original, individualized, and need specific programming.
- Enhancement of programming to meet changing needs within a population
- Test efficacy of program components with a given population
- Develop service delivery models that enhance engagement and effectiveness.

Collegiate Model

- Based on university attendance experience
- Required and Elective “courses”
- Registration for courses based on interest and need
- Speaks to adult learning theory
- Allows for realization and recognition of successes throughout the program episode
- Redefines the corrections based treatment environment as a learning experience rather than a punishment experience.

Evaluating Program Efficacy

Things we can know rather than just assume:

- Are we accomplishing what we hope to accomplish?
- What are our greatest challenges?
- How are individual staff performing? What are their strengths and challenges?
- What "specialized programming is needed?

Informed Therapeutic Mileu

- Informed treatment planning
- Informed service delivery
- Informed assessment of progress
- Informed program management
- Informed program assessment

THANK YOU