Evaluation of Selected Institutional Offender Treatment Programs for the Pennsylvania Department of Corrections

UNIVERSITY OF CINCINNATI
SCHOOL OF CRIMINAL JUSTICE

EXECUTIVE SUMMARY

The University of Cincinnati was awarded a grant by the Pennsylvania Commission on Crime and Delinquency to evaluate twenty-four state correctional institutions for the Pennsylvania Department of Corrections. The primary objective of this study was to evaluate the program integrity of five treatment programs within the State of Pennsylvania’s Department of Corrections. The five programs, Thinking for a Change, Batterer’s Intervention, Violence Prevention and sex offense specific programs were assessed to identify the effectiveness of each at providing evidence-based services. In order to measure program integrity, the Evidence-Based Correctional Program Checklist (CPC) and the Evidence-Based Correctional Program Checklist-Group Assessment (CPC-GA)\(^1\) were used. Of the institutions evaluated, organizational climate was also assessed to ascertain perspectives on treatment, important staff characteristics, and the specific treatment programs being assessed.

Four CPC and CPC-GA evaluators led teams of two or more research associates to conduct the 95 assessments from February 2009 through April 2009. Data from the CPC and CPC-GA were gathered through structured interviews with the program directors, unit managers, group facilitators, correctional counselors, correctional officers, correctional officers,

\(^1\) The CPC-GA was created by University of Cincinnati and is a modified version of the CPC which is modeled after the Correctional Program Assessment Inventory developed by Gendreau and Andrews (1996); however, the CPC-GA includes some items not contained in the CPAI. In addition, individual items were deleted that were not found to be positively correlated with recidivism.
and program participants. Other sources of information include an examination of program documentation, treatment manuals and curricula, review of sample case files, and observation of treatment groups. Finally, all staff were asked to complete a general staff survey to aid in the assessment of the organizational culture.

Results of the 95 program evaluations show that all but three institutions scored in the *needs improvement* (46-54) and *effective* (55-64) ranges. When comparing scores on the CPC and CPC-GA across the individual treatment programs, scores ranged between 37.5 percent and 77.8 percent. In particular, programs ranged from *ineffective* to *highly effective*, but the overall mean was 54.9 percent for all programs, falling just outside the *effective* range.

When examining the program integrity indicators of the CPC and CPC-GA, it is evident that the PADOC has two overall major areas of strength. Specifically, most programs had strong program staff and support. The average percent for program staff and support was 57.9 (effective range). Most programs have the leadership capacity to deliver evidence-based practices and a good foundation upon which to enhance their current services, since many of the program staff are qualified, experienced, and capable of delivering evidence-based services.

The second area of strength for the PADOC, the assessment indicator, falls into the content section of the CPC and CPC-GA. Overall, assessment is a clear area of strength for the PADOC with an average score of 84.1 percent, which falls well into the *highly effective* range. Inmates were thoroughly assessed on risk, need, and responsivity with standardized assessment tools throughout the programs evaluated.
Quality assurance and treatment sections of the CPC and CPC-GA have the most room for improvement across the PADOC programs. Overall, programs scored poorly in the quality assurance section. The average score was 41.5 percent (ineffective range). The poor scores in quality assurance are not uncommon among correctional programs, quality assurance is essential for managing the fidelity of evidence-based models.

Additionally, the PADOC programs had some shortcomings in the treatment section of the CPC-GA and CPC as evidenced by the average score of 51.7% (needs improvement range). While the evaluated programs targeted crime-producing behaviors, including antisocial attitudes, values, and beliefs, problem solving, anger and aggression, conflict resolution, social skills, and inappropriate sexual behavior, the programs, with the exception of Thinking for A Change, did not consistently incorporate evidence-based practices into the program.

Results from the staff survey help to provide a more holistic view of how the PADOC staff view programming in the institutions they work in. In general, the results seem to confirm that staff view programming as an integral part of their duties. Staff feel there is support for programming from the administration and treatment staff. Staff also feel that the institutional environment was conducive for aspects of programming. Responses from the survey, however, did seem to indicate that correctional officers’ role in programming is limited; indicating the primary role of correctional officer across institutions is that of security/custody with less emphasis on rehabilitation.

A primary need area for PADOC involves the training and supervision of treatment staff. It is recommended that:

- Initial training for group facilitators should include at a minimum, an overview of the principles of effective intervention, assessment tools, the
cognitive-behavioral model plus training specific to the curricula being used within that program.

- Initial training should also include training on core correctional practices so that staff have the tools necessary to implement evidence-based practices.
- In addition, approximately 40 hours of on-going training should be provided yearly to staff to enhance their skills related to service delivery and group facilitation.

Of significant concern for the PADOC is lack of accountability regarding the quality of services being delivered. Therefore it is recommended that:

- The program director or clinical supervisor observe groups at least once every program cycle, with structured feedback given to staff overseeing groups.
- Full adoption of pre/post testing of participants across programs will help to increase the PADOC and individual institutions' knowledge as to the effectiveness of the services.
- Furthermore, a client satisfaction survey, or exit interview should be given to all inmates upon completion of the program, and data should be reviewed to determine changes that might benefit the program.

As noted above, a primary strength for the PADOC is the centralized assessment and classification process. However, the results of the assessments are not utilized consistently across programs. To improve the assessment and classification process, the PADOC should consider the following:

- Staff responsible for placing inmates into the identified treatment group should use both the Classification Summary and Correctional Plan to guide that decision.
- All groups be separated by risk level so that moderate to high risk inmates are referred to moderate/high risk groups and low risk inmates are referred to a low risk group.
- Finally, to ensure that barriers to treatment do not go unnoticed, the results of the responsivity assessments should be used when assigning inmates to treatment groups.

To improve the use of evidence-based practices within the groups, the PADOC should:

- Adopt a curriculum that adheres to a cognitive-behavioral/social learning model for Batterer’s Intervention group.
• Violence Prevention and sex offense specific groups should increase their use of cognitive-behavioral techniques or adopt a new curriculum that consistently incorporates cognitive-behavioral components throughout.
• Groups should also incorporate relapse prevention planning and practice into all groups.
• The number of reinforcers used by the programs should be increased and all group facilitators should follow guidelines around the effective use of reinforcement and punishment to increase prosocial behavior and decrease antisocial behavior.
• Finally, the objective assessment of the acquisition of prosocial skills and attitudes prior to determination of discharge should occur for all programs.

As a whole, the Pennsylvania Department of Corrections program staff appear dedicated to offender rehabilitation and receptive to feedback that might assist the DOC in providing more effective correctional services. Therefore, while the program evaluation results identified many areas that need improvement across the system, there were also several recognized strengths that will help build capacity for effective programming and service delivery within the Pennsylvania Department of Corrections risk reduction and sex offense specific programming.